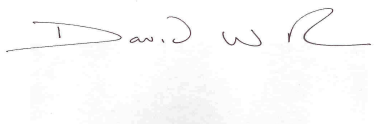
Public Document Pack

Health Policy and Performance Board

Tuesday, 4 March 2014 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
Tom Baker	Healthwatch

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 To Be Determined

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

Part I

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

REPORT TO: Health Policy & Performance Board

DATE: 4 March 2014

REPORTING OFFICER: Strategic Director, Policy & Resources

SUBJECT: Public Question Time

WARD(s): Borough-wide

1.0 PURPOSE OF REPORT

1.1 To consider any questions submitted by the Public in accordance with Standing Order 34(9).

1.2 Details of any questions received will be circulated at the meeting.

2.0 RECOMMENDED: That any questions received be dealt with.

3.0 SUPPORTING INFORMATION

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

(i) A total of 30 minutes will be allocated for dealing with questions from members of the public who are residents of the Borough, to ask questions at meetings of the Policy and Performance Boards.

(ii) Members of the public can ask questions on any matter relating to the agenda.

(iii) Members of the public can ask questions. Written notice of questions must be given by 4.00 pm on the working day prior to the date of the meeting to the Committee Services Manager. At any one meeting no person/organisation may submit more than one question.

(iv) One supplementary question (relating to the original question) may be asked by the questioner, which may or may not be answered at the meeting.

(v) The Chair or proper officer may reject a question if it:-

- Is not about a matter for which the local authority has a responsibility or which affects the Borough;
- Is defamatory, frivolous, offensive, abusive or racist;
- Is substantially the same as a question which has been put at a meeting of the Council in the past six months; or
- Requires the disclosure of confidential or exempt information.

(vi) In the interests of natural justice, public questions cannot relate to a planning or licensing application or to any matter which is not dealt with in the public part of a meeting.

(vii) The Chairperson will ask for people to indicate that they wish to ask a question.

(viii) **PLEASE NOTE** that the maximum amount of time each questioner will be allowed is 3 minutes.

(ix) If you do not receive a response at the meeting, a Council Officer will ask for your name and address and make sure that you receive a written response.

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

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

4.0 POLICY IMPLICATIONS

None.

5.0 OTHER IMPLICATIONS

None.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

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

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

6.3 **A Healthy Halton** – none.

6.4 **A Safer Halton** – none.

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

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

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

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

REPORT TO: Health Policy and Performance Board

DATE: 4 March 2014

REPORTING OFFICER: Chief Executive

SUBJECT: Health and Wellbeing minutes

WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

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

HEALTH AND WELLBEING BOARD

At a meeting of the Health and Wellbeing Board on Wednesday, 13 November 2013 at Karalius Suite, Stobart Stadium, Widnes

Present: Councillors Philbin, Polhill and Wright and L. Birtles Smith, G Ferguson, D. Hooley, K. Hough, D. Johnson, D. Lyon, A. McIntyre, D. Nolan, E. O'Meara, M. Pickup, N. Rowe, C. Samosa, N. Sharpe, S. Smith J. Williams and E. Williams.

Apologies for Absence: Councillor Morley and S. Banks, D. Parr, D Sweeny, K.Fallon, A. Marr, I. Stewardson, A. Williamson and S. Yeoman

Absence declared on Council business: None

ITEM DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

Action

HWB36 MINUTES OF LAST MEETING

The minutes of the meeting held on the 18th September 2013 were taken as read as a correct record.

HWB37 NORTH WEST AMBULANCE SERVICE - PRESENTATION

The Board received a presentation on behalf of North West Ambulance Service from Donna Hooley, Sarah Smith and Karl Hough which gave an overview of the service and outlined current priorities, performance figures including response times and key achievements. Members also received information on ambulance stations within Halton and the number of staff employed.

Arising from the discussion it was noted that:

- Members of the Board were invited to the emergency control centre in Anfield;
- calls were increasing but resources were reducing;
- 2 Urgent Care Centres, 1 in Runcorn and 1 in Widnes were being developed and would be launched shortly;
- the Ambulance Service had reached agreement with local GP's to provide a joined up 24 hour service;
- 16 out of 17 GP surgeries had signed up to multi-disciplinary meetings each month with the 1st meeting

in October, it was proposed that the Ambulance Service and the Police Service should be invited to a future meeting; and

- as at October 2013, 17 public defibrillators had been installed in sites within Halton

RESOLVED: That the presentation be received.

HWB38 HALTON MODEL OF CARE FOR PEOPLE WITH A LEARNING DISABILITY

The Board considered a copy of the Halton Model of Care for Adults with Learning Disabilities which set the range of local community based and acute sector support for adults with learning disabilities and their family carers. The Model had been developed by the Learning Disability Quality and Performance Board.

Members were advised that the model was based on the values set out in Valuing People and Healthcare for All and took on board the recommendations of the Winterbourne View Final Report. The model was intended to facilitate reduction in the number of individuals requiring admission to hospital or being sent out of area by offering local community-based services that were consistent with best practice.

Also included within the model was a performance framework of both quantitative and qualitative measures and outcomes to monitor progress and ensure that what was envisaged was being delivered. In addition, a Quality Check Template and guidance was being tested and amended by practitioners as a prompt “to open their eyes wider” when visiting individuals in supported living or residential services to identify both best practice and any areas of concern.

RESOLVED:

1) the report be noted; and

2) the Halton Model of Care for Adults with Learning Disabilities be endorsed.

HWB39 CARE QUALITY COMMISSION CHILDREN'S INSPECTION REVIEW

The Board considered a report of the Strategic Director, Children and Enterprise, which provided information on the programme of Children Looked After and

Safeguarding Reviews being undertaken by the Care Quality Commission (CQC). Following deferment of the planned multi-agency inspections of child protection arrangements, the CQC announced its intentions to undertake a review of how health services keep children safe and promote the health and wellbeing of looked after children. The CQC implemented its programme of Children Looked After and Safeguarding Reviews on 30th September 2013 and this would run until April 2015.

It was noted that the inspections would take place in areas where the CQC believed there was a greatest risk within health services and where they identified that there were deficiencies in the effectiveness of safeguarding arrangements and services for looked after children in the NHS. There would be two working days' notice of the review prior to a five day site visit by CQC children's services inspectors. Following the review a report would be published within each local area, there would also be a national report to bring together findings from across the country.

RESOLVED: That the report be noted.

HWB40 DISABLED CHILDREN'S CHARTER

The Board was advised that Every Disabled Child Matters (EDCM) and the Children's Trust, Tadworth, had developed a Disabled Children's Charter for Health and Wellbeing Boards. The Charter had been developed to support Health and Wellbeing Boards to meet their responsibilities towards disabled children, young people and their families. The Charter contained a vision statement and specific commitments and Boards who signed up to the Charter must agree to each of the seven commitments within a year of signing. Health and Wellbeing Boards would be asked to provide evidence of how they had met the commitments and this information would be published on the EDCM website.

The seven commitments which Health and Wellbeing Boards were being asked to make were outlined in the report. A copy of the Charter had been previously circulated to Members of the Board.

It was noted that a Strategic Group had been set up to address the changes required in the Children and Families Bill in terms of children and young people with health and special educational needs. It was suggested that this group would be asked to ensure each of the seven commitments were addressed and to provide an update

report to the Board in six months' time.

RESOLVED: That

1) the Board sign the Disabled Children's Charter for Health and Wellbeing Boards; and — A McIntyre

2) an update report on progress be submitted to the Board in six months' time.

HWB41 BETTER HEALTH OUTCOMES FOR CHILDREN AND YOUNG PEOPLE: OUR PLEDGE

The Board considered a report on the Government's Pledge to improve health outcomes for children and young people. On the 20th July 2013, the Children's Health Minister, Dr. Dan Poulter, wrote to lead members for children's services and Chairs of Health and Wellbeing Boards to invite them to sign up to the Government's pledge: Better Health Outcomes for Children and Young People. The Pledge was part of the February 2013 system-wide response to the Children and Young People's Health Outcomes Forum Report (2012).

The introduction to the pledge emphasised that whilst children and young people growing up in England today were generally healthier than they had ever been, international comparisons and worrying long-term trends demonstrated there was room for improvement, with poor health outcomes for too many children and young people compared with other countries. The document also stated that vulnerable groups, such as looked after children suffered much poorer outcomes.

The report provided an outline of the shared ambitions set out within the Pledge and examples within Halton that demonstrated the commitment of the Health and Wellbeing Board towards considering the Health and Wellbeing needs of children and young people.

RESOLVED: That

1) the report be noted; and

2) the Board agree to sign up to the Pledge. — A McIntyre

HWB42 UPDATE ON SECTOR LED IMPROVEMENT

The Board considered a report of the Strategic Director, Communities, which described the benchmarking

process that had been set up in the North West region to inform the process of Sector Led improvement and highlighted the performance in Adult Social Care in Halton over the last 12 months.

The Board was advised that Sector Led Improvement (SLI) was the new framework for ensuring continuous improvement and development within adult social care services. Led nationally by the Towards Excellence in Adult Social Care Board, it was driven in this region by the North West Towards Excellence Board. It was noted that the North West Performance Leads (NWPL) group had in place a framework for lead performance officers to benchmark their performance against key national adult social care performance indicators. The first submission was in September 2012 but was backdated until the start of that financial year.

Members were advised that Halton's data showed exceptional performance and a sustained picture from previous years, this applied to at least 75% of submitted items. The Towards Excellence in Adult Social Care overview analysis for 2012/13 provided the Council with very positive outputs across a number of domains and these were detailed in the report.

Arising from the discussion Members were advised that it was anticipated that The Priory, Widnes would have begun to admit patients by the end of 2013. In addition M. Pickup reported that Warrington Hospital, Accident and Emergency Department, had experienced an 8% reduction in non-elective admissions, this was unlike the national trend.

RESOLVED: That the report be noted.

HWB43 DRAFT SAFER HALTON PARTNERSHIP DRUG STRATEGY 2014-18

The Board considered a report of the Strategic Director, Communities, which presented a draft copy of the Safer Halton Partnership Drug Strategy 2014-2018 and an accompanying evidence document. The Strategy had been drafted during a period of change as drug budgets and services transferred to Public Health England and the Police and Crime Commissioners. This provided an opportunity to draft a four year Drug Strategy with an action plan that all key partners could deliver upon. It was noted that the Strategy had been extensively consulted upon with a range of partner agencies, service users, carer groups and

voluntary agencies.

The Board was advised that the draft Strategy was designed to be a short document that focused on the strategic objectives and priorities linking to a drugs service action plan that would become the focus of the substance Misuse Task Group, with quarterly themed updates to the Safer Halton Partnership Board and annual amendments and updates to the action plan and reprioritisation of key areas.

RESOLVED: That the drug strategy be agreed.

HWB44 PROGRESS WITH THE HEALTH AND SOCIAL CARE SETTLEMENT 2015/16

The Board considered an update report on the progress on the Health and Social Care Settlement 2015/16. Since the last meeting of the Board on the 17th July 2013, when the Strategic Director, Communities, tabled a report which outlined the Department of Health approach to integrating health and adult social care services, the following had taken place:-

- A letter was received on the 10th October from NHS England on "Planning for a Sustainable NHS responding to the "call to action";
- A letter was received on the 17th October from NHS England and the Local Government Association on "the next steps" on implementing the Integrated Transformation Fund", along with a spreadsheet template of the plan;
- Meetings had taken place to discuss the requirements of the guidance that had now been issued and the process of the development of the plan had begun;
- A letter had been received last week from NHS England which set out the operational and strategic concerns CCG's must address;
- A small working group had begun populating each of the sections within the spread sheet template for the plan; and
- It was proposed that NHS providers on the Board, as well as Health and Wellbeing Board Members, be consulted on the plan by arranging a facilitated event in January 2014.

RESOLVED: That

1) the report be noted; and

2) the proposals as set out in 3.5 of the report be agreed.

HWB45 MARKETING GUIDELINES FOR HEALTH AND WELLBEING BRANDING

The Board considered a report of the Director of Public Health, which provided details on the branding guidelines for the use of the Health and Wellbeing brand and logo. It was noted that the logo was not intended to displace an organisations' individual logo but rather complement and sit alongside this. It was also recognised that embedding the usage of the logo would need to be driven from a senior level in partner organisations. Marketing and Communications teams would need to be made aware of the existence of the logo and the guide lines for usage. Additional help and support would be provided from within the Council's Communications and Marketing Team if required.

RESOLVED: That

1) the report be noted;

2) the proposed guidelines be endorsed; and

3) the Board agree and support the usage of the guidelines and logo within partner organisations.

HWB46 SEASONAL FLU VACCINATIONS

The Board received a report which provided details on the 2013/14 season flu vaccination campaign and local implementation. In order to protect those at risk, immunisation was recommended and it was particularly important that front line staff that had direct contact with patients of all ages were offered immunisation against influenza. Therefore staff had been offered free seasonal flu vaccinations on the 29th and 31st October. They had also been given the opportunity to attend at the ASDA Pharmacy in Widnes or Runcorn up until the first week of December.

RESOLVED: That the report be noted and Senior Managers be requested to promote the benefits of the vaccine to all appropriate staff. E. O'Meara

Meeting ended at 3.45 p.m.

HEALTH AND WELLBEING BOARD

At a meeting of the Health and Wellbeing Board on Wednesday, 15 January 2014 at Karalius Suite, Stobart Stadium, Widnes

Present: Councillors Philbin, Polhill and Wright and G. Hayle, D. Johnson, T. Knight, A. McIntyre, A McNamara, E. O.Meara, D. Parr, M. Pickup, N. Sharpe, D. Sweeney, E. Sutton Thompson, I. Stewardson, J. Wilson and S. Yeoman.

Apologies for Absence: Audrey Williamson, Gerald Meehan and Dr David Lyon

Absence declared on Council business: Councillor Morley.

ITEM DEALT WITH
UNDER DUTIES
EXERCISABLE BY THE BOARD

Action

HWB47 MEETING DATES 2014

The following dates of Health and Wellbeing Board Meetings in 2014 were noted:

12th March 2014
7th May 2014
9th July 2014
17th September 2014
12th November 2014

All meetings will be held on a Wednesday at 2 pm in the Karalius Suite, Stobart Stadium, Widnes.

RESOLVED: That the meeting dates be noted.

HWB48 LOCAL GOVERNMENT DECLARATION ON TOBACCO CONTROL

The Board considered a report of the Director of Public Health, which advised that in May 2013, Newcastle City Council had passed a declaration setting their commitment to tackle the harm that smoking caused within our communities. This had become known as the Local Government Declaration on Tobacco Control. The Declaration committed Councils to:-

- reduce smoking prevalence and health inequalities;
- develop plans with partners and local communities;
- participate in local and regional networks;
- support Government action at national level;
- protect tobacco controlled work from the commercial and vested interests of the tobacco industry;
- monitor the progress of our plans; and
- join the Smoke Free Action Coalition.

RESOLVED: That the Declaration be supported (attached as Appendix 2).

Director of Public Health

HWB49 HALTON'S DEMENTIA STRATEGY

The Board considered a report of the Strategic Director, Communities, which presented Halton's Dementia Strategy.

The Board was advised that the Local Dementia Strategy had been completed in February 2010 and was a direct response to the National Dementia Strategy – Living Well with Dementia (Department of Health, February 2009). The Local Strategy adopted the national targets as well as developing a specific implementation plan to deliver a range of improvements for people diagnosed with dementia and their carers.

The Board was further advised that the revised Dementia Strategy, Living Well with Dementia in Halton (Appendix 1), and the associated Needs Paper (Appendix 2) looked at the progress that had been made since the original Strategy publication, as well as identifying key some key actions that needed to be completed over the next five years.

The Board noted the key achievements that had been made since the original Strategy and that the priorities for 2013 – 2018 focussed on the following areas:-

- prevention and Raising Awareness;
- early diagnosis, information and advice;
- living Well in the Community;
- end of Life;
- workforce Development; and
- links to other work streams.

In conclusion, it was reported that the 2013 – 2015 Strategy Implementation Plan outlined the key actions for future development in improving the outcomes for people

with a dementia diagnoses, their families and carers. The Implementation Plan could be found within the Living Well with Dementia in Halton Strategy document.

RESOLVED: That Halton's Dementia Strategy be noted.

HWB50 AUTISM SELF-ASSESSMENT FRAMEWORK 2013

The Board considered a report of the Strategic Director, Communities, which provided an update on the Autism Self-Assessment Framework (SAF) 2013. The purpose of the SAF was to:-

- assist Local Authorities and their partners in assessing progress in implementing the 2010 Adult Autism Strategy;
- see how much progress had been made since the baseline survey, as at February 2013; and
- provide evidence for examples of good progress made that could be shared and of remaining challenges.

The Board was advised that the Autism SAF was submitted to the Public Health England on the 30th September 2013. The submission had previously been presented to individuals with autism, The Autism Strategy Group and Learning Disability Partnership. It was noted that the submission would be joint owned by both the Local Authority and the Clinical Commissioning Group and would be monitored via Autism Strategy Group. A copy of the Autism Self-Assessment Framework which had been submitted was attached to the report.

RESOLVED: That the report be noted.

HWB51 FALLS UPDATE

The Board considered a report of the Strategic Director, Communities, which provided an update on the progress in relation to the implementation of the Halton Falls Strategy and Plans that were in place for the future. The Halton Falls Strategy covered 2013-2018 and aimed to address a number of issues that Halton faced including the level of falls, hospital admissions, re-admissions and fractures. The Strategy identified the following eight key deliverables that formed the basis of the Strategy, together with an update on the progress of each:

1) develop current workforce training;

2) develop a plan for awareness-raising with both the public and professionals;
3) improve partnership working;
4) set and deliver specific targets to reduce falls;
5) develop an Integrated Falls Pathway;
6) develop a Prevention of Falls Pathway;
7) identify gaps in funding of the Pathway; and
8) improve Governance arrangements to support falls.

RESOLVED: That the report be noted.

HWB52 HALTON CHILDREN'S TRUST STRUCTURES FROM 2014

The Board considered a report of the Strategic Director, Children and Enterprise, which outlined the proposed structures for Halton Children's Trust from April 2014 and provided an update on the work on the new Halton Children and Young People's Plan (CYPP) 2014 – 17.

In respect of the Halton Children's Trust, the Board had:-

- reached an agreement on the priorities for 2014;
- set up a Working Group to Develop the new CYPP; and
- established a new Halton Children's Trust Structure from April 2014.

With regard to the Halton CYPP, initial draft elements of the plan had been previously circulated to the Board. It was noted that a multi agency group was meeting fortnightly to discuss updates and two topics of focus for the plan. It was proposed that the CYPP would be available via a web version primarily with a limited number of printed copies.

RESOLVED: That

(1) the structures outlined in the report be noted; and

(2) the Board support the work on the Halton Children and Young People's Plan 2014 – 17 as outlined in the report.

HWB53 MENTAL HEALTH AND WELLBEING COMMISSIONING STRATEGY

The Board received a report of the Strategic Director, Communities, which sought approval for the adoption and implementation of Halton's Integrated Mental Health and Wellbeing Commissioning Strategy 2013 – 2018.

The Board was advised that the National Policy relating to mental health was set out in No Health Without Mental Health – GH2011 (NHWMH) and emphasised that Mental Health was everybody's business. The Policy set out six high level objectives with an emphasis on prevention and early intervention.

The Board was further advised that Mental Health problems were the single largest cause of ill-health and disability in the Borough. The Health and Wellbeing Board had recognised this by including prevention and early detection of Mental Health conditions as one of its five priorities. The Board's Health and Wellbeing Strategy 2013 – 16 included actions to begin addressing this and included the NHWMH six objectives as the framework to address the challenge of improving Mental Health and Wellbeing in the Borough.

It was reported that this was Halton's first Integrated Strategy for Mental Health and Wellbeing in the Borough and brought together commissioning intensions of Public Health, the Clinical Commissioning Group, Children's Services and Adults Social Care. It was complementary to the Health and Wellbeing Strategy and had been informed by feedback at public engagement events hosted by the CCG and Healthwatch, together with open consultation through a recent survey with those using services, carers, Halton residents and other key stakeholders.

Members were advised that the Mental Health and Wellbeing Strategy set out the strategic objectives and priorities for the next five years. An Action Plan was currently in development on how these would be achieved and resources required.

It was noted that the Strategy was considered by Health Policy and Performance Board on the 7th January and would be presented to Executive Board on the 23rd January. The overview of progress in implementing the Strategy would be through the Mental Health Strategic Commissioning Board which reported to the Health and Wellbeing Board.

RESOLVED: That

(1) the Mental Health and Wellbeing Commissioning Strategy 2013 – 2018 be endorsed; and — Strategic Director Communities

(2) the Board receive regular progress updates through the Mental Health Strategic Commissioning Board on

progress in delivering this Strategy Action Plan.

REPORT TO: Health Policy and Performance Board

DATE: 4 March 2014

REPORTING OFFICER: Strategic Director, Communities

PORTFOLIO: Health and Wellbeing

SUBJECT: Presentation – North West Ambulance Service

WARDS: Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To receive a presentation on the work of the North West Ambulance Service in Halton.

2.0 RECOMMENDATION: That

(1) Members receive the presentation; and
(2) Members ask any questions about the Ambulance service as it operates in Halton.

3.0 SUPPORTING INFORMATION

3.1 The Health Halton PPB has a overview and scrutiny role for the emergency services as they operate in Halton.

3.2 The Service will update on their performance in Halton.

4.0 POLICY IMPLICATIONS

4.1 None.

5.0 OTHER IMPLICATIONS

5.1 None.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

The Ambulance Service as a universal service impacts on the health, safety and well-being of young people.

6.2 Employment, Learning and Skills in Halton

None.

6.3 A Healthy Halton

Fundamental to ensuring those in need get appropriate and quick treatment.

6.4 **A Safer Halton**

Fundamental to the overall long-term safety of people.

6.5 **Halton's Urban Renewal**

None.

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

7.1 None under the meaning of the Act.

North West Ambulance Service NHS
NHS Trust

North West Ambulance Service NHS Trust

Halton Overview and Scrutiny Committee

March 2014

Our Services

- 999 Paramedic Emergency Service
- Urgent Care
- Patient Transport Service
- Major Incident Management
- Provide 111 services in the North West (NW) from October 2013




Delivering the right care, at the right time, in the right place

Facts & Figures

- 7 million population over 5,400 square miles
- Employs approximately 5,000 staff
- Annual income of £260 million
- Three emergency control rooms
- 1.1 million 999 calls a year (900,000 emergency patient episodes)
- 2 million Patient Transport Service journeys
- Covers the NW footprint – 5 Local Area Teams with 33 Clinical Commissioning Groups, 28 provider trusts

Delivering the right care, at the right time, in the right place

What the presentation will cover

- Key Achievements
- Headline Performance
- Halton Information
- Estates review
- Complaints and Compliments
- Foundation Trust (FT) status

Delivering the right care, at the right time, in the right place

Key Achievements

- One of the top performing ambulance trusts nationally despite activity increases
- Excellent Care Quality Committee inspection
- Pathfinder and urgent care development
- Membership targets for FT achieved
- Established clinical leadership structure
- National innovation award for Patient Experience
- First ambulance service to get Gold Investors in People Award
- National recognition for Channel 4 series “999: What’s your emergency?”

Delivering the right care, at the right time, in the right place

Halton Information

- Two stations serve the Halton area – Widnes and Runcorn
- Widnes:
  - 16 Paramedics and 12 Emergency Medical Technicians (Grades 1 & 2)
  - 2 emergency ambulances
  - 2 Rapid response vehicles (RRVs)

Halton Information - Continued

- Runcorn:
  - 16 Paramedics and 12 Emergency Medical Technicians (Grades 1&2)
  - 2 emergency ambulances and 2 rapid response vehicles (RRVs)
- Patient Transport Service (PTS) operate from Warrington, Widnes and Runcorn stations
- Total of 26 PTS staff and 13 PTS vehicles

Halton (WA7) Headline Performance

- Call increase of 5.1% compared to the same period last year

OVERALL PERFORMANCE	Number of 999 calls	R1 <8m%	R2 <8m%
April-December 2012	12,978	71.5%	77.5%
April-December 2013	13,646	73.2%	77.5%

Delivering the right care, at the right time, in the right place

In the Community

- Two active Community First Responders
- Assisted Cheshire Fire and Rescue with purchase and placement of defibrillator in Widnes, Asda
- 10 October 2013 – 17 public defibrillators installed in sites throughout Halton
- Advanced Paramedic working with Community Care to put diabetic and falls pathways in place
- Work undertaken with care and nursing homes to prevent unnecessary hospital attendance

Delivering the right care, at the right time, in the right place

Complaints & Compliments

- Complaints, and concerns expressed via the NWAS Patient Advisory Liaison Service (PALS), are now being counted as one
- For the time period of April – December 2013, the Trust has received the following:

	2012	2013
Complaints	12	26
Compliments	60	46

Foundation Trust Status

- August 2013, Monitor announced the Trust's application had unfortunately been deferred for a period of 12 months.
- Monitor stated the reason for deferral as being that NWAS "could not demonstrate that its Board had the necessary processes in place to govern how the Trust provides the required quality of care for its patients."
- Monitor did not identify any issues relating to the provision of services, quality of services, performance or finance.
- The deferral period given to allow the Trust to make improvements and strengthen its governance capabilities.

Estates Review

- Launched a review of Trust's estate portfolio
- Looking at the future of all stations/properties and the following options:
    - Refurbishment
    - Closure
    - Relocation
    - Co-location with fire, police or other NHS organisations
    - Savings made to be reinvested in frontline services
    - No current developments in Halton

Delivering the right care, at the right time, in the right place

There's More to Your Ambulance Service

- #team999 launched in September 2013
- Campaign aims to show 999 callers may not always get an ambulance or be taken to hospital
- Profiles members of #team999 to show the varied roles involved in patient care

Delivering the right care, at the right time, in the right place

Any questions?

REPORT TO:	Health Policy and Performance Board
DATE:	4 March 2014
REPORTING OFFICER:	Strategic Director, Communities
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Presentation: Commissioning Policies Review
WARDS:	All

1.0 PURPOSE OF THE REPORT

1.1 To receive a presentation on the review of the Commissioning Policies being undertaken by the Commissioning Support Unit (CSU) on behalf of the Cheshire and Merseyside Clinical Commissioning Groups (CCGs).

2.0 RECOMMENDATION: That the Board note the presentation (Appendix 1) and comment on the review.

3.0 SUPPORTING INFORMATION

3.1 Cheshire and Merseyside Commissioning Support Unit have recently undertaken a Commissioning Policy Review on behalf of the 12 Clinical Commissioning Groups (CCGs) across Cheshire & Merseyside.
A full review has now been undertaken and the latest guidance from the National Institute of Clinical Excellence and other identified best practices has been incorporated into the 'first' draft of the policy.

3.2 All CCGs have to make decisions on the range of health services/treatments that they commission. The majority of services/treatments commissioned are commissioned for the whole population; however some are only clinically effective in very specific situations or for a very narrow group of patients.

3.3 In such cases CCGs commission the service/treatment on a named individual (patient) basis having first assessed that there is evidence that the proposed treatment is clinically effective and that the patient should see a demonstrable benefit from receiving the treatment.

3.4 The NHS never stands still. Advances in science mean it is constantly evolving to keep pace with the invention of new drugs, new treatments and new technology. As new treatments and services become available, demand goes up and CCGs have to make the difficult decisions on how to spend their limited budgets for the benefit of their ***whole*** population.

They do this in a number of ways:

- They prioritise certain treatments and procedures.
- They set “thresholds” (or a defined set of criteria) that a patient must fit before they can be referred for particular treatments or procedures. This is because some treatments only work in very specific clinical situations or for a very narrow group of patients.
- There are circumstances when we can only fund certain procedures or treatments if there are clinical grounds for doing so.

CCGs have only existed since 1 April 2013. As a result, their policies need reviewing and updating which will include financial decision making.

4.0 POLICY IMPLICATIONS

4.1 As a part of the review the draft policy has been subject to a number of changes and these include:

1. Updating the guidance based on new evidence.
2. Adding new services/treatments/procedures/criteria’s that have become available since the old policy was adopted
3. Some wording changes.
4. Removing some services/treatments as they have now transferred to NHS Specialised Commissioning which is part of NHS England that was formally led by Primary Care Trusts which no longer exist. To learn more about NHS Specialised Commissioning go to http://www.england.nhs.uk/resources/spec-comm-resources/

4.2 We have used a colour key to show you whether the changes to a specific service/treatment area are big, small or non-existent.

Key	Description
Red	Important Change
Amber	Criteria Changes.
Green	Minor word or no changes made.
New Statement	New – Important Change*
New Statement	New – Moderate Change*
New Statement	New – Minor Impact*

Following a period of consultation, the NHS Halton CCG needs to consider:

- Whether it wants to put this updated policy into practice
- If it does want to put it into practice, it needs to find the funds to pay for it from its existing budget.

4.3 Before it can make these key decisions, the NHS Halton CCG needs to seek feedback from a wide range of people – not just GPs, nurses and other health care experts but more importantly seeking the views of the public and existing patients.

5.0 OTHER IMPLICATIONS

5.1 The commissioning policy covers many specialties including treatments for cataracts, hips and knees, obesity, back pain and much more.

5.2 For an easy-to-read explanation of each service area and its new guidance, people should visit: **https://www.cheshiremerseysidecsu.nhs.uk/commissioning-policy-review.htm**

5.3 People can also use an online survey to feed back their views at: **https://www.surveymonkey.com/s/JLXH8JW**

5.4 People who do not have access to the internet can contact the Customer Solutions team for further information on **0800 218 2333**.

5.5 People who are hard-of-hearing, have sight impairment, or for whom English is not their first language or if they need an “easy read” format should also contact **0800 218 2333.**

6.0 IMPLICATIONS FOR THE COUNCIL’S PRIORITIES

6.1 **Children and Young People in Halton**

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

6.3 **A Healthy Halton**

6.4 **A Safer Halton**

6.5 **Halton’s Urban Renewal**

7.0 RISK ANALYSIS

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 A initial equality and diversity assessment has been undertaken and will be fully completed once the policy is agreed.

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

9.1 None under the meaning of the Act.

NHS

Cheshire and Merseyside
Commissioning Support Unit

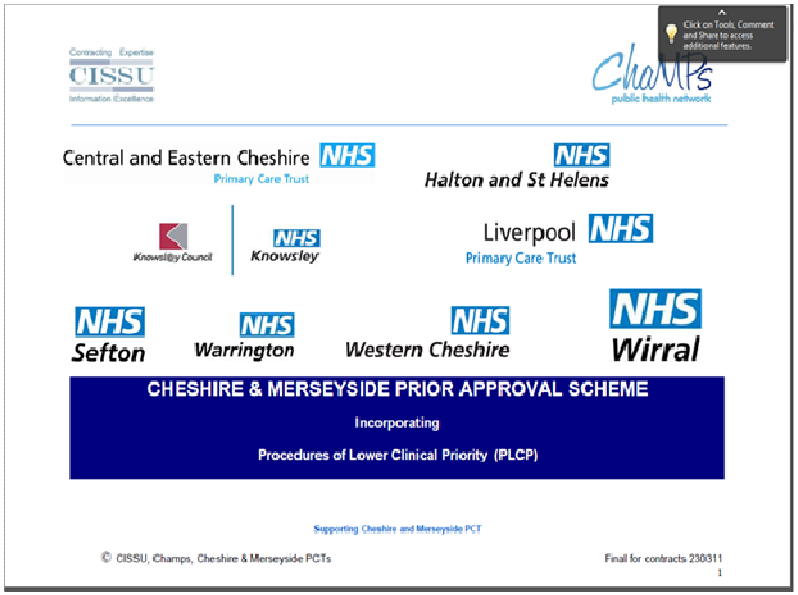
Cheshire & Merseyside CSU

Commissioning Policies Review being undertaken by the CSU on behalf of the Cheshire and Merseyside CCGs

(Includes Infertility Policy)

What is the Commissioning Policy?

- The current commissioning policy written in 2011 is now due for review.
- A number of areas have had new evidence published.
- A number of areas have now moved and are the responsibility of other NHS bodies e.g. Specialised Commissioning sits with NHS England.
- It contains statements on what the Clinical Commissioning Groups (CCGs) will provide for their patients.
- It includes statements on areas e.g. infertility service, treatments for viral warts & cosmetic surgery.



Working Smarter for Better Health

Why do CCGs have a Commissioning Policy Document?

- CCGs have a duty to spend public money wisely. As there is only a set amount of money available to spend, CCGs sometimes have to make difficult decisions about which treatments are routinely provided.
- CCGs have to make decisions on the range of health services/treatments that they commission (buy). The majority of services/treatments commissioned are commissioned for the whole population, however some are only clinically effective in very specific situations or for a very narrow group of patients.
- In such cases CCGs commission the service/treatment on a named individual (patient) basis having first assessed that there is evidence that the proposed treatment is clinically effective and that the patient should see a demonstrable benefit from receiving the treatment.

What are the main Commissioning Policy Changes?

1.Removing statements on services that now sit with NHS England (following the recent NHS restructuring).
2.Updating the guidance based on new evidence.
3.Adding in new services/treatments/procedures.

We have rated the policy statements and proposed changes using the following colours described in the key (above).

Key	Description
Red	Important change
Amber	Criteria changes.
Green	Minor word or no changes made.
New Statement	New – Important change
New Statement	New – Moderate Change
New Statement	New – Minor impact

Important Policy Changes

There are a number of new statements contained within the policy. Four key areas have been highlighted as important change:

1. **Varicose Veins**

2. **Infertility**

3. **Penile Implants**

4. **Continuous Glucose Monitoring**

Communication & Engagement

Stakeholder Group	Action
Patients and the Public – Web content publication date is 6 January 2014. Items to be uploads are: •CSU website – full policy document, two page summaries and **on-line survey** •CCG website – overview statement and colour-coded list of treatments (content in plain English)	Central CSU Communications Team to advise and direct locality communication leads on timelines and provide all documentation and links. Locality communication leads to utilise local communication channels/mechanisms to direct patients and the public to CCG website. **Review documents available on CCG and CSU websites from 6 January 2014 to Noon 7 April 2014**
PPG/Local Health Forums and/or interested groups	CCG Engagement Leads sending to practices/colleagues. CSU Engagement Leads will do this on behalf of the CCGs who buy this service.
Third Sector partners •CVS •HealthWatch •Carers Organisations	Central CSU Communications Team to manage this and support 3rd sector partners in web material and supply links. CSU Engagement Lead to ensure consistency in process across 12 CCG localities.
Clinical Engagement: •Intranet uploads •GP Bulletin •Provider Bulletin •CCG Boards •Health & Well-Being Boards	Central CSU Communications Team to advise and direct locality leads on timelines and provide documents & links. CSU Project Lead & Executive Lead to deliver to CCG Boards. GP & Provider Bulletin disseminated throughout the engagement phase.
Overview & Scrutiny Committees **MPs**	To be determined by CCG, inform MPs at their discretion. CCG to advise CSU Engagement Lead how they wish to proceed re their local OSC, briefing or face to face presentation.

Leaving Feedback

Patients and members of the Public can leave feedback either of the following ways:

•Online – by visiting the CCG website and following the link to the CSU website where they can read in more detail about the draft policy. See link below:

https://www.cheshiremerseysidecsu.nhs.uk/commissioning-policy-review.htm

•If people do not have access to the internet please provide the CSU Customer Solutions Service **Freephone 0800 281 2333** number and the team will post out the information to enquirers. The CSU can complete the on-line survey on their behalf over the phone.

•If people are hard of hearing, have sight impairment, English is not their first language or they require the information in an alternative format, please contact the Customer Solutions Centre Freephone 0800 281 2333.

Next Steps

•We need your views on Commissioning Policy, the go-live date for full public and patient engagement was 6th January 2014 and it will run until 7th April 2014 (12 noon).

•Please let your family, friends, colleagues know about the review so that they can provide their views too if they wish.

•An email address has been established for all clinical responses and questions.

Cheshire and Merseyside Commissioning Support Unit

January 2014

Overview & Scrutiny Committee – Commissioning Policy Review Brief:

The NHS never stands still. Advances in science mean it is constantly evolving to keep pace with the invention of new drugs, new treatments and new technology.

As new treatments and services become available, demand goes up and CCGS have to make the difficult decisions on how to spend their limited budgets for the benefit of their ***whole*** population.

They do this in a number of ways:

- They prioritise certain treatments and procedures.
- They set "thresholds" (or a defined set of criteria) that a patient must fit before they can be referred for particular treatments or procedures. This is because some treatments only work in very specific clinical situations or for a very narrow group of patients.
- There are circumstances when we can only fund certain procedures or treatments if there are clinical grounds for doing so.

CCGs have only existed since 1 April 2013. As a result, their policies need reviewing and updating which will include financial decision making.

Cheshire and Merseyside Commissioning Support Unit has recently undertaken a Commissioning Policy Review on behalf of the 12 Clinical Commissioning Groups (CCGs) across Cheshire & Merseyside.

A full review has now been undertaken and the latest guidance from the National Institute of Clinical Excellence and other identified best practices has been incorporated into the 'first' draft of the policy.

You will know that CCGs have to make decisions on the range of health services/treatments that they commission. The majority of services/treatments commissioned are commissioned for the whole population; however some are only clinically effective in very specific situations or for a very narrow group of patients.

In such cases CCGs commission the service/treatment on a named individual (patient) basis having first assessed that there is evidence that the proposed treatment is clinically effective and that the patient should see a demonstrable benefit from receiving the treatment.

What are the main policy changes?

1. Updating the guidance based on new evidence.
2. Adding new services/treatments/procedures that have become available since the old policy was adopted.

Some services have now transferred to NHS Specialised Commissioning which is part of NHS England that was formally led by Primary Care Trusts which no longer exist. To learn more about NHS Specialised Commissioning go to http://www.england.nhs.uk/resources/spec-comm-resources/

We have used a colour key to show people whether the changes to a specific service/treatment area are big, small or non-existent.

On the online version of this information, readers can "click" on the services in which they are interested to read more detail. This is provided in the form of a summary statement which also has a link to the full draft policy document.

Key	Description
Red	Important Change
Amber	Criteria Changes.
Green	Minor word or no changes made.
New Statement	New – Important Change
New Statement	New – Moderate Change
New Statement	New – Minor Impact

What happens next…?

Following a period of consultation, the CCG needs to consider:

- Whether it wants to put this updated policy into practice
- If it does want to put it into practice, it needs to find the funds to pay for it from its existing budget.

The CCG has two options:

(1) Put the new policy into practice as soon as possible.
(2) Phase in over a period of time to reduce the financial impact.

Before it can make these key decisions, the CCG needs to seek feedback from a wide range of people – not just doctors and nurses and other health care experts but importantly members of the public and existing patients.

See below a copy of the brief prepared to support Patient and Public Engagement:

HAVE YOUR SAY ON OUR NEW HEALTH POLICY…..

[Add name] Clinical Commissioning Group (CCG) have to make decisions on the range of health services/treatments that they commission (buy) for their local population.

We have only existed as an organisation since 1 April 2013, as a result, our policies need reviewing and updating. At the end of this process, we as a CCG will have to make some financial decisions.

The majority of services/treatments are commissioned (purchased/bought) for everyone in [name area], however some are only clinically effective in very specific situations or for a very small group of patients.

In these cases, the service/treatment is commissioned on a named individual (patient) basis. This follows an assessment to ensure the proposed treatment is clinically effective and that the patient should see a demonstrable benefit from receiving the treatment.

Advances in science mean that treatments offered by the NHS are constantly evolving to keep pace with the invention of new drugs, new treatments and new technology.

As new treatments and services become available, demand goes up and CCGS have to make the tough decisions on how to spend their limited budgets for the benefit of their ***whole*** population.

We do this in a number of ways:

- We prioritise certain treatments and procedures.
- We set “thresholds” (or a defined set of criteria) that a patient must fit before they can be referred for particular treatments or procedures. This is because some treatments only work in very specific clinical situations or for a very narrow group of patients.
- There are circumstances when we can only fund certain procedures or treatments if there are clinical grounds for doing so.

WHAT ARE THE MAIN POLICY CHANGES?

3. Updating the guidance based on new evidence.

4. Adding new services/treatments/procedures that have become available since the old policy was adopted.

Some services have now transferred to NHS Specialised Commissioning which is part of NHS England that was formally led by Primary Care Trusts. Primary Care Trusts no longer exist. To learn more about NHS Specialised Commissioning go to http://www.england.nhs.uk/resources/spec-comm-resources/

AS A PATIENT, CARER OR PUBLIC MEMBER…..

You have the right to feed ***your*** views into this decision-making process.
Your feedback is needed by **12noon on Monday 7 April.**

All the feedback that is received will be taken into account before a decision is made.

To view more details, the draft policy, some summary documentation and take part in the online survey please go to: [ADD LINK HERE].

If you do not have access to the internet and require a copy of this information via post please contact the Customer Solutions team on 0800 218 2333, this is a Freephone number.

If you are hard of hearing, have sight impairment, English is not your first language or you require this in an easy read format please contact the Customer Solutions team on 0800 218 2333.

- Ends –

If you have any questions or queries pertaining to this brief please do not hesitate to contact Julia Curtis, Project Lead for the Commissioning Policy Review on Julia.curtis@cmcsu.nhs.uk or alternatively Hilda Yarker, Head of Patients and Information on hilda.yarker@cmcsu.nhs.uk .

PRESS RELEASE

Have your say on draft health policy……

XXX Clinical Commissioning Group buys a wide range of health treatments/procedures for local people. Most of these treatments/procedures are routine and aimed at everyone, **such as X and X – we need some examples here.**

However, some treatments or procedures are designed to work in very specific situations or are aimed at a small group of patients, such as treatment for infertility.

Doctors will first assess their patient to ensure the proposed treatment is clinically effective and that their patient will benefit from receiving the treatment or procedure.

From time to time, XXX Clinical Commissioning Group updates this specific list of treatments/procedures, to take into account the latest medical evidence and latest national guidance. New treatments and procedures are also added to the list of what the Clinical Commissioning Group will, or will not, buy for its local population. All of this information is captured in an updated version of its "commissioning policy."

XX Clinical Commissioning Group needs to consider:

- Whether it wants to put the updated policy into practice
- If it does want to put it into practice, it needs to find the funds to pay for it from its existing budget.

  It two options:
  1. Put the new policy into practice as soon as possible.
  2. Phase in over a period of time to reduce the financial impact.

Before it can make these key decisions, the CCG needs to seek feedback from a wide range of people – not just doctors and nurses and other health care experts but importantly members of the public and existing patients.

XXX Clinical Commissioning Group is already asking a wide range of doctors and local organisations to feed back their views.

Spokesperson for xx CCG said, 'It is important for patients and local people to know that each patient will be treated as an individual and will not be denied treatment on the basis of cost saving.

'At xx CCG we want to ensure that we commission the most effective medical treatment for the best of our local population.'

Patients and members of the public, also have the right to feed their views into this decision-making process. Feedback is needed by midday (noon) on Monday 7 April

2014. *All* feedback will be taken into account before XXX Clinical Commissioning Group finalises and approves its new commissioning policy.

The new draft policy is complex because it has been drafted for family doctors and consultants. To make it easier for local people to understand what the latest guidance says and what XXX Clinical Commissioning Group needs to decide, it has used a colour key to show people whether the changes to a specific service/treatment area are important (red) and less important (amber). Where the national guidance is proposing changes that are not important, very minor changes or there is no change at all, this has been colour-coded green. New treatments/procedures are colour-coded blue.

There are three treatments/procedures where the latest clinical evidence and national guidance proposes important changes.

These are:

7.1. Infertility Services

20.3 Interventional treatments for Varicose Veins

19.2 Penile (Penis) Implants

However, the commissioning policy covers many more specialties including treatments for cataracts, hips and knees, obesity, back pain and much more.

For an easy-to-read explanation of each service area and its new guidance, people should visit: **https://www.cheshiremerseysidecsu.nhs.uk/commissioning-policy-review.htm**

People can also use an online survey to feed back their views at:
https://www.surveymonkey.com/s/JLXH8JW

People who do not have access to the internet can contact the Customer Solutions team for further information on **0800 218 2333**.

People who are hard-of-hearing, have sight impairment, or for whom English is not their first language or if they need an “easy read” format should also contact **0800 218 2333.**

For further information about this commissioning policy review process and to find out about the local opportunities for people to feed back their views, please contact **XX XX at XX** Clinical Commissioning Group, **telephone XXX XXX XXXX**

Ends

REPORT TO: Health Policy and Performance Board

DATE: 4 March 2014

REPORTING OFFICER: Strategic Director – Communities

PORTFOLIO: Health; Children, Young People and Families

SUBJECT: Scrutiny Review of Mental Health Promotion Report 2013-14

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To present to PPB the mental health promotion scrutiny review report and recommendations

2.0 **RECOMMENDATION: That:**

(1) Members of the PPB to note the contents of the report attached as Appendix 1; and

(2) the Board endorse the Scrutiny Review and that its recommendations be presented to the Executive Board for approval.

3.0 **SUPPORTING INFORMATION**

3.1 The report outlines the key findings and makes a number of recommendations for consideration by Health PPB.

3.2 The scrutiny topic was commissioned by the Health PPB topic group, with representatives from the Children, Young People and Families PPB, with a view to developing a joint intergenerational prevention and promotion campaign to tackle mental health stigma locally.

3.3 The recent years of a troubled economic climate and welfare reform had the potential to add to existing strains on people's mental health. Halton identifies good mental health as a priority and as such sought to examine the breadth and quality of mental health promotion and prevention services and resources available locally.

3.4 The group looked at how mental health was promoted and a range of services and interventions that are in place to prevent further escalation of a mental health problems. In addition, there were already significant pieces of work being undertaken in relation to mental health treatment services, which fell outside of the scope of this scrutiny review topic. These included: a full review of Child and

Adolescent Mental Health Services (CAMHS) provision, development of an Acute Care Pathway for adults and development of Later Life and Memory Services (LLAMS) as part of the Dementia Strategy. Updates were provided to the group on the above.

3.5 The Topic Group sought input from a number of Council and external providers through presentations, including the CCG, Public Health and Whiston Hospital, and site visits to Ashley House and Thorn Road CAMHS.

3.6 The Topic Group were instrumental in the development of a local anti-stigma campaign, Like Minds (http://www.haltonlikeminds.co.uk/) which takes the stories of local people's journey through mental health, providing links to a range of local support services. The campaign was launched in October 2013 and the campaign resources are now available for use throughout the borough by any organisation.

3.7 In addition to Health PPB and Executive Board, this report will also be presented to Children, Young People and Families PPB due to the joint working on this topic group. The report will also be sent to Halton CCG and 5 Boroughs Partnership for information, after it has been through PPB.

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 FINANCIAL IMPLICATIONS

5.1 As a result of the review and resulting recommendations, there may be potential financial implications, if so these will be addressed via the use of existing resources by ensuring the use of evidence based prioritisation and associated financial re-profiling.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

Emotional and mental health and wellbeing is a critical factor in supporting children and young people's social development, behaviour and resilience, educational attainment and achievement and life chances. This area of work also supports Halton's focus on Early Health and Support and the priorities within Halton's Children and Young People's Plan.

6.2 Employment, Learning & Skills in Halton

Good emotional and mental health and wellbeing is a vital factor in children and young people and adults accessing learning and future employment opportunities.

6.3 **A Healthy Halton**

Emotional and mental health services impact directly upon the health and wellbeing of adults, children and young people with an identified need or who are at risk of developing a need.

6.4 **A Safer Halton**

Those who do not experience good emotional and mental health and wellbeing are more likely to be subject to a range of risk factors that can impact negatively on community safety issues.

6.5 **Halton's Urban Renewal**
None Identified

7.0 **RISK ANALYSIS**

7.1 National and local evidence demonstrates that failure to ensure that appropriate services to support emotional and mental health and wellbeing is likely to impact negatively on outcomes and life chances. Failure to provide effective mental health prevention and promotion services across the life course could also result in an increase in the need for specialist services thus leading to potentially increased costs to the Council.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None identified at this stage.

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

9.1 None identified under the meaning of the Act

HALTON BOROUGH COUNCIL

Health Policy & Performance Board

Scrutiny Review of Mental Health Prevention & Promotion

Report
March 2014

CONTENTS

Appendices

1.0 PURPOSE OF THE REPORT

1.1 The purpose of the report, as outlined in the initial topic brief (at *Appendix 1*) is to :

- Review existing mental health provision in Halton in relation to prevention and promotion.
- Examine the effectiveness of current pathways/materials for mental health prevention and promotion.
- Consider national best practice and evidence based practice in relation to pathways for prevention and the promotion of mental health issues.
- Consider ways to continue to make improvements to promotional materials thus enabling Halton to reduce the social and economic cost of mental health issues, with a particular emphasis on reducing reliance on acute services.

2.0 STRUCTURE OF THE REPORT

2.1 This report is structured with an introduction, a brief summary of the methodology followed by evidence, analysis with findings/conclusions and recommendations.

3.0 INTRODUCTION

Reason this scrutiny review was commissioned

3.1 Significant numbers of people suffer mental health problems such as depression. Mental Health problems account for the single largest cause of ill health and disability in the Borough and can have a significant impact on a person's ability to lead a full and rewarding life. Some associated statistics are outlined below:-

- One in four people attending GP surgeries seek advice on mental health.
- Deaths from suicides & undetermined injuries were ***31*** (2008-10) ***Rate 8.2***(England 7.2, NW 9.07 per 100,000 population).
- The number of people diagnosed with depression is ***11,924*** (11.94% GP pop aged 18+). Regional prevalence is 13.3% and nationally 11.7%.
- Dementia: there is an estimated ***1082*** *people aged 65+ compared to* ***634*** *people on GP* register (2010-11) with a diagnosis of dementia.
- The rate of hospital admissions due to self- harm for under 18s is high.
- The mental wellbeing of Children who have been in Care tends to be worse than children who have not been in Care.
- Stigma of mental ill health (more prominently in men) is a major factor in people not seeking help and support.
- Aligned with the above suicide is now recognised as the biggest killer of young men, higher than road traffic accidents. Stigma is reported to be the major influence of men refusing support.
- The current economic climate and welfare reforms are likely to increase the levels of people suffering from mental distress. However, through a range of evidence based interventions to promote mental and emotional wellbeing the above are all amenable to change.
  (Halton Health and Wellbeing Strategy : 2012-15)

Policy and Performance Boards (PPB)

3.2 This report was commissioned as a scrutiny working group for the Health Policy and Performance Board. The topic brief was also endorsed by the Children, Young People and Families Policy and Performance Board as there was a requirement for joint working on elements of this review and the Children, Young People's Family review of wider mental health services. Members of the Children, Young People and Families Policy and Performance Board were regular members of this scrutiny topic group. This report will be presented, for information, to the Children, Young people and Families Policy and Performance Board.

Membership of the Scrutiny Working Group

3.3 Membership of the Scrutiny Working Group:

Councillor Ellen Cargill (Chair)	Dave Sweeny Operational Director, Integrated Care
Councillor Sandra Baker	Emma Bragger Policy Officer, Communities
Councillor Joan Lowe	
Councillor Geoff Zygadllo	
Councillor Mark Dennett	
Councillor Miriam Hodge	
Councillor Margaret Horabin	
Councillor Pamela Wallace	
Councillor Kath Loftus	
Councillor Geoff Logan	

Methodology Summary

3.4 This scrutiny review was conducted through a number of means:

- Information pack provided to Topic Group Members outlining statistics, national and local policy context, evidence based prevention/promotion interventions and emerging issues.
- Monthly meetings of the scrutiny review topic group;
- Presentations by various key members of staff (Summary of the presentations given to the Topic Group can be found in *Appendix 2*);
- Site visits, at which there was opportunity for service-user consultation.
- The final draft of this report was circulated to participating staff to check for accuracy.

4.0 EVIDENCE CONSIDERED BY THE SCRUTINY TOPIC GROUP

Mental Health Strategy

4.1 As part of the consultation process, the draft strategy was circulated to the scrutiny topic group for comments.

4.2 Halton's Health and Wellbeing Board has set the "Prevention and early detection of mental health conditions" as one of five priority areas to address to achieve its vision for the Borough. To progress this, Halton Clinical Commissioning Group and Halton Borough Council have developed a joint health, public health and social care Mental Health Commissioning Strategy during 2013, which sets key objectives and priorities to improve mental health in the Borough.

4.3 The Mental Health Strategic Commissioning Group has been established with a remit to develop and oversee the implementation of this overarching mental health strategy and action plan.

4.4 Halton Council and Halton Clinical Commissioning Group (CCG) have worked in partnership and established joint commissioning agreements for specific service areas. The strategy also adopts a life course approach that recognises that the foundations for lifelong wellbeing are already being laid down before birth, and that there is much that can be done to protect and promote wellbeing and resilience through early years, into adulthood and then on into a healthy old age.

4.5 The strategy and associated action plan complements other work programmes, including the local Dementia Strategy and the Suicide Prevention, Loneliness and Child & Adolescent Mental Health (CAMHS) Strategies which are currently in development

Conclusion

4.6 The promotion of positive mental health and wellbeing prevention activity, and the early diagnosis and provision of appropriate information and support, can mean that a good quality of life is possible. While the costs associated with responding to the challenges of mental health and wellbeing are expected to rise in coming years because of growing numbers of people affected, there is significant scope for spending money more efficiently and effectively and for changing how we respond to local need. Investment in prevention and early intervention, particularly in the crucial childhood and teenage years, can help to prevent mental illness from developing and mitigate its effects when it does.

Dementia Strategy and the implementation of the Later Life and Memory Service

4.7 Halton has refreshed the local dementia strategy in light of local service developments and national drivers, such as the Prime Minister's Challenge on Dementia. The strategy was developed by the Halton Dementia Partnership Board during 2013, and places emphasis on improving diagnosis rates, early intervention

and quality treatment and support. Eight Dementia Pledges have been devised to ensure that person centred outcomes are the focus of all treatment and support developments, including those for the carer. As part of the consultation process a draft of the strategy was circulated to the scrutiny topic group.

4.8 The Later Life and Memory Service has been operational since June 2013 in Halton, which includes the development of a Dementia Care Pathway for use by GPs.. The pathway is in place to promote early detection of dementia and improve diagnostic rates within the borough. Early diagnosis is a priority of the Halton Dementia Partnership Board, enabling those with a diagnosis of dementia, and their carers to access treatment and support at the earliest opportunity. Initial analysis by 5 Boroughs Partnership is positive, seeing an increase in referrals and a reduction in waiting times for diagnosis. Accessing appropriate support at an early stage can aid positive physical and emotional outcomes for both the person with the dementia diagnosis and their family and carers. The Dementia Care Advisor Service provides a range of practical and emotional support to both the person with the dementia diagnosis and their family and carers, aiming to maintain emotional and psychological wellbeing of those affected by a diagnosis of dementia – a business case is being developed to extend this service. Maintaining the Carer's physical, psychological and emotional wellbeing is a priority of the revised Halton Dementia Strategy, with Carer's health checks and Carer's assessments forming a vital part of the support mechanism. It is envisaged that with the implementation of the Dementia Care Pathway the quality of the GP intervention will be consistent and improved.

Conclusion

4.9 With prevention, an early diagnosis and appropriate information and support good quality of life could be possible. While the costs of dementia are expected to rise in coming years because of growing numbers of people affected, there is significant scope for spending money more efficiently and effectively. The revised Halton dementia strategy outlines how this could be achieved.

4.10 Whilst it is early days for the pathway and memory service, evidence from the Wigan Pilot suggests positive outcomes in terms of reduced waiting times and increased diagnosis rates, which is reflected in initial findings from 5 Boroughs Partnership. The pathway aims to reduce waiting times for specialist assessment to a maximum of 10 days, with a 6 week waiting time from diagnosis from referral for assessment. This is significantly shorter than previous waiting times, where a diagnosis may take months, or even years to be agreed. An evaluation of the Later Life and Memory Service and pathway will be undertaken at the 6 month point.

Public Health

4.11 From April 2013, local authorities have had a statutory responsibility for delivering and commissioning public health services for children and adults. This includes prevention and early intervention services that address the key public health and wellbeing issues.

4.12 Mental health is a priority of the Health and Wellbeing Board and a mental health action plan has been developed to support the delivery of the Health and Wellbeing Strategy. This was circulated to the scrutiny topic group.

4.13 Information was provided on a variety of services and activities commissioned or overseen by the Public Health function of the Local Authority. In particular, information was provided on the School Nursing Service, as a key focus of the scrutiny topic group was on early mental health promotion, prevention and early intervention. School health services play a vital role in supporting children and young people in building resilience and the School Nursing Service delivers a variety of public health functions, as outlined in the national Healthy Child Programme. For children aged 5-19 years, this includes mental health prevention, promotion, early intervention and support for the management of mental health disorders.

4.14 The school nursing service is a universal service and is delivered to all young people, across all schools, regardless of whether they are under local authority, diocese or free school control. Information was provided on a current review of the School Nursing Service and members were invited to provide input on the development of the future specification. It is expected that the service will go through a procurement exercise in 2014 with a view to having a new service in place by September 2014.

4.15 The public Health Commissioner for Mental Health reported that it there is anecdotal evidence from providers of the negative impact of welfare reform on mental health locally, but with a warning that actual statistical data would be hard to get as mental health is often attributable to more than one factor. However there is work underway by Public Health to look at trends against the timetable of the welfare reforms to see if there is a correlation between reforms and an increased demand on services. Currently, the Citizen's Advice Bureau(CAB) assess mental health pre and post their intervention and report that generally people feel less stressed/anxious after a CAB intervention. This information may provide insight to plan for the future.

Conclusion

4.16 Information provided on the school nursing programme in Halton schools highlighted that there was a lack of consistent understanding across schools and the wider community with regards to the service. The service provides universal, targeted and specialist activity for children, young people and their families (dependent on need) but this is delivered in different ways depending upon the relationship it has with the local school. This may be as a result of the different approaches to pastoral care within each school, and as a result there is a need to support the development of effective working relationships with the service. There is also a need to work alongside the wider health and social care, voluntary and community sectors to understand the impact of benefit reform on individuals and families.

Intergenerational Anti Stigma Campaign

4.17 Evidence was presented to the Topic Group by the Health Improvement Team about the national 'Time to Change' mental health prevention and anti-stigma campaign.

The evaluation of the national campaign highlighted the positive outcomes in terms of changing perceptions of mental health within communities and amongst professionals, and how the campaign could be adapted locally. The Health Policy and Performance Board endorsed the development of a local campaign in May 2013. The Mental Health Scrutiny Topic Group were consulted on the development of the local campaign where real life, local stories were used in a series of photographic case studies, materials, website and piece of art work. The campaign and website were launched on World Mental Health Day (10th October) 2013.

Conclusion

4.18 The Scrutiny Topic Group, and Health and Children, Young people and Families PPBs, welcomed the development of a local campaign aimed at reducing the stigma associated with mental health issues, and the promotion of talking about mental health. The resources developed to support the campaign, such as the posters, stands and comprehensive website are useful tools for members, professionals, the 3rd sector and the public to get the message out about breaking down the mental health taboo. The campaign should be promoted widely to maximise the outcome of the initial investment.

Improving Access to Psychological Therapies (IAPT)

4.19 Improving Access to Psychological Therapies (IAPT) is a national NHS programme being rolled out across England during 2008- 2015. The aim of the programme is to develop local talking therapy services that offer treatments for depression and anxiety disorders. Information was provided by the CCG Commissioning manager about what IAPT services provides in terms of brief to medium term interventions and uses a range of psychological therapies and/or signposting on to other services, were appropriate. The service includes prevention (such as brief interventions) accredited counselling and physical health wellbeing (physical health checks). The procurement for the IAPT service is being bought in from Halton Borough Council (HBC).

Conclusion

4.20 Procurement of the IAPT service via HBC was noted as being very successful due to close working relationships that have been developed between HBC and Halton Clinical Commissioning Group staff (Halton CCG).

Child and Adolescent Mental Health Services (CAMHS)

4.21 Evidence was presented by HBC and CCG Commissioning Managers as to the current CAMHS provision, and updates were provided on the Children and Young People's scrutiny review of CAMHS services that ran concurrently with this Health scrutiny topic.

4.22 Actions identified from an Emotional Wellbeing Pathway Planning Event held on 10th July 2013 , of which members of this scrutiny topic group attended, included

production of a Tier Guide so that member's and other professionals and public are clear on what CAMHS provision there is at each level.

4.23 Budget mapping is to be undertaken by CCG on what is spent on Tier 2 & 3 to identify total spend and where possible disinvestment might be warranted in order to fund investment in other parts of the CAMHS service. As at January 2014, the CAMHS review was nearing completion – recommendations will be included in CCG/LA commissioning intentions.

Conclusion

4.24 The scrutiny topic group raised concerns over the involvement of schools with CAMHS services, and the lack of control over Free Schools to ensure that they engage with CAMHS services.

CAMHS Tier 3 Services – Thorn Road Clinic, Runcorn

4.25 Councillors Cargill, Wallace, Loftus and Zygadllo and the supporting Policy Officer attended a half day visit to the Thorn Road Clinic in October 2013 to gain an insight into what CAMHS provision is delivered from the sight, positive developments and any emerging issues.

4.26 The visit included a presentation and question and answer session with a large number of clinical professionals and service managers from across the range of services delivered at tier 3 for Halton residents. This included psychologists, psychiatrists and a family therapist. There was also a current young service user present, and one of the employees who gave a presentation was also an ex service user. A tour of the facilities was conducted, and it was evident that the environment was light and welcoming, with examples of making the environment as comfortable as possible for the children and families that use the services. The entrance area had recently been refurbished to meet the needs identified by service users. There was a new touch screen feedback and comments console, a computer game station and television. Art work in the entrance area was created by service users and members of the 5 Star Forum (the service user group). Consultation and therapy rooms were private and well decorated, with toys and soft furnishings.

4.27 The site also housed some staff from the St Helens part of The 5 Borough's Partnership as part of the cost savings programme. It was also explained that some of the staff that deliver assessments are not based at Thorn Road, but when a Halton referral is made they undertake the assessments in Halton.

Information provided by clinical and non-clinical professionals included:

4.28 Referrals in to the service are categorised as Critical (assessed within 24hrs), Emergency (assessed within 72 hours) and Routine (assessed within 10 days). The response and assessment services have recently been extended to 9am-9pm, with on call service outside of these hours, with the view to improve early intervention.

Waiting times from referral, assessment and treatment are significantly below the national target of 18 weeks, with the maximum time between referral and assessment/initial intervention being 10 days (Routine referral).

4.29 Inpatient care (Tier 4) is provided at Fairhaven in Warrington. Service users requiring interventions at tier 4 have acute mental disorders which are the most costly to treat and manage. The average length of stay is less than 60 days, which is below the national average. Whilst there is no inpatient facility with the borough, there are some financial support mechanisms in place to provide transport to Halton families who have children at Fairhaven. In addition, there is a minibus that staff can use to take patients for home visits to maintain important family contact.

4.30 There is a MHAPS secondary school pilot (Mental Health Awareness Programme in Schools) taking place in Warrington, with a view to rolling out in Halton and across the 5 Boroughs Partnership (5BP) footprint as a whole. This involved a school liaison worker delivering awareness raising sessions as part of the Personal, Health and Social Education (PHSE) curriculum. This pilot is currently being delivered by an ex CAMHS service user, Hannah. There is a service called TAMS (targeted mental health in primary schools) being delivered in other parts of the 5BP footprint, but no longer in Halton.

4.31 CAMHS have a user group called 5 Star Forum, who have been actively involved in the development of a website and a short film about mental health awareness that was shown in local cinemas and is nominated for an award. The 5 Star forum have also contributed to the recent refurbishment of the entrance area.

4.32 CAMHS delivers skin camouflage for young people who self harm. 5BP is the only mental health trust in the UK who offers this. Staff explained that the service is offered to young people who have self harm scars, if, as part of their person centred treatment plan they have identified confidence and esteem issues related to appearance of their scars. Staff reassured that the service premise is not to show young people who self harm how to self harm in a more inconspicuous manner.

Conclusion

4.33 The Councillors were grateful for the number of professionals and staff who had made themselves available to take part on the visit, and were pleased that there were a broad range of services available from the site.

4.34 The visit highlighted positive developments in the waiting times and improvements in accessibility of the services through the new referral and assessment teams. It was noted that the MHAPS service should form an important part of the PHSE curriculum in schools to truly tackle stigma associated with mental health and raise awareness to improve early intervention and outcomes. There is currently no TAMS provision in Halton, therefore a missed opportunity to engage with primary school, in an age appropriate way, about mental health.

4.35 Currently, there is flexibility within the CAMHS tier 3 provisions to channel staffing resources as appropriate to avoid bottle necks in the system. The review of tier 2 will include the allocation of resources to be used in the most appropriate way to minimise service users in tier 3 services, who would be more appropriately served at tier 2, which could then have the potential to have a knock on effect on the throughput of patients at tier 3.

Ashley House Visit

4.36 Councillors Cargill, Lowe, Zygadllo and Wallace visited Ashley House in October 2013 to gain an insight into the links between mental health and substance misuse. Ashley House is a 24hr one stop shop for substance misuse services, located in Widnes, but offering support in both Widnes and Runcorn. Services include: advice, treatment, and information. Councillors reported that there was evidence that the staff were supportive in working with service users to get their lives back on track. A government programme crime reduction initiative is run from the centre

4.37 Members were given a part tour of the building, where staff explained about the variety of staff and services available and what happens in specific rooms. The building inside was warm and welcoming and not at all as Councillors expected. Pictures and activities such as a wish tree were in the foyer, a very positive theme and feeling welcome is given on entering.

4.36 There was good evidence of service user involvement and on the day service users were holding their group meeting and members were invited to attend. The group is made up of service users and staff, if invited. It is a formal meeting, with a set agenda, minutes and action plans. The meeting was chaired by a Recovery Champion (a service user who has become clean of his addiction, and now helps other service users on the journey to recovery).

4.38 There was evidence of a number of activities, alongside clinical treatment, that service users were involved in to aid their recovery by improving their general wellbeing and mental health by providing meaningful activity that the service user group have developed and providing alternative interests to prevent relapse.

4.39 There is a breakfast club, run by volunteers 9-11.30am each day, funded by a pot of money given to the group to use on such initiatives suggested by the members.

4.40 There is a market garden project, introducing users to a productive skill, the land was donated by Halton Borough Council and led by local Halton service users group CRI (Crime Reduction Initiatives). The group had also secured an allotment plot from Halton Borough Council to grow produce and learn a skill, led by another recovery champion.

4.41 The group discussed the edition of their newsletter, in which one member has designed logos and art work for publication. There was a discussion on a planned visit to the Lancashire Regional forum at Kirkum.

4.42 The group have started a new project called Happy Mondays, a session from 2.30-4.30pm themed on music, creative writing and other activities, ideas were asked for. The group are so successful, they visit other towns including Fleetwood and Moor. The group speak about the projects they are involved with, and about their journey to recovery.

4.43 The Chair of the group, explained they were going to do a presentation addressed at Magistrates based around the sentences given to users, and how referrals not custodial sentences can help, and how these projects influenced users to get their lives back and what good work was happening at Ashley House.

4.44 The service user group raised the issue that users can fall back into their habits when they go out socialising and often there is alcohol or drugs available. When asked what they would suggest, it was mentioned a vacant building near by would be an ideal venue that can be opened most days, where users could go to play pool, get training, a place to relax without the temptation of alcohol and drugs, serving soft drinks and snacks.

Conclusion

4.45 The ward Councillor, Councillor Wallace recommended that the service user group should speak to Ashley House management and if they were supportive they could do some work to get information, like who owned the building, how much for sale, etc. The Councillor also said she would support the fact finding work, but initially they need to speak to Ashley House management.

Awareness/anti stigma training for professionals (Mental Health Staff and non-clinical professionals)

4.46 The topic group received a presentation from the Head of Safeguarding and Public Protection and the Managers of both the Older People's Mental Health Liaison Service and Acute Liaison service at Whiston Hospital, on developments in relation to providing mental health assessments for patients and mental health awareness raising amongst staff. The group discussed the importance of ensuring that support in the community is in place, high quality and actually delivered once discharged from the hospital setting – the guests described how this is currently provided, acknowledging that more can be done via integrated care packages. The presentation also included information on training and two services– Older People's Mental Health Liaison Service and Acute Liaison service.

Conclusion

4.47 It was recommended that a focus should be maintained on discharge of care into the community and provision of appropriate, consistent and quality care delivered within the community.

Educational Psychologist Insight

4.48 The Principal Educational and Child Psychologist (the Principal Psychologist) attended a meeting to provide information on the role of the education and child psychology team. It was raised that the team are reliant on the use of locums, currently, to ensure a full complement of staff due to sickness absence. Schools are now required to purchase the services of the psychologists but this has NOT resulted in a drop off in demand. Wendy highlighted that in her opinion Open Mind is a really useful resource when working with parents.

4.49 The Principal Psychologist talked through the referral and prioritisation process and advised that a Parent Partner will be in place from January to support parents with statutory assessments and general schools advice (not Common Assessment Frameworks). Information was provided about the Critical Incident response Team, as result of a query from Councillor Wallace in relation to the suicide of a Halton pupil.

4.50 The Principal Psychologist informed the group that in her opinion Halton Council was very supportive of professional development and post entry training. Something which is not common place in other Authorities. This investment in professionals is important in providing a quality service. It was explained how this training is then implemented and shared through conferences and training within Halton.

4.51 In the near future the Educational and Child Psychology Service would like to offer its support to a multi agency ADHD pathway, in line with NICE guidelines.

Conclusion

4.52 Building emotional and psychological resilience in school age children should be considered a priority within schools and out of school provision of activities and family support, given the evidence base for positive psychological outcomes.

Clinical Psychologist Insight

4.53 A Clinical Psychologist working for the 5 Boroughs Partnership Recovery Team, attended to give an overview of his role and emerging strains on the service. Although there are 3 psychologists posts within the multi disciplinary team, they have never been fully staffed due to maternity leave.

4.54 It was highlighted that there was an issue with the waiting list that was inherited when the service redesigned. Assessment is fast, but then there is up to an 18 month waiting time for 1 to 1 psychological therapy and up to 6 months for Cognitive Behavioural Therapy.

4.55 The increase in referrals to psychological therapy was highlighted. Anecdotally this could be due to welfare reform, but also because people are more psychologically aware and willing to seek treatment.

4.56 It was raised that there is a emerging capacity issue at tier 4, as they are often seeing people who are really in need of tier 3 (this mirrors the feedback from the CAMHS visit. Lack of capacity in lower tiers is having a knock on effect in the acute tiers). Some clients at tier 4 could actually be seen more appropriately in primary care. This happens in some other boroughs such as Warrington.

4.57 The group were informed that patients can be discharged from the service if they display a lack of willingness to engage, however this is not done without careful consideration for the impact this may have on the individual.

4.58 There was discussion about how welfare reform has impacted on some people being reluctant to seek therapy or improve their condition for fear of how this may affect their benefits.

Conclusion

4.59 It was raised that currently family therapy is not provided by 5 BP – this is an area that he felt presented a gap in provision.

4.60 In the opinion of the presenting Psychologist, an investment in 1 or 2 band 7 (entry level) psychologist for 12 months would be able to clear the current waiting list back log.

Local Authority Mental Health Challenge

4.61 Involvement in The Local Authority Mental Health Challenge was proposed to the scrutiny topic group. It is a national programme co-ordinated by leading mental health organisations to support and encourage local authorities to take a proactive approach to implementing the national mental health strategy and improving the mental health of their communities. All upper tier local authorities have been asked to take up The Mental Health Challenge which sets out ten actions that will enable councils to promote mental health across all of their business. As a first step, councils are asked to appoint a member 'champion' for mental health.

4.62 The role of champion will be defined locally but key activities might include:

- Raising awareness of mental health issues in the development of council policies and strategies, and in public forums;
- Ensuring the overview and scrutiny committee has a view to mental health in their workplans;
- Leading discussions on mental health issues with NHS organisations in the local area;
- Speaking with schools, businesses and community groups about mental health;
- Linking with mental health service users and voluntary groups locally to understand their needs and concerns;
- Tackling myths and misperceptions about mental health in the local community.

Conclusion

4.63 As part of the work of the Mental Health Topic Group it may be useful to consider whether Elected Member/s would like to be a part of this challenge.

4.64 The Mental Health Challenge for Local Authorities was discussed at Communities SMT and accepted as a challenge we endorse and will drive. Should Halton sign up to the challenge the strategic push should be done through the Mental Health Board in order to maintain a multi disciplinary approach.

Joint Scrutiny with Children, Young People and Families

4.65 As part of the cross over with the Children, Young People and Families scrutiny review of CAMHS services, a number of meetings and visits to schools took place with the Lead Officer for Children, the chair of the Health PPB Mental Health scrutiny topic group and member of the Children, Young People and Families PPB scrutiny topic group.

4.66 The meetings and visits had particular focus on self harm and also children with Autism, in particular Independent Living for those children. The report of the findings of this scrutiny group visits can be found in Appendix 3

5.0 RECOMMENDATIONS TO HEALTH PPB, AS A RESULT OF THIS SCRUTINY REVIEW

1) **A review of waiting times for from time of assessment to accessing 1-2-1 Therapies, including Cognitive Behaviour Therapy.** Review staffing levels against demand and current waiting times and make proposals of how, where waiting times are unacceptably long, this can be overcome by reconfiguration of current staff or service planning.

2) **Mental Health Promotion, Anti Stigma and Awareness across the life course.** Consideration should be given to consistent key messages of optimism and connecting with others to help build resilience in any future public campaigns, as reflected in the Like Minds Campaign. This is in line with the 5 Ways to Mental Wellbeing. There should be greater emphasis on mental health awareness and promotion within schools**.** Monitor the MHAPS Pilot in Warrington and consider implementing in Halton schools, using the Like Minds resources and resources developed by CAMHS 5 Star Forum. Awareness raising activities to be coordinated through the Mental Health Promotion Sub Group of the CAMHS Board and the Mental Health Board.

3) **Consider Elected Member involvement in the Local Authority Mental Health Challenge.** Further information from Public Health to be provided to the Health PPB for consideration regarding potential 'sign up' to The Local Authority Mental Health Challenge. The challenge sets out ten actions that will enable councils to promote mental health across all of their business, led by elected Member champion/s.

4) **Assess the impact of welfare reform on mental health locally.** Public Health to report on work undertaken to establish any correlation of reform on impact on increased demand on mental health services locally. This will provide an evidence base and insight into the changing mental health needs of the population and will assist future commissioning and service development.

5) **Educational and Child Psychology Service to offer its support to a multi agency ADHD pathway, in line with NICE guidelines**.

6) **Mental Health Liaison Teams within Whiston and Warrington Hospitals.** This service should be continued beyond the pilot period to improve the experience of people with mental health conditions in a hospital environment, and increasing access to services.

7) **Circulation of this report.** This report, with its recommendations, should be presented to Executive Board, Halton Clinical Commissioning Group, Bridgewater Community NHS Trust and 5 Boroughs Partnership.

6.0 OUTCOMES FROM THE MENTAL HEALTH SCRUTINY TOPIC GROUP

During the course of the scrutiny review, the topic group have actively supported and influenced the following outcomes:

- Endorsed, and been involved, in the development of the intergenerational Like Minds mental health awareness campaign
- Supported the 'life course' approach to mental health through joint scrutiny with Children, Young People and Families PPB
- The Mental Health Promotion Sub Group was developed as a direct result of the Like Minds campaign, and further supports/coordinates the life course approach to mental health awareness raising locally.

Appendix 1 - TOPIC BRIEF

TOPIC BRIEF

Topic Title: Mental Health
Officer Lead: Dave Sweeney, Operational Director, Integrated Commissioning
Planned Start Date: April 2013
Target PPB Meeting: March 2014

Topic Description and Scope:
This topic will focus on the Mental Health priority, specifically in relation to the prevention and promotion of services/issues. It will examine the interventions and materials that are already in place to address this key area and will look at their effectiveness in meeting the needs of the local population.

Why this topic was chosen:
Significant numbers of people suffer mental health problems such as depression. Mental Health problems account for the single largest cause of ill health and disability in the Borough and can have a significant impact on a person's ability to lead a full and rewarding life.
Some associated statistics[1] are outlined below:-

• One in four people attending GP surgeries seek advice on mental health.
• Deaths from suicides & undetermined injuries were ***31*** (2008-10) ***Rate 8.2***(England 7.2, NW 9.07 per 100,000 population).
• The number of people diagnosed with depression is ***11,924*** (11.94% GP pop aged 18+). Regional prevalence is 13.3% and nationally 11.7%.
• Dementia: there is an estimated ***1082*** *people aged 65+ compared to* ***634*** *people on GP* register (2010-11) with a diagnosis of dementia.
• The rate of hospital admissions due to self- harm for under 18s is high.
• The mental wellbeing of Children who have been in Care tends to be worse than children who have not been in Care.
• Stigma of mental ill health (more prominently in men) is a major factor in people not seeking help and support.
• Aligned with the above suicide is now recognised as the biggest killer of young men, higher than road traffic accidents. Stigma is reported to be the major influence of men refusing support.

The current economic climate and welfare reforms are likely to increase the levels of people suffering from mental distress. However, through a range of evidence based interventions to promote mental and emotional wellbeing the above are all amenable to change.

[1] Halton Health and Wellbeing Strategy : 2012-15

Halton's Health and Wellbeing Board have chosen the '*prevention and early detection of mental health conditions*' as one of their five priorities for action during 2012-15.

Key outputs and outcomes sought:

• An understanding of existing mental health provision in Halton in relation to prevention and promotion.
• Examine the effectiveness of current pathways/materials for mental health prevention and promotion.
• Consider national best practice and evidence based practice in relation to pathways for prevention and the promotion of mental health issues.
• Consider ways to continue to make improvements to promotional materials thus enabling Halton to reduce the social and economic cost of mental health issues, with a particular emphasis on reducing reliance on acute services.

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

A Healthy Halton
• To understand fully the causes of ill health in Halton and act together to improve the overall health and well-being of local people.
• To lay firm foundations for a healthy start in life and support those most in need in the community by increasing community engagement in health issues and promoting autonomy.
• To respond to the needs of an ageing population, improving their quality of life and thus enabling them to lead longer, more active and more fulfilled lives.
• 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

Nature of expected/ desired PPB input:
Member led scrutiny review of Mental Health.

Preferred mode of operation:
• Meetings with/presentations from relevant officers from within the Council/ Health Services and partner agencies to examine current practices regarding mental health prevention services and promotional materials.
• Review of existing pathways into Mental Health prevention services.
• Review of existing promotional materials etc. in relation to supporting those with mental health issues.

Appendix 2 – Summary of guest speakers and presentations given to the Topic Group

Guest	Organisation	Area	Date
Jen Brown	Health Improvement Specialist (Mental Health and Wellbeing), Health Improvement Team. Halton and St Helens Division Bridgewater Community Healthcare NHS Trust	Introduction to health prevention/promotion	2nd July 2013
Jenny Owen	Commissioning Manager, Halton NHS CCG	Improved Access to Psychological Therapies	2nd July 2013
Gareth Jones, Sheila McHale,	Children's Mental Health Commissioner HBC Commissioning Manager Halton NHS CCG	CAMHS Review update	6th August 2013
Simon Bell	Public Health Commissioning Manager (Mental Health)	Overview of Public Health responsibilities, statutory duties and local mental health priorities	17th September 2013
Phil Dearden Cheryl Connor Moira Byrom	Head of Safeguarding and Public Protection Whiston Hospital Manager Older Peoples Mental Health Liaison Service Manager, Acute Liaison Service	Overview of Whiston Hospital mental health awareness raising amongst staff, training and two services in relation to mental health – Older People's Mental Health Liaison Service and Acute Liaison service.	15th October 2013
Wendy Rydzkowski Andrew Holding	Educational Psychologist Clinical Psychologist insight		

Appendix 3

REPORT TO:	Children and Families Policy and Performance Board
DATE:	28 October 2013
REPORTING OFFICER:	Strategic Director, Children & Enterprise
PORTFOLIO:	Children Young People and Families
SUBJECT:	Scrutiny Topic – Independent Living Skills
WARD(S)	Borough Wide

1.0 PURPOSE OF THIS REPORT

1.1 To provide an update to the Board on the work undertaken on the crutiny board to date.

2.0 Recommended that**:**

2.1 Board notes the update

2.2 Approves the recommendations proposed to date

3.0 BACKGROUND

3.1 A scrutiny group was established to undertake a review of how to further develop the effectiveness of the independent living skills taught to children and young people with ASD in Halton schools. The aim of the scrutiny group is to:

- Collect information on the experience of staff, children and young people;
- Identify good practice in the delivery of independent Living Skills in a variety of settings;
- Identify further opportunities to develop effective independent living skills for children and young people with ASD in schools utilising the existing skills and resources available.

3.2 The group have agreed that they need to adopt an approach that

focuses attention on what is valued most in the existing system and generate curiosity as to what the future may look like if these values are further developed. It is also aimed to highlight the schools and settings best attributes for staff and pupils so that positive practice can be shared and encouraged. Finally the group intends to explore how the acquisition of independent life skills could be improved for children and young people with social communication and autism.

4.0 Progress to date

4.1 The Group consists of number of elected members with a particular interest in supporting outcomes for children and young people with complex needs and Autism. The first meeting established the scope of the task and agreed an outline of plans of visit to a variety of settings, both in and outside of the Borough. The purpose of the visits was to understand the current practice and provision and listen to the views and feelings of both staff and children and young people.

4.2 Visits have already been undertaken to a number of settings. A summary of each visit is provided below.

Ashley School

4.3 Ashley school is now a fully accredited school designated to meet the needs of vulnerable higher functioning pupils with a diagnosis of ASC and those with identified Social communication difficulties. Aged 11-19.

4.4 The visit highlighted the impressive environment and knowledge and understanding of staff regarding their role in developing independence, confidence and social interaction in these pupils alongside progress in other curriculum areas.

4.5 The staff demonstrated huge enthusiasm for their work and pupils were extremely eager to talk about their role as well as their enjoyment in attending the provision. There was extensive use of environmental learning and development of independence skills. There was also significant emphasis upon the voice of the child and pupil views as well as strategic use of the School Council which is led by pupils. Pupils were confident in their communication with Councillors and happy to share their views and recommendations.

Brookfields School

4.6 Brookfields school is a Primary Special school catering for the needs of children with Complex need and Autism from nursery age to the end of key stage 2

4.7 There have been two visits to Brookfields School to date. The visits

were undertaken by two groups of Councillors. The school is fully accredited as a National Autistic Specific provision and has held and maintained this accreditation for a number of years.

4.8 The development of independence begins early in this setting and parent classes are held to share good practice with staff. Staff is responsive to parents and work to support parents in developing appropriate structures at home.

4.9 The pupils engage in environmental learning programmes and develop independence skills to equip them for enjoying social activities both at home and school.

4.10 The provision is acknowledged as outstanding and significant use of Pupil Council is also evident here. Pupils make known their requests for social and interactive activities and support local charities.

Wargrave House

4.11 Wargrave House is an Independent out of Borough Provision designated and accredited School for Children and young people with Autism. The Head teacher conducted the visit and there was no interaction with pupils .It is intended that a further visit is undertaken at Wargrave .

Cavendish School

4.12 Cavendish School is currently a Local Authority Day Special School. It is however looking to convert to academy status on 1st January 2014. It is designated to meet the needs of pupils with complex needs autism. The school has National Autistic Society Accreditation and meets a range of needs both physical and sensory from 11yrs.to 19yrs.

4.13 The visit was undertaken by Elected members and officers. The staff demonstrated enthusiasm for their work and pupils were eager to communicate about their interests as well as their enjoyment in attending the provision. There was extensive use of environmental learning and development of independence skills.

4.14 There was also significant emphasis upon the voice of the child and pupil views as well as strategic use of the School Council which is led by pupils. Pupils were confident in their communication with Councillors and happy to share their views and recommendations.

4.15 Independent travel instruction was in process and discussions with the tutor and pupils indicated the value, worth and enjoyment in this activity. Pupils were developing the skills to equip them to be able to engage in walks and travel on transport independently. The pleasure and pride experienced by these young people was

infectious.

Inglefield

4.16 The purpose of the visit to Inglefield was to view a unit in this provision that could extend provision and opportunities for further life skills teaching as well as overnight stays for pupils from Halton Settings. Councillors and officers and a Headteacher visited the provision and were extremely impressed with the possibility of providing support using this purpose built resource base. It is proposed that the possibility of this resource being commissioned by the school to provide extended experiences for young people as well as some element of respite for parents could be explored.

Simms Cross Primary School (ASC Resourced)

4.17 The visit to Simms Cross was undertaken by a range of Councillors as well as LA staff and Special School representatives. The group was encouraged to observe pupils with ASC and supported by the base, Integrate into mainstream class lessons with their chronological peers. They were well supported by additional staffing ratios, but encouraged to be as independent as their peers, The Inclusion and encouragement towards independence, in a safe environment was impressive and the pupils clearly enjoyed the process. Any concern or anxiety was dealt with swiftly and pupils were clearly happy and safe.

4.18 The visiting group was also enable to meet with the pupils in a smaller group and encouraged to engage with the children in order to understand pupil's voice. The guidance sheets prepared by the school enable the visitors to approach the pupils with some understanding of their likes and dislikes. This was helpful as it ensured that the visitors were aware of pupil sensitivities. This is essential to know when dealing with pupils having this category of need. Pupils were happy to engage and wanted to illustrate to the visitors things that they felt they enjoyed and how they felt more confident and able to do more for themselves.

4.19 The group of visitors then had the opportunity to meet with a parent of a current pupil and hear how attendance at the school had not only had a significant impact on his child's progress but had improved home life and confidence of both himself and his wife. It was a memorable and impressive visit.

4.20 The visiting group took suggestions and recommendations of ways in which the resource could be further developed to provide

additional support for Independent Learning.

Next Steps

5.0 The opportunities for:

- Residential experienced for pupils that could offer life skills training in a more domestic environment was a suggestion that occurred through many of the settings visited.

- Advantages gained from continuing with the Local Authorities Strategy of provide resources, as far as possible to both Widnes and Runcorn based pupils.

- Extended use of Independent travel training.

- Extended use of technology, particularly in form of IPads.

- Extended use of mobility training.

The above were recurring themes raised during the visits. Recommendations to date:

- To provide opportunities for children and young people with ASC and social communication difficulties to access extended independence opportunities close to their homes in both Runcorn and Widnes.

- To investigate the possibility of commissioning the Independent Living Unit at Inglefield, in order to provide opportunities for residential training and experience for pupils Key Stages 2,3,4 & post 16

- To investigate the opportunity to commission existing available residential resource that may be immediately available within our current special school provision, in the Widnes area.

Undertake further visits to mainstream resourced provision in Halton and compare with provision that may include residential provision in:

- Halton Provision in both Widnes and Runcorn

  (See attached Provision Map for location of provision in Halton)

- Other neighbouring Authorities

5.2 The available data needs analysis in order to better understand the factors involved. Current service provision needs to be further developed to meet the needs of children and young people. There needs to be an agreed definition and understanding of Independent Living Skills and create a vision based on reflecting on what has already been successful and resulted in positive experiences for the children and young people. Need to identify how we can take into consideration the wishes of young people to acquire independent life skills particularly those young people with social communication and autism. Finally consideration needs to be made as to how the regional offer could be improved.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People

Ensuring provision meets need within the Borough as well as the locality.
Supporting Local Offer Requirements set out in Section 3 Children & Families Bill 2013

6.2 Employment, Learning & Skills in Halton

To ensure that young people with Autism and Social Communication difficulties have every opportunity to develop independence skills.
To enable them to access employment wherever possible

6.3 A Healthy Halton

To ensure that all young people in Halton have improved outcomes in particular Mental Health and well being
To ensure that these particular young people develop skills to understand how to look after their own needs wherever possible

6.4 A Safer Halton

To ensure that vulnerable young people have the skills to travel safely.
To encourage increased independence wherever possible

6.5 Halton's Urban Renewal

None

7.0 RISK ANALYSIS

7.1 Need to maintain, extend and further develop current provision to address increasing transport costs as well costs related to Out of Borough Provision.

7.2 Duty to respond to pupil and parent voice to ensure that young

people are given the opportunity to remain in their local community. Need to improve outcomes for Children and young people with Autistic Spectrum condition and Autism

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 Ensure that Children and young people with Special Educational Needs have their needs met locally

8.2 Providing Equal Opportunities having regard to the Equality Act 2010

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

Document	**Place of Inspection**	**Contact Officer**
Equality Act 2010	**Rutland House**	Jennifer John
The Green Paper 2011		
Children & Families Bill 2013		
Draft Code Of Practice for Special Educational Needs October 2013		

REPORT TO: Health Policy & Performance Board

DATE: 4 March 2014

REPORTING OFFICER: Strategic Director, Communities

PORTFOLIO: Health and Wellbeing

SUBJECT: Care Quality Commission visit to 5Boroughs Partnership NHS Foundation Trust

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 In November 2013, the Care Quality Commission (CQC) paid an announced visit to the 5Boroughs Partnership NHS Foundation Trust, to examine the operation and use of the Mental Health Act 1983. This report describes the findings from this visit and the actions that are being put in place.

2.0 **RECOMMENDATION: That:**

i) The contents of this Report are noted

ii) Members are invited to comment on the outcome of the CQC visit

3.0 **SUPPORTING INFORMATION**

3.1 Context:

3.1.1 The Mental Health Act (MHA) 1983 is the piece of legislation which sets out the circumstances under which a person with a severe mental health condition, and a high level of risk to themselves or others, can be assessed for detention and treatment in a hospital against their wishes. It is supported by a detailed Code of Practice, which sets out practice standards for all agencies involved in the process, and a range of other associated statutory instruments.

3.1.2 Until recently, the job of monitoring the way the MHA is used had fallen to the Mental Health Act Commission. This has now been incorporated into the reformed CQC, which undertakes regular visits – in effect, inspections, to all Mental health Trusts to examine service quality. There are three domains against which CQC can measure performance:

1. Assessment and application for detention

2. Detention in hospital
3. Supervised community treatment and discharge from detention

3.1.3 For the purposes of this visit, CQC were focusing solely on Domain 1 - assessment and application for detention. They were not therefore looking at the experience of the patient whilst on the ward, or at the arrangements and planning for discharge. This will be the subject of future visits.

3.1.4 Although the focus of the visit was on the 5Boroughs, who as the lead agency co-ordinated all arrangements for the visit, this was in fact an evaluation of how all partners work together to achieve the best outcomes for patients who may be detained under the Act. Assessment for detention is a fully multi-disciplinary process – it involves doctors from the hospital as well as GPs, Approved Mental Health Professionals (AMHPs) (who are almost always social workers), ward staff, and the police and ambulance services.

3.1.5 The visit covered four local authority areas – Halton, Warrington, St Helens and Knowsley, as well as the North West Ambulance Trust and Cheshire and Merseyside Police Forces. All agencies were required to submit a range of information ahead of the visit, to provide local context for the Commissioners.

3.2 The findings and subsequent developments:

3.2.1 This Report is providing information about key aspects of CQC's findings; there are some aspects of their report which are specific to other local authority areas and these have not been included.

3.2.2 There were some positive overall findings. These included:

<u>From service users and carers:</u>

- Community support was described as very good
- All carers received a carers assessment
- Follow up after discharge from hospital always meets the required national seven day target
- Carers feel listened to and taken seriously by staff
- The ward environments have improved considerably

<u>From advocacy services:</u>

- Referrals are received promptly
- Patients are told their rights and these are reiterated over time
- Advocates attend the wards regularly and can approach managers with any issues that arise
- There are leaflets and posters on the wards for patients

From AMHPs:

- Patients are no longer regularly having to be placed out of area
- There is improved accessibility to 5Boroughs doctors, with the result that the time taken to complete assessments has improved
- AMHPs have access to training, support, supervision nd peer supervision
- Training to allow AMHPs to maintain their professional competence is satisfactory

From the police:

- A new risk assessment tool has been helpful in determining the levels of police support required during MHA assessments
- There are positive relationships with partner agencies
- There are regular mental health forums which are minuted and which allow issues to be addressed

From the ambulance service:

- There is less need to transport patients out of area
- There is a new regional protocol in place for conveying patients and this is working.

3.2.3 Issues for consideration and action:

3.2.3.1 Crisis services: over the past twelve months, the 5Boroughs has undertaken a complex service redesign of what is known as the Acute Care Pathway – the means by which people with more complex mental health needs can access services. The Trust's Crisis Service is available to support people in mental health crisis, and according to CQC, it is effective in doing this.

However, it was also noted that, across the footprint of the 5Boroughs, there are few community-based alternatives to admission, which could prevent people from being referred in the first place. This is being addressed in the local Halton action plan.

3.2.3.2 Access to beds: in the past two years, there have at times been problems in accessing beds for patients who need inpatient treatment. On occasion this has meant that people have had to be placed out of borough.

This has not been an issue unique to the 5Boroughs – the same problems have been reported consistently around the country. *Although there is still pressure on accessing beds, improved bed*

management has meant that the need to place people out of borough has significantly reduced for Halton residents. As part of the overall action plan, the 5Boroughs will be auditing the extent of the issue and reporting this to a range of strategic forums.

3.2.3.3 Data collection: largely, it is the local authorities which can capture the fullest data about the use of the Mental Health Act. The provision of data across the Authorities for the CQC visit was variable in its amount and quality. Locally, a data quality exercise has recently taken place, which gives useful information about the use of the MHA over the last five years. This will be reported on a regular basis to the Halton Mental Health Strategic Partnership Board.

3.2.3.4 Use of Section 136 Mental Health Act: this Section of the MHA allows the police to take to a place of safety anyone found in a public place who appears to be mentally disordered, and who may pose a risk to themselves or other people, for up to 72 hours so that they may have a formal assessment of their mental health. The use of this part of the Act has increased substantially in the past two years, which has placed an additional pressure on local services.

Central to the operation if this aspect of the Act – and a clear requirement of the Code of Practice – is the requirement that all key partners should have an agreed multiagency policy and procedure which details exactly what should happen when Section 136 is used. A lot of work has been going on to develop a policy and procedure which satisfies all partners. A final draft is now being completed and this should be signed off in the near future. Work is taking place with the commissioners of mental health services and the 5Boroughs to identify and properly resource additional places of safety across the area.

3.2.3.5 Partnership agreements: the nature of the relationships between the local authorities and the 5Boroughs varies significantly, and the partnership agreements that are in place tend to differ because of this variation. The CQC did not recommend that the agreements should all be the same, but they did recommend that all the partnership agreements should be reviewed and updated to take into account local need. Halton's own partnership agreement with the 5Boroughs was revised in November 2013.

3.2.3.6 Information and knowledge sharing across local authorities: as part of their recommendations, the CQC suggested that there would be a lot to be gained from a forum for the local authorities to meet on both a strategic and operational level, to share issues and develop a common approach to problem solving. This is being taken forward through the overall action plan.

3.2.3.7 Timeliness of referrals for assessments of patients already in hospital: from time to time, there has been a delayed notification

from hospital staff that an assessment may be needed under the Mental Health Act for a patient already in hospital. An assessment under the MHA is a complex process which requires considerable organisation, and needs to be based on the fullest levels of knowledge and information. If time is short then this may make the assessment less effective. The 5Boroughs is aware of this issue and is taking steps to rectify this. This will be monitored through the delivery of the overall action plan.

3.3 The next steps:

3.3.1 As already indicated, there are two processes that will be taking place to deliver the improvements recommended by CQC:

- The delivery of an overall action plan to address overarching and system-wide issues. This will be monitored through the development of a local steering group which will report to the Trust Board and to all local area
- In addition a local action plan has been developed to address specific issues. This will be monitored by the Halton Mental Health Strategic Partnership Board.

4.0 POLICY IMPLICATIONS

4.1 Across the country, the number of people detained in hospital under the Mental Health Act has substantially increased – the figures are up by 12% on last year alone, amounting to more than 50,000 people. The government has recently published a new policy directive – *"Closing the gap: Priorities for essential change in mental health"* – which addresses some of the complex issues facing people with serious mental ill health.

4.2 Locally, it is essential that all policies and procedures relating to the use of the MHA are up to date and fit for purpose. These are currently being fully reviewed and will be available on the intranet when complete.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 There are no direct financial implications arising from this Report. Work will continue with the commissioners of mental health services to ensure the continued development of appropriate places of safety for people detained under Section 136, and for the development of suitable community-based crisis services.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

6.1.1 This was primarily a visit to assess the operation of the MHA as it

relates to adults and older people. The MHA can apply to people under the age of 18, (and indeed has happened on rare occasions in Halton) but there are additional safeguards in place to ensure that their needs as young people are fully considered. As part of this, it is a national requirement that children and young people are not detained on adult mental health wards – they have instead to be placed in specialist children's wards.

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

6.2.1 There are no implications for Employment, Learning and Skills in Halton arising from this Report.

6.3 **A Healthy Halton**

6.3.1 Mental health has been identified as one of the key priorities for the Halton Health and Wellbeing Board. Good mental health is key to a healthy community. This report focuses on the service provided to people with some of the most complex mental health needs in the Borough, and the actions and issues identified will ensure that the service to this vulnerable group of people continues to improve.

6.4 **A Safer Halton**

6.4.1 As suggested, the group of people that this Report relates to has some of the most complex needs of any people in the Borough; on occasion there can be significant risk, either to the person themselves or to other people. It is essential that all services work together as effectively as possible to minimise the risk and ensure the most effective response to these needs.

6.5 **Halton's Urban Renewal**

6.5.1 There are no implications for Urban Renewal arising from this Report.

7.0 **RISK ANALYSIS**

7.1 As indicated earlier, this report relates to people who have high levels of need and risk within the Borough. The actions identified will continue to ensure that the highest quality service continues to be offered to this group of people.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 This report applies equally to all people within Halton.

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

Document	Place of Inspection	Contact Officer
Closing the gap – priorities for essential change in mental health	Runcorn Town Hall	Lindsay Smith 0151 511 8717
CQC Mental Health Act 1983 monitoring visit: 5Boroughs Partnership NHS Foundation Trust, November 2013	Runcorn Town Hall	As above

REPORT TO: Health Policy & Performance Board

DATE: 4 March 2014

REPORTING OFFICER: Strategic Director, Communities

PORTFOLIO: Physical Environment

SUBJECT: Halton Homelessness Strategy 2013 - 2018

WARD(S): Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 The purpose of the report is to present Halton's Homelessness Strategy 2013-2018 to members of the Health Policy & Performance Board.

2.0 **RECOMMENDATION: That Members of the Board note and comment on the Strategy.**

3.0 **SUPPORTING INFORMATION**

3.1 In accordance with Homelessness Act 2002 the local authority has conducted a full Strategic Review of Homelessness within the area and formulated a Homelessness Strategy for the next five year period.

3.1.1 The Homelessness Strategy 2013-2018 is based upon the findings and recommendations of two other documents, one being a comprehensive review of the current homelessness services which was conducted over a nine month period during 2012 -2013. The other being the previous Homelessness Strategy 2009-2013, which involved active engagement with service users, providers and members**.**

3.1.2 The Strategic Review of Homelessness involved active engagement with service users, service providers and all partner agencies and Elected Members. The draft findings were discussed and agreed with all key stakeholders prior to the report being finalised.

3.1.3 The Review provided clear direction for preventing and addressing homelessness in Halton and reflects the factors known to affect future homelessness. It also forms the basis of this new Homelessness Strategy for Halton over the next five years.

3.1.4 During 2012/13 a Homelessness Scrutiny Review was conducted by Members to review supported accommodation services within the

district. A number of recommendations were made and were incorporated within the Strategic Review of Homelessness in 2012 and form part of the Homelessness Strategy 2013-2018

3.2 Issues

3.2.1 Halton is experiencing a gradual increase in homelessness presentations and statutory homelessness acceptances. The main causes of homelessness are due to family exclusions, relationship breakdown and the loss of private rented accommodation.

3.2.2 There are a number of client groups that do not meet the statutory homelessness criteria, but have a pressing housing need. Concerted efforts are being made by the Housing Solutions Team to assist these client groups, offering temporary accommodation for a limited period and facilitating a more efficient and accessible move on process.

3.2.3 The Scrutiny Review highlighted the high vacancy levels across all the supported hostel accommodation schemes. Due consideration was given towards reducing capacity and a number of recommendations were proposed to address the changing homelessness culture and reliance upon supported housing provision.

3.2.4 The Housing Solutions Team is more accessible and community focused, with emphasis placed upon Prevention. The team strive to reduce the levels of homelessness within the district and fully utilise the prevention options and services available to vulnerable clients.

3.3 Legislation

3.3.1 The Localism Act 2011 introduced many changes to homelessness and allocations legislation. In November 2012, the Localism Act 2011 brought into force provisions that allow local authorities to end the main housing duty to a homeless applicant by means of a private rented sector offer, i.e. a fixed term assured shorthold tenancy for a minimum of 12 months. The authority should consider the new allocated powers, which will impact upon future homelessness and service delivery.

3.3.2 Furthermore, it was determined that the council would be able to reduce the length of stay for households in temporary accommodation and the associated costs. Additionally, it will help the council to avoid future use of B&B accommodation

3.3.3 Welfare reforms affecting single people and couples aged 18-35 have put significant pressures on local housing providers, as suitable accommodation is in short supply. It is therefore anticipated that welfare reform and recent legislative changes will result in a

further increase in levels of homelessness across the district.

3.3.4 The Homelessness Strategy identifies the gaps in provision and the need to improve communication between partner agencies. An integrated approach will enable the authority to address both the social and health care issues, reduce homelessness and encourage lifestyle change.

3.3.5 Halton is fully committed and focused upon health care and service provision for homeless people. The integration of CCG, Public Health and Homelessness will enable the authority to develop a new holistic approach. The aim would be to improve health care for vulnerable people, offering a more flexible and accessible service to achieve positive and sustainable outcomes for service users.

4.0 POLICY IMPLICATIONS

4.1 The Localism Act 2011 will have future policy implications and will impact upon future housing provision and allocation of accommodation within the private rented sector.

The Homelessness Strategic Action Plan identifies a task to develop a Private Rented Sector Offer policy to ensure the Authority is fully compliant with its statutory housing duty, in accordance with Part 7, Housing Act 1996. It is recommended that future consideration be given to develop a PRSO policy and implement the option to adopt the power to end the homelessness duty within the private rented sector.

4.2 The following sections within the primary legislation represent the recent history of the new powers arising from the Localism Act 2011. The policy will fully comply with the following legal requirements:

- Housing Act 1996
- Homelessness Act 2002
- Localism Act 2011
- Equality Act 2010
- Suitability of Accommodation Order 2012
- Homelessness Code of Guidance 2006
- Localism Act 2011

The policy will reflect the priorities and rules shown within the authority's local documents and would be implemented and administered by the Housing Solutions Team.

4.3 Upon considering the policy option, weight was given to the fact that the local Homelessness Strategy already promotes the use of private rented accommodation to prevent homelessness.

The Housing Solutions Team have successfully helped numerous

households who may be threatened with homelessness to obtain accommodation from a private landlord, fully utilising various incentives, such as rent deposit, Bond Guarantee and Discretionary Housing Payments.

5.0 FINANCIAL IMPLICATIONS

5.1 The financial implications of delivering the Homelessness Strategy are outlined in the Action Plan.

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 with educational attainment being affected by adverse residential mobility. The prevention focus of the Strategy will ensure that families with children are assisted swiftly to ensure minimal disruption. In addition, the Strategy recognises that homelessness amongst young people in Halton is challenging and therefore includes priorities to strengthen joint working to ensure this group is provided with the most appropriate support by the relevant agencies.

6.2 Employment, Learning & Skills in Halton

The lack of a settled home can adversely impact an individual's ability to find and sustain employment – the Strategy's focus on homelessness prevention allows people to remain in their homes wherever possible.

6.3 A Healthy Halton

The Homelessness Strategy places emphasis on the links between health and homelessness and one of the strategy objectives is specifically focussed on this issue. Therefore, implementation of actions contained within the strategy will have positive implications for the health and wellbeing of those experiencing homelessness.

6.4 A Safer Halton

Criminal activity can be both a cause and consequence of homelessness and homeless prisoners are more likely to re-offend following release than those who have settled accommodation. Therefore, the Strategy includes a priority to improve joint working with the police and probation service to address the growing housing need for offenders.

6.5 Halton's Urban Renewal

The presence of rough sleeping can have a negative impact on the environment and the Strategy seeks to continue to ensure that this does not pose an issue for Halton through the 'No Second Night Out' initiative.

7.0 RISK ANALYSIS

7.1 The Communities and Local Government Homelessness Grant funding makes an important contribution to the delivery of a range of homelessness services in Halton. This fund is currently frozen and arrangements for distribution of the grant for the financial years 2014/15 are unclear. If the homelessness grant funding were to be reduced or ceased completely, it would adversely affect the ability of the Housing Solutions Team to offer a range of housing options and would impact upon performance and service delivery.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 The Strategy includes priorities targeted at providing support for those who are vulnerable or have complex needs and other marginalised groups such as young people and offenders.

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

None under the meaning of the Act.

HALTON BOROUGH COUNCIL

Halton Homelessness Strategy

2013-2018

Contents

1. Foreword

Halton Borough Council is pleased to present its Homelessness Strategy 2013 - 2018 which sets out the key challenges, objectives and priorities for tackling homelessness in Halton over the coming years.

The Strategy highlights and reinforces our commitment to reducing and preventing homelessness. It identifies and examines the current homelessness issues faced by Halton and sets out how we plan to address the housing needs and aspirations of those who are homeless or threatened with homelessness.

Although there have been many achievements in delivering effective homelessness services in Halton, the council recognises that some significant challenges lie ahead. The Localism Act has introduced the greatest changes to homelessness and allocation legislation since 1977 and we believe that many households, both new and existing ones, will be adversely affected by not only the housing and welfare reforms, but other new legislation. To respond to this and its impact on homelessness, joint working between the council and its key partners will be central in ensuring local housing need is met.

Demand for private rented accommodation greatly outstrips supply and rents are rising. Levels of homelessness fell during 2006–2011, but there are worrying signs now as the effects of the recession and overall economic environment begin to become apparent, that it is once again on the rise. In addition, vulnerable households will have specific needs. Among these is specialist housing with appropriate support. This can enable the person to remain at home for longer.

The Homelessness Strategy is based upon the findings and recommendations of two other documents – a comprehensive review of current homelessness services over a nine month period during 2012-2013 and the Homelessness Strategy 2008–2012 which involved active engagement with service users, service providers and members. This Strategy continues to build on current good practice and strives to meet the gaps in existing service provision to ensure the needs of those individuals who are at risk of homelessness are met.

Halton is fully committed and focused on the health care and service provision for homeless people. The integration of the Clinical Commissioning Group, Public Health and Homelessness will enable the council to develop a new holistic approach. The aim would be to improve health care for extremely vulnerable people whenever they need help, within primary and community care and hospitals.

Halton aims to put the person/patient back at the heart of healthcare with the focus on what the individual wants and needs. With cross professional and organisation boundaries to shape care around the person and ensure services are more flexible and accessible. Experienced health and homeless professionals will be included at every level of the future shaping of services.

The Strategy is supported by a five year Action Plan which clearly sets out the short, medium and long term solutions along with specific actions to deliver long lasting change to those at risk.

To ensure the Strategy remains relevant it will be monitored by the Halton Homelessness Forum and reviewed annually in order that it can be responsive to emerging change.

Yours sincerely,

Councillor Ron Hignett
Executive Board Member – Physical Environment

2. Introduction

The Homelessness Act 2002 places a duty on local authorities to carry out a Strategic Review of Homelessness in their area and then formulate and publish a Homelessness Strategy based on the findings from the review.

Strategic Review of Homelessness

The review was conducted over a period of nine months and involved active engagement with service users, service providers and all partner agencies and members. Draft findings were discussed and agreed with key stakeholders before the report was finalised.

The review provides clear direction for preventing and addressing homelessness in Halton and reflects on the factors known to affect future homelessness. Its findings and recommendations are the basis for the development of this new Homelessness Strategy for Halton over the next five years.

This strategy will build upon the success of its precursor (2009–2013) which focused upon four important issues:

1. Understanding the Problem
2. Prevention
3. Increasing Access to Housing Choice
4. Providing Support

Understanding the problem (homelessness and housing need)

Significant progress has been made in determining the levels of homelessness, the reasons why people become homeless and which household group it affects most. This progress has been achieved through a range of measures including: analysis of the move from short term supported accommodation and research into households requiring resettlement services.

Prevention

The introduction of a preventative approach among statutory homeless households has proved successful. This change from reactive assessment to proactive prevention, coupled with a housing options service, proved to be a significant factor in improvement.

Increasing access to housing choice

Progress has been made in allowing customers choice and enabling them to access properties owned by accredited private sector landlords. This progress is likely to continue now that ‘Property Pool Plus’ has been introduced.

Providing support

Floating support services have been re-tendered. This has resulted in more streamlined and better support for households which are vulnerable to homelessness. With all of this successful work already undertaken and acting on the findings of the review, this new strategy will continue to strive to respond to evolving pressure on existing service provision. This will ensure that Halton is best placed to meet the needs of individuals at risk of being or who already are currently homeless.

Homelessness is increasing across the country and it is anticipated that this trend will continue. This will place additional pressure on services. To address this national problem, the Government has published 'Making Every Contact Count.' This recognises that early intervention to prevent homelessness is the key. It does this through 'social justice' by supporting the most disadvantaged individuals and families. It tackles many of the underlying problems that, if left unchecked, can increase the likelihood of the individual or family becoming homeless.

The ultimate goal, nationally and locally for Halton, is to ensure that people have settled homes. This stability will then enable individuals to build settled lives.

3. Homelessness in Halton

Halton is experiencing a gradual increase in homelessness presentations and of those being accepted as statutory homeless. The main causes are loss of home due to family exclusions, relationship breakdown or the loss of a private sector tenancy.

There are many groups of people who are not deemed statutory homeless, but still have pressing housing needs and no settled home. The Housing Solutions team work extensively with these groups and offer temporary accommodation for a limited period, to allow the crisis to be averted and suitable options explored and implemented.

People on low incomes without regular work, lack of proven track record, previous failed tenancies, mental health or substance misuse are unlikely to meet letting agents/landlords vetting procedures and so cannot obtain a private tenancy.

Poor discharge planning for ex-offenders and those with mental health needs have been cited as additional factors contributing to homelessness. Those with complex needs, addiction, negative behaviour, and poor parenting and life skills face particular problems in attaining settled homes and can often fall through the net of services and accommodation provided.

Welfare benefit reforms, especially limiting Housing Benefit for younger people and the effect of the 'Benefit Cap' on larger families, will increase the risk of homelessness for these groups in the future.

Rough Sleeping in Halton is not identified as a major problem; however, the majority of people identified as sleeping on the streets of Halton are aged between 26 and 50. The council developed a sub-regional prevention service to tackle rough sleepers and the outreach service will ensure that all clients have access to services and if necessary are relocated back to their local connection area.

Homelessness issues

Key issues influencing the Strategy are examined in detail within the Homelessness Review Consultation Report (2013). They are summarised in the following table under three themes (People, Health and Wellbeing and Communities). Each underpins the overarching aims and the six strategic objectives and accompanying priorities.

People	Health & Wellbeing	Communities
National evidence of impact on health and wellbeing due to homelessness National evidence indicates additional costs due to children entering the care system Impact on young people and families experiencing/ threatened with homelessness Lack of settled accommodation and support can prove detrimental and lead to repeat homelessness Domestic violence within Halton is evident and analysis confirms 11% of acceptances compared to 3% in England	National evidence of poor health or neglect of physical needs related to homelessness Mental Health and substance misuse problems are contributable factors towards homelessness Impact on health and social care services due to homelessness and rough sleeping National evidence that homeless people have significantly higher levels of premature mortality, mental and physical health needs than the settled population	Impact of anti-social and offending behaviour due to increased homelessness National evidence indicates dependency on drugs and alcohol amongst rough sleepers Criminal activity can be both the cause of and a consequence of homelessness High incidence and turnover of temporary accommodation within an area can lead to neighbourhood decline

Homelessness characteristics

- Families or friends unwilling to accommodate.
- Domestic violence
- Relationship breakdown
- Health – addictions, drug/alcohol misuse
- Offending, anti-social behaviour
- Issues with private rented property (disrepair, loss of assured shorthold tenancies)
- Debt, money problems, rent arrears, often due to benefit issues

Prevention and relief

- Housing Solutions community focused service
- Partnership working with registered providers and private landlords
- Joint working between various agencies.
- Benefit and legal advice
- Floating support
- Supported temporary accommodation
- Effective and accelerated Move On approach to secure accommodation

4. Achievements from Previous Strategy

There have been many successes in the last five years in spite of the high housing demand in Halton. Nationally, the number of individual cases accepted as homeless increased by 16% and there has been a 44% increase in the use of bed and breakfast accommodation in the year ending March 2012. However, in Halton over the same period, there were no households in bed and breakfast accommodation and the borough has managed to maintain an annual decrease in its use of temporary accommodation.

This is an outstanding achievement given the intense housing pressures in Halton. It has been achieved through the high priority placed on homelessness prevention in the borough and the continuing work in delivering practical homelessness solutions. As a consequence, a strong network of partnerships and services has been developed to support those who are either threatened with or experiencing homelessness.

Since the previous strategy there have been significant changes in legislation such as the Welfare Reform and Localism Act 2011. This combined with the considerable cuts to local authority budgets have led to significant challenges for the borough. Yet despite this, there have been a number of major achievements, as described in the following sections.

Statutory homelessness

Achievements	2008/ 09	2009/ 10	2010/ 11	2011/ 12	2012/ 13
Statutory homelessness presentations	241	216	78	154	168
Statutory homelessness acceptances	166	158	37	64	86
Use of temporary Accommodation.	54	41	35	23	39
Use of Bed & Breakfast	7	1	0	0	1
Homelessness Prevention	Not recorded	625	550	492	431
Advice and assistance	803	1800	2228	2488	2051

The following key points can be observed from the data displayed in the table above:

- Over the past five years, there has been a reduction in the number of households presenting as statutory homeless.

- Significant reductions in the use of temporary accommodation which meet and go beyond the March 2010 target set by CLG.
- A decrease in the use of bed and breakfast accommodation. This has improved the quality of life for homeless households and reduced the cost to the public purse.
- An increase in homelessness prevention (advice and assistance) and developed initiatives. The priority is on preventing homelessness occurring by helping people resolve their housing problems. In addition people are helped to tackling barriers which would prevent them from either obtaining or retaining sustainable accommodation.

Youth homelessness

- The Southwark Protocol was developed and implemented in 2010/11 and is currently being reviewed. The aim is to provide a co-ordinated response to the prevention of homelessness amongst 16-17 year-olds. It ensures they receive the right level of support and are able to access appropriate and suitable accommodation where necessary. The protocol was a response to judgements by the House of Lords which reaffirmed and clarified that the duty under Section 20 of the Children Act 1989 takes precedence over the duties within Part 7 of the Housing Act 1996 in providing for children in need who require accommodation.
- Made use of extra funding to create a dedicated Youth Officer post. This role involves joint working with Children's Services in connection with the Southwark Protocol. It will focus on homeless prevention and mediation among 16-17 year-olds.
- 85% of young people presenting as homeless were facilitated successfully back home.

The age-groups 16-24 and 25-44 contain the highest numbers of statutory homeless individuals. This national pattern is also reflected in data for Halton. The table below shows the percentage statutory homeless (national and local) for the year 2011-2012 by age-groups:

Age group	% accepted as statutory homeless	
	Halton	England
16-24 years	34%	35%
25-44 years	52%	51%
45-59 years	13%	11%
60-64 years	2%	1%
65-74 years	0%	1%
75+ years	0%	1%

- A 'Home Essentials Fund' was launched to help young people between the ages of 18 – 35 to move on from hostel accommodation and sustain their tenancy by providing help towards the cost of setting up a home. The scheme provides assistance to purchase household items such as microwaves, bedding, crockery and cookery items up to the value of £300, .which is not repayable.
- 55 Gift applications were received in 2011/12
- 38 applications were approved and received assistance under the scheme
- 75% of clients have successfully sustained their tenancies since 1st April 2012

Case study: youth homelessness

Melissa is a 17 year old female who approached the Housing Solutions Service to present as homeless.

Melissa claimed that due to constant arguments with her mum, she was ordered to leave the family home and not able to return.

Melissa was referred to the Housing Solutions Youth Adviser and a full homeless assessment was completed, although, Melissa stressed that she wished to be accommodated within the hostel where her friends had been placed.

The Youth Officer conducted a home visit to discuss the situation with Melissa's mum and negotiate for Melissa to return home, but mum refused.

Melissa was referred to the Nightstop service and reluctantly took up the temporary accommodation.

Mediation was put in place and after a number of home visits and telephone discussions; both Mum and Melissa agreed to work with the officers to resolve their issues.

Unfortunately, Melissa failed to engage with training/education programmes, which jeopardised her placement.

The officer dedicated, considerable time to work with Melissa and mum to address their issues, and encouraged them to discuss how they could work together to resolve them.

OUTCOME: After regular contact with Melissa and her mum, an intense support package was agreed and implemented. Melissa was allowed to return home and is actively engaging in training and there has been improvement in her relationship with her mum.

Mortgage rescue

- Development of a Repossessions Action Plan. This was in response to Halton being identified as a national 'hotspot' for mortgage repossessions. To achieve this, the council introduced a 'task and finish' working group. This brought together the work of various agencies in the borough to prevent repossessions.
- In addition, the Housing Solutions Team established a dedicated Mortgage Rescue Advisor. This post provides tailored advice to those at risk of repossession and can negotiate with lenders and at court hearings.

Case study: mortgage rescue

Mrs L approached the Housing Solutions Team as she had suffered a relationship breakdown and could not afford her mortgage on her income alone.

Mrs L stressed that her son had recently been offered a placement on a speech and learning therapy course that was located within the vicinity and to move from her present home would affect his health and be detrimental to his progress.

The Housing Solutions Adviser completed a Mortgage Rescue application which was submitted to Riverside for review in September 2013.

In October 2013, Mrs L received confirmation that her application had been successful and she would be allowed to remain within the family home.

OUTCOME: The acting agent completed the buyback process, allowing Mrs L to remain in her property as the tenant at an affordable rent and close to all the support networks for her son's needs.

Service improvement

- Progress made with the development and implementation of the Housing and Support Gateway. This will provide a single point of access into support services for individuals with housing support needs.
- Improved information for local people through the development of a pack of leaflets on such topics as homelessness, housing options, the 'Bond Guarantee Scheme' and a guide for private tenants.
- Developed and promoted a customer satisfaction survey. This gathers feedback on the quality of the service and identifies areas for improvement.
- Towards the end of 2009, a mystery shopping exercise was carried out. This led to improvements being made to the way customers were dealt with via the contact centre and one-stop-shops.
- Designated Housing Solutions Officers located at local one-stop-shops to provide immediate advice for those facing homelessness. This saves time by reducing the need for an appointment among homeless or those threatened with homelessness. This initiative stemmed from an internal review of the Housing Solutions Team was taken late in 2011.

Sub-regional approach

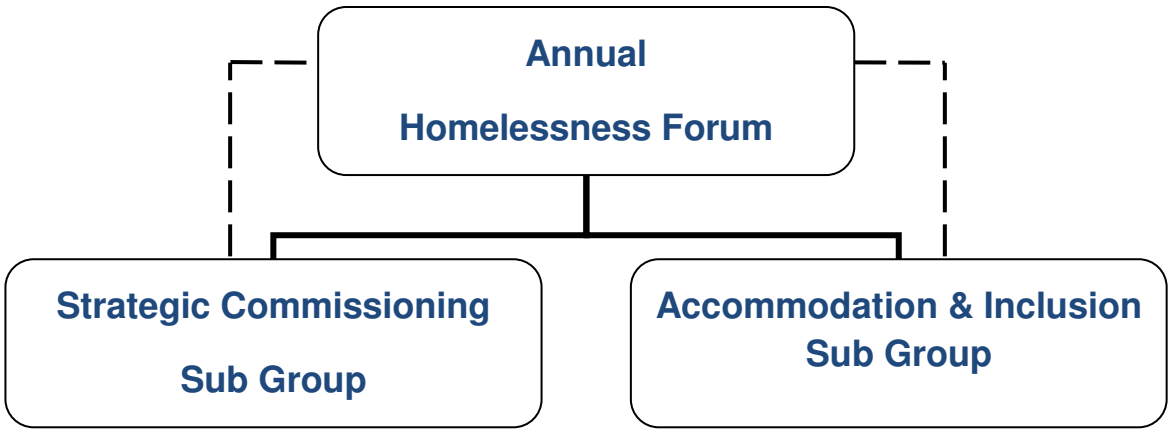
- Partnership working with Merseyside authorities led to the development of the 'No second night out' initiative. In its strategy – 'Vision to end rough sleeping: no second night out', the

government called on local authorities to implement this initiative (previously successfully piloted in London). This provides a quick and effective response from relevant services to help individuals off the streets.

- In Merseyside, local authorities have collaborated to deliver the vision that by the end of 2012 no-one will live on the streets of the Liverpool City Region and no individual arriving on the streets for the first time will sleep out for more than one night. The scheme involves widespread promotion of the one telephone number to call to report someone sleeping rough in the sub-region.

Homelessness Forum structure

- A re-structured homelessness forum from one large meeting into an annual meeting plus two sub groups to focus on Strategic Commissioning and Accommodation & Service Inclusion.



Homelessness Scrutiny Group

- A set of recommendations arising from a scrutiny review led by Elected Members (2011-12). This resulted in efficiencies being achieved through a new contract with Halton YMCA for the YMCA hostel and 'Nightstop', the de-commissioning of the 'Y's Up' advice and guidance service, a new contract with Plus Dane for floating support services. Efficiencies have also been achieved through the reconfiguration of hostel provision for single homeless people. Access to services has been prioritised to those who are owed a statutory duty. There is also an increased focus on prevention to help people to resolve their housing issues.

However, despite these achievements, Halton is not complacent and acknowledges that the challenges ahead will be considerable. Halton will continue to review and adapt its service provision to prevent future homelessness in the most effective way.

We are witnessing fundamental changes in the housing market and in social and welfare reform. The successes of the past five years will be even more difficult to replicate in the years ahead.

5. Context

Halton's Homelessness Strategy has been developed in the context of a wide range of national, regional and local policies, strategies and plans. These are summarised in the diagram below. Further details of how this influences the Strategy can be found in the evidence paper Strategic Review of Homelessness in Halton 2012/13.

Homelessness services are essential in meeting Halton's priorities set out in the 'Sustainable Community Strategy', as demonstrated below:

A Healthy Halton	• Homeless people have significantly higher levels of premature mortality, mental and physical ill health than among the settled population and are more likely to have a drug or alcohol addiction. • Net cost estimated to be £64m per year over and above health costs for same number of general population.
Employment, Learning and Skills in Halton	• The lack of a settled home can be a significant barrier for those seeking permanent employment and training opportunities. • Additional costs of providing support to homeless people to enable them to find a job and live independently.
A Safer Halton	• Criminal activity can be both a cause of and a consequence of homelessness. • Research shows that homeless prisoners are more likely to re-offend within the first year of release than those who had settled accommodation before custody.
Children and Young People in Halton	• Research shows that frequent adverse residential mobility (e.g. due to homlessness) can have a detrimental effect on educational attainment. • Additional costs resulting from children entering the care system due to the lack of a settled home.
Environment and Regeneration in Halton	• Environmental impact of rough sleeping and its potential impact on economic investment in an area. • High incidence and turnover of temporary accommodation in an area can lead to neighbourhood decline.

Making Every Contact Count: a joint approach towards homelessness prevention

In August 2012, the Department for Communities and Local Government (CLG) published this report produced by the Ministerial Working Group on Homelessness. It states clearly that 'there is no place for homelessness in the 21st century'.

The report sets out the Government's approach to homelessness prevention by focusing on the contribution that a commitment around troubled families, health, crime prevention and employment

and skills can make. The report calls for central Government, local authorities, government agencies and the voluntary sector to work together to support those at risk of homelessness.

It also gives an indication of the Government's direction and expectations for homelessness prevention. This emphasises a number of important factors, including; greater integration of local authority services (Housing, Social Services, Welfare Rights etc.); increased focus on a payment by results approach to funding; increased reliance on the private rented sector; and a focus on wrap-around services to tackle youth homelessness (such as those provided by Youth Hubs).

The report also set ten local challenges, which the government has recommended local authorities should take forward. This strategy recognises the importance of these challenges and acknowledges existing work already undertaken or underway in response to them. Halton will ensure that the ten **'Gold Standard Pledges'** remain key to its targeted approach in addressing homelessness prevention and homelessness. The Strategy identifies key themes, with emphasis placed upon reducing homelessness and increasing future prevention initiatives. The Gold Standard ten-point challenges will be to maximise opportunities arising from the Government commitments and will be **reflected within the six strategy objectives an their accompanying priorities and the strategy action plan.**

Link between Strategy Objectives and Gold Standard

Strategy objective	Gold standard
1. Collaborative and integrated approach to commissioning improved outcomes	• Have a homelessness strategy which sets out a pro-active approach to preventing homelessness and is reviewed annually so that it is responsive to emerging needs • Adopt a 'no second night out' approach or an effective local alternative • Actively engage in preventing mortgage repossessions including through the mortgage rescue scheme
2. Health and homelessness	• Offer a housing options prevention service, including written advice, to all clients
3. Minimise the impact of welfare reform	• Offer a housing options prevention service, including written advice, to all clients
4. Improve the provision of a range of housing options and services to reduce homelessness	• Develop a suitable private rented sector offer for all client groups, including advice and support to both clients and landlords
5. Increase and improve communication and partnership working	• Actively work in partnership with voluntary sector and other local partners to address support, education, employment and training needs • Have housing pathways agreed or in development with each key partner and client group that includes appropriate accommodation and support
6. Minimise the use of temporary accommodation by facilitating the supply of secure move-on accommodation	• Not place any young person aged 16 or 17 in Bed & Breakfast accommodation • Not place any families in Bed & Breakfast accommodation unless in an emergency and then for no longer than six weeks

Health

Local authorities complete a quarterly statistical report (P1E) which identifies levels of homelessness and prevention outcomes achieved. The report is submitted to Communities and Local Government (CLG) in relation to their activities to ensure compliance with the relevant homelessness legislation. The new Public Health Framework sets out the desired outcomes and how they will be measured, which includes two homelessness indicators – statutory homeless acceptances and households in temporary accommodation.

There is an encouraged focus on the health of the local homeless population and a real commitment within Halton to ensure health services assist in identifying those at risk and prevent homelessness by making every contact count.

The health of people who are homeless is generally much poorer than that of the general population. There is limited data available at a local level and it is not routinely collected and analysed, consequently, it is not possible to determine the exact health issues facing people who are homeless. The National Audit found that homeless people have a higher usage of healthcare services than the general population and established;

- 41% had gone to A&E at least once;
- 31% had been admitted to hospital at least once (compared to 7% of the general population in a typical year);
- 28% had used an ambulance at least once;
- 82% had been to a GP at least once;
- Only quarter of homeless people admitted to hospital had help with housing;
- Average length of stay of 6.2 days for homeless people (compared to 2.1 days for the general population);
- Most common reasons for admission include toxicity, alcohol or drugs and mental health problems.

To allow further understanding of the public health needs and pressures placed on services, the Liverpool Public Health Observatory has been commissioned to complete a Health Needs assessment. The commissioned piece of work will look at qualitative methods of gathering intelligence to determine health experience, access to services and homelessness status.

Health & Well Being

The 'Health and Well Being' needs of the homeless in Halton can vary significantly between individuals, and is frequently related to their particular status. This ranges from households fleeing domestic abuse and identified as a priority need for accommodation, to the hidden homeless, single non-priority persons who are rough sleepers, 'sofa surfers' and night shelter residents.

Priority groups for housing include young families, who usually retain access to primary care services and GP to ensure their physical and mental health needs can be met. However, the hidden homeless are particularly vulnerable, with complex physical and mental needs leading to an extremely high level of mortality and an average life expectancy of 40. They can often prove extremely hard to reach through mainstream provision.

Information taken from National Audit carried out by Homeless Link during 2010/11 gave a proxy analysis of the health needs of homeless people in Halton found:

- 8 out of 10 clients have one or more physical health needs and 1 in 5 confirmed they found it difficult to cope and required support;
- The most common conditions mentioned were chest/breathing, pain, joint and muscular problems, dental and eye sight problems. The proportion of homeless people citing these conditions was much higher than prevalence of general population;

- 56% reported long term health conditions compared to 29% in general population;
- 72% have mental health needs compared to 30% of the general population;
- 1 in 3 regularly eat less than 2 meals a day and only 7% consume the recommended 5 portions of fruit or vegetables a day compared to 21% of the general population;
- 77% were smokers and had been offered smoking cessation advice;
- 52% indicated they used one or more type of illegal drugs.

Whilst it is essential that the strategic focus remains on preventing homelessness, there is now a new council responsibility under the Health & Social Care Act 2012. This is to reduce premature mortality and tackle health inequalities. Hence the council is strongly committed to supporting a system where vulnerable single homeless persons have equal access to its health and social care services.

The welfare reform and wider economic pressures are likely to increase the numbers of hidden homeless in Halton, further increasing demand on existing health and support services. Following the NHS reform, Public Health now sits within Halton Borough Council. This provides a unique opportunity to review and reposition all disparate homeless health provision investments through Section 75 agreements with Public Health Services. Joint commissioning of a new integrated homeless service could then be more easily achieved. This would meet the spectrum of health needs of the hidden homeless along with those identified for priority accommodation.

Halton intends to build upon the partnership links made with other agencies, including health and mental health services and will remain vigilant in its search for joint working opportunities that improve outcomes for service users.

6. The Journey Ahead

The magnitude and complexity of the issues that face us in the next 5 years must not be under-estimated. However, Halton will continue to plan ahead and will work in partnership with others who can assist in delivering solutions. We have prioritised issues and proposed actions to build on our past success, mitigate the impacts of changing housing markets, social and welfare reform but, above all, prevent homelessness.

Halton's future goals

- Early intervention to prevent homelessness before a crisis point is reached.
- Provision of appropriate advice, accommodation and support if crisis occurs.
- Prevention of repeated homelessness to ensure people have settled and sustainable homes.
- Improve clear links between Health, Homelessness, Housing and Social Care.

Key challenges

The outcome of the consultation held for reviewing and developing the new strategy with stakeholders highlighted the key challenges Halton is facing. Key issues and priorities identified were:

- Adverse impact of welfare reform;
- Funding;
- Affordable housing need;
- Increasing pressures on household incomes in the current and future economic climate;
- Single non priority and intentionally homeless households;
- Young people;
- People at risk of domestic abuse;
- Difficulty in meeting the needs of households with more complex needs;
- Service integration to develop and improve health care for homeless people;
- Increasing problems accessing private rented accommodation for homeless and potentially homeless households;
- Developing solutions to meet gaps in future funding including accommodation based services for rough sleepers.

Factors that may affect future homelessness levels

- Lack of affordable housing;
- Housing and Welfare Reforms;
- Increase in Landlord and Mortgage repossession claims.

How Halton will deliver its objectives in response to these pressures is contained within the Homelessness Strategy Action Plan. This sets out clear tasks and targets within identified areas of

work.

7. Our vision, objectives and priorities

The vision is to assist and prevent people who are threatened with homelessness in Halton. To provide a community focused and accessible service to ensure people know where and how they can seek help and assistance to prevent them becoming homeless and receive a quality and confidential housing options service.

The Strategy aims to:

- **Reduce Homelessness presentations and acceptances; and**
- **Increase and improve Homelessness prevention and access to housing services.**

Further emphasis is placed upon prevention, support and partnership working to deliver an efficient and coordinated approach towards reducing the levels of statutory homelessness within Halton.

To help achieve these aims, we have adopted the following six strategic objectives. Each contains a set of priorities detailed below, which are linked to the Gold Standard pledges. The Strategy explains why each priority has been selected, what we hope to achieve and how we plan to achieve it.

Strategic objective 1:

Collaborative and integrated approach to commissioning improved outcomes for people experiencing homelessness

- Priority 1A: Develop and co-ordinate services to deliver a comprehensive approach towards homelessness and prevention
- Priority 1B: Develop a marketing plan with partners to raise awareness of the Housing Solutions service to ensure that the homelessness services strive to meet the National Gold Standard
- Priority 1C: Promote a range of prevention options, including the GIFT initiative, prevention fund, and mortgage rescue scheme to enable clients to remain within their homes
- Priority 1D: Respond to and prevent rough sleeping

Strategic objective 2:

Health and homelessness

- Priority 2A: Ensure that homelessness is recognised as a priority for action within the Health and Wellbeing Board
- Priority 2B: Develop a business case to formalise a single practice approach to address the housing and health care needs of vulnerable homeless people

Strategic objective 3:

Minimise the impact of welfare reform

- Priority 3A: Agree a joint approach with the Housing Benefits service for the future use of Discretionary Housing Payments to ensure they are used effectively to prevent homelessness and to determine future areas of action
- Priority 3B: Develop under-occupation schemes with housing providers to free up family homes and encourage shared housing

Strategic objective 4:

Improve the provision of a range of housing options and services to reduce homelessness

- Priority 4A: Improve access to housing using the private rented sector and shared housing options
- Priority 4B: Improve working with private sector landlords and promote the Bond Guarantee Scheme

Strategic objective 5:

Increase and improve communication and partnership working

- Priority 5A: Develop an effective multi-agency approach to support vulnerable and complex needs households to sustain and secure affordable accommodation to prevent homelessness
- Priority 5B: Support young people and facilitate the delivery of integrated housing, care and support for young people at risk, care leavers, young offenders and teenage parents
- Priority 5C: Improve partnership working and communication with key agencies, police, probation and housing providers to address the growing housing need for offenders
- Priority 5D: Joint partnership working with agencies, police and housing providers to offer options and solutions to victims of domestic abuse to support them to remain within their home

Strategic objective 6:

Minimise the use of temporary accommodation by facilitating the supply of secure move-on accommodation

- Priority 6A: Reduce the use of temporary accommodation (including B&B) to maximise the use of prevention options available to reduce homelessness

The following tables report the findings of the Strategic Review of Homelessness within Halton. These findings have been incorporated within the strategy document and comply with the government's approach to homelessness prevention while focusing upon partnership working to support those at risk of homelessness.		
Why this is a priority?	**What do we want to achieve?**	**How do we plan to achieve it?**
The Homelessness Act 2002 requires that every five years, local authorities must carry out a strategic review of homelessness, formulate and publish a homelessness strategy based on its findings.	Determine the future levels, trends and demands of homelessness within Halton. Prevent homelessness within the Halton district and raise awareness of the wide range of services available.	Adopt a corporate commitment to reduce and prevent homelessness, which has a buy in across all local authority services. Early intervention in the homelessness risk assessment process to prevent homelessness and deliver a range of housing options. Develop a Housing and Support Gateway service that will offer an accelerated process and improve access to the homeless and support services within the district.

Strategic objective 1: Collaborative and integrated approach to commissioning improved outcomes for people experiencing homelessness

GOLD STANDARD:

- Have a homelessness strategy which sets out a pro-active approach to preventing homelessness and is reviewed annually so that it is responsive to emerging needs
- Adopt a 'no second night out' approach or an effective local alternative
- Actively engage in preventing mortgage repossessions including through the mortgage rescue scheme

Priority 1A: Develop and co-ordinate services to deliver a comprehensive approach towards homelessness and prevention		
Why is this a priority?	**What do we want to achieve?**	**How do we plan to achieve it?**
Develop a homeless strategy that sets out a pro-active approach to preventing homelessness and is reviewed annually to ensure it is responsive to emerging trends.	Put a robust framework for measuring the effectiveness of interventions in place and implement the review recommendations by April 2014. Actively encourage partnership working with statutory and voluntary partners, including other Local Authorities to improve service delivery and address support, education, training and employment.	Conduct a review of the current homeless prevention using the Communities and Local Government (CLG) toolkit. Develop housing pathways with key partners and client groups that include appropriate accommodation and support. Continue to work with Supported Housing providers to strengthen the outcomes on prevention and long term tenancy sustainment.

Priority 1B: Develop a marketing plan with partners to raise awareness of the Housing Solutions service to ensure that the homelessness services strive to meet the National Gold Standard		
Why is this a priority?	**What do we want to achieve?**	**How do we plan to achieve it?**
To ensure key agencies and partners have an understanding of the homelessness assessment process, applied legislation and prevention agenda to reduce the levels of homelessness. To increase access to prevention services and resources across the district.	Conduct review of current homeless prevention using CLG toolkit. Improve awareness of the Housing Solutions Team and promote the range of housing options and resources available to clients. Reduce the level of homelessness and increase positive prevention outcomes.	Develop a robust framework for measuring the effectiveness of interventions in place to determine trends and review recommendations annually. Commission a range of learning, development and role shadowing opportunities for staff and partners to improve knowledge and understanding around the issues of homelessness and prevention. Increase the number of 'Housing Solutions' drop in advice sessions across the district to further develop a community focused and accessible service. Increase/ develop prevention initiatives to promote client choice and access to services.

Priority 1C: Promote a range of prevention options, including the GIFT initiative, prevention fund, and mortgage rescue scheme to enable clients to remain within their homes		
Why is this a priority?	**What do we want to achieve?**	**How do we plan to achieve it?**
Work in accordance with the Prevention agenda to develop and improve homelessness prevention initiatives.	Continuous improvement and delivery of prevention services with the priority on helping people to resolve their housing problems and tackle barriers to obtaining accommodation.	Ensure the service is accessible and transparent and people facing crisis are fully aware of the options and services available to them.
Reduce the levels of future homelessness presentations and acceptances.	Continue the delivery of the Mortgage/ Repossession role and ensure the MRS fund is fully utilised.	Increase the number of those accessing the Mortgage Rescue Service by 20%. Further improve joint working with all housing partners to offer an accelerated process for clients facing repossession due to rent arrears. Further develop county court service and attend court action group to be aware of changes within the legal setting.
	Review and promote the GIFT scheme for young people to ensure it is made available to clients in crisis / homeless.	Review information leaflets and circulate across the district. Update council website to illustrate the level of services and assistance available to clients. Develop as part of move on process to ensure service is fully utilised and clients have access to the relevant funding to take up a tenancy.
	Deliver a programme of training to promote homelessness prevention and the impact of the Localism Act, Welfare Reform and other initiatives with partners.	Deliver joint staff training between partners and agencies every quarter commencing December 2013. Co-ordinate sub regional training programme to share resources and reduce costs.

Priority 1D: Respond to and prevent rough sleeping		
Why is this a priority?	**What do we want to achieve?**	**How do we plan to achieve it?**
Ensure that no client spends more than one night rough sleeping.	Implement a sub-regional approach to tackling the problem of rough sleeping across Merseyside and Cheshire. Develop and improve a co-ordinated approach that is consistent across all Local Authorities when assisting clients sleeping rough.	Review the no second night out service to determine current trends and future funding to retain service provision Ensure sufficient specialist accommodation and support is available to meet the needs of single homeless clients in the borough. Ensure that the reconnection policy for 'out-of-borough' clients is fully supported when they return to their local connection district.

Strategic objective 2: Health and homelessness		
GOLD STANDARD: • Offer a housing options prevention service, including written advice, to all clients		
Priority 2A: Ensure that homelessness is recognised as a priority for action within the Health and Wellbeing Board		
Why is this a priority?	**What do we want to achieve?**	**How do we plan to achieve it?**
Make every contact count and ensure individuals and/ or families affected by homelessness can access appropriate advice, support and accommodation.	Ensure that homelessness services are appropriately linked into Health Care services and fully informed of the options available to maximise resources, prevent homelessness and improve Health and wellbeing. To promote and encourage integration between homelessness and public health care services to allow a broader understanding of the priorities and challenges faced by each service Review the Hospital discharge policy to incorporate procedural practice changes to the service.	Present Homelessness Strategy to Health & Well Being Board to raise awareness of the Housing Solutions Service. To ensure Homelessness is identified as a Priority and to build upon joint Strategic Needs Assessments to determine future service delivery. To forge close working relationships with Health Care services and outline future trends and challenges of homelessness and the impact and cost it will have on future health care. Joint partnership approach to review and develop a Hospital Discharge Policy which will enable vulnerable clients to be discharged from hospital more quickly. This would put their home less at risk.

Priority 2B: Develop a business case to formalise a single practice approach to address the housing and health care needs of vulnerable homeless people		
Why is this a priority?	**What do we want to achieve?**	**How do we plan to achieve it?**
Homelessness people are at the bottom of any graph of health inequalities, putting the average age of death of homeless people some 30 years below that of the general population. Homelessness is therefore a Healthcare issues	Integrated service approach to develop a National Practice for homelessness people that is flexible and easily accessible. Reduce homelessness and repeat hospital admissions by taking a holistic approach to reach the clients and address all their needs to improve the quality and experience of these groups Collect and record data to support local commissioners and health care partners to shape services around the health needs of the most vulnerable and marginal groups, that are often invisible.	To transform health outcomes for homeless people and other multiply excluded groups. Develop Healthcare pathway with integrated care co-ordination team that will include homelessness, to improve outcomes for homeless people. Conduct needs assessment and collect data on levels of hidden local health need and health inequalities within the defined population.

Strategic objective 3: Minimise the impact of welfare reform		
GOLD STANDARD: • Offer a housing options prevention service, including written advice, to all clients		
Priority 3A: Agree a joint approach with the Housing Benefits service for the future use of Discretionary Housing Payments to ensure they are used effectively to prevent homelessness and to determine future areas of action		
Why is this a priority?	**What do we want to achieve?**	**How do we plan to achieve it?**
To ensure that the council is fully compliant with changing legislation and responsible for the administration of public funds.	Develop a co-ordinated approach to providing advice on housing and welfare benefit, debt and money advice by working with and fully supporting partner agencies. Agree a joint approach to the future use of Discretionary Housing Payments	Review current services to ensure that the level of advice offered on benefits, debt and money advice is accessible and efficient and to determine gaps in service delivery. Develop evening / weekend advice services and consider on-line advice services. Review and monitor future allocation of Discretionary Housing Payments (DHP) to determine future areas of action. Request for Housing Solutions Officer to attend DHP application panel assessments.

Priority 3B: Develop under-occupation schemes with housing providers to free up family homes and encourage shared housing		
Why is this a priority?	**What do we want to achieve?**	**How do we plan to achieve it?**
To prevent and reduce future homelessness for clients affected by the Welfare Reform Act.	A joint approach to administering the allocated DHP funding to reduce the impact of the Welfare Reform Act and minimise penalties in order to prevent and reduce homelessness. Target social tenants likely to be affected by the under-occupation penalties enforced through the welfare reform.	Develop a coordinated approach to offering advice and support for housing welfare benefit, debt and money management. This will increase early access to advice services and further promote financial inclusion. Targeted support to those likely to become homeless as a result of the under-occupation penalties and social rent conversions. Consult with all housing partners to develop a move on/ transfer scheme for clients affected by under –occupation penalties. Joint partnership approach to develop and promote shared housing scheme. Advertise and promote shared housing on the PPP housing register.

Strategic objective 4: Improve the provision of a range of housing options and services to reduce homelessness		
GOLD STANDARD: • Develop a suitable private rented sector offer for all client groups, including advice and support to both clients and landlords		
Priority 4A: Improve access to housing using the private rented sector and shared housing options		
Why is this a priority?	**What do we want to achieve?**	**How do we plan to achieve it?**
Enable Halton Borough Council to take advantage of powers available to them under sections 148 and 149 (Chapter 20, Part 7 of Localism Act 2011). The powers allow the local authority to make an offer of suitable private rented accommodation to persons who have a priority need and are not intentionally homeless. Review the Allocations Policy to cover new powers introduced by the Localism Act 2011 and Welfare Reform Act.	Agree approaches to using the new homelessness discharge duty in accordance with PRSO policy and Improve access to housing via Property Pool Plus to increase private rented sector and shared housing options. Develop and review initiatives to make better use of social housing stock.	Encourage private sector landlords to advertise their accommodation on Property Pool Plus and work with the LA to secure accommodation for homeless households. Increase supply of homes to homelessness and vulnerable households by bringing empty homes back into use Promote and facilitate mutual exchanges to clients. Work with housing providers to develop incentives to free up stock and meet housing demands. Continue to work with floating support services to strengthen prevention outcomes and tenancy sustainment.

Priority 4B: Improve working with private sector landlords and promote the Bond Guarantee Scheme		
Why is this a priority?	**What do we want to achieve?**	**How do we plan to achieve it?**
Reduce and prevent homelessness and enable the local authority to discharge its statutory housing duty using the private rented sector.	Increase housing options and choice to meet increasing housing demand to prevent homelessness and reduce the use of temporary accommodation. Improve partnership working with letting agents to improve the service available. Improve advice and support offered to landlords and clients.	Increase sustainable move on options and support from temporary accommodation to make full use of the bond guarantee scheme and promote independent living. Improve overall approach to working with private landlords to promote the 'Bond Guarantee Scheme' and increase number of lets with rental bond by 10% by April 2014. Make full use of DHP for rent in advance required for private renting. Encourage letting agents to work with the council to fully utilise the accommodation available. Undertake awareness and publicity campaign to inform landlords and tenants of services available. Encourage and support people to let out their property or rooms.

Strategic objective 5: Increase and improve communication and partnership working		
GOLD STANDARD: • Actively work in partnership with voluntary sector and other local partners to address support, education, employment and training needs • Have housing pathways agreed or in development with each key partner and client group that includes appropriate accommodation and support		
Priority 5A: Develop an effective multi-agency approach to support vulnerable and complex needs households to sustain and secure affordable accommodation to prevent homelessness		
Why is this a priority?	**What do we want to achieve?**	**How do we plan to achieve it?**
People experiencing homelessness are generally in contact with a range of other public services. Providing access to advice, information and support will ensure that the right help at the right time is provided.	Integrated approach to addressing the housing and social needs of vulnerable and complex households to prevent homelessness. Deliver a planned approach involving key agencies. Respond to the needs of vulnerable and complex care households experiencing homelessness. Develop an effective multi agency approach to support vulnerable and complex needs households to sustain and secure affordable accommodation to prevent homelessness.	Review intelligence which will identify arising needs for vulnerable and complex needs households Agree and develop a joint working protocol between Housing Solutions service and; • Health & Social Care • Mental Health • Local Hospitals • Probation • Job Centre Plus. Provide emergency temporary housing provision and tailored support for vulnerable client groups experiencing homelessness.

Priority 5B: Support young people and facilitate the delivery of integrated housing, care and support for young people at risk, care leavers, young offenders and teenage parents		
Why is this a priority?	**What do we want to achieve?**	**How do we plan to achieve it?**
Ensure that all young people in Halton have support, life skills and opportunities to thrive physically and emotionally to prevent homelessness.	Scope and identify opportunities to improve access to education, training and housing options for young people. Ensure that staff working with young people affected by homelessness, have the appropriate skills, knowledge and safeguarding training. Collaborate with the skills and work programme providers. Review the joint protocol with Children's services and youth offending team to ensure the council complies with legal judgements and case law. Explore the development of emergency respite accommodation for 16 – 21 year olds.	Continue to develop joint working between the Housing Solutions Team, Children's services and the team around the family. Ensure that the housing solutions team access children's and adults safeguarding training to raise awareness of key issues and reporting process, Provide learning and development opportunities on Homelessness legislation and applied criteria to all key services that work with young people. Increase the number of referrals to training, employment and education providers by 15% annually. Support housing providers to develop a coordinated approach to delivering life skills sessions to young people. Further review and develop the joint working protocol for 16/17 year olds, enabling transition towards independent living with tailored support. Develop crisis intervention centre for young people threatened with homelessness. Offer a holistic approach to working with young people and their

		households as a means of them returning back to the family home.

Priority 5C: Improve partnership working and communication with key agencies, police, probation and housing providers to address the growing housing need for offenders		
Why is this a priority?	**What do we want to achieve?**	**How do we plan to achieve it?**
Ensure the current housing accommodation and support for all offenders is appropriate and that pathways to specialist services are available to reduce the level of re-offending and enable Housing Solutions advisers to work with offenders as part of a wider package of support.	Review current housing policies to identify gaps in provision and agree the information required by Registered Providers to enable them to rehouse offenders. Reduce the number of prisoners being released from prison without a resettlement plan to prevent homelessness and re-offending.	Investigate Registered Providers reluctance to house Schedule 1 offenders and those subject to MAPPA. Work with shelter to develop joint protocol to maximise notice periods for prisoners requiring accommodation on release. To ensure offenders are registered with Housing Solutions and Property Pool Plus at earliest opportunity.

Priority 5D: Joint partnership working with agencies, police and housing providers to offer options and solutions to victims of domestic abuse to support them to remain within their home		
Why is this a priority?	**What do we want to achieve?**	**How do we plan to achieve it?**
To ensure the council works in compliance with Homelessness Act 2002 and provides temporary /secure accommodation for victims of violence and abuse. To ensure that service provision is sufficient to meet with and tackle the issues of domestic abuse.	Work in partnership with National Domestic Abuse Organisations, Police, registered Housing providers and key agencies to offer a range of rehousing options and solutions to victims of domestic abuse Improve partnership working with Sanctuary scheme providers to promote safety housing options and solutions to victims of abuse. Improve referral and data sharing processes across organisations to ensure consistency and accuracy and better service delivery	Multi-agency approach to deliver a holistic prevention service. This will ensure that the right support and services are made available to the household. Develop a range of housing accommodation provisions to meet the needs of victims of abuse. Ensure that families with dependent male children and male victims can be accommodated within the district. Support Sanctuary scheme to reduce the number of men and women becoming homeless because of domestic abuse. Agree a pathway action plan with Key agencies to deal with the crisis and empower the individual to achieve positive outcomes and sustain long term tenancy.

Strategic objective 6: Minimise the use of temporary accommodation by facilitating the supply of secure move-on accommodation		
GOLD STANDARD: • Not place any young person aged 16 or 17 in Bed & Breakfast accommodation • Not place any families in Bed & Breakfast accommodation unless in an emergency and then for no longer than six weeks		
Priority 6A: Reduce the use of temporary accommodation (including B&B) to maximise the use of prevention options available to reduce homelessness		
Why is this a priority?	**What do we want to achieve?**	**How do we plan to achieve it?**
In accordance with homelessness legislation the council cannot place families into B&B accommodation for more than 6 weeks.	Continue to reduce the use of B&B and temporary accommodation and make better use of housing stock within the district. Continued achievement to reduce the use of temporary accommodation. Review the level of temporary accommodation within the district to ensure it meets current and future housing demands Temporary accommodation provision made available for non-statutory homeless households in crisis.	Early intervention and promoting a community focused service, made more accessible to households threatened with homelessness. Reduce the number of households in temporary accommodation by 20% by April 2014. Support temporary accommodation providers Promote housing services available and facilitate move on options. Evaluate and develop temporary accommodation provision within the district to ensure it meets the needs of statutory homeless households and reduce the level of voids and rent loss. Improve access to appropriate temporary hostel accommodation for short periods to allow housing solutions and key agencies to address the issues and facilitate move on to alternative suitable accommodation.

8. National & Local Policy

Local authorities have statutory duties under the Housing Act 1996 (as amended by the Homelessness Act 2002). This includes a duty to provide advice and assistance to all people who are homeless or threatened with homelessness.

Following the Homelessness Act 2002, preventing homelessness has become a central component of national and local policy direction. The Act imposes a statutory duty on local authorities to produce a homelessness strategy for addressing prevention and recurrence of homelessness. This includes a requirement to assist 16 and 17 year olds and other vulnerable groups. In carrying out these functions the council must consider both the objectives of central government and local priorities, as determined by the corporate housing strategy and other key council policy documents.

- **Localism Act -** The Localism Act 2011 introduced a range of measures to give more powers to individuals, communities and local authorities enabling them to make decisions, and influence policies in their own local areas with a diminishing central government role. The main implications for homelessness are changes to the local authority duty to accommodate households assessed as 'statutory homeless' and to allow the discharging of homelessness duty to the private rented sector.

  The new legal powers will have implications for the Housing Solutions Team. For example, reliance upon private rented accommodation would form an important part of the service, alongside the existing focus on homeless prevention. This would increase pressure on the council to ensure there was better private sector stock provision by increasing enforcement activities, extending bond schemes, licencing and prioritising referrals to accredited landlords.

- **Welfare Reform –** The introduction of the Welfare Reform Act 2012 has major implications for Halton residents and there are concerns that it could lead to an increase in homelessness. The reforms proposed are intended to protect the most vulnerable, create the right incentives to get more people into work resulting in a fairer benefit and tax credit system. However, our initial analysis indicates that welfare reform will have a detrimental effect on many of the vulnerable and high risk client groups.

A number of changes to housing benefit have already been implemented and will continue until 2014/15. Universal Credit will replace the current system of means tested working age benefits and tax credits and came into effect in October 2013 (in piloted areas). The measures to reduce Local Housing Allowance (LHA) rates would ultimately result in people's inability to find suitable affordable housing in the private sector and may threaten the ability of some households to continue to afford their current home. To help households manage the transition, the Government has awarded increases in the Discretionary Housing Payments (DHP) fund. The council will use the increase in DHP to target vulnerable households with the most need and to address the 'bedroom tax'; however, there is a risk that the allocation may not be sufficient.

- **No Second Night Out (NSNO) –** The ministerial working group on homelessness published its first report in 2011. This addresses the complex causes of homelessness more effectively and tackles the problem of rough sleeping out on the streets. NSNO was a Merseyside sub-regional approach that has been operating successfully since 2011

9. Delivery of the Strategy

To achieve the strategic priorities and objectives an Action Plan has been developed in partnership with partners and stakeholders to outline key objectives and tasks to be delivered over the 2013 - 2018 period. The action plan is reviewed annually and targets set are evaluated to incorporate legislation and policy changes.

Governance and monitoring

Progress and delivery of the strategy and action plan will be monitored and updated quarterly by the *Strategic Commissioning Group* and annually by the *Halton Homelessness Forum* to celebrate the achievements and remove any barriers, address new challenges and ensure efficient service delivery. It is considered important to have the involvement of stakeholders and partners in the delivery of the targets set in the strategy action plan. The monitoring of the homelessness strategy targets is shown in the table below:

Monitoring Homeless Strategy Targets

Stakeholders and Partners	Homeless Strategy Targets
Halton Homelessness Forum	Annual conference to inform stakeholders and partners of the progress made towards delivering the set targets identified within the Strategy Action Plan.
Strategic Commissioning Group	Through quarterly meetings the strategy action plan will be updated and progress recorded for each action. Any new developments at local and regional level will be considered and the implications will be evaluated.
Halton Housing Partnership	Progress on the homelessness strategy action plan to be reported to HHP on an annual basis, however, exceptions could be reported to its monthly meetings.
National Performance Indicators:	The new CLG single data list require the following data for homelessness: • **Mortgage Rescue** quarterly return - monitors the number of households at risk of homelessness who are assisted by the Housing Solutions Team • **Rough Sleeper** annual return - records the number of people reported to be sleeping rough in the Local Authority on a given night between October and November each year • **P1E quarterly return** - covers all areas of Local Authority activity under the homelessness provisions of Housing Act 1996.

Stakeholders and Partners	Homeless Strategy Targets
Local Performance Indicators:	Halton will continue to monitor performance against certain local performance indicators relating to housing and homelessness. These are: **LPI** – relates to the *number of households who are considered homeless or threatened with homelessness within 28 days, who approached the Local Authority Housing Solutions Service, and for whom housing advice casework and intervention has resolved their situation*. This data is recorded on the 'Housing Advice' database and reported through section E10 of the P1E **LPI** – Shows the *average length of stay in B&B accommodation for households with dependent children or expectant mothers that are unintentionally homeless and in priority need*. **LPI** – This indicator measures the *number of households living in temporary accommodation provided under the homelessness legislation*. This indicator is no longer reported to Government but is monitored locally.

Risk elements to delivery of Homelessness Strategy

The key risks to the delivery of the homelessness strategy have been analysed to ensure there are mechanisms in place to mitigate or manage their impact.

Access to resources

The CLG Homelessness Grant funding makes an important contribution to the delivery of a range of homeless services in Halton. This fund is currently frozen and arrangements for distribution of the grant for the financial years 2014/2015 are unclear. If the homelessness grant funding were to be reduced or ceased completely, it would adversely affect the ability of the Housing Solutions team to offer a range of housing options and would impact upon performance and service delivery.

10. Action Plan

Homelessness Strategy for Halton (2013 – 2018) – Action Plan

Strategic objective 1: Collaborative and integrated approach to commissioning improved outcomes for people experiencing homelessness					
Priority	**Action**	**By when**	**Responsibility**	**Resources**	**Success measures and outcomes**
1A: Develop and co-ordinate services to deliver a comprehensive approach towards homelessness and prevention	Review/ improve current homelessness prevention using CLG toolkit.	2014	PHO, Health & Social Care Commissioner	Officer time, P1E, CLG Homelessness Grant	Robust framework measuring effectiveness of interventions. Develop and implement the Action Plan recommendations.
	Adopt a corporate commitment to reduce and prevent homelessness in which all Local Authority services are involved.	2015 Over strategy period	Merseyside and Cheshire sub-regional groups, Health & Social Care	CLG sub-regional Prevention Fund. P1E	Joint approach to develop and implement quality and cost-effective services across neighbouring authorities.
	Review mechanisms to introduce meaningful and cost-effective satisfaction and customer experience feedback – including independent facilitation.	Annually Over strategy period	PHO, Policy Officer (Communities)	Officer and staff time, CLG Homelessness Grant	Improve listening and learning from homelessness people to further develop; • Community focused service • Procedural practice • Service provision • Accessibility • Integrated partnership approach to improve service delivery.
	Increase awareness of realistic housing options for agencies working with homeless clients.	Quarterly via regular partnership meetings	PHO Housing Solutions team	Officer and staff time. P1E	Identify gaps and actions from trends and changes, promoting wider public awareness of homelessness and supply and

Strategic objective 1: Collaborative and integrated approach to commissioning improved outcomes for people experiencing homelessness					
Priority	**Action**	**By when**	**Responsibility**	**Resources**	**Success measures and outcomes**
					demand for social housing. Improved partnership working with accommodation providers to improve prevention outcomes and comply with contract requirements.
	Continue to work with Supported Accommodation providers to strengthen prevention outcomes and 'move on' processes.	Over the strategy period	PHO, SDO, Accommodation Providers	Officer time, CLG Prevention Fund, P1E	Develop housing pathways with key partners and client groups that include appropriate accommodation and support to promote independent living.
1B: Develop a marketing plan with partners to raise awareness of the Housing Solutions service to ensure that the homelessness services strive to meet the National Gold Standard	Revise procedures, staff awareness and training to incorporate any policy and legislative changes.	Over the strategy period	PHO, Policy Officer, HST	Officer time, training fund, P1E	Maximise homelessness prevention by 10%.
	Review best practice and performance to strive towards continual improvement to meet the Gold Standard.	2014/15	DM Commissioning, PHO, SDO, Policy Officer	Officer time, sub-regional groups	Fully utilise all resources and develop new initiatives to offer choice and prevent future homelessness.
	Deliver a programme of training to promote homelessness prevention and the impact of Localism and Welfare Reform with partners.	Quarterly Over Strategy Period	PHO, Homelessness Forum, Partners	Regular strategic partnership meetings, NHAS	Participate in national benchmarking to improve service planning and ensure cost effectiveness of homelessness services.
	Develop Gateway for homeless accommodation and support services.	May 2014	DM Commissioning, PHO, SDO, Capita	CLG Sub Regional Funding	Increase the number of key agencies accessing homelessness training. Gaining better understanding of the service, the applied processes and priorities.

Strategic objective 1: Collaborative and integrated approach to commissioning improved outcomes for people experiencing homelessness					
Priority	**Action**	**By when**	**Responsibility**	**Resources**	**Success measures and outcomes**
	Develop and implement information recording and evidence base for homelessness.	2014	PHO, SDO, Capita	SP Budget, P1E	Improved data recording and access to develop accelerated process to accommodation and support services. Maximised efficiency of recording systems to collect homeless data to monitor trends that will inform future policy and service development.
1C: Promote a range of prevention options, including the GIFT initiative, prevention fund, and mortgage rescue scheme to enable clients to remain within their homes	Review and promote GIFT scheme initiative and make available to clients aged 18-35. Continue the delivery of Mortgage Repossession Prevention Scheme.	2013/14 Over the strategy period	PHO HST. DM Commissioning, PHO, MRS Officer	CLG Home Grant. P1E Officer time, SP Budget CLG Homelessness Grant	Increase access to funding to enable single homeless clients to take up and sustain new tenancies. 55 applications 2011/12 to increase annually by 5% Undertake advertising campaign to raise awareness of MRS and prevention options. Annual increase in number of households accessing mortgage rescue and advice by 10% to prevent and reduce homelessness.
1D: Respond to and prevent rough sleeping	Review impact of the '*No Second Night out'* outreach service.	Annually	PHO, Merseyside sub-regional group Whitechapel	CLG sub-regional, budget, P1E	Reduction in number of new rough sleepers spending 2nd night on the streets.

Strategic objective 1: Collaborative and integrated approach to commissioning improved outcomes for people experiencing homelessness					
Priority	**Action**	**By when**	**Responsibility**	**Resources**	**Success measures and outcomes**
	Review operational procedures to ensure they are consistent and clear to all sub-regional authorities.	Quarterly	PHO, Merseyside sub-regional group Whitechapel	Officer time, Merseyside sub-regional budget	Rough sleepers with no local connection are reconnected to services in their local area.
	Develop and implement services to tackle issues of habitual rough sleepers.	2014	PHO, Health & Social Care, sub-regional partners	Staff time, CLG sub-regional budget Officer time	An assertive, personalised approach to target habitual rough sleepers and empower them to access alternative accommodation options.
	Improve pathways through supported accommodation for former rough sleepers.	Over the strategy period	PHO, SDO, Whitechapel		Improved move on options from supported hostel accommodation, with a constant review to deliver and achieve positive outcomes.

Strategic objective 2: Health and homelessness					
Priority	**Action**	**By when**	**Responsibility**	**Resources**	**Success measures and outcomes**
2A: Ensure that homelessness is recognised as a priority for action within the Health and Wellbeing Board	Present Homelessness Strategy to Health & Wellbeing Board to raise as priority for future action.	2014	DM Commissioning, PHO, CCG	Officer time	To ensure that Homelessness is identified as a priority and the board have an understanding of future challenges and funding requirements.
	Attend and contribute to meetings, events and regular performance reports.	Quarterly Performance reports	DM Commissioning Health & Social Care, PHO, Policy Officer	Officer time within existing resources	Maximise opportunities for joint commissioning to include health, DAAT, probation and key professionals.
	Review and develop sub-regional hospital discharge policy.	2013/14	PHO, sub-regional partners, Health & Social Care, Policy Officer, Accommodation Providers	Partnership working, Crisis Bid Fund, Merseyside sub-regional budget	Policy offering accelerated process for vulnerable clients discharged from hospital. A cost-effective, timely and proactive approach to reducing crisis-led homelessness and repeat admissions.
	Review and revise protocols and working arrangements with key partners.	2014–2015	PHO, Health, Policy Officer, Key partners	Officer time	More efficient and timely interventions from using a multi-agency approach to achieve positive sustainable outcomes.
	Develop housing options for substance misuse clients to move on after rehabilitation and ensure they can sustain a tenancy.	2014-2015	PHO Commissioning Managers, HSO, substance misuse services	CLG Homelessness Grant, Health Budget	Effective move on and outreach support process for substance misuse clients to address social issues and reduce repeat homelessness.

Strategic objective 2: Health and homelessness					
Priority	**Action**	**By when**	**Responsibility**	**Resources**	**Success measures and outcomes**
	Review housing options for clients with low to moderate learning difficulties to inform future commissioning of support and appropriate housing.	2015/ 2016	Adult Comm. DM Commissioning, PHO	Officer time, SP & Health budgets	Develop model to provide accommodation and support provision to address the needs of clients with a learning disability and/ or Autism, to empower them to live independently.
2B: Develop a business case to formalise a single practice approach to address the housing and health care needs of vulnerable homeless people	Develop a Healthcare pathway that offers an integrated multi - disciplinary approach and is fully inclusive and builds relationships around individuals, between the statutory and non-statutory services engaged in their care	2014/2015	CCG Commissioners, Health & Social Care, PHO, HST	Budget TBC Officer time	A developed model to transform and improve health care and homelessness service outcomes. A pathway that integrates health, and other services around vulnerable people. A process used to review all elements of an individual's care, across housing, social care, mental health, drug & alcohol services and personally, thus allowing the individual to reflect and choose a pathway that is right for them.
	Improve health care for patients who cross the boundaries of traditional GP practice areas.	2014/2015	CCG Commissioners, GPs, Health & Social Care, PHO	TBC, officer time, Multi-agency partners	Ensure that patients who are not registered with a GP and those with extensive and complex needs are identified and addressed through a multi-agency response.
	Improve arrangements for health care delivery for vulnerable homeless people.	2014/2015	Health & Homelessness services, key partner	Training budget, officer time	Empower front line staff and homeless officers to work with Public Health and service colleagues to develop a

Strategic objective 2: Health and homelessness					
Priority	**Action**	**By when**	**Responsibility**	**Resources**	**Success measures and outcomes**
			agencies		comprehensive and integrated health response to homelessness, configured around a community of need and shared set of standards.
	Participate in the Housing Needs Assessment commissioned from Liverpool Public Health Observatory	April 2014	CCG Commissioners, DM Commissioning, PHO, S.R. Partners	Health care budget, officer time	The HNA will identify the health needs of the homeless population and assess whether their needs are being met, with recommendations to improve service provision.
	Collect and record data to support local commissioners and health care partners to shape services around the health needs of the most vulnerable and marginal groups, that are often invisible.	2014/2015	CCG Commissioners, Officers	Budget TBC, officer time	Determine qualitative methods of gathering intelligence on the subject of health experience, homelessness and access to services.

Strategic objective 3: Minimise the impact of welfare reform					
Priority	**Action**	**By when**	**Responsibility**	**Resources**	**Success measures and outcomes**
3A: Agree a joint approach with the Housing Benefits service for the future use of Discretionary Housing Payments to ensure they are used effectively to prevent homelessness and to determine future areas of action	Joint approach to review and monitor future Discretionary Housing Payments with Housing Solutions representative at panel assessments.	April 2014 Over strategy period	PHO, HB Manager	Officer time, DWP budget	Increase the number of approved DHP applications to assist homeless clients into suitable accommodation.
	Develop financial inclusion strategy, with integrated financial management, budgetary skills and benefit advice.	2014	DM Commissioning, PHO, HB/DWP, key agencies	Officer staff and partner agency time	Improved referral process and access for debt advice and money management to promote financial inclusion.
3B: Develop under-occupation schemes with housing providers to free up family homes and encourage shared housing	Review & monitor social tenants affected by the under occupation penalties enforced through the welfare reform.	2014 Reviewed quarterly.	PHO, SDO, RPs and partner agencies	Officer and partner agency time. DHP budget	Early intervention and targeted support for households affected by the under-occupation penalties and social rent conversions to prevent homelessness and promote tenancy sustainment.
	Consult with housing providers to develop a transfer/ shared housing scheme for clients affected by under-occupation penalties.	April 2014	DM Commissioning , PHO, HHT & housing partners	Officer time, housing budget	Increasing housing provision available to meet future housing needs and encouraged shared housing to reduce homelessness within the district.

Strategic objective 4: Improve the provision of a range of housing options and services to reduce homelessness					
Priority	**Action**	**By when**	**Responsibility**	**Resources**	**Success measures and outcomes**
4A: Improve access to housing using the private rented sector and shared housing options	Develop and implement Private Rented Sector Offer policy which relates to new powers within the Localism Act 2011. This will allow the council to discharge full homeless duty into the private rented sector.	April 2014 Reviewed over strategy period	DM Commissioning, PHO, Landlord Accreditation Officer	Within existing resources	Increase supply and choice of housing available to homeless households.
	Develop a housing pathway toolkit to direct homeless clients into the private rented sector and revise procedures and training to incorporate policy change.	April 2014	PHO, HST	Within existing resources	Devise assessment process and measures to encourage and support private landlords to accept homeless households. Offer staff/ agency awareness training of PRSO policy and impact on homelessness services.
	Produce a report and options analysis to consider the outcomes of landlord surveys and views of PPP to undertake a gaps and options analysis to include: • Possibility of creating a social lettings agency. • Review incentives offered to landlord. • Effectiveness of Bond Guarantee. • Out of area moves where appropriate.	2014/2015 Over the strategy period	PHO, Landlord, Accreditation Officer, Environmental Health, RPs	Within existing resources DM Commissioning, PHO, SDO	Review analysis of current activity and performance to determine future trends and demand within the private rented sector. Develop social letting agency to facilitate and manage PRS accommodation and reduce future homelessness. Improve advice and support services available to landlords and clients.
4B: Improve working with	Liaise with and support agencies and supported housing providers to identify private sector housing	2013/14 Reviewed over strategy period	PHO, Landlord Accreditation Officer,	CLG Homelessness Grant, DHP, BGS	Increase accelerated move on process to empower individuals to secure suitable accommodation

Strategic objective 4: Improve the provision of a range of housing options and services to reduce homelessness					
Priority	**Action**	**By when**	**Responsibility**	**Resources**	**Success measures and outcomes**
private sector landlords and promote the Bond Guarantee Scheme	options for vulnerable people.		Accommodation providers		and reduce dependency upon hostel accommodation provision.
	Develop sustainment and prevention roles with private landlords.	Over the strategy period	Landlord Accreditation Officer, Landlord Forum	Within existing resources	Encourage and increase involvement with private landlords to work with the council to address and resolve housing/ homelessness.
	Develop a multi- agency approach for bringing empty properties back into use. Exploring the potential through initiatives and as funding becomes available with voluntary and community Sector agencies.	Reviewed throughout period of strategy	DM Commissioning, PHO Manager, Environmental Health, HHT, private rented sector	Empty Homes Fund, CLG Homelessness Grant, housing budget	Encourage key partners and agencies to develop financial and option incentives. This will free up housing stock to reduce and prevent future homelessness.
	Undertake publicity campaign to raise awareness and inform landlords, letting agents and tenants of services available.	April 2014	Landlord Accreditation Officer, Environmental Health	CLG Homelessness Grant, Cheshire sub-regional prevention fund	Improved advice and support offered to landlords, letting agents and tenants to improve service delivery.
	Maintain register of reputable accredited private sector landlords with affordable good quality properties. To publicise using Property Pool Plus as a mechanism for moving within the existing social sector.	Review over strategy period.	Landlord Accreditation Officer, Environmental Health, Landlord Forum	Within existing resources	Encourage and support people to let out their property or rooms. Private rented sector properties advertised on Property Pool Plus scheme to increase housing provision available and prevent

Strategic objective 4: Improve the provision of a range of housing options and services to reduce homelessness					
Priority	**Action**	**By when**	**Responsibility**	**Resources**	**Success measures and outcomes**
					homelessness.

Strategic objective 5: Increase and improve communication and partnership working					
Priority	**Action**	**By when**	**Responsibility**	**Resources**	**Success measures and outcomes**
5A: Develop an effective multi-agency approach to support vulnerable and complex needs households to sustain and secure affordable accommodation to prevent homelessness	Review intelligence which will identify arising needs for vulnerable and complex needs households.	Over the strategy period	DM Commissioning, Adult Comm., PHO, SDO	Within existing resources	Maximise efficiency to deliver a planned approach to respond to the needs of vulnerable clients. Ensure adequate housing and support is made available to address future demands.
	Work in partnership to develop supported accommodation project for single adults with complex needs and due to be discharged from hospital.	April 2014 Review	PHO, DM Commissioning, Health & Social Care, Whitechapel, YMCA	Budget TBC, officer and agency time	Efficient and timely approach to provide suitable self -contained accommodation and outreach support to address the needs of vulnerable clients.
	Develop complex needs /hospital discharge pathway plan and devise multi agency priority panel to review and monitor complex needs client group.	January 2014	PHO, DM Commissioning, Health & Social Care, Whitechapel	Officer time	Multi agency approach to identify key responsibilities to increase access to suitable accommodation and support for complex needs groups to achieve successful outcomes and prevent repeat homelessness.
	Amend Allocations policy to ensure that Armed Forces are identified as priority client group.	Over the strategy period	Cheshire sub-regional group, Commissioning, PHO, RP	Within existing resources	Provide integrated and accessible services to ensure priority is given to Armed Forces personnel due to be discharged from service.

Strategic objective 5: Increase and improve communication and partnership working					
Priority	**Action**	**By when**	**Responsibility**	**Resources**	**Success measures and outcomes**
			Partners		
5B: Support young people and facilitate the delivery of integrated housing, care and support for young people at risk, care leavers, young offenders and teenage parents	Develop social enterprise opportunities in education, training and employment to meet the needs of single homeless people in Halton.	Over the strategy period	PHO, YPT, HST, training providers	Officer time	Improved partnership working to improve access to training, education and housing services for young people.
	Identify lead agencies to seek funding and improve services available for young people.	Over the strategy period	DM Commissioning, PHO, YPT, regional partners/ agencies	Officer time, SP budget	To develop and sustain opportunities for young people to increase skills and prevent future homelessness.
	Develop specialised mediation service to work with young people and families.	2014 Over the strategy period	PHO, YPT, partner agencies	Budget TBC, officer time	Improve services for young people and families to work through housing and social issues and promote positive outcomes.
	To ensure that all staff working with young people affected by homelessness have the appropriate skills, knowledge and safeguarding training.	2014 Over the strategy period	PHO, homelessness forum members, regional partner agencies	Training budget, officer time	Increase learning and development training opportunities to raise awareness of key safeguarding issues and reporting process.
	Review joint (Southwark) protocol with Children's Service and YOT to ensure the council is fully compliant with legal case law judgements and legislation.	2014/15	PHO, YPT, YOT	SP budget, officer time	To improve joint working between services for 16/17 year olds, enabling transition towards independent living with tailored support to reduce repeat homelessness.
	Promote young person involvement to fully participate in the delivery of	2014/ 2015	PHO, YPT, forum members,		

Strategic objective 5: Increase and improve communication and partnership working					
Priority	**Action**	**By when**	**Responsibility**	**Resources**	**Success measures and outcomes**
	youth service.		accommodation providers	S/ P Budget.	To be actively involved with Homeless Forum and identify and deliver effective services for young people.
	Develop emergency respite accommodation for 16 – 21 year olds to provide multi agency approach to prevent homelessness.		DM Commissioning, PHO, SDO, YPT Policy Officer	Budget TBC	A crisis intervention centre made available for young people threatened with homelessness, offering a holistic approach to facilitate them retuning back home and preventing homelessness.
5C: Improve partnership working and communication with key agencies, police, probation and housing providers to address the growing housing need for offender	Review current housing policy and procedures to identify gaps in provision and information required from providers to increase housing accommodation for offenders.	2014/ 2015.	PHO, Probation, PPO, Policy, RPs	Within existing resources	Identify and address barriers to increase the availability of housing provision for offenders.
	Investigate Registered Providers' reluctance to house Schedule 1 offenders	April 2014.	PHO, SDO, Probation, RPs	Within existing resources	Increase involvement with MAPPA to gain a better understanding of the housing issues faced by offenders.
	To continue the integrated approach to offender management between criminal justice agencies and Homelessness services.	Over the strategy period	PHO Probation, Cheshire Police RPs	Staff time	To reduce the risks to the community posed by those individuals who are homeless and have a pattern of prolific, drug related offending.
5D: Joint partnership working with agencies, police and housing	Increase partnership working with domestic abuse services, Police and registered providers to offer a range of rehousing options and solutions to homeless victims of abuse.	Over the strategy period	PHO, SDO DV Co-ordinator Policy officer, DA service providers	Within existing resources	Improve access to suitable accommodation options and improve service delivery to support victims of abuse to prevent homelessness.

Strategic objective 5: Increase and improve communication and partnership working					
Priority	**Action**	**By when**	**Responsibility**	**Resources**	**Success measures and outcomes**
providers to offer options and solutions to victims of domestic abuse to support them to remain within their home	Develop temporary dispersed housing provision to accommodate families with dependent male children and male victims fleeing domestic abuse.	Over the strategy period	DM Commissioning. PHO, SDO, DV Co-ordinator, RPs	Budget to be identified.	Increased housing provision for victims of abuse to provide safe accommodation with tailored support.
	Work in partnership with Sanctuary Scheme to develop safe security options to facilitate victims of abuse to remain in or return to their homes.	Over the strategy period	DM Commissioning, PHO, SDO, Sanctuary Scheme providers	SP Funding	Reduce the number of male/females becoming homeless due to domestic abuse.
	Improve the substance misuse service response to drug and/or alcohol related domestic abuse.	2014/ 2015	Substance Misuse Service, Domestic Abuse Service, PHO	Budget TBC	The improvement of identification of victims and perpetrators of domestic abuse provided by substance misuse service staff and detailed within homeless assessment.
	Agree a referral criteria and pathway plan between the substance misuse, domestic abuse and Housing Solutions Services.	April 2014	PHO Commissioner, Substance Misuse Service, Domestic Abuse Service	Within existing resources	To reduce the impact of parental substance misuse and domestic abuse on children and young people.

Strategic objective 6: Minimise the use of temporary accommodation by facilitating the supply of secure move-on accommodation					
Priority	**Action**	**By when**	**Responsibility**	**Resources**	**Success measures and outcomes**
6A: Reduce the use of temporary accommodation (including B&B) to maximise the use of prevention options available to reduce homelessness	Continued achievement of performance -indicator to reduce the use of temporary accommodation.	P1E – over strategy period	PHO HST	Within existing resource.	Reduce homeless levels and dependency upon temporary accommodation services.
	Reduce the number of households in temporary accommodation by 10% annually.	P1E – over strategy period	PHO HST	Within existing resources	Reduced level of homeless households placed in temporary accommodation by fully utilising prevention service options available to reduce homelessness.
	Evaluate and develop temporary accommodation provision within the district to ensure it meets the needs of statutory homeless households.	2015 Reviewed quarterly	DM Commissioning, PHO, SDO, Policy Officer	Budget TBC	Reduced /remodelled supported housing provision to address future housing trends and meet the needs of statutory homeless households. Reduce level of voids and rent loss.
	Deliver sufficient, appropriate temporary accommodation suitable for homeless prevention at crisis point.	2013/2014	PHO, Supported Housing Providers	Within existing resources	Improved prevention assessment process to tackle homeless crisis and developed change in service/accommodation provision to promote prevention solutions, including private rented sector.

11. Glossary

Benefit cap	There's a limit on the total amount of benefit that most people aged 16 to 64 can receive. This is called the benefit cap. It is £500 for couples with or without children living with them; £500 for single parents with children living with them; and £350 for single adults who don't have children or whose children don't live with them.
BGS	Bond Guarantee Scheme This scheme is aimed to help those who are homeless or threatened with homelessness and can provide a landlord with a bond guarantee certificate, which confirms the deposit amount will be paid should it be reasonably required at the end of the tenancy.
CCG	Clinical Commissioning Group CCGs are responsible for implementing the commissioning roles as set out in the Health and Social Care Act 2012. They are groups of GP practices that are responsible for commissioning health and care services for patients.
CLG	Communities and Local Government
DHP	Discretionary Housing Payment These can be made by the council if a person's housing benefit or council tax benefit is less than the full amount of their rent or council tax.
DM	Divisional Manager Refers to the Divisional Manager of the Commissioning section of the council, where the Housing Solutions Team sits.
DV	Domestic Violence
DWP	Department for Work and Pensions
GIFT Initiative	Halton Borough Council operates a 'gift' initiative for 18 – 25 year olds, which provides some essential items to assist in furnishing their home.
Gold standard	In its report 'Making every contact count: a joint approach to preventing homelessness' CLG set local authorities ten local challenges, which will lead to homelessness teams delivering a 'gold standard' service. The council pledges, through implementation of this strategy, to meet this gold standard.
HHT	Halton Housing Trust The council transferred its housing stock to HHT in 2005.
HSO	Housing Solutions Officer
HST	Housing Solutions Team The team carry out assessments under statutory homelessness legislation and carry out homelessness prevention work.

Local connection	Halton Borough Council will only have a duty to assist someone under homelessness legislation if that person has a local connection to the borough. If their normal place of residence is in another authority area then Halton will refer them to that authority.
Localism Act (2012)	This provides new freedoms and flexibility for local government; new rights and powers for communities and individuals; a much more democratic planning system and decisions about housing are taken locally.
MAPPA	Multi-Agency Public Protection Arrangements The principal multi-agencies are the Probation Service, Prison Service, Police and Local Authorities and collectively they are known as 'Responsible Authorities.' The arrangements are a set of procedures for dealing with registered sex offenders and other violent individuals who pose a threat of serious harm to the public.
Mortgage Rescue	The Housing Solutions Team has a dedicated Mortgage Rescue Adviser to help those who are facing repossession. It provides advice on the help available, negotiating with mortgage lenders and attending court hearings.
NHAS	National Homelessness Advisory Service
Nightstop	A supported lodgings scheme 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 their family home.
NSNO	No Second Night Out A campaign to ensure no-one spends more than one night on the streets in the Liverpool City Region. Halton participates in this scheme along with six other councils in the city region. As part of the scheme, people are urged to call a helpline if they see someone sleeping rough. The relevant agencies are then alerted in order to find somewhere for the person to sleep.
PHO	Principal Housing Solutions Officer
PPO	Persistent and Prolific Offenders
PPP	Property Pool Plus This is the Choice Based Lettings (CBL) scheme used by Halton, Knowsley, Liverpool, Sefton and Wirral councils and over 20 housing associations to advertise and let their vacant properties. Housing Associations advertise their available vacancies every week through Property Pool Plus. The scheme offers increased choice allowing applicants who are looking for affordable housing to see what vacant properties are available, and express an interest in selecting a suitable new home. PPP informs applicants what priority banding they have, based on the urgency of their need to move from their current property. Properties are advertised and applicants are invited to place a bid (express an interest). The system then puts people into priority order for the property they have bid for, based on their priority band and application date.
PPP Housing Register	The register has been developed by Halton, Knowsley, Liverpool, Sefton and Wirral Councils in partnership with over 20 Housing Associations across Halton and Merseyside. A single application to join the Housing Register allows individuals to be considered for properties advertised by all the participating housing associations.

PRSO Policy	Private Rented Sector Offer Policy Since November 2012 local housing authorities have been able to discharge their duty to secure settled accommodation to homeless households by using privately rented accommodation, as well as homes owned or managed by social landlords. This creates a greater range of options for local families, however the local housing authority must ensure that decisions of suitability are made objectively and take into account both the circumstances of the family and the availability of homes in the area.
RP	Registered Provider (of social housing) RPs are more commonly known as housing associations and have previously been referred to as Registered Social Landlords (or RSLs). They are independent societies, bodies of trustees or companies established for the purpose of providing low-cost social housing for people in housing need on a non-profit-making basis.
Sanctuary Scheme	This is a multi-agency initiative that is focused on victims of domestic violence. Its aim is to enable households where the person is at risk of violence to remain safely in their own homes by installing sanctuary measures.
SDO	Service Development Officer
Southwark Protocol	The protocol aims to provide a co-ordinated response to the prevention of homelessness amongst 16-17 year-olds, ensuring they receive the right level of support and can access appropriate and suitable accommodation where necessary. The protocol was a response to judgements by the House of Lords which reaffirmed and clarified that the duty under Section 20 of the Children Act 1989 takes precedence over the duties within Part 7 of the Housing Act 1996 in providing for children in need who require accommodation.
SP	Supporting People Originally ring-fenced to fund housing related support services for vulnerable adults, including homeless people. In 2009 local authorities were no longer required to spend this funding on housing related support. In 2011 decisions about where to allocate funds became entirely at the discretion of the local authorities. Thus, SP no longer exists in a defined way and is managed in different ways by different local authorities.
Statutory homelessness	This is where a household is deemed to be in priority need and unintentionally homeless under the relevant legislation and in this case the council has a duty to find accommodation for the household.
Youth Hubs	These are venues for young people (aged 13-19) youth groups, voluntary organisations and partners, where young people can have a say in activities in their local area.
YOT	Youth Offending Team This is a multi-agency team that is co-ordinated by a local authority with the intention of reducing the risk of young people offending and re-offending, and to provide counsel and rehabilitation to those who do offend. YOT engages young offenders in a wide range of tasks designed to put something positive back into the local community through unpaid activities.

REPORT TO: Health Policy and Performance Board

DATE: 4 March 2014

REPORTING OFFICER: Strategic Director Communities

PORTFOLIO: Health and Wellbeing

SUBJECT: Business Planning 2014 -17

WARDS: Boroughwide

1.0 PURPOSE OF THE REPORT

1.1 To provide Members with the initial draft of the Communities Directorate Business Plan 2014 – 2017 for approval.

2.0 RECOMMENDATION: That the Board

1) **Note content of the report and associated appendix; and**
2) **Comment on the draft.**

3.0 SUPPORTING INFORMATION

3.1 Each Directorate of the Council is required to develop a medium-term business plan, in parallel with the budget, that is subject to annual review and refresh.

3.2 Policy and Performance Board input into the business planning process and the setting of priorities for the Directorate is an important part of this process. Key priorities for development or improvement in 2014 – 2017 were agreed by Members at a briefing meeting on 2nd December 2013 and are now reflected in the draft plans now available for consideration by the Policy and Performance Board. These are:

- Prevention
- Access to Care Services
- Quality

3.3 Whilst providing a Directorate context each of the Directorate Business Plans will contain appendices identifying specific Departmental activities and performance measures and targets that will provide a focus for the on-going monitoring of performance throughout the 2014 – 15 financial year. Directorate Business Plans will be subject to annual review and refresh in order that they remain fit for purpose taking account of any future change in circumstances, including any future funding announcements that may emerge.

3.5 It should be noted that plans can only be finalised once budget decisions have been confirmed in March and that some target information may need to be reviewed as a result of final outturn data becoming available post March 2014.

4.0 POLICY IMPLICATIONS

4.1 Business Plans continue to form a key part of the Council's policy framework and will need to reflect known and anticipated legislative changes.

4.2 Elected Member engagement would be consistent with existing "Best Value Guidance" to consult with the representatives of a wide range of local persons with regards to formulating plans and strategies.

5.0 OTHER IMPLICATIONS

5.1 Directorate Plans will identify resource implications.

5.2 Such plans will form the foundation of the performance monitoring reports received by Elected Members and Management Team on a quarterly basis.

6.0 IMPLICATIONS FOR THE COUNCILS PRIORITIES

6.1 The annual review of medium-term business plans is one means by which we ensure that the strategic priorities of the Council inform, and are informed by, operational activity.

7.0 RISK ANALYSIS

7.1 The development of a Directorate Plan will allow the authority to both align its activities to the delivery of organisational and partnership priorities and to provide information to stakeholders as to the work of the Directorate over the coming year.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Directorate Business Plans, and the determination of service objectives, are considered in the context of the Council's equality and diversity agenda.

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

9.1 There are no relevant background documents to this report.

HALTON BOROUGH COUNCIL

Communities
Directorate

DRAFT DIRECTORATE PLAN

April 2014 to March 2017

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1.0 FOREWORD

The Communities Directorate Business Plan provides a clear framework by which our performance can be judged. It is a way of showing how the services it provides directly or commissions from other agencies meets the needs of local residents.

Our vision of service is critical and the Directorates vision is:

> *"To promote effective, affordable, quality services that are accessible, equitable, timely and responsive and to enable individuals and groups in Halton to make informed choices."*

As well as identifying our local priorities this plan also attempts to capture the impact from new legislation. This will be significant for us in 2014-15, in particular the introduction of the Care Bill 2013 proposes a single, modern law for adult care and support that replaces outdated and complex legislation. The Bill focusses on a number of adult social care areas including:

- Assessments and eligibility
- Charging and financial assessments
- Care and Support
- Protecting adults from abuse and neglect
- Carers

In addition the Government has announced new funding for adult social care in conjunction with Clinical Commissioning Groups in the form of a joint budget called the Integrated Transformation Fund for 2015/16. We are developing an Integrated Transformation Fund plan that sets out our joint vision and aims over the next five years.

The Community and Environment Department continues to provide good quality services in relation to addressing health issues, personal development, community safety and community cohesion, social inclusion and the quality of life for Halton people. These services include the Select Security Stadium in Widnes and the Brindley Theatre in Runcorn. However all these services face challenges and a number of new contracts are in the process of being re-let including waste services, leisure and open spaces.

So the next financial year will be a significant challenge as we continue to strive to provide good quality services whilst at the same time attempt to identify further efficiencies.

Dwayne Johnson
Strategic Director, Communities Directorate

2.0 INTRODUCTION

Business planning and performance management are key tools by which public sector organisations are expected to ensure their services, and those they commission, are meeting the needs of the population they serve efficiently and effectively. In our Directorate, they underpin the ideology of the Department of Health, Audit Commission and the Care Quality Commission in their inspections, reports and guidance to Local Authorities on the most appropriate way to manage business.

Business planning is the process of developing the blueprint for the ongoing performance management of the Directorate and, without good business planning, the preparation needed to manage performance is missing. Without ongoing performance management, principles, strategies and plans developed through business planning will not be implemented and will have no impact upon actual activities of the Directorate, or on outcomes for service users and carers.

This document is a key business planning document and should be used alongside performance information when developing service and team plans. Its overall aims are to:-

- identify the key objectives for the Directorate over the next 12 months;
- improve the quality of the services provided; and
- deliver better outcomes for service users and carers.

The plan is underpinned by the principles and strategic objectives Halton Borough Council (HBC) has adopted in its Corporate Plan 2011 - 2016. It aims to be a key reference document for elected members, staff in the Directorate and our partner agencies. It provides the rationale and framework for the major areas of the Directorate's activity. It does this by taking account of the national, inter-agency and Council planning and budget priorities and inter-weaves these with what we know - or what our service users and carers tell us - about how services should be developed in order to meet needs and expectations more effectively.

The plan needs to be understood in the context of a wide range of other documents. The main strategic documents are:-

- Sustainable Community Strategy for Halton: 2011 – 2026;
- The Borough Council's Corporate Plan 2011 - 2016;

These plans/strategies commit the Borough Council and its partners to achieving explicit and realistic priorities over the coming year. This Business Plan highlights the Community Directorate's elements of those commitments within the context of the Government's overall agenda for local Government. The achievement of these elements continues to depend on partnerships with many other agencies, and members are committed to testing these achievements.

The plan does not attempt to describe all the day-to-day activities that make up most of the Directorate's work, but only to set out the overall framework within which that work takes place. It needs to be remembered, however, that it is the everyday assessment of needs and arrangement of services to meet those needs that is the fundamental task of the Directorate. Undertaking this effectively requires the continuing dedication and enthusiasm of staff, together with the Directorate's commitment to recruit, retain and train staff who are able to meet the challenges of the future. None of this is straightforward. However, this does not diminish the Directorate's determination to deliver improved outcomes for our service users and carers. It makes it even more of a challenge, but one which we will seek to tackle as effectively as possible through partnership with other agencies and corporate working across the Borough Council.

3.0 KEY MESSAGES

Overall Directorate Strategic Direction

The Council and its partners have re-affirmed the direction within the Council's Corporate Plan and the Sustainable Community Strategy for Halton, and the general strategic direction and priorities are clearly articulated. In this context, the Directorate's strategic direction becomes clearer and, at a macro level, includes the following:-

- Community Leadership Role;
- Commissioning;
- Empowering and brokering of services;
- Providing direct services;
- Regulatory functions; and
- Promotion and prevention roles.

Strategic Priorities and Challenges facing the Directorate

Based upon the National, Regional and local picture there are a number of key strategic priorities and challenges, which the Directorate must consider.

Priorities from the Health Policy and Performance Board were identified as:

- Prevention
- Access to Care Services
- Quality

Priorities from the Safer Policy and Performance Board were identified as:

- Reduce alcohol abuse and domestic violence;
- Safeguarding; and
- Consumer Protection.

Priorities from the Corporate Services Policy and Performance Board were identified as:

- Enhancing residents quality of life through the Stadium and Catering Services; and
- An efficient, personal, professional Registration Service that touches everyone in Halton during their lives.

Priorities from the Employment, Learning & Skills and Community Policy and Performance Board were identified as:

- Enhancing residents' quality of lives through sport and recreation, library and cultural services.

Priorities from the Environment and Urban Renewal Policy and Performance Board were identified as:

- Minimising waste production, increasing recycling and reducing waste to landfill;
- Tackling Environmental Crime and promoting positive behaviours;
- Delivering services to help to maintain safe and attractive public open spaces and parks; and
- Provision of new cemetery and replacement of obsolete equipment.

The Council continues to operate within a challenging financial climate. We will need to ensure that we continue to meet our statutory responsibilities across all areas of our operations and the Directorate will continue to play a key supporting role in this endeavour, for example through effective financial management and the integration of national policy initiatives with efficient arrangements for service delivery.

In a move towards more integrated work across the Council and NHS, the Operational Director for Integrated Care is a joint post with the NHS Halton Clinical Commissioning Group and the Communities Directorate. Work is currently underway to develop a joint performance framework incorporating joint service objectives and milestones for future reporting.

More detail on these areas can be found below. The following list is not exhaustive.

Health Priorities

3.1 Health and Wellbeing

The new **Care Bill 2013** proposes a single, modern law for adult care and support that replaces outdated and complex legislation. The Bill focusses on a number of adult social care areas including: Assessments and eligibility; Care and Support; Protecting adults from abuse and neglect and Carers. Work is continuing in these areas to ensure that we are aligned with the new Bill.

The Prevention and Early Intervention Strategy has established a clear framework and rationale to support an increased shift to improving preventive and early intervention services in the borough. The document is a local response to the National picture and is informed by a number of National documents 'Making a strategic shift to prevention and early intervention – a guide' Department of Health (2008), 'Our health, our care, our say' (2006), 'Putting People First' (2007), 'Transforming Social Care (2008) and 'High quality care for all' ('the Darzi report', 2008).

There is growing recognition that **loneliness** is a formidable problem which impacts on an individual's health and quality of life and even on community resilience with 10-13% of the population estimated to be acutely lonely. There is increasing evidence that people who are lonely are more likely to use health and social care services and a developing confirmation, through personal stories, of the emotional costs and misery that loneliness can cause. To that end, the newly developed Loneliness Strategy is now in place and incorporates various strands to help combat loneliness. These include a pilot project called Visbuzz which uses tablet technology to keep people in touch with their family and friends, a befriending service, various social groups, telefriending, intergenerational services and care homes twinned with schools.

Falls are one of the Health and Wellbeing Boards key priorities in Halton. Falls are a leading cause of mortality due to injury amongst people over 65. Falls can have a serious impact on the quality of life of older people and can undermine the independence of an individual. Falls may be caused by a person's poor health or frailty, or by environmental factors, such as trip hazards inside and outside their home. There are two key documents that set the standards for best practice in the management of falls among older people. One of the issues for these two documents is when they were produced, The **National Service Framework for Older People** was published in 2001 and the **National Institute for Clinical Excellence** (NICE) published their guidelines in 2004. The NICE guidelines were reviewed in 2011 and updated to include an extension of the scope to cover inpatient settings and service

delivery. Halton's new Falls Strategy was implemented during 2013 and will be monitored through its action plan.

Urgent Care – A combination of factors such as an aging population and the need to manage long term conditions more effectively has resulted in both nationally and locally the demand on health and social care resources having increased over the past 10 years. This has resulted in particular pressures on acute trusts in respect of accident and emergency attendances and emergency hospital admissions.

Halton Borough Council and NHS Halton Clinical Commissioning Group are continuing to actively work together in conjunction with our partners on Halton's Urgent Care Working Group to lead on the development and management of the Urgent Care system used by the Borough's population.

The Urgent Care agenda is a complex and challenging one; we need to ensure that there is a system wide approach to Urgent Care which requires high quality and accessible primary, community and social care services to be in place to support the acute sector, in order to ensure that the residents of Halton can get the right care, in the right place, first time, every day of the week.

3.2 Integration - Social Care and the Clinical Commissioning Groups

A new development in connection with this is the Local Government Association and NHS England's ***Integrated Transformation Fund***. The fund is released from April 2014 once Local Authorities and Clinical Commissioning Groups have formulated their shared "plan" for the totality of health and social care activity and expenditure that will have benefits beyond the effective use of the mandated pooled fund.

Since April 2013 Halton Borough Council and Halton Clinical Commissioning Group have a Section 75 Agreement in place for the commissioning and provision of services for people with complex care needs. Pooling financial resources from Adult Social Care, Continuing Health Care, Intermediate Care and a range of grant allocations, the 2 organisations are working on improving the effectiveness and efficiency of services to ensure Halton people with complex needs will continue to receive high quality care and support into the future. This will continue to be achieved through streamlining assessment, support planning, commissioning and contracting arrangements. This work is led through the Complex Care Partnership Board with Marie Wright (portfolio holder for Health and Wellbeing) and Mike Wharton (portfolio holder for Resources).

The Council and HCCG are working with frontline health and social care teams to review our overall approach in these areas. Frontline integrated services include the following:

The ***Care Homes Project*** is a partnership project between Bridgewater Community NHS Trust, Halton Borough Council, Halton Clinical Commissioning Group, Halton and St Helens NHS and Warrington and Halton Hospitals NHS Trust. National and local audit data from the Care Quality Commission identifies that there are a range of healthcare interventions and services that may not be easily accessible to people who live in residential and nursing homes and as such their healthcare needs may not be appropriately met. These include the following areas: end of life care planning; medical cover; mental health support; dietetics and nutritional advice; access to therapy services; access to specialist services - tissue viability, falls, etc.; access to psychiatric services; access to Geriatrician; and multi-agency working.

Integrated Safeguarding Unit – is a joint team with the HCCG dealing with dealing effectively with safeguarding issues in a more cohesive way. The multi-agency team has a good skill mix and knowledge base in leading on safeguarding across Health and Social Care on cases that have a complex safeguarding element to them.

Intermediate Care multi-disciplinary team – the team help people stay living safely and independently in their homes for longer, with a better quality of life. They offer a wide range of Home Care, Intermediate Care and Reablement Services seven days a week that includes support from nurses, care assistants and occupational therapists. The team also support people recovering from a hospital stay and needing temporary help to maintain their independence and quality of life at home.

3.3 Dementia

3.4 ***Mental Health*** - As the local older population increases and people live longer we have seen a significant increase in the number of people diagnosed with dementia. As a result of this we have developed the local dementia strategy that aims to address the needs of people with dementia and their carers. The strategy outlines the importance of early diagnosis, particularly in Primary Care, access to services in the community and improved quality in accommodation based service provision for example residential care. The strategy has an associated action plan and implementation of this plan is the responsibility of the local Dementia Partnership Board. The board is currently reviewing the newly introduced Later Life and Memory Services Initiatives introduced by the 5 Boroughs NHS Foundation Trust. The demand for high quality frontline services to support people with dementia and their carers continues to grow. As a result, new initiatives, such as behaviour analytic approaches to dementia are being developed. Similar initiatives will need to be put in place over the next three years.

3.5 ***Acute and Related Services*** – the 5 Boroughs NHS Foundation Trust has redesigned pathways around acute services and these have been in place for approximately one year. The emphasis is on preventing admissions wherever possible and adopting a recovery model to support those with more serious mental health problems. The Council's Mental Health social workers are co-located with colleagues from the 5 Boroughs NHS Foundation Trust and there is a multi-agency Mental Health Strategic Commissioning Board (CCG, HBC, 5 Boroughs and others) which oversees strategic developments. Current pressures include those upon acute beds in line with the national position, and continuing pressure upon the community care budget. A new Mental Health and Wellbeing Commissioning Strategy has been produced which sets out priorities up until 2018. Key in this is the preventative work undertaken by the Council's Public Health function. The Council's Mental Health Outreach team is currently piloting work with GP surgeries in order to identify people who may benefit from this service and therefore prevent relapse, a further priority will be extending the range of day services and work related opportunities.

3.6 ***Joint Health and Social Care Learning Disability Self-Assessment Framework, Autism Self-Assessment Framework and Winterborne View*** – The annual Joint Health and Social Care Learning Disability Self-Assessment Framework and subsequent improvement plans will ensure a targeted approach to improving health inequalities and achieving equal and fulfilling citizenship helping commissioners and local people assess how well people with a learning disability are supported to stay healthy, be safe and live well. The annual Autism Self-Assessment is to assist Local Authorities and their partners in assessing progress in implementing to 2010 Adult Autism Strategy; the purpose of the self-assessment is to see how much progress

has been made since the baseline survey, as at February 2012; and to provide evidence of examples of good progress made that can be shared and of remaining challenges. The Department of Health – "Transforming Care a National Response to Winterborne View Hospital" published a timetabled action plan with 63 areas that would improve the lives of individuals with Learning Disabilities and/or Autism. The action plan is designed to be implemented nationally with guidance and good practice cascaded to Local Authority's and CCG's for local implementation. The Local Authority and CCG are taking a joint approach to the completion and implementing of all the above programmes with a clear focus on improving life opportunities for individuals with Learning Disabilities and/or Autism.

3.6 Safer Halton Priorities

- ***Safeguarding, Dignity and Domestic Abuse*** **-** Keeping people safe and ensuring that they are treated with respect and dignity continue to be high priorities for Halton Borough Council. The establishment of a pilot multi-agency Integrated Safeguarding Unit with our Health partners has been a positive move forward in dealing effectively with safeguarding issues in a more cohesive way. The multi-agency team has a good skill mix and knowledge base in leading on safeguarding across Health and Social Care on cases that have a complex safeguarding element to them.

- ***Halton Domestic Abuse Forum*** (HDAF) Strategic Group was established to provide overall direction, control management and guidance for the response to Domestic Abuse and Sexual Violence within Halton. It acts as a multi-agency partnership board of lead officers and key representatives which take strategic decisions aimed at tackling domestic abuse and sexual violence in their widest forms and provide support to all victims within our area. The Forum is responsible for determining and implementing policy, coordinating activity between agencies, and facilitating training. It evaluates the responses we have locally for victims, children living in households where domestic violence is a feature and to consider provision for perpetrators. The Forum promotes inter-agency cooperation, to encourage and help develop effective working relationships between different services and agencies, based on mutual understanding and trust. In order to develop and sustain a high level of commitment to the protection of victims of domestic abuse and affected children and young people.

- ***Community Safety Review*** **-** Halton Community Safety Team is a combined Police and Council partnership team that reports to the Safer Halton Partnership and has been traditionally funded over recent years through some mainstream funding from Police, Partners and the Council but primarily by government grants given on a year to year basis. Rather than simply reduce the team in size again it was agreed to review the current and future activities and structure of the team in order to be ready for 2012-13. The review was led by the Police and the Council. To help inform this review, the views of Members and other stakeholders was sought.

  The survey of Members and partners identified the following priorities: safeguarding young people; crime reduction; reducing anti-social behaviour; reducing alcohol harm and disorder; reducing vulnerability of being a victim of hate crime and domestic abuse; reducing the re-offending rate of repeat offenders; community engagement, and consultation and participation.

  The review has therefore prioritised these work streams and the front line staff (e.g. PCSOs) that deliver the required outcomes. The funding for the team has been realigned to ensure sustainability for financial years 2012/13 – 2013/14. The effect of

this is that some posts have been deleted (e.g. HBC administrative posts that have been held vacant), and other posts refocused on core activities.

The role of the CST Manager has been redefined and will now: line manage a strengthened ASB service; oversee but not manage other work streams; undertake a central role in partnership working; and identify priorities and report on performance.

- ***Hate Crime Strategy*** **-** The Halton Hate Crime and Harassment Reduction Strategy for 2011 – 2016, has been revised this year. The strategy identifies, coordinates and leads on all aspects of our developing work on tackling and reducing hate crime. The aim of this strategy is to identify and respond to locally established priorities for tackling hate crime and reinforce the benefits of taking a partnership approach to all hate incidents. This strategy promotes effective and coordinated action against hate crime. This involves providing various forms of practical assistance, building capacity for interaction and alliance for services being delivered in Halton, as well as developing confidence in the criminal justice system and mechanisms for reporting hate crime to bring perpetrators to justice. The aims of the strategy form the basis of the comprehensive action plan to which all the strategy partners are committed.

- ***Police and Crime Commissioners*** **-** The first elections of Police and Crime Commissioners took place on 15 November 2012 and John Dwyer was elected for Cheshire. PCCs will be elected for four years. Police and Crime Commissioners will determine local policing priorities and shortly after their election (March 2013), will be required to publish a five-year Police and Crime plan. This public document will set out the police and crime priorities and objectives for policing and crime reduction across the force area. The Plan may be refreshed each year and may be fully reopened at the PCC's discretion.

  PCCs will set the annual force budget in consultation with chief constables. They will receive the policing grant from the Home Office, various grants from Department for Communities and Local Government and the local precept (as well as other funding streams yet to be determined). The PCC will commission policing services from the chief constable (**or other providers** - in consultation with the chief constable). These services will be set out in the plan where their objectives and funding will be publicly disclosed. The plan must be published and remain a public document including any updates or amendments made during the five year period.

  At the end of the financial year the PCC will publish an annual report, which will set out progress made by the PCC against the objectives set out in the plan. Alongside the annual report the PCC will publish annual financial accounts, including showing how resources were consumed in respect of priorities and how value for money was secured.

  PCCs will have a general duty to regularly consult and involve the public and have regard to the local authority and national policing priorities. PCCs will also exercise regional power and influence over the development and work of local Community Safety Partnerships (CSPs) via powers and duties. These are:

  - the reciprocal duty for PCCs and CSP responsible authorities to cooperate with each other for the purposes of reducing crime and disorder
  - the power to bring a representative of any or all CSPs in the PCC's area together to discuss priority issues
  - the power to require reports from CSPs about issues of concern
  - the power to approve mergers of CSPs (on application of the CSPs concerned)

- the power to commission community safety work from a range of local partners including (such commissioning of crime and disorder reduction work is not limited to CSPs but can include community, voluntary sector or commercial providers)

PCCs will be scrutinised by Police and Crime Panels, which will be formed of a minimum of 10 representatives from the local authorities in the force area. The duties of the panel include requiring the PCC to respond to any concerns they have and making recommendations on the crime plan and annual reports. The Panel is not a replacement for the Police Authority and will not scrutinise the performance of the Constabulary as that is the role of the Police & Crime Commissioner. The Panel will only scrutinise the actions and decisions of the Commissioner.

- ***Community Safety Team*** **-** The Halton Community Safety Team is a multi-agency team of specialists committed to promoting community safety and harm reduction so that Halton is a safe place to live, work and visit. Their purpose is to support partners and communities to identify and analyse local problems and to develop short and long term strategies and interventions. The Community Safety Partnership Team is not a virtual group. In Halton the team are based in co-located buildings which enable all of the respective organisations listed below to share personal information in a quick, secure and effective manner. In turn this enables smart and effective joined up initiatives, operations and orders to be delivered in a timely manner.

  The role of Halton Community Safety Partnership is to make sure that partners are co-ordinated in their approach to: targeting offenders, making public spaces and communities safe, and supporting victims and delivering timely, effective and appropriate solutions to local problems.

  Safer Halton Partnership is made up of Halton Borough Council, NHS Merseyside/Halton/St Helens, Runcorn and Widnes Neighbourhood Policing Units (Cheshire Constabulary), Cheshire Fire and Rescue, Cheshire Probation Service, Halton Youth Offending Team, Registered Social Landlords (6 main providers of housing) and community groups.

3.5 Other key strategic areas of work are :

- ***Scrutiny Reviews*** – a number of scrutiny reviews have been undertaken during 2013 including (for the Health PPB) Mental Health and Falls Prevention and (for the Safer PPB) the Night Time Economy.

- Councils have a duty to periodically review the accommodation needs of ***Gypsies and Travellers*** in their area with a view to informing planning policy and the management of existing Gypsy and Traveller sites. The last review was undertaken in 2007 and the Council is working with other Cheshire local authorities to commission consultants to undertake a new assessment in 2013. Halton is taking a leading role in the commissioning and management of this project.

- A shared out of hours ***Emergency Duty Team*** is already in place across Halton and St Helens, and is the subject of a formal partnership agreement. Approaches have been made by one other Local Authority to see whether they can join this partnership, and there have been informal discussions with another nearby Council about the same matter. The Council will be working in partnership with St Helen's Council to scope out and consider in detail the potential for development arising from these approaches.

- A new ***Acute Care Pathway*** (ACP) for mental health services has been developed within the 5Boroughs Partnership, in partnership with the Council. The pathway, which has significant implications for the ways in which mental health support will be provided locally, will be fully implemented over the next months and the Council will be working with the 5Boroughs to establish a clear role for social care services in the new pathway.

- The ***Social Enterprise*** was considered as a future option for Halton Borough Council Learning Disability Services. Preliminary work suggests that, given the financial challenges facing the Council, this may not be the best option at this point in time.

- In a recession the public tend to cut down on those areas of non-essential household expenditure. Thus, the ***Brindley*** will continue to adjust to changes in personal spending so as to maintain and improve its performance.

- In 2016, a new £40m development will open in Chester which includes a 550 seat theatre, capable of expansion to 800, and a 200 seat studio theatre. At the same time the Mersey Gateway toll bridge is scheduled to open. These two developments will affect approximately 40% of the Brindley's current audience. As the Brindley's programme is put together up to two years ahead, the coming year, therefore provides time to assess the impact and plan any changes necessary.

3.7 Enhancing Residents' Quality of Life

- An ***Arts Strategy*** has been developed involving consultation with key stakeholders and the public. This forms the template for the development of arts in Halton over the next 3 years. It will involve close collaboration with Arts Council England and includes: - Arts and Health, youth participation in all art forms, public art and the development of creative industries.

- ***Norton Priory Museum Trust*** has plans to redevelop the museum and site through a £3.6m Heritage Lottery grant. To date they have achieved stage one approval in the bidding process and have until July 2013 to submit the final application for a project with a total value of approximately £5M. The bid at stage two will be made jointly with the Council. If successful the council will also carry out the construction phase of the project.

- The Halton Sports Strategy is set to run between 2012 – 2015. This sets out in detail the priorities up to 2016 and seeks to enhance work in increasing participation and widening access to sport; the further development and strengthening of sports club; coach education and volunteer development; sporting excellence; finance and funding for sport; and the enhancement of sports facilities and provision.

- The council has an extensive programme of ***physical activity*** initiatives designed to improve health and develop healthy life styles. The current physical activity initiatives in Public Health will need to be integrated with this programme.

- The Olympic and Paralympics in 2012 proved a great success and have inspired many people. In 2013 Britain host the Rugby League World Cup. The legacy of these events needs to be capitalised on to help improve participation in sport as a competitor, a coach, official or volunteer helper.

- ***School Meals*** has improved significantly over the past five years with an increase in productivity and uptake being supported by tighter controls on food cost. All these measures help to reduce the financial support needed from the Council, it is crucial that staff are fully engaged at all levels to ensure that the service continues to improve.

- ***School Dinner Money*** – Cash Payment via the Internet, mobile phone or paypoint. The collection of school dinner money is an extremely time-consuming task. The cash, once collected from the children, is collected by a security company and taken to the bank. Officers also have to spend time reconciling the money which has been received in the Council's account. In order to reduce this time and expenditure a trial will take place in four schools in January of a new system called "All Pay". All Pay have agreed to fund the costs of this trial and parents will pay for school meals using the internet, a mobile phone or at a paypoint. The four schools taking part in the trial are Farnworth CE, Moorfield, Weston Primary and St Martins.

- National Library Standards that determined the minimum level of service for ***library authorities*** have now been removed and each authority can now set their own standards and priorities. Following consultation the ***Halton Library Strategy*** has been developed and covers the period 2013 – 2016. This sets out the vision, priorities and development of the service until 2016. The strategy covers 5 key areas which will ensure the service develops and supports reading as a key life skill; help people gain ICT skills to access government services, jobs and information; ensure we keep pace with new technological developments to keep and extend our customer base; ensure we engage with the community and continuously improve the service we deliver and ensure we provide a welcoming highly skilled workforce so that libraries are enriching experiences and provide access to resources and information that the community wants and requires.

- The Arts Council are now responsible for overseeing the role and performance of libraries in England and have an important role in developing public libraries in the future. They have undertaken a major research project *Envisioning the library of the future* to understand better what public libraries could and should look like. The research revealed that there is clear compelling and continuing need for publicly funded library service, which identified four priorities for a 21st century public library service; place the library as the hub of a community; make the most of digital technology and creative media; ensure that libraries are resilient and sustainable; deliver the right skills for those who work in libraries.

- As budgets continue to shrink, the need to work in a different and more efficient ways will continue to be explored. Shared services between authorities on both an individual and regional basis have been discussed and developed to some extent over the last few years. Regional purchasing of stock provides a good example of the economies that can be achieved through this approach.

- Armed Forces Covenant (pan Cheshire) – a commitment to ensure those in service, about to leave service, veterans and their families are not disadvantaged in accessing services and support for housing, education, employment and benefits, health and wellbeing. Partnership support to ensure appropriate sign posting and referral arrangements between agencies and support to the armed forces for transition arrangements for redundancy programmes from the forces.

- Community Involvement – delivered through Community Centres and Community Development will support engaged and participating communities that have a strong sense of belonging and cohesion that supports civic pride in Halton.

3.8 Enhancing the quality of the environment in Halton and experience of services

- Given the financial pressures faced by the Council, and the increasing costs associated with waste disposal, a key challenge will be to concentrate efforts to minimise ***waste*** production within the borough, increase recycling levels and reduce the amount of waste sent to landfill. A key priority will therefore be to increase community engagement and educational activities.

  For instance, raising awareness on waste matters and changing people's behaviour will be vital if we are to be successful in reducing the Council's costs of dealing with waste. A key priority will therefore be to increase community engagement and educational activities and this work will be supported by the development of Community Engagement and Awareness Raising Strategies. These Strategies will set out how we will directly engage with members of the local community, the methods of communication and the messages that will be used to promote and encourage waste minimisation and increased recycling.

- Halton residents have consistently identified clean and safe streets, and ***parks and open spaces*** as critical factors in making their neighbourhoods a good place to live. It is crucial that we continue to prevent and reduce issues such as littering, fly-tipping and dog fouling by tackling those responsible for committing environmental crime offences. This will require a combination of both effective educational and enforcement activities and collaboration with key local partners and external agencies such as Housing Associations and Cheshire Police. Activities will include the delivery of targeted campaigns to promote responsible behaviour, regular enforcement patrols, the issuing of Fixed Penalty Notices and, where necessary, prosecuting those who commit environmental crime offences.

  In November 2010 Halton ***Registration Service*** embarked on a fundamental review with the aim of maximising revenues (through increased marketing, promotion and customer choice) and reducing costs (through increased efficiency, process improvement and cost recovery) to ensure its long-term sustainability and resilience. Underpinned by core values of innovation, professionalism and provision of high-quality value-for-money services, the small team developed a vision to become *"a vital service that touches everyone in Halton during their lives"* and a mission *"to provide an efficient personal and professional service"* and implemented a radical service improvement programme particularly relating to its systems and processes.

The Directorate will continue to ensure that people who use our services experience positive outcomes that deliver: -

- Enhancing quality of life for people with care and support needs
- Delaying and reducing the need for care and support
- Ensuring that people have a positive experience of care and support
- Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

4.0 FACTORS AFFECTING THE DIRECTORATE

There are numerous factors that have been identified as having a potential impact on the delivery of services during the life of this Plan. Some of the main factors are outlined below: -

POLITICAL	SOCIAL FACTORS
1.The integration of Public Health into Local Authorities.	16. Ageing Population and the shift to an older population.
2.Joint Strategic Needs Assessment/ Joint Health & Wellbeing Boards	17. Dementia rising sharply amongst over 65's.
3.Halton Clinical Commissioning Group	18.Persuading people to change their attitude towards waste and increase participation in recycling.
4.Health and Wellbeing Strategy	
ECONOMIC CLIMATE	TECHNOLOGICAL DEVELOPMENTS
5.Budgetary pressures	19.Telecare/Telehealth.
6.Increasing levels of waste diverted from landfill will reduce the Council's spend on waste disposal.	20.Technology will be used to deliver "in-cab" communication solutions for waste collection vehicles.
7.Cutting Crime Together	21.Technology will be used to improve communications and community engagement on waste matters.
8.The introduction of the Police and Crime Commissioners (PCC) from Autumn 2012.	
LEGISLATIVE	ENVIRONMENTAL
9.Health and Social Care Act 2012	22.The modernisation of day services continues.
10.Caring for our Future White Paper 2012	23.New Cemetery space required in Widnes by 2014. A site has been identified and it is anticipated that a new cemetery can be created before burial space runs out at the existing Widnes Cemetery.
11. Care Bill 2013 A Bill to reform the law relating to care and support for adults and the law relating to support for carers, to make provision about safeguarding adults from abuse or neglect, to make provision about care standards, to establish and make provision about Health Education England, to establish and make provision about the Health Research Authority, and for connected purposes.	24.HLF Parks for People bid was made in August 2012 to regenerate Runcorn Hill Park. If awarded, the funding a four year programme of works will be carried out. HLF Heritage bid to see Sankey Canal from Spike Island to Fiddlers Ferry Marina restored to navigation.
12.Anti-Social Behaviour, Crime and Policing Bill 2013	25.Affordable Warmth Strategy.
13.Welfare Reform Act 2012 – The introduction of an under-occupation penalty for social tenants whose homes are too large for their needs will have significant implications for Registered Providers of social housing and could lead to increased demand for the services of the Housing Solutions team. It is estimated that up to 3,000 households could be affected by the penalty.	
14.The revised EU Waste Framework Directive	
15.Legislative changes to local authority	

enforcement powers against householders who commit waste offences.	
26.The Localism Act 2011 - the introduction of fixed term tenancies, a new power for local authorities to discharge the main homelessness duty through an offer of private rented accommodation and the power for local authorities to decide which groups of people qualify to apply for social housing.	
27.Equality and Human Rights Commission inquiry into the human rights of older people wanting or receiving care in their own homes being fully promoted and protected.	

NB – text in blue and underlined indicates a hyperlink to further information.

5.0 ORGANISATIONAL INITIATIVES

There are a number of initiatives that have been developed at an organisational level in order to ensure consistency and synergy between individual business units of the Council. As such these initiatives are relevant to the work of all Directorates of the Council and have implications for, and are supported by, the work of the individual departments that sit beneath them. Such initiatives include:-

5.1 Equality, Diversity and Community Cohesion

Halton Council is committed to ensuring equality of opportunity within all aspects of its service design and delivery, policy development and employment practices. This commitment is reflected in a range of policies, strategies and other framework documents and practices that underpin the work of the Council though its day to day operational activities.

The Council reviewed and refreshed its Single Equality Scheme in 2009. As a result of the introduction of the Equalities Act (2010) the scheme has recently been further reviewed and slightly refined to ensure that it remains current and fit for purpose.

The scheme sets out the Councils approach to promoting and securing equality of opportunity, valuing diversity and encouraging fairness and creating and promoting a social environment in which people can work, learn and live free from discrimination and victimisation in all of its forms. The Council will combat discrimination throughout the organisation throughout the organisation and will use its position of influence in the borough to help to identify and remove discriminatory barriers and practices where they are found to exist.

The Council has developed a systematic approach to examine and address the equality implications of its existing and future policies, procedures and practices through the use of a Community Impact Review and Assessment process.

As a result of such assessments any actions considered to be of high priority will be monitored and reported through the Council's Quarterly Performance Reporting process.

Work continues within the Directorate to improve the access and the signposting of members of the Black and Minority Ethnic communities to support services that: -

- Advise re: housing options
- Establish the skills to maintain appropriate permanent housing
- Enable service users to remain in their own homes, and avoid eviction and homelessness
- Access other services including health, social care, education, training and leisure services.
- Help to ensure the more vulnerable amongst the Minority and Hard to Reach Communities can live independently
- Help prevent minority communities from feeling socially excluded and provide community development support to build mechanisms to engage
- Support Gypsies and Travellers to access services including health, social care and education.
- Directorate Equalities Group - develop and maintain a systematic approach to endeavour to ensure that equality and diversity are embedded within our Directorate and members of the group will take on board the responsibility of being Equality and Diversity Champions.

5.2 Environmental Sustainability

The Council is committed to taking a lead and setting an example in tackling climate change. The Council has developed a Carbon Management Plan that will support the Council in managing its carbon emissions and developing actions for realising carbon and financial savings and embedding carbon management into the authority's day to day business.

The Plan was reviewed and updated during 2011/12, with a revised energy emissions reduction target and it is now set at a reduction of between 5% and 10% over 2010/11 figures over a 5 year period. The main measure included in the revised Plan is the Green House Gas emissions indicator, which differs from the previous carbon emissions indicator.

The GHG emissions figure for 2011/12 was 23,917 tonnes CO_2 which was a 7.3% reduction on the 2010/11 figure. This total figure breaks down as follows:-

Corporate buildings	- 7505 tonnes CO_2 (estimated)
Schools	- 8393 tonnes CO_2 (estimated)
Street lighting	- 6211 tonnes CO_2 (estimated)
Vehicle fleet	- 1359 tonnes CO_2 (estimated)
Business Miles	- 449 tonnes CO_2 (estimated)

To improve the focus on achieving its targets the Directorate, through the Carbon Group, will develop specific plans and, where appropriate, specific reduction targets around buildings and vehicle fleet and business miles

Linked to the development of the Affordable Warmth Strategy, which aims to raise awareness of fuel poverty and build on referral mechanisms, it is also intended to improve properties in terms of energy efficiency through appropriate insulation and improved heating systems, which will contribute to the Council's commitment to tackling Climate Change issues.

Eco-friendly solar panels at the Stadium are due to generate income of £12,000 a year for the Council as well as saving up to £3,000 a year in energy bills. The Council will benefit from income from the feed in tariff from the solar panels – 32.9 p for every kWh it generates income which will increase year-on-year in line with inflation. The total energy saving will be in the region of £75,000 over 25 years.

The Stadium also continues to drive forward its commitment to enhancing energy efficiency particularly around its electrical consumption. Through raising staff awareness of how they can reduce energy consumption and the resulting impact it could have on the environment along with a number of investments in energy initiatives such as the fitting of low energy devices, Voltage Optimization System and appliances to reduce water waste, since 2006/7 the Stadium has seen a reduction in over 27% of its electrical consumption, not just having an impact on the environment but also having the effect of generating cost savings.

Open Space Services continues to develop areas of woodland for the purposes of carbon capture and in order to take areas out of intensive management that requires the burning of carbon based fuels. Through the management of twelve local nature reserves and through environmental good practice, underpinned by a partnership with the Cheshire Wildlife Trust and with Mersey Forest the Division works to ensure biodiversity throughout the Borough.

The Council is committed to improving a good quality of life for the people of Halton and one of the ways this can be achieved is through allotment gardening. Being part of the allotment gardening community brings an opportunity to meet and share experiences with people from

all walks of life. There are also health and social benefits which can give plot-holders a sense of well-being. Our aim is to continue to build on the good practices and positive improvements, but the biggest obstacle is the shortage of growing space. .

Halton is working with local authorities and Registered Providers in Merseyside and third sector organisation Fusion 21 to develop a fully worked up bid for European Regional Development Fund (ERDF) resources to provide energy efficiency measures to vulnerable households in the sub region, following a successful expression of interest. If successful, the bid should enable new technologies such as combined heat and power systems to be installed in selected social rented blocks and provide solid wall insulation for hard to treat properties.

5.3 Risk Management

Risk Management, which forms a key element of the strategic and performance management processes of the Council, is a business discipline that is used to effectively manage potential opportunities and threats to the organisation in achieving its objectives.

Risk assessments are the process by which departments identify those issues that are, or may be, likely to impede the delivery of service objectives. Such risks are categorised and rated in terms of both their probability, i.e. the extent to which they are likely to happen, and their severity i.e. the potential extent of their impact should they occur.

Following such assessments a series of risk treatment measures are identified that will mitigate against such risks having an adverse impact upon the delivery of departmental / organisational activities. All high risks and the implementation of their associated mitigation measures will be monitored and reported through the Council's quarterly performance monitoring arrangements.

5.4 Arrangements for managing Data Quality

Good quality data provides the foundation for managing and improving services, determining and acting upon shared priorities, and accounting for performance to inspecting bodies and the local community.

In recognising this, the Council has developed a Corporate Data Quality Strategy that will provide a mechanism by which the authority can be assured that the quality of its data remains robust and fit for purpose. This strategy, which will remain subject to periodic review, identifies five Key Corporate Objectives and establishes the key dimensions of good quality data i.e. that data is:-

Accurate:	For its intended purpose;
Valid	By being consistently recorded and used in compliance with predetermined definitions and rules;
Reliable	By reflecting stable and consistent data collection processes;
Timely	By being made available as soon as possible after the activity or event and in line with organisational requirements;
Relevant	For the purpose intended;
Complete	In that the monitoring of incomplete, missing or invalid data is avoided as far as is possible.

Given the transfer of Public Health to Local Authorities from 1st April 2013, Halton Borough Council are part of the 5 Borough's partnership with Health and other partners and are currently applying to connect to health systems. In order to connect the Council is required to complete an Information Governance Toolkit assessment up to level 2 (there are 3 levels in total). The Information Governance Toolkit is a performance tool produced by the Department of Health (DH). It draws together the legal rules and central guidance set out above and presents them in one place as a set of information governance requirements

The purpose of the assessment is to enable organisations to measure their compliance against the law and central guidance and to see whether information is handled correctly and protected from unauthorised access, loss, damage and destruction.

Where partial or non-compliance is revealed, organisations must take appropriate measures, (e.g. assign responsibility, put in place policies, procedures, processes and guidance for staff), with the aim of making cultural changes and raising information governance standards through year on year improvements.

The ultimate aim is to demonstrate that the organisation can be trusted to maintain the confidentiality and security of personal information. This in-turn increases public confidence that 'the NHS' and its partners can be trusted with personal data.

6.0 ORGANISATIONAL & DIRECTORATE STRUCTURE

In supporting the delivery of the corporate strategy the Directorate will ensure that appropriate systems and processes are in place to secure the quality of its data and that such systems are subject to periodic and risk-based review.

The Council is committed to consistently managing the delivery of its services in the most cost efficient way that maximises the effectiveness of its available resources.

As a result of this continuing drive for efficiency as of April 2011 the Council has reduced the number of Directorates from four to three with an overall reduction in the number of departments to eleven.

The Council recognises the value of corporate working and that effective communication channels, both internally between Directorates and externally with partners, are a pre-requisite to success. It therefore has in place complementary arrangements at different organisational levels to ensure that the organisation works as an integrated and unified entity.

In support of this approach results-based matrix management practices, through for example project implementation groups, are used to bring together expertise and knowledge from across the organisation in order to optimise the response to community needs and aspirations.

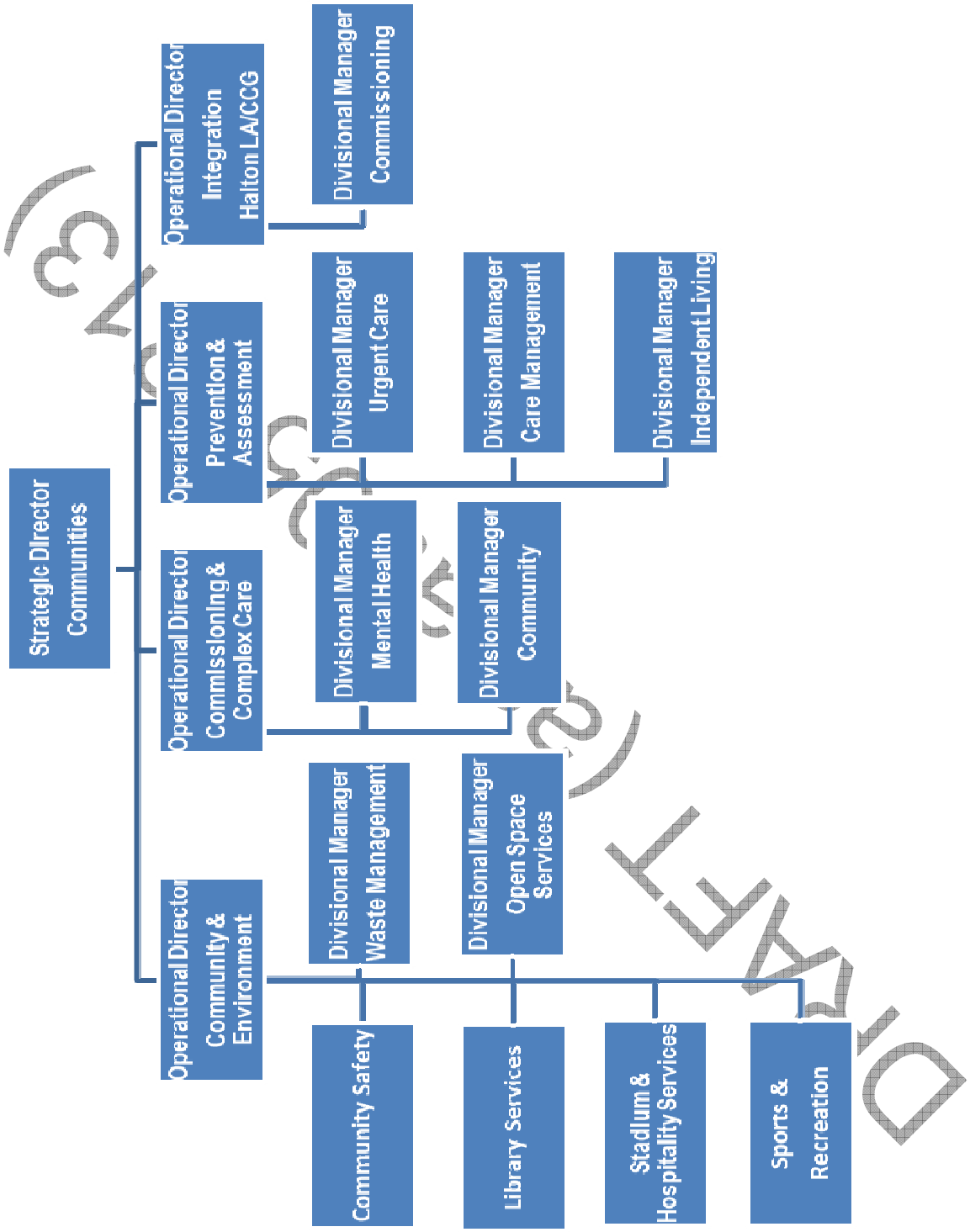
Lead Officers are identified to drive and direct corporate initiatives to bring together elements of the Councils activities which, for the purposes of day to day management, may sit within all or any of the different Directorates.

Each of the Directorate Plans is aligned to and supports the delivery of one or more of the Councils six organisational and five partnership strategic priorities as detailed within the Corporate Plan and Sustainable Community Strategy respectively.

The Strategic Director for the Communities Directorate has a wide community leadership role and the services undertaken by the Directorate are delivered from the following three Departments: -

- Community and Environment Services;
- Commissioning and Complex Care Services; and
- Prevention and Assessment Services.

The chart overleaf provides an overview of those functions that fall within the Communities Directorate.


Strategic Director Communities
Operational Director Integration Halton LA/CCG
Divisional Manager Commissioning
Operational Director Prevention & Assessment
Divisional Manager Urgent Care
Divisional Manager Care Management
Divisional Manager Independent Living
Operational Director Commissioning & Complex Care
Divisional Manager Mental Health
Divisional Manager Community
Operational Director Community & Environment
Divisional Manager Waste Management
Divisional Manager Open Space Services
Community Safety
Library Services
Stadium & Hospitality Services
Sports & Recreation

Who are the services for?

Many of the services that the Directorate provides are universal – any Halton resident can access them - and some of the services (such as The Brindley or The Stadium) can be used by people from outside the Borough as well. Other services, mainly within the Social Care element of the Directorate, are restricted in their access, and only apply to people who meet the published criteria for their services.

Similarly, some services (such as the libraries) are free at the point of access, whilst others have a charge, either at the time or – again, in the case of Social Care services – through an invoicing process.

What are we for?

Each of the services within the Directorate meets the needs of different groups of people. A short description of each of the Departments is provided below:-

6.1 Community and Environment Services

The Community and Environment Department has an important role to play in addressing health issues, personal development, community safety and community cohesion, social inclusion and the quality of life for Halton people. Being predominantly concerned with the delivery of key front line services the Department acts as an interface between the public of Halton and the Council. The Department provides services in four main areas:

- Community Safety
- Open Space Services
- Stadium, Sport, Libraries and Catering
- Waste and Environmental Improvement

The Department is responsible for helping to maintain and improve Community Safety. Working with other partner agencies, the Community Safety Team identifies and provides solutions to local problems and is involved in the delivery of a co-ordinated approach to making public spaces and communities safe through a combination of preventative measures and actions to tackle offenders.

Open Space Services is responsible for the management and development of the physical fabric of the Borough's parks, children's play areas, cemeteries, sports grounds, green spaces, allotments, local nature reserves promenades and the green infrastructure associated with the highway network. Through its Cemeteries and Crematorium section it meets the requirements of the bereaved in relation to burial and cremation, and through its Streetscene Section it is also responsible for the delivery of street cleansing services Borough wide. The service also organises and promotes major events throughout the Borough. The service also manages the Brindley theatre and through its Registration Service the Division conducts civil marriages/civil partnerships/citizenship ceremonies and facilitates the registration of births, marriages and deaths.

Stadium and Catering includes the management of the Stobart Stadium Halton which is Halton Borough Council's flagship sporting, health and fitness facility. It is a major cultural asset of the Borough, providing a first class venue for multiple sports and leisure provision, it also has successful and well-developed commercial activities and significant community links to various community and sporting groups. Sport and physical activity is promoted through a Sports Development Team that has excellent relationships with key organisations in the public, private and voluntary sector. The team covers a wide range of important work areas delivering activity, providing assistance to new and established sports groups and manage the Leisure Centre contract. The library service has a statutory responsibility to provide a comprehensive and efficient service to the whole community. Halton has a vibrant and

innovative library service delivered through four public libraries, a mobile library, a satellite facility in Castlefields Community Centre, an outreach home delivery service and through digital access. Libraries are key resources in their local communities providing books, information and technology which promotes lifelong learning, digital inclusion and celebrates reading. They are important community spaces which offer a welcoming neutral environment and host a range of cultural activities, events and opportunities for all sectors of the community.

The Catering Service offers the provision of a comprehensive catering service to schools that ensure all Central Government guidelines on healthy eating are being adhered to, a dedicated management support service that is responsive to the requirements of each school/building, professional and technical advice on all catering issues, including design and concept issues, full catering facilities at one staff restaurant and three coffee shops, on-site catering facilities for working lunches, buffets, committee teas etc. It is also responsible for the delivery of the community meals service, ensuring that the meals delivered are of a high standard, that they meet people's nutritional needs and that the targets for delivery are met.

Waste and Environmental Improvement Services is responsible for ensuring that the Council fulfils its statutory functions and obligations as a Principle Litter and Waste Collection and Disposal Authority, including the development of waste strategies and policies, the management and development of the Council's operational waste and recycling services and for the delivery of enforcement and regulatory activities relating to waste. The Service includes the Community Involvement Team; responsible for Community Development, Community Centres and Local Area Forums, generating the capacity for effective and inclusive community engagement activity to enable the delivery of community initiatives to tackle strategic objectives and community needs. The Community Centres provide a community hub, a central point at the heart of local communities for residents to enjoy chosen activities and receive services in their neighbourhoods. The Centres are based in deprived wards in the Borough and contribute to a whole areas approach to health and wellbeing and provide a nucleus to support wider community activity. Local Area Forums enable decision making and policy developments to be taken into local communities and help bridge the gap between key agencies working within the Borough.

6.2 Commissioning and Complex Care Services

The Commissioning and Complex Care Department commissions a wide range of residential/nursing, day and support services from the voluntary and independent sectors. All these services are specifically designed to enable rehabilitation, encouraging people to retain or regain independence or to offer supported environments for them to live within Halton, whenever possible.

The Department is responsible for providing an operational front-line Housing Options service, focussed on homelessness prevention. The team also manages the Council's permanent Gypsy site and unlawful encampments.

The Department provides an assessment and care management service for people with mental health and substance misuse problems. In addition, the Department supports the delivery of the Emergency Duty Out-of-Hours Service, which covers Children's Services and all Adult areas.

The Department promotes active partnerships with the health services and the private, voluntary and independent sectors, to deliver high quality care to people within the local community who have complex needs.

The Positive Behaviour Support Service was established in 2010 and offers skilled specialist support to people of all ages living in community settings who have a learning disability, often

including autism spectrum conditions and who present with behaviour that challenges services.

6.3 Prevention and Assessment Services

The Prevention and Assessment Department focuses its activities on vulnerable Adults (over the age of 18) in providing a wide range of services to support then to maintain independent living, good health and wellbeing.

The overall focus is on maximising people's independence through interventions such as prevention/rehabilitation/enablement/telecare/equipment and Health and Well-Being services and with the provision of high quality care, in partnership with the NHS, private and voluntary sectors.

The department also provides an assessment, care management and personalisation service for people with physical, sensory or learning disability and older people.

The Department's aim is also to facilitate people out of hospital as quickly as possible and provide necessary equipment and services to them in a timely way through the multi-disciplinary teams.

Urgent Care focuses on all urgent and emergency care services in providing high quality, safe, responsive care using a whole system approach.

The Department also leads on Safeguarding with an Integrated Safeguarding Unit, which is provided in partnership with the Clinical Commissioning Group.

7.0 RESOURCES

7.1 Budget Summary & Service Costs

COMMUNITIES DIRECTORATE
Revenue Budget 2013-14

	Annual Budget £'000
Expenditure	
Employees	
Other Premises	
Supplies & Services	
Book Fund	
Food/Bar Provisions	
Contracted Services	
Transport	
Emergency Duty Team	
Aids & Adaptations	
Contribution to JES	
Leisure Mgt Contract	
Waste Disposal Contracts	
Consumer Protection Contract	
School Meal Provisions	
Community Care;	
Residential & Nursing Care	
Homecare & Supported Living	
Direct Payments	
Block Contracts	
Day Care	
Payments to Providers	
Contribution to IC Pool Budget	
Grants to Voluntary Organisations	
Other Agency	
Capital Financing	
Total Expenditure	
Income	
Residential & Nursing Fees	
Direct Payments	
Other Community Care Income	
Community Care PCT Reimbursement	
Fees & Charges	
Sales & Rents	
School Meal Sales	
School SLA Income	
School Meals Other Income	
PCT reimbursement	
Government Grants & Other Reimbursements	
LD & Health Reform Allocation	
Transfer from Reserve	
Internal Fee Income	
Capital Salaries	
Total Income	

Net Operational Expenditure	
Recharges	
Premises Support	
Asset Charges	
Departmental Support recharges	
Central Support Recharges	
Transport recharges	
Support services recharges income	
Net Total Recharges	
Total Communities Directorate	

COMMUNITIES DIRECTORATE
Revenue Budget 2013-14 – Departmental Analysis

Departments/ Divisions	**Annual Budget £'000**
Prevention & Assessment	
Care Management	
Independent Living	
Intermediate Care	
Regulatory Services	
Operational Director	
Total	
Commissioning & Complex Care	
Mental Health	
Commissioning	
Community Safety	
Community Services	
Operational Director	
Total	
Community & Environment	
Commercial Catering	
Leisure & Recreation	
Open Spaces Services	
School Catering	
Stadium	
Waste &Environment Improvement Services	
Total	
Total Communities Directorate	

COMMUNITIES DIRECTORATE
Capital Programme 2013-14

Scheme	Annual Budget £'000
Stadium Minor Works Children's Playground Equipment Landfill Tax Credit Schemes Open Spaces Scheme Runcorn Cemetery Extension Litter Bins Bungalows at Halton Lodge	
Total	

7.2 Human Resources

The Directorate employs approximately 1,800 staff and are considered to be our most valuable asset. These include day care workers, home care assistants, librarians, activity coaches**,** occupational therapists, customer services staff, social workers, bereavement officers, registration officers and managerial staff. Staff provide a range of support services to the public. A fundamental role in achieving this is to talk to people about their needs, work out with them how best to meet these and arrange for appropriate services to be provided. We work with a broad range of people from the local community who may need support for a variety of reasons.

The Directorate (and the Council as a whole) is committed to training and developing its staff and has a system of Employee Development Reviews twice a year to produce Personal Action Plans for each employee setting out future learning and development plans, and setting individual work based performance targets. These are complemented by more regular supervision which review progress with personal development and are one of the key processes by which performance and service outcomes are monitored.

7.3 ICT Requirements

The Information Technology requirements/developments across the Directorate include: -

- The continued implementation of Carefirst 6
- The implementation of Care Financials
- Mobile working, for example, the use of Laptops with 3G technology, digital pen technology system within Home Care
- The pilot of electronic monitoring within one the Directorate's contracted providers of care.
- The continued use of Telecare and Telehealth to promote independence and choice for people.
- The Council's in house ICT Business Services Team will develop systems and support the interfacing with specialist technology equipment to help deliver

efficiencies and improve the quality and effectiveness of the Council's waste and environmental improvement services.

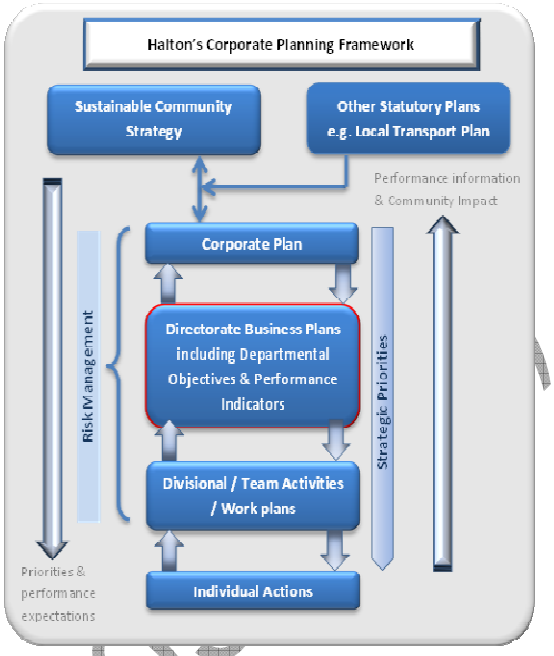
7.4 Property Requirements

The Property requirements/developments across the Directorate include:-

- Widnes Cemetery has only 5 years capacity remaining and existing cremators are now life-expired. Extra capacity (15 years) has been created at Runcorn through an extension of the existing facility. Following the work carried out by a working group a site has been identified for a new cemetery at Widnes and has gained approval from the Executive Board. Approval has also been given for the procurement of two new cremators.
- The Leisure Management Contract comes to an end in 2016, given the financial pressures faced by the Council a review of the current building stock needs to be undertaken and future management options explored.
- The Council has prepared a Playing Pitch strategy, the action plan identifies priorities that resources should be sought for.

8.0 BUSINESS PLANNING

Directorate Plans form an integral part of the authority's corporate planning framework, as illustrated within the diagram opposite.



This framework ensures that the Council's operational activities are complementary to the delivery of its community aspirations and legal and statutory responsibilities.

Such plans, and the Quarterly Monitoring Reports that flow from them, are an essential tool in enabling the public, Elected Members, Senior Management, and staff how well Council departments are performing and what progress is being made in relation to improving the quality of life within the borough and service provision for local people, businesses and service users.

Performance Monitoring and Reporting

It is imperative that the Council and interested members of the public can keep track of how the Council and its Departments are progressing and that mechanisms are in place to enable councillors and managers to see whether the service is performing as planned.

As a result Departmental progress will be monitored through:

- **The day to day monitoring by Strategic Directors through their regular interaction with Operational Directors;**
- **Provision of Quarterly progress reports to Corporate and Directorate Management Teams;**
- **The inclusion of Quarterly progress reports as a standard item on the agenda of all the Council's Policy and Performance Boards.**
- **Publication of Quarterly monitoring reports on the Councils intranet site.**

In demonstrating its commitment to exploiting the potential of Information and Communications Technology to improve the accessibility of its services and related information an extensive range of documentation, including this plan and its associated quarterly monitoring reports, are available via the Council's website at http://www3.halton.gov.uk/content/councilanddemocracy/council/plansandstrategies

Additionally information and assistance can be accessed through any of the Council's Halton Direct Link facilities (HDL) or the Council's libraries.

Appendix 1

Community & Environment Services

Service Objectives/Milestones/Performance Indicators:

2014 – 2017

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Departmental Service Objectives

Corporate Priority	**A Healthy Halton**
Key Area Of Focus	**AOF 1** – Improve the future health prospects of Halton residents, particularly children, through encouraging and providing opportunities to lead healthier and physically active lifestyles. **AOF 2** – Providing services and facilities to maintain and promote good public health and well-being.

Service Objective:	**CE1 - Increase participation in sport and physical activity, thereby encouraging better lifestyles.**					
Key Milestone(s) (14-15)	• Continue to implement the Sports Strategy (2012-15) – **March 2015** • Active people survey results show an increase in participation rates from 2009/10 baseline – **March 2014 (KEY)**					
Key Milestone(s) (15-16)	• Monitor and review all CE1 Measures in line with three year planning cycle. **March 2016 (KEY)**					
Key Milestones (16-17)	• Monitor and review all CE1 Measures in line with three year planning cycle **March 2017 (KEY)**					
Risk Assessment	**Initial**	Medium	**Responsible Officer**	Sport and Recreation	**Linked Indicator(s)**	CE LI 17
	Residual	Low				

Corporate Priority	**A Healthy Halton** **Environment and Regeneration in Halton** **Corporate Effectiveness & Efficient Service Delivery**
Key Area Of Focus	**AOF 1** – Improve the future health prospects of Halton residents, particularly children, through encouraging and providing opportunities to lead healthier and physically active lifestyles. **AOF 2** – Providing services and facilities to maintain and promote good public health and well-being. **AOF 19** – Conserve, manage and enhance public spaces for leisure and recreation and foster conservation by protecting key areas. **AOF 22** – Build on our customer focus by involving more service users in the design and delivery of services, and ensuring equal access for all users.

Service Objective:	**CE2 - Increase the community usage of the stadium and to maintain and improve the health of Halton residents**					
Key Milestone(s) (14-15)	• Identify areas for improvement in line with the Business Plan and Marketing Plan (this will drive the development of milestones for 2013/14). **January 2015 (KEY)**					
Key Milestone(s) (15-16)	• Identify areas for improvement in line with the Business Plan and Marketing Plan (this will drive the development of milestones for 2014/15). **January 2016 (KEY)**					
Key Milestone(s) (16-17)	• Identify areas for improvement in line with the Business Plan and Marketing Plan (this will drive the development of milestones for 2015/16). **January 2017 (KEY)**					
Risk Assessment	**Initial**	High	**Responsible Officer**	Operational Director Community & Environment	**Linked Indicator(s)**	CE LI 2, 3, 4
	Residual	Low				

Corporate Priority	**A Healthy Halton**
Key Area Of Focus	**AOF 1** – Improve the future health prospects of Halton residents, particularly children, through encouraging and providing opportunities to lead healthier and physically active lifestyles.

Service Objective:	**CE3 - Increase the number of Pupils having a school lunch, to raise awareness and increase levels of healthy eating.**					
Key Milestone(s) (14-15)	• Deliver a promotion and educational campaign (AOF 1) **September 2014** and **January 2015 (KEY)**					
Key Milestone(s) (15-16)	• Deliver a promotion and educational campaign (AOF 1) **September 2015** and **January 2016 (KEY)**					
Key Milestone(s) (16-17)	• Deliver a promotion and educational campaign (AOF 1) **September 2016** and **January 2017 (KEY)**					
Risk Assessment	**Initial**	Medium	**Responsible Officer**	Schools Catering Manager	**Linked Indicator(s)**	CE LI 1, 15, 8 ,9, 10, 11, 21, 22
	Residual	Medium				

Corporate Priority	**Employment, Learning & Skills, Children and Young People in Halton, Corporate Effectiveness & Efficient Service Delivery**
Key Area Of Focus	**AOF 6** – To develop a culture where learning is valued and skill levels throughout the adult population and across the local workforce can be raised. **AOF 7** – To promote and increase the employability of local people and tackle barriers to employment to get more people into work. **AOF 13** – To improve outcomes for children by increasing educational attainment, health, stability and support during transition to adulthood. **AOF 14** – To deliver effective services to children and families by making best use of available resources. **AOF 22** – Build on our customer focus by involving more services users in the design and delivery of services, and ensuring equal access for all users.

Service Objective:	**CE4 – Increase the use of libraries promoting reader development and lifelong learning, thereby encouraging literacy and skills and quality of life opportunities.**
Key Milestone(s) (14-15)	• Implement the new Library Strategy 2013-16 - **March 2015**. **(KEY)** • Deliver a programme of extended informal learning opportunities including support for digital inclusion meeting identified local targets - **March 2015**. **(KEY)**
Key Milestone(s) (15-16)	• Monitor and review all CE4 milestones in line with three-year planning cycle. **March 2016**. **(KEY)**
Key Milestone(s) (16-17)	• Monitor and review all CE4 milestones in line with three-year planning cycle. **March 2017**. **(KEY)**

Corporate Priority	**Environment and Regeneration in Halton**
Key Area Of Focus	

Service Objective:	***CE 5 - Continue to improve Parks, Sports Grounds, Open Spaces and Local Nature Reserves.***					
Key Milestone(s) (14-15)	• *Woodland Expansion - Additional 200m^2 of Woodland planted Borough wide -* ***March 2015***					
Key Milestone(s) (15-16)	• *Woodland Expansion - Additional 200m^2 of Woodland planted Borough wide -* ***March 2016****.*					
Key Milestone(s) (16-17)	• *Woodland Expansion - Additional 200m^2 of Woodland planted Borough wide -* ***March 2017****.*					
Risk Assessment	**Initial**	Medium	**Responsible Officer**	**Paul Wright**	**Linked Indicator(s)**	CE LI 13
	Residual	Low				

Corporate Priority	**Environment and Regeneration in Halton**
Key Area Of Focus	**AOF 20** – Improve environmental quality by minimising waste generation and maximising reuse, recycling, composting and energy recovery.

Service Objective:	**CE6 Implementation of actions to ensure the Council achieves its targets and objectives relating to waste and climate change.**					
Key Milestone(s) (14-15)	• *Complete the borough wide roll out of the Alternate Bin Collection service to all suitable properties - **September 2014**.* • *Continue to deliver communications and awareness raising initiatives to ensure that participation with the Council's recycling services is maximised and that residents comply with the requirements of the Council's Household Waste Collection policy. **March 2015**.*					
Key Milestone(s) (15-16)	• *Continue to deliver communications and awareness raising initiatives to ensure that participation with the Council's recycling services is maximised and that residents comply with the requirements of the Council's Household Waste Collection policy. **March 2016.***					
Key Milestone(s) (16-17)	• *Continue to deliver communications and awareness raising initiatives to ensure that participation with the Council's recycling services is maximised and that residents comply with the requirements of the Council's Household Waste Collection policy. **March 2017.*** • *Ensure that all necessary operational plans are in place in readiness for the commencement of the Merseyside and Halton Resource Recovery Contract. **September 2017**.*					
Risk Assessment	**Initial**	Medium	**Responsible Officer**	Divisional Manager Waste & Environment Services	**Linked Indicator(s)**	CE LI 14, 15, 16
	Residual	Low				

Corporate Priority	**Environment and Regeneration in Halton**
Key Area Of Focus	**AOF 20** – Improve environmental quality by tackling climate change, minimising waste generation and maximising reuse, recycling, composting and energy recovery.

Service Objective:	***CE7 - Undertake actions to maintain a clean, safe and attractive borough.***					
Key Milestone(s) (14-15)	• *Continue to review and assess the effectiveness of the Council's Environmental Enforcement Plans and Policies and maintain actions to ensure that the Council continues to effectively prevent and tackle a range of waste and environmental offences* - ***March 2015****.*					
Key Milestone(s) (15-16)	• *Continue to review and assess the effectiveness of the Council's Environmental Enforcement Plans and Policies and maintain actions to ensure that the Council continues to effectively prevent and tackle a range of waste and environmental offences* - ***March 2016****.*					
Key Milestone(s) (16-17)	• *Continue to review and assess the effectiveness of the Council's Environmental Enforcement Plans and Policies and maintain actions to ensure that the Council continues to effectively prevent and tackle a range of waste and environmental offences* - ***March 2017****.*					
Risk Assessment	**Initial**	N/A	**Responsible Officer**	Divisional Manager Waste & Environment Services	**Linked Indicator(s)**	N/A
	Residual	N/A				

Departmental Performance Indicators

Ref[1]	Description	Halton 12/13 Actual	Halton 13/14 Target	Halton 13/14 Actual	Halton Targets		
					14/15	15/16	16/17
Cost & Efficiency							
CE LI 1	No. of meals served versus hourly input of labour (Previously SH1).	9.90	9.90		10.00	10.00	10.00
Fair Access							
CE LI 4 (KEY)	Diversity – number of community groups accessing stadium facilities (Previously SH4).	24	12		15	15	15
CE LI 5	Number of catering staff achieving a formal qualification (previously SH5).	39	20		25	30	30

[1] Key Indicators are identified by an **underlined reference in bold type.**

Service Delivery

CE LI 6 (KEY)	Number of new members of the library service during the last 12 months	New Measure 7,632	8,395		9,234	10,158	11,174
CE LI 6a (KEY)	Number of physical and virtual visits to libraries (annual total)	New Measure 675,679	700.000		721,000	742,000	765,000
CE LI 7 (KEY)	% of adult population (16+) participating in sport each week (Previously NI8).	24.5%	24.0%		24.0%	24.0%	24.0%
CE LI 8 (KEY)	% Take up of free school meals to those who are eligible - Primary Schools (Previously SH LI 8a).	77.71%	82%		85%	87%	87%
CE LI 9 (KEY)	% Take up of free school meals to those who are eligible - Secondary Schools (Previously SH8b).	72.81%	72.50%		75.00%	77.50%	77.50%
CE LI 10	Take up of school lunches (%) – primary schools (Previously NI52a).	50.34%	52%		55%	57%	57%
CE LI 11	Take up of school lunches (%) – secondary schools (Previously NI52b).	53.74%	53%		55%	57%	57%
CE LI 13 (Formerly CE LI 14)	Residual household waste per household (Previously NI191).	633 Kgs	650 Kgs		650 Kgs	650 Kgs	650 Kgs

CE LI 14 (Formerly CE LI 15)	Household waste recycled and composted (Previously NI192).	37.30%	40%		40%	42%	44%
CE LI 15 (Formerly CE LI 16)	Municipal waste land filled (Previously NI193).	58.00%	60%		60%	58%	56%

Quality

CE LI 17 (Formerly CE LI 18)	Satisfaction with the standard of cleanliness and maintenance of parks and green spaces. (Previously EAR LI2).	95.9%	92%		92%	92%	92%
CE LI 19 (Formerly CE LI 20)	Improved Local Biodiversity – Active Management of Local Sites (NI 197).	52.3%	53%		54%	55%	56%
CE LI 20 (Formerly CE LI 21)	Food cost per primary school meal (pence) (Previously SH6a).	65p	75p		76p	77p	78p
CE LI 21 (Formerly CE LI 22)	Food cost per secondary school meal (pence) (Previously SH6b).	85p	94p		94p	95p	96p

Commissioning & Complex Care Services

Service Objectives/Milestones/Performance Indicators:

2014 – 2017

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Departmental Service Objectives

Corporate Priority:	**A Healthy Halton** **A Safer Halton** **Environment and Regeneration in Halton**
Key Area Of Focus:	**AOF 4** Providing services and facilities to maintain the independence and well-being of vulnerable people and those with complex care needs within our community. **AOF 9** To work together with the community to tackle crime, design and manage neighbourhoods and open spaces so that people feel safe and to respond effectively to public concerns. Through working together with our partners for example the police and fire service we want to tackle the underlying causes of crime in Halton and put in place measures to address offending behaviour, in particular that of repeat offenders who are responsible for a disproportionate number of offences in the Borough. We will give advice to residents on community safety issues, support victims of crime, provide accurate data and information on crime and ensure that we respond appropriately to incidents to help reassure residents. **AOF 11** Everyone is able to live in an environment free from abuse, and where abuse does occur support is given to individuals and their families and action is taken against perpetrators to prevent any re-occurrence. **AOF 18** Provide a high quality built environment that is sustainable, affordable and adaptable to meet the needs and aspirations of all sections of society.

Service Objective:	**CCC 1 –** Working in partnership with statutory and non-statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for people with Complex Care needs	**Responsible Officer**
Key Milestone(s) (14/15)	▪ Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder. **Mar 2015.** (AOF 4) **(KEY)**	*Operational Director (Commissioning & Complex Care)*
	▪ Continue to implement the Local Dementia Strategy, to ensure effective services are in place. **Mar 2015.** (AOF 4) **(KEY)**	Operational Director (Commissioning & Complex Care)

	▪ Continue to 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 2015** (AOF 4) **(KEY)**	Operational Director (Commissioning & Complex Care)
	▪ *Fully embed a behaviour solutions approach to develop quality services for adults who challenge services - models of good practice to continue to be developed. **Mar 2015.** (AOF 4)*	*Operational Director (Commissioning & Complex Care)*
	▪ Develop a new housing strategy, in accordance with Part 7 of the Local Government Act 2003, to continue meeting the housing needs of Halton. **Mar 2015**. (AOF 4, AOF 18) **(KEY)**	*Operational Director (Commissioning & Complex Care)*
	The Homelessness strategy be kept under annual review to determine if any changes or updates are required **March 2015.** (AOF 4, AOF 18) **(KEY)**	*Divisional Manager (Commissioning)*
	▪ *Continue to reconfigure homelessness services provided in Halton in line with the recommendations of the Homelessness Scrutiny Review. Mar 2015. (AOF 4, AOF, 18)*	*Divisional Manager (Commissioning)*
	▪ Conduct a review of Domestic Violence Services to ensure services continue to meet the needs of Halton residents. **Mar 2015** (AOF11) **(KEY)**	*Operational Director (Commissioning & Complex Care)*
	▪ *Ensure specialist support services for victims of a serious sexual offence continue to be fit for purpose. **Mar 2015.** (AOF11)*	*Operational Director (Commissioning & Complex Care)*
Key Milestone(s) (15/16)	▪ Monitor and review all CCC 1 milestones in line with three year planning cycle. **Mar 2016.**	Operational Director (Commissioning & Complex Care)

Key Milestone(s) (16/17)	▪ Monitor and review all CCC 1 milestones in line with three year planning cycle. **Mar 2017.**				Operational Director (Commissioning & Complex Care)
Risk Assessment	Initial	High	**Linked Indicators**	**To be confirmed** CCC1, CCC2, CCC3, CCC4, CCC5, CCC6, CCC7, CCC8, CCC9, CCC10, CCC11, CCC12, CCC13, CCC14, CCC21, CCC22, CCC23, CCC24, CCC25, CCC26, CCC27, CCC28, CCC29, CCC30, CCC31, CCC32, CCC33	
	Residual	Medium			

Corporate Priority:	**A Healthy Halton** **Environment and Regeneration in Halton** **Corporate Effectiveness & Efficient Service Delivery**
Key Area Of Focus:	**AOF 18** Provide a high quality built environment that is sustainable, affordable and adaptable to meet the needs and aspirations of all sections of society. **AOF 21** Engaging with partners and the community, to ensure that our priorities, objectives, and targets are shared, evidence based, regularly monitored and reviewed, and that there are plausible delivery plans to improve the quality of life in Halton, and help narrow the gap between the most disadvantaged neighbourhoods and the rest of Halton. **AOF 22** Build on our customer focus by involving more service users in the design and delivery of services, and ensuring equal access for all users.

Service Objective:	**CCC 2 -** Effectively consult and engage with people who have Complex Care needs to evaluate service delivery, highlight any areas for improvement and contribute towards the effective re-design of services where required	**Responsible Officer**
Key Milestone(s) (14/15)	▪ Ensure Healthwatch is established and consider working in partnership with other Councils to deliver this. **Mar 2015** (AOF 21) **(KEY)**	Operational Director (Commissioning & Complex Care)
Key Milestone(s) (15/16)	▪ Monitor and review all CCC 2 milestones in line with three year planning cycle. **Mar 2016.**	Operational Director (Commissioning & Complex Care)
Key Milestone(s) (16/17)	▪ Monitor and review all CCC 2 milestones in line with three year planning cycle. **Mar 2017.**	Operational Director (Commissioning & Complex Care)

Risk Assessment	Initial	Medium	**Linked Indicators**	CCC15, CCC16, CCC17, CCC18, CCC19, CCC20
	Residual	Low		

Corporate Priority:	**Corporate Effectiveness & Efficient Service Delivery**
Key Area Of Focus:	**AOF 21** Engaging with partners and the community, to ensure that our priorities, objectives, and targets are shared, evidence based, regularly monitored and reviewed, and that there are plausible delivery plans to improve the quality of life in Halton, and help narrow the gap between the most disadvantaged neighbourhoods and the rest of Halton. **AOF 24** Ensuring that we are properly structured, resourced and organised with informed and motivated staff with the right skills who are provided with opportunities for personal development. This ensures decision makers are supported through the provision of timely and accurate advice and information. **AOF 25** Manage financial resources effectively whilst maintaining transparency, prudence and accountability to our stakeholders. Enhance our procurement arrangements to further reduce the cost of acquiring goods and services.

Service Objective:	**CCC 3 -** Ensure that there are effective business processes and services in place to enable the Directorate to manage, procure and deliver high quality, value for money services that meet people's needs	**Responsible Officer**
Key Milestone(s) (14/15)	▪ Undertake on-going review and development of all commissioning strategies, aligning with Public Health and Clinical Commissioning Group, to enhance service delivery and continue cost effectiveness, and ensure appropriate governance controls are in place. **Mar 2015.** (AOF 21 & 25) **(KEY)**	*Divisional Manager (Commissioning)*
Key Milestone(s) (15/16)	▪ Monitor and review all CCC 3 milestones in line with three-year planning cycle. **Mar 2016.**	Operational Director (Commissioning & Complex Care)
Key Milestone(s) (16/17)	▪ Monitor and review all CCC 3 milestones in line with three-year planning cycle. **Mar 2017.**	Operational Director (Commissioning & Complex Care)

Risk Assessment	Initial	Medium	**Linked Indicators**	CCC1
	Residual	Low		

Departmental Performance Indicators

Ref[2]	Description	Halton 12/13 Actual	Halton 13/14 Target	Halton 13/14 Actual	Halton Targets		
					14/15	15/16	16/17
Service Delivery							
CCC 2	Adults with physical disabilities helped to live at home per 1,000 population (Previously CCC4 [12/13], CSS 6)	6.98	8.0		8.0	8.0	8.0
CCC 3	Adults with learning disabilities helped to live at home per 1,000 population (Previously CCC5 [12/13], CSS 7)	3.61	4.30		4.0	4.0	4.0
CCC 4	Adults with mental health problems helped to live at home per 1,000 population (Previously CCC6 [12/13], CSS 8, previously AWA LI13)	3.23	3.97		3.5	3.5	3.5

[2] Key Indicators are identified by an **underlined reference in bold type.**

Ref[3]	Description	Halton 12/13 Actual	Halton 13/14 Target	Halton 13/14 Actual	Halton Targets		
					14/15	15/16	16/17
Service Delivery							
CCC 6	The proportion of households accepted as statutorily homeless who were accepted as statutorily homeless by the same LA within the last 2 years (Previously CCC8 [12/13], CCC9, PCS 12)	0	1.2		1.2	1.2	1.2
CCC 7	Number of households living in Temporary Accommodation (Previously CCC9 [12/13], CCC10, NI 156)	6	12		12	11	10
CCC 8	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 CCC10 [12/13], CCC11, PCS 11)	5.42	4.4		5	5.5	6
CCC 9	Carers receiving Assessment or Review and a specific Carer's Service, or advice and information (Previously CCC8 [12/13], CCC14, NI 135)	18.87	25		25	25	25

[3] Key Indicators are identified by an **underlined reference in bold type.**

Ref[4]	Description	Halton 12/13 Actual	Halton 13/14 Target	Halton 13/14 Actual	Halton Targets		
					14/15	15/16	16/17
Fair Access							
CCC 11	Number of learning disabled people helped into voluntary work in the year (Previously CCC13 [12/13], CCC 19, CSS 2)	60	100		100	100	100
CCC 12	Number of physically disabled people helped into voluntary work in the year (Previously CCC14 [12/13], CCC 20, CSS 3)	5	10		10	10	10
CCC 13	Number of adults with mental health problems helped into voluntary work in the year (Previously CCC16 [12/13], CCC 21, CSS 4)	28	25		25	25	25
CCC 14	Proportion of Adults in contact with secondary mental health services in paid employment (ASCOF 1F, Previously CCC17 [12/13], CCC 40)	13.1	13		13	13	13
CCC 15	Proportion of Adults with Learning Disabilities in paid employment (ASCOF 1E) (previously PA30 [12/13], NI 146) **(NEW)**	6.7	7.5		7.5	7.5	7.5

[4] Key Indicators are identified by an **underlined reference in bold type.**

Ref[5]	Description	Halton 12/13 Actual	Halton 13/14 Target	Halton 13/14 Actual	Halton Targets		
					14/15	15/16	16/17
Quality							
CCC 16	Social Care-related Quality of life (ASCOF 1A, Previously CCC18 [12/13],CCC 38). (this figure is based on combined responses of several questions to give an average value. A higher value shows good performance)	19.1	20		20	20	20
CCC 17	The Proportion of people who use services who have control over their daily life (ASCOF 1B, Previously CCC19 [12/13], CCC 39)	79.4%	80%		80%	80%	80%
CCC 18	Carer reported Quality of Life (ASCOF 1D, (this figure is based on combined responses of several questions to give an average value. A higher value shows good performance)	8.2	N/A	N/A	8.5	9.0	9.0
CCC 19	Overall satisfaction of carers with social services (ASCOF 3B, Previously CCC21 [12/13])	46.4	N/A	N/A	47	50	50
CCC 20	The proportion of carers who report that they have been included or consulted in discussions about the person they care for (ASCOF 3C, Previously CCC19 [12/13])	76.7	N/A	N/A	77	80	80
CCC 21	Overall satisfaction of people who use services with their care and support (ASCOF 3A, Previously CCC23 [12/13])	65.4	68		70%	70%	70%

[5] Key Indicators are identified by an **underlined reference in bold type.**

Ref[6]	Description	Halton 12/13 Actual	Halton 13/14 Target	Halton 13/14 Actual	Halton Targets		
					14/15	15/16	16/17
Area Partner Indicators (Included in the Sustainable Community Strategy)							
CCC 22 SCS SH6	Reduce repeat incidents of domestic abuse within the MARAC Cohort	36%	27		27	27	To be Agreed
CCC 23 SCS SH7a	Increase the percentage of successful completions (drugs) as a proportion of all treatment (over 18)	19%	Above NW Average		Above NW Average	Above NW Average	To be Agreed
CCC 24 SCS SH8a	Reduce the number of individuals re-presenting within 6 months of discharge	7.1%	Above NW Average		Above NW Average	Above NW Average	To be Agreed

[6] Key Indicators are identified by an **underlined reference in bold type.**

Prevention & Assessment Services

Service Objectives/Milestones/Performance Indicators:

2014 – 2017

DRAFT

Departmental Service Objectives

Corporate Priority:	**A Healthy Halton** **A Safer Halton** **Corporate Effectiveness & Efficient Service Delivery**
Key Area Of Focus:	**AOF 2** Providing services and facilities to maintain and promote good public health and well-being. **AOF 3** Working with service users to provide services focussed around intervention and prevention and where this is not possible, helping people to manage the effects of long term conditions. **AOF 4** Providing services and facilities to maintain the independence and well-being of vulnerable people and those with complex care needs within our community. **AOF 10** To improve the outcomes of vulnerable adults and children, so they feel safe and protected and when abuse does occur there are local procedures and processes in place to ensure that the abuse is reported and appropriate action taken against perpetrators and to support victims. **AOF 21** Engaging with partners and the community, to ensure that our priorities, objectives, and targets are shared, evidence based, regularly monitored and reviewed, and that there are plausible delivery plans to improve the quality of life in Halton, and help narrow the gap between the most disadvantaged neighbourhoods and the rest of Halton.

Service Objective: PA 1	Working in partnership with statutory and non-statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for vulnerable people	**Responsible Officer**
Key Milestone(s) (14/15)	▪ Fully implement and monitor the effectiveness of the complex care pooled budget (**AOF 21 & 25**) **March 2015 (NEW) (KEY)**	Operational Director (Prevention & Assessment)
	▪ *Continue the integrated provision of frontline services including multidisciplinary teams, care homes, safeguarding services and Urgent Care* ***Mar 2015.*** *(AOF 2, 4, & 21).* ***(NEW)***	Divisional Manager (Urgent Care)
	▪ *Develop a Care Management Strategy to reflect the provision of integrated frontline services for adults* ***March 2015 (NEW)***	Operational Director (Prevention & Assessment)

	▪ Work within adult social care to focus on preventative service to meet the needs of the population **(NEW) (KEY)**	Divisional Manager (Care Management)
	▪ *Develop an integrated approach to the delivery of Health and Wellbeing across Halton* ***March 2015*** ***(NEW)***	Operational Director (Prevention & Assessment)
Key Milestone(s) (15/16)	▪ Monitor and review all PA 1 milestones in line with three year planning cycle. **Mar 2016.**	Operational Director (Prevention & Assessment)
Key Milestone(s) (16/17)	▪ Monitor and review all PA 1 milestones in line with three year planning cycle. **Mar 2017.**	Operational Director (Prevention & Assessment)

Risk Assessment	Initial	Medium	**Linked Indicators**	PA1, PA2, PA3, PA4, PA5, PA6, PA7, PA8, PA9, PA10, PA11, PA12, PA13, PA14, PA15, PA16, PA17, PA19, PA20, PA21, PA22, PA23, PA24
	Residual	Medium		

Corporate Priority:	**A Healthy Halton** **A Safer Halton** **Corporate Effectiveness & Efficient Service Delivery**
Key Area Of Focus:	**AOF 2** Providing services and facilities to maintain and promote good public health and well-being. **AOF 3** Working with service users to provide services focussed around intervention and prevention and where this is not possible, helping people to manage the effects of long term conditions. **AOF 4** Providing services and facilities to maintain the independence and well-being of vulnerable people and those with complex care needs within our community. **AOF 10** To improve the outcomes of vulnerable adults and children, so they feel safe and protected and when abuse does occur there are local procedures and processes in place to ensure that the abuse is reported and appropriate action taken against perpetrators and to support victims. **AOF 21** Engaging with partners and the community, to ensure that our priorities, objectives, and targets are shared, evidence based, regularly monitored and reviewed, and that there are plausible delivery plans to improve the quality of life in Halton, and help narrow the gap between the most disadvantaged neighbourhoods and the rest of Halton.

Service Objective: PA 2	Continue to effectively monitor the quality of services that are commissioned and provided in the borough for adult social care service users and their carers.	**Responsible Officer**
	▪ *Continue to establish effective arrangements across the whole of adult social care to deliver personalised quality services through self-directed support and personal budgets.* ***Mar 2015*** *(AOF 2, AOF 3 & AOF 4)*	Divisional Manager (Care Management)
	▪ Continue to review the quality of commissioned services and continue to develop the role of the integrated safeguarding unit **(NEW) (KEY)**	Divisional Manager (Independent Living)
Key Milestone(s) (15/16)	▪ Monitor and review all PA 2 milestones in line with three year planning cycle. **Mar 2016.**	Operational Director (Prevention & Assessment)

Key Milestone(s) (16/17)	▪ Monitor and review all PA 2 milestones in line with three year planning cycle. **Mar 2017.**				Operational Director (Prevention & Assessment)
Risk Assessment	Initial	Medium	**Linked Indicators**	PA1, PA2, PA3, PA4, PA5, PA6, PA7, PA8, PA9, PA10, PA11, PA12, PA13, PA14, PA15, PA16, PA17, PA19, PA20, PA21, PA22, PA23, PA24	
	Residual	Medium			

Departmental Performance Indicators

Ref[7]	Description	Halton 12/13 Actual	Halton 13/14 Target	Halton 13/14 Actual	Halton Targets		
					14/15	15/16	16/17
Cost and Efficiency							
Service Delivery							
PA 2 (KEY)	Numbers of people receiving Intermediate Care per 1,000 population (65+) (Previously PA1 [12/13], EN 1)	84.35	99		90	90	90
PA 3 (KEY) (SCS SH5)	Percentage of VAA Assessments completed within 28 days (Previously PCS15) (Previously PA5 [12/13], PA8 [11/12])	86.73%	82%		82%	82%	82%
PA 4	Percentage of VAA initial assessments commencing within 48 hours of referral (Previously PA6 [12/13], PCS16, PA 9 [11/12])	77.76%	65%		75%	75%	75%
PA 5	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G, previously PA7 [12/13], PA 37 [11/12])	82.7%	79%		79%	79%	79%

[7] Key Indicators are identified by an **underlined reference in bold type.**

Ref[8]	Description	Halton 12/13 Actual	Halton 13/14 Target	Halton 13/14 Actual	Halton Targets		
					14/15	15/16	16/17
Service Delivery							
PA 6	Percentage of existing HBC Adult Social Care staff that have received Adult Safeguarding Training, including e-learning, in the last 3-years (Previously PA8 [12/13]**)**	52%	48%		50%	52%	54%
PA 7 (KEY)	% of items of equipment and adaptations delivered within 7 working days (Previously PA11 [12/13], PA14 [11/12], CCS 5)	94%	97%		97%	97%	97%
PA 8	Clients receiving a review as a percentage of adult clients receiving a service (Previously PA12 [12/13], PCS 6)	82.87%	80%		80%	80%	80%
PA 9	Percentage of people receiving a statement of their needs and how they will be met (Previously PA 13 [12/13], PA 15, PCS 5, PAF D39)	96.53%	99%		97%	98%	99%
PA 10	Proportion of People using Social Care who receive self-directed support and those receiving Direct Payments (ASCOF 1C, Previously PA 14 [12/13], NI 130, PA 29)	75.6%	78%		78%	78%	78%
PA 11	Permanent Admissions to residential and nursing care homes per 100,000 population 18-64	11.4	15.2		15.2	15.2	15.5
PA 12	Permanent Admissions to residential and nursing care homes per 100,000 population 65+	439.67	589.87		816.2	816.2	816.2

[8] Key Indicators are identified by an **underlined reference in bold type.**

PA 13	Delayed transfers of care from hospital, and those which are attributable to adult social care per 100,000 population (ASCOF 2C, Previously PA16 [12/13])	0.60	To be set		12.28	12.28	12.28

Ref[9]	Description	Halton 12/13 Actual	Halton 13/14 Target	Halton 13/14 Actual	Halton Targets		
					14/15	15/16	16/17
Service Delivery							
PA 13 (SCS HH10)	Proportion of Older People Supported to live at Home through provision of a social care package as a % of Older People population for Halton (Previously PA17 [12/13])	14.2%	15%		15%	15%	15%
Quality							
PA 14	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 PA20 [12/13], NI 125, PA 32)	67.7%	70%		68%	70%	70%
PA 15	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 PA21 [12/13], PA 34)	76.7%	65%		75%	76%	76%
PA 16	The Proportion of People who use services who feel safe – Adult Social Care Survey (ASCOF 4A, Previously PA22 [12/13], PA 35)	63.8%	64%		64%	65%	65%

[9] Key Indicators are identified by an **underlined reference in bold type.**

PA 17	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 PA23 [12/13, PA 36)	68.0%	68%		68%	68%	68%

Ref[10]	Description	Halton 12/13 Actual	Halton 13/14 Target	Halton 13/14 Actual	Halton Targets		
					14/15	15/16	16/17
Quality							
PA 22 (AQuA 2)[11]	Non-elective bed days aged 65+ per head of 1000 population 65+	2972	2800		2700	2500	2300
PA 23 (AQuA 3)	Non-elective re-admissions rate within 28 days aged 65 and over	18%	17%		16	14	10
PA 24 (AQuA 4)	Non-elective re-admissions rate within 90 days aged 65 and over	29.6%	29%		27	25	20

[10] Key Indicators are identified by an **underlined reference in bold type.**

APPENDIX 2

NATIONAL POLICY GUIDANCE/DRIVERS

Local Government		
Comprehensive Spending Review		With the continued Coalition Government's Comprehensive Spending Review, the Council has on-going budgetary pressures and each Directorate will need to ensure that they effectively contribute to the Authority's response to dealing with the current economic climate.
Health & Social Care Act 2012		It is the most extensive reorganisation of the structure of the National Health Service in England to date. It proposes to abolish NHS primary care trusts (PCTs) and Strategic Health Authorities (SHAs). Thereafter, £60 to £80 billion of "commissioning", or health care funds, would be transferred from the abolished PCTs to several hundred clinical commissioning groups, partly run by the general practitioners (GPs) in England. A new public body, **Public Health England**, is planned to be established on 1 April 2013.
Caring for our Future White Paper 2012		This is the most comprehensive overhaul since of the care and support system since, to make it clearer and fairer. The new system will focus on people's wellbeing, supporting them to live independently for as long as possible. Care and support will be centred on people's needs, giving them better care and more control over the care they receive. We will also provide better support for carers. The 'Caring for our future' White Paper sets out our vision for the reformed care and support system.
Care Bill 2013		A Bill to reform the law relating to care and support for adults and the law relating to support for carers, to make provision about safeguarding adults from abuse or neglect, to make provision about care standards, to establish and make provision about Health Education England, to establish and make provision about the Health Research Authority, and for connected purposes.
Localism Act 2011		The Localism Act takes power from central government and hands it back to local authorities and communities - giving them the freedom and flexibility to achieve their own ambitions. The Localism Act includes five key measures that underpin the Government's approach to decentralisation: Community rights; Neighbourhood planning; Housing; General power of competence; and Empowering cities and other local areas.
Care Quality Commission (CQC)		The Care Quality Commission will regulate and improve the quality of health and social care and look after the interests of people detained under the Mental Health Act.
National Autism Strategy		Autism is a lifelong developmental disability and although some people can live relatively independently, others will have high dependency needs requiring a lifetime of specialist care. The strategy sets a clear framework for all mainstream services across the public sector to work together for adults with autism.
National Healthy Eating Agenda		The national healthy eating agenda and guidelines outline the need to have a school meal service that meets all national requirements around provision and healthy eating.
Valuing People Now		The Government is committed to improving the life chances of people with learning disabilities and the support provided to their

		families. Government policy is that people with learning disabilities should lead their lives like any other person, with the same opportunities and responsibilities, and be treated with the same dignity and respect. This means inclusion, particularly for those who are most often excluded, empowering those who receive services to make decisions and shape their own lives.
Healthy Lives, Healthy People – update and way forward		This policy statement reaffirms the Government's bold vision for a new public health system. It sets out the progress that has been made in developing the vision for public health, and a timeline for completing the operational design of this work through a series of Public Health System Reform updates (July 2011).
Transforming Social Care		Is the first formal guidance outlining actions that local authorities are required to undertake in order to implement the 'personalisation agenda'. The guidance states that 'in the future, all individuals eligible for publicly funded adult social care will have a personal budget, a clear, upfront allocation of funding to enable them to make informed choices about how best to meet their needs, including their broader health and wellbeing'.
Putting People First		A shared vision and commitment to the transformation of adult social care outlines the aims and values which will guide the development of a new, high quality care system which is fair, accessible and responsive to people's individual needs.
Adult Social Care and Health Outcomes Framework		Transparency in Outcomes: a framework for quality in adult social care and health is a set of outcome measures, which have been agreed to be of value both nationally and locally for demonstrating the achievements of adult social care and health.
Welfare Reform Act 2012		The Act legislates for the biggest change to the welfare system for over 60 years. It introduces a wide range of reforms that will deliver the commitment made in the Coalition Agreement and the Queen's Speech to make the benefits and tax credits systems fairer and simpler by: creating the right incentives to get more people into work; protecting the most vulnerable in our society; delivering fairness to those claiming benefit and to the taxpayer.
Fair Access to Care Services 2010		Prioritising need in the context of Putting People First: A Whole System approach to eligibility of social care. The aim of this guidance is to assist councils with adult social services responsibilities (CASSRs) to determine eligibility for adult social care, in a way that is fair, transparent and consistent, accounting for the needs of their local community as a whole as well as individuals' need for support.
DfT Blue Badge Scheme LA Guidance 2012		This guidance provides local authorities with good practice advice on administering and enforcing the Blue Badge scheme. It replaces the previous guidance issued in 2008. This guidance was informed by an extensive independent programme of work undertaken on behalf of the DfT by Integrated Transport Planning Ltd (ITP) and the TAS Partnership Ltd (TAS). The final report of this work, referred to in the guidance as the 'independent review' has now been published.
Sport England Strategy 2012		The 2012-17 Youth and Community Strategy for Sport England was launched in January 2012. It describes how they will invest over £1billion of National Lottery and Exchequer funding over five years into four main areas of work: National Governing Body Funding; Facilities; Local Investment; and The School Games.
National Governing Bodies (Sport)		National Governing Bodies of sport provide a major role in getting people to start, stay and succeed in sport. Sport England remains

		committed to providing support and guidance to governing bodies to ensure the development of individual sports. A number of National Governing Bodies have produced facility development strategies.
Department for Communities & Local Government – National Planning Policy Framework March 2012		The most relevant for sports purposes is Planning for Open Space, Sport and Recreation, which requires the Council to demonstrate that it has sufficient open space, including sports facilities, by undertaking an Open Space Audit.
Government Review of Waste Policy in England 2011		The findings of the Government's Review of Waste Policy, published in June 2011, will continue to influence the delivery of the Council's waste management services.

REPORT TO: Health Policy and Performance Board

DATE: 4 March 2013

REPORTING OFFICER: Strategic Director - Communities

PORTFOLIO: Health and Wellbeing

SUBJECT: Sector Led Improvement Local Authority Analysis

WARD(S): Borough wide

1.0 **PURPOSE OF REPORT**

1.1 To present the Board with the Sector Led Improvement Report Local Authority Analysis undertaken across the North West region.

2.0 **RECOMMENDATION: That the report and associated appendices be noted**.

3.0 **SUPPORTING INFORMATION**

3.1 Background

A desktop review of various information sources that are included in the Sector Led Improvement Trigger Dashboard was undertaken by Dave Burnham. The Sector Led Improvement Trigger Dashboard was created by the North West ADASS Sector Led Improvement Sector Led Improvement Steering Group. The desktop review was completed for each of the 23 local authorities in the North West.

The report produced as a result of this review identified any specific risks to Halton and then identified general risks across the region. In regards to any risks identified, possible actions to be undertaken and types of support available have been suggested. Any risks or challenges identified for the authority as a result of this review, would then be included in an action plan for the authority to identify how they plan to address the risks/challenges identified.

3.2

Risk Analysis

In regards to the 23 local authorities across the North West region, no evidence was found to indicate that any local authority is at risk of imminent failure. It has also been noted that all authorities will face some element of financial risk in future years.

In Halton's Local Authority report, no risks were identified. (Appendix 1) Areas of good practice were noted which include a good service balance with low reliance on residential care. Halton were found to have made good progress on personalisation and has a comprehensive approach to early response for service users.

3.3

Challenges

Although no risks were identified for Halton, there are some challenges the authority

may face in the future. These challenges include capacity issues, where the ability to continue and sustain the current levels of performance may be difficult. The hospitals which serve the borough are both "fragile". It was also highlighted that Halton has an ageing workforce, where the age range of staff is largely between 35-60 years.

3.4 Support Available

In order to address any risks or challenges identified in each local authority, a menu of support is available for authorities to access. This menu of support includes:

- Good practice case examples
- Action learning
- Buddy support
- Peer Challenge Process
- Shadowing/Coaching
- Bespoke training
- Annual Sector Led Improvement Conference

3.5 Action Plan (Appendix 2)

Although no risks were identified for Halton, certain challenges that may be faced in the future were highlighted. These challenges have been included in an action plan for Halton and how these challenges will be addressed.

The first challenge identified was Recruitment and Retention. This was identified as a challenge due to high numbers of managers in the authority being aged 55 and over. There is also a high proportion of the workforce aged over 40. In order to address this challenge, Halton has completed a draft Workforce Strategy.

The second challenge identified was Financial Concerns. This was identified as a challenge because the proportion of spend between older people and learning disabilities did not follow the North West average. This will be addressed by on-going work being undertaken to reduce unit costs and rebalance the spend appropriately for all user groups.

4.0 POLICY IMPLICATIONS

4.1 None identified.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 None identified.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

None identified.

6.2 Employment, Learning & Skills in Halton

None identified.

6.3 **A Healthy Halton**

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

6.4 **A Safer Halton**

None identified.

6.5 **Halton's Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 Through the appropriate actions taken to address the challenges identified through the report, the risk of receiving a poor judgement in the future should be greatly reduced.

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**

9.1 None under the meaning of the act.

North West ADASS Annual Risk Review 2012/2013 (left hand column refers to the 'Trigger' intelligence and the middle column refers to the ease of access to the relevant material, 'OK' denoting easy access, '?' denoting some difficulty).		
Individual Analysis of 'Trigger Dashboard' Intelligence for **Halton**		
Trigger	***Access***	***Commentary***
Local Account (10/11, 19pp and 12/13 22pp)	OK	2011 Nicely presented for citizens. But at the beginning the language used ('FACS' 'Personalisation' 'safeguarding adults' 'Client B', 'Client C' in examples given) is sometimes exclusive. But it is only the opening section which is so clunky. The document overall is citizen oriented, clear and covers the ground. Brief and readable, a cross between an annual report and an adult social care brochure. Broad approach including housing and domestic violence and a specific section about the support available from councillors. No chronological comparisons, very little data, overwhelmingly positive. No comment from the LINk. (Citizen Focus OK, Presentation OKish, Content OK, Plausibility questionable) 12/13 Draft. The structure here is an explanatory one, whose text starts at universal needs and progresses through to more complex needs and response, commenting on how small a proportion of the population need such complex services. There is early mention of the close relationship between ASC priorities and the Health and Wellbeing Board Priorities. Focus on social work team structure now including a comprehensive, early response, signposting and assessment team and a 'care and support for you' web based signposting and information site, Information Officers associated with 'Sure Start to Later Life' self care initiative, part of whose offer includes arranging day trips for people who might otherwise not get out (outside the formal community care system). Interweaved through the text is commentary on welfare reforms and implications (Blue Badges for instance) as well as a focus on housing, homelessness and 'mortgage rescue', as well as extra care housing. ('Client A' is still used in some cases studies rather than names). Day support and employment (including a service user run chicken farm) is explained, followed section by section by the responses to more complex needs. There is a feedback section, which explains the role of Healthwatch, mentions surveys undertaken and seeks feedback on the draft, inviting challenge. This is not a report about what Halton has done in the past, with data, comparisons, achievements and future priorities. It is an explanation and invitation to local people, looking forward. Its constituency is much broader than adult social care users and their carers, but anyone likely to need a little help, or concerned about someone they love. I liked it – it is right on target for the prevention and wellbeing agendas.

		(One concern was the spend ratio for different service user groups. Spend reported for 12/13 on Older People was 45% and for people with a Learning Disability was 32%, suggesting that the trend towards spend on Learning Disability away from Older People in Halton is greater than elsewhere. [National proportions for 11/12 were OP 52%, LD 30%. Proportionate spend on Mental Health and Physical Disability in Halton was in line with national trends and not changing much]). Citizen Focus OK, Presentation OK, Content OK, Plausibility OK
Safeguarding Report (11/12, 32pp)	OK	800 referrals in 2011, 1087 referrals in 2011/2012. At 32 pages it contains all the background legislation and guidance, Terms of Reference, lots of contacts, the work plan, commentary from all the partners, all the commitments from all the partners. It is comprehensive, although much too long to grab public attention. Unusually the DASS is the chair of the Board. The report mentions the establishment of an integrated adults safeguarding unit with staff resources operating on a hub and spoke model. The priorities are clear and the activity of each partner clearly outlined. St Helens and Knowsley Teaching Hospitals NHS Trust has appointed a Head of Safeguarding and Public protection, a Practitioner's Network has been established and the Board owns work on hate crime and domestic violence. A good deal is made in collating data and learning from people's experiences, but there is little evidence of the impact of the activity. There is some brief, but useful, analysis which identifies who is most vulnerable (older people, women, people in their own homes) in line with national picture.
Comment from DASS (Dwayne Johnson)	OK	QIPP: DJ had 'no real concerns' although readmission to hospital associated with reablement/intermediate care was higher than he would like. In the recent past issues had included pressure on the hospital system, care pathways and inward investment by the PCT. But they had agreed an urgent care strategy, having levered in some extra resource from the CCG, and DJ was confident now they had a handle on it. Partnerships with NHS colleagues were 'very good'.
		Significant Recent Political Change: None, the administration is Labour, has always been Labour.
		Public Health Integration: This went really well, despite complications arising from Halton and St Helens sharing Public Health in the past. The DPH had initially been accountable to the DASS but is now accountable to the Strategic Director of Corporate Services. Health Improvement service sits in ASC under operations head.
		Good Practice: • consistent and sustained performance against ASCOF measures (for 12/13), • the Challenging Behaviour Service, which was now used by three other councils, • the proportion of people having person centred support (75%). • the closure of traditional day services.

		Concerns include: • Capacity – the ability to continue and sustain the performance they have achieved. The eligibility level has not changed but of course that might happen. • Both hospitals are 'fragile' • Halton has an ageing workforce, and while all those who could retire have done so, the age range of staff is largely between 35 and 60.
Performance Reports	OK	ASCOF Measures: Concerns: • 2B low proportion of people discharged from hospital to a rehabilitation service still at home after 91 days (effectiveness of service) • 1H low proportion of adults with a Mental Health problem who live independently. Good Practice: • 2A part2 low permanent admissions to residential care 65+
		NW ADASS Measures Concerns: Comments: Good Practice: • NW2 high numbers of people receiving self directed support as a proportion of people who would benefit from it. • NW3 high number of carers receiving a carer specific service. • NW5 high proportion of people in receipt of a community based service.
		Locality Scorecard Measures (AQuA) Concerns: Good Practice: • AQuA 7 low number of permanent admissions 65+ per 100,000 population • AQuA 8 low proportion of Local Authority spend on 65+ residential care
Financial Concerns and Financial Measures	OK	Very high residential fees, but this is recognised and these are being brought down. High average cost of residential care for people with a Learning Disability. Significantly lower average costs for people with Direct Payments than average weekly home care costs – as with some Local Authorities which record high numbers of Direct Payments. 'Moderate' FACS level.
Annual Audit letter (11/12)	OK	UQ financial statements, UQ VFM

Recruitment/retention issues SSD 001	OK	NMDS; high number of managers over 55 (44%) and high proportion of staff over 40.
		SSD001: not available.
Intelligence via LGA	OK	No Comment
User Satisfaction, complaints, judicial reviews	OK	User Satisfaction: good, reliable ASCOF survey responses. Clear invitation in 'Local Account' for local people and Healthwatch to Challenge.
		Complaints: (11/12, 7pp) 73 complaints recorded. Called 'Customer Care Report'
		Ombudsman: Ombudsman; 'no issues', but 4 first investigations elicited an average response time of 46.5 days – one of the highest regionally.
NW Personalisation Report and TLAP Markers of Progress	OK	POET Survey area 2013 Not signed up for Making it Real
Relationships with partners		
Disengagement with Networks	OK	Limited engagement with regional member network. Otherwise good engagement reported.

Concerns	***Good Practice***
• High age profile of staff. • Proportionate spend on LD in 10/11 appears to have been 27%. In 12/13 it was 32% with a concomitant reduction in spend on Older People and includes high residential costs for people with Learning Disability. The apparent rise could be for a number of reasons. Is it sustainable? Is it a concern?	• Halton has the lowest number of people living in residential and nursing accommodation in the North West and for 12/13 the lowest admission rate for older people. • Successful Challenging Behaviour service. • High numbers of people receiving self directed support. • Good response to carers needs. • Sophisticated and integrated seeming approach to first response, universal supports, signposting and prevention.

Overall Observations Halton seems to have a good balance of service responses, reducing reliance on residential care and increasing the numbers of people with self directed services, part of a more inclusive Personalisation thrust. Notable too was the strongly emerging first response, signposting, prevention strategy, linked with the Health and Wellbeing Board priorities and a restructured social work team set up. Concerns around such as the 'fragility' of hospitals and financial pressures need constant attention but such concerns are hardly confined to Halton. Specific challenges locally which struck me were the ageing workforce and considerable rise in the proportionate spend on services for people with a Learning Disability, in the face of a

continuing decline in the proportionate spend on Older People.

directors of adass adult social services North West Region

Sector Led Improvement

Towards Excellence in Adult Social Services

Key:-

☺ Action completed on or ahead of target

😐 Action completed within 1 month behind target

☹ Action 1 month or more behind target

Risk Review Action Plan

directors of adass adult social services North West Region

Ref	Action (linked to risk review)	Anticipated benefits	Action Owner	Lead responsibility Other Partners and agencies involved	Time Scale	Progress Smiley Faces	Notes
1	*Recruitment and Retention*						
1.1	High number of managers over 55 (44%) and high proportion of staff over 40.	*Succession planning* *Workforce strategy*	*Paul McWade*	*HBC*	*April 2015*	☺ *Draft Strategy completed*	

Ref	Action (linked to risk review)	Anticipated benefits	Action Owner	Lead responsibility Other Partners and agencies involved	Time Scale	Progress Smiley Faces	Notes
1	Financial Concerns and Financial Measures						
1.1	Proportionate spend on LD in 10/11 appears to have been 27%. In 12/13 it was 32% with a concomitant reduction in spend on Older People and includes high residential costs for people with Learning Disability. The apparent rise could be for a number of reasons. Is it sustainable? Is it a concern?	*Reduction in unit costs for residential placements for people with a learning disability* *Balanced approach to cost/spend across all user gr*	*Sue Wallace-Bonner* *Sue Wallace-Bonner*	*HBC/CCG* *HBC*	*April 2015* *April 2015*	☺ *Work on going to reduce unit costs and rebalance spend appropriately for all user groups*	

Risk Review Action Plan

directors of adass
adult social services
North West Region

REPORT TO: Health Policy & Performance Board

DATE: 4 March 2014

REPORTING OFFICER: Strategic Director, Communities

PORTFOLIO: Health & Wellbeing

SUBJECT: Social Care Bill

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To note the proposed changes to the Council's Adult Social Care responsibilities arising from the Care Bill and agree on an outline approach to managing anticipated changes, opportunities and risks associated with the implementation of the Care Bill.

2.0 RECOMMENDATION

That Members of the Health Policy & Performance Board:

i) note the contents of the report;

ii) receive further updates as the Bill progresses through Parliament.

3.0 SUPPORTING INFORMATION

3.1 The Care Bill outlines the most significant change in Adult Social Care in decades with changes to underpinning legislation, eligibility criteria, funding, changes to the status of Adult Safeguarding and a host of other associated areas which are likely to impact across all Council Portfolios.

3.2 New requirements, duties and responsibilities will be implemented from April 2015 with full implementation planned for April 2016.

3.3 The Care Bill currently going through Parliament aims to establish a new legal framework for Adult Social Care, putting the wellbeing of individuals at the heart of care and support service. The Government believes that the Bill marks the biggest transformation to care and support law in over 60 years. It is intended to replace over a dozen separate pieces of legislation relating to Adult Social Care with a single modern law. It aims to put people more in control of their own lives and to reform the funding of care and support to ensure that: -

- Everyone receives the care they need and that more support goes to those in the greatest need.

- The unfairness and fear caused by unlimited care costs is ended.

- People are protected from having to sell their home in 'their lifetime' to pay for care.

3.4 Whilst a number of features of the proposed legislation are subject to consultation and provision of greater detail, the breadth and complexity of the associated issues and the proposed timescales for implementation indicate that the Council needs to begin to carefully consider the financial and other implications, opportunities and associated risks and begin to prepare to manage these in the context of reductions in funding for local Government services and a raft of other social care initiatives. Key elements of the Care Bill can be broken down into separate but related key areas with varying implications for the Council. Changes for each area are outlined below. A brief initial audit of the Council's position and key issues is attached in Appendix 1.

3.4.1 **Prevention, information and market shaping**

The Care Bill describes the responsibilities which Local Authorities will have for all local people who live in their area. In summary, people will need to:

- Receive services that prevent their care needs from becoming more serious.
- Get information they need to make good decisions about care and support.
- Have a good range of providers to choose from.

Legislation will make it clear that Local Authorities **must** arrange services that help prevent or delay people deteriorating and provide comprehensive information and advice about care and support in their local areas.

The Bill clearly states that Local Authorities must provide information on: -

- What types of care and support are available.
- The range of care and support services available to local people.
- What process local people need to use to get care and support.
- Where people can find independent financial advice about care and support.
- How people can raise concerns about the safety and wellbeing of someone who has care and support needs.

Further the Bill requires Local Authorities to support a market for Adult Social Care that delivers a wide range of care and support services that will be available to their local communities.

The Government indicates that it will support Local Authorities to influence the development of various services through "market shaping".

3.4.2 **Entitlement to Public Care and Support**

The Care Bill aims to clarify when people will be provided with care and support. The aim is to ensure that the law focuses on the needs of people rather than what is seen as the present legislative focus on providing particular services. A key aim is to ensure that the individual person is always at the centre of everything.

Another aim is to ensure that there is one route for determining entitlement which works for all groups of people in all circumstances. The Care Bill aims to create a single consistent route to establishing an entitlement to public care and support for adults with needs for care and support. It also creates the first ever entitlement for support to carers on a similar basis**.** (see section 3.4.8)

The Care Bill aims to be clear about the steps which must be allowed to follow to work out this entitlement including an assessment of need followed by a financial assessment. At the end of this a decision can be made about eligibility (see section 3.4.3). There will then be a legal duty for an adults "eligible needs" to be met by the Local Authority, subject to their financial circumstances. (Eligible needs are those that are determined after an assessment).

The Care Bill will aim to give more flexibility to focus on what the person needs and what they want to achieve to design a package of care and support that suits them. Adults with eligible social care needs who are "ordinarily resident" in the Local Authority area, will be entitled to have their needs met.

Adult Social Care will be provided free if either the person cannot afford to pay the full cost of their care and support, or the adult does not have mental capacity and there is no one else to arrange for them, or they have reached the cap on care fees, see section 3.4.6.

3.4.3 **Changes to assessments and eligibility**

As previously outlined the Care Bill identifies the Local Authorities responsibility to carry out an assessment, taking into account a person's need and other circumstances. There will be increased focus on involving people and their carers in determining their care packages. The stated aim is to build a care and support system

around the individual.

The duties to carry out on these assessments will outline that: -

- Local Authorities must provide an assessment to all people, regardless of finances or whether the Local Authority thinks a person will be eligible.

- They must be of the adult's needs and the outcomes they want to achieve.

- They must consider that adults capabilities and whatever support is available.

- They must be carried out with the involvement of the adult and their carer.

- The assessment must be appropriate and proportionate and consider the needs of the family.

Regulations will set out a minimum eligibility framework to be applied across all parts of the country. A detailed consultation document (Draft Minimum Eligibility Threshold for Adult Care and Support, A Discussion Document June 2013, Department of Health) has been launched.

The introduction of revised eligibility threshold and new mechanisms for assessing and reviewing, contained in the Care Bill, will require significant activity and energy including: -

- A focus on ensuring that assessments meet new criteria with a focus on prevention and continuity.

- Reviewing the Council's eligibility levels for adult social care in the light of anticipated national minimum thresholds.

- Assessment of additional demand and resources necessary to manage demand arising from the change in policies and procedures and the financial modeling.

- Reviewing policies and procedures to ensure they fit with the new model.

- Establishing policies and procedures in relation to continuity of care between Local Authorities.

- Reviewing care and support planning processes to ensure they meet new requirements.

- Considering the implications for joint assessments and reviews.

- Developing carers assessments, reviews and services, making a decision in relation to charging and also supporting carers of young people in transition.

- Working with Children and Young Peoples Services to manage issues relating to young carers and young people and their families in transition.

- Considering how care and support will be arranged for service users who may not have previously accessed Council services in the past.

- Considering governance and oversight of new models of assessment/reviews.

- Implementing associated changes to support services necessary as a result amendments to review and assessment processes.

3.4.4 **Personalising Care and Support Planning**

Local Authorities will be required to produce an individual support plan which clarifies how needs will be met. The Local Authority will need to develop a personal budget, working out the cost of the necessary care and the amount that the Local Authority is going to pay towards these costs.

The government intends to change the law to focus on the person and their needs, their choices and what they want to achieve. It aims to put people in control of their lives and the care and support they receive, whilst we are already familiar with this approach the Government intends to give Local Authorities a new legal responsibility to set out care and support in the form of a detailed plan (or a support plan in the case of a carer).

The Care Bill will provide people with a legal entitlement to a personal budget as one part of a care and support plan and strengthen the ability for the individual to ask for a direct payment to meet some or all of their needs. The adult and carer must be involved in developing the care and support plan.

The Care Bill will also outline that Local Authorities have a legal responsibility to review the plan and to make sure that the adult needs and outcome continues to be met.

3.4.5 **Charging and Financial Assessments**

Care and support is not a free service like Health Services provided by the NHS. Local Authorities will continue to be required by the

Care Bill to carry out a financial assessment and where appropriate, charge people for services. This will consider the persons income and any assets they own. The Local Authority will then calculate how much the person can afford to pay towards their care and support costs. Local Authorities will not be able to charge for some types of services and this will be set out in regulations. Detailed financial assessment rules will also be set out in the regulations so that everyone will have their finances assessed in the same way.

3.4.6 **Care and Support Funding Reform**

The Government have launched a consultation on reforming what and how people pay for their care and support. This is seen as a key element of the Care Bill. The aim is to protect people from unlimited costs and implement the findings of the Dilnot Commission from April 2016. At the present time, people with approximately £118,000 worth of assets (savings or property) will be protected and individuals will be responsible for their care costs up to a maximum of £72,000 if they can afford it.

This compares to the present situation where there is no cap on the amount of payments and £23,000 of assets are protected.

It is important to note that those people living in a care home will still be expected to pay around £12,000 a year towards their care costs (referred to as Hotel costs) if they can afford it. The Council will be required to fund this amount for those assessed as not being able to afford it.

In addition the Care Bill will make a requirement for deferred payment agreement so that people will not have to sell their home during their lifetime to pay care fees. The Local Authority will pay the care home cost during this time and Local Authorities will be able to charge interest on these payment arrangements.

This will be a key area with a need to ensure effective management of anticipated new demand, the complexity of the new system and the expectation of the public.

- Carefully monitoring position in relation to Local Government finance, in particular the impact on any potential reduction in income, increase in demand on services and implications for revenue support grant

- Finalising and regularly updating a market position statement including

- Understanding the full implications and new requirements relating to preventative services

- Working with partners to ensure a consistent approach in the Borough.

- Developing a relationship with the Financial Services Authority and understanding what the Local Authority can provide/ commission/support.

- Implementing changes to charging arrangements and policies and procedures

- Clarifying issues in relation to personal budgets and establishing mechanisms for new service users with clear and simple links to direct payments policies and procedures.

- Providing public information in relation to the cap on care fees and developing a comprehensive care account policy including arrangements for transfer between Local Authorities and different caps at different ages.

- Formalising deferred payment scheme and considering in patient payments.

- Working with care homes to understand the development of direct payments for care homes and also the range of implications likely to arise from the hotel cost issue.

3.4.7 **Safeguarding Adults**

The Care Bill will establish a clear legal framework for how Local Authorities and other parts of the health and care system should protect vulnerable adults at risk of abuse. In effect, Adult Safeguarding will be placed on the same statutory footing as Children's Safeguarding and Local Authorities will be required to set up a Safeguarding Adult Board in their area with a clear basis in law.

A new requirement for Safeguarding Adults Reviews, which seem to be based on the same principles as Serious Case Reviews will be introduced.

In order to ensure effective implementation of new requirements in relation to adult safeguarding: -

- Policies, procedures and practice will need to be updated in the light of new regulations/guidance

- There will need to be analysis and management of the potential additional pressures put on safeguarding services by the extension of eligibility criteria and whether efficiencies / improvements can be delivered by closer integration with children's safeguarding.

- There will be a need to formalise existing practices such as the development of an annual plan and an annual report.

- Consideration will need to be given to any distinction between serious case reviews as they stand in present policies and procedures and safeguarding adults review.

- Issues in relation to information sharing will need to be clarified.

3.4.8 **Carers Issues**

A carer is someone who helps another person, usually a relative or friend in their day to day life. This is not the same as someone who provides care professionally or through an organisation. The Care Bill will give Local Authorities a responsibility to assess a carers own needs for support. This replaces the existing law which says that the carer must be providing a substantial amount of care on a regular basis in order to qualify for an assessment. This will mean that more carers are able to have an assessment in a way that is comparable to the legal rights of the person they care for.

If both the carer and the person they care for agree, a joint assessment of care can be made.

Once a positive assessment of eligibility is complete, the carer will be eligible for support from the Local Authority. The Local Authority and the carer will need to think about the type of support that they might benefit from. Facts sheets published to support the Care Bill include examples such as: -

- Help with housework or gardening

- Buying a lap top to keep in touch with family or friends

- Becoming a member of a gym so that the carer can look after their own health and wellbeing.

It may also be necessary to provide replacement care to allow the carer to take a break.

Local Authorities will need to determine whether they wish to levy a charge on carers services and also issue a personal budget to carers. Carers will have a right to request that the Local Authorities meets some or all of their needs by giving them a direct payment.

In addition, there will be a focus on the needs of young carers and there maybe a new requirement to include assessing what an adult needs to fulfil parental responsibilities for their children and to ensure that young people do not undertake caring responsibilities.

There will be provision in the Care Bill for an adult carer of a disabled child to ask for an assessment of their caring needs in advance of the child reaching 18. Similarly, the Care Bill will clarify that Adult Social Care Services need to be involved in planning what support of a young carer may need once they reach 18.

3.4.9 **Continuity of Care**

Due to the introduction of the cap on care costs, the Care Bill will intend to ensure a continuity of care when individuals move between Local Authority areas.

New requirements will be placed on the first Local Authority (ie the Council that the person is moving from) and the second Authority (ie the receiving local authority) in terms of what the Council will need to do when it receives someone new. A continuity duty will be placed on Local Authorities, so the second Authority (i.e, the receiving Authority) will need to provide those services put in place by the first Authority until it has carried out its own assessment processes.

3.4.10 **Market oversight of provider failure**.

The Care Bill introduces new requirements, some of them relating to the Care Quality Commission in relation to market oversight and the need to monitor providers effectively.

The Care Bill will also impose a clear legal responsibility on Local Authorities where a care provider fails, making it clear that Local Authorities will have a temporary duty to ensure that both residential care (care homes) and care provided in a person's own home continue if a provider fails.

The Local Authority will have a responsibility towards people receiving care, regardless of whether they pay for it themselves or whether the Local Authority pays for it.

3.4.11 **Transition for Children to Adult Care and Support Services**

The Care Bill gives young people and carers of children a legal right to request an assessment before they turn 18. The Council will need to undertake this assessment if there is 'significant benefit' in doing so. This is regardless of whether the person currently receives Children's Services.

The Care Bill also states that the Local Authority must assess the needs of a child's carer, where that child is already receiving support and can provide services to them.

The age of when someone can request an assessment is not clear

but the Local Authority must determine a 'significant benefit'. Again the principle of continuity will be enshrined in the Care Bill so that no one reaching the age of 18 who is already receiving support of some kind under the relevant legislation that relates to children, will suddenly find themselves without care and support.

3.4.12 **Single Failure Regime**

The Care Bill will aim to ensure a single failure regime to deliver a simple, clear, flexible process for tackling quality failures in NHS Trusts and Foundation Trusts. There will be 3 stages to the regime including identification, problem intervention and administration (administration will deal with both clinical and financial unsustainability).

3.4.13 **Health and Social Care Ratings**

The Care Bill will ensure that the CQC publish a rating for GP practices, hospitals, care homes and domiciliary care. CQC will have a duty to consult in relation to the setting up of the new system and will decide how services and providers will be rated.

3.4.14 **False or misleading information**

The Care Bill will make it a criminal offence for healthcare providers to give false and misleading information. Initially, regulations will limit the criminal offence to providers of NHS secondary care. The Council will need to monitor the situation carefully and consider any implications of its own services, provider services, services it contracts with and other health services.

3.4.15 **Health Education England and the Health Research Authority.**

The Care Bill will place both these special Health Authorities into non-departmental public bodies. Health Education England is responsible for planning and buying education and training for NHS and the public, and the Health research authority will have its research function extended to cover social care research.

4.0 **ACTION PLAN**

4.1 In order to ensure effective implementation of the actions and the requirements arising from the Care Bill, it is proposed to develop a programme management approach with several underpinning themes which will cross all of the main work streams. The key issues in relation to underpinning themes will be: -

- Maintenance of day to day services.
- Maximising opportunities for integration with Health Partners

wherever this delivers better outcomes for service users/carers and value for money.

- Working closely with relevant portfolios to understand and manage wider implications.

- Ongoing implementation of the Council's budget strategy 2013 to 2016.

- A need in all areas to update policies, procedures and practice in order to ensure that resources are maximised and work as efficiently as possible, reducing duplication and confusion.

4.2 It is proposed that a task and finish group be established with representation from Adult Social Care, Corporate Finance and other representation may be required on an adhoc basis. Regular reports will be presented to the Portfolio Holder for Health & Wellbeing, Chief Officers, the Executive Board and the Health PPB.

5.0 POLICY IMPLICATIONS

5.1 These are highlighted within the report

6.0 FINANCIAL IMPLICATIONS

6.1 The Council has significant existing statutory responsibilities for Adult Social Care in the Borough and invests considerable resources in meeting these responsibilities.

6.2 The Government has indicated that there will be one off funding allocated to support implementation of these issues in 2015/16. It is estimated that Halton will receive an allocation of circa £1million. When there is greater understanding of some of the detailed implications, this will be utilised to ensure capacity is available for effective implementation of the care bill.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

These will be determined as the policies are developed.

6.2 Employment, Learning & Skills in Halton

These will be determined as the policies are developed.

6.3 A Healthy Halton

These will be determined as the policies are developed.

6.4 **A Safer Halton**

These will be determined as the policies are developed.

6.5 **Halton's Urban Renewal**

These will be determined as the policies are developed.

7.0 **RISK ANALYSIS**

7.1 In the light of the timescale, breadth of changes and associated risks, it is important that all Council Portfolios begin to prepare for implementation in spite of a lack of clarity about some of the key features.

7.2 In addition to the complexity of implementing the range of new requirements it is important to note that these will need to be managed at a time when both the Coalition Government and Labour Party policy is focusing on increasing integration between Adult Social Care and Health Services and when the Council and Adult Social Care Portfolio is managing challenging savings targets necessitated by reduction in national funding.

7.4 There are a significant number of risks arising from the Care Bill although at this stage, due to a lack of clarity of guidance and regulations, it is not possible to identify all of the individual and operational risks, however, it is possible to highlight some high level risks.

7.5 There appear to be significant financial risks arising from the proposals although the Government has indicated that Local Authorities will not be disadvantaged. It is possible to anticipate that there will be potential risks arising from: -

- A loss of income from government arising from consultation about how money for adult social care is to be allocated in the future and/or the potential for funding to be provided via a specific grant which impacts on the RSG.

- Increased demand for services.

- A loss of income from service users.

- Costs of additional statutory duties, e.g. to provide support for carers, develop preventative services, assess and review self funders.

A need to invest in costly support services necessary to implement change.

7.6 There is a risk that the proposals in the Bill and an interpretation of some of the associated guidance may lead to some people attempting to inappropriately use public funds. With the introduction of a cap on care costs, it is possible to anticipate that some service users and/or their carers may seek to include activities that have previously been undertaken by family members or friends as a normal part of community care and family responsibilities, into their care fees in order that they reach the cap as soon as possible in order that the Council pays for their care.

7.7 The guidance gives some examples of ways of support to individuals that the Council would not presently fund. The Council has responsibility for funding services to all eligible members of the public, care will need to be taken to ensure that funding is maximised for those who need it most and that all spend is appropriate to meeting eligible social care needs rather than associated aspirations.

7.8 The Council will need to ensure that audit and governance processes are robust to avoid any inappropriate use of public funds.

7.9 The way that the Care Bill is written and in associated publicity, there are some risks that it will increase expectations of service users, carers and partners in relation to what they are able to utilise care funding for. There is likely to be an increased risk of challenge if the Council needs to restrict the use of funding in order to ensure effective use of public money and management of resources.

7.10 There is a risk that the workforce may not be suitably skilled or sufficient to meet the needs of the new services and processes required by the legislation.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 These will be developed before implementation of the new policies.

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

None under the meaning of the Act.

APPENDIX 1

Summary of present position and key issues : Care Bill

Report Reference	Issue:	Present Position and Key Issues
3.2	**Prevention, information and market shaping** The Care Bill describes the responsibilities which Local Authorities will have for all local people who live in their area. In summary, people will need to: • Receive services that prevent their care needs from becoming more serious. • Get information they need to make good decisions about care and support. • Have a good range of providers to choose from. Legislation will make it clear that Local Authorities **must** arrange services that help prevent or delay people deteriorating and provide comprehensive information and advice about care and support in their local areas. The Bill clearly sets out that Local Authorities must provide information on: - • What types of care and support are available. • The range of care and support services available to local people. • What process local people need to use to get care and support. • Where people can find independent financial	The Council has a directory of Adult Social Care Services linked to the Council's website and a range of other public information which will help it to move forward positively in this area. There are effective Adult Safeguarding and complaints procedures in place which comply with present regulations and guidance. There are other key areas which will require significant development including: - • Liaison with independent financial advisors and ensuring that advice is available, appropriate and clear. • Finalisation of a market position statement (presently being developed) outlining the Council's position/priorities for both service users and providers. • Amending public information to take account of the significant changes within the Care Bill. • Developing Adult Safeguarding and Complaints processes to meet the requirements of new legislation and the increased numbers of eligible individuals and an expected increase in complaints/disputes.

	advice about care and support. • How people can raise concerns about the safety and wellbeing of someone who has care and support needs. Further the Bill requires Local Authorities to support a market for Adult Social Care that delivers a wide range of care and support services that will be available to their local communities. The Government indicates that it will support Local Authorities to influence the development of various services through "market shaping".	
3.3	**Entitlement to Public Care and Support** The Care Bill aims to clarify when people will be provided with care and support. The aim is to ensure that the law focuses on the needs of people rather than what is seen as the present legislative focus on providing particular services. A key aim is to ensure that the individual person is always at the centre of everything. Another aim is to ensure that there is one route for determining entitlement which works for all groups of people in all circumstances. The Care Bill aims to create a single consistent route to establishing an entitlement to public care and support for adults with needs for care and support. It also creates the first ever entitlement for support to carers on a similar basis. (see section 3.9.1) The Care Bill aims to be clear about the steps which must be allowed to follow to work out this entitlement including an assessment of need followed by a financial assessment. At the end of this a decision can be made about eligibility (see section	The position in Halton is that many of the assessment processes and reviewing processes are based on present legislation and the eligibility criteria as it presently stands. Many people at the present time do not access Council services as they fund their own social care support. These people are referred to as 'self funders'. The introduction of a cap on costs to meet eligible social care need is likely to mean that more people will come forward for assessment. It is also likely that guidance and legislation will focus on reducing the bureaucracy associated with assessments and there will be a re-focus on processes such as self assessment, electronic assessment, etc. This may cause difficulties in ensuring effective and safe use of public money and alterations to existing assessment procedures. It is also likely that a significantly increased number of people will request assessments in order that their expenditure counts towards the 'cap' and mechanisms will be able to be developed to ensure that all assessments can be managed effectively,

	3.4.1). There will then be a legal duty for an adults "eligible needs" to be met by the Local Authority, subject to their financial circumstances. (Eligible needs are those that are determined after an assessment). The Care Bill will aim to give more flexibility to focus on what the person needs and what they want to achieve to design a package of care and support that suits them. Adults with eligible social care needs who are "ordinarily resident" in the Local Authority area, will be entitled to have their needs met. Adult Social Care will be provided free if either the person cannot afford to pay the full cost of their care and support, or the adult does not have mental capacity and there is no one else to arrange for them, or they have reached the cap on care fees, see section 3.7.1.	promptly and safely, with a need to ensure that priority needs are met first.
3.4	**Changes to assessments and eligibility** As outlined in section 3.3.1 the Care Bill outlines the Local Authorities responsibility to carry out an assessment, taking into account a person's need and other circumstances. There will be increased focus on involving people and their carers in determining their care packages. The stated aim is to build a care and support system around the individual. The duties to carry out on these assessments will outline that: - • Local Authorities must provide an assessment to all people, regardless of finances or whether the Local Authority thinks a person will be eligible. • They must be of the adult's needs and the outcomes they want to achieve.	In terms of the assessment processes, the practice in Halton complies with the outline of the key elements of the Care Bill. At present, the Council provides at a substantial level of eligibility criteria with some element of moderate services. The Care Bill is likely to set the new minimum standard as substantial. The Council will then need to make a decision as to whether it wishes to retain its provision bearing in mind its new statutory responsibility to provide preventative services. A focus on improving choice and control may also increase the expectations of individual service users and their representative groups about what they are able to utilise Council funding for. There will therefore need to be review of relevant policies and procedures and clear information for service users and carers with strengthened governance and management processes in

	• They must consider that adults capabilities and whatever support is available. • They must be carried out with the involvement of the adult and their carer. • The assessment must be appropriate and proportionate and consider the needs of the family. Regulations will set out a minimum eligibility framework to be applied across all parts of the country. A detailed consultation document (Draft Minimum Eligibility Threshold for Adult Care and Support, A Discussion Document June 2013, Department of Health) has been launched.	order that services focus on meeting needs, maximising the use of the available resources and ensuring that resources are allocated equitably. A key issue will be ensuring capacity to manage increased demand for assessments due to the inclusion of present self funders and the associated increase in reviews and anticipated disputes. Careful consideration will need to be given to anticipated guidance relating to self/electronic assessments to ensure that they are robust and avoid the possibility of fraud /misuse.
3.5	**Personalising Care and Support Planning** Local Authorities will be required to produce an individual support plan which clarifies how needs will be met. The Local Authority will need to develop a personal budget, working out the cost of the necessary care and the amount that the Local Authority is going to pay towards these costs. The government intends to change the law to focus on the person and their needs, their choices and what they want to achieve. It aims to put people in control of their lives and the care and support they receive. The Care Bill will give Local Authorities a new legal responsibility to set out care and support plan (or a support plan in the case of a carer).	Many of the existing procedures and processes in Halton would seem to meet the aspirations of the Care Bill. However, the unknown factor is that there will be people who presently fund their own care with no involvement from the Local Authority, who will come forward in order in order to be allocated a care and support plan and personal budget following an assessment in order that their own funding can be counted towards the cost of their care and their individual cap. It is likely that the changes will attract an 'informed population' with potentially support from the financial and legal services industries. This may hinder people in marginalized or hard to reach groups/communities. The Council will need to maintain a focus and prioritising the needs of people, perhaps with no financial and/or legal support.

	The Care Bill will provide people with a legal entitlement to a personal budget as one part of a care and support plan and strengthen the ability for the individual to ask for a direct payment to meet some or all of their needs. The adult and carer must be involved in developing the care and support plan. The Care Bill will also outline that Local Authorities have a legal responsibility to review the plan and to make sure that the adult needs and outcome continues to be met.	There are likely to be more disputes arising from decisions about funding and complaints about application of process. A key issue will be managing expectation of service users, carers and other partners. There is a major risk that publicity associated with the Bill may cause people to have raised and unrealistic expectations about what the Council can or is able to deliver.
3.6	**Charging and Financial Assessments** Care and support is not a free service like Health Services provided by the NHS. Local Authorities will continue to be required by the Care Bill to carry out a financial assessment and where appropriate, charge people for services. This will consider the persons income and any assets they own. The Local Authority will then calculate how much the person can afford to pay towards their care and support costs. Local Authorities will not be able to charge for some types of services and this will be set out in regulations. Detailed financial assessment rules will also be set out in the regulations so that everyone will have their finances assessed in the same way.	Halton has a strong and robust approach to financial assessments'. There will be a need to implement changes arising from new regulations and also to provide financial assessment services for those self funders who do not utilise Council services at the present time. Personal accounts will need to be developed for all individual service users and made available to them, see appendix six.
3.7	**Care and Support Funding Reform** The Government have launched a consultation on reforming what and how people pay for their care and support. This is	This is a part of the legislation that will require the most careful consideration. There are significant implications for the Local Authority. Many of these implications are yet unclear.

	seen as a key element of the Care Bill. The aim is to protect people from unlimited costs and implement the findings of the Dilnot Commission from April 2006. At the present time, people with approximately £118,000 worth of assets (savings or property) will be protected and individuals will be responsible for their care costs up to a maximum of £72,000 if they can afford it. This compares to the present situation where there is no cap on the amount of payments and £23,000 of assets are protected. It is important to note that those people living in a carehome will still be expected to pay around £12,000 a year towards their care costs (referred to as Hotel costs) if they can afford it. The Council will be required to fund this amount for those assessed as not being able to afford it. In addition the Care Bill will make a requirement for deferred payment agreement so that people will not have to sell their home during their lifetime to pay care fees. The Local Authority will pay the care home cost during this time and Local Authorities will be able to charge interest on these payment arrangements.	In summary, some of the key implications/issues which is possible to identify from present guidance for the council are: - • Risks in relation to funding for social care, both in terms of receiving sufficient government support to manage the implications of the Dilnot Commission including: - o Requirements for new preventative services o Loss of income o Funding for people who reach the cap and then become responsibility of the Council. o Funding for Carers Services. • Determining issues in relation to residential and nursing care with a particular focus on the management of hotel costs including how this will be provided for people who do not have sufficient income to manage it themselves. This is a responsibility likely to fall on the Council. • Clarifying issues in relation to the cap and understanding implications in relation to younger people, i.e. those under 65 and for young people who are anticipated to have a zero cap, i.e. those young people who become 18 with care needs. • As the present guidance indicates the capital threshold will only apply to people in residential/nursing care, there is a need to avoid a perverse incentive for people to enter institutional forms of care which would seem to contradict with previous policy and the intention of the act.

		• Identifying appropriate charging and financial support for Carers Services. • Considering issues in relation to financial planning information and advice at all stages for all members of the public but with a particular focus on ensuring that marginalized and hard to reach groups have access to clear and appropriate information. The Council presently offers a deferred payment scheme so it is in a stronger position than some other Council's. There will need to be consideration of whether to charge interest on loans and implement an administrative charge. The average value of properties in the Borough may mean that proposals have a significant impact on the income that the Council receives.
3.8	**Safeguarding Adults** The Care Bill will establish a clear legal framework for how Local Authorities and other parts of the health and care system should protect vulnerable adults at risk of abuse. In effect, Adult Safeguarding will be placed on the same statutory footing as Children's Safeguarding and Local Authorities will be required to set up a Safeguarding Adult Board in their area with a clear basis in law. A new requirement for Safeguarding Adults Reviews, which seem to be based on the same principles as Serious Case Reviews will be introduced.	Due to the ongoing commitment and investment in Adult Safeguarding in the Borough, the Council is well positioned to undertake any new requirements arising from the Care Bill, with many of the key initiatives already part of the routine practice of the Safeguarding Adults Board. Partners may need to consider the implications of the legislation for their organisation.
3.9	**Carers Issues**	This is likely to be a difficult and contentious area. At present

	A carer is someone who helps another person, usually a relative or friend in their day to day life. This is not the same as someone who provides care professionally or through an organisation. The Care Bill will give Local Authorities a responsibility to assess a carers own needs for support. This replaces the existing law which says that the carer must be providing a substantial amount of care on a regular basis in order to qualify for an assessment. This will mean that more carers are able to have an assessment in a way that is comparable to the legal rights of the person they care for. If both the carer and the person they care for agree, a joint assessment of care can be made. Once a positive assessment of eligibility is complete, the carer will be eligible for support from the Local Authority. The Local Authority and the carer will need to think about the type of support that they might benefit from. Facts sheets published to support the Care Bill include examples such as: - • Help with housework or gardening • Buying a lap top to keep in touch with family or friends • Becoming a member of a gym so that the carer can look after their own health and wellbeing. It may also be necessary to provide replacement care to allow the carer to take a break. Local Authorities will need to determine whether they wish to	carers assessments and associated services are limited. Some of the proposals in the Care Bill are likely to significantly raise expectations of carers and their representative groups and there is a lack of clarity in the Care Bill about how many of these initiatives will be implemented. Extra care will need to be taken in this area to ensure that carers are effectively supported in accordance with the legislative requirements and in a way that is managed and appropriate. Any developments in requirements for young carers will require careful management and close liaison with Children and Young Peoples Services. In terms of transition of young people, exsisting processes between Children and Young Peoples Services and Adults Services would indicate that the Council is in a strong position to address any new requirements in this area. There is a risk that some people may wish to ‘charge’ normal aspects of family care to their ‘care account’ in order to qualify for the ‘cap’ quicker. This difficult area will require very careful management.

	levy a charge on carers services and also issue a personal budget to carers. Carers will have a right to request that the Local Authorities meets some or all of their needs by giving them a direct payment. In addition, there will be a focus on the needs of young carers and there maybe a new requirement to include assessing what an adult needs to fulfil parental responsibilities for their children and to ensure that young people do not undertake caring responsibilities. There will be provision in the Care Bill for an adult carer of a disabled child to ask for an assessment of their caring needs in advance of the child reaching 18. Similarly, the Care Bill will clarify that Adult Social Care Services need to be involved in planning what support of a young carer may need once they reach 18.	
3.10	**Continuity of Care** Due to the introduction of the cap on care costs, the Care Bill will intend to ensure a continuity of care when individuals move between Local Authority areas. New requirements will be placed on the first Local Authority (ie the Council that the person is moving from) and the second Authority (ie the receiving local authority) in terms of what the Council will need to do when it receives someone new. A continuity duty will be placed on Local Authorities, so the second Authority (i.e, the receiving Authority) will need to provide those services put in place by the first Authority until it has carried out its own assessment processes.	There will be a need to develop new protocols and procedures surrounding this issue. The Council will be partly dependant in its role as the second Authority on being notified promptly and effectively and then responding to carry out its own assessments quickly and effectively. There is the potential for a challenge if the Council as a receiving/second Authority wishes to change components of the care package and there will be a need to develop processes to undertake required assessments promptly. There will also be associated issues relating to carers, financial assessment and reviews.
3.11	**Market oversight of provider failure**	The Council has experience of the failure of domiciliary care

	The Care Bill introduces new requirements, some of them relating to the Care Quality Commission in relation to market oversight and the need to monitor providers effectively. The Care Bill will also impose a clear legal responsibility on Local Authorities where a care provider fails, making it clear that Local Authorities will have a temporary duty to ensure that both residential care (care homes) and care provided in a person's own home continue if a provider fails. The Local Authority will have a responsibility towards people receiving care, regardless of whether they pay for it themselves or whether the Local Authority pays for it.	agencies and smaller care homes in the Borough, but has also, managed effectively, the difficulties experienced by Southern Cross. In effect the legal duty will enshrine good practice and from an initial reading of new requirements, these are the activities that the Council would normally carry out. Care will need to undertaken to ensure that the Council fully complies with any new guidance or regulation to avoid the risk of legal challenge.
3.12	**Transition for Children to Adult Care and Support Services** The Care Bill gives young people and carers of children a legal right to request an assessment before they turn 18. The Council will need to undertake this assessment if there is 'significant benefit' in doing so. This is regardless of whether the person currently receives Children's Services. The Care Bill also states that the Local Authority must assess the needs of a child's carer, where that child is already receiving support and can provide services to them. The age of when someone can request an assessment is not clear but the Local Authority must determine a 'significant benefit'. Again the principle of continuity will be enshrined in the Care Bill so that no one reaching the age of 18 who is already receiving support of some kind under the relevant legislation that relates to children, will suddenly find themselves without care and support.	The main issue, which will need more detailed analysis and consideration, is the issue of young people and their carer who are not currently receiving Children's Services who make a referral to Adult Social Care. There are also a cohort of young people who currently are in receipt of services from Children's Services who do not meet the threshold for services from Adult Social Care and Health. Under the new requirements these young people will be eligible for an assessment and potentially for preventative services as defined in the Care Bill.

3.13	**Single Failure Regime** The Care Bill will aim to ensure a single failure regime to deliver a simple, clear, flexible process for tackling quality failures in NHS Trusts and Foundation Trusts. There will be 3 stages to the regime including identification, problem intervention and administration of the issues. Administration will deal with both clinical and financial unsustainability.	There are no direct implications for the Council in relation to this initiative, although there is some possibility that the mechanism may be extended at some point to care providers. As a partner agency in relation to local NHS Trusts the Council may be involved in implementing the regime as a key partner if problems emerge with a local NHS Trust. There may also be issues if providers attempt to charge more for more highly rated services and in care homes this may have an impact on the complex issue of 'hotel costs'. See section 3.7.1.
3.14	**Health and Social Care Ratings** The Care Bill will ensure that the CQC publish a rating for GP practices, hospitals, care homes and domiciliary care. CQC will have a duty to consult in relation to the setting up of the new system and will decide how services and providers will be rated.	The Council has monitored the developments in relation to ratings. There may be some reputational risk if in-house (Council provided services), receive poor ratings and also issues in relation to responding promptly to changes in ratings and/or poor ratings. The Council will need to carefully consider links between ratings and fees paid for care. There may be a complex link with hotel costs and this simple initiative is likely to be fraught with complexity and contractual issues for the Council and other providers.
3.16	**Health Education England and the Health Research Authority.** The Care Bill will place both these special Health Authorities into non-departmental public bodies. Health Education England is responsible for planning and buying education and training for NHS and the public, and the Health research authority will have its research function extended to cover social care research.	The Council does not have active engagement with either of these 2 organisations at the present time, although the ongoing integration of Social Care with Health and changes in the activities of the 2 bodies may bring the Council into closer contact.

REPORT TO: Health Policy & Performance Board

DATE: 4 March 2014

REPORTING OFFICER: Strategic Director - Communities

PORTFOLIO: Health and Wellbeing

SUBJECT: Care Quality Commission (CQC)

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 This report provides a brief overview to the Board in respect of the guidance provided by CQC in relation to how overview and scrutiny committees can effectively work with CQC and also a brief summary of the new proposals announced by CQC in October 2013 for a new system of monitoring, inspecting and regulating social care services and for monitoring performance ratings.

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

3.0 **SUPPORTING INFORMATION**

Working with CQC

3.1 Nationally, the Centre for Public Scrutiny (CfPS) has been supporting joint learning between council scrutiny and CQC assessment staff for a number of years and this will continue into 2014.

3.2 In 2011, working with some local authority officers and councillors, the CfPS produced two practical guides for use by local councillors and overview and scrutiny committees (***Appendix 1 and 2***). These guides outline details in relation to the role of CQC and outlines what overview and scrutiny committees can expect from CQC locally to improve care and explain what information can be shared with them to help check on services.

3.3 The guidance outlines that the overview and scrutiny committee should have regular contact with CQC staff, that they will work with the scrutiny committee during a review of a service and how CQC will provide the committee with feedback.

3.4 The guides then explore in some detail the types of information that can be shared with CQC such as formal reports, information on local concerns or emerging issues, local surveys and so on in addition to how to share the information.

3.5 Both guides outline a number of 'top tips' about the information the scrutiny committee's may want to share with CQC, as follows :-

- *If in doubt, share your information with us. We would rather have the chance to read about your concerns and decide what action to take, than not know about them. If you have concerns about the care provided, then it is likely that your information will*

help us check on services.

- *Try to name the health or adult social care service or services you are describing in all your comments or reports. This is especially important when you are giving us information about several different services.*
- *Focus on giving us information that tells us about what you have found out or heard about a service providing care, rather than details of how your committee works.*
- *Provide the evidence for your conclusions and comments and any dates whenever possible, and explain what sort of evidence you have (it may be a small number of concerning stories or evidence from a survey or meeting with many more people).*
- *Try to match your information to our CQC essential standards of quality and safety. You can relate your information to as many standards as you like.*
- *Please let us know whether you are giving us information that is positive or negative about how care is provided. Both positive and negative comments about a service are important in helping us judge whether a service continues to meet our standards.*

3.5 In addition to these guides, in June 2013, CQC introduced a bi monthly e-bulletin for Overview and Scrutiny Committees. These e-bulletins include updates and findings from CQC's work, including details of CQC's strategy, national reports and information about the ways Committees can work with them. The latest e-bulletin (November 2013) is attached at ***Appendix 3.***

Social Care Services – Proposals

3.6 In October 2013, CQC announced proposals for a new system for monitoring, inspecting and regulating social care services and for monitoring performance ratings.

3.7 These proposals have been developed against the background of recent changes to the way in which CQC regulates health and adult social care services, following criticism of the mismatch between its findings and news stories and reports of very poor care. These changes include:

- the introduction of a Chief Inspector
- the development of expert inspection teams
- a ratings system
- a focus on highlighting good practice
- what CQC calls "a commitment to listen better to the views and experiences of people who use services".

3.8 Alongside these proposals, CQC also published its analysis of the responses to its consultation 'A New Start'. CQC concluded that the responses it has received to 'A New Start' indicated strong support for the new framework, principles and operating model that it proposes to use, including the five key questions that it will ask of services:

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive?
- Are they well-led?

3.9 The proposals point out that the social care sector is very varied, with a large number of providers, including both the private and voluntary sectors, different types of care provided

and, importantly, “a lack of consistent, high-quality data”. This means that CQC will need to consider carefully the type of information it uses to trigger and guide inspections and how this can be improved to ensure that its “scrutiny is robust without imposing an unnecessary burden on small providers and enterprises”.

3.10 The personalisation of care and the importance of integrating health and social care services are acknowledged and the proposals outline that the quality of each of these should be a consideration in assessing the effectiveness of services.

3.11 The need for a “culture of quality, safety and openness” in residential care homes is emphasised in the proposals. One way for this culture to flourish, CQC believes, is to encourage care home providers to think about how they can be more involved with their local communities, for example by organising a ‘twinning’ relationship with a local school. The role of Healthwatch and its use of ‘enter and view’ powers will also be considered. It is also in discussion of this issue that the controversial suggestions of making use of ‘mystery shoppers’ and hidden cameras are introduced.

3.12 CQC accepts that assessing the quality of care delivered in people’s own homes, which is a hugely increasing part of the sector, is much more difficult to assess comprehensively than care delivered in residential care homes. The proposals acknowledge that more needs to be done to assess care provided in people’s own homes.

3.13 The proposals outline a list of 10 “top changes” that would take place as follows:-

- More systematic use of people’s views and experiences, including complaints.
- Inspections by expert inspectors, with more Experts by Experience and specialist advisors.
- Tougher action in response to breaches of regulations, particularly when services are without a registered manager for too long.
- Checking providers who apply to be registered have the right values and motives, as well as ability and experience.
- Ratings to support people’s choice of service and drive improvement.
- Frequency of inspection to be based on ratings, rather than annually.
- Better data and analysis to help us target our efforts.
- New standards and guidance to underpin the five key questions CQC asks of services – are they safe, effective, caring, responsive and well-led? – with personalisation and choice at their heart.
- Avoiding duplicating activity with local authorities.
- Focus on leadership, governance and culture, with a different approach for larger and smaller providers.

3.14 Other ideas that CQC wants to ‘discuss’ as part of its consultation are as follows:-

- Better use of technology to capture people’s views and experiences.
- Specific guidance on expectations for the induction and training of staff who work in adult social care services.
- How we might encourage services to be more open and better integrated with local communities creating an open culture that helps demonstrate a service is well-led.
- Allowing providers to pay for additional inspections if they believe the quality of their service has improved.
- Finding a better way of regulating supported living schemes.

- Potential use of mystery shoppers and hidden cameras to monitor care, as mentioned above.

3.15 Further details in relation to the proposals in terms of ratings, registration and inspection etc. can be found in ***Appendix 4.*** It should be noted that some of the proposals will only become clear when more 'flesh is put on their bones'. For example, CQC acknowledges that it needs to work with people to define what its 'five key questions' (listed in paragraph 3.8 above) will mean for its inspection system. For example, what standards will it use to assess whether a service is safe?

3.16 CQC will be carrying out formal consultation on the proposals in Spring 2014, some changes will be introduced from April 2014 and tested in Summer 2014, with all the changes including new ratings of care providers in place from October 2014 (subject to enactment of the Care Bill). Advance publication of the proposal provides an opportunity for Local Authorities to develop their thinking and consult their local community, including service users, carers and service providers on the proposals and on ethical issues arising from them.

4.0 POLICY IMPLICATIONS

4.1 None associated with this report

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 None associated with this report.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children & Young People in Halton**
None identified.

6.2 **Employment, Learning & Skills in Halton**
None identified.

6.3 **A Healthy Halton**
The remit of the Health Policy and Performance Board is directly linked to this priority.

6.4 **A Safer Halton**
None identified.

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

7.0 RISK ANALYSIS

7.1 Local Authorities will need to think about the extent to which they themselves need to monitor and assess the care they commission and how they can work with CQC and with other local groups such as Healthwatch in doing so. One of the "top 10 changes" CQC wants to introduce is avoiding duplication with Local Authorities. When two different organisations are carrying out similar roles, duplication is certainly a danger, but so also is the creation of gaps. Very efficient liaison and communication between CQC, its regional representatives and Local Authorities will be important factors in making the new system work.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None associated with this report.

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

9.1 None under the meaning of the Act.

A guide for overview and scrutiny committees for health and social care

How your committee can work with the Care Quality Commission

September 2011

Contents

Published September 2011

1. Introduction

This is a guide for locally elected councillors and local authority officers involved in the scrutiny of health and social care who want to know more about how their scrutiny committee can work with the Care Quality Commission (CQC). We are the independent regulator of health and adult social care services in England. This guide tells you more about CQC and what we do. It explains what your scrutiny committee can expect from us as we work together locally to improve care. It explains what information you can share with us to help us check on services, and how you can use the information we hold to help your scrutiny committee.

The guide has been written by CQC with support from the Centre for Public Scrutiny, and some local authority officers and councillors working together. We would like to thank those involved for their effort and enthusiasm. Examples from their work have been used in the guide.

We will carry on working with all scrutiny committees in England during 2011/2012, building stronger working relationships with more committees and exploring how to work with elected councillors under new scrutiny arrangements that may develop.

We would like to hear from more scrutiny committees and to use more of the information councillors hold about people's views and experiences of their care. We are especially interested to hear about people's experiences of social care services as well as health care. We hope the examples in this guide encourage all scrutiny committees to share information with CQC to help us work together to improve care.

For more information about our work with scrutiny committees, please go to www.cqc.org.uk/localvoices. For information about HealthWatch go to: www.cqc.org.uk/aboutcqc/whatwedo/improvinghealthandsocialcare/healthwatch.cfm

You can also read *A guide for local councillors: Working with the Care Quality Commission* available at www.cqc.org.uk/localvoices

2. About the Care Quality Commission

We are the Care Quality Commission, the independent regulator of healthcare and adult social care services in England. We check whether care services meet essential standards of quality and safety, and we also protect the interests of vulnerable people, including those whose rights are restricted under the Mental Health Act.

Find out more about us at www.cqc.org.uk

Which services do we check?

We check on these types of services:

- Providers of medical treatment to people of all ages, including treatment provided in hospitals, by ambulance services and by mental health services.
- Providers of care homes for people over 18 who need help to maintain their independence and wellbeing. This includes nursing homes. Care homes can provide residential care for the following:
  - People with long- or short-term health conditions
  - Disabled people and people with learning disabilities
  - Older people
  - People with drug or alcohol problems.
- Agencies that provide care, treatment and support to people living in their own homes to help them maintain their independence and wellbeing.
- Providers of services for people whose rights are restricted under the Mental Health Act.
- We started to register and check on dental services (in the community) and independent ambulance services from April 2011. We will register GP out-of-hours services from April 2012. Subject to Parliament, we will now register primary medical services including walk-in centres and GP services from April 2013.

What standards do we check on?

The Health and Social Care Act 2008 requires providers of all regulated care services to meet government standards of quality and safety – the standards the government says anyone should expect whenever or wherever they receive care. These standards cover things like cleanliness, dignity, safety and staffing.

We register providers if they meet the standards, we check whether or not they continue to do so and we take action if standards aren't being met. Our assessments are based on people's experiences of care and the impact it has on their health and wellbeing, as well as on whether or not the right systems and processes are in place.

We put the views, experiences, health and wellbeing of people who use services at the centre of our work.

You can read our guidance about the essential standards and full details of the outcomes we look for at www.cqcguidanceaboutcompliance.org.uk and at www.cqc.org.uk/_db/_documents/Quick_guide_to_the_essential_standards.doc

We have also produced guides for the public explaining what you can expect from your care which can be found at:
www.cqc.org.uk/usingcareservices/essentialstandardsofqualityandsafety.cfm

You can expect any of the health or social care services we check on to meet the following essential standards:

You can expect to be involved and told what's happening at every stage of your care

- You will always be involved in discussions about your care and treatment, and your privacy and dignity will be respected by all staff.
- You will be given opportunities, encouragement and support to help you live as independently as possible.
- Before you receive any examination, care treatment or support you will be asked whether or not you agree to it.

You can expect care, treatment and support that meets your needs

- Your personal needs will be assessed to make sure you get safe and appropriate care that supports your rights.
- You get the treatment that you and your health or care professional agree will make a difference to your health and wellbeing.
- You will get the food and drink you need to meet your dietary needs.
- If you have more than one care provider, or if you are moved between services, you will get coordinated care.

You can also expect your needs to be met in relation to:

- Your cultural background and the language you speak
- Your sex (gender)
- Your disability
- Your age
- Your sexual orientation (whether you are a lesbian, gay, bisexual or heterosexual person)
- Your religion or belief
- Your gender identity, if you are a transsexual person
- Your needs if you are pregnant or have recently had a baby.

You can expect to be safe

- You will be protected from abuse or the risk of abuse, and staff will respect your human rights.

- You will get the medicines you need, when you need them, and in a safe way.
- You will be cared for in a safe and accessible place.
- You will not be harmed by unsafe or unsuitable equipment.
- You will be cared for in a clean environment where you are protected from infection.

You can expect to be cared for by qualified staff with the right skills to do their jobs properly

- Your health and welfare needs are met by staff who have the knowledge, skills and experience needed.
- There will always be enough members of staff available to keep you safe and meet your needs.
- You will be looked after by staff who are well managed and have the chance to develop and improve their skills.

You can expect your care provider to routinely check the quality of its services

- Your care provider will monitor the quality of its services to make sure you are safe.
- Your personal records, including medical records, will be accurate and kept safe and confidential.
- You, or someone acting on your behalf, can complain and will be listened to. Your complaint will be acted upon properly.

How we carry out our checks

Under new proposals, we will inspect all adult social care, independent healthcare services, and most NHS hospitals at least once a year. (By NHS hospitals we mean all NHS acute hospitals and all NHS ambulance trusts. We inspect at least one type of service in all other trusts). We will inspect dental services at least once every two years. We check on services more frequently where there are concerns that people may be getting poor care. We identify these concerns by sharing information with a wide variety of organisations, by listening to the public, local groups, care staff and whistleblowers, and by monitoring data. We build a profile of each service that is updated whenever new information arrives. This helps our inspectors to decide where there is a risk that people could be experiencing poor care. The information comes from different sources, including:

- People who use services, families and carers
- LINks (local involvement networks)
- Overview and scrutiny committees for health and/or social care
- Foundation trust councils of governors
- Other voluntary and community groups
- Other regulatory organisations and the NHS Information Centre

- Other organisations such as commissioners of care (like councils) and the health and local government ombudsman
- Staff and other professionals
- CQC inspectors.

Feedback from people who use services is very important to us. We treat it as seriously as we do other forms of information.

When we decide that there is a risk of poor care, we assess whether or not the service is failing to meet one or more of the essential standards. We review the information we hold and we ask the people running the service to prove that it is meeting the standards. We may conduct further visits to the service to observe how care is delivered, talk to the people who use the service and to staff, and to check the provider's records if necessary.

If we judge that services are not meeting essential standards we use our powers to require improvements. We follow up to make sure the improvements are made and we hold services to account if they don't do so. If we judge that people's health, wellbeing and safety are at risk we take swift action to protect them.

Once we have reviewed a service we publish our findings as quickly as possible. Our information can help people choose a service or tell them about standards of care at a local service. We update our website when there are changes to report about checks, improvements or concerns.

What we do if a service doesn't meet the essential standards

If standards aren't being met, we require improvements within a set timescale. The service must then send us an action plan telling us how it will make these improvements.

If the service does not improve, or we have serious concerns about the health and safety of people who use it, we have a range of enforcement powers we can use including fines, warnings, restrictions to the way the service is provided, suspension or cancellation of its licence to operate, and prosecution of those providing the service.

When we propose to use our enforcement powers, the service has 28 days to challenge us before we can make our decision public. However, if we believe there is a serious, immediate threat to people's health and safety, we can act immediately to restrict, suspend or stop the service from being provided and we can make our decision public as soon as we do so.

3. What your scrutiny committee can expect from CQC?

This section sets out how our staff aim to work with all scrutiny committees for health and social care across the country. If the relationship between CQC and your scrutiny committee is still developing, we will gradually introduce the steps set out below.

Regular contact with CQC staff

Your scrutiny committee chair and lead officer (if you have one) can expect to be given a named local CQC contact person and to be informed if this person changes. You will have contact with your local CQC manager or inspector every three months either by phone, email or a meeting. We may have more frequent contact than this if you have shared information with us about local services and we need to discuss this with your committee. When we make contact with your committee, CQC staff can:

- Explain how we check on services and promote the essential standards of quality and safety to your committee.
- Share with your chair, our confidential programme of reviews over the coming six months (without dates), and any current improvement or enforcement actions we are taking that can be made public. **If your chair or committee prefers, we will only share information that is already in the public domain.**
- Find out about your committee's latest work programme and any responses you are making to NHS consultations.
- Hear from your committee about the issues/concerns local people are raising about the health and social care services in the area. These may come from your scrutiny reviews, public meetings, feedback from your members and so on.
- Give you feedback about how we have used any of the information your committee has already shared with us.

How we work with your committee during a review of a service

At the start of a CQC service review we check our records to see whether your committee has recently submitted information to us about the service at any of its locations. We may then contact the committee chair and lead officer (if there is one) by phone or email to let you know about the review and the timescale. We will usually do this where:

- Your committee has raised concerns about the service provider, or
- The service provider is included in your work programme, or
- There are gaps in our knowledge about people's views and experiences of the service provider, that your committee may help us fill.

We will invite your committee to give us any new information about the service. We may encourage you to make contact with neighbouring scrutiny committees if you need to coordinate providing information for CQC.

At each contact/meeting with your committee, we will identify with you any actions you intend to take as a result of our reviews. For example, further evidence-gathering

about particular service providers or requests for information. This will help us coordinate our activities better.

How we work with your committee when we take enforcement action

We will aim to let your scrutiny committee know about an enforcement action we have taken as soon as it is made public. This is when the representations and appeals process that service providers can use is also ended. For example, we will aim to share press releases with you as soon as we can. We understand that this is particularly important where your committee has also been seeking local improvements to services from the provider concerned.

We will be interested to know whether your committee plans to take action as a result of our enforcement action, and will work with you to coordinate this with further CQC activity.

How we give feedback to your committee

We will let you know we have received any information that your committee sends us between our regular contacts or meetings. If your committee sends information to us via the CQC webform, you will receive an automatic acknowledgement (see page 11). At our regular meetings/contact with you, we will aim to:

- Give you verbal feedback about how we have used any information you have shared with us.
- Highlight the findings and outcomes of relevant reviews of providers.
- Make sure your committee has a copy of the relevant compliance reports.

Our approach to sharing information that is not yet public or is confidential

We can tell your chair and lead officer (if you have one) about the programme of reviews of services we expect to carry out over the coming six months. We will not tell you the dates for these reviews or whether we will be visiting a service as part of the review. It is very important that we keep our programme of unannounced visits confidential. The public have told us that this is one of the most important things we do. We expect committee chairs and lead officers to respect this information and not to share it with service providers or other groups who may make it public. **If your chair or committee does not wish CQC to share this information with you, please discuss this with your local CQC contact.**

We are unable to share enforcement action we are taking while a service provider has the chance to appeal against this action. Once the appeal period is over, the enforcement action can be made public and shared with the committee.

CQC will not share confidential personal information with scrutiny committees. Similarly, we would not expect a committee to share information with us that identifies individuals or their families, unless this information comes from the individual themselves, someone has agreed that their information can be shared with CQC or someone has asked a committee to pass the information to CQC.

4. Sharing information with CQC about local services

We hope your scrutiny committee will share information with us about people's views and experiences of local services, and let us know what you are doing to improve care in your area. It will help us if you can:

- Keep in contact with our local CQC staff.
- Share any information with us if you think it helps us check on the essential standards.
- Share information with us about any of the services we check on – adult social care, health services, dentists and so on.
- Let us know if the committee chair or contact officer changes so that we contact the right person.

Your committee can provide information it already holds, such as:

- Formal reports/reviews of local health or social care services.
- Information gathered to inform a review.
- Your committee's workplan.
- Comments gathered at public events about local health or social care services.
- Contact from members of the public.
- Information on local concerns or emerging issues.
- Local surveys and so on.

You may also wish to gather additional information for one of our reviews of a service provider. For example:

- Inviting scrutiny members to contribute information directly to the committee chair to be shared with CQC.
- Holding a meeting or using an existing committee or public meeting to gather information about a service.

How to share your information with CQC

You can share information with CQC in three ways:

1. Through our website, where there is an online feedback form for scrutiny committees, LINks and other groups at www.cqc.org.uk/localvoices. You can complete the form in your own words and you can also attach your reports to the form. It helps to highlight which sections of the report tell us about the quality or safety of care.
2. Through your local CQC contact. You can share information with them by email, phone or face-to-face when you meet them. It is helpful to copy information that you send through the webform to your local CQC contact so they know this information is available to them straight away.
3. Through our enquiries contact centre at 03000 616161 or enquiries@cqc.org.uk

Top tips about the information you share with CQC

1. If in doubt, share your information with us. We would rather have the chance to read about your concerns and decide what action to take, than not know about them. If you have concerns about the care provided, then it is likely that your information will help us check on services.
2. Try to name the health or adult social care service or services you are describing in all your comments or reports. This is especially important when you are giving us information about several different services.
3. Focus on giving us information that tells us about what you have found out or heard about a service providing care, rather than details of how your committee works.
4. Provide the evidence for your conclusions and comments and any dates whenever possible, and explain what sort of evidence you have (it may be a small number of concerning stories or evidence from a survey or meeting with many more people).
5. Try to match your information to our CQC essential standards of quality and safety. You can relate your information to as many standards as you like.
6. Please let us know whether you are giving us information that is positive or negative about how care is provided. Both positive and negative comments about a service are important in helping us judge whether a service continues to meet our standards.

What we do with your information?

Relevant information from your committee becomes part of our 'quality and risk profile', which we hold for every health and adult social care organisation. The information you share with us will:

- Help us spot problems or concerns in local services that we need to act upon.
- Help in our assessments and reviews of different types of organisations.
- Allow us to look at how well a service provider meets essential standards of quality and safety. This will help us decide if the service provider can continue to register with us and provide its services to local people.
- Help us decide if we need to ask a service provider to make improvements in some areas of its care, to show us that it will meet all these standards in future.

We match your information with our essential standards of quality and safety if we can, and decide whether it is positive or negative. Then we weigh up whether it is clear and whether it is about people's experience of care. For example, does it tell us something that has an impact on a person using the service and does it represent the views of someone using the service (or groups of people using the service)?

We will give your information a score. The higher the score, the more likely it will make a difference to our judgements about the care provided by a service. If your information does not relate to our essential standards we may use it as background information about that service, or we may not be able to use it at all.

Scrutiny committee review reports can be particularly useful in helping us decide which services to review or what to look for when we visit a service.

What to do if you are concerned about someone's safety?

We want people who use care services to be safe, especially if they are in vulnerable circumstances, and may find it difficult to speak for themselves. If you have urgent concerns about the wellbeing of a child or vulnerable adult, your committee should contact your local authority children's or adult social care department. This might be evidence of physical, sexual, psychological abuse, neglect and acts of omission including ignoring medical or physical care needs or discriminatory abuse.

CQC does not deal with these individual cases of safeguarding, but we work closely with local authority safeguarding staff and can use the information in our judgements about services. We can follow up a service where concerns have been raised, and this may lead us to take enforcement action against the service if we find it does not meet essential standards of quality and safety.

If you share information with your local safeguarding team, we hope you will also let your local CQC contact know – in case we also need to act swiftly. Please remember that you can share urgent concerns with us at any time.

5. Where to go for more information

For more information about CQC go to www.cqc.org.uk or ring 03000 616161

To talk to us about our work with scrutiny committees, email: involvement.edhr@cqc.org.uk

For information about the development of HealthWatch England, please go to our website: www.cqc.org.uk/aboutcqc/whatwedo/improvinghealthandsocialcare/healthwatch.cfm

You can get involved in HealthWatch England developments by sending an email to enquiries@nunwood.com

You may want to talk to some of the scrutiny committees involved in developing this guide. They are:

- Torbay Health Scrutiny Committee
- Joint Health Overview and Scrutiny Committee Pennine Acute NHS Trust
- Leicestershire County Council Joint Health Scrutiny Committee
- Nottingham City and Nottinghamshire County Joint Health Scrutiny Committee
- Cambridgeshire County Council Health and Adult Social Care Scrutiny Committee
- Isles of Scilly Health Overview and Scrutiny Committee
- Ealing Health Scrutiny Panel

6. Examples of working together

Information from scrutiny committees is already helping CQC check on a range of health and social care services. Scrutiny committee review reports and the findings from these have been particularly useful. In some areas, information from scrutiny committees has helped us focus on which aspects of a service to look at in one of our reviews, and which locations to visit.

In this section, we provide examples of how some scrutiny committees have been working with CQC and how information is being shared between us. Each committee works in a different way but these examples show what can be achieved by working together.

Ealing Health Scrutiny Panel

Ealing Scrutiny Committee has worked with CQC during its review of access and quality of care for Ealing patients after hospital or other clinical treatment. The review has identified the main care pathways and service providers involved in aftercare in Ealing, and examined access to and quality standards of aftercare, and the causes of any poor performance. It has examined the initiatives underway to address any concerns and lessons learnt from services elsewhere.

It has focused on hospital admission and discharge, transfers of care, specialist rehabilitation and end of life care.

Isles of Scilly Health Overview and Scrutiny Board

Isles of Scilly Health Overview and Scrutiny Committee has regular contact, by email and phone, with CQC through the Committee chair and the vice chair. The compliance manager addressed the committee, explaining CQC's role and its relationship with scrutiny committees. This has helped the Committee develop the questions for commissioners, providers, patients and carers as part of its review of stroke aftercare services. It has also made use of the CQC's national review of stroke services. The Committee is sharing the findings with CQC and discussing the implications of their final report. Commissioners and providers are aware of the committee's relationship with CQC.

> "The role of health overview and scrutiny committees is evolving and up until recently some members didn't realise the importance of the relationship between CQC and health overview and scrutiny committees. I think we need to further develop our relationship with CQC as the scrutiny function of health overview and scrutiny committees will increase."
> (Chair of the Isles of Scilly Health Overview and Scrutiny Committee)

Torbay Health Scrutiny Board

Torbay Health Scrutiny Board has been building its local relationship with CQC and held a workshop with elected members and CQC, which has been very positively received. The Committee communicates with CQC whenever necessary by phone and email and regular meetings are scheduled between CQC and the Scrutiny Committee chair. CQC is also attending Scrutiny Committee meetings as an observer in the public gallery.

The Committee aspires to the four principles set out by the Centre for Public Scrutiny:

> "critical friend challenge to decision-makers; enable the voice and concerns of the public and its communities; be 'independent minded governors' who lead and own the scrutiny process and drive improvement in public services."

The Committee has improved its understanding of CQC's role. CQC has shared information about all the 153 service providers in Torbay and the details of the CQC inspectors responsible for these providers. CQC has also shared its confidential programme of reviews planned over the coming months in Torbay, and a list of the essential standards of quality and safety. The Committee receives email alerts and links to publications of any CQC review reports on local providers. As a result, a councillor has already raised an issue about a service provider to the Committee which is being followed up with the provider and the primary care trust (PCT) initially, and the Committee will then update CQC.

The Committee shares its work programme, the minutes of its meetings and forthcoming agendas with CQC. It has also raised a concern about the procedure for safeguarding at one provider which has been followed up.

In future, the Committee will be considering a more formal agreement or protocol between CQC and the Committee. Formal meetings are also scheduled between the scrutiny committee chair, CQC and the LINk/HealthWatch chair to exchange information and work programmes.

Leicestershire County Council Overview and Scrutiny Committee

The Committee has met with CQC locally and developed a working relationship. A meeting was held between the assistant director of strategy and commissioning and the scrutiny officer to discuss how the relationship with CQC might work locally. It was agreed to organise a briefing for all elected members in the county on CQC and its work. The assistant director, scrutiny officer and CQC's local compliance manager met and planned the briefing workshop for councillors about CQC. The scrutiny officer is developing a local guide for CQC and overview and scrutiny committees working together.

Cambridgeshire County Council Health and Adult Social Care Scrutiny Committee

The Committee was invited to contribute to a CQC review of an out-of-hours GP service provided in part of the county in 2010. Through dialogue with CQC, the Committee was able to feed its views and concerns into the review, based on its experience of scrutinising local services, on the information it had picked up from the local community and concerns raised by individual councillors. As a result, it was able to use CQC's findings from the review to inform its response to the PCT's consultation on future provision of the out-of-hours services. The Committee found this very helpful.

The Committee has established an ongoing relationship with CQC, including holding a seminar for all councillors, not just those involved in health scrutiny. The seminar was an opportunity to discuss how individual councillors can contribute information to CQC, as well as the scrutiny committee. Fifteen councillors attended and all considered it was very useful in developing a relationship between the council and CQC.

Nottingham City and Nottinghamshire County Joint Health Scrutiny Committee

The Committee has established local contact with CQC and learnt more about CQC's role. It has shared information about its review of dementia care services.

At the end of every Health Scrutiny Committee meeting in Nottingham City, councillors consider the issues that they have discussed and whether there are any issues that should be referred to CQC, which they do using the CQC webform.

> "We realised that the public nature of scrutiny means that overview and scrutiny committees can provide useful information to the CQC. The committee decided it is important to have a good relationship with our local CQC contacts and to provide CQC with ongoing information as a result of our scrutiny work." (Scrutiny officer, Nottingham County Council)

Joint Health Overview and Scrutiny Committee Pennine Acute NHS Trust

The officer for the Joint Health Overview and Scrutiny Committee and the officer for the Joint Scrutiny Committee for the Pennine Acute NHS Trust now meet regularly with their CQC inspector. The Committee submitted its review of hospital nutrition to CQC, which then inspected nutrition within the Pennine Acute NHS Trust, as part of its national inspection. Recent CQC inspections, following a documentary about the Trust have been discussed with the Committee's officer. Future work by the Committee will focus on the patient experience, and will be shared with CQC.

How to contact us

Phone: 03000 616161
Email: enquiries@cqc.org.uk

Registered Office:
Care Quality Commission
Finsbury Tower
103–105 Bunhill Row
London EC1Y 8TG

We have also produced an easy read version of this guide, which can be found at **www.cqc.org.uk**. Please contact us if you would like a summary of this document in other formats or languages.

CQC-172-2500-STE-092011

A guide for local councillors

Working with the Care Quality Commission

September 2011

Introduction

This is a guide for local councillors who want to know more about how they can work with the Care Quality Commission (CQC). We are the independent regulator of health and adult social care services in England. This guide tells you more about CQC and what we do. It explains what information you can share with us from your constituents, to help us check on services.

The guide has been written by CQC with support from the Centre for Public Scrutiny, and some local authority officers and councillors working together. We would like to use more of the information local councillors hold about people's views and experiences of their care. We are especially interested to hear about people's experiences of social care services as well as healthcare. If you are involved in health or social care scrutiny, you can also read our guide *A guide for overview and scrutiny committees for health and social care: How your committee can work with the Care Quality Commission* at www.cqc.org.uk/localvoices

About the Care Quality Commission

We are the independent regulator of healthcare and adult social care services in England. We check whether care services meet essential standards of quality and safety, and we also protect the interests of vulnerable people, including those whose rights are restricted under the Mental Health Act. Find out more about us at www.cqc.org.uk

Which services do we check?

We check on these types of services:

- Providers of medical treatment to people of all ages, including treatment provided in hospitals, by ambulance services and by mental health services.
- Providers of care homes for people over 18 who need help to maintain their independence and wellbeing. This includes nursing homes. Care homes can provide residential care for the following:
    - People with long- or short-term health conditions
    - Disabled people and people with learning disabilities
    - Older people
    - People with drug or alcohol problems.
- Agencies that provide care, treatment and support to people living in their own homes to help them maintain their independence and wellbeing.
- Providers of services for people whose rights are restricted under the Mental Health Act.
- We started to register and check on dental services (in the community) and independent ambulance services from April 2011. We will register and check on GP

out-of-hours services from April 2012. Subject to Parliament, we will register other primary medical services, including GP services and walk-in centres from April 2013.

What do we check?

The Health and Social Care Act 2008 requires providers of all regulated care services to meet government standards of quality and safety – the standards the government says anyone should expect whenever or wherever they receive care. These standards cover things like cleanliness, dignity, safety and staffing.

We register providers if they meet the standards, we check whether or not they continue to do so and we take action if standards aren't being met. Our assessments are based on people's experiences of care and the impact it has on their health and wellbeing. We put the views and experiences of people who use services at the centre of our work. We also look at whether or not the right systems and processes are in place.

You can read our guidance about the essential standards and full details of the outcomes we look for at www.cqcguidanceaboutcompliance.org.uk and at www.cqc.org.uk/_db/_documents/Quick_guide_to_the_essential_standards.doc

We have also produced guides for the public explaining what you can expect from your care which can be found at:
www.cqc.org.uk/usingcareservices/essentialstandardsofqualityandsafety.cfm

What are the standards of care?

You can expect any of the health or social care services we check on to meet the following essential standards:

You can expect to be involved and told what's happening at every stage of your care

- You will always be involved in discussions about your care and treatment, and your privacy and dignity will be respected by all staff.
- You will be given opportunities, encouragement and support to help you live as independently as possible.
- Before you receive any examination, care treatment or support you will be asked whether or not you agree to it.

You can expect care, treatment and support that meets your needs

- Your personal needs will be assessed to make sure you get safe and appropriate care that supports your rights.
- You get the treatment that you and your health or care professional agree will make a difference to your health and wellbeing.
- You will get the food and drink you need to meet your dietary needs.
- If you have more than one care provider, or if you are moved between services, you will get coordinated care.

You can also expect your needs to be met in relation to:

- Your cultural background and the language you speak
- Your sex (gender)
- Your disability
- Your age
- Your sexual orientation (whether you are a lesbian, gay, bisexual or heterosexual person)
- Your religion or belief
- Your gender identity, if you are a transsexual person
- Your needs if you are pregnant or have recently had a baby.

You can expect to be safe

- You will be protected from abuse or the risk of abuse, and staff will respect your human rights.
- You will get the medicines you need, when you need them, and in a safe way.
- You will be cared for in a safe and accessible place.
- You will not be harmed by unsafe or unsuitable equipment.
- You will be cared for in a clean environment where you are protected from infection.

You can expect to be cared for by qualified staff with the right skills to do their jobs properly

- Your health and welfare needs are met by staff who have the knowledge, skills and experience needed.
- There will always be enough members of staff available to keep you safe and meet your needs.
- You will be looked after by staff who are well managed and have the chance to develop and improve their skills.

You can expect your care provider to routinely check the quality of its services

- Your care provider will monitor the quality of its services to make sure you are safe.
- Your personal records, including medical records, will be accurate and kept safe and confidential.
- You, or someone acting on your behalf, can complain and will be listened to. Your complaint will be acted upon properly.

Tell us about people's care

We want you to share information with us about people's views and experiences of local health and social care services. As individual councillors, you may have access to information and feedback from people who use services in your area. If an issue relates to a local provider of services, this should be raised with the provider in the first instance, and also with the commissioner of the service where necessary. It is helpful if you can also share any concerns you have about local care with us, as we may be able to use the information to help us check on services. It will help us if you can:

- Share any information with us if you think it helps us check on the essential standards shown above.
- Share information with us about any of the services we check on – care homes, domiciliary care services, health services, dentists, independent healthcare services, GP out-of-hours services, and so on.

How to share your information with CQC

You can share information with CQC in three ways:

1. Through our website, where there is an online feedback form that you can use at www.cqc.org.uk
2. Through our enquiries contact centre at 03000 616161 or
3. By email enquiries@cqc.org.uk

Top tips about the information you share with CQC

1. If in doubt, share your information with us. If you have concerns about any care provided, then it is likely that your information will help us check on services.
2. Try to name the health or adult social care service or services you are describing in all your comments or reports.
3. Provide the evidence for your conclusions and comments and any dates whenever possible, and explain what sort of evidence you have (it may be a small number of concerning stories or a meeting with many more people).
4. Try to match your information to our CQC essential standards of quality and safety. You can relate your information to as many standards as you like.
5. Please let us know whether you are giving us information that is positive or negative about how care is provided. Both positive and negative comments about a service are important in helping us judge whether a service continues to meet our standards.

What to do if you are concerned about someone's safety

We want people who use care services to be safe, especially if they are in vulnerable circumstances, and may find it difficult to speak for themselves. If you have urgent concerns about the wellbeing of a child or vulnerable adult, you should contact your local authority children's or adult social care department. This might be evidence of abuse, neglect and acts of omission including ignoring medical or physical care needs or discriminatory abuse.

CQC does not deal with these individual cases of safeguarding, but we work closely with local authority safeguarding staff and can use the information in our judgements about services. We can follow up a service where concerns have been raised, and this may lead us to take enforcement action against the service if we find it does not meet essential standards of quality and safety.

If you share information with your local safeguarding team, we hope you will also let us know by ringing our contact centre on 03000 616161 – in case we also need to act swiftly. Please remember that you can share urgent concerns with us at any time.

What we do with your information

Your information becomes part of our 'quality and risk profile', which we hold for every health and adult social care organisation. You can look up the profiles of any service provider on our website. The information you share with us will help us spot problems or concerns in local services that we need to act upon.

We match your information with our essential standards of quality and safety if we can, and decide whether it is positive or negative. Then we weigh up whether it is clear and whether it is about people's experience of care. For example, does it tell us something that has an impact on a person using the service and does it represent the views of someone using the service (or groups of people using the service)?

How we carry out our checks

Under new proposals, we will inspect all adult social care, independent healthcare services, and most NHS hospitals at least once a year. (By NHS hospitals we mean all NHS acute hospitals and all NHS ambulance trusts. We inspect at least one type of service in all other trusts). We will inspect dental services at least once every two years. We focus on checking services more frequently where there are concerns that people may be getting poor care.

We identify these concerns by sharing information with a wide variety of organisations, by listening to the public, local groups, care staff and whistleblowers, and by monitoring data. Our profile of each service is updated whenever new information arrives. This helps our inspectors to decide where there is a risk that people could be experiencing poor care. Feedback from people who use services is very important to us. We treat it as seriously as we do other forms of information.

When we decide that there is a risk of poor care, we assess whether or not the service is failing to meet one or more of the essential standards. We review the information we hold. We may visit the service to observe how care is delivered, talk to the people who use the service and to staff, and to check the provider's records if necessary.

If we judge that a service is not meeting essential standards we use our powers to require improvements. We follow up to make sure the improvements are made and we hold services to account if they don't do so. If we judge that people's health, wellbeing and safety are at risk we take swift action to protect them.

Once we have reviewed a service we publish our findings as quickly as possible. Our information can help people choose a service or tell them about standards of care at a local service. We update our website when there are changes to report about checks, improvements or concerns.

What we do if a service doesn't meet the essential standards

If standards aren't being met, we require improvements within a set timescale. The service must then send us an action plan telling us how it will make these improvements.

If the service does not improve, or we have serious concerns about the health and safety of people who use it, we have a range of enforcement powers. These include fines, warnings, restrictions to the way the service is provided, suspension or cancellation of its licence to operate, and prosecution of those providing the service.

When we propose to use our enforcement powers, the service has 28 days to challenge us before we can make our decision public. If we believe there is a serious, immediate threat to people's health and safety, we can act immediately to restrict, suspend or stop the service from being provided and we can make our decision public as soon as we do so.

CQC and health and social care scrutiny committees

Your council's health/social care scrutiny committee chair and lead officer (if you have one) will have regular contact with a local CQC manager or inspector. You can read *A guide for overview and scrutiny committees for health and social care: How your committee can work with the Care Quality Commission* on www.cqc.org.uk/localvoices

Where to go for more information

- Visit our website at www.cqc.org.uk
- Read our guides about the standards you can expect from your hospital, care home or care provided at home:

  What standards to expect from the regulation of your NHS hospital

  What standards to expect from the regulation of agencies that provide care in your own home

  What standards to expect from the regulation of your care home

  Available at
  www.cqc.org.uk/usingcareservices/essentialstandardsofqualityandsafety.cfm
- Read our full guidance for service providers at
  www.cqcguidanceaboutcompliance.org.uk
- For information about the development of HealthWatch England, please go to:
  www.cqc.org.uk/aboutcqc/whatwedo/improvinghealthandsocialcare/healthwatch.cfm
- You can get involved in HealthWatch England developments by sending an email to healthwatch@nunwood.com

How to contact us

Phone: 03000 616161
Email: enquiries@cqc.org.uk

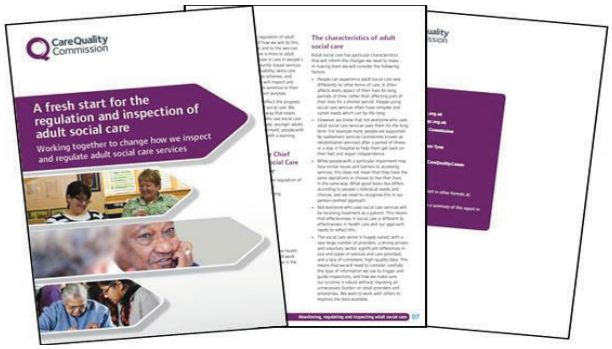
Registered Office:
Care Quality Commission
Finsbury Tower
103–105 Bunhill Row
London EC1Y 8TG

Please contact us if you would like a summary of this document in other formats or languages.

CQC-173-5000-STE-092011

CareQuality Commission Bulletin

Update for Overview and Scrutiny Committees Nov 2013



A new approach to inspecting adult social care services

We published our early thinking on our priorities for adult social care in our recent publication, *A Fresh Start for the Regulation and Inspection of Adult Social Care*, which was published on 15 October.

In the document, the Chief Inspector of adult social care, Andrea Sutcliffe, outlines her priorities for transforming how we will monitor, inspect and regulate care homes and other adult social care services, with a greater focus on public involvement and improvement.
Read more…

This month:

CQC news
More hospital inspections announced, reaching community groups, support for inspection changes, statement of involvement, Chief Inspectors.

Public information
New homepage, email alerts, share your views.

Our themed inspection programme
Review of dementia care, end of life care review, national review of emergency mental health care.

CQC and Overview and scrutiny committees
Monthly teleconference, OSC contact details, area profiles, local CQC contact, share people's experiences of care, press releases.

CQC news

More hospital inspections announced
A further 19 NHS trusts will be inspected from January 2014 using our new model. These NHS trusts are the first to be given one of the following ratings: Outstanding, Good, Requiring improvement and Inadequate. We have also published the results of our intelligent monitoring for each acute trust. We have used this information to select the next acute trusts to be inspected. You can see a list of the trusts we will inspect between January and March 2014 and more information about intelligent monitoring **here…**

Reaching out to community groups during our inspections of acute hospitals
We will be running community focus groups as part of our preparation for our inspections of NHS acute hospitals. Partnering with Regional Voices, University of Central Lancashire (SpeakOut network) and other voluntary sector partners, we will reach people in communities who have experience of receiving care from acute hospitals. Over the next year, we will also speak to people who have received care from other health and social care sectors too.

The first community focus group took place on 11 October. 12 other community focus groups will be held for the remaining hospital inspections. **Read more…**

Support for our inspection changes
We've published your responses to our consultation on our work and how we will inspect, regulate and monitor services. The responses we received from the public, people who use services, carers, our own staff, professionals and voluntary organisations show that there is agreement with our new approach. **Read more…**

Statement of Involvement and action plan
This statement describes how we will involve the public, people using services, their families, and carers in our work. It supports our new strategy for 2013 to 2016, 'Raising standards, putting people first', and builds on the work we currently carry out to involve people and local communities. It is based on what people who use services and other bodies have told us. **Read more…**

Our new Chief Inspectors
Professor Steve Field and Andrea Sutcliffe have now started in their roles as Chief Inspector of general practice and Chief Inspector of adult social care respectively. Steve has joined us from NHS England where he was Deputy National Medical Director, and Andrea joins us from SCIE, where she was the Chief Executive. **Read more…**

Public information

We welcome to our new home page
We've made some changes to the homepage of our website. We hope you find it easier to find inspection reports and other information. Have a look and see what you think. **Read more…**

Get alerts when your services are inspected
On our website, you can now sign up to receive alerts about our inspections of your local care services. You can subscribe to receive alerts from the profile of any service in England. See our instructions on how you can sign up for these alerts **here**.

As well as subscribing to email alerts, you can find out where we have published reports on the **Our latest reports** page.

Share your views with us
We are partnering with other websites that allow people to post reviews, comments and ratings of care services to help us build a better picture of the care people receive. **Read more…**

Our themed inspection programme

Get ready for our review of dementia care – what do you hear about dementia care in your area?
From November through to January we will be inspecting groups of hospitals and care homes in over 24 local authority areas to check on the quality of dementia care in these areas. We will focus on how well services work together to provide care for people with dementia – especially between care homes and hospitals.

All scrutiny committees are invited to send information about the quality of dementia

care in their areas to **enquiries@cqc.org.uk** marked 'dementia review'. We will be contacting the Healthwatch in the inspection areas in October to see how you want to work with us. Your information will help us produce a national report to be published in 2014. Any questions to **involvement.edhr@cqc.org.uk**.

End of life care review
We are currently planning a review of end of life care and would like to hear if your scrutiny committee has a view on what we should focus on for this review and if you would like to be directly involved in the development of the review. Please email **involvement.edhr@cqc.org.uk** with any areas of focus and also let us know if you would like to be involved.

Can you help us plan our national review of emergency mental health care?
We are planning a review of emergency mental health care services for 2014. We plan to look at how people in crisis are cared for and supported – whether it is their first experience of a crisis or if they have repeated crises including an experience of detention under the Mental Health Act.

Would you like to help us shape this review or have you evidence you think we should use? We would like to hear from you on **involvement.edhr@cqc.org.uk**.

CQC and Overview and scrutiny committees

Monthly teleconference for OSCs
We will be running some monthly teleconferences for Scrutiny committees to ring in and advise us on particular aspects of our work.

The first one will be held on 19 November 10-11am, and will give you the opportunity to hear about our new mental health inspections and draft set of indicators we will be using to inform our mental health inspections and how we can best work with you in these inspections.

Each teleconference will allow up to 10 people from different Scrutiny Committees to dial in free of charge. Please register you interest at **involvement.edhr@cqc.org.uk**. Places will be allocated on a first come first served basis.

Overview and Scrutiny committee contact details
If you have any further names and contact details (email and phone numbers where possible) for anyone in your committee who you would like to receive information directly from CQC please let us know. Please email **involvement.edhr@cqc.org.uk** .

Find out about our area profiles from your local CQC manager
Your local CQC manager can now share information with you about all the services we regulate in your area, the inspections we have done and what we have found. We hope this profile will help you and your health and wellbeing board.

Your local CQC contact
You should have contact with your local CQC manager.
If you don't know who they are please email **involvement.edhr@cqc.org.uk** or ring 03000 616161 and ask for the involvement team. We will send you the name and email of your local manager and send them your details. They will be in touch to meet with you, and to develop a local agreement about how you both share information and communicate with each other.

Over the coming months our local CQC manager will be able to share a package of information with you. This will include the services registered with us to provide care; the inspections we have been doing in your area and the findings from these inspections. We will let you know more about this in the next ebulletin and you can discuss it with your local CQC manager.

Please share your information about peoples experiences of care
If you have evidence from scrutiny reports, or other work from your committee (including the views and experiences of local people about the quality or safety of health/social care), please discuss it with your local CQC manager and email it to **enquiries@cqc.org.uk**. These may be positive or negative about a service or groups of services or about an issue across local services. It is all useful to help us make a judgement about the quality and safety of care.

If you have immediate concerns about someone's safety please contact your local authority safeguarding team, as they have the primary responsibility to act on individual safeguarding concerns.

Getting our press releases
Scrutiny committees should be receiving press releases about national reports and about our findings for services in your area – where we issue a special press release. If you do not receive this information please email **involvement.edhr@cqc.org.uk**.
Read more…

Feedback from local groups

You can send us views and experiences of any of the services we regulate, or tell us about how they work together in your area. We want to hear from Local Involvement Networks, Overview and Scrutiny Committees, Foundation Trust governing bodies and groups representing people who use health and adult social care services. **Read more…**


Your experience


Local groups


Home


Contact us

Think before you print

Find us on...

Subscription
If this email was forwarded and you wish to receive future CQC e-bulletins, please email us to subscribe.
If you no longer wish to receive this e-bulletin, please reply to this email, putting 'unsubscribe' in the title.

Any comments?
If you have any comments regarding this bulletin, please email us.
Further information can be found on the Care Quality Commission's website at: www.cqc.org.uk.

Appendix 4

Social Care Services – Proposals

1. Ratings

It is proposed that, as indicated in '*A new start'*, providers of care will be rated in one of the following categories:

- outstanding
- good
- requires improvement
- inadequate (this may be changed to 'poor' following consultation).

Operation of the ratings system is to be outsourced to 'rating providers' subject to enactment of the Care Bill currently before Parliament.

If legislation, consultation and evaluation of the ratings system permits, CQC will begin to award shadow ratings in Summer 2014. It anticipates that all adult social care services will be rated by March 2016.

2. Registration

CQC makes a commitment that the registration process will:

- make sure providers have the right values and motivations for providing care, as well as the right skills and experience.
- be flexible and will not stifle innovation or discourage good providers of care services
- ensure providers understand the commitment they are making and the consequences of not meeting registration requirements.

3. Inspection

The inspection process will change in a number of ways to include the following

- The frequency of inspections will be based on previous ratings backed up by a 'surveillance model', rather than being based on an annual inspection
- Inspections will be carried out by 'expert inspectors'
- Use insight from various sources to target where, when and what to inspect, for example trigger factors such as a change in ownership.
- There will be a much stronger focus on 'leadership, governance and culture'.
- Integration with health will be a factor in assessment.

The proposals contain a separate section on listening to people's views, complaints and whistleblowing, making it clear that CQC wishes to facilitate all of these and to ensure that it responds to them and to other information and evidence in the inspection and assessment process.

4. Guidance and Standards

CQC proposes to develop guidance on how it will rate care services. The guidance will be tailored for each sector and for some services within each sector. It will also consider how to use accreditation and kite marking and whether to give specific guidance on the induction and training qualifications it expects care professionals to have.

The proposals also points out that the Department of Health has consulted on proposals to take tougher action to hold directors or leaders of organisations to account for failures in the quality of care. This is subject to further legislation (in the Care Bill), but in any case CQC says that it will take tougher action in responses to breaches in the quality of care.

5. Monitoring the Finances of Providers

Following events, such as the failure of Southern Cross, a large care provider, CQC expects to monitor the finances of some providers, from April 2015, subject to the Care Bill. The Bill is intended to:

- clarify the duties on local authorities to ensure continuity of care for those receiving care in their area if their care provider fails
- establish CQC as the financial regulator for the sector overseeing the finances of an estimated 50 to 60 care providers that would be difficult to replace were they to go out of business.

6. Support for CQC staff

The qualifications of CQC inspection staff have been questioned in the media and other commentary. The proposals make certain commitments to developing specialist inspectors of adult social care staff and to supporting staff in understanding up-to-date evidence on good practice and receiving training on the Mental Capacity Act and safeguarding.

REPORT TO:	Health Policy & Performance Board
DATE:	4 March 2014
REPORTING OFFICER:	Strategic Director - Communities
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Health Policy and Performance Board Work Programme 2014/15 – Scrutiny Topic
WARD(S)	Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 This report is the first step in identifying a scrutiny topic for the Board to examine during 2014/15.

2.0 **RECOMMENDATION: That the Board:**

i) Put forward and debate its initial suggestions for a Topic to be included in the Board's 2014/15 work programme;

ii) Agree the Scrutiny Topic to be examined during 2014/15, with a view to an associated topic brief being developed and agreed at the next meeting of the Board.

3.0 **SUPPORTING INFORMATION**

3.1 Whilst the Board ultimately determines its own Topics, suggestions for Topics to be considered may also come from a variety of other sources in addition to Members of the Board themselves. This may include members of the Council's Executive, other non-Executive Members, officers, the public, partner and other organisations, performance data and inspections.

3.2 Prior to determining the Board's preferred Topic, the PPB may wish to take soundings from relevant Executive Board portfolio holders, the Health & Well Being Board and other key partners.

3.3 A meeting took place with members of the Board on 2nd December 2013 to discuss the priorities for the Communities Directorate Business Plan 2014-2017. Members may feel they would want to select a topic during 2014/15 that supports one of these areas. The main priorities identified at that meeting were :-

- *Prevention*
- *Access to Care Services*
- *Quality*

3.4 In terms of the current regional context, it is likely that the Board will be involved in a joint scrutiny process during 2014/15 in respect of the cancer services proposals.

4.0 POLICY IMPLICATIONS

4.1 The outcome from the Scrutiny Topic may result in the need to review associated policies.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 The outcome from the Scrutiny Topic may result in recommendations which have financial or other implications and these will be considered as necessary.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

None identified.

6.2 Employment, Learning & Skills in Halton

None identified.

6.3 A Healthy Halton

Any topic identified will support the Council's strategic priority of Improving Health.

6.4 A Safer Halton

None identified.

6.5 Environment and Regeneration in Halton

None identified.

7.0 RISK ANALYSIS

7.1 No risks associated with this report have been identified.

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 OFTHE LOCAL GOVERNMENT ACT 1972

9.1 None under the meaning of the Act.

Appendix 1

OVERVIEW AND SCRUTINY WORK PROGRAMME

Topic Selection Checklist

This checklist leads the user through a reasoning process to identify a) why a topic should be explored and b) whether it makes sense to examine it through the overview and scrutiny process. More "yeses" indicate a stronger case for selecting the Topic.

#	CRITERION	Yes/No
Why? Evidence for why a topic should be explored and included in the work programme		
1	Is the Topic **directly aligned with and have significant implications for at least 1 of Halton's 5 strategic priorities & related objectives/PIs, and/or a key central government priority?**	
2	Does the Topic **address an identified need** or issue?	
3	Is there a **high level of public interest or concern about the Topic** e.g. apparent from consultation, complaints or the local press	
4	Has the Topic been **identified through performance monitoring** e.g. PIs indicating an area of poor performance with scope for improvement?	
5	Has the Topic been **raised as an issue requiring further examination through a review, inspection or assessment, or by the auditor?**	
6	Is the Topic area likely to have a **major impact on resources or be significantly affected by financial or other resource problems** e.g. a pattern of major overspending or persisting staffing difficulties that could undermine performance?	
7	Has some **recent development or change** created a need to look at the Topic e.g. new government guidance/legislation, or new research findings?	
8	Would there be **significant risks** to the organisation and the community **as a result of not examining this topic**?	
Whether? Reasons affecting whether it makes sense to examine an identified topic		
9	**Scope for impact** - Is the Topic something the Council can actually influence, directly or via its partners? Can we make a difference?	
10	**Outcomes –** Are there clear improvement outcomes (not specific answers) in mind from examining the Topic and are they likely to be achievable?	
11	**Cost: benefit** - are the benefits of working on the Topic likely to outweigh the costs, making investment of time & effort worthwhile?	
12	**Are PPBs the best way to add value** in this Topic area? Can they make a distinctive contribution?	
13	Does the organisation have the **capacity** to progress this Topic? (e.g. is it related to other review or work peaks that would place an unacceptable load on a particular officer or team?)	
14	Can PPBs contribute meaningfully given the **time** available?	

REPORT TO: Health Policy and Performance Board

DATE: 4 March 2014

REPORTING OFFICER: Strategic Director - Communities

PORTFOLIO: Health and Wellbeing

SUBJECT: Joint Health Scrutiny

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To present the Board with an update with regards to the development of a protocol for the establishment of Joint Health Scrutiny arrangements across Cheshire and Merseyside, since the last meeting of the Board on 7th January 2014.

2.0 RECOMMENDATION: That the Board:

i) Note the contents of the report; and

ii) Endorse the revised draft protocol attached at Appendix 1 and agree that it be presented to the Executive Board and subsequently the Council for approval.

3.0 SUPPORTING INFORMATION

3.1 At the Board on the 7th January the background to the development of a Cheshire and Merseyside regional protocol for dealing with joint scrutiny committees was presented, along with an initial draft.

3.2 It was highlighted that the Chair and Vice Chair of the Health Policy & Performance Board had meet with a small group of officers to review the draft protocol with a view to returning comments; comments returned included the need to choose **OPTION 1** and the need to include reference to officer support. At the time of presenting the report to the Board, we were still waiting for feedback from Knowsley as to comments returned by the other Local Authorities and how potentially the draft would change as a result.

3.3 Information has now been received from Knowsley in relation to the comments Halton made as outlined below :-

- Page 3 Footnote – this has now been amended to reflect the current NHS 'architecture'.

- Page 6 – Membership
  7 of the 9 authorities preferred **OPTION 1** (which included the sliding scale approach to nominations). Knowsley didn't receive any alternative suggestions to the sliding scale.

  Halton had suggested that there should only be 1 nominated elected member or nominated substitute from each participating authority whether it be 2 or 9 local authorities. However it was felt that a 'blanket' 1 member nomination would not

be a feasible approach as it would have the potential to allow a joint committee to consist of only 2 members.

The protocol now includes a minimum quorum of 3 and it is believed that this is the minimum number to allow a committee meeting to be viable. Membership of joint committee will therefore be as follows:-

- where 8 or more local authorities deem the proposed change to be substantial – the joint health overview and scrutiny committee will consist of 1 nominated elected member from each participating authority (or a nominated substitute)

- where between 4 and 7 local authorities deem the proposed change to be substantial, each authority will nominate 2 elected members

- where 3 or less local authorities deem the proposed change to be substantial, then each participating authority will nominate 3 elected members.

Local authorities who consider change to be 'substantial'	**No of elected members to be nominated from each authority**
8 or more	1 member
Between 4 and 7	2 members
3 or less	3 members

- Page 7 Officer Support – An additional section 6.6.4 has been added to the protocol.

4.0 **POLICY IMPLICATIONS**

4.1 The aim of the joint protocol is that it would be used for all future joint scrutiny committees and would help support a more structured approach to joint scrutiny being undertaken.

4.2 Each Local Authority has been asked to consider the revised draft protocol via their appropriate political channels/structure with a view to getting it formally agreed across the Cheshire and Merseyside region.

4.3 It is hoped that the protocol can be agreed in advance of when there will be a requirement to establish another joint scrutiny committee. In terms of the current regional context this is likely to be when the cancer services proposals are made available and there will be a need for formal consultation to take place.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 None identified at this stage.

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

6.1 **Children & Young People in Halton**
None identified at this stage.

6.2 **Employment, Learning & Skills in Halton**
None identified at this stage.

6.3 **A Healthy Halton**
The remit of the Health Policy and Performance Board is directly linked to this priority.

6.4 **A Safer Halton**
None identified at this stage.

6.5 **Halton's Urban Renewal**
None identified at this stage.

7.0 RISK ANALYSIS

7.1 Not having a joint protocol agreed could lead to a disjointed approach to joint scrutiny committees being undertaken in the future.

7.2 Whilst each Local Authority must decide individually whether a proposal represents a substantial development/variation, it is only the **statutory joint health scrutiny committee** which can formally comment on the proposals if more than one authority agrees that the proposed change is "substantial". Determining that a proposal is not a substantial development/variation removes the ability of an individual local authority to comment formally on the proposal and exercise other powers, such as the power to refer to the Secretary of State.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None identified at this stage.

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

Document	Place of Inspection	Contact Officer
The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013	Municipal Buildings	Lynn Derbyshire Lynn.Derbyshire@halton.gov.uk

Appendix 1

Revised draft Protocol for establishment of Joint Health Scrutiny Arrangements for Cheshire and Merseyside

PROTOCOL FOR ESTABLISHMENT OF JOINT HEALTH SCRUTINY ARRANGEMENTS FOR CHESHIRE AND MERSEYSIDE

1. INTRODUCTION

1.1 This protocol has been developed as a framework for the operation of joint health scrutiny arrangements across the local authorities of Cheshire and Merseyside. It allows for:

- scrutiny of substantial developments and variations of the health service; and,
- discretionary scrutiny of local health services

1.2 The protocol provides a framework for health scrutiny arrangements which operate on a joint basis only. Each constituent local authority should have its own local arrangements in place for carrying out health scrutiny activity individually.

2. BACKGROUND

2.1 The Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 came into effect on 1 April 2013 revising existing legislation regarding health scrutiny.

2.2 In summary, the revised statutory framework authorises local authorities to:

- review and scrutinise any matter relating to the planning, provision and operation of the health service; and,
- consider consultations by a relevant NHS body or provider of NHS-funded services on any proposal for a substantial development or variation to the health service in the local authority's area.

2.3 Ultimately the regulations place a requirement on relevant scrutiny arrangements to reach a view on whether they are satisfied that any proposal that is deemed to be a substantial development or variation is in the interests of the health service in that area, or instead, that the proposal should be referred to the Secretary of State for Health. In instances where a proposal impacts on the residents of one local authority area exclusively, this responsibility lays with that authority's health scrutiny arrangements alone.

2.4 Where such proposals impact on more than one local authority area, each authority's health scrutiny arrangements must consider whether the proposals constitute a substantial development or variation or not. The regulations place a requirement on those local authorities that agree that a proposal is substantial to establish, in each instance, a joint overview and scrutiny committee for the purposes of considering it. This protocol deals with the proposed operation of such arrangements for the local authorities of Cheshire and Merseyside.

3. PURPOSE OF THE PROTOCOL

3.1 This protocol sets out the framework for the operation of joint scrutiny arrangements where:

a) an NHS body or health service provider consults with more than one local authority on any proposal it has under consideration, for a substantial development/variation of the health service;

b) joint scrutiny activity is being carried out on a discretionary basis into the planning, provision and operation of the health service

3.2 The protocol covers the local authorities of Cheshire and Merseyside including:

- Cheshire East Council
- Cheshire West and Chester Council
- Halton Borough Council
- Knowsley Council
- Liverpool City Council
- St. Helens Metropolitan Borough Council
- Sefton Council
- Warrington Borough Council
- Wirral Borough Council

3.3 Whilst this protocol deals with arrangements within the boundaries of Cheshire and Merseyside, it is recognised that there may be occasions when consultations/discretionary activity may affect adjoining regions/ areas. Arrangements to deal with such circumstances would have to be determined and agreed separately, as and when appropriate.

4. PRINCIPLES FOR JOINT HEALTH SCRUTINY

4.1 The fundamental principle underpinning joint health scrutiny will be co-operation and partnership with a mutual understanding of the following aims:

- To improve the health of local people and to tackle health inequalities;

- To represent the views of local people and ensure that these views are identified and integrated into local health service plans, services and commissioning;

- To scrutinise whether all parts of the community are able to access health services and whether the outcomes of health services are equally good for all sections of the community; and,

- To work with NHS bodies and local health providers to ensure that their health services are planned and provided in the best interests of the communities they serve.

5. SUBSTANTIAL DEVELOPMENT/VARIATION TO SERVICES

5.1 Requirements to consult

5.1.1 All relevant NHS bodies and providers of NHS-funded services[1] are required to consult local authorities when they have a proposal for a substantial development or substantial variation to the health service.

5.1.2 A substantial development or variation is not defined in legislation. Guidance has suggested that the key feature is that it should involve a major impact on the services experienced by patients and/or future patients.

5.1.3 Where a substantial development or variation impacts on the residents within one local authority area boundary, only the relevant local authority health scrutiny function shall be consulted on the proposal.

5.1.4 Where a proposal impacts on residents across more than one local authority boundary, the NHS body/health service provider is obliged to consult all those authorities whose residents are affected by the proposals in order to determine whether the proposal represents a substantial development or variation.

5.1.5 Those authorities that agree that any such proposal does constitute a substantial development or variation are obliged to form a joint health overview and scrutiny committee for the purpose of formal consultation by the proposer of the development or variation.

5.1.6 Whilst each local authority must decide individually whether a proposal represents a substantial development/variation, it is only the statutory joint health scrutiny committee which can formally comment on the proposals if more than one authority agrees that the proposed change is “substantial”.

[1] This includes the NHS England, any Clinical Commissioning Group providing services to the residents of Cheshire and Merseyside, an NHS Trust, an NHS Foundation Trust and any other relevant provider of NHS funded services which provides health services to those residents, including public health.

5.1.7 Determining that a proposal is not a substantial development/variation removes the ability of an individual local authority to comment formally on the proposal and exercise other powers, such as the power to refer to the Secretary of State. Once such decisions are made, the ongoing obligation on the proposer to consult formally on a proposal relates only to those authorities that have deemed the proposed change to be "substantial" and this must be done through the vehicle of the joint committee. Furthermore the proposer will not be obliged to provide updates or report back on proposals to individual authorities that have not deemed them to be "substantial".

5.2 Process for considering proposals for a substantial development/variation

5.2.1 In consulting with the local authority in the first instance to determine whether the change is considered substantial, the NHS body/ provider of NHS-funded service is required to:

- Provide the proposed date by which it requires comments on the proposals
- Provide the proposed date by which it intends to make a final decision as to whether to implement the proposal
- Publish the dates specified above
- Inform the local authority if the dates change[2]

5.2.3 NHS bodies and local health service providers are not required to consult with local authorities where certain 'emergency' decisions have been taken. All exemptions to consult are set out within regulations.[3]

5.2.4 In considering whether a proposal is substantial, all local authorities are encouraged to consider the following criteria:

- *Changes in accessibility of services:* any proposal which involves the withdrawal or change of patient or diagnostic facilities for one or more speciality from the same location.

- *Impact on the wider community and other services:* This could include economic impact, transport, regeneration issues.

- *Patients affected:* changes may affect the whole population, or a small group. If changes affect a small group, the proposal may still be regarded as substantial, particularly if patients need to continue accessing that service for many years.

- *Methods of service delivery:* altering the way a service is delivered may be a substantial change, for example moving a particular service into community settings rather than being entirely hospital based.

[2] Section 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013
[3] Section 24 *ibid*

- *Potential level of public interest:* proposals that are likely to generate a significant level of public interest in view of their likely impact.

5.2.5. This criteria will assist in ensuring that there is a consistent approach applied by each authority in making their respective decisions on whether a proposal is "substantial" or not. In making the decision, each authority will focus on how the proposals impacts on its own area/ residents.

6. OPERATION OF A STATUTORY JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

6.1 General

6.1.1 A joint health overview and scrutiny committee will be made up of each of the constituent local authorities that deem a proposal to be a substantial development or variation. This joint committee will be formally consulted on the proposal and have the opportunity to comment. It will also be able to refer to the Secretary of State for Health if any such proposal is not considered to be in the interests of the health service.

6.1.2 A decision as to whether the proposal is deemed substantial shall be taken within a reasonable timeframe and in accordance with any deadline set by the lead local authority, following consultation with the other participating authorities.

6.2 Powers

6.2.1 In dealing with substantial development/variations, any statutory joint health overview and scrutiny committee that is established can:

- require relevant NHS bodies and health service providers to provide information to and attend before meetings of the committee to answer questions
- make comments on the subject proposal by a date provided by the NHS body/local health service provider
- make reports and recommendations to relevant NHS bodies/local health providers
- require relevant NHS bodies/local health service providers to respond within a fixed timescale to reports or recommendations
- carry out further negotiations with the relevant NHS body where it is proposing not to agree to a substantial variation proposal; and
- where agreement cannot be reached, to notify the NHS body of the date by which it intends to make the formal referral to the Secretary of State

6.2.2 A joint health overview and scrutiny committee has the power to refer a proposal to the Secretary of State if:

- the committee is not satisfied that consultation with the relevant health scrutiny arrangements on any proposal has been adequate
- it is not satisfied that reasons for an 'emergency' decision that removes the need for formal consultation with health scrutiny are adequate
- it does not consider that the proposal would be in the interests of the health service in its area

6.2.3 Where a committee has made a recommendation to a NHS body/local health service provider regarding a proposal and the NHS body/provider disagrees with the recommendation, the local health service provider/NHS body is required to inform the joint committee and attempt to enter into negotiation to try and reach an agreement. In this circumstance, a joint committee has the power to report to the Secretary of State if:

- relevant steps have been taken to try to reach agreement in relation to the subject of the recommendation, but agreement has not been reached within a reasonable period of time; or,
- There has been no attempt to reach agreement within a reasonable timeframe.

6.2.4 Where a committee disagrees with a substantial variation and has either made comments (without recommendations) or chosen not to provide any comments, it can report to the Secretary of State only if it has:

- Informed the NHS body/local health service provider of its decision to disagree with the substantial variation and report to the Secretary of State; or,
- Provided indication to the NHS body/local health service provider of the date by which it intends to make a referral.

6.2.5 In any circumstance where a committee disagrees with a proposal for a substantial variation, there will be an expectation that negotiations will be entered into with the NHS body/local health service provider in order to attempt to reach agreement.

6.2.6 Where local authorities have agreed that the proposals represent substantial developments or variations to services and agreed to enter into joint arrangements, it is only the joint health overview and scrutiny committee which may exercise these powers.

6.2.7 A statutory joint health overview and scrutiny committee established under the terms of this protocol may only exercise the powers set out in 6.2.1 to 6.2.3 above in relation to the statutory consultation for which it was originally established. Its existence is time-limited to the course of the specified consultation and it may not otherwise carry out any other activity.

6.3 Membership

6.3.1 Each participating local authority should ensure that those Councillors it nominates to a joint health overview and scrutiny committee reflect its own

political balance.[4] However, overall political balance requirements may be waived with the agreement of all participating local authorities.

6.3.2 A joint committee will be composed of Councillors from each of the participating authorities within Cheshire and Merseyside in the following ways:

- where 8 or more local authorities deem the proposed change to be substantial – the joint health overview and scrutiny committee will consist of 1 nominated elected member from each participating authority (or a nominated substitute)

- where between 4 and 7 local authorities deem the proposed change to be substantial, each authority will nominate 2 elected members

- where 3 or less local authorities deem the proposed change to be substantial, then each participating authority will nominate 3 elected members.

  (Note: In making their nominations, each participating authority will be asked to ensure that their representatives have the experience and expertise to contribute effectively to a health scrutiny process)

Local authorities who consider change to be 'substantial'	**No' of elected members to be nominated from each authority**
8 or more	1 member
Between 4 and 7	2 members
3 or less	3 members

6.3.3 Each local authority will be obliged to nominate elected members through their own relevant internal processes and provide notification of those members to the lead local administrative authority at the earliest opportunity.

6.3.4 To avoid inordinate delays in the establishment of a relevant joint committee, it is suggested that constituent authorities arrange for delegated decision making arrangements to be put in place to deal with such nominations at the earliest opportunity.

6.5 Quorum

6.5.1 The quorum of the meetings of a joint committee shall be one quarter of the full membership of any Joint Committee, subject to the quorum being, in each instance, no less than 3.

[4] Localism Act 2011, Schedule 2 9FA, 6 (b)

6.5.2 There will be an expectation for there to be representation from each authority at a meeting of any joint committee established. The lead local authority will attempt to ensure that this representation is achieved.

6.6 Identifying a lead local authority

6.6.1 A lead local authority should be identified from one of the participating authorities to take the lead in terms of administering and organising a joint committee in relation to a specific proposal.

6.6.2 Selection of a lead authority should, where possible, be chosen by mutual agreement by the participating authorities and take into account both capacity to service a joint health scrutiny committee and available resources. The application of the following criteria should also guide determination of the lead authority:

- The local authority within whose area the service being changed is based; or
- The local authority within whose area the lead commissioner or provider leading the consultation is based.

6.6.3 Lead local authority support should include a specific contact point for communication regarding the administration of the joint committee. There will be an obligation on the key lead authority officer to liaise appropriately with officers from each participating authority to ensure the smooth running of the joint committee.

6.6.4 Each participating local authority will have the discretion to provide whatever support it may deem appropriate to their own representative(s) to allow them to make a full contribution to the work of a joint committee.

6.7 Nomination of Chair/ Vice-Chair

The chair/ vice-chair of the joint health overview and scrutiny committee will be nominated and agreed at the committee's first meeting. It might be expected that consideration would be given to the chair being nominated from the representative(s) from the lead authority.

6.8 Meetings of a Joint Committee

6.8.1 At the first meeting of any joint committee established to consider a proposal for a substantial development or variation, the committee will also consider and agree:

- The joint committee's terms of reference;
- The procedural rules for the operation of the joint committee;
- The process/ timeline for dealing formally with the consultation, including:
    - the number of sessions required to consider the proposal; and,

- the date by which the joint committee will make a decision as to whether to refer the proposal to the Secretary of State for Health – which should be in advance of the proposed date by which the NHS body/service provider intends to make the decision.

6.8.2 All other meetings of the joint committee will be determined in line with the proposed approach for dealing with the consultation. Different approaches may be taken for each consultation and could include gathering evidence from:

- NHS bodies and local service providers;
- patients and the public;
- voluntary sector and community organisations; and
- NHS regulatory bodies.

6.9 Reports of a Joint Committee

6.9.1 A joint committee is entitled to produce a written report which may include recommendations. As a minimum, the report will include:

- An explanation of why the matter was reviewed or scrutinised
- A summary of the evidence considered
- A list of the participants involved in the review
- An explanation of any recommendations on the matter reviewed or scrutinised

The lead authority will be responsible for the drafting of a report for consideration by the joint committee.

6.9.2 Reports shall be agreed by the majority of members of a joint committee and submitted to the relevant NHS body/health service provider or the Secretary of State as applicable.

6.9.3 Where a member of a joint health scrutiny committee does not agree with the content of the committee's report, they may produce a report setting out their findings and recommendations which will be attached as an appendix to the joint health scrutiny committee's main report.

7. DISCRETIONARY HEALTH SCRUTINY

7.1 More generally, the Health and Social Care Act 2012 and the 2013 Health Scrutiny Regulations provide for local authority health scrutiny arrangements to scrutinise the planning, provision and operation of health services.

7.2 In this respect, two or more local authorities may appoint a joint committee for the purposes of scrutinising the planning, provision and operation of health services which impact on a wider footprint than that of an individual authority's area.

7.3 Any such committee will have the power to:

- require relevant NHS bodies and health service providers to provide information to and attend before meetings of the committee to answer questions
- make reports and recommendations to relevant NHS bodies/local health providers
- require relevant NHS bodies/local health service providers to respond within a fixed timescale to reports or recommendations

7.4 A discretionary joint committee will not have the power to refer an issue to the Secretary of State for Health.

7.5 In establishing a joint committee for the purposes of discretionary joint scrutiny activity, the constituent local authorities should determine the committee's role and remit. This should include consideration as to whether the committee operates as a standing arrangement for the purposes of considering all of the planning, provision and operation of health services within a particular area or whether it is being established for the purposes of considering the operation of one particular health service with a view to making recommendations for its improvement. In the case of the latter, the committee must disband once its specific scrutiny activity is complete.

7.6 In administering any such committee, the proposed approach identified in sections 6.3 – 6.9 (disregarding any power to refer to the Secretary of State) of this protocol should be followed, as appropriate.

8. CONCLUSION

8.1 The local authorities of Cheshire and Merseyside have adopted this protocol as a means of governing the operation of joint health scrutiny arrangements both mandatory and discretionary. The protocol is intended to support effective consultation with NHS bodies or local health service providers on any proposal for a substantial development of or variation in health services. The protocol also supports the establishment of a joint health overview and scrutiny committee where discretionary health scrutiny activity is deemed appropriate.

8.2 The protocol will be reviewed regularly, and at least on an annual basis to ensure that it complies with all current legislation and any guidance published by the Department of Health.