

Public Document Pack



Health Policy and Performance Board

Tuesday, 3 November 2015 at 6.30 p.m.
Council Chamber, Runcorn Town Hall

A handwritten signature in black ink, appearing to read 'David W R', is positioned above a faint, illegible stamp.

Chief Executive

BOARD MEMBERSHIP

Councillor Joan Lowe (Chairman)	Labour
Councillor Stan Hill (Vice-Chairman)	Labour
Councillor Sandra Baker	Labour
Councillor Charlotte Gerrard	Labour
Councillor Margaret Horabin	Labour
Councillor Mark Dennett	Labour
Councillor Martha Lloyd Jones	Labour
Councillor Shaun Osborne	Labour
Councillor Carol Plumpton Walsh	Labour
Councillor Pauline Sinnott	Labour
Councillor Pamela Wallace	Labour
Mr Tom Baker	Co-optee (Healthwatch)

Please contact Ann Jones on 0151 511 8276 or e-mail ann.jones@halton.gov.uk for further information.

The next meeting of the Board is on Tuesday, 12 January 2016

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

Part I

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1. MINUTES	
2. DECLARATIONS OF INTERESTS (INCLUDING PARTY WHIP DECLARATIONS)	
Members are reminded of their responsibility to declare any Disclosable Pecuniary Interest or Other Disclosable Interest which they have in any item of business on the agenda, no later than when that item is reached or as soon as the interest becomes apparent and, with Disclosable Pecuniary interests, to leave the meeting during any discussion or voting on the item.	
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In accordance with the Health and Safety at Work Act the Council is required to notify those attending meetings of the fire evacuation procedures. A copy has previously been circulated to Members and instructions are located in all rooms within the Civic block.

REPORT TO: Health Policy & Performance Board

DATE: 3 November 2015

REPORTING OFFICER: Strategic Director, Community & 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: 3 November 2015

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 Social Care Portfolio which have been considered by the Health & Wellbeing Shadow Board Minutes are attached at Appendix 1 for information.

2.0 RECOMMENDATION: That the Minutes be noted.

3.0 POLICY IMPLICATIONS

3.1 None.

4.0 OTHER IMPLICATIONS

4.1 None.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 Children and Young People in Halton

None

5.2 Employment, Learning and Skills in Halton

None

5.3 A Healthy Halton

None

5.4 A Safer Halton

None

5.5 Halton's Urban Renewal

None

6.0 RISK ANALYSIS

6.1 None.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

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

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

HEALTH AND WELLBEING BOARD

At a meeting of the Health and Wellbeing Board on Wednesday, 8 July 2015 at Karalius Suite, Stobart Stadium, Widnes

Present: Councillors Polhill (Chairman), Philbin, Woolfall and Wright and S. Banks, P. Cooke, L. Crane, M. Creed, L. Derbyshire, A. Marr, E. O'Meara, D. Parr, N. Rowe, C. Scales, M. Shaw, R. Strachan, T. Tierney, A. Waller, J Williams, S. Wallace-Bonner and S. Wright

Apologies for Absence: A. McIntyre and S. Yeoman

Absence declared on Council business: None

**ITEM DEALT WITH
UNDER DUTIES
EXERCISABLE BY THE BOARD**

Action

HWB1 MINUTES OF LAST MEETING

The Minutes of the meeting held on 13 May 2015 having been circulated were signed as a correct record subject to A. Scales in the attendance list being recorded as C. Scales.

HWB2 HEALTHY LIVING PHARMACIES

The Board considered a report of the Director of Public Health, which provided Members with a briefing on the Healthy Living Pharmacies (HLP) proposal including health benefits for the local population and opportunities for joint working between pharmacies and other health and wellbeing organisations.

The Board was advised that the Healthy Living Pharmacy was a nationally agreed accreditation or 'kite mark' for community pharmacies which delivered proactive health and wellbeing advice as part of their day to day role. It was a tiered commissioning framework aimed at achieving consistent delivery of a broad range of high quality services through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities.

The Board was further advised that in 2011/2012 the HLP programme had been rolled out across a number of other areas as part of an HLP pathfinder programme supported by the Department of Health. The Board noted the key findings from the evaluation of the HLP pathfinder sites in April 2013.

It was reported that many community pharmacies within Halton provided additional services commissioned by NHS Halton CCG or by Halton Local Authority Public Health as follows:-

- Care at the Chemist Minor Ailments Service (CATC);
- On Demand Access to Palliative Care Drugs;
- Smoking Cessation;
- Substance Misuse; and
- Sexual Health.

The Board noted the benefits of HLP in Halton, the current commissioning arrangements and the opportunities for future commissioning as follows:-

- Chlamydia screening;
- Blood pressure checks;
- Dementia screening;
- Healthy weight advice;
- Alcohol harm reduction advice;
- Support for people with long term conditions;
- Support for clients with respiratory conditions; and
- Minor ailment clinics.

The Board discussed the benefits of the proposal and agreed that it was an excellent initiative. It was also agreed that an extensive communication strategy be established; with an early launch of the initiative to members of the public to ensure that they were aware of the new facilities available at Healthy Living Pharmacies in the Borough.

RESOLVED: That

- (1) Healthy Living Pharmacies (HLP) be introduced throughout the Borough via a phased roll out;
- (2) the introduction of HLP will be a partnership approach led by Halton Council and NHS Halton Clinical Commissioning Group (CCG), supported and facilitated by the Local Pharmaceutical Committee (LPC); and

- (3) the accountability for HLP will be through Halton Council's Senior Public Health Team and NHS Halton CCG Medicines Management Working Group, which will report jointly by exception to this Board.

HWB3 JOINT STRATEGIC NEEDS ASSESSMENT SUMMARY UPDATE

The Board considered a report of the Director of Public Health, which provided Members with an update on the Joint Strategic Needs Assessment (JSNA).

The Board was advised that the JSNA continued to be hosted on the Halton Borough Council website. The JSNA had been developed as a series of chapters, on a rolling programme, with an annual dataset, annual summary and local health profiles, keeping the data updated.

The Board was further advised that the JSNA summary document outlined the data across five key life stages as follows:-

- Pregnancy and infancy (under 1 year);
- Children (1-15);
- Young adulthood (16- 24);
- Healthy adulthood (25-64); and
- Older People (65 and over).

In addition, it also included a set of data on wider determinants of health in respect of economic; community safety; housing; transport and social care and vulnerable people. The summary document was attached as Appendix 1 to the report.

The Board noted the in depth assessments that had taken place during 2014/15 and the key changes that had taken place since the last report. The Board also noted the information relating to the findings for the JSNA long term conditions chapters and the developments for the JSNA during 2015.

It was reported that a lot of work was also being undertaken to address hypertension in the Borough. Halton were the regional lead in this matter for Cheshire and Merseyside and had put forward an interest to be part of the national pilot for addressing hypertension.

The Board discussed the way a brief snapshot of JSNA

issues across the life course (Halton In Pictures) had been portrayed and it was agreed that they be produced in poster format and be distributed in public locations throughout the Borough.

The Board also noted that Bridgewater NHS Foundation Trust had established a Health Bus and it was reported that discussions could take place to make the Bus available to Halton to undertake targeted health care work in the Borough during some weekends.

RESOLVED: That the report be noted.

HWB4 HEALTH AND WELLBEING STRATEGY ACTION PLAN UPDATE 2015

The Board considered a report of the Director of Public Health, which provided Members with an update on progress with the Health and Wellbeing Strategy action plans.

The Board was advised that Halton's Health and Wellbeing Strategy had been in place for just over two years. The strategy was accompanied by a set of action plans for each of the five priorities which were linked to relevant targets and outcomes.

It was reported that Appendix 1 to the report provided an update for each of the action plans including RAG ratings. During 2015/16 a review of action plans would also take place to ensure they were still fit for purpose.

Furthermore, it was reported that overall the action plans highlighted that Halton were achieving very good results.

The Board acknowledged the excellent work that had been undertaken to address alcohol issues in the Borough. Members had a discussion on whether young people were changing their choice of alcohol to more accessible substances, including legal highs, that may be cheaper to purchase. It was agreed that work would be undertaken on this matter and that this be monitored to ensure that young people in the Borough remained safe.

RESOLVED: That the report be noted.

HWB5 WINTERBOURNE REVIEW - UPDATE

The Board considered a report of the Strategic

Director, Communities, which highlighted to Members Winterbourne View Two Years On, Transforming Care: Next Steps January 2015 and Winterbourne View – Time for Change report, November 2014.

The Board was advised that Winterbourne View – Time for Change (November 2014), was a report detailing 11 recommendations to act as a driver for change to make a reality of the Winterbourne pledge which was set out in Appendix 1 to the report.

The Board was further advised that the Winterbourne View Two Years On set out a collective account from partners across the health and care system of the progress to date. Transforming Care: Next Steps set out the plans for the next stage of this work. All partners involved in Transforming Care had agreed the need for a single programme with a single plan, building on the recommendations of Winterbourne View – A Time for Change. From the original Action Plan and Concordat, any outstanding actions would be carried forward into the Transforming Care new programme.

It was reported that The Winterbourne View Strategic Group co-ordinated Halton Council and Halton's CCG's response to the Winterbourne View concordant action plan, ensuring submissions were completed. The Strategic Group also monitored the Learning Disability In-patient Bed usage and Out of Borough placements in order to repatriate as many individuals back into Halton.

The Board noted the information in the report relating to in-patient usage learning disability and secure in-patient usage. The Board also noted that work was continuing to identify service users to repatriate to Halton, ensuring a multi-agency approach to each case, linking into commissioning and development of new services to provide bespoke packages of support.

RESOLVED: That the report be noted.

HWB6 HALTON CHILD AND MATERNAL HEALTH PROFILE 2015

The Board considered a report of the Director of Public Health, which informed Members that The Child and Maternal Health Profile (CHIMAT) was released every year by Public Health England and provided a summary of the health and wellbeing of children and young people in Halton. The data that was included was available at a national level and enabled Halton to benchmark its health

outcomes against England average values.

The Board was advised that health outcomes were very closely related to levels of deprivation; the more deprivation in an area resulted in expected poorer health outcomes. Overall the health and wellbeing of children in Halton was generally worse than the England average, as were the levels of child poverty. Halton was the 27th most deprived Borough in England (out of 326 Boroughs) and as such would be expected to have lower than average health outcomes. The infant and child mortality rates had both improved and were now similar to the England average.

The Board was further advised that Halton had been successful in improving rates in the following areas:-

- Infant and child mortality rates;
- Immunisations;
- Child development at the end of reception;
- The number of children and young people who are Not in Education, Employment or Training (NEET);
- First time entrants to the youth justice system;
- The percentage of children living in poverty;
- Statutory family homelessness;
- Children killed or seriously injured in road traffic accidents;
- The number of low birth weight babies;
- The percentage of obese children in Year 6 (age 10-11);
- The teenage conception rate; and
- A reduction in the rate and number of 0-18 year olds being admitted to hospital for alcohol specific conditions.

The Board noted that the new Urgent Care Centre's (UCCs) would help to address some of the challenges in relation to hospital admissions.

RESOLVED: That the contents of the 2015 Child Health Profile, the progress that has been made against a challenging baseline and programmes established to address areas of concern, be noted.

HWB7 HALTON HEALTH PROFILE 2015

The Board considered a report of the Director of Public Health, which provided information relating to Halton's Health Profile 2015 and an analysis regarding the findings from a local perspective.

The Board was advised that the data for Halton showed that if a comparison was made between the 2015 profile and the 2014 profile very good progress had been made in the Health and Wellbeing Board priority areas connected to reducing harmful levels of drinking; child development; cancer and mental health. This had been reflected in the drop in alcohol specific stays (under 18s), obese children (Year 6), under 18 conceptions, infant mortality, smoking prevalence and long term unemployment.

The Board was further advised that Halton continued to be challenged in a range of areas. This year's profile indicated that Halton were lagging behind the national average in the breastfeeding initiation, adult obesity, adult alcohol related harm and hospital stays for self-harm and falls. The Board noted that these challenges were being addressed in a comprehensive manner.

The Board discussed Halton's data in comparison to England's average data and it was noted that further information could be obtained from the Director of Public Health or from the link at the bottom of Appendix 1 to the report.

RESOLVED: That the progress in health outcomes and programmes established to address areas of concern be noted.

HWB8 REDUCTION IN PUBLIC HEALTH FUNDING

The Board considered a report of the Director of Public Health, which provided Members with information regarding the proposed cuts to Public Health funding and requested that the Board advocate against these cuts in year to the ring fenced budget.

The Board was advised that Halton Borough Council had successfully set a balanced budget for 2015/16, including full allocation of the public health grant, based on the information provided by the Government in the local government finance settlements, and reiterated by the Chancellor in March's Budget.

The Board was further advised that on 5 June 2015, the Government announced new cuts for this financial year which included the reduction of the ring fenced public health grants to local authorities by £200 million – equivalent to approximately £630,000 for Halton.

It was reported that the cuts would particularly impact

on the health of people in deprived areas, such as Halton, that disproportionately suffered from lower life expectancy, long term conditions, cancer and heart disease. It was therefore a potential disaster for the NHS, whose future depended on the preventative approach as outlined by the Chief Executive of NHS England in the Five Year Forward Plan.

Furthermore, it was reported that the public health grant commissioned a wide range of services from the NHS, including sexual health services such as STD clinics, HIV services and family planning, infection control and children's public health nursing including health visitors and school nurses. The grant also commissioned services from a wide range of providers including alcohol and drug services, weight management, mental health services, older people's health promotion and falls prevention, healthy schools, early years services and infant feeding.

The Board noted the significant impact the proposed budget cuts could have on Halton residents in the future.

RESOLVED: That the Board

- (1) recognises the importance of Public Health interventions to deliver on key priorities and improve the overall health and wellbeing of the Halton population;
- (2) advocates that the Government honour its previous commitments to public health funding as set out in the Local Government Finance Settlement in March 2015; and
- (3) asks that if the Public Health grant cuts proceed, they are assessed based on local need and levels of deprivation.

HWB9 CCG QUALITY PREMIUM - MEASURES FOR INCLUSION IN 2015/16

The Board considered a report of the Chief Officer, NHS Halton CCG, which provided Members with the 2015/16 CCG Quality Premium measure selection.

The Board was advised that the 2015/16 CCG Quality premium selection had been split into five sections by NHS England and that where the CCG had an element of choice, this had been done via consultation with commissioners, clinicians and individuals from the Local Authority and Public

Health with CCG approval done via the Executive Management Team.

The Board noted Table 1 in the report which showed the indicator, the amount of quality premium award attached to the success target and Table 2 which showed the NHS template with accompanying rationale for measures and target selection.

The Board noted that two RTT's set out in the report, would no longer be measured and that the CCG were awaiting for further guidance from NHS England on this matter.

RESOLVED: That the Board note the measures selected and approve the list for 2015.

HWB10 BETTER CARE FUND - CHANGE IN NON-ELECTIVE ACTIVITY TARGET FOR 2015

The Board considered a report of the Chief Officer, NHS Halton CCG, which informed Members of a necessary change to the original targeted reduction in 2015 Non-elective activity as submitted in the Halton Better Care Fund (BCF) Plan.

The Board noted the changes to the 2015 Better Care Fund Non-Elective Activity planned reduction.

RESOLVED: That the Board note the required changes and approve the amended Non Elective activity target in the BCF.

HWB11 CCG FORWARD VIEW AND 2015/16 OPERATIONAL PLAN

The Board considered a report of the Chief Officer, NHS Halton CCG, which informed Members of the NHS Halton CCG forward view and 2015/16 operational plan.

The Board noted the NHS Halton CCG Forward View and 2015/16 Operational Plan summary set out in the report.

RESOLVED: That the Forward View and 2015/16 Operational Plan be approved as demonstrating the strategic direction of the CCG in relation to the wider health economy in Halton.

Meeting ended at 3.30 p.m.

REPORT TO: Health Policy & Performance Board

DATE: 3 November 2015

REPORTING OFFICER: Strategic Director, People & Economy

PORTFOLIO: Health & Wellbeing

SUBJECT: Homeless Service Update

WARD(S): Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 The purpose of the report is to inform the Board of recent developments within the homeless service, and to advise of a recent Supreme Court decision likely to affect future demand for the service.

2.0 RECOMMENDATION: That the report be noted..

3.0 SUPPORTING INFORMATION

Homelessness Strategy 2013/18

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 covering the period 2013/18.

3.2 As part of the Homelessness Strategy implementation, it was agreed that the Strategic Action Plan would be reviewed annually. A consultation event was held to review the Strategic Action plan in June 2015, which involved active engagement with all partner agencies, service providers and members.

3.3 The review provided clear direction for preventing and addressing Homelessness within Halton and reflects the relevant factors known to affect future homelessness. It also highlights the identified actions completed the last financial year and new tasks added to ensure the action plan remains current and reflect legislative and economic changes. The amended Action Plan will be the subject of a report to Executive Board on the 5th November 2015.

Housing Solutions Team

3.4 The Housing Solutions Team has been proactively working with all client groups to reduce and prevent homelessness. During the past 6 months staff turnover and recruitment delays have placed

additional pressure upon the service but recruitment is now complete and the Team should be back to full capacity by mid-October 2015.

3.5 The aim of the Housing Solutions Team is to assist and prevent people who are threatened with homelessness in Halton. To provide a community focussed 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 aims of the strategy are to:

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

3.6 Displayed in the table below are some key statistics taken from the statutory data report. It is evident that although homelessness presentations are increasing (which is most likely due to prevailing economic conditions/welfare reform etc. and will be replicated in many local authority areas), actual acceptances are decreasing alongside a significant increase in homelessness prevention and relief work (i.e. where households are assisted by the local authority to remain in their home or find alternative accommodation).

	2012/13	2013/14	2014/15
Homeless Presentations	168	197	249
Homeless Acceptances	86	46	42
Homeless Prevention/Relief	431	744	798
A&A Prevention	2079	1781	1897
B&B Usage	0	0	0

3.7 The Authority is looking to introduce a youth homelessness strategy and action plan later this year, which will be led by young people and give them a voice around future service provision. Due to the level of success around youth homelessness the Youth Officer role has been approved for a further 12 month period.

3.8 The Mortgage Rescue and Rent Repossessions Officer has made a big impact upon tenancy sustainment. The officer is actively involved with the courts and attends the court action group to raise awareness of the homelessness and prevention options available. The courts recognise the post and will adjourn possession orders to allow the client to work with HBC.

3.9 Halton forms part of the Merseyside and Cheshire Sub Regional groups and has been involved with a number of projects that are

contributing towards homelessness prevention. A number of successful projects are;

- No Second Night Out - Rough Sleepers
- Pan Merseyside Bond Scheme - Vulnerable clients
- Complex Needs Team - Intense support service
- Cheshire Covenant - Armed Forces
- Mainstay - Data recording system
- Hospital Discharge - Improve Delayed discharge

Homelessness Trends

- 3.10 Nationally and locally there has been 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.
- 3.11 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.
- 3.12 The accommodation and support recording system Mainstay went live October 2014 and has proven successful. All housing and support providers are registered onto the system which gives an accurate record of the client's needs, reduces repeat assessments and allows the user to gain a full overview of the services and locations that the clients have accessed. The local data is recorded to monitor performance and helps to determine future demands and changing trends.
- 3.13 A new homelessness database system is due to be implemented in October 2015. The system upgrade will allow more efficient and accurate data recording and will link into the Mainstay system to allow the user access to all the relevant details.
- 3.14 The PPB Scrutiny Review conducted in 2012/13 highlighted the high vacancy levels across all the supported hostel accommodation schemes. Due consideration was given towards reducing capacity and during the last 12 months a number of recommendations have been actioned to address the changing homelessness culture and reliance upon supported housing provision.
- 3.15 The review of contracts has seen a positive shift in how temporary accommodation is administered, with less focus upon dependency and more around skill based learning; move on process and sustainable independent living.

Brennan Lodge is a new Local Authority commissioned service that opened in July 2015. The Building is owned by Halton Housing Trust and managed by the Salvation Army, and provides 39 supported units for single vulnerable homeless clients. To date, there have been a number of issues around building maintenance and procedural practice, however, discussions are underway with the relevant partners to address and resolve identified problems and devise a clear action plan to ensure the service is fully compliant, efficient and sensitive to local needs

Legislation

- 3.16 The Localism Act 2011 introduced many changes to homelessness and allocations legislation, and it is anticipated that welfare reform and recent legislative changes will result in a future increase in the levels of homelessness across the district.
- 3.17 In November 2012, the Localism Act 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 has devised a policy and toolkit to enable the use of this power in Halton, which is the subject of a separate report to Executive Board on the 5th November.
- 3.18 A Supreme Court Judgement in May 2015 will impact on future homelessness assessments. The case marks an important change to how Authorities assess homeless people’s ‘vulnerability’ when deciding on whether they have a statutory duty to house them. In effect it will require more applicants to be deemed vulnerable and so have a priority need. It will place additional pressure upon homelessness services and place further pressure upon temporary and long term housing accommodation providers.
- 3.19 Authorities will have to widen the criteria for deciding who gets housed as a result of the Supreme Court decision. For Halton this will likely lead to increased homeless acceptances but it is considered that the temporary accommodation provision in place is sufficient to meet these potential demands.
- 3.20 For information, the number of applicants deemed non priority over recent years was as below.

YEAR	DECISIONS
2013 / 14	79
2014 / 15	105
Q1 2015	36

Health & Homelessness

- 3.21 The Homelessness Strategy review 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.
- 3.22 Halton is fully committed and focused upon health care and service provision for vulnerable homelessness clients. The action plan identifies that further integration between CCG, Public Health and Homelessness will enable the Authority to develop a holistic approach, thus offering a more flexible and accessible service to vulnerable clients to empower them to achieve positive and sustainable lifestyle choices.
- 3.23 The Housing Solutions Team is working closely with a number of health services to ensure they have a good understanding of homelessness. This has resulted in a local hospital discharge policy that gives a clear pathway plan of the agreed accommodation and support process.

4.0 POLICY IMPLICATIONS

- 4.1 The homelessness service operates within a tightly regulated environment, dictated by the following statutes/orders.
- 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
- 4.2 In this context policies are only required where the Authority decides to exercise a discretionary power. The only policy referred to in this report is around the use of accommodation in the private rented sector to discharge homelessness duty, and this is the subject of a separate report to Executive Board on the 5th November.

5.0 OTHER/FINANCIAL IMPLICATIONS

- 5.1 There are no immediate financial or resource implications.

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 a particular problem 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

N/A.

8.0 EQUALITY AND DIVERSITY ISSUES

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**

There are none under the meaning of the Act.

REPORT TO:	Health Policy & Performance Board
DATE:	3 November 2015
REPORTING OFFICER:	Strategic Director, People & Economy
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Rapid Clinical Assessment
WARD(S)	Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To inform the Board of a clinical service development.

2.0 **RECOMMENDATION: That the contents of the report be noted.**

3.0 **SUPPORTING INFORMATION**

3.1 As part of the wider Health and Wellbeing agenda the local statutory and independent sector organisations are committed to developing more services in the Borough which support clinical diagnostics and assessment in or closer to people's homes. The development of the Urgent Care Centres are a key example of how this intention is delivered in practice bringing together a range of health and social care organisations.

3.2 Older people become unwell for a variety of complex reasons and sometimes require hospital attendance / admission for consultant led diagnostics and assessment.

3.3 Moving older people out of their home environment to hospital, particularly frail older people aged 75+, poses a number of significant issues and risks to their health and well being including disorientation, confusion, falls, functional decline and risk of hospital acquired infection. Finding clinically suitable alternatives to hospital admission is important for this group.

3.4 The Rapid Access and Rehabilitation Service has operated in the borough for over 13 years. The team comprises non-medical professionals from health and social care and works with adults and older people who require assessment, treatment, care and support with the aim of preventing hospital admission and reducing the length of hospital stay. The service works with people in their own homes and also within dedicated intermediate care beds located within the Borough.

- 3.5 In collaboration with Warrington and Halton Hospitals NHS Foundation Trust the service is enhancing it's model of care with the addition of a Care of the Elderly consultant.
- 3.6 The new model is being designed to deliver rapid, higher level, diagnostics and assessment for referrals from the primary care team Monday – Friday. The service will utilise the Urgent Care Centre's diagnostic capabilities (x-ray, ultra sound, pathology) and also access CT and MRI scanning from existing provision (Warrington and Whiston Hospitals).
- 3.7 The new model is currently in development with a plan to accept referrals from November / December 2015.
- 3.8 The service will be evaluated to understand what benefits have been gained in relation to improved quality of care and outcomes for both the people who use the service and the wider health and social care economy.

4.0 **POLICY IMPLICATIONS**

- 4.1 None identified.

5.0 **FINANCIAL IMPLICATIONS**

- 5.1 Funding for the service is within the existing Pooled Budget between Halton Borough Council and NHS Halton Clinical Commissioning Group.

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

6.1 **A Healthy Halton**

The model will test new ways of delivering improved access to healthcare for older adults within the community.

7.0 **RISK ANALYSIS**

- 7.1 The model will reduce the risks associated with the admission of older people into acute hospital settings. No other risks are identified and a full risk assessment is not required.

8.0 **EQUALITY AND DIVERSITY ISSUES**

- 8.1 There are no identified equality and diversity issues.

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

None.

REPORT TO: Health Policy & Performance Board

DATE: 3 November 2015

REPORTING OFFICER: Strategic Director, People & Economy

PORTFOLIO: Health and Wellbeing

SUBJECT: Warrington and Halton Hospitals NHS Foundation Trust (WHHFT) – Car Parking Arrangements/Penalty Charges : Update

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To provide an opportunity for Health Policy and Performance Board (HPPB) to receive an update from Warrington and Halton Hospitals NHS Foundation Trust (WHHFT) following the HPPB held on 28th July which considered the current parking penalty charges and process in place at the Halton and Warrington Hospital sites.

2.0 RECOMMENDATION: That the Board

- 1) Note the contents of the report and associated appendix; and
- 2) Receive an update from the Trust.

3.0 SUPPORTING INFORMATION

- 3.1 In 2014, WHHFT entered into an agreement with Highview Parking Limited to undertake the control and enforcement of the car parks at Warrington and Halton Hospitals.
- 3.2 As part of the car parking arrangements, any driver that currently overstays in the car parks are issued with a £75 penalty charge, reduced to £40 if paid within 14 days.
- 3.3 Since the introduction of these new arrangements, a number of issues/concerns have been raised by patients and their families and as such a special meeting of the HPPB was held on 28th July to consider the issues and impact on Halton residents.
- 3.4 At the Board meeting on the 28th July it was agreed that the Trust be invited back to present an update on progress in respect of the car parking issues discussed and provide a response to the questions posed at the meeting and submitted to the Trust in July 2015 (see **Appendix 1**).

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 associated with this report.

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

None associated with this report.

6.3 **A Healthy Halton**

This report relates directly to the health and wellbeing of individuals who access services at Halton and Warrington Hospitals.

6.4 **A Safer Halton**

None associated with this report.

6.5 **Halton's Urban Renewal**

None associated with this report.

7.0 **RISK ANALYSIS**

7.1 None identified at this time.

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 associated with this report.

Questions for Warrington and Halton NHS Trust

The Tender process

It has been reported that a large number of charges have been issued due motorists keying in registration numbers incorrectly. No doubt a number were also issued because motorists did not pay the correct amount on leaving. Parking systems already exist to minimise these problems. As ANPR knows which vehicles have entered, it can reject registrations it does not know about. As ANPR knows what time a vehicle entered it can also let the motorist know exactly how much they owe on departure.

Such systems work extremely well. A freedom of information request on Bristol Eye Hospital revealed that no parking charges whatsoever were issued in a 3 month period at their car park.

<https://www.whatdotheyknow.com/request/201405/response/500563/attach/2/FOI%20Response%2014%200125.pdf>

** Did any of the tender responses for the contract propose this or a similar type of technology? If so, why was it not chosen?*

** Is it possible to now switch over to this type of technology? If not, why not?*

Government guidelines explicitly warn against awarding contracts let on any basis that incentives additional charges

<https://www.gov.uk/government/publications/nhs-patient-visitor-and-staff-car-parking-principles/nhs-patient-visitor-and-staff-car-parking-principles>

** There are 18 NHS patient, visitor and staff car parking principles. Has the Trust audited against these and if so what are the results. As an example, here is an audit from University Hospital Southampton NHS Foundation Trust*

** Did the trust consult with other hospitals who have previously awarded contracts on basis that incentive charges, especially ones which have had to sack the parking contractor because of the huge number of complaints and problems (eg ParkingEye at Northumbria NHS, ParkingEye at Yeovil). If not, why not?*

** If the Government bans such models completely in NHS car parks, how long are the Trust stuck with the contract?*

** Is the Trust aware of Somerfield v ParkingEye case? Has the Trust assessed the cost of early termination of the contact. According to the FOI it would be the annual rate of £1.27mn for the length of the contract. Contract law does not provide relief for a "bad bargain" or incompetent negation in company to company contracts.*

Patient Confidentiality

This is the NHS's guidance to patient confidentiality. Personal data is confidential and if a patient parks on hospital property and are timed and photographed by the Trust's agent this is not personally identifiable information which falls under their duty of care and requires explicit permission for its release.

<http://www.england.nhs.uk/wp-content/uploads/2013/06/conf-policy-1.pdf>

** Was this duty of care taken into consideration.*

** Was the Trust's Caldicott Guardian consulted on this and what were the comments and when were they made?*

Since this system also involves people (Registered Keeper) who may not have been present at the parking event, what procedures have been put in place to protect personal information (date and time of patient visit) to a third party. This is particulates issue whether this information is sent to a company such as a car lease organisation such Motability. This appears to be another breach of the ICO regulations.

** Was the Trust's Caldicott Guardian consulted on this? What were the comments and when were they made?*

** Has the Trust consulted the Information Commissioners office about the breach of patient confidentiality*

** Has the Trust consulted the Information Commissioners office about the breach of other's confidentiality e.g those on the Highway.*

Equality Act

From this article on the Trusts website

http://www.whh.nhs.uk/news_item.asp?fldID=309

** What provision have been made within the current system for the disabled (not just BB holders) Here is an example of the issue where inflexibility in the system can cause other issues. Was this covered either in the Tender or current operational procedures. How many BB holders / disabled have been charged for overstaying when they ought to have been allowed more time.*

<http://www.disabilitynow.org.uk/article/norwich-blue-badge-victory>

** Where on the signage at the disabled bays does it tell disabled people they are legally allowed extra parking time for their money?*

** Where on the signage does it tell people what to do, to get one cancelled by the NHS Trust (not appeals)?*

22/07/2015

- * How is the management of disabled bays handled as an ANPR system cannot do this*
- * If a future disability discrimination case is raised who will be paying for this. Will it be the Trust or the contractor?*
- * What 'impact assessment' or review by their disability awareness team, did the NHS Trust carry out under the Equality Act before allowing the scheme?*
- * If the third party starts suing patients and even staff what will the NHS Trust do about it? There are plenty of examples of this happening e.g. A & E doctors in Bradford. Doctors in Cardiff. Visiting GP's in Scotland.*

The British Parking Association and signage at the Trust

This document appears to represent signage at the Trust's car parks. Why is this level of signage not present at all the car parks.

http://www.whh.nhs.uk/_store/documents/carparkingleaflet.pdf

- * The Trust says "we believe the signage on our sites is fully compliant and has been authorised the British Parking Association standards." The BPA is not a regulator only a Trade Association. However they do have an audit team that checks signs for clarity of terms and visibility within a site. When did this audit take place and where are the results of this audit?*
- * Why was the failure to erect signs in car park (detailed by Cllr Thompson) not picked up? What time-scale has the BPA put on the rectification of failures picked up by the audit.*

Refunds

What are the Trusts plans to rectify the situation, apart from putting the onus on the wronged to prove it to an organisation that has been incentivised to refuse/deny such failures.

- * How many tickets were issued to drivers using the areas where no signs were present?*
- * How many tickets were issued to drivers who did not even on hospital land at all?*
- * What plans if any do the Trust have to refund the unlawfully enforced fines on public highway? As the Trust has everyone's addresses either via the DVLA link or through any payment made, does the Trust intend to contact patients, visitors and staff who may have been caught by this failure?*
- * Who will bear the cost?*

REPORT TO: Health Policy and Performance Board

DATE: 3 November 2015

REPORTING OFFICER: Strategic Director, People & Economy

PORTFOLIO: Health and Wellbeing

SUBJECT: Closure of the Independent Living Fund (ILF)

WARD(S): Borough-wide

1.0 PURPOSE OF REPORT

1.1 To present the Health Policy and Performance Board with an update regarding the closure of the Independent Living Fund and the progress of the project group established to undertake a reassessment of all ILF recipients prior to 30th June 2015.

2.0 RECOMMENDATION: That the Policy and Performance Board

1) Receive the ILF update report; and

2) note the contents of the report.

3.0 SUPPORTING INFORMATION

3.1 After an independent review in 2007 the Government acknowledged that the ILF system was inequitable for people and operated outside of care systems operated by the Local Authority.

3.2 The Government subsequently decided to close the ILF on 30th June 2015 with the ILF users transferring to the management of the local authority. Although the funding of ILF was to transfer to the local authority an attrition rate of 5% was to be applied to the overall costs that the local authority would receive.

3.3 In order to address the transfer SMT agreed on 10th February 2015 for a project team to be established to review the 51 ILF recipients and produce support plans to reflect any changes that may be made once the national eligibility criteria was applied. This option reduced the financial risks to the Council whilst reassuring ILF recipients that their needs will be met once ILF ceased its function.

3.4 Based on the information received from the Independent Living Fund, HBC will receive a grant of £570,740 to meet the needs of the recipients over the next 9 months (approximately 40 weeks). £285,370 will be received in August, £142,685 in October and the

remaining £142,685 in January.

3.5 A project team was established comprising of representation from care management, direct payments and fairer charging team. All of the reassessments were completed before the transfer date, and statistical information has been calculated (below) based on those reviews.

3.6 **Information from the ILF Review**

- There are 45 ILF clients who received a direct payment (DP) – 33 of which were already in receipt of one.
- Out of the 12 new DP clients - 9 are from Halton Supported Housing Network and will need to apply to Court of Protection in the longer term.
- Of the other 3 new DP clients only 1 required start-up costs which equate to £242.60 as a one off payment for Payroll + Insurance.
- However, there are a further 2 clients who already receive a DP who were using Self Employed PA's who will now need to employ them due to rules on employing PA's which will mean an additional £242.60 per client.
- There are also a further 3 clients already in receipt of a DP who received their ILF award post 30th June for a period of 6 weeks to enable the client to have adequate time to consult with his/her PA's to negotiate the new rates of pay and adhere to Employment Law legislation.

3.7

	WEEKLY COST OF PACKAGES	NUMBER OF WEEKS	TOTAL FOR 40 WEEKS
ILF Grant	£14,268.50	40	£570,740
Package cost after review	£12,354.48	40	£494,179.20
Income from increased service user contribution¹	£1,151.52	40	£46,060 ²

Based on these figures HBC have reduced the costs of the ILF care packages by £76,560.80 over 40 weeks.

This will be achieved through agreed changes to the support packages. The reductions to the packages have been primarily due to a reduction in leisure hours (to bring them in line with national

¹ HBC Service user contributions have increased as the ILF Recipient Contribution, which no longer exists, was historically taken into account as a Disability Related Expenditure. The HBC service user contribution taken from the cost of the packages is **the difference between the new and old HBC service user contributions** (i.e. contribution previously £9.00 per week; now £54.00 per week; **difference** is £45.00 per week). There are a number of client contributions yet to be confirmed, however estimations were largely accurate.

² At present there are two packages of support that may slightly alter and affect figures above.

eligibility criteria), and the removal of contingency hours. Some of the ILF users received increases to their care packages due to the DP rates for personal assistants.

- 3.8 In addition there are increased service user contributions of £46,060. However, the additional set up charges for direct payments of £3535.79 will be charged against the grant as a one off payment.

Future Funding

- 3.9 There are no indications from Government regarding the ongoing funding of these packages for 2016/17 and beyond or whether further attrition rates will be applied. Based on current calculations HBC will need to find an additional £642,432.96 pa in order to continue to support people at the current levels of care.

- 3.10 These cohorts of people are some of the most dependent within the Borough, diagnosed with long term conditions. Any deterioration in their condition and need will require additional funding which will now be drawn from the community care budget.

- 3.11 In the future any individual who may develop a long term condition will no longer have recourse to ILF for funding and will need to be funded long term from the community care budget. All savings against the grant need to be reinvested within the community care budget to ensure the funding of services.

4.0 POLICY IMPLICATIONS

- 4.1 There is no current ILF Policy.

5.0 OTHER/FINANCIAL IMPLICATIONS

- 5.1 Based on the calculations above there will not be a financial shortfall in funding of the ILF recipients for 2015/16.

Without continued government funding this will become a risk for 2016/17.

Without future funding any individual who develops a long term condition will need to have their needs met from the community care budget.

All current ILF users will require all future needs funded from the community care budget

There will be a funding gap in the community care budget if the savings made against the ILF grant are not ring-fenced.

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

6.4 **A Safer Halton**

None identified.

6.5 **Halton's Urban Renewal**

None identified

7.0 **RISK ANALYSIS**

7.1 There are no indications from Government regarding the future funding of ILF and whether further attrition rates will be applied, which may leave a funding gap past 2016/17.

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.

REPORT TO: Health Policy & Performance Board

DATE: 3 November 2015

REPORTING OFFICER: Strategic Director, People & Economy

PORTFOLIO: Health and Wellbeing

SUBJECT: Deprivation of Liberty Safeguards (DoLS)

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To update the Board and highlight key issues with respect to Deprivation of Liberty Safeguards (DoLS)

2.0 RECOMMENDATION: That the report be noted.

3.0 SUPPORTING INFORMATION

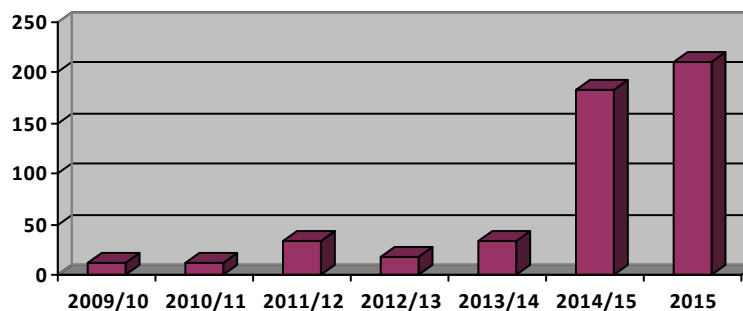
3.1 The Deprivation of Liberty Safeguards (DoLS) are one aspect of the Mental Capacity Act (2005). The Safeguards are to ensure that people in care homes and hospitals are cared for in a way that does not inappropriately restrict their freedom, and if necessary restrictions are only applied in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to provide appropriate care.

3.2 On 19th March 2014 a Supreme Court ruling P v Cheshire West and Chester and P and Q v Surrey Council was significant in the determination of whether arrangements made for the care and/or treatment of an individual lacking capacity to consent to those arrangements amount to a deprivation of liberty and introduced a new 'acid test'. The implication being that all people who do not have capacity and are not free to leave their environment need to be supported under the framework of the DoLS.

3.3 The judgment is important as it holds that a DoL can occur in a domestic setting where the State is responsible for imposing those arrangements. This will include a placement in a supported living accommodation in the community. Hence, where there is, or is likely to be, a deprivation of liberty in such placements that must be authorised by the Court of Protection.

3.4 An action plan was developed to address and co-ordinate the Halton response to the judgement. The Safeguarding Unit co-ordinates and manages the DoLS assessments and reviews and acts on

behalf of the Supervisory Body (The Local Authority). The team has been increased to include a DoLS co-ordinator and two dedicated DoLS assessors. In addition the team is supported by a small pool of Best Interest Assessors (BIA) drawn from care managers and there is an ongoing training programme established to ensure that all appropriate staff are trained to undertake this role going forward.



3.5 The Health and Social Care Information Centre (HSCIC) gathers national data regarding DoLS and has identified that nationally there is a tenfold increase on application for DoLS. The local data above identifies the significant increase in the amount of requests for assessments rising by 302% from 2014 to 2015. To date the Supervisory Body has received 211 requests, averaging between 8 to 10 requests per week. If this progresses at the same rate until the end of March 2016 this will represent a further 156% increase on the 2014/15 figures.

3.6 As a result of the mounting criticism of DoLS the Government requested the Law Commission undertake a review. The Law Commission has now developed proposals to replace DoLS and is consulting on these proposals in a consultation paper Mental Capacity and Deprivation of Liberty. The Commission will publish its recommendations in 2016 with a view to achieving legislative reform by 2017 – 18.

3.7 The Mental Capacity Act Steering Group continues to work with key partners to co-ordinate and address issues locally. Further work is being undertaken to strengthen the response to DoLS and ensure continued capacity and compliance with legislation.

4.0 **POLICY IMPLICATIONS**

4.1 A review of existing policies and procedures is being undertaken

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 Any litigation due to the breaches will incur financial implications

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

6.1 **Children & Young People in Halton**

Safeguarding Adults Board (SAB) membership includes a Manager from the Children and Enterprise Directorate, as a link to the Local Safeguarding Children Board. Halton Safeguarding Children Board membership includes adult social care representation. Joint protocols exist between Council services for adults and children. The SAB chair and sub-group chairs ensure a strong interface between, for example, Safeguarding Adults, Safeguarding Children, Domestic Abuse, Hate Crime, Community Safety, Personalisation, Mental Capacity & Deprivation of Liberty Safeguards.

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

None identified

6.3 **A Healthy Halton**

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

6.4 **A Safer Halton**

None identified

6.5 **Halton's Urban Renewal**

None identified

7.0 **RISK ANALYSIS**

7.1 Failure to consider and address the breaches could expose individuals to abuse and the Council as the Statutory Body vulnerable to complaint, criticism, and potential litigation.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 It is essential that the Council addresses issues of equality, in particular those regarding age, disability, gender, sexuality, race, culture and religious belief, when considering its safeguarding policies and plans. Policies and procedures relating to Safeguarding Adults are impact assessed with regard to equality.

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

9.1 None under the meaning of the Act.

REPORT TO:	Health Policy & Performance Board
DATE:	3 November 2015
REPORTING OFFICER:	Strategic Director, People & Economy
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Care Act Implementation – Current Position
WARD(S)	Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To present the Board with an update on progress and impact of implementation on phase 1 of the Care Act, and to inform the Board of the postponement and consequences of phase 2 of the Care Act to 2020.

2.0 RECOMMENDATION: That the Board note the contents of the report, impact and risks associated with the implementation of the Care Act 2015.

3.0 SUPPORTING INFORMATION

3.1 On April 1st 2015 phase 1 of the Care Act came into force. Accordingly:

- Halton now has a duty to provide prevention, information and advice services, including independent advocacy;
- Carers are entitled to an assessment and support, with the same rights as any adult service user;
- There is a new national threshold for eligibility for social care for both adults and Carers, which replaces the previous Fair Access to Care Services (FACS);
- Those who pay for their own care (self-funders) also have the right to an assessment, advice and support planning;
- There is a universal system of Deferred Payments for residential care; and
- Local Authorities (LAs) have a duty to set-up a Safeguarding Adults Board.

3.2 Progress has been made on the implementation of all aspects of the Care Act; Halton can now demonstrate full compliance within all areas; including:

- **Prevention:** Information model has been improved in relation to signposting and closer working across voluntary sector organisations. A new approach to advocacy is in place; a hub model has been developed.
- **Assessment and Eligibility:** New adults assessment process and policy in place; additional posts have been recruited to in order to manage the increased demand for assessment and services.
- **Training:** All of the training for the Act has been delivered in house by Halton Borough Council staff. The training has been well attended

(over 300 staff) and responses have been very positive. In addition, we have secured access to some e-learning modules due to a partnership arrangement with Wirral LA; these e-learning modules are available for all staff.

- Adult Safeguarding: a number of areas have been strengthened to incorporate the requirements of the Care Act.
- Carers: A new Carer's assessment process and policy is in place.
- Policies: A number of policies have been reviewed to ensure they are compliant with the Care Act

3.3 The implementation of the Act has resulted in an increase in demand for services and assessments, some of this increase in demand has been managed with improvements in sign posting and prevention services. Significantly more individuals are now provided with information and signposted with positive results.

3.4 Postponement of Phase 2

The cap on care costs (£72,000) was due to be introduced in April 2016 and Halton's preparation for this was well advanced. However, the Department of Health (DH) has decided to postpone this until April 2020. The Government has said that they are still firmly committed to implementing the cap on care costs. This puts a hold on all of Halton's current Phase 2 planning and development. Related to the cap are a number of other processes which have also been delayed until 2020:

- The means test which looks at a person's financial assets to decide how much they will contribute towards their own care will remain at £23,250. This was to increase to £118,000. It is not yet clear whether it will go up at all until 2020;and
- The introduction of a right of appeal against specific local authority decisions about a person's care and support.

The additional time saved due to the delay will be used to conduct various analyses of the impact of Phase 1 in Halton and how effectively the new universal assessment process is working.

3.5 The Expected Impact of Phase 1 on Halton

Information about how the Care Act was likely to affect individuals living in Halton was extensively publicised both by the DH, through its media campaign in the run up to April 1st 2015 and by Halton's own Information strategy.

As a result we expected to see:

- an increased demand for information and advice, assessments and carers' support services; and
- a significant financial impact.

3.5.1 Some Early Results

- There has been a 44% increase in the number of Carers assessments requested, compared with the same period last year (1st April - 14th June).
- The expected financial impact was reduced by the fact that very few self-funders applied for an assessment. In addition, the introduction of a triage system at the Call Centre meant that a significant number of new approaches from Carers resulted in more being signposted or receiving the information they required from their dialogue with the Call Centre.

4.0 POLICY IMPLICATIONS

4.1 A number of policies have been reviewed to ensure they are compliant with the Care Act

5.0 SAFEGUARDING IMPLICATIONS

5.1 A review of safeguarding processes etc. has demonstrated full compliance with the Act

6.0 FINANCIAL/ RESOURCE IMPLICATIONS

6.1 The total allocation under the Care Act is £1,122,000. We have so far committed spending of £447,000. A contingency pot has been established to support any increased demand from the Care Act and this is currently £600k; this will ensure that we are in a position to react to any changes in provision or public expectations related to the Act.

6.2 We remain unclear if any funding will be recalled as a result of the postponement.

7.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

7.1 Children and Young People in Halton

There are no implications for this priority.

7.2 Employment, Learning & Skills in Halton

There are no implications for this priority.

7.3 A Healthy Halton

There are no implications for this priority.

7.4 A Safer Halton

There are no implications for this priority.

7.5 Halton's Urban Renewal

There are no implications for this priority.

8.0 RISK ANALYSIS

8.1 After the next Spending Review (to be published on November 25th), the DH will advise LAs on the level of funding available for social care. Until then it is still unclear as to what future funding will be available.

9.0 EQUALITY AND DIVERSITY ISSUES

9.1 None identified at this stage.

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

10.1 None under the meaning of the Act.