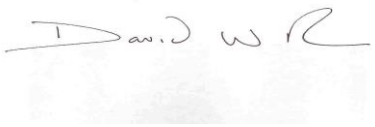
Public Document Pack

Health Policy and Performance Board

Tuesday, 28 November 2017 at 6.30 p.m.
Council Chamber, Runcorn Town Hall



Chief Executive

BOARD MEMBERSHIP

Councillor Joan Lowe (Chair)	Labour
Councillor Shaun Osborne (Vice-Chair)	Labour
Councillor Sandra Baker	Labour
Councillor Marjorie Bradshaw	Conservative
Councillor Ellen Cargill	Labour
Councillor Mark Dennett	Labour
Councillor Charlotte Gerrard	Labour
Councillor Margaret Horabin	Labour
Councillor Martha Lloyd Jones	Labour
Councillor Stan Parker	Labour
Councillor Pauline Sinnott	Labour

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, 27 February 2018

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.

HEALTH POLICY AND PERFORMANCE BOARD

At a meeting of the Health Policy and Performance Board held on Tuesday, 19 September 2017 at Council Chamber, Runcorn Town Hall

Present: Councillors J. Lowe (Chair), Osborne (Vice-Chair), S. Baker, M. Bradshaw, E. Cargill, Dennett, M. Lloyd Jones, Parker, Sinnott and Mr T. Baker (Co-optee)

Apologies for Absence: Councillor Horabin

Absence declared on Council business: None

Officers present: S. Wallace-Bonner, A. Jones, D. Nolan, L Wilson and M. Lynch

Also in attendance: S. Constable – Warrington & Halton Hospitals NHS Foundation Trust (WHHFT); Dr. D. Lyon – Chair of NHS Halton CCG; D. Sweeney, M. Creed & M. Stanley – NHS Halton CCG; E. Day – Northwest Coast Strategic Clinical Network; K. O'Loughlin & Z. Mason – Care Homes Medicine Management, NHS Halton CCG; J. Melia, J. Callaghan. A. Bowness, A. Goodrich – Student Physician Associates and R. O'Dwyer – Medical Education Administrator, WHHFT.

ITEMS DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

Action

HEA14 MINUTES

The Minutes of the meeting held on 20 June 2017 having been circulated were signed as a correct record.

HEA15 PUBLIC QUESTION TIME

It was confirmed that no public questions had been received.

HEA16 HEALTH AND WELLBEING MINUTES

The draft minutes of the Health and Wellbeing Board from its meeting on 5 July 2017 were presented to the Board for information.

RESOLVED: That the Minutes be noted.

HEA17 PHYSICIAN ASSOCIATES

The Policy and Performance Board received a presentation from Simon Constable, Medical Director, Warrington and Halton Hospitals NHS Foundation Trust, on the background to the development and use of Physician Associates within the Health Service. He was accompanied by 4 Student Physician Associates and one Medical Education Administrator from Warrington and Halton Hospitals Foundation Trust (WHHFT).

It was explained that Physician Associates (PAs) were typically life science graduates (with a pre-clinical degree) who moved on and did a two year postgraduate diploma (clinical) course and took a national examination. It was noted that due to a changing health service (eg numbers of doctors, skill mix, working hours and 7 day service provision) there had been a national increase in the number of universities offering PA courses and most recently this included Manchester and Liverpool.

The report discussed the role of the Faculty of Physicians Associates (FPA) and the Royal College of Physicians (RCP) in the development of the PA workforce.

Following the presentation and Members' queries, the following additional information was provided:

- PAs were not taking the place of doctors; they were working alongside them adding to a mix of professionals within the service;
- As well as specialists the National Health Service needed generalists who were qualified to do a variety of things;
- Members' concerns regarding the shortage of doctors was understood; however it was important to note that these professionals were trained with the same rigour as other health professionals;
- When on duty, PA's worked under the direct supervision of doctors;
- Runcorn had one of the highest populations of over 65's in the Country and this was expanding;
- Older people benefitted from the type of care offered by generalists as often, depending on the medical complaint, they did not need to see a doctor.

RESOLVED: That the Board notes the report and receive the presentation.

HEA18 REVIEWING LOCAL HEALTH POLICIES – PROCEDURES OF LOWER CLINICAL PRIORITY

The Board received a presentation in relation to the policy review and engagement exercise for the policies relating to Procedures of Lower Clinical Priority. The item was presented by Dr David Lyon – Chair NHS Halton CCG and Dave Sweeney – Interim Chief Officer, NHS Halton CCG.

Members were advised that Clinical Commissioning Groups (CCGs) in parts of Cheshire and Merseyside had been working together to develop a core set of Procedures of Lower Clinical Priority (PLCP) which were more consistent across the region. GPs and commissioning managers from the CCGs and colleagues from local authorities and public health, were working together to review more than 100 policies to ensure they were making the best use of NHS resources, as well as aligning with the latest robust clinical evidence about the effectiveness of different treatments and national guidance. From this there was now a consistent set of policies which could apply to patients living in the seven CCG areas.

The report discussed the review and stated that feedback from a 12 week public survey, which was now closed, would be provided to the Board in the last week of November 2017. As the public engagement exercises were being done in batches due to the number of policies involved, Members would be advised when the next survey was available.

The Chair wished to remind NHS Halton CCG that this review amounted to a substantial variation and should be subject to formal consultation as part of the Board's scrutiny role. Also as the changes were over another 6 areas the Board were keen to understand whether the information had been shared with colleagues from the other area's Overview and Scrutiny Committees and what their views were and whether joint scrutiny should be considered.

RESOLVED: That the Board

Director of Adult Social Services

1) receives the report; and

2) other Local Authority areas be contacted for their views on the proposed changes.

HEA19 STROKE UPDATE

Members received an update on Stroke Reconfiguration in Med-Mersey. The Board welcomed Elaine Day – Stroke Programme Lead, Northwest Coast Strategic Clinical Network, who presented the item.

It was noted that nationally there were 40% consultants posts vacant and recruitment was an issue, especially in the North region. Also local, regional and national recruitment drives had not been successful.

Members were advised of one of the latest treatments available for stroke patients was 'Mechanical Thrombectomy'. This was only used when the clot busting drug had failed to remove the clot. Presently all stroke patients requiring this treatment (a very small number 3 – 5 %) were being transferred to St Helens and Knowsely Trust (SHKT). It was reported that in order to ensure that SHKT stroke service was able to carry on its gold standard stroke service, a number of considerations needed addressing, as stated in paragraph 3.5 of the report.

The report continued to provide information on:

- the numbers of patients and type of stroke suffered;
- the patient and public engagement sessions;
- the stroke survey feedback from the engagement sessions;
- Early Supported Discharge (ESD) deficiencies; and
- Phase 2 of the reconfiguration.

Further to Members' queries an explanation of the administration of the clot busting drug was provided and further detail given about the procedure if it did not work. Members discussed the standard and facilities available at Broadgreen and Whiston Hospitals in this field of work. The advantages of a telemedicine service were also discussed and it was hoped that this would be used across England in time.

The Chair queried the public engagement exercise as opposed to a formal consultation including the surrounding local authorities. In response the Board was advised that other local authorities had been asked to comment but did not respond. The Chair advised colleagues that as this constituted a substantial variation then the change should be subject to formal consultation as part of the Board's scrutiny function. However, it was highlighted that in circumstances where the relevant NHS body or health service

commissioner believed that a decision had to be taken without allowing time for consultation because of a risk to safety or welfare of patients or staff, then formal consultation did not need to take place. In this instance the relevant NHS body or health service commissioner must formally notify the local authority that consultation would not take place and the reason for this.

NHS Halton CCG was requested to inform the Authority if this was the case, as per the national guidance.

RESOLVED: That the report be noted.

Director of Adult Social Services

HEA20 MEDICATION POLICY

The Board received the new overarching Medication Policy which applied to Halton Borough Council Adult Social Care Services, with responsibility for administering medication. The item was presented by Katherine O'Loughlin – Care Home Medicines Management Technician and Zoe Mason – Care Home Medicines Management Pharmacist, NHS Halton CCG.

It was reported that Halton's current overarching Medication Policy (2014-17) and associated service specific procedures ran until August 2017. It was therefore necessary to develop a new collection of documents. The Medicines Management Team within the CCG had led this work due to the technical knowledge required to appropriately advise services of safe and effective practice.

Details of the development of the new policy were provided in the report and the draft Medication Policy was attached at appendix A.

The Board discussed certain elements of medication such as blister packaging; wastage; the numbers of tablets given to patients with each prescription and dispensing anomalies when medication was increased. Overall the Board welcomed the report and new Medication Policy.

RESOLVED: That the Board note the contents of the report and associated appendices and comments made in relation to this.

HEA21 BLUE BADGE POLICY, PROCEDURE & PRACTICE

The Board received the revised Blue Badge Policy, Procedure and Practice, following a comprehensive review.

In summary the Blue Badge Scheme helped disabled people with severe mobility problems to access goods and services by allowing them to park close to their destination, whether they were a driver or a passenger. The Scheme was introduced in 1971 under Section 21 of the Chronically Sick and Disabled Person's Act 1970. This was amended by the Disabled Person's Parking Badges Act 2013 and the Scheme as it currently stood was governed by the Disabled Persons (Badges for Motor Vehicles) (England) Regulations 2000 (plus amendments).

It was noted that the Department for Transport (DfT) was the legislator that set out the framework for the Scheme; details of this were included in the report.

Members were advised of the two key issues that had arisen during the review process:

- Enforcing correct use and tackling potential abuse of the scheme; and
- The eligibility requirements for organisational badges.

The report went on to discuss the changes that had been made to the Policy following the review which addressed the above issues. The Board welcomed the revised Policy.

RESOLVED: That the Board notes the contents of the report and associated appendices and comments made in relation to this.

HEA22 PERFORMANCE MANAGEMENT REPORT: QUARTER 1 2017/18

The Board received the Performance Management Reports for Quarter 1 of 2017-18. The Health Policy and Performance Board played a key role in monitoring and scrutinising the performance of the Council in delivering outcomes against its key health priorities.

Members were advised that the report introduced, through the submission of a structured thematic performance report, the progress of key performance indicators, milestones and targets relating to health in quarter 1, which included a description of factors which were affecting the service.

The Board was requested to consider the progress and performance information and raise any questions or points for clarification and highlight any areas of interest or

concern for reporting at future meetings of the Board. Members received and noted the Performance Management reports for quarter 1 of 2017-18.

RESOLVED: That the Quarter 1 priority based reports be received.

Meeting ended at 8.10 p.m.

REPORT TO: Health Policy & Performance Board

DATE: 28 November 2017

REPORTING OFFICER: Strategic Director – Enterprise, 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: 28 November 2017

REPORTING OFFICER: Chief Executive

SUBJECT: Health and Wellbeing minutes

WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

1.1 The DRAFT minutes relating to the Health and Social Care Portfolio which will be considered by the Health and Wellbeing Board 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, 4 October 2017 at The Halton Suite - Select Security Stadium, Widnes

Present: Councillors Polhill (Chair), T. McInerney, Woolfall and Wright and N. Atkin, M. Barker, P. Cook, A. Crookall, G. Ferguson, T. Hill, S. Johnson-Griffiths, M. Larking, C. McBride, D. Nolan, E. O'Meara, D. Parr, H. Patel, R. Strachan, S Wallace-Bonner and S Yeoman.

Apologies for Absence: S. Ellis, T. Hemming, A. Magee and C Samosa.

Absence declared on Council business: None

ITEM DEALT WITH
UNDER DUTIES
EXERCISABLE BY THE BOARD

Action

HWB10 MINUTES OF LAST MEETING

The Minutes of the meeting held on 5th July 2017 having been circulated were signed as a correct record.

HWB11 CQC LOCAL SYSTEM REVIEW OF HEALTH & SOCIAL CARE IN HALTON

The Board received a presentation from Sue Wallace Bonner, Director of Adult Social Services, on Care Quality Commission's (CQC) recent Local System Review (LSR) of Health and Social Care in Halton. During the summer, CQC were commissioned by the Secretaries of State for Health and Communities and Local Government to undertake a programme of targeted system reviews in 12 Local Authority areas; Halton was selected as the first area of one of these LSR's.

It was noted that the LSR's were aimed at looking at how people moved between health and social care, including delayed transfers of care, with a particular focus on people over 65 years old. The reviews included an assessment of commissioning across the interface of health and social care, of the governance systems and processes in place in respect of management of resources.

The Board noted that the CQC spent 7 days in Halton carrying out various visits, held a series of focus groups, undertook case tracking and conducted a variety of interviews. An initial report on the outcome of the review was received by the Authority on 22nd September and the series of findings, together with areas highlighted for improvement were outlined to the Board. Following receipt of the CQC final report a System Action Plan would be developed and this would be submitted to a future meeting of the Board

RESOLVED: That the presentation be noted.

HWB12 PRESENTATION WELL NORTH UPDATE -CHRIS CARLIN

This item was deferred to a future meeting.

HWB13 PUBLIC HEALTH ANNUAL REPORT 2017 WOMEN AND GIRLS' HEALTH

The Board considered a copy of the Public Health Annual Report (PHAR) 2016/17. Each year a theme was chosen for the PHAR. For 2016/17 the PHAR focussed on the health of women and girls in Halton. This topic was chosen as female health was not improving at the same rate as male health. It was also chosen to highlight key topics pertinent to female health and issues local women and girls believed to be the most significant areas for their health.

RESOLVED: That the contents of the report be noted and the recommendations be supported.

HWB14 BETTER CARE FUND PLAN 2017 -2019

The Board considered a report of the Director of Adult Services, which provided information on the Better Care Fund (BCF) 2017 – 19 submission. The submission built upon the work undertaken in previous years, reviewed the BCF Plan 2016/17, reported on the integrated plan of action and outlined how the Plan would meet each national condition.

The Department of Health and NHS England, in partnership with the Local Government Association and the Association of Directors of Adult Social Services, were keen to see progress in the 2017/19 submission of various schemes and system changes that would support the key metrics. Therefore, in order to streamline the process, NHS England had reduced the amount of performance metrics that required reporting to four:

- Management of delayed Transfers of Care;
- Non-elective admissions to hospital;
- Admissions to residential and nursing are homes; and
- Number of people who were still at home 91 days after discharge from hospital (reablement).

RESOLVED: That the report noted the content of the report and the associated documents.

HWB15 TOBACCO CONTROL STRATEGY 2017/22

The Board considered a report of the Director of Public Health, which presented the final draft of the Halton Tobacco Control Plan – A Smokefree Future. It was reported that in Halton good progress had been made in reducing the harm smoking caused with fewer young people starting to smoke and a smaller number of adults now smoking. The number of people in Halton who smoked had reduced significantly from around 30% in 2001 to 16.6% in 2016. However, it was noted that more work was needed and the following considerable challenges still remained:

- Smoking rates in Halton were higher than for England as a whole.
- Smoking was the leading cause of preventable death and disease in Halton and was one of the most significant causes of ill health, particularly due to cancer, coronary heart disease and respiratory disease.
- Smoking was the primary reason for the gap in life expectancy between rich and poor in our communities.
- Smoking rates were high among some social groups for example routine and manual workers, those with a mental health condition, pregnant women, those with long term health conditions and those with drug and alcohol addictions
- Smoking costs the local Halton economy £37.9 million each year. This was considerably more than was generated through tobacco duty (£17.2 million) per year.

The Halton Tobacco Control Plan recognised the scale of Halton's tobacco challenge and offered systematic plans to tackle it in response to both national and local requirements. The Plan built upon the effective work that had been undertaken by partners locally and had been written in collaboration with all partners agreeing to the

vision, outcomes and actions. The Plan would be monitored by the Halton Tobacco Alliance and outcomes would be reported to the Healthy Lifestyles Board, Health and Wellbeing Board and all other relevant bodies.

RESOLVED: That

1. the contents of the report be noted; and

2. the strategy outcomes, objectives and actions.

HWB16 SEASONAL FLU PLAN 2017/18

The Board received a report of the Director of Public Health, which presented the annual Flu Plan. The Plan included an overview of the annual seasonal influenza vaccination campaign for the 2017/18 flu season and implications of this for the local health and social care partner agencies. Details of the uptake of flu vaccination in Halton for previous years were outlined in the report.

It was noted that the main changes to the programme this year was to extend the offer of flu vaccination to children of school year 4 and the transfer of responsibility for the vaccination of 4 years olds from GP practice to school providers. Within Halton Council, the programme to vaccinate staff would be extended from front line staff Health and Social Care staff to include an offer to care home and domiciliary care agency staff.

RESOLVED: That

1. the content of the Annual Flu Plan and the changes to the national flu vaccination programme for 2017-18 be noted; and

2. each individual agency note their requirements in relation to the programme.

HWB17 INTEGRATED COLD WEATHER PLAN 2017/18

The Board considered a report which detailed the Halton Integrated Cold Weather Plan. The Plan highlighted the local public health plan to prepare for, alert people and prevent major avoidable effects during severe cold weather episodes.

Members were advised that the Plan linked with severe weather plans within Halton CCG and key provider organisations. It aimed to capture the work that was

undertaken by the Council with regard to prevention and awareness activity for cold weather. In addition, it detailed the cascade arrangements for the cold weather alerts that were received from the Met Office as part of the Cold Weather Plan for England and the actions that would be carried out by the Council as each of these levels were triggered.

RESOLVED: That the content of the Integrated Cold Weather Plan be noted.

HWB18 HEALTHWATCH HALTON ANNUAL REPORT 2016/17

The Board considered a copy of the Healthwatch Halton Annual Report 2016/17. The report highlighted initiatives which had taken place in 2016/17, governance arrangements, future plans for the next twelve months, finances and the role of Healthwatch in the community.

RESOLVED: That the Healthwatch Halton Annual Report 2016/17 be noted.

Meeting ended at 3.02 p.m.

REPORT TO: Health Policy & Performance Board

DATE: 28th November 2017

REPORTING OFFICER: Strategic Director, People

PORTFOLIO: Health and Wellbeing

SUBJECT: Halton Older People's Empowerment Network (OPEN)

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 That the Board receive a presentation from Richard Ashworth, Chair of Halton OPEN and Clare Lightfoot, Forum Development Officer on the work undertaken by the forum in the Borough.

2.0 **RECOMMENDATION: That the Board:**

i) Note the contents of the report and associated presentation

3.0 **SUPPORTING INFORMATION**

3.1 Halton OPEN was established in 2001 and has become the collective voice of people aged 50 plus who live and work in Halton. Their aim is to influence and encourage the development of services which can help to improve the quality of life and wellbeing of all older people in Halton.

3.2 The main areas Halton OPEN focus on are:

- Environment
- Finance / Benefits
- Health & Wellbeing
- Housing
- Loneliness and Isolation
- Public Transport
- Quality of Life
- Vulnerability of older people

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**
All issues outlined in this report and its associated presentation focuses directly on this priority.

6.4 **A Safer Halton**
None identified.

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

7.0 **RISK ANALYSIS**

7.1 None associated with this report.

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.

REPORT TO:	Health Policy & Performance Board
DATE:	28th November 2017
REPORTING OFFICER:	Strategic Director, People
PORTFOLIO:	Health & Wellbeing
SUBJECT:	Halton Safeguarding Adults Board Annual Report 2016-2017
WARD(S)	Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To present to the Board, the Halton Safeguarding Adults Board (HSAB) Annual Report 2016-2017.

2.0 **RECOMMENDATION: That the Board**

i) Note the contents of the report and associated appendix.

3.0 **SUPPORTING INFORMATION**

3.1 This report fulfils one of Safeguarding Adults Boards three core statutory duties:

1. Develop and publish a strategic plan setting out how they will meet their objectives and how their member and partner agencies will contribute;
2. Publish an annual report detailing how effective their work has been; and
3. Commission safeguarding adults reviews (SARs) for any cases which meet the criteria for these.

3.2 The Annual Report (attached at ***Appendix A***) covers the period from 1st April 2016-31st March 2017.

3.3 All members of HSAB, HSAB sub-group chairs and the Safeguarding Adults Partnership Forum members were invited to submit an annual summary of their work activity. The focus of work activity addresses HSAB's priorities as identified from 2015-2016 Annual Report, Performance Framework and Strategic Plan (2016-2018) in addition to acknowledging local and national safeguarding adults emerging issues/trends/policies throughout the year.

3.4 The report provides a summary analysis of the data gathered from both NHS Halton Clinical Commissioning Group and Halton Borough Council's Safeguarding Adults Collection and highlights what this information tells us, for informing the work priorities for 2017-2018.

i) There top three forms of abuse, neglect and acts of omission, physical and

financial abuse, remain consistent with previous years with slight variation in prevalence;

ii) Females continue to experience a higher percentage of abuse than males;

iii) The data found adults at most risk of harm are older adults (75 years plus), who live in their own home and are most at risk of neglect or acts of omission; and

iv) For the year 2016-2017 there were some changes made to the Safeguarding Adults Collection for example:-

- Social Care support is now classified as Service Provider;
- location options have been expanded to include 'in the community' and further breakdown for Care Homes type and Hospital type;
- now included are risk assessment outcomes and risk outcomes to include whether a risk remains, is reduced or removed.

3.5 Further details below include a comparison with 2015/2016 national data. Please note that at the time of writing this report, the 2016-2017 data is due for release on 15th November 2017:

- Gender split of 60% female 40% male for Halton aligns with the national average;

- The top three types of abuse that occurred in Halton are aligned to national trends, which have remained consistent since 2014 nationally
  - neglect and acts of omission is the highest form of abuse that occurs (Halton 31%, England average 32)
  - physical abuse (Halton 26.5%, England average 27%); and
  - financial and material abuse (Halton 21%, England average 17%).

- The distribution in terms of ages and prevalence of abuse is very close to national England average:
  - 65 years and over –Halton 66%, England average 63%;
  - 65-74 years – Halton 13%, England average 12%;
  - 75-84 years – Halton 25%, England average 22%; and
  - 85 years and over –Halton 29%, England average 28%.

- For location of abuse, the data reflects Halton is similar to England averages rather than North-West averages:
  - Own Home - Halton 48%, England average 43%, North-West average 37%; and
  - Care Home - Halton 30%, England average 36%, North-West average 42%

- In terms of risk outcomes, Halton differs from the England average, but this could be due to changes in the collection requirements for SAC as explained above, where these are now required but were not part of the required reporting for 2015/2016 SAC.

- No action - Halton 3%, England average 25%
- Risk reduced - Halton 72%, England average 47%

3.6 Halton Safeguarding Adults Board Priorities 2017/18

Following on from the analysis of the previous year's data and work activity and in addition to consulting with members and partners from HSAB, sub-groups and service user groups the following 3 priorities were agreed for 2017-2018.

Priority 1: Creating a safer place to live for all adults living in Halton (Safeguarding Prevention)

- Work on early intervention and prevention with the development of a Safeguarding Adults Prevention Strategy with Public Health commenced early 2017. This financial year there will be an Action Plan developed to implement the key recommendations, in partnership with Halton's Safeguarding Adults Partnership Forum and the wider community.
- There was also a well-received National Police initiative, which HSAB supported Cheshire Police in implementing locally; it was disseminated across local services and venues.

Priority 2: Providing the skills and knowledge to enable genuine care and understanding for adults at risk of harm (Awareness-raising and Training)

- Evidence through consultations with the Safeguarding Adults Partnership Forum members, HSAB sub-groups and wider partners, a training needs analysis (TNA), safeguarding concerns reported and data examination the need for continued training and awareness-raising of adult safeguarding became apparent.
- The TNA has helped inform a Training and Marketing Strategy that will be used to develop a yearlong marketing campaign and training package.
- The development of Halton Safeguarding Adults Webpage will enable a central point of access for information, with details on all resources, latest guidance and updated policies: www.haltonsafeguarding.co.uk

Priority 3: Gaining a greater understanding of how mental health can impact adults at risk being protected and cared for in the best way possible (Mental Health)

- Another theme that arose through consultations in addition to initial trends emerging from reviews was mental health. Mental health and its impact on daily living can cause additional complications when a safeguarding concern occurs.
- There were a number of areas around working with adults at risk of harm who may have mental health problems to explore, for example:

    a. Is there a difficulty in understanding that not all adults with a mental health issue and/or diagnosis classifies them as an adult at risk of harm and so therefore would not necessarily need social care support?

b. That sometimes adults who had health and care needs where mental health problems were also present had additional barriers to accessing support.
c. Could service providers benefit from understanding how to support an adult with mental health when there is also a potential safeguarding concern?

Healthwatch have made a commitment to HSAB to work in partnership across services and with the local population to establish local needs and knowledge around safeguarding and mental health towards developing targeted resources.

4.0 **POLICY IMPLICATIONS**

4.1 There are no policy implications 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**

None identified.

6.4 **A Safer Halton**

The Annual Report contributes to the work of HBC's Safer Halton priority.

The overarching purpose of a Safeguarding Adults Board is to help and safeguard adults with care and support needs. The Annual report is a public document that enables the work of the SAB and it's member organisations to be scrutinised to help achieve a safer Halton.

6.5 **Halton's Urban Renewal**

None identified.

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7.0 **RISK ANALYSIS**

7.1 None Identified.

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.

HALTON
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Halton Safeguarding Adults Board

Annual Report 2016-2017

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FOREWORD

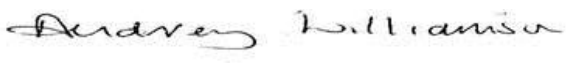
I am pleased to present Halton Safeguarding Adult Board's Annual Report April 2016 to March 2017. This report provides a picture of how agencies and organisations safeguard adults who may be at risk of harm in Halton. It describes the work of the partnership responsible for safeguarding, identifies those areas of work we need to strengthen and how we plan to do this. I hope you find it informative.

During the period this report covers we have worked hard to ensure that safeguarding remains a priority for all key agencies in Halton. The Safeguarding Adults Board is responsible for ensuring all partners and agencies fulfil their responsibilities in working together both to prevent adults being potentially placed at risk of abuse and to work closely and effectively when adults are seen to be vulnerable and abuse may have taken place. The Board is now stronger with good representation at senior level from the three key agencies responsible for safeguarding services; Cheshire Police, Halton Clinical Commissioning Group and Halton Borough Local Authority. The Board is supported by a range of working groups but particularly the Partnership Forum made up of the voluntary and faith sector. The Partnership Forum has been critical in developing our Preventive Strategy and we know that the Forum will work hard this year to ensure its success; not least in raising awareness in our communities of the need to be aware of what to do if abuse in whatever form is suspected.

There have been some positive developments this year; for example, the establishment of a panel led by the local police on supporting those who self-neglect in the community. This is a complex area of work but one that we are beginning to understand better. It will remain an area of focus for the coming year. Work on identifying financial scams has been strong and we know we all have a responsibility to prevent these taking place.

There is still much to do in Halton but I am confident that with the support of all partners, we can continue to improve and meet the needs of those adults who may be at risk or vulnerable in our locality. Through our work we have identified priorities for the coming year including mental health.

Finally, I would like to thank all Board members for their support this year. I would also like to thank both our administrator and our new Board Manager who joined us early this year and who has made a real difference to our work. Finally on behalf of the Board I would like to thank all those who work on a daily basis in what can be a complex and challenging arena.



Audrey Williamson – Independent Chair

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EXECUTIVE SUMMARY

Halton Safeguarding Adults Board (HSAB) has undergone some changes during 2016-2017, strengthening HSAB and sub-groups, and establishing Halton Safeguarding Adults Partnership Forum. The work of these sub groups are fundamental to helping HSAB achieve it's strategic aims:

- Strengthening the Board
- Early Intervention and Prevention
- Awareness Raising and Engagement with the Community
- Performance and Quality Assurance of Providers and Services
- Making Safeguarding Personal – listen to and do when adults tell us about their experiences of abuse and neglect, and the services and support they receive

A business plan was produced which set out objectives for achieving these aims and this report will give a snapshot of some of this work. The Safeguarding Adults Board through the restructure and defined terms of reference for the sub groups has helped to strengthen the HSAB. There has been a strong focus on developing safeguarding prevention, with an update of the Safeguarding Adult Review Policy in line with the Care Act 2014. The Care Act 2014 also makes explicit a model of Coproduction for local Safeguarding Adults Board, and the establishment of the Safeguarding Adults Partnership Forum now provides more opportunity for this coproduction approach with more effective links with the wider community for the ongoing development of HSAB. The membership of this forum consists of safeguarding leads from a vast range of local services working with adults aiding greater awareness and improved engagement with the community of Halton. Assurance was received via a number of mechanisms, for example:

- Quarterly reporting from HSAB sub-groups to the board
- Monthly case file audits reported to HSAB to help with identifying themes trends and opportunities for improvement.
- Making Safeguarding Personal is a requirement locally for all adult safeguarding initial assessments. This information is recorded and then collected by Halton Borough Local Authority Performance Team.

In addition HSAB arranged a Safeguarding Adult Review to be conducted, which resulted in a number of key agencies coming together with an idependant chair/author. An action plan from the SAR follows and HSAB will ensure these actions are completed and reported in next year's annual report.

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SECTION 3: INTRODUCTION

As stated in the Care Act 2014 (chapter 14), the main objective of a Safeguarding Adult Board is to assure itself that local safeguarding arrangements and partners act to help and protect adults in it's area who meet the criteria set out; ie. the safeguarding duties apply to an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs)
- Is experiencing, or at risk of, abuse or neglect
- As a result of those care and support needs is unable to protect themselves from either the risk of, or experience of abuse or neglect.

The Care Act states that Safeguarding Adults Boards have three core duties:

- Develop and publish a Strategic Plan setting out how they will meet their objectives and how member and partner agencies will contribute
- Publish an Annual Report detailing how effective their work has been
- Commission Safeguarding Adults Reviews for any cases which meet the criteria

The current membership of the Board includes representatives from each of the following:

Halton Borough Local Authority

NHS Halton Clinical Commissioning Group

Cheshire Constabulary

Cheshire Fire and Rescue

North West Ambulance Service

National Probation Services

Healthwatch

Elected member responsible for adult health and social care

SECTION 4: FINANCIAL SUMMARY

Halton Safeguarding Adults Board is resourced by three key agencies, Halton Borough Local Authority, Halton Clinical Commissioning Group and Cheshire Police. During this financial year HSAB recruited a Safeguarding Adults Board Officer, who came in to post January 2017.

SECTION 5: PERFORMANCE

Summary

The population of Halton is just under 127,000 with approx 54,000 households and an adult population of approx 97,400. Halton has an increasingly ageing population with a projected 27% increase of adults aged 65+ by 2024. In comparison to national and North-West regional figures Halton has a higher reported rate of safeguarding concerns and concerns leading to a Section 42 Enquiry. Halton reflects the national trend of distribution rates for safeguarding alerts per adult age group.

The most prevalent type of alleged abuse in Halton for 2016/2017 is neglect and acts of omission, then physical abuse followed by financial/material abuse. In 2015/2016 physical abuse was the most prevelant form of abuse in adults followed by neglect and acts of omission and financial abuse.

The alleged abuse is most likely to occur in the person's own home and perpetrated by someone who is known to the individual, for example, a care worker or family member. There has a been a decrease in the percentage of female to male reports of abuse. This year has also seen an increase in the number of completed enquiries in response to a concern of abuse or neglect. Additionally there has been a marked increase in the number of Deprivation of Liberty Safeguards (DoLS), there follows an overview of this years data and the key findings within the ody of the annual report.

Safeguarding Adults Collection

The Safeguarding Adults Collection (SAC) is a mandatory performance return to be completed for the Health and Social Care Information Centre, to provide statistics from local authorities across the country regarding their safeguarding adult activity during the period 1st April 2016 to 31st March 2017.

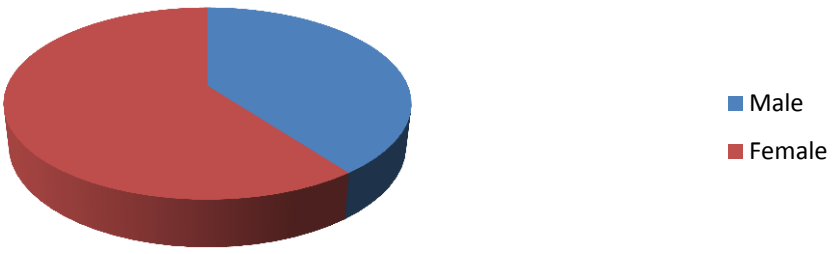
The statutory Safeguarding Adults Collection (SAC) records details of safeguarding activity for adults aged 18 and over in England. It is reported to and identified by Local Authoritys with adult social services responsibilities. The collection includes demographic information about the adults at risk and details of the incidents that have been alleged. It is helpful to note that the following data relates only to those adults who have been identified as at risk of harm. Whilst this is extremely important, these alerts account for a small number of the adult population in Halton. The current percentage of adults involved in a safeguarding concern locally (approx numbers, based on current available information 2016 Halton population profile) which are:

- 0.3% at 18-64 years,
- 0.6% between age 65-74 years,
- 2.4% from 75-84 years and
- 8% from the age of 85 years plus This information, in combination with a range of intelligence gathering locally, helps to inform the work of HSAB and of the local service provision. It enables targetted work, increases appropriate commissioning, training and awareness campaigns, and specific pieces of work that addresses those most at risk of harm within our community.

Key Findings:

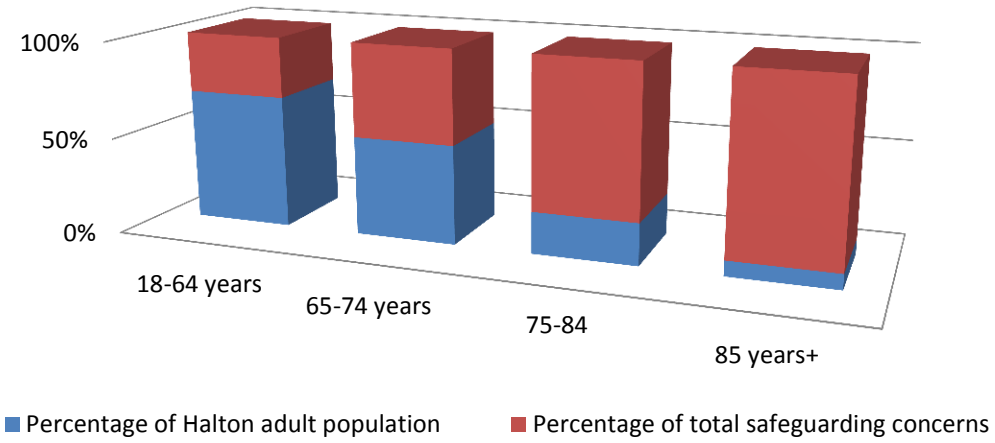
In 2016/17 the data shows reports of concerns then leading to a section 42 have reduced. There has been an increase in concerns received for males from 35% 2015/16 to 40% 2016/17 and a reduction for females from 2015/16 of 65% to 60% this reporting year. The performance data indicates that neglect and acts of omission was the highest reported type of abuse and the most common location where abuse/neglect takes place is in the person's own home. It is further highlighted when reviewing rates per age group it is evident that as we grow older there is increasing risk of safeguarding issues arising. Adults at most risk of harm are older adults (75 years plus), who live in their own home and are most at risk of neglect or acts of omission.

Distribution of male/females in safeguarding concerns



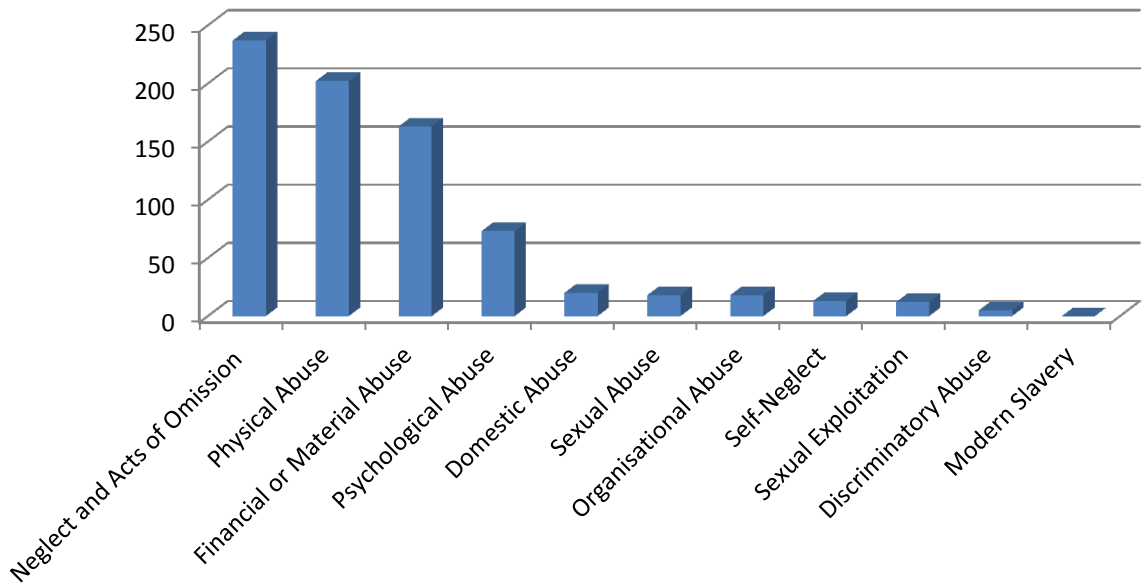
There has been an increase in completed enquiries in response to a concern of abuse or neglect that may have taken place. An enquiry could entail a conversation with the adult to a more formal multi-agency plan or action. 2015/16 recorded 611 completed cases rising to 694 completed cases during 2016/17.

Prevalance of safeguarding concerns per adult population group



The prevalance of safeguarding concerns per age group can be identified as increasing risk for the older population. That as people get older the risk continues to rise with over half the alerts relating to adults aged 75 years and older.

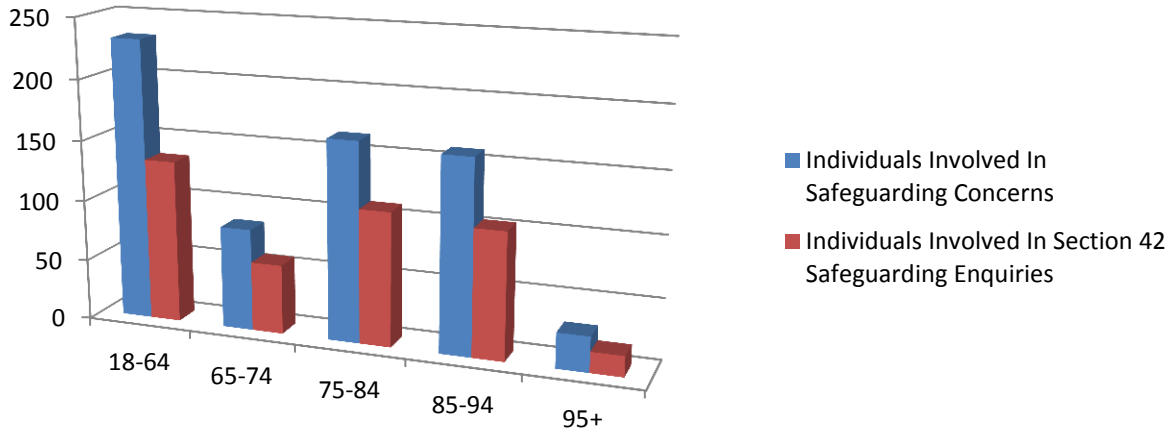
Total Section 42



Counts of enquiries by type and source of risk indicate the top three most prevalent types of abuse remain the same as 2015/2016 i.e. neglect and acts of omission, physical and financial/ material.

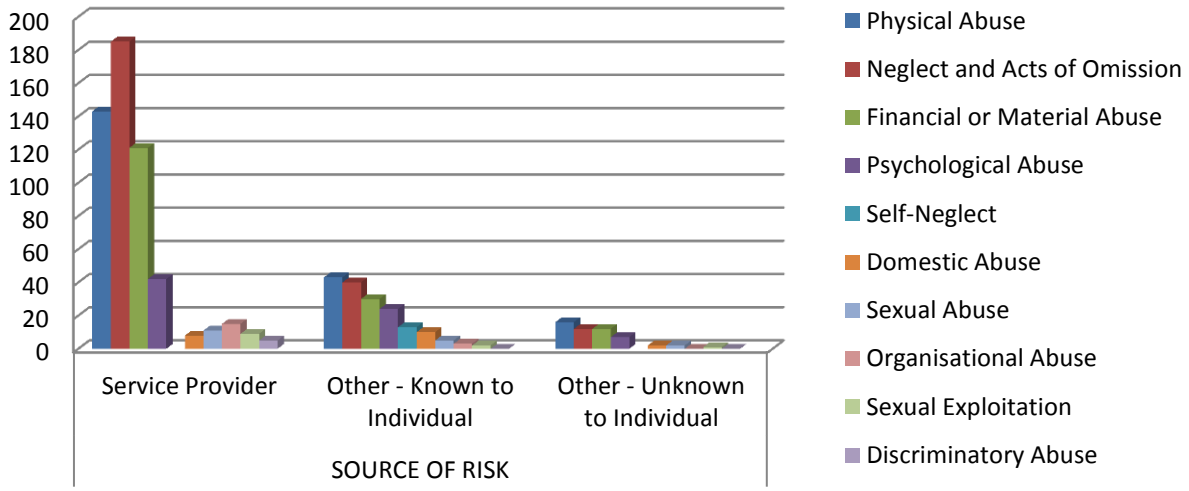
There are differences in the rate of types of abuse being reported during 2016/17 compared to 2015/16; for example, rates of physical and sexual abuse have declined and neglect and acts of omission, financial/material and discrimination increased.

Safeguarding concerns leading to Section 42 enquiry



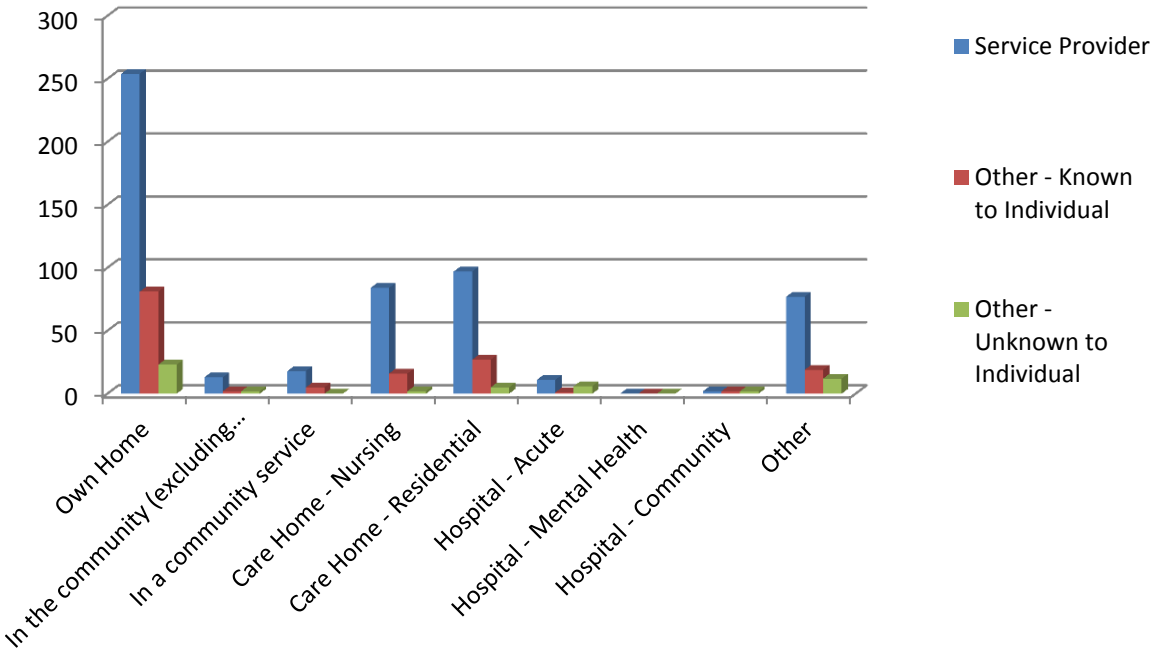
Rates at which safeguarding concerns are raised and then lead to a Section 42 enquiry reveal differences from a safeguarding alert to a Section 42 enquiry. As adults get older the alerts appear to become more aligned with Section 42 safeguarding enquiries. There is a need for more awareness-raising of what a care concern is and what a safeguarding issue is for service providers, staff and the general public.

Counts of enquiries by type and source of risk



In reviewing the types and source of risk it is evident that the predominant source for neglect and acts of omission, physical and financial/material abuse are from service providers. There are also a number of safeguarding enquiries from individuals known to the adult at risk, again, physical abuse then neglect and acts of omission are the highest types reported followed by financial/material and psychological abuse. In order to understand further what is known about the service provider data is captured for the location of risk.

Counts of enquiry by location and source of risk



Most safeguarding risks occur in the person's own home, accounting for almost half of all reported concerns (47.66%) in 2016/2017; this has reduced from 49% in 2015/2016. Combined with information on source of risk it appears that home care services are most likely to be those with care concerns. With regard to safeguarding concerns, medicines management is highlighted within the area of neglect and acts of omission as an area for future targeted work.

Hate crime

Halton's hate crime figures are provided by Cheshire Police covering the period 1st April 2016 to 31st March 2017. The highest prevalence types were racist (82) and homophobic (32) crimes, with racist crimes being significantly higher than all other types of hate crime recorded.

Key Findings:

Hate Crime Type	2016									2017			Total by Hate Crime Type
	April	May	June	July	August	September	October	November	December	January	February	March	
Disability		1		1	1	2	1			1	2		9
Hist - Religious		1	1				1						3
Homophobic	1	5	1	2	1	5	3	4	2	1	5	2	32
Racist	4	6	7	8	13	10	5	4	4	4	9	8	82
Religion or belief - Anti Jewish											1		1
Not yet Categorised								1					1
Total by Month	5	13	9	11	15	17	10	9	6	6	17	10	128

It is not currently known whether these individuals are adults who have been identified as at risk of harm under the Care Act guidance, (see Introduction section page 5). There is therefore potential to elicit this information in future data reporting to help inform HSAB and to enable targeted work to protect further those adults who are already identified as at risk of harm and who may become a victim of hate crime.

Deprivation of Liberty Safeguards (DoLS)

The 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. If necessary, restrictions are only applied in a safe and correct way that is only done when it is in the best interests of the person, and there is no other way to provide appropriate care. This is achieved by a series of assessments, which are undertaken by a minimum of two professionals not previously involved in making decisions about the persons care.

The legislation only covers individuals who are in hospitals or care homes and can only be authorised when it is assessed to be in the best interests of the individual concerned, to protect them from harm. Where a deprivation of liberty is required in a person's own home or in supported living, an application is made to the Court of Protection. Under the legislation, Local Authorities (Supervisory Bodies) have statutory responsibility for operating and overseeing the MCA DoLS, whilst hospitals and care homes (Managing Authorities) have responsibility for applying to the relevant Supervisory Body for a DoLS authorisation.

In response to the pressure on services, the government tasked the Law Commission with devising a replacement for the DoLS, and a series of Consultation events took place between July and November 2015. An interim statement regarding proposals was issued in May 2016, with the complete report expected for August 2016. This was then deferred to December 2016, and again deferred until March 2017 due to the complexity of the issues encountered.

On the 13th of March 2017 the final report and recommendations were released and can be found using the following link; http://www.lawcom.gov.uk/project/mental-capacity-and-deprivation-of-liberty/

Number of DoLS in Halton 2015/16 and 2016/17

Period	2015/16	2016/17
Q1	84	109
Q2	131	164
Q3	80	159
Q4	115	189
Total	410	621

Key Findings:

In response to the pressure on services, the government has tasked the Law Commission with devising a replacement for the DoLS and recommendations will be made. However, until recommendations are made the responsibilities and risks of managing DoLS remain with the Local Authority. The timeframe for the Government to consider the recommendations set by the law commission is not clear at present, but an estimate of 4-5 years have been given by some academics.

Halton Local Authority currently has 18 (including 2 dedicated practitioners based within IASU) registered Best Interest Assessors (BIA) Local Authority. The role of BIA is incorporated into the role of existing Social Work staff. There are issues with capacity in meeting the demands of the increase in requests for DoLS from 401 (2015/16) to 621 (2016/17). This has resulted in a backlog in requests for assessments which currently stands at over 100. The majority of which are classed as breeches as they have not been assessed within the required timescales of 21 days from the request for assessment. The IASU triage the requests the Local Authority receives on a daily basis, using the ADASS Screening Tool for DoLS, which aims to prioritise high risk cases for urgent allocation.

The data evidences a significant increase, in the number of DoLS applications received in light of the 2014 Supreme Court Judgement, which redefined the eligibility criteria for assessment, known as “The Acid Test”. We expect the figures to rise, due to an increase in awareness of DoLS by provider services, as this is an area of focus for the regulation of their service. As requests continue to authorised, the requests for renewal of authorisations will continue to increase. In addition to this, the demand placed on the Local Authority’s arrangements for Paid Relevant Person’s Representative’s will continue to grow. If the ‘acid test’ remains the criteria given to determine if someone is being deprived of their liberty, the demand placed upon Local Authorities will remain.

Challenges ahead for the Local Authority:

- Meeting the demand of requests made for Standard Authorisation including the Local Authority's arrangements for Best Interests Assessors and Mental Health Assessors, addressing back log of assessments and reviewing arrangements to address backlog assessments
- Ensuring Paid Relevant Person's Representative arrangements are robust and Quality Assured
- Ensuring stakeholders are fully aware of their responsibilities, ensuring systems that are in place evidencing defensible application of the DoLS Code of Practice.

SECTION 6: JULIE'S STORY

Making Safeguarding Personal is an important focus for HSAB in that it enables the individuals story to be recognised and listened to. Julie's story highlights the most prevalent aspects of adult abuse that occur in Halton ie., an older person living at home and experiencing financial abuse.

The true identity of the adult at risk has been anonymised and will be called Julie, for the purpose of this case scenario. Julie has consented to her story being told.

Julie

Julie is an 84 year old woman who lived in her own home, who had recently been assessed as requiring care, meeting the eligibility criteria for services under the Care Act 2014, Section 9. Julie had chosen to have her care and support needs met by having a personal budget, hiring a Personal Assistant to meet her needs. Julie was the employer and had support from social care to facilitate this arrangement.

Referral

The Integrated Adults Safeguarding Unit (IASU) at Halton Borough Local Authority received a referral from Julie's Personal Assistant (PA), following some concerns raised. After gaining consent from the adult at risk, a Safeguarding Social Worker was assigned conduct further enquiries in line with Section 42 of the Care Act 2014.

The Social Worker met with the adult at risk and with the support of Julie's PA, who had identified that thousands of pounds had gone from their bank account. The account was in Julie's name and had an informal agreement with a family member to manage their finances. The family member was meant to provide Julie with an allowance each week; however they had not received any cash for several weeks. This meant that Julie may have been financially abused. Julie had also not received any bank statements to their home address. With the support of the Julie's PA, a visit to the bank revealed the detail, which established that the money had in fact been transferred to the family member's personal bank account.

Requested outcomes

Julie requested that the police were contacted for support as she wanted to either have control over her own finances or an appointee from the Local Authority.
Julie also expressed that she would like the family member's name to be taken off their bank account.

Actions

With the support of the Safeguarding Social Worker and the PA, Julie requested that the Police were contacted as she did not want the person to carry on having access to her funds and was concerned that her funds would leave her penniless and unable to pay her direct debits.
The Police were contacted and a strategy discussion held. The police advised that despite the concerns raised, there was nothing that they would be able to do as the Adult had agreed for the family member to have access to their bank accounts and funds. It was regarded as a civil rather than criminal matter. Julie's desired outcome needed to be reviewed in light of the Police's decision.
We then agreed to visit the Julie's bank and arranged to meet the bank manager, who gave advice on what could be done. We arrived early so before his appointment with the bank, we went for a cup of tea and were able to chat about her life and the relationship she had with her family member. She also felt quite anxious about meeting with the bank manager, but felt reassured with my support. It became evident that Julie was unable read or write, so she felt the family member was taking advantage of this. She said that she was not ashamed to tell me that she could not read and write she just didn't like the fact that the daughter took advantage of it.
During the meeting, various options were given to Julie, to enable her to make an informed decision. This included self-management of her account, setting up a new account, support from her PA to manage her account, or requesting if Halton BC Appointee's service can support her in managing her finances. Julie agreed for a withdrawal to be made from her account in the form of a cheque and the cheque given to HBC Appointee service. This would avoid any further funds being taken out of their account. A letter was also produced taking the family member's name off the account at Julie's request. Once this had been done with Julie's permission, the family member was contacted to advice of the findings and that Julie had decided to manage their own finances. The family member advised they had taken the funds out of the account and put them into a savings account which the adult 'apparently consented to'. The adult denies this. The family member then transferred the funds back into the bank account.
Julie was unsure of how the whole process would work and was quite anxious about it all; however they felt involved, at the centre of the enquiry and were happy with the outcome. Julie felt in control of their finances, as she did not have to rely on someone else giving her 'her hard earned money'. During the contact I had as a Safeguarding Social Worker I was also able to signpost Julie to other support that they required.

Review of outcomes

Each time I have visited Julie she has always told me how happy she was that it had all finally been sorted. Julie advised her PA that she was concerned about repercussions from her family member and lost sleep worrying about it all. Her PA has advised me that they have observed her as being less anxious and she has told them she is sleeping better. Julie and her PA have my contact number if they require any further advice and I am happy to signpost them to any support they may require. Julie has declined any support with reading and writing skills as she has 'coped until now, quite well'.

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SECTION 7: RESPONSE

Summary

Halton Safeguarding Adults Board is designed to be responsive to local need and the local data gathered helps to inform what will be the most effective and appropriate activity. This is an ongoing process that builds year on year; some activity is ongoing, for example safeguarding prevention, but each year this may look different depending on what the local need is. Section 9 Future Priorities, pages 21-24, will summarise the work for 2017-2018 in response to the findings from this report. Whilst here we look at this year's data, combined with previous year's evidence to highlight a number of specific activities that took place during 2016-2017.

Financial or material abuse

- There has been a Financial Toolkit developed in response to previous year's data, which has been made widely available. It can be accessed via an online eLearning course which any service can access –enabling all HSAB and Sub-Groups partners full access and also any member of the public can access it via the HSAB website: www.adult.haltonsafeguarding.co.uk
- Halton Borough Local Authority's Trading Standards Team continues its great work helping to safeguard adults with the national SCAMS programme and Doorstep Crime initiatives. These are detailed in Section 8 of this report: Key Initiatives, pages 18-21.

Neglect and acts of omission

Neglect and acts of omission continue to raise concerns and were the most prevalent type of safeguarding alert reported for this year. When examining this type of safeguarding issue it can relate to a number of actions, a primary example being difficulties around administering prescribed medication. Time, dose, storage, renewal of medication are areas that both professionals and informal carers would benefit from understanding more. There follows some examples of work that addresses the care concerns of adults at risk of harm.

- Halton CCG Medicines Management Team (MMT) reviewed the existing Medication Management Policy during 2016/17 and work commenced on a new Medicines Policy for Social Care, which is scheduled to be agreed by September 2017.
- There have been a number of targeted pieces of work in relation to trends/emerging themes including:
    - Controlled Drugs in Care Homes – this was prompted by a number of incidents relating to safe management in care homes. Guidance was developed which was sent out to practices and a joint session was done with Cheshire Police to raise awareness of safe management, the law and reporting mechanisms.

- Covert Medication – this was an emerging trend from social care settings that we found when dealing with queries and when reviewing patients. The required paperwork wasn't always in place and the process hadn't always been followed. Guidance has since been developed and piloted and a joint session with Halton's Safeguarding Adults Unit was done for both Care Homes and Domiciliary care Providers.
- Waste – There has been a general theme emerging regarding medicines waste and the safety issues associated with excess medicines. As such an audit was done in 2016/17 with patients, GP practices, Community Pharmacies and Care Homes to assess what has been driving this and what factors needed to be considered. As a result a project to support patient led ordering of prescriptions has been launched in 2017/18 across Halton and further work will be done with Halton Care Homes later in 2017/18. (not specifically joint work with Safeguarding)

- HBC hosts 2 Provider Forums, with regular meetings for both Care Home and Domiciliary Care & Supported Living. HSAB has regular reports from these Provider Forums to enable ongoing monitoring of trends/themes/needs for additional resources.
- Through the Provider Forums services accessed updated information, resources and awareness sessions on Care Concerns Guidance and DoLS update guidance.
- Raising awareness of what neglect is via the launch of HSAB's website, updating information leaflets and planning a long-term marketing campaign to be launched in 2017. This campaign will include information and resources suitable to both the general public, informal and formal carers and professionals.

Age and gender of adults at risk of harm

As evidenced through the report safeguarding issues are experienced mostly by older people. It is vital that we understand the needs of older people who may be at risk of harm and put in place initiatives to protect them. During 2016-2017

- Herbert Protocol is a National Police Initiative which assists with people experiencing Dementia and/or likely to go missing. Cheshire Police brought the scheme to Halton's Safeguarding Adults Board to implement locally. HSAB full endorsed the initiative and helped facilitate the scheme being adopted across Health, Social Care and community settings. Details of the scheme can be found in section 8 of this report, Key Initiatives, pages 18-21.
  The website for more information can be found at: https://www.cheshire.police.uk/advice-and-support/missing-persons/herbert-protocol/
- Halton CCG Medication Management Team also looked at End of Life care as there had been a number of emerging themes during 2016/17. Specifically the area both prescribing and administration and as such a local End of Life medicines management group has been

formed in 2017 to try and address some of these themes, namely paperwork, formulary, access to medicines and education.

- From 2015-2016 females aged 65 years and over living in their own home were the most highly reported safeguarding concerns. The following case study demonstrates how this has been addressed:

Location of risk

- Halton CCG Medication Management Team supported safeguarding investigations and shared learning for any medicines related issues that have been flagged to us. This is often across a wide range of settings and Healthcare Professionals including care homes, care agencies, GP practices, Community Pharmacies and other providers. Subject matter expertise into investigations regarding medicines is vital in order to understand the key issues and risks. The MMT is keen to further develop this joint approach with the Safeguarding and Quality Assurance Teams to ensure the best outcomes for Halton residents
- Halton Safeguarding Adults Board requested a revised training strategy, looking at what exists already and where information gaps are. This was to address both public and professional knowledge and skills.
- During 2017/2018 there will be a marketing and awareness raising campaign launched that will target specific areas across Halton. Free resources will be developed

Data and quality assurance

- Halton Borough Local Authority's Policy and Performance Team gather data that is required nationally and informs the work of adult safeguarding locally. Although not mandatory currently Halton have set up a reporting system for tracking Making Safeguarding Personal (MSP) outcomes for all adults who have contact with Social Care. See Section 8 on Key Initiatives for more details.
- 2017/2018 will also see a revised Business Plan to reflect targeted performance data on adults who are identified as at risk of harm under the Care Act 2014 to evidence the impact of safeguarding for those adults.

Safeguarding alerts

There is a great opportunity for HSAB to raise the profile of Safeguarding for adults, to help create a culture of care and support, not just in services for the residents and whole workforce within Halton. Safeguarding messages need to be consistent, relevant, accessible and easy to understand. It is hoped this will increase greater understanding and appropriate and timely discussions and reporting of safeguarding concerns. There will be a large scale consultation process to aid a year-

long marketing and awareness campaign that will incorporate free training and resources which HSAB has committed to providing. See Section 9: Future Priorities for further details.

Additional

- HSAB commissioned a Safeguarding Prevention Strategy, led by Halton Borough Local Authority's Public Health and developed with the support of Halton's Safeguarding Adults Partnership Forum and local community groups. Consulting with members of the public the Strategy was accepted by HSAB with ongoing work throughout 2017-2018 to create an Action Plan to ensure the recommendations in the strategy are put in place. HSAB will monitor and oversee the work from this Action Plan.

SECTION 8: KEY INITIATIVES

Summary

During 2016/2017 there were a number of key implementations that took place within Halton. These were based on national guidance and statutory provision e.g. the Care Act 2014 specifies the purpose of a Safeguarding Adults Board; in addition to specific service provision and local strategies that respond directly to the findings from a range of intelligence sources as mentioned in the previous section of this report (Performance, pages 6-13). Additional sources of information gathering is also used along with multi-agency work that addresses safeguarding issues across all sectors including the community and voluntary sector and not just statutory services. All of this information and guidance is used to shape what services and support is made available, to ensure the most appropriate use of resources for those adults identified as at risk of harm. The following is a snapshot of the implementations that took place during 2016 to 2017.

Making Safeguarding Personal (MSP)

Making Safeguarding Personal is joint Local Government Association (LGA) and Association of Directors and Adult Social Services (ADASS) programmes that support Local Authorities and their partners to develop outcome-focused, person-centred safeguarding practice. The approach aims to facilitate a shift in emphasis in safeguarding from undertaking a process to a commitment to improving outcomes alongside people experiencing abuse or neglect.

Local Implementation:

In response to national guidance Halton Borough Local Authority's Integrated Safeguarding Unit (IASU) and Performance team have designed a questionnaire that is to be used for all adults with a

safeguarding concern, to ensure they are consulted with and enabled to inform the care and support they wish to receive from the initial contact through to end of service. Halton Borough Local Authority hosts a Making Safeguarding Personal working group that is attended by Complex Care teams, Integrated Adult Safeguarding Unit, Mental Health Team and the Performance Team. This group looks at what and how information is being gathered as well as sharing best practice.

Self-Neglect Panel

When the Care Act 2014 was implemented in 2015, it brought a number of changes including new categories of abuse were added and 'self-neglect' was specifically mentioned. In response to this Halton's Self-Neglect Panel was established with regular panel meetings taking place. What became evident through these panel meetings was a number of learning and development opportunities for Halton and Halton service providers, including:

- Learning around the types of referrals - what is appropriate and meets the threshold to be classified as a safeguarding issue.
- Agencies and services needed support in help to identify people who are at risk of harm due to self-neglect.
- Sharing of information and resources to service providers and the public, through awareness raising and training.

Peer Review

Context and summary

St Helens is a neighbouring authority with a comparable population profile to Halton and had a positive Peer Review in June 2015 which was undertaken by ADASS North West Region.

In September 2016, the Director for Adult Social Services at Halton Borough Local Authority and the Strategic Director of Peoples Services St Helens Local Authority discussed the potential for St Helens to conduct a scaled down version of their Adult Safeguarding Peer Review to give Halton the opportunity for constructive external feedback. This took place on 5 and 6 January 2017.

It was agreed an evidence based approach would be used and information gathered from a wide range of documentary, verbal and IT system sources.

Halton arranged for access and support for the Peer Team to navigate around the case management systems. Peer Team Members then selected 15 cases where adult Safeguarding procedures had been applied. A bespoke case file audit tool was produced by the Review Team to do this task in a meaningful way.

Recommendations for HSAB

There were 6 recommendations made from the review, with recommendation 3 directly relating to the HSAB as follows:

- Review the scope of the SAB and strengthen clarity and delivery of the Strategic Plan annual actions.

Herbert Protocol

A new initiative was introduced to Halton via Cheshire Police and supported by Halton Safeguarding Adults Board. The Herbert Protocol puts systems in place to allow for early intervention when adults who may be at risk of harm go missing. This addresses safeguarding prevention on a multi-agency level and fits with the strategic aims of HSAB.

- The Herbert Protocol is a national scheme being introduced by Cheshire Constabulary and other agencies to encourage carers and family members to compile useful key information which could be used in the event of a vulnerable person going missing.
- The idea is to complete a form recording all vital details such as medication required, mobile numbers, places frequented, their routines, description and photograph. In the event of a family member going missing the form can be sent or given to the police to reduce the time taken in gathering this information.

Resources include:

i) A Service Level Agreement available for Care Homes with recommended actions should a resident be missing.
ii) A Vulnerable Adult Missing Persons Profile Form
iii) Poster and information leaflet
iv) Further information available online: https://www.cheshire.police.uk/advice-and-support/missing-persons/herbert-protocol/

SAB agreed to support The Herbert Protocol scheme and liaised with Cheshire Constabulary and the local Provider Forums and Halton's Safeguarding Adults Partnership Forum to assist with promotion and uptake of the scheme within Halton.

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SECTION 9: FUTURE PRIORITIES

The Care Act 2014 advocates a coproduction approach to local authority Safeguarding Adults Board. There has been some work done already using coproduction; last year HSAB hosted a development day and Halton Disability Partnership continues to build on their coproduction work. This year recruitment of a Safeguarding Board Officer enabled HSAB to consult with partner agencies and the general public to seek opinion and perspective on their views of safeguarding adults locally. The consultations used an 'Appreciative Inquiry' approach to draw out existing knowledge, skills and good practice and to identify opportunities to share these and other resources to help achieve the strategic aim of strengthening the board. HSAB members, sub-groups and partners have evidenced their commitment to safeguarding and working collaboratively towards true integrated Safeguarding Board and all relevant activity.

2017 to 2018 will continue this work and build on the existing strategic aims, producing a revised action plan with key objectives for the activity of each sub-group and HSAB as a whole.

HSAB hopes to have true coproduction by finding mechanisms where 'experts by experience' can help shape the ongoing work of Adult Safeguarding within Halton in a meaningful way to service providers and more importantly the people that HSAB should be helping i.e. adults who have health and care needs and are identified as at risk of harm.

The strategic aims of Halton Safeguarding Adults Board 2016-2018 remains:

- **Strengthening the Board**
- **Early Intervention and Prevention**
- **Awareness Raising and Engagement with the Community**
- **Performance and Quality Assurance of Providers and Services**
- **Making Safeguarding Personal – listen to and do when adults tell us about their experiences of abuse and neglect, and the services and support they receive**

There will be a strong focus on the following three priority areas of work for the year ahead:

Priority 1: Creating a safer place to live for all adults living in Halton (Safeguarding Prevention)

Everyone deserves to live a safe and happy life, we have a duty to care for those people who may need more support to enable them to live a safe and happy life too.

As mentioned throughout this report HSAB has already delivered focussed work on achieving the first strategic aim of 'Strengthening the Board'. This is evidenced throughout sections 2, 6 and 7.

There has also been additional work that commenced towards the end of the year on early intervention and prevention with the development of a Safeguarding Adults Prevention Strategy with Public Health. In the coming financial year there will be an Action Plan developed to implement the key recommendations, in partnership with Halton's Safeguarding Adults Partnership Forum and the wider community.

There was also a well received National Police initiative , which HSAB supported Cheshire Police in implementing locally, it was disseminated across local services and venues.

The work of Early Intervention and Prevention will continue through 2017/2018 to help embed the work already identified and help to reduce the high number of safeguarding concerns currently reported.

Priority 2: Providing the skills and knowledge to enable genuine care and understanding for adults at risk of harm (Awareness-raising and Training)

What was evident through consultations with the Safeguarding Adults Partnership Forum members, HSAB sub-groups and wider partners, a training needs analysis (TNA), safeguardinmg concerns reported and data examination was the need for continued training and awareness-raising of adult safeguarding.

The TNA has helped inform a Training and Marketing Strategy that will be used to develop a year long marketing campaign and traning package. This will include updating of free resources, leaflets and an updated training offer, with information that will be accessible in various ways to enable the greatest access to the wider public as well as service providers.

What was apparent from this year's data was the ratio of adults aged 75 years and over, in addition to an increase in males experiencing a safeguarding issue. HSAB has committed to implementing

the Training and Marketing Strategy to ensure targeted resources are focussed on where they are most needed.

The development of Halton Safeguarding Adults Webpage will enable a central point of access for information, with details on all resources, latest guidance and updated policies. The website address is: www.haltonsafeguarding.co.uk

- Following on from the development of a Training Strategy HSAB will refresh all resources including leaflets and design of a pocket guide for easy reference.
- Free training programme for all staff, volunteers and informal carers living and working in Halton
- Free learning events including a Development Day
- A 12 month Public Awareness campaign to raise the profile and understanding of Adult Safeguarding.

Priority 3: Gaining a greater understanding of how mental health can impact adults at risk being protected and cared for in the best way possible (Mental Health)

Another theme that arose through consultations in addition to initial trends emerging from reviews was mental health. Mental health and it's impact on daily living can cause additional complications when a safeguarding concern occurs.

Anecdotal information through consultations with local service providers, service user groups, during the Safeguarding Prevention Strategy Consultation process and from questions emerging from a Thematic Review there were a number of areas around working with adults at risk of harm who may have mental health problems, for example:

- Is there a difficulty in understanding that not all adults with a mental health issue and/or diagnosis classifies them as an adult at risk of harm and so therefore would not necessarily need social care support?
- That sometimes adults who had health and care needs where mental health problems were also present had additional barriers to accessing support.
- Could service providers benefit from understanding how to support an adult with mental health when there is also a potential safeguarding concern?

Healthwatch have made a commitment to Halton Safeguarding Adults Board to work in partnership across services and with the local population to establish local needs and knowledge around safeguarding and mental health towards developing targetted resources.

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2017-2018 workplan

These priorities will help shape the activity of HSAB and HSAB sub-groups and key partners for 2017-2018 to enable HSAB to continue to meet it's strategic aims.

The key objectives for each of this coming year's priorities will be included in a revised workplan. The workplan will make explicit the objective activities, which priority they relate to and how this objective will address the overarching strategic aims of HSAB. It will detail which sub-group will hold responsibility for each objective, with additional information if it relates to a specific service/provision and where the information will be reported to contribute to the stratgeic aim aim of performance and quality assurance of providers and services

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Section 10: Appendix

HSAB members and partners contribution to safeguarding adults in Halton

Health Providers and Health Sub Group

5 Boroughs Partnership NHS Foundation Trust

St Helens and Knowsley Teaching Hospitals NHS Trust

Warrington and Halton Hospitals NHS Foundation Trust

NHS Halton Clinical Commissioning Group (CCG)

NHS Halton Clinical Commissioning group (CCG) demonstrates a strong commitment to safeguarding adults within the local communities. There are strong governance and accountability frameworks within the Organisation which clearly ensure that safeguarding children and adults is core to the business priorities. The commitment to the safeguarding agenda is demonstrated at Executive level and throughout all CCG employees.

Accountability for the safe discharge of safeguarding responsibilities remains with the Chief Officer; executive leadership is through the Chief Nurse who represents the CCG on Halton Safeguarding Adult Board and who is also a member of the CCG Governing Body.

To meet with national safeguarding requirements, the CCG commission a Hosted Safeguarding Service with Designated Nurses for Safeguarding Children and Adults and a Safeguarding/ Mental Capacity Coordinator and administrative support. The CCG reviews this arrangement annually to ensure that it meets its statutory duties for safeguarding adults at risk of abuse and harm. The CCG continues to work in partnership with statutory agencies and third sector to support safe and effective delivery of services against the safeguarding agenda.

During the reporting year of 2016 -17 the CCG has supported Halton Safeguarding Adult Board (SAB) priorities in the following:

NHS Halton CCG commissioned a Multi -Agency Review (MAR) following the death of an adult who was in receipt of health commissioned services. A Multi Agency Review is a process of critical and reflective learning, designed to lead to improved outcomes for people who use services.

The main purpose of a MAR is to:

- Establish whether there are lessons to be learned from a particular case about the ways in which agencies and professionals work together to safeguard vulnerable adults

- To consider all the issues raised in the case and make specific recommendations for future actions

This MAR brought together the agencies involved in the care and treatment of the young adult to identify where lessons can be learned and to identify actions to address that learning. The action plan is overseen by the Health sub group of the Halton Safeguarding Adults Board. The health sub group is chaired by the Chief Nurse for NHS Halton CCG.

Additionally, to support the Safeguarding Adults Board priority of early intervention and prevention, Halton CCG led a thematic review of a number of reported suicides / attempted suicides which occurred over the summer of 2016. In all nine incidents were reported in a seven week period.

The aim of a Thematic Review is to prepare an overview of the themes and issues highlighted in the care and support provided by all services to the patients/service users involved in the suicides or attempted suicides and incidents. The process for the review is to pull together the findings from all information provided and involve all the providers of services with the individuals. The initial findings are that there are some important lessons to be learnt in relation to these incidents and that there are some gaps and issues in relation to the effectiveness of learning from this type of incident.

A plan for next steps has been presented to the Safeguarding Adults Board and has formed part of the work plan for the coming year.

NHS Halton CCG also supported the first Serious Adult Review (SAR) commissioned by Halton Safeguarding Adults Board under the new Care Act. The recommendations and action plan following the SAR will be overseen by the Health subgroup of the Safeguarding Adults Board.

NHS Halton CCG commissions services from Bridgewater Community Health Foundation Trust, Warrington & Halton Hospitals NHS Foundation Trust, St Helens & Knowsley Hospitals Trust and North West Boroughs Mental Health Foundation Trust. Amongst other quality and safety governance arrangements the CCG also work closely with the Care Quality Commission to ensure commissioned services are delivering high quality services to the population of Halton.

The Care Quality Commission carry out regular checks on health and social care services. These are called comprehensive inspections and they are undertaken to make sure services are providing care that's safe, caring, effective, responsive to people's needs and well-led.

Current CQC Health Provider ratings 2016/17

	Safe	Effective	Caring	Responsive	Well led
Bridgewater Community Health Foundation Trust (2017)	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement
Warrington & Halton Hospitals NHS Foundation Trust (2015)	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
St Helens & Knowsley Hospitals Trust (2016)	Good	Good	Outstanding	Good	Good
North West Boroughs Mental Health Foundation Trust (2016)	Good	Good	Good	Good	Good

Bridgewater NHS

Work with partner agencies and organisations to focus on emerging forms of abuse e.g. modern slavery, self-neglect, honour based violence.

During 2016/2017 we have been engaged with work which supports the health sub-group objectives. This includes work to ensure that the trust has comprehensive safeguarding intranet pages which incorporates current and emerging themes in adult and children safeguarding for staff to access for support and advice. The trust intranet site includes pages on self-neglect, CSE, domestic abuse (covering forced marriage, honour based violence and forced marriage) and modern day slavery and human trafficking. Pages have been developed on hate and LD mate crime and are waiting to be uploaded.

Adult level 3 safeguarding training also includes self-neglect, hate crime, LD mate crime, domestic abuse (covering forced marriage, honour based violence and forced marriage) and modern day slavery and human trafficking.

Develop a better understanding of cross-cutting themes

The named nurses for safeguarding adults and children have implemented the NICE Guidance on domestic abuse incorporating this into the trusts policies and procedures for supporting patients when staff identify, suspect or have a disclosure of domestic abuse.

The Named Nurse safeguarding children and adults is actively engaged in safeguarding adults reviews within other Bridgewater boroughs with any lessons learnt or actions disseminated within the trust via meetings, bulletins and the HUB (Trusts internet site). However the Named Nurse for Safeguarding Adults has not been involved or invited to contribute to any Safeguarding Adult Reviews within Halton.

All agencies recruit staff, including volunteers, safely

- Bridgewater's has a Recruitment and Selection policy in place which supports the principles and safer recruitment and highlights the importance of ensuring that all staff involved in recruitment are appropriately trained.
- The organisation delivers a programme of HR skills training including a module on Recruitment.

Warrington and Halton Hospitals NHS

Safer workforce

The WHHFT Recruitment and retention policy remains in date. For all new appointees coming into the organisation for the first time, the Trust must seek to validate a minimum of three years continuous employment and/or training including details of any gaps in service. At least one reference should be from a current or most recent manager to enable confirmation to be made of their most recent employment history. Where an individual has been with one employer for three years or more, one reference confirmation of employment/training is sufficient, provided that all requested details have been confirmed by the previous employer. Where a prospective employee has changed employment frequently within the last three years, a sufficient number of confirmations must be obtained to cover the continuous three years history. Where an individual applies for a new position within the Trust all effort should be made to ensure any risk is minimised. Therefore, the Employment Services Team will take up a reference from the current line manager. All references are retained on the Employee's personnel file. The receipt of references is also recorded on individuals ESR record.

North West Ambulance Service
NHS

North West Ambulance Service

The Trust has recruited additional safeguarding practitioners who are covering the 3 geographical areas. A communication was sent out in April 2017 to all adult and child boards in the area updating contact details. The Trust is delighted to announce that the Safeguarding Team has expanded to enable engagement support in each of the three areas, (Cheshire and Mersey, Greater Manchester and Cumbria and Lancashire). The increase in safeguarding resource and agreed models of engagement will improve multi-agency safeguarding working and learning.

The Trust appreciates the diversity within each Board in the area and that many models of engagement exist. The Trust will endeavor to attend a minimum of one Board meeting each year

and engage with the sub-groups as requested including child and adult safeguarding review processes (SCR and SAR).

The Safeguarding Practitioners are currently looking at key training priority areas for the next roll out of safeguarding training to staff in the organisation. In addition, the Trust's Safeguarding Vulnerable Persons Policy and Procedures has been reviewed and updated.

The Trust's continues to monitor safeguarding notification rejections each month. Adult rejections remain consistent at between 4-5%of concerns rejected each month and relate in the main to patients with mental ill health or referrals made for patients who remain as a hospital inpatient. Child rejections remain relatively uncommon. The Trust continues to use the ERISS system and the thresholds for accepting child concerns are being monitored and challenged where appropriate.

Halton Safeguarding Faith Forum

Here is a brief summary of the Faith Forum's activity for 2016 to 2017:

Standing items on the agenda of the Faith Forum include updates from both Halton Adult and Children's Safeguarding Boards and the CSE/Missing/Trafficking Sub Group. We use the group to help share information, training and resources and to raise the profile of safeguarding amongst people in the faith sector.

Other items discussed at the Faith Forum meetings included HSAB's work on Self-Neglect, E Safety training and awareness. Additionally people's issues within the faith sector e.g. poverty, relationship breakdown, loneliness, and addictive behaviours.

We also use the Faith Group to help with dealing with safeguarding concerns within the faith sector; Covenants of Care and issues surrounding them and safeguarding liabilities of others using church buildings for the provision of activities/services.

The Group also contributes to a local Parish newsletter which is shared across the sector. Topics included:

- What is Safeguarding and the Role of the Safeguarding Representative/Lead
- Types of Abuse – detailed information
- Responding to Allegations or Concerns
- Guidance for photographing and recording children, young people and vulnerable adults during events, activities and at other times
- Suicide Prevention

Faith Safeguarding Event

The Faith Group hosted a Faith Safeguarding Event held on 4th March in Farnworth Methodist Church. There were over 60 attendees, including four local Authorities, with 11 stallholders who all reported good interaction with attendees. The audience was Christian– not multi-faith.

The feedback was positive with a desire for future sessions and specific training topics raised included referral processes for Street Pastors and more detailed information on:

- internet safety re adults at risk as well as children and young people
- safer recruitment and management of volunteers

Trading Standards

Scams work

The National Trading Standards Scams Team and partners such as Adult Social Care refer individuals to the Service who may have been the victim of a scam. The individual will receive one-to-one visits from a specialist officer who works with the individual to help them to recognise the hallmarks of a scam so that they are better protected in the future.

Everybody that we work with on the scams project is given a Telephone and Mail Prompt card to help them to deal with cold callers and unsolicited post.

We have held training sessions with Royal Mail who have helped us to identify a further 110 people in Halton who are being targeted with scam mail.

Trading Standards have installed 11 call-blocker devices for scam victims who have been receiving high volumes of nuisance and scam calls. The call-blockers let calls from the consumer's 'trusted numbers' straight through, it blocks unwelcome callers (nuisance and scams), and asks unrecognised callers to identify themselves before it puts them through. The call-blockers continue to block a significant number of calls to those numbers.

Within the first 10 months of the project the key financial findings were:

- The total lost by Halton residents was £281,398
- The amount lost to Halton's economy per year was £96,468
- The annual savings for participants was £46,445
- The annual saving to the public purse was £5,307
- The non-financial benefits were:

- The project had registered 27 participants with the Telephone Preference Service to reduce the volume of unwanted calls
- The project had registered 23 participants with the Mailing Preference Service to reduce the volume of mass marketing letters received
- 137 people had joined the Trading Standards iCAN system (a Consumer Alert Network whereby information about scams and rogue traders is shared with members via email)

Mr E is 97 and he's has lost around £20,000 to scam mail but was reluctant to stop replying. He had no money for food and he'd stopped paying his care bills. He was being sued by a betting company for an unpaid debt of £59. An officer contacted the company concerned who as a gesture of good will cancelled the debt. He had bought a call blocker device for £85 which was very poor quality and would not afford the protection he needed. Trading Standards obtained a full refund for him.

Examples of added value resulting from the unique positioning of Trading Standards to deal with breaches of consumer rights and contraventions of criminal legislation included:

A survey of participants was undertaken in November 2015. The survey was sent to 44 participants, 21 responded. The main findings are summarised as:

11 respondents

Said that before contact with Trading Standards they could spot some types of scam but thought others were genuine

13 respondents

Said that after contact with Trading Standards they spend less money on scams

14 respondents

Said after contact with Trading Standards they think they are a lot better at spotting scams

12 respondents

Said after contact with Trading Standards they definitely will not respond to scams in the future

5 respondents

After contact with Trading Standards 5 people feel better about the future

8 respondents

After contact with Trading Standards 8 people feel less worried and less isolated

13 respondents

know what to look out for and feel more knowledgeable

6 respondents

Said they had lost sleep because of scams

Doorstep Crime

A specialist officer will make contact with every individual that the Service becomes aware of who has been targeted by doorstep criminals. Every person is supported to understand how such criminals work and how to protect themselves against similar incidents in the future. They are all given No Cold Calling Cards and letterbox stickers to deter doorstep callers from knocking.

iCAN

The service operates a free email alert system to warn members of the public about scams, doorstep crime incidents and other useful consumer information.

During last year 73 iCAN messages were issued covering things such as scam phone calls, letters, emails, texts and doorstep crime incidents.

Halton Disability Partnership

The work of Halton Disability Partnership addressed a number of the HSAB key strategic aims and objectives; here is just a brief description of their contribution:

- HDP chair Tom Baker was a member of the board he spectated our co-production project and the need for real pre-action consultation with stakeholders.
- Chair met with HDP lead “old town enabled” group of stakeholders
- HDP works with more than 300 people who have a personal budget. Once choice and care is assessed we do ongoing follow ups and support so we can intervene as soon as concerns arise.
- In Halton quite low incidents of abuse of people with disabilities under care of HDP when concerns, hate, anger. Our PA's are trained "Alerters" and hate contact HDP manager.

- Through our co-production work, HDP supports Old Town Enabled (OTE) and New Town Enabled group. Updates and discussions also safeguarding here taken place.
- OTE and NTE members have shaped their knowledge with other groups they have been involved with. On occasion they have alerted HDP about a concern.
- Safeguarding is a key component of HDP's work that balances choice for service users with robust safeguarding. This is highlighted in our leaflet and on our website. All HDP tasks are measured and reported on by our external evaluation.
- All the people HDP work with have a care worker who is their "personal assistant". Consequently, care is personal but also risk and vulnerability are individualised and ongoing. One example is client "RB" who was placed in a violent situation via a registered "PA". HDP's PA assessed the situation and risk affected us and the matter was directed to police before serious harm could be done

Halton Carers Centre

What's worked well: what has been done by HSAB and/or your respective services that should be shared?

- Halton Carers Centre has provided a private interview room at our Carers Centre to enable carers and members of the public to discuss safeguarding issues with social workers and other professionals if they prefer not to attend a Local Authority building.
- The profile of safeguarding remains high within our organisation due to staff attending ongoing training and awareness courses.

What would be good to have or do to support the work of Halton's Safeguarding Adults Board?

- Staff would appreciate updates following safeguarding referrals where possible, as our carers may attend with similar issues and we don't know if the safeguarding referral has been addressed
- Carers Centre can publicise safeguarding issues in our quarterly newsletters

What, in your view could be HSAB main area of focus for 2017-2018

- Increased communications to organisations in Halton and the public. Many carers are unaware that they can raise a safeguarding issue or what constitutes a safeguarding issue.
- Perhaps our carers could attend a safeguarding awareness at a Carers Forum in the future?

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Age UK Mid Mersey

Age UK Mid Mersey will support the Halton Adults Partnership Forum. We aim to work hard and remain committed for the success of the Safeguarding Adults Board for the residences of Halton.

We recognise the importance of educating and training staff, volunteers and the public is the best way forward. If we are contacted by members of the public who are very concerned about a person we take the matter very seriously. We have a Safeguarding lead person in Age UK Mid Mersey who is Dawn Kenwright. We are supported by Age UK Nationally who also has a Safeguarding Lead person. Age UK also provide a safeguarding training pack for the organisation to use for training. We have an Age UK. Factsheet no. 78 safeguarding older people from abuse and neglect. Also, two Age UK Booklets protecting yourself and Avoiding Scams. All Age UKs Information is kept up to date if there are any changes to legislation.

Age UK Mid Mersey tries to identify frail older people and advise them of the support that Age UK Mid Mersey. We aim to maximise their income by supporting them completing an attendance allowance Claim. The additional income helps them buy in the care and support they need. A lot of people in their late 80's are on low incomes and without additional income for care could end up self-neglecting themselves.

Age UK Mid Mersey carries out work in its offices and in the local community, we have a Market stall in Widnes that is very successful at raising awareness to local people and every week on a Wednesday morning we go into Halton Hospital onto ward B1 this is the long stay ward for older people. We raise aware of the work we do in supporting Halton residents not only to older people but also to family carers and friends. We work very closely with other professional the nursing staff and OTs preparing people for safe discharges from Hospital. We provide free Factsheets and Information booklets on issues of concern for older people.

Everybody is unique it's important that we respect the individuals personal traits. We are none judgemental and will always listen and treat the person with respect and dignity.

Halton Housing Trust

Halton Housing Trust provides a variety of support for its 7,000 households in terms of support, financial assistance and referrals to other agencies. We have supported individuals to improve the

condition of their homes, assisted them to move to more suitable accommodation due to health or other financial constraints to allow them to remain independent.

When necessary made referrals due to abuse, neglect or other concerns to ensure the correct support is put in place to support their individual needs. We deal with a large number of victims of domestic abuse and provide Sanctuary measures to improve their safety while working with partners to ensure their health and wellbeing is maintained. Our customers have benefitted through either maximising their income, improved quality of life, or simply getting the support needed to reduce the risk.

We have delivered trained to our frontline staff to identify any concerns and to refer into our internal resources to raise any safeguarding concerns to the appropriate service areas. This has resulted in an increase in the number of referrals to our designated Tenancy Support Team, who have carried out a home visit to ensure that our customers are safe in their home.

Our designated staff have received training to support our most vulnerable staff and work closely with partnerships across Halton to direct the correct support. Greater joined up approach, more communication between the services and a general interaction to improve the position that these individuals have found themselves in.

http://www.haltonhousing.org/blog/ this is a link to some of the stories where we have supported vulnerable adults.

Healthwatch Halton

Healthwatch Halton's powers and remit are defined by the Health and Social Care Act 2012, the Local Healthwatch Regulation 2012 and the Local Healthwatch Organisations Directions 2013 section 5 but in summary we are the official consumer champion for users of Health and Social Care services. In Halton, Healthwatch is a relatively new service and we are a relatively small team (4 paid members of staff and 15 volunteers) and so we have developed strategic partnerships with other key voluntary sector groups (e.g. Citizens Advice, Age UK, SHAP, Halton Disability Partnership) to increase our reach into the community and also ability to gather intelligence.

Because of the nature of the work we do we are always alert to potential safeguarding concerns and also ways to minimising the risk of a potential safeguarding issue escalating. Key pieces of safeguarding-related work we have undertaken in the year and our impact include:

Conducting "Enter and View" visits to local care homes; in the last year we have conducted 12 Enter and View (E&V) visits and 5 "focus group" meetings (with residents and their families) to look at the living conditions of residents and help be their voice to drive up standards of care. Our E&V reports

are public documents, published on our website, and this transparency acts as a real motivator for local managers to improve their standards of care. During these visits we identified 5 potential safeguarding issues and these were duly reported and acted upon by Halton BC.

We carried out a Service User Engagement mapping exercise to see how we could all work in better partnership to improve our collective reach into local communities. We surveyed 7 organisations with a combined marketing reach of over 12,000 and we discovered a real appetite and willingness to participate in joint campaigns. As a result of this exercise we also submitted two formal recommendations to the SAB;

We create a "safeguarding adults risk register" which is a standing agenda item for the SAB "Partnership meetings". Partners around the table can then discuss what steps we can do to raise awareness of any issues. E.g. post Brexit there was a spike in hate crimes, could we all have done more collectively to mitigate this?

In the SAB "partners directory", we include contact details of each organisation's "Communications Officer" and/or their Service User Engagement Lead… this will help us all easily identify who we need to talk to if we have ideas for a joint campaign.

Citizens Advice Halton

Citizens Advice Halton (CAH) is a free, confidential and independent information and advice charity operating from sites across Widnes and Runcorn. Each year CAH deals with over 7,000 local service users need support and advice on a range of different issues e.g. debt, housing and homelessness, disability rights, etc. A significant proportion of CAH's service users are vulnerable; either because of a physical disability or because they have poor mental health and as such can present as potential safeguarding issues.

Key areas in the last twelve months where CAH has contributed to the local Safeguarding Adults agenda include:

We have played an active role on the SAB Partners forum and we actively support the local Healthwatch Halton service by providing senior management support and sharing intelligence,

CAH staff are now trained to talk to people seeking debt or benefits advice to identify and support potential victims of domestic and gender violence. This is because there is a proven correlation between this form of abuse and "lack of money".

We have developed our financial literacy programme to include digital safety and raising awareness of the risk of online abuse, especially scams. In partnership with the Institute of Trading Standards, we play an active role in national Scam Awareness campaigns and anti-loan shark campaigns

We renewed our registration as a Hate Crime reporting centre and we are the only organisation in Halton that provides free discrimination advice.

CAH staff have been trained to deliver "suicide awareness" training to community groups and volunteers so that more members of the community know what support is available if they have any concern about their friends or family. There is a real need to de-stigmatise asking for help because from the CAH alone on average one service user per week tells their adviser they have had thoughts about suicide.

Care Quality Commission

Safeguarding is a key priority for CQC and people who use services are at the heart of what we do. Our work to help safeguard adults reflects both our focus on human rights and the requirement within the Health and Social Care Act 2008 to have regard to the need to protect and promote the rights of people who use health and social care services.

CQC's primary responsibilities for safeguarding are:

1. Ensuring providers have the right systems and processes in place to make sure adults are protected from abuse and neglect. We do this through our inspection regime. We publish ratings and inspection reports, so people who use services can understand if providers have effective systems to safeguard people.

2. Working with other inspectorates (Ofsted, HMI Probation, HMI Constabulary, and HMI Prisons) to review how health, education, police, and probation services work in partnership to help and protect young people and adults from significant harm.

3. Holding providers to account and securing improvements by taking enforcement action.

4. Using intelligent monitoring, where we collect and analyse information about services, and responding to identified risks to help keep adults safe.

5. Working with local partners to share information about safeguarding.

We do not routinely attend SABs although we may share information and intelligence to help them conduct enquiries. Engagement with these Boards is at a local level, with local partners liaising with one another to agree involvement and attendance so that there is a joined-up approach.

HALTON
SAFEGUARDING
ADULTS
BOARD

HALTON
SAFEGUARDING
ADULTS
BOARD

REPORT TO: Health Policy & Performance Board

DATE: 28th November 2017

REPORTING OFFICER: Strategic Director, People

PORTFOLIO: Health & Wellbeing

SUBJECT: Gypsy & Traveller Service : Policy Review

WARD(S): Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 The purpose of the report is to inform the Board of the annual review of Halton Gypsy Travellers Allocations Policy 2017 – 2018.

2.0 RECOMMENDATION: That the Board

1) **Note the contents of the report and associated Appendix; and**
2) **Comment on the Halton Gypsy Travellers Allocations Policy 2017/18.**

3.0 BACKGROUND

3.1 The policy is reviewed annually to ensure it is current and fully compliant with legislation. The policy outlines the pitch allocation and illegal encampment procedures.

3.2 Halton Borough Council (HBC) has a full time Gypsy and Traveller (GTLO Liaison Officer who is responsible for the day to day management of the G&T Service including the G&T sites (through the site warden x1 for both of HBC sites), unauthorised encampments, general enquires and complaints relating to G&T within Halton.

3.3 In practice, HBC has a number of duties and responsibilities which impact on the lives of Haltom's population including Gypsies and Travellers: education, public health, community safety, and equalities and social cohesion in all aspects of service provision.

3.4 As the success in working with and social welfare of Travelling communities is fundamentally linked to the availability and quality of accommodation including the HBC transit site, any degree of success for HBC in addressing health, education, employment and unauthorised encampments will be inextricably linked to the success in supporting the provision of authorised sites, both publicly and privately owned resulting in the fundamental need for HBC to provide a Gypsy and Traveller Service.

Accommodation Sites within Halton

3.5 Halton has three HBC owned and managed sites:-

- **Widnes, Riverview** - A permanent site offering 23 pitches
- **Runcorn, Transit Site -** A temporary stopping site with 14 pitches
- **Runcorn, Canalside –** A permanent site offering 12 pitches

In addition to the HBC sites, there are additional sites all in Runcorn.

Private sites with planning permission are:-

- **Runcorn, Bigfield Lodge**
- **Runcorn, Windmill Street**

Unauthorised Encampments

3.6 Since January 2017 Halton has seen 16 encampments mainly in Runcorn. Whilst most encampments are managed within office hours with the officers making full use of Section 62 powers (direct the encampment to the HBC transit site) available to the police and HBC.

3.7 HBC and Police devised a joint protocol to tackle illegal encampments, which was effective from 1st May 2017. The Protocol is in line with statutory guidance, national policy frameworks and best practice. Due consideration was given, with due regard to statutory obligations including the Human Rights Act 1998, the Equality Act 2010 and other government statutory guidance

3.8 The Protocol covers Gypsies and Travellers and other Travelling ethnic groups who have a nomadic lifestyle for all or part of the year. The Protocol takes into consideration the fact that Halton Borough Council has provided a transit site (opened February 2009) within its ownership and management. The Protocol applies to all land which the Council either own or exercise rights or obligations over including highway land and public rights of way or with the agreement of the land owner, with regards to private land.

3.9 The purpose of this protocol 'unauthorised encampment' relates only to trespass by Gypsies and Travellers on land they do not own as opposed to 'unauthorised development', where Gypsies and Travellers are developing land they themselves own, or with the permission of the landowner, without the necessary planning permissions

3.10 The Aim of this protocol is to ensure an effective, efficient, fair and consistent approach to the management of unauthorised encampments. It takes into account the reasonable needs and expectations of both the settled and Travelling communities; and enables the public sector partners to undertake their statutory responsibilities

3.11 Local authorities have a statutory duty to undertake an assessment (section 25 Housing Act 2004). Cheshire West have agreed to take the lead role in

completing the GTAA, with Halton forming part of the Cheshire sub regional partnership, will be included within the process.

- National policy requires authorities in their Local Plans to have a five year supply of specific deliverable Gypsy and Traveller sites to meet the identified need within the GTAA.
- Government guidance recommends GTAAs are carried out sub-regionally to better understand travel patterns, provide a consistent approach, avoid double counting and provide economies of scale.
- It is the first step to a planned approach to site provision and is the evidence base for the Local Development Framework and Local Plans. It also provides the evidence base to develop housing, homelessness and other commissioning strategies.
- If authorities can demonstrate adequate provision, evidenced by a robust and up-to-date GTAA, this will carry significant weight with the Planning Inspector when considering Appeals.
- The last GTAA for the Partnership was completed in 2014 and it is good practice to refresh the evidence base on a regular basis.

3.12 The new GTAA partnership provisional figures for permanent Gypsy and Traveller pitches are outlined in the table below, which shows the figures per authority with the five year phasing, which is now a requirement.

Authority	2013-2018	2018-2023	2023-2028	Total
Cheshire East	32	17	20	**69**
Cheshire West	15	15	16	**46**
Halton	12	6	7	**25**
Warrington	26	4	5	**34**
Total	**85**	**42**	**48**	**175**

- **Halton** secured full planning permission for the site within Runcorn, which offers 12 permanent pitches.

The evidence also indicates that there are a number of encampments each year which a transit site may help to address. The number of unauthorised encampments has fallen sharply in Halton since a public transit site was provided, saving on legal and clean-up costs. ORS has recommended that Cheshire East, Cheshire West and Chester and Warrington each provide a suitably located publicly provided transit site.

Local Issues

3.12 Cover for the Gypsy & Traveller Liaison Officer and the HBC G & T Service whilst is very limited. There is not a HBC Assistant Gypsy Traveller Liaison Officer

employed by HBC as this position ended in March 2014. The GTLO constantly has to prioritise his work load due to the service being under staffed.

3.13 The HBC transit site is often difficult to manage due to the nature of the site and being a short stay site. The site is very demanding on officer time and needs officer attendance most days.

3.14 The Mersey Bridge works programme has seen a general increase in numbers of G&T, which has attracted them to Halton in pursuit of work and other opportunities, Scrap metal etc.

4.0 POLICY IMPLICATIONS

4.1 The government recognises that there are social consequences for Gypsies and Travellers of a reduced rate of site provision and insufficient supply of Traveller sites. The lack of authorised sites can lead to an increase in unauthorised sites that leading to increased tensions with settled communities

4.2 Local authorities are now expected to plan and set targets for accommodation of Gypsies and Travellers in their Local Plans and to justify policies for site provision using robust evidence which will be tested at Local Plan examinations.

4.3 Local Authorities place great emphasis on working collaboratively with neighbouring local planning authorities to establish need – and removing the proposal that need be assessed 'in the light of historical demand'. A requirement that criteria-based policies should be fair, and facilitate the traditional and nomadic life of Travellers while respecting the interests of the settled community.

4.4 HBC has been recognised for being forward thinking in it strategies when developing new sites for G&T and is consistently used by other authorities for bench marking and best practice.

Gypsy and Traveller Accommodation Assessment (GTAA) 2014

4.5 There has been a long standing statutory requirement for LAs to undertake a Gypsy and Traveller Accommodation Assessment (GTAA) (s.225 of the Housing Act 2004

A new Gypsy and Traveller Accommodation Assessment (GTAA) were published in March 2014 on behalf of the Cheshire Partnership. This evidence has already been successfully used at public inquiry and local plan examination (CWAC).

Delivery of the new permanent site at Warrington Road meets the 5 year pitch requirement (2013 – 2018) entirely. Therefore this new site is critical to meeting national policy requirements.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 Funding is provided by the Council to employ a full-time Gypsy and Traveller

Liaison Officer (GTLO). The council charges for all its sites and the designated wardens collect the rent on behalf of the council.

5.2 The GTLO is not paid for out of hour's services, which needs to be addressed. Future consideration is needed to identify funding to offer financial payment for out of hours services, in line with Cheshire.

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**
There is no national data to work from, but sufficient information is available to conclude that Gypsies and Travellers can expect reduced life expectancy and poor levels of health at all stages of life, exacerbated by social factors.

At present it is estimated that 20% of members of Travelling communities live on unauthorised sites. While 80% do live on authorised sites, there are issues about the standards on both public and private sites nationally. Halton is recognised as having a good standard of Gypsy and Traveller sites. In exceptional circumstances HBC allows temporary and extended stays on its transit site for Travellers who need emergency care or who have life threating illnesses and do not have a place to live and access health services.

6.4 **A Safer Halton**
None identified.

6.5 **Halton's Urban Renewal**
None identified
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7.0 RISK ANALYSIS

7.1 Failure to meet the needs of Gypsies and Travellers can lead to prosecutions of Councils. Furthermore, the inability to offer an accelerated procedure to tackle illegal encampments would result in long delays and costly clean up processes.

8.0 EQUALITY & DIVERSITY ISSUES

8.1 The Policy 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

9.1 None under the meaning of the Act.

HALTON BOROUGH COUNCIL

Gypsy & Traveller Sites

Pitch Allocation Policy

July 2017

Contents

Information sheet

Service area	Housing Solutions (Gypsies & Travellers)
Date effective from	TBC
Responsible officer(s)	Principal Manager, Housing Solutions Gypsy & Traveller Liaison Officer
Date of review	July 2017
Status • Mandatory (all named staff must adhere to guidance) • Optional (procedures and practice can vary between teams)	Mandatory
Target audience	Staff involved in the allocation of pitches on Council owned Gypsy & Traveller sites
Date of committee/SMT decision	27th July 2017
Related document(s)	
Superseded document(s)	Gypsy & Traveller Sites Pitch Allocations Policy, Procedure and Practice June 2012
Equality Impact Assessment (EIA) completed	Complete

Introduction

I am pleased to present Halton Borough Council's Gypsy & Traveller Sites Pitch Allocations Policy.

The Council supports its Gypsy & Traveller community through the provision of three residential caravan sites, which are owned and managed by the Council:

Name of site	Type of site	Location of site	No. of pitches
Riverview	Permanent	Widnes	22
Canal View	Permanent	Runcorn	14
Warrington Road	Transit	Runcorn	13

The Council is committed to the provision of residential pitches for the Gypsy & Traveller community and this policy describes the process for the allocation of pitches on the sites named above. It will ensure that all applicants are treated fairly.

The aims of this policy are as follows:

- To acknowledge Gypsies & Travellers as a recognised ethnic minority and to provide a service that is sensitive to their cultural and traditional beliefs;
- To describe the single point of access to pitches on the Council's Gypsy & Traveller sites, as well as to forms of social housing, accredited private sector properties and low-cost home ownership options;
- To be compliant with homelessness legislation;
- To allocate pitches in a clear, fair, transparent and consistent manner;
- To allocate pitches on the basis of priority need and sustainability.

These aims are delivered by operating an assessment scheme which prioritises applications according to the level of need.

The Council is also committed to community cohesion on the Gypsy & Traveller sites and this policy will have due regard to ensuring the long-term sustainability of the sites. Therefore, there will be consideration of factors which may affect the suitability of each site as a social unit and community relations on the sites.

I hope you find this policy helpful. Further advice, assistance and support is available from the Gypsy & Traveller Liaison Officer based at the Riverview site, Site Wardens and the Housing Solutions Team.

Councillor Ron Hignett

Executive Board Member – Physical Environment

Legislative and policy framework

This policy has regard to the provisions of:

- The Housing Act (1996) as amended by the Homelessness Act (2002) (and further refined by the Housing Act 2004) and the associated statutory codes of guidance
- Mobile Homes Act 1983
- National Planning Policy Framework
- Planning policy for traveller sites
- Human Rights Act 1998
- Equality Act 2010
- Race Relations Act 1976 and Race Relations (Amendment) Act 2000

This policy is part of the Local Allocation Policy which sets out how the Council and its partners allocate other forms of social housing. Every effort has been made to closely align this policy to the Local Allocation Policy to ensure parity across all sectors of society.

This policy will be used for those requesting allocation of a pitch on one of Halton Borough Council's Gypsy & Traveller sites. Applicants wishing to apply for bricks and mortar rented accommodation will be assessed using the Local Allocation Policy.

Application process

Eligibility

Halton's Gypsy & Traveller sites are specifically designed to meet the needs of the Gypsy & Traveller community, therefore, applicants must be a Gypsy or Traveller either by ethnic group or by the legal definition, which is '*a person of a nomadic habit of life, whatever their race or origin.'*

Any Gypsy or Traveller aged 18 or over may apply for a pitch on any of the sites, so long as they are not considered to be ineligible because:

- They are under 18 years of age;
- They are subject to immigration control;
- They are from abroad as defined by the Secretary of State;
- They are or have been guilt of unacceptable behaviour.

Appendix 1 contains further information on people who are considered ineligible and what constitutes unacceptable behaviour. In some cases, those who are guilty of unacceptable behaviour may still have their application accepted but with reduced priority.

It is necessary to consider factors such as unacceptable behaviour as part of the application process in order to ensure that sites are sustainable and well-managed, whilst also respecting the existing site community.

Those considered to be ineligible will be advised of this and the reasons for the decision. They will also be advised of the requirements they need to meet before being considered for re-application (i.e. adequate improvement in behaviour).

Initial Application Form

An 'Application for Allocation of Pitch Form' (see Appendix 2) must be completed in order to be considered for allocation of a pitch on one of the Gypsy & Traveller sites. Forms are available from the Site Wardens or from Halton Direct Link (HDL). The form can also be requested by calling the Gypsy & Traveller Liaison Officer on 0151 423 5849 or the Council's contact centre on 0303 333 4300. Assistance will be available with completion of this form on request from the Site Warden/Gypsy & Traveller Liaison Officer.

Pitch Interest List

Applicants should be aware that there is a high level of demand for pitches on the permanent sites and there is limited movement with pitches rarely becoming available. Therefore, a 'Pitch Interest List' is maintained and assessed upon a pitch becoming available.

The Pitch Interest List will be reviewed annually and when a pitch becomes available to determine whether interested persons still need/wish to be considered for a pitch. The Council reserves the right to remove those who, upon reasonable enquiry, appear to no longer require accommodation or cannot be located.

Assessment Form

Upon a pitch becoming available those on Pitch Interest List will be contacted and asked to complete an 'Assessment Form' (see Appendix 3). Again, assistance is

available with completion of the form on request. There will be a closing date for receipt of completed forms.

Applicants must complete the Assessment Form in order to be considered for a vacant pitch. Information may be provided verbally but must be recorded on the form, which must be signed by the applicant to confirm that the information detailed on the form is correct.

Anyone found to have given false information on the form will not be offered a pitch or in cases where they have already taken residency of a pitch they may be evicted.

Verification and references

At the point of application, applicants will be required to provide proof of ID, such as a birth certificate, passport, NHS Card, driving licence or other suitable material.

A reference from a former landlord is also required. Where there is no former landlord reference available, the applicant should nominate someone outside of their own family from whom a reference can be sought. Examples might include an employer or key worker, a Traveller Liaison Officer of another local authority or a Site Warden of a previous address where the applicant legally resided but was not the tenant.

In order to assess eligibility for the waiting list and accommodation need the Council may seek references from existing or previous landlords and information from relevant agencies such as the police, probation, social services, education and health authorities.

Changes in circumstances

An applicant is required to advise of any changes in personal circumstances that affect their application or eligibility to remain on the Pitch Interest List. Such changes may affect the priority of their application. Changes of circumstances that are identified at the point of offer may prompt a re-assessment.

Giving false information or deliberately withholding information

Appropriate action may be taken against any applicant who knowingly provides false information or instigates a false statement from another person acting at the applicant's request. This could include closing the application, reducing priority or taking action to recover possession of the pitch allocated.

Assessment of need

Applications for a pitch will be prioritised in line with the homelessness assessment criteria (as contained in the Housing Act 1996 Part VII and amended by the Homelessness Act 2002). Therefore, applicants falling into the following categories will be given priority:

Homeless/threatened with homelessness in the next 28 days, meaning:

- They have no accommodation that they have a legal right to occupy;
- They have accommodation but cannot gain entry to it;
- They live in a moveable structure but have nowhere to place it;
- They have accommodation but it is not reasonable for them to continue to occupy it;
- They face the risk of violence from someone who lives in their home or with whom they are associated; OR
- There is good reason to believe that continuing to occupy their home is likely to lead to violence from another person.

In a priority need category, meaning:

- They or their partner are/is pregnant or have dependent children;
- They are homeless because of an emergency, for instance fire or flood; OR
- They are vulnerable as a result of:
- Old age, mental illness, physical disability or another special reason;
- Having served a custodial prison sentence;
- Having had to leave accommodation because of actual violence or threats of violence that are likely to be carried out; OR
- Other special reasons.

Applicants who have a local connection will also be given priority. This would include having close family members residing on the site.

Allocation process

Shortlisting and selection

When a pitch becomes available at any of the Council sites, the Pitch Interest List will be reviewed by an allocation panel to determine a short list and select an applicant. This panel will comprise the Site Warden, Gypsy & Traveller Liaison Officer and Principal Manager, Housing Solutions.

All applicants who have expressed an interest for the site where the vacancy is will be short listed in order of their priority according to assessment against the criteria outlined in the previous section.

Shortlist position does not guarantee an offer and on occasion other factors may need to be taken into consideration that may influence selection. For example, it may be necessary to consider the compatibility of the applicant and their family with the existing site community so as to ensure the suitability of the site as a social unit and good community relations.

Shortlisted applicants will also be invited to an interview with the allocation panel to ensure full consideration of all relevant factors.

The purpose of the panel meeting is to determine which applicant is most in need in accordance with the criteria outlined in the previous section. In the event that two or more applicants meet the same criteria, applications will be considered on a case-by-case basis in order to determine which applicant is most in need. Consideration will also be given to the compatibility of the applicant (and their family) with the existing site community and the potential for disruptive/anti-social behaviour and there will be an assessment of risk in this respect. However, the assessment of need will always be the most important factor in deciding who will be allocated a pitch.

As part of the assessment process, any support needs (i.e. aids/adaptations required) will be identified and the appropriate referrals made upon the acceptance of the offer of a pitch.

Offer of a pitch

Verification of circumstances on offer

When an applicant has been shortlisted or selected for a pitch their circumstances will be verified to ensure that they are the same as they were at the point of application. Original copies of proof of ID will be verified by Council Officer prior to any offer being made. An offer may be withdrawn if original documents that verify the applicant's identification cannot be produced.

Any additional reference checks will be made at this point. This could include former or current landlords or may involve a visit to the current home.

An offer of a pitch may be withdrawn if there is a reason to believe that the applicant's circumstances are different to those initially declared on their application. In this instance the application will need to be subject to a further assessment in line with the requirements of the policy.

Time allowed for accepting an offer

All applicants will be notified within five working days as to whether or not they are to be offered a pitch. It is the applicant's responsibility to ensure that up-to-date contact

details are provided. Every reasonable effort will be made to contact the successful applicant, however, if this is not possible within one week then the pitch may be offered to the next eligible applicant.

Once an offer is made, applicants will be allowed 48 hours to make a decision about accepting the pitch. If there are justified reasons a longer decision time may be agreed. All individual and household circumstances will be taken into account when making this decision.

The pitch will be kept vacant for a period of seven days from the date of the offer. If the applicant does not take up occupancy of the pitch and cannot be located after reasonable enquiries, the offer will be withdrawn and the pitch allocated to another applicant. Any applicant who refuses the offer of a pitch will need to go through the application process again before any subsequent offers will be made.

Making direct offers without advertising – direct letting

Under certain circumstances, it may be necessary to make a direct allocation of a pitch to an applicant, including:

- In order to discharge homeless duty;
- In exceptional circumstances where urgent and immediate housing is required;
- Where an emergency plan has been activated.

Direct lets must be approved by a panel comprising the Site Warden, Gypsy & Traveller Liaison Officer and Principal Manager, Housing Solutions.

If an applicant refuses the Council's direct offer of suitable accommodation, the Council has the right to consider whether a further direct offer of accommodation will be given.

Licence Agreement

Upon acceptance of the pitch, the successful applicant will be issued with a Licence Agreement detailing fees and charges and the conditions that must be adhered to along with information regarding site management procedures.

Right to request a statutory review of a decision

The Council will allow a review of any decision made under this policy.

Applicants will be provided with one right of review which must be made within 21 days of receiving notification of the original decision.

A review will be considered by a panel made up of the Gypsy and Traveller Liaison Officer and at least one officer who was not involved in the original decision and who is more senior than the original decision maker.

Where the applicant remains dissatisfied with the decision of the review panel it can be challenged through the Council's complaints procedure.

Should this process then be exhausted and the applicant remains unhappy with the outcome then the applicant may also complain to the Local Government Ombudsman who will need to find maladministration (that due process or policy was not followed).

The applicant may seek a Judicial Review where they will need to demonstrate that the Council or its partners acted unreasonably or irrationally or did not follow correct legal process. Proceedings must be launched promptly and in any event within three months of notification of the decision. Applicants should be advised to seek independent legal advice before pursuing this option.

See Appendix 4 for a flow chart depicting the process for allocation of pitches.

Illegal encampments

A formal procedure for the management of illegal encampments has been devised between Halton Borough Council and Cheshire Constabulary.

The Protocol, which can be found at Appendix 5, sets out the working practices agreed between both agencies to give clear guidance around the management of unauthorised encampments by Gypsies and Travellers within Halton Borough Council boundaries.

The Protocol is in line with statutory guidance, national policy frameworks and best practice.

All considerations will be made with due regard to statutory obligations including the Human Rights Act 1998, the Equality Act 2010 and other statutory Government guidance.

Appendix 1: Ineligible applicants

Persons subject to immigration control

A person subject to immigration control is defined as a person who under the Immigration Act 1971 requires leave to enter or remain in the UK. A person subject to immigration control will be ineligible unless they are:

- Already a secure or introductory tenant or an assured tenant of accommodation allocated by a local authority; or
- Within one of the following classes, as prescribed by regulations made by the Secretary of State:
    - a person granted refugee status in the UK or humanitarian protection (granted from 6 October 2006);
    - a person with exceptional leave to remain, humanitarian protection (granted prior to 6 October 2006), or discretionary leave and who is not subject to a 'no recourse to public funds' condition; or
    - a person with unconditional leave to remain in the UK (settled status) as long as s/he is habitually resident in the Common Travel Area, other than a person who has been given leave on the basis of a sponsorship undertaking and who has been resident in the UK for less than five years (unless the sponsor has died).

For applications made before 20 April 2006 only, persons who are nationals of a state that was a signatory of the European Convention on Social and Medical Assistance (ECSMA) or of the European Social Charter, provided they are habitually resident in the Common Travel Area and lawfully in the UK (Class D) will be eligible. Of the signatories of ECSMA and/or CESC only Turkey, Croatia and Macedonia are not member states of the EEA. The Common Travel Area consists of the UK, the Republic of Ireland, the Channel Islands and the Isle of Man.

Asylum seekers are not eligible persons for allocations because they are subject to immigration control and are therefore not eligible persons unless they fall within the exceptions specified in the regulations.

Other persons from abroad

A person who is not subject to immigration control – principally British citizens and certain European Union (EU)/European Economic Area (EEA) nationals – must be habitually resident in the Common Travel Area in order to be eligible for an allocation of accommodation – unless they are exempt from the habitual residence test.

The following people not subject to immigration control are exempt from the habitual residence test:

- EEA nationals who are classed as workers or self-employed persons;
- The family members of EEA nationals who are classed as workers or self-employed persons;
- EEA nationals who have a right to reside permanently in the UK. These are:
    - Those who have legally resided for a continuous period five years in the UK;
    - Workers or self-employed persons who have retired or are permanently incapacitated;
    - The family members of the above two categories.
- A person who is in the UK because s/he was deported, expelled or compulsorily removed from another country to the UK;

- A person who left Montserrat after the 1st November 1995 as a result of the volcanic eruption;
- A person who left Lebanon on or after 12th July 2006 because of the armed conflict there;
- British people who were residents of Zimbabwe and who accepted an offer of assistance from the UK Government to settle them in the UK, and who arrive in the UK on or after 28 February 2009 but before 18 March 2011 (the offer of resettlement was only made to people aged 70 years and over, and to younger people who are not able to look after themselves due to health and social care needs).

Applicants not eligible due to unacceptable behaviour

Examples of unacceptable behaviour which could result in an applicant being deemed ineligible may include:

- Rent arrears or any other debt owed to Halton Borough Council or any other Local Authority, site related or not.
- Failure to adhere to an agreed payment plan to address rent arrears or housing debt to the Council or any other former landlord.
- Being guilty of behaviour that caused or is likely to cause nuisance or annoyance to anyone living in, visiting or carrying out a lawful activity in the area.
- Been convicted for using the premises or allowing them to be used for illegal or immoral purposes.
- Been convicted of an offence warranting arrest committed in the locality.
- Nuisance or annoyance to neighbours or illegal or immoral use of the property.
- Perpetrating domestic violence resulting in the victim leaving the home and being unable to return.
- Allowing the condition of the pitch to deteriorate.
- Obtaining a pitch by giving false information or omitting to provide information that is reasonably requested.
- Paying money to illegally obtain a pitch.

Appendix 2: Gypsy & Traveller Application for Allocation of Pitch Form

Personal details – applicant					
Title	First name	Family name/surname	Date of birth	Age	National Insurance number

Current address (including postcode):			
Date moved in:			
Contact telephone numbers:	Home:	Work:	Mobile:
Email:			
Why do you need help with your housing situation?			
Is your contact address the same as your current address? If no, please write contact address below:			

Details of anybody else in your household wishing to live with you					
Title	First name	Family name/surname	Date of birth	Age	National Insurance number

If any member of your household is pregnant please state their name and the date the baby is expected to be born:	

Have you or anyone on this form previously resided at a site in Halton? If yes, please give details:			
Where:			
Date from:		Date to:	

Do you or anyone on this form have any health conditions Halton Borough Council should be made aware of? If yes, please give details:
Additional information
I have read/had read to me the declaration below.
As far as I/we are aware the information given on this application form is true. I/we understand that I/we may lose any pitch offered or let to me/us if false information is given.
I/we understand that the information recorded on this form will be retained by the Council for a period of five years and used to inform assessments of unmet need for pitches.

Applicant name – print:		
Signed:		Dated:
Spouse/partner name – print:		
Signed:		Dated:

Appendix 3: Gypsy & Traveller Assessment Form

Personal details – applicant					
Title	First name	Family name/surname	Date of birth	Age	National Insurance number

Current address (including postcode):			
Date moved in:			
Contact telephone numbers:	Home:	Work:	Mobile:
Email:			
Why do you need help with your housing situation?			
Is your contact address the same as your current address? If no, please write contact address below:			

What type of accommodation do you live in? Please tick one of the boxes to indicate:			
House	☐	Caravan/mobile home	☐
Bungalow	☐	Care/rest home	☐
Ground floor flat	☐	Hospital	☐
Upper floor flat	☐	Armed Forces	☐
Multi-storey flat	☐	Prison	☐
Maisonette	☐	Hostel/night shelter/rough sleeper	☐
Bed-sit/studio	☐	Other – please state:	

What type of tenure do you have? Please tick one of the boxes to indicate:			
Owner-occupier/leaseholder	☐	Hostel	☐
Private tenant	☐	B&B	☐
Tied accommodation	☐	Rough sleeping	☐
Housing Association tenant	☐	Name of association:	
Council tenant	☐	Name of local authority:	
Living with relatives/friends/others	☐	Specify which and provide name and contact number:	

If you are currently renting, please give details of the type of tenancy you hold. Please tick one of the boxes to indicate:			
Secure ☐	Assured ☐	Assured shorthold ☐	Verbal ☐
Tenancy start date:			
If this is a joint tenancy, please provide full name of joint tenant:			

Personal details – spouse/partner (if they are to live with you)

Title	First name	Family name/surname	Date of birth	Age	National Insurance number

Current address (including postcode):			
Date moved in:			
Contact telephone numbers:	Home:	Work:	Mobile:
Email:			
Please describe your accommodation (e.g. three bedroom house/room in a house/two bedroom first floor flat):			
Is your contact address the same as your current address? If no, please write contact address below:			

Details of anybody else in your household wishing to live with you and your spouse/partner

Title	First name	Family name/surname	Date of birth	Age	National Insurance number

If any member of your household is pregnant please state their name and the date the baby is expected to be born:	

Have you or anyone on the application been in care? If yes, please give details:

Name of person who was in care	Dates from and to	Where/name of local authority	Name of Aftercare Worker

Do you have any pets? Yes ☐ No ☐

If yes, please give details:

Have you been asked to leave your accommodation? Yes ☐ No ☐

By what date?		Has the landlord applied for a court order?	Yes ☐ No ☐

Please list all addresses you have lived at over the last five years (most recent first):

Applicant addresses	Type of accommodation	Date from	Date to	Landlord's name, address and contact number	Reason for leaving
Spouse/partner addresses	Type of accommodation	Date from	Date to	Landlord's name, address and contact number	Reason for leaving

Income – you will need to provide proof of income/benefits				
	Applicant	Spouse/partner	If weekly, please tick	If monthly, please tick
Hours worked each week	hours	hours	☐	
Wages	£	£	☐	☐
Company pension	£	£	☐	☐
Income support	£	£	☐	☐
Jobseeker's Allowance	£	£	☐	☐
Employment Support Allowance	£	£	☐	☐
Child Benefit	£	£	☐	☐
Child Tax Credit	£	£	☐	☐
Disability Living Allowance – Mobility High / Medium / Low	£	£	☐	☐
Disability Living Allowance – Care High / Medium / Low	£	£	☐	☐
Incapacity benefit	£	£	☐	☐
Pension/Pension Credit	£	£	☐	☐
Bereavement	£	£	☐	☐
Carer's Allowance	£	£	☐	☐
Other state benefits – please specify:				
	£	£	☐	☐
	£	£	☐	☐
Maintenance	£	£	☐	☐
Money from anyone that lives with you	£	£	☐	☐
Housing Benefit	£	£	☐	☐
Council Tax Benefit	£	£	☐	☐
Student loan/grant	£	£	☐	☐
Insurance payment	£	£	☐	☐
Other – please state:				
	£	£	☐	☐
	£	£	☐	☐
For office use only – TOTAL INCOME:	£	£	☐	☐

Detail below any bank/building society accounts and other savings/valuable assets:		
Name of bank/building society	Account number	Amount held
		£
		£

Please detail below any further information that you think we may need to know:
TO BE COMPLETED BY HOUSING SOLUTIONS ADVISER:
Has the applicant ever approached this or any other Council for assistance with housing advice before?
Yes ☐ No ☐ If yes, please give details:
Is the applicant or anyone else on this form currently on a housing waiting list?
Yes ☐ No ☐ If yes, please provide further details below:

Where?		For how long?		Any offers?	

Does the applicant or any member of their household have any drug and/or alcohol issues?
Yes ☐ No ☐ If yes, please give details:
Does the applicant or any member of their household have or have they previously had any of the following conditions?

Tuberculosis ☐	Mental health related illness ☐	Hepatitis A / B / C ☐

Any other health issues? Please state below:
Has anyone ever taken action against the applicant or anyone on this form for anti-social behaviour?
Yes ☐ No ☐ If yes, please give details:
Has the applicant or anyone on this form had an Anti-Social Behaviour Order granted against them?
Yes ☐ No ☐ If yes, please give details:

Name of person with the order	Granted by (Local Authority, Housing Association etc.)	Court Action – please give details	Less formal action, i.e. a written warning – please give details

Has the applicant or anyone on this form ever been convicted of a criminal offence?				
Yes ☐ No ☐ If yes, please give details:				
Name of person convicted	Crime (please include arson, sexual offence, violent offence)	Date of sentence	Length of sentence	Length of time served

Has the applicant or anyone on this form served in the Armed Forces?			
Yes ☐ No ☐ If yes, please give details:			
Name of person who has served	Name of service	Dates served	Service number

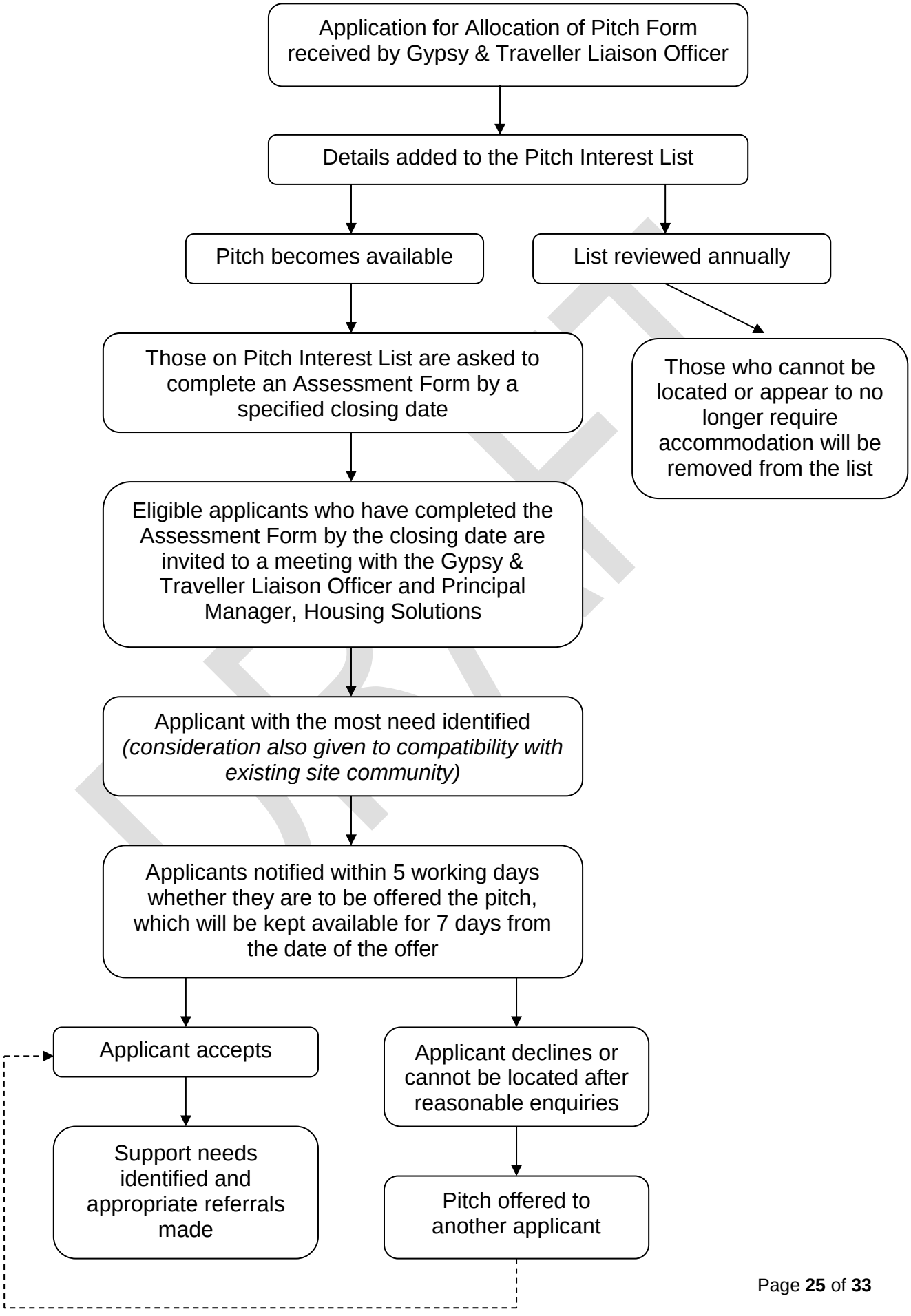
Does the applicant or anyone on this form have a medical condition or disability that is made worse by their current housing situation and/or that may affect the suitability of any future accommodation they may be offered?
Yes ☐ No ☐ If yes, please give details:

Note details of any contacts, where appropriate:	Name	Support provided	Telephone number
Family Doctor			
Consultant			
Social Worker			
Community Psychiatric Nurse			
Solicitor			
Health Visitor			
Probation Officer			
Youth Offending Team			
Tenancy Support Officer			
Next of Kin			
Other(s) – please state			

Does the applicant have accommodation available to them in the UK or anywhere else in the world?			
Yes ☐	No ☐	If yes, please give details:	
Additional information			
Data Protection declaration/authority to disclose information			
The information supplied in this form will be held on computer. I/we agree that Halton Borough Council may make enquiries on my/our behalf and authorise you to release any information requested by the Council that may be held under the Data Protection Act 1998. I/we authorise Halton Borough Council to make such enquiries as are thought necessary in connection with any of the information given by me/us. I/we understand that the relevant agencies may include, but is not limited to any police force, previous landlords, probation service, any service identified on this form and other Council departments. I/we understand that enquiries will be made concerning my character and conduct of any previous tenancies or occupations of any property. I/we understand that the Council reserves the right to suspend, remove or exclude from any scheme or service within the Housing Solutions service, if information received or held by Halton Borough Council indicates that I/we may not make a suitable tenant in accordance with current legislation. I/we confirm that the details given are true and correct. I/we understand that if any false information or statement has been provided, this may result in suspension, removal or exclusion. I/we understand that the information recorded on this form will be retained by the Council for a period of five years and used to inform assessments of unmet need for pitches.			
Applicant name – print:			
Signed:		Dated:	
Spouse/partner name – print:			
Signed:		Dated:	

FOR OFFICE USE ONLY:		
Date:	Time:	Name of Adviser:
Date:	Time:	Name of Adviser:
Date:	Time:	Name of Adviser:
Date:	Time:	Name of Adviser:
Date:	Time:	Name of Adviser:

Appendix 4: Process for allocation of pitches



Appendix 5: Halton Borough Council and Cheshire Constabulary Protocol for unauthorised encampments and transit site

THE PROTOCOL FOR UNAUTHORISED ENCAMPMENTS AND TRANSIT SITE

1.1. This Protocol sets out the working practices agreed between the following agencies for the management of unauthorised encampments by Gypsies and Travellers within Halton Borough Council boundaries.

Cheshire Constabulary	Halton Borough Council

1.2. This Protocol is in line with statutory guidance, national policy frameworks and best practice (Appendix 1 of the protocol document)

1.3. All considerations will be made with due regard to statutory obligations including the Human Rights Act 1998, the Equality Act 2010 and other government statutory guidance

1.4. It presumes that both parties will act within the actual and spirit of the law

1.5. It will be effective from 1st May 2017.

1.6. In this Protocol covers Gypsies and Travellers and other Travelling ethnic groups who have a nomadic lifestyle for all or part of the year.

1.7. The Protocol takes into consideration the fact that Halton Borough Council has provided a transit site (opened February 2009) within its ownership and management.

1.8. The Protocol accepts that many Gypsy and Traveller groups return directly to the transit site without encamping first and that this agreement is to cover those groups that do not go directly to the transit site.

1.9. The Protocol applies to all land which the Council either own or exercise rights or obligations over including highway land and public rights of way or with the agreement of the land owner, with regards to private land.

1.10. For the purposes of this protocol ‘unauthorised encampment’ relates only to trespass by Gypsies and Travellers on land they do not own as opposed to ‘unauthorised development’, where Gypsies and Travellers are developing land they themselves own, or with the permission of the landowner, without the necessary planning permissions

2. AIM

2.1. The Aim of this protocol is to:

- ensure an effective, efficient, fair and consistent approach to the management of unauthorised encampments
- take account of the reasonable needs and expectations of both the settled and Travelling communities; and
- enable the public sector partners to undertake their statutory responsibilities

2.2. This protocol acknowledges that:

- at any given time every member from the Travelling communities will require to stop either overnight or for a longer period

- the authority has an obligation to provide appropriate facilities to meet the needs and has done this by establishing the Warrington Road Transit Site
- the pitches, when available on the transit site, are considered 'suitable' for the purpose of police powers
- the authority & the Police must ensure that any unauthorised encampments are handled in the most appropriate way
- all parties, be they settled community or Traveller, have both rights and responsibilities

2.3. It is the aim of Halton Borough Council and Cheshire Constabulary that all Travelling groups visiting or passing through the area will always stay on the Warrington Road Transit Site

3. THE MANAGEMENT PRINCIPLE

3.1. The partners agree:

- an unauthorised encampment will always be defined as such; and
- powers exist to take immediate action and there is a presumption to use s62a-e CJPOA 1994 to direct to the Warrington Road Transit Site.
- to work together in partnership and proactively to manage all encampments

3.2. There is an understanding that under very special circumstances the use of s62A-E CJPOA 1994 is not appropriate and

- there will be a need to 'accept'/tolerate an encampment for an agreed time limited period supported by the use of s77/s78 CJPOA 1994
- or the use of s61 CJPOA 1994 is the appropriate power

3.3. The main factors to be considered:

- Are there suitable, available pitches on the Council transit site?
- Are the group allowed on site?
- Are there any considerations to stop the group moving onto the transit site?
- Are there enough available resources, both Council and Police, to support the use of s62a-e, if required?

3.4. The above factors will be covered in the assessment proforma (Appendix 2 of the protocol document and included at the end of this document)

4. HOW IT WILL BE IMPLEMENTED

4.1 Please see flow chart showing the full process (Appendix 3 of the protocol document)

- conduct a joint initial visit to the encampment (police and council)
- carry out initial welfare enquiries and sign the Travellers up to the Good Neighbour Code (Appendix 4 of the protocol document)
- inform the group the Council has a transit site and the implications of this
- consider the issues and circumstances and involve police and any other relevant agencies. Complete assessment proforma documenting all the information

4.2 The protocol will be followed at all times; the Council will provide an out of hour's service, covering weekends, to support the protocols implementation. This will be reviewed quarterly.

5. WHAT THE LOCAL AUTHORITY WILL DO

5.1. Halton Borough Council will;

- nominate officers to deal with unauthorised encampments, who will be briefed on policy and procedure and trained to undertake their duties effectively including understanding the needs and expectations of the Gypsy and Traveller community. (GTLO)
- recognise and respect the reasonable rights & responsibilities of both the Travelling and settled communities.
- provide a 'suitable' pitch on a council owned and managed appropriate site within the borough.
- work in partnership with the police to move the Travellers to the transit site as soon as possible
- provide an out of hours service on a weekend, sharing the relevant contact details with the police (Appendix 5 of the protocol document)

5.2. Halton Borough Council has in place a traffic light system for designating land within its own borough and provides a transit site where Travelling groups can stay for an agreed period of time

- **Green** – this is covered by an available pitch on the councils transit site
- **Amber** – small groups travelling through the borough and staying one night (OOH)
- **Red** – any other land

5.3 If it is necessary to allow the unauthorised encampment to remain the authority will;

- proactively manage the encampment in partnership with the police
- carry out full welfare assessments
- consider the issues and circumstances and involve police and the health care professionals and any other relevant agencies. Complete a decision matrix documenting all the information
- agree the duration of the encampment with the group and back up with a section 77 CJPOA 1994
- inform and sign up the Travellers of the Good Neighbour Code
- provide any necessary health and welfare advice, signposting to the appropriate services
- provide adequate facilities for the storage and subsequent removal of refuse.
- consider access to fresh water and porta-loos at a cost to the Travellers
- provide a point of contact for both Travellers and the settled community and visit the encampment regularly.

- liaise with local residents and businesses to consider any issues of concern, help resolve any tensions and explain the basis of the decision to allow the encampment to remain.

6. WHAT CHESHIRE CONSTABULARY WILL DO

6.1 The police will

- nominate officers to deal with unauthorised encampments, who will be briefed on policy and procedure and trained to undertake their duties effectively including the needs and expectations of the Gypsy & Traveller communities. There are 2 officers based in the Cheshire and Warrington Traveller Team. (CWTT)
- recognise and respect the reasonable rights & responsibilities of the Travelling and settled communities.
- work in partnership with the local authority's GTLO in gathering information in regards to the welfare checks and conduct an initial assessment of the encampment
- act as the Single Point of Contact (SPOC) for the Locum Inspector, the Force Incident Manager and the Critical Incident Manager, dealing with the encampment. Informing them of any issues/concerns which may affect the use of s61 & s62A-E CJPOA 1994.

7. EXPECTATIONS OF THE TRAVELLERS

7.1. It is acknowledged that there can be tensions between the settled and Gypsy and Traveller communities, any issues should be reported to the police.

7.2. If it is proposed to allow an encampment to remain for an agreed period there are a number of considerations which the partners can reasonable expect from the Travelling communities.

- respect the agreement made with the council and police
- be accountable for their behaviour towards the local residents and businesses
- Good Neighbour Code which the Gypsies and Travellers agree and sign up to.

8. EXPECTATIONS OF THE LOCAL COMMUNITY

8.1. It is acknowledged that there can be tensions between the settled and Gypsy and Traveller communities, any issues should be reported to the police.

8.2. The settled community will be expected to;

- respect the agreement to allow the group to stay for an agreed period
- be accountable for their behaviour towards the Travelling communities

9. WELFARE CHECKS

9.1. When an unauthorised encampment first arrives a joint visit will be required to inform the group there is a transit site within the borough and carry out an initial

assessment, covering immediate welfare issues, vehicles and any reasons why the group cannot move to the site.

9.2. Where Section 62a-e CJPOA 1994 is being suggested the full welfare assessment can be carried out once the group arrive on the transit site.

9.3. Where Section 61 CJPOA 1994 is being considered the welfare information needs to be readily available, as it is necessary to support the decision making process.

9.4. The outcome of such enquiries must be taken into account irrespective of which specific enforcement legislation is being considered.

10. USE OF POWERS

9.1. For the purpose of this protocol in the main we are referring to the police powers s61 and s62A-E CJPOA 1994

9.2. For the purpose of this protocol in the main we are referring to the council powers s77 and s78 CJPOA 1994.

11. DECISION MAKING

11.1 **Section 61 CJPOA 1994**

Where a need to take immediate action can be shown, then the use of powers available to the Police should be considered at an early opportunity. Whether to use such powers remains an operational matter for the Police but the rationale behind the outcome will be shared with the Local Authority.

11.2 **Section 62a-e CJPOA 1994**

There is a presumption that the Travellers, on any unauthorised encampment, will be directed to the transit site, unless otherwise agreed.

11.3. Decisions to use any Police Powers will normally rest with an Officer not below the rank of Inspector and will be taken in line with existing Force Policy, national guidance and this protocol. The Police & the authority's GTLO will ensure that all the relevant information is available to assist in the decision making process.

11.4. Whenever possible such decisions should follow full consultation between the respective decision makers, and the rationale behind the outcome carefully documented in case of legal challenge.

11.5. Such decisions must be:

- Lawful, taking into account legislation and policy.
- Reasonable and proportionate in the legal sense
- Balanced, taking into account the rights and responsibilities of both those on the encampment and local businesses and residents.

11.6. The availability of suitable pitches at authorised sites or transit facilities will be an essential consideration. This information will be maintained by the GTLO for the authority (Contact details are set out in Appendix 5 of the protocol document)

12. COMMUNICATION

12.1. Where an encampment is being permitted to remain on a temporary basis residents and businesses in the vicinity will be informed & visited if necessary.

12.2. Information will be made available through the call centre for people wishing to get information and the contact details of the partners GTLO's will be made available.

12.3. Information about the arrangements will also be given to the local ward members and portfolio holders.

12.4. Copies of this protocol and Equality Analysis (EA) will be

- provided in appropriate forms to the Travelling communities using national and local groups and networks
- briefed within the participating organisations at both member and officer level
- be available on the councils web pages.

13. MONITORING

13.1 The effectiveness of this Code and the number type and impact of unauthorised encampments will be monitored by the Halton Gypsy & Traveller liaison Group or a separate project group involving all the partners.

13.2 It will be reviewed every 3 months for the first year and if required, any changes will be agreed with the partners and implemented.

14. CONSULTATION

14.1 This protocol is to formalise an agreement between Halton Borough Council and Cheshire Constabulary which has been done since February 2009.

Therefore there is no need to have a formal consultation process.

15. EQUALITY ANALYSIS- not completed.

S.62A-E: Assessment & Decision

Incident No. & Date		**Private**		**Council**	
Location			**Postcode**		
ARE THERE ANY AVAILABLE PITCHES?	**Y**		**N**		**NUMBER**
Are they excluded from the site?	Y		N		If YES why? (e.g. arrears/ASB)

Gypsy		**Irish Traveller**		**other**	

Number of adults by age & gender					**Number of children by age and gender**					
Male	16-64		+65		0-4		5-10		11-15	
Female	16-64		+65		0-4		5-10		11-15	
Total	**16-64**		**+65**		**0-4**		**5-10**		**11-15**	

Total number of families		Number of workmen	
Number of trailers		Number of work vans	
Number of cars		Number of work trailers	
Number of campervans		**Total no. of vehicles**	

Vehicle problems	Y		N		Explain:
Animals	Y		N		Explain:

Is anyone currently receiving emergency medical care or treatment for a serious medical condition? (if **YES**, please include details of the condition and the dates/location of next treatment):

Does anyone require an urgent referral to a healthcare professional? (If **YES**, state nature of illness and reason for urgency):

Are any members of the group pregnant and in need of advanced care, or given birth within the last 3 weeks? (if **YES**, please include details):

Are there any reasons (evidence will be sought) which would preclude the group from moving to the Transit site? (If **YES**, give reasons):

Attending Officers comments (police & council)– to include any factors which would impact the decision to apply or suspend powers under s.62 A-E

DECISION	**S.62A-E**	**ACCEPT**	

Name & Position ……	**Name & Position** ……..
Signed ……	**Signed** ……
Date ……../……../……..	**Date** ……../……../……..

ADDITIONAL INFORMATION/UPDATE

Name & Position ……	**Name & Position ……..**
Signed ……	**Signed ……**
Date ……../……/……..	**Date ……../……/……..**

REPORT TO: Health Policy & Performance Board

DATE: 28th November 2017

REPORTING OFFICER: Strategic Director, People

PORTFOLIO: Health and Wellbeing

SUBJECT: Halton Suicide Prevention Strategy : Update

WARD(S): Borough Wide

1.0 PURPOSE OF THE REPORT

1.1 The purpose of this report is to present an update on progress in implementing the Halton Suicide Prevention Strategy (2015-2020), attached at ***Appendix 1.***

2.0 RECOMMENDATION that the Board:

2.1
a) Notes the content of the report and associated appendix; and
b) Supports the continued implementation of the strategy, recommendations and actions.

3.0 SUPPORTING INFORMATION

3.1 Suicide is a major public health issue, and a major cause of years of life lost. Each suicide in Halton is an individual tragedy and a terrible loss to our local families and communities. The numbers of people who take their own life in Halton each year are low however those ending their own life should be viewed as the tip of an iceberg and locally levels of distress and suicide attempts will be much higher.

3.2 In times of economic and employment insecurity rates of suicide often increase. This trend has been observed nationally following the 2008 financial crisis when after a decade of falling suicide rates have started to rise. A small fluctuation in the number of suicides across Cheshire and Merseyside suggests that national trend may be being observed locally. The number of deaths by suicide in Halton remains low abut there is still need for continuing vigilance and action around suicide prevention.

Halton Suicide Prevention Strategy 2015-20

3.3 Suicide is not inevitable and can be prevented. The Halton Suicide prevention strategy was written in partnership and sets out evidence-based actions, based upon national policy, research and local insight, to prevent suicide and support those bereaved or affected by suicide in Halton.

3.4 The strategy is supported by a detailed action plan outlining actions, responsible leads, timescales and outcomes to be achieved and has recently been updated as part of a mid-way review. The plan is monitored by the Halton Suicide Prevention Partnership, and outcomes reported to the Safer Halton Partnership, Health and Well Being Board and all other relevant bodies.

3.5 The strategy includes background information which sets out the policy context in which the strategy has been developed, considers the factors that influence why a person may take their own life and reviews the evidence on suicide prevention, outlines what we know about suicide in Halton and sets out actions to reduce the risk of suicide in Halton.

Halton Suicide Prevention Strategy - vision, areas for action and outcomes

3.6 Our vision is for a community where:

- We understand the root causes of suicide through effective collection and analysis of key information
- We have created a "listening" culture where it is okay to talk about feelings and emotional wellbeing
- We pro-actively communicate so that those directly and indirectly impacted by suicide know what support is there for them
- We provide readily accessible support through services working in partnership with other agencies and organisations
- We take positive, co-ordinated action to tackle prioritised root cause issues in order to prevent suicides

3.7 In order to achieve this vision and based upon national policy, research evidence and local insight 6 areas for action have been identified and agreed. All 6 areas for action have equal priority:

1. Improve the mental health and wellbeing of Halton residents
2. Promote the early identification and support of people feeling suicidal
3. Reduce the risk of suicide in known high risk groups
4. Reduce access to the means of suicide
5. Provide better information and support to those bereaved or affected by suicide
6. Support research, data collection and monitoring

Halton Suicide Prevention Partnership

3.8 The Halton Suicide Prevention Partnership will monitor outcomes related to high level indicators included within the Public Health and NHS Outcomes Framework this includes:

- the suicide rate
- self-harm rates
- excess under 75 mortality in adults with a serious mental illness

3.9 The Halton Suicide Prevention Partnership is a multi-agency group with representation from both Adult and Children's Services at the Council, the Police, service providers, the voluntary and community sector and other key partners:

HBC - Public Health	HBC – Elected Members
Halton Clinical Commissioning Group	Cheshire Police
HBC – Children's Commissioners	Cheshire Fire
HBC – Emergency Planning	Halton Housing Trust
Riverside College	Crime Reduction Initiative (CRI)
5 Borough Partnership NHS Foundation Trust	HBC - Early intervention team
HBC – Health Improvement Team	Halton Citizens Advice Bureau
MIND	Age UK
Samaritans	HBC – Adult social care

Suicides across Halton

3.10 Due to the small numbers, there is a need to supress individual data and therefore we are unable to report on the number of deaths by suicide in some circumstances.

The results of the annual audit of deaths by suicide in Halton highlight that in 2016 there were 12 suicide inquests with 7 resulting in a Suicide verdict and 5 reporting a narrative verdict. This is not dissimilar to previous years. The number of deaths by gender is equally distributed for men and women and the average age of death was 40 years of age with the greatest proportion of deaths occurred in those aged 45 – 54 years of age. The suicide rate in Halton (9.1 per 100,000 population) is slightly lower than the England average (10.1 per 100,000).

3.11 Data collected as part of the annual audit of deaths by suicide identify key risk factors which are reflective of national data. People who died as a result of suicide were more likely to have experienced social, economic or health issues such as:

- Divorce / family break up
- Unemployed / out of work
- Previous or current mental health diagnosis
- Previous or current substance misuse
- Previous experience of suicide in friends or family

Current Action

3.12 Halton is supporting the Cheshire and Merseyside 'No More Suicides' strategy and working across all 9 authority areas in Cheshire and Merseyside to implement the action planning which includes:

- Achieving Suicide Safer Communities status across Cheshire and Merseyside
- Transforming care across health and social care systems to eliminate suicides
- Support for those who have been affected by suicide
- Developing a strong integrated suicide reduction network to provide oversight and governance

3.13 Locally the Halton Suicide Prevention Partnership action plan reflects our local vision and is working towards addressing the No More Suicides outcomes. Some examples of work includes:

- Rolling out suicide awareness and intervention training across multiple organisations, settings and profession
- General awareness raising throughout the Borough aimed at professionals and the general public
- Development of a network of trained facilitators to engage wider public conversations about suicide, awareness and prevention.
- Development of mental health hubs in Widnes and Runcorn
- Commissioning of a Postvention services which provides support and advice for those who have been affected by a suicide
- Improving support, signposting and support available at key identified locations throughout the borough
- Supporting the development of crisis intervention services
- Supporting the development of Multi-Disciplinary Team approaches and dual diagnosis for those affected by mental health and substance misuse issues

3.14 **Key Achievements**

September has seen 2 Mental Health Hubs set up taking place each month in Widnes and Runcorn:

Runcorn Shopping City (Main Square), the first Thursday of every month, 9.00am – 2.00pm.

Widnes Market (Community Stall opposite circular D.I.Y stall), the third Wednesday of every month, 9.00am – 2.00pm.

The Hubs give Halton residents a direct link to the many different services out there who can provide you with help and support to manage your mental health. They encourage people to talk about mental health, come along and speak to those who can help. Hub staff will be able to signpost residents to appropriate services if needed.

3.15 Halton, in partnership with Cheshire and Merseyside Authorities and the Coroners Offices have set up a Real Time Surveillance System for suicide. This provides an early warning mechanism to let local areas know if the coroner has been informed of a possible suicide from one its residents. The system will enable public health to assess if there is any sudden change in trends, identify any potential linked cases or risk factors and put appropriate further prevention mechanism in place as appropriate. The data received in the surveillance system will be confidential, and cannot be used as a gauge to the overall annual suicide rate, as data receive will be for possible and not confirmed suicides.

4.0 POLICY IMPLICATIONS

4.1 The Strategy sets the context for partnership working to prevent suicides and support those bereaved or affected by suicide in Halton. Suicide prevention is a national, regional and local priority. In 2012 the Government published its all-age suicide prevention strategy *Preventing Suicide in England: A cross-government outcomes strategy to save lives* which has informed the development of our local strategy. Locally the *Halton Health and Wellbeing Strategy 2012- 2015* identified the prevention and early detection of mental health conditions as one of its 5 priority areas for action. Suicide prevention activity is identified as a key action towards this priority.

5.0 FINANCIAL IMPLICATIONS

5.1 The actions identified within the strategy are delivered through existing resources identified within each partner's budget or through attracting funding from external agencies and grant sources.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children and Young People in Halton**

Children and young people are identified as a high risk group within the strategy. The strategic actions aimed at promoting the mental health and wellbeing of children and young people in Halton, preventing bullying within our local schools, ensuing the early identification and support of children and young people suffering from emotional, behavioural or mental health difficulties, raising awareness of the signs of suicide among staff who work with children and young people in Halton, and ensuring support is available in a time of crisis.

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

Suicide is a major public health issue, and a major cause of years of life lost. The economic impact of suicides is also high in terms of lost earnings and potential. It has been estimated that the average cost of a working age adult in England ending their own is £1.67million.

6.3 **A Healthy Halton**

This strategy forms a central strand of meeting the commitments to prevent suicide and support those bereaved or affected by suicide locally.

6.4 **A Safer Halton**

Suicide prevention is an important as aspect of promoting community safety. Locally we have a known suicide hot spot in the Silver Jubilee Bridge (the Runcorn and Widnes Bridge). Responding to suicide threats and attempts places a considerable burden on the time and resources of partners locally. It is also recognized that the police are often the first responders to a suicide attempt. The strategy outlines actions related to promoting community safety which include the continued support and strengthening of Operation Emblem (a "street triage" service where a police officer and Community Psychiatric Nurse (CPN) attend incidents where concerns for safety are identified), reviewing best practice evidence related to reducing the risk of suicide at the Silver Jubilee Bridge, advising on suicide prevention interventions planned for the new Mersey Gateway Bridge and other large new developments within the Borough.

6.5 **Halton's Urban Renewal**

As part of the strategy, there is a commitment to reduce access to the means of suicide in the planning of new large developments within the Borough.

7.0 RISK ANALYSIS

7.1 The key risk is a failure to reduce the suicides among Halton residents.
This risk can be mitigated through the regular review and reporting of progress and the development of appropriate interventions where under-performance may occur.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 The Strategy specifically aims to meet the needs of all residents in Halton to prevent suicides and ensure the adequate support of those bereaved or affected by suicide locally.

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

9.1 None under the meaning of the Act.

Halton Suicide Prevention Strategy 2015 - 2020

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Foreword

Each suicide in Halton is an individual tragedy. In addition each suicide has a devastating ripple effect. Bereavement following a suicide is like no other bereavement, and can have devastating impacts on those who are left behind: families, friends and wider communities.

We know life got harder for many people following the recent financial crisis. Nationally after a decade of falling suicide rates suicide rates following the 2008 financial crisis there has been an increase in the number of people choosing to die by suicide. Although it is too early to say whether this national trend is being observed locally it demonstrates the need for continuing vigilance and action and highlights why a new suicide prevention strategy for Halton is required.

Suicides are not inevitable and can be prevented if the signs are recognised and support provided. This 5 year strategy aims to reduce suicides in Halton by better supporting those most at risk and providing information for those affected by a loved one's suicide.

No one organisation is able to address all the factors to reduce suicide risk and prevent suicides. That is why this strategy has been developed in partnership. The strategy sets out evidence-based actions, based upon national policy, research and local insight, to prevent suicide and support those bereaved or affected by suicide in Halton. The strategy is supported by an action plan which outlines exactly how, by whom and when the agreed actions will be undertaken and the outcomes we hope to achieve. The ***Halton Suicide Prevention Partnership*** will meet quarterly to monitor the implementation of this strategy.

Eileen O'Meara, Director of Public Health, Halton Borough Council

I fully endorse this strategy. One death to suicide in Halton is one too many – Each and every suicide is a tragedy which has a devastating effect on families, friends, colleagues and the wider community. This strategy aims to make suicide prevention everyone's business. Contrary to the commonly held belief that suicide is inevitable, this strategy points to the many ways through working together we can make a difference. We firmly believe that suicide can be prevented and will work hard to ensure that people who are feeling suicidal in Halton can get support when they need it, how they need it and where they need it.

Cllr Marie Wright, Halton Borough Council's portfolio holder for Health and Wellbeing

Contents

Introduction

Suicide[1] is a major public health issue, and a major cause of years of life lost. Each suicide in Halton is an individual tragedy and a terrible loss to local families and communities. The economic impact of suicides is also high. It has been estimated that the average cost of a working age adult in England ending their own is £1.67million[2].

In times of economic and employment insecurity rates of suicide often increase. This trend has been observed nationally following the 2008 financial crisis when after a decade of falling suicide rates suicide rates have risen. Locally suicide rates have also increased during 2011 to 2013 compared to previous years. Although the numbers of people who take their own life in Halton each year are low it is important to recognise those ending their own life are the tip of an iceberg and locally levels of distress and suicide attempts are much higher. The recent increase in the number of suicides locally demonstrates the need for continuing vigilance and action and highlights why a new suicide prevention strategy for Halton is required.

The challenge of suicide prevention

Suicide is not inevitable and can be prevented. Suicide is often the end point of a complex history of risk factors and events and for many people it is the combination of factors which is important rather than one single factor. We know that an inclusive society that avoids marginalising individuals and which supports people at times of personal crisis will help prevent suicides. We also know that evidence-based interventions exist that if implemented can reduce the risk of suicide.

This strategy was written in partnership and sets out evidence-based actions, based upon national policy, research and local insight, to prevent suicide and support those bereaved or affected by suicide in Halton. The strategy is supported by an action plan which outlines exactly how, by whom and when the agreed actions will be undertaken and the outcomes we hope to achieve.

Preventing suicides is a complex and challenging issue, but there are effective solutions for many, if not most of the individual factors which contribute towards the risk of suicide.

Scope of this strategy

We have to be clear about the scope of the strategy - it is specifically about the prevention of suicide and supporting those bereaved or affected by suicide in Halton. We recognise that suicide prevention starts with better mental health for all. Therefore this strategy is integrally linked to the *Halton Mental Health and Wellbeing Commissioning Strategy 2013-18* which aims to promote mental health and wellbeing, ensure the early diagnosis and treatment of people with a mental illness and support their recovery.

[1] Suicide is used in this document to mean a deliberate act that intentionally ends one's life.
[2] Knapp, M., McDaid, D., & Parsonage, M. (2011). Mental health promotion and mental illness prevention: the economic case. London: Department of Health. Available from: http://eprints.lse.ac.uk/32311/1/Knapp_et_al__MHPP_The_Economic_Case.pdf

Vision

Our vision is for a community where:

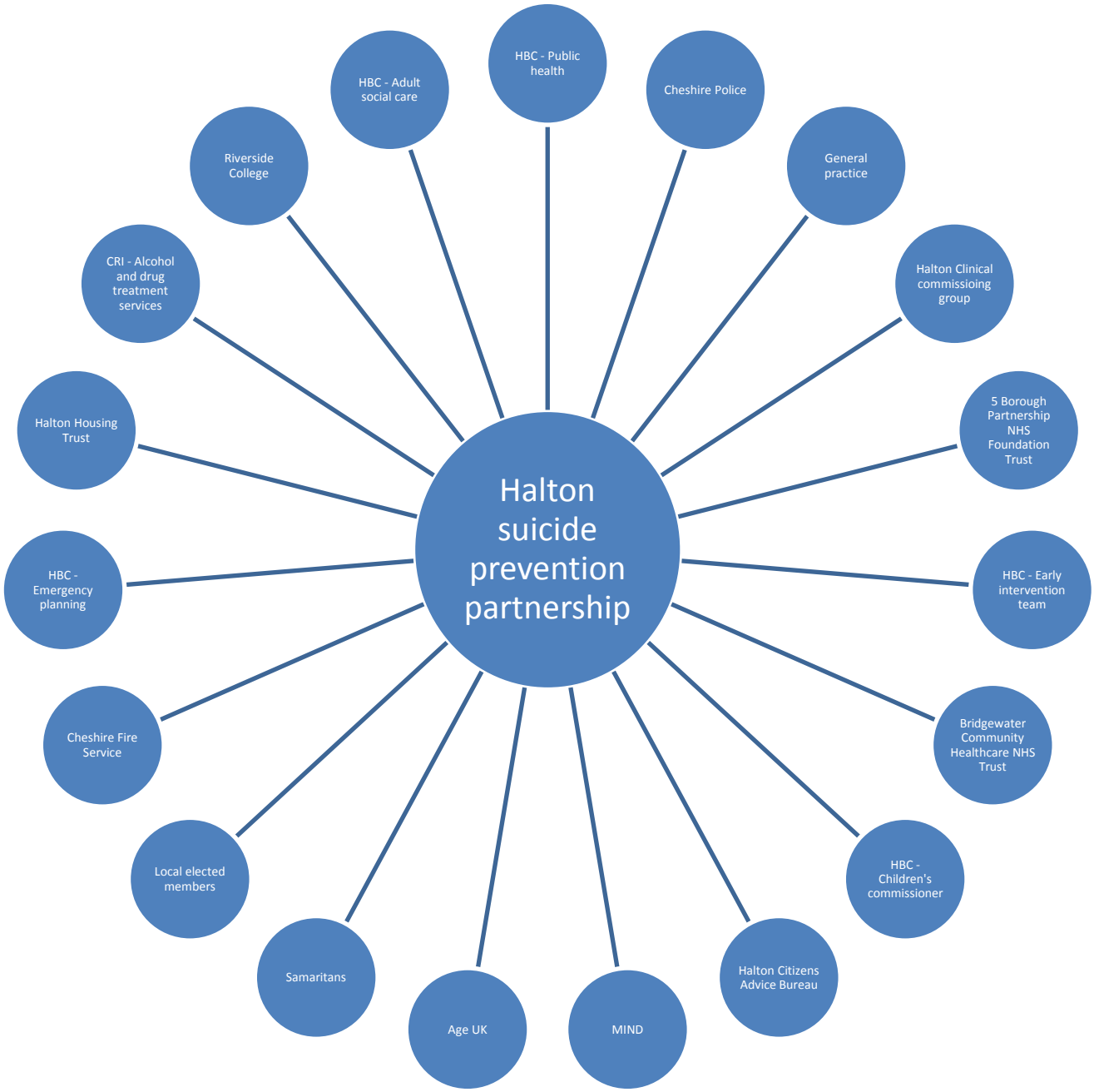
- We understand the root causes of suicide through effective collection and analysis of key information
- We have created a "listening" culture where it is okay to talk about feelings and emotional wellbeing
- We pro-actively communicate so that those directly and indirectly impacted by suicide know what support is there for them
- We provide readily accessible support through services working in partnership with other agencies and organisations
- We take positive, co-ordinated action to tackle prioritised root cause issues in order to prevent suicides

The Strategy Development Process

Halton suicide prevention partnership

No one organisation is able to address all the factors to reduce suicide risk and prevent suicides. Therefore collaborative working is vital for effective suicide prevention. This strategy has been written in collaboration with all partners agreeing the vision and areas for action. The partners involved in drafting this strategy are shown in Figure 1. The ***Halton Suicide Prevention Partnership*** will meet quarterly to monitor the implementation of this strategy.

Figure 1: Halton suicide prevention partnership



Strategy consultation and engagement

Consultation with key professionals and the public has been vital in developing this strategy. At an early stage a suicide prevention strategy event for professionals with an interest in suicide prevention was held. This event was very well attended. Professionals engaged in meaningful discussions and feedback was received related to:

- Who the high risk groups for suicide are locally
- The actions we should be taking to reduce the risk of suicide among these identified at risk groups
- how we can reduce access to the means of suicide locally
- how we can support those bereaved or affected by suicide locally

This feedback was utilised in the development of the areas for action and action plan.

Consultation with the local community was also undertaken through partners involved in the suicide prevention partnership. A questionnaire was developed and made available both on-line and in paper based format. This allowed feedback to be received from the local community related to preventing suicides and better supporting those bereaved or affected by suicide locally.

The policy context for suicide prevention

Suicide prevention is a national, regional and local priority. The recommendations and actions within this strategy are informed by the national, regional and local policy context, as well as being influenced by local knowledge and insight.

National policy and guidance

In 2012 the Government published its all-age suicide prevention strategy *Preventing Suicide in England: A cross-government outcomes strategy to save lives*[3]. The new strategy reaffirms the importance of suicide prevention in improving the health and wellbeing of the nation. The strategy outlines effective interventions and resources to support local action. One of the main changes from the previous national strategy is the greater prominence on measures to support families – both those who are worried that a love one is at risk and those having to cope with aftermath of a suicide.

Preventing Suicide in England has two leading objectives:

- A reduction in the suicide rate in the general population in England
- Better support for those bereaved or affected by suicide

The strategy also outlines six key areas for action to achieve the objectives:

1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring

Suicide prevention starts with better mental health for all. Therefore the Government advises that the new national suicide prevention strategy should be read alongside the *No health without mental health*[4] and *Healthy Lives, Healthy People*[5] which both include actions to improve the mental health of the population as a whole which will in turn support a general reduction in suicides.

Regional policy and guidance

At a regional level Halton is part of the Cheshire and Merseyside Suicide Reduction Network. The network was established in 2008, to seek greater co-ordination of responses to, and understanding of, patterns of suicide in the Cheshire and Merseyside region and the development of whole system approaches to reducing suicide. The Network has held a number of summits to share good practice and to consider the key issues we can work on at a regional level and collaboratively to overcome.

[3] Preventing Suicide in England: A cross-government outcomes strategy to save lives available from: http://tinyurl.com/kntvtkw
[4] No health without mental health Strategy available from: http://tinyurl.com/ptpkpsx
No health without mental health Implementation framework available from: http://tinyurl.com/cu78rtu
[5] Healthy Lives, Healthy People available from: http://tinyurl.com/ptpkpsx

The Cheshire and Merseyside Suicide Reduction Network is currently developing a regional suicide prevention strategy. Locally the Halton suicide prevention partnership will contribute towards the development of the regional strategy to ensure alignment with our local strategy.

The regional group has developed a Suicide reduction action plan (S-RAP) based upon the actions outlined within the national strategy. The S-RAP is designed to be a template to be adapted locally and has formed the basis of the action plan developed to support the implementation of this strategy.

Local policy and guidance

Halton Health and Wellbeing Strategy 2012- 2015 identified the prevention and early detection of mental health conditions as one of its 5 priority areas for action. Suicide prevention activity is identified as a key action towards this priority.

In order to improve the mental health and wellbeing of people in Halton a *Mental Health and Wellbeing Commissioning Strategy 2013-18* and delivery plan has been developed. This strategy sets out key objectives and priorities across the life-course to improve mental health in the Borough.

Many of the identified actions within the *Mental Health and Wellbeing Commissioning Strategy* will have a direct impact on reducing the risk of suicides in Halton. We have therefore ensured that this strategy is integrally linked to the *Mental Health and Wellbeing Commissioning Strategy* and delivery plan.

Why do people take their own lives?

The reasons why people may take their own life are very complex. The many factors that influence whether someone may feel like taking their own life can be divided into:

- *Risk factors*: increase the likelihood of suicidal behaviour;
- *Protective factors*: reduce the likelihood of suicidal behaviour through improving a person's ability to cope with difficult circumstances.

Risk and *Protective factors* are often at opposite ends of the same continuum. For example, social isolation (R*isk factor*) and social connectedness (*Protective factor*) are at either extremes of a person's social support network. Examples of risk and protective factors for suicide are outlined in Table 1.

Table 1: Example of risks and protective factors for suicide[6]

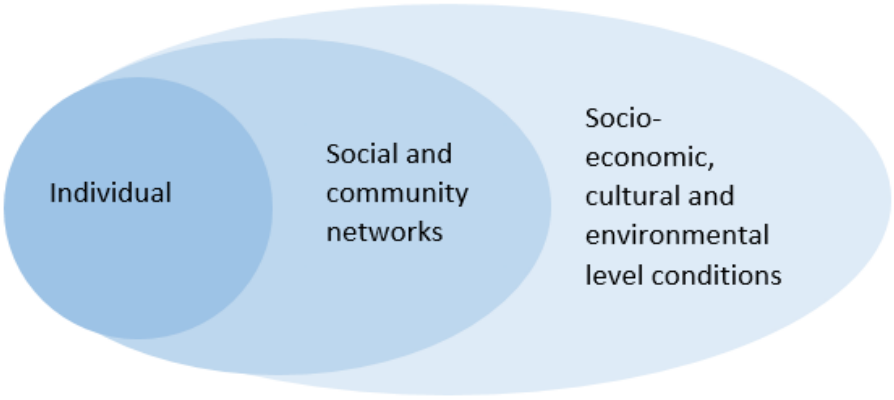
	Risk factors for suicide	Protective factors for suicide
Individual	• Gender (especially male gender) • Long-term conditions • Alcohol or substance misuse problem • Low self esteem • Little sense of control over life • Hopelessness • Poor coping skills	• Good mental health • Good physical health • No alcohol or substance misuse problem • Positive sense of self • Sense of control over life • Positive outlook • Good coping skills
Social and community	• Social isolation • Family dispute • Separation and loss • Peer rejection • Family history of suicide	• Social connectedness • Good family support • Well supported • Good social relationships • No family history of suicide
Socio-economic, cultural and environmental level	• Financial problems/ poverty • Unemployment • Homelessness/ insecure housing • Negative educational experience • Discrimination • Neighbourhood violence and crime	• Financial security • Employment • Safe and secure accommodation • Positive educational experience • Inclusive community • Safe neighbourhood environment

[6] Living is for everyone (LIFE). Research and Evidence in Suicide Prevention. Available from: http://www.livingisforeveryone.com.au/Research-and-evidence-in-suicide-prevention.html

Risk and *Protective factors* can occur at different levels:

- Individual
- Social and community networks
- Socio-economic, cultural and environmental level conditions

Figure 2: Different levels of risk and protective factors for suicide



Risk and protective factors may be modifiable - things we can change; and non-modifiable - things we cannot change. For example, consider preventing suicides in isolated older men. We can be aware that their age and gender make them at higher risk of suicide but these are non-modifiable factors, however we can deliver interventions to reduce their social isolation and in turn reduce their suicide risk (social isolation is a modifiable factor).

Influencing risk and protective factors

People who attempt to take their own life usually have many risk factors and few protective factors. But risk and protective factors don't explain everything about suicide. Most people with multiple risk factors do not attempt to take their own life, and some who do take their lives have few risk factors and many protective factors.

The challenge in planning action to prevent suicide is to understand, and where possible modify, the many factors that influence whether people are likely to be vulnerable to suicide or, conversely, resilient to adverse life events. Both risk and protective factors need to be taken into account.

The suicide prevention initiatives outlined within this strategy focus on increasing protective factors and reducing risk factors for suicide within Halton.

Preventing suicides

Suicide is not inevitable and can be prevented. Suicide can be prevented through the implementation of evidence-based interventions. The WHO recommends a public health approach to suicide prevention, which incorporates universal, selective and indicated interventions[7], outlined in Table X. Suicide rates are unlikely to decline as long as we confine our prevention efforts only to those who are at immediate risk of attempting suicide. This strategy provides a comprehensive suicide prevention programme which employs a combination of these three approaches.

Table 2: Suicide prevention interventions

Level	Definition	Examples of actions
Universal interventions	Target the general population and cover the population as a whole (irrespective of the degree of risk).	• Promoting population levels of mental health and wellbeing • Restricting access to the means of suicide. • Assisting and encouraging the media to follow responsible reporting practices of suicide
Selective interventions	Focus on sub-populations that are known to be at higher risk of suicide	• Suicide awareness training for staff who come into contact with known high risk groups
Indicated interventions	Aimed at those who are identified as being vulnerable to suicide or who have attempted suicide.	• Provision of support in time of crisis • Ensuring good risk management and continuity of care.

[7] World Health Organization (2012. Public health action for the prevention of suicide: a framework. Available from: http://www.who.int/mental_health/publications/prevention_suicide_2012/en/

Myths about suicide

 **Myth:** Most suicides happen suddenly without warning.

 **Fact:** The majority of suicides have been preceded by warning signs, whether verbal or behavioural. Of course there are some suicides that occur without warning. But it is important to understand what the warning signs are and how to look out for them.

 **Myth:** People who talk about suicide do not mean to do it.

 **Fact:** People who talk about suicide may be reaching out for help or support. A significant number of people contemplating suicide are experiencing anxiety, depression and hopelessness and may feel that there is no other option.

 **Myth:** Only people with a mental illness are suicidal

 **Fact:** Suicidal behaviours indicate deep unhappiness but not necessarily mental illness. Many people living with mental illness are not affected by suicidal behaviour, and not all people who take their own life have a mental illness.

 **Myth:** Talking about suicide is a bad idea and can be interpreted as encouragement.

 **Fact:** Given the widespread stigma around suicide, most people who are contemplating suicide do not know who to speak to. Rather than encouraging suicidal behaviour talking openly can give people other options or the time to rethink his/ her decision, thereby preventing suicide.

Source: World Health Organisation. Preventing Suicide: a global imperative.

Suicide in Halton

Suicide is often the very end point of a complex history of risk factors and events. To prevent suicides in Halton we need to intervene as early as we can prior to this point. In order to inform the suicide prevention initiatives we have included local information on risk and protective factors as well as data on suicide attempts (where available). This important information will guide local suicide prevention initiatives.

The challenges of suicide statistics

The Under-reporting of suicides

It is commonly acknowledged by professionals in the field of suicide research that official statistics underestimate the 'true' number and rate of suicide. There may be stigma attached to reporting a death as suicide which may lead to under-reporting. In the UK, part of the solution to under-reporting has been to include 'deaths of undetermined intent' within the official statistical category of suicide. This attempts to correct for known under-reporting and is thought to produce a more accurate total (and rate) of suicide in a given year. This approach has been followed within this strategy.

The low numbers of suicides

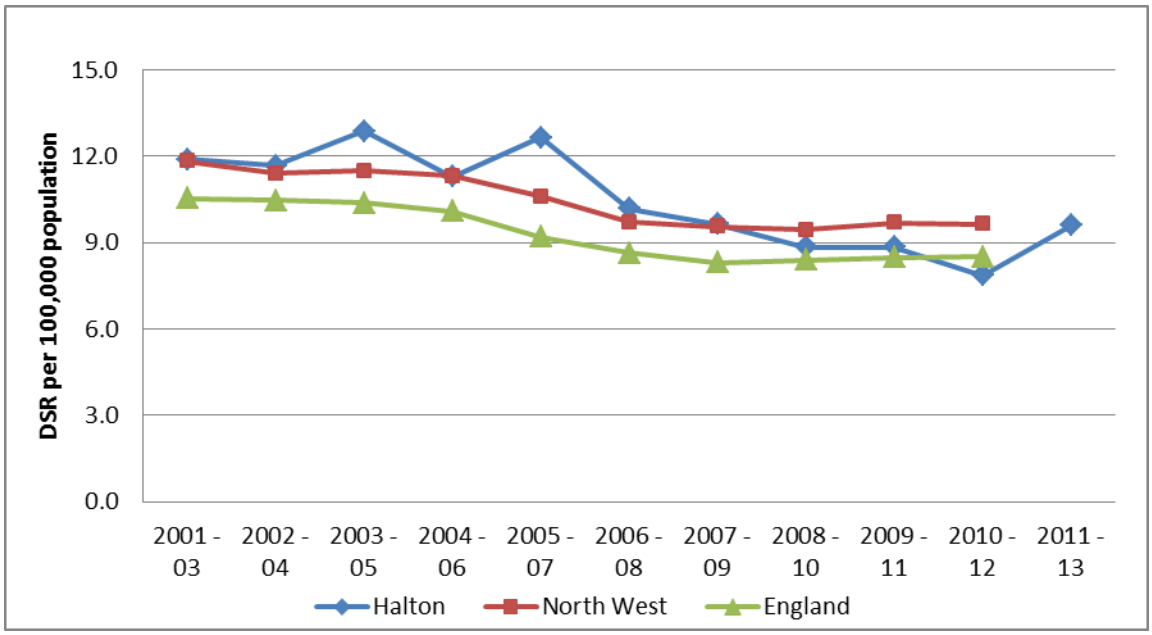
Fortunately the number of people in Halton each year who choose to kill themselves is low. Due to the low numbers of suicides it is important to:

- Use suicide rates per 100,000 people. Using numbers can give a misleading picture when considered alone.
- Not consider increases or decreases for a year at a time in isolation. Three-year rolling averages are generally used for monitoring purposes, in preference to single-year rates, in order to avoid drawing undue attention to year-on-year fluctuations instead of the underlying trend.
- Due to concerns related to the identification of local individuals numbers less than 5 are not presented within this strategy.

Suicide trends in Halton

During the last 5 years in Halton there has been on average 12 suicides per year. As stated due to low numbers it is important not to view a single year's data in isolation. Figure 3 displays three year trends in suicides and undetermined injury in Halton compared to North West and England rates. We can see that since 2005-07 suicide rates in Halton have reduced and in 2010-12 were below both the national and North West rates. Provisional data for 2011-13 suggests an increase in the suicide rate for Halton. We do not yet know how this will compare to national and regional figures which will not be available until early 2015.

Figure 3: Trend in suicides and undetermined injury (All persons, 3 year rolling average) *(Please note 2011-13 data is provisional and not available at a regional or national level).*



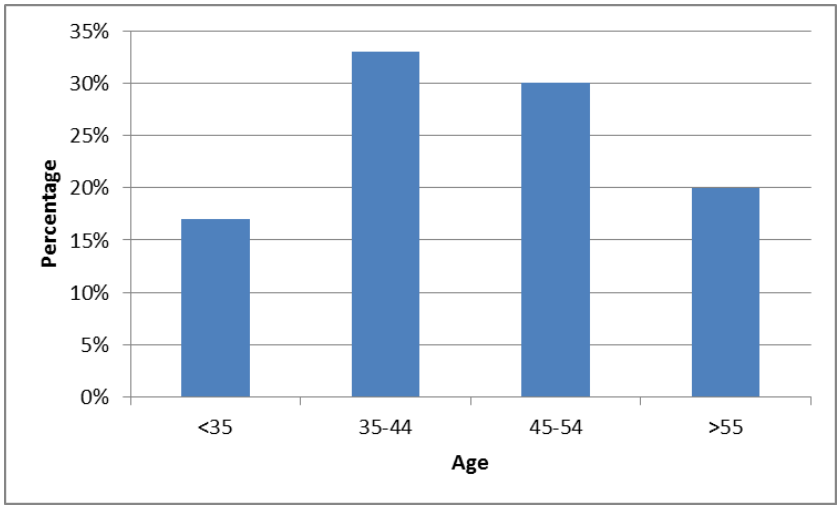
Who dies by suicide in Halton?

Each year an annual suicide audit is undertaken within Halton. Completing the suicide audit improves our understanding of those most at risk of suicide and allows us to target suicide prevention strategies appropriately.

Key findings related to the suicide audit for the period 2011-13

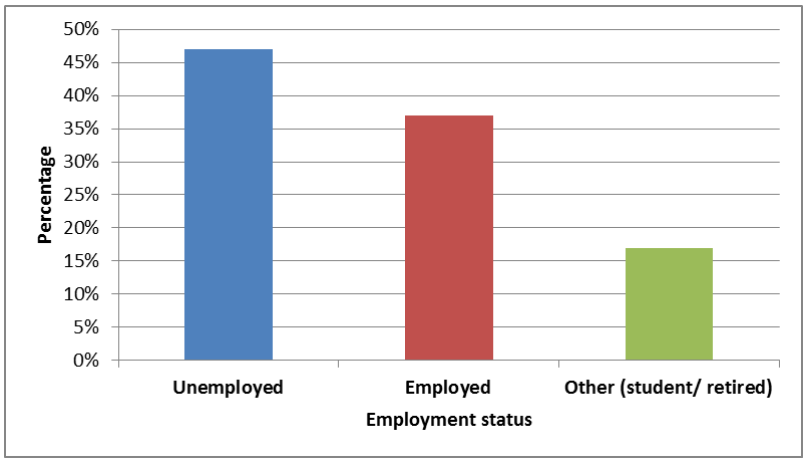
- More men die by suicide in Halton than women. For the period 2011-13 80% of suicide deaths were among men.
- The number and rates of suicides vary between age groups. In Halton the highest numbers of suicides were observed in the 35-44 and 45-54 year old age group (see figure 4).
- The numbers of suicides among those aged under 18 were below 5 therefore the numbers have been supressed.

Figure 4: Age distribution of suicides 2011-13



- The most common marital status at time of death was single (46.7% in 2011-13)
- At the time of death most people were living alone (44% in 2011-13).
- The most common employment status among those who died by suicide was unemployed (47% of deaths for the period 2011-13). This association is stronger for men, 71% of those who died by suicide and were unemployed were male in 2011-13. See figure 5.

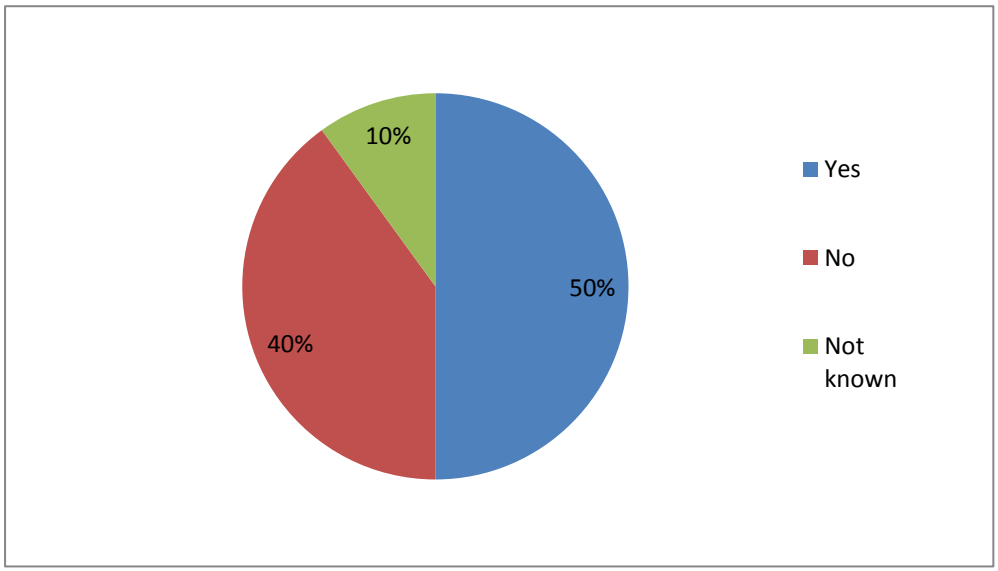
Figure 5: Employment status at time of death 2011-13



- Most of the suicides for the period 2011-2013 were among by heterosexuals (90%), with no one recorded as being homosexual. For 10% of people their sexual orientation was recorded as being unknown.
- The majority of suicides in period 2011-2013 (67%) were reported to have personal problems leading up to their death. The most commonly reported problems were relationship (40%) and financial problems (17%).
- For the period 2011-13 57% of suicides in Halton were by people who had a known mental health problem. Of these 23% were known to mental health services.
- 27% of people who died by suicide in Halton for the period 2011-13 had a recorded history of self-harm.

- Half of those who died by suicide in 2011-13 were misusing substances (alcohol, illicit drugs), 87% of these suicides were in males. See Figure 6.

Figure 6: Substance misuse around the time of death 2011-13



- In the last 3 years, 53% of those who died by suicide had some contact with medical professionals in the last 12 month relating to mental health problems.
- 17% of those who had died by suicide in 2011-13 had contact with the police prior to their death, all were male.

How and where do people die by suicide in Halton?

- Hanging was the most common cause of death by suicide in Halton during the period of 2011-13 accounting for 63% of cases. Hanging was the most common method among both men and women.
- The majority of suicides for the period 2011-13 (60%) died at home. There were small numbers at other locations (less than 5 deaths) including the Silver Jubilee Bridge.

Suicide attempts in Halton

Statistics on recorded suicides (official suicides and undetermined deaths) provide a profile of people who have taken their own life, but do not tell the whole story as they do not provide details of the number of people who have attempted suicide but did not die or the number who have experienced suicidal thoughts.

We do not have data locally on the number of suicide attempts or number of people having suicidal thoughts. However, national surveys inform us that 16.7% of people said that they had thought about committing suicide at some point in their life, while 5.6% said that they had attempted suicide[8]. If these national estimates are applied to Halton's population, we find that nearly 17,000

[8]Adult Psychiatric Morbidity in England - 2007, Results of a household survey. Available from: http://www.hscic.gov.uk/catalogue/PUB02931/adul-psyc-morb-res-hou-sur-eng-2007-rep.pdf

people local will have ever had suicidal thoughts and over 5,000 people will attempt suicide ever in their lifetime, see Table 3.

Table 3: Estimated prevalence of suicidal thoughts and suicide attempts in Halton

	Percentage (%)	Number
Suicidal thoughts (ever)	16.7	16,836
Suicide attempts (ever)	5.6	5,646

Suicide attempts from the Silver Jubilee Bridge

In the last three years there have been 70 incidents involving the Silver Jubilee Bridge (the Runcorn and Widnes Bridge), of these 63 were threats to jump and 7 were people who jumped from the bridge, see Table 4.

During the financial year 2013/14 police resources recorded 494 hours (or over 20 days) of time expended to deal with individuals threatening to jump from the Silver Jubilee Bridge.

Table 4: Incidents in relation to persons who have jumped or attempted to jump from the Silver Jubilee Bridge (the Runcorn and Widnes Bridge), 2011-14

	Total
Threats to Jump from bridge	63
Jumpers from the bridge	7
Total	**70**

Local information related to risk factors for suicide

As stated this suicide prevention strategy focuses on increasing protective factors and reducing risk factors for suicide within Halton. In order for us to prioritise actions it is important for us to be aware of the prevalence of risk factors locally:

- Significantly worse than England:
  - Self-harm rates
  - Long-term health problems and disability
  - Substance misuse
  - Personal insolvency
  - Violent crime and violent offences

- Higher than England
  - First time entrants into youth justice system
  - Levels of alcohol-related harm
  - Unemployment (including youth unemployment)

- Lower than England
  - Ethnic minority groups
  - One person households

Areas for action

This strategy articulates the partnership approach to suicide prevention and supporting those bereaved or affected by suicide in Halton. Based upon national policy, research evidence and local insight 6 areas for action have been identified and agreed. All 6 areas for action have equal priority.

1. **Improve the mental health and wellbeing of Halton residents**
2. **Promote the early identification and support of people feeling suicidal**
3. **Reduce the risk of suicide in known high risk groups**
4. **Reduce access to the means of suicide**
5. **Provide better information and support to those bereaved or affected by suicide**
6. **Support research, data collection and monitoring**

Area for action 1: Improve the mental health and wellbeing of Halton residents

A key aim of this strategy is to promote protective factors and reduce the likelihood of suicidal behaviour through improving a person's mental health and wellbeing and their ability to cope with difficult circumstances.

We know:

- Interventions that promote mental health and wellbeing also reduce suicides

This strategy is aligned with Halton's Mental Health and Wellbeing Commissioning Strategy and Delivery Plan. As such this aim will be delivered via Halton's Mental Health and Wellbeing Commissioning Strategy priority area 1 - "Improve the mental health and wellbeing of Halton people through prevention and early detection" which outlines actions to improve mental health and wellbeing across the life course.

In order to improve the mental health and wellbeing of Halton residents we will:

- Support the delivery of Halton's Mental Health and Wellbeing Commissioning Strategy priority area 1 - "Improve the mental health and wellbeing of Halton people through prevention and early detection"

Area for action 2: Promote the early identification and support of people feeling suicidal

Suicide is often the result of a complex range of factors, but it is often just one or two things that can trigger a person to take actions such as making a suicide plan or finding a means to take their own life.

We know:

- Most people who are thinking of taking their own life do not actually want to die but can't see any other way out of their situation.
- The warning signs and tipping points for suicide can be likened to signposts that give early warning of the potential for suicidal behaviour. Knowing the main warning signs for suicide and responding to them quickly and effectively may save someone's life.

In order to ensure the early identification and support of those who feel suicidal we will:

- Reduce the stigma and discrimination associated with suicide locally:
  - Develop a multi-agency suicide awareness campaign plan
  - Ensure suicide prevention support lines are promoted widely across the borough – CALM, Hopeline- UK, Samaritans, Papyrus, and the local assessment team number.
- Increase local awareness of the warning signs of suicide and how to access support:
  - Deliver suicide awareness training to local community members to enable them to recognise the warning signs of suicide in themselves, their family and friends
  - Deliver suicide awareness training for professionals who interact with known high risk groups (link to Area for Action 3)
  - Support local workplaces to develop suicide prevention policies
- Ensure the prompt support of individuals identified to be at risk
  - Review local pathways for rapid assessment and support from adult and Child and Adolescent Mental Health Services for those identified to be at risk of suicide
  - Support Cheshire Police in the identification and assessment of suicide risk through strengthening Operation Emblem - "street triage" service where a police officer and Community Psychiatric Nurse (CPN) attend incidents where concerns for safety are identified (see case study below for further details).
- Improve outcomes for people experiencing a mental health crisis through supporting the development of a local Crisis Concordat Declaration and action plan

Supporting people at the time of a mental health crisis: Operation Emblem

'Operation Emblem' was set up in December 2013 as an innovative approach to supporting those suffering from a mental health crisis in Halton.

The scheme involves a Community Psychiatric Nurse accompanying a dedicated Cheshire Police Officer on call-outs involving individuals who are exhibiting unusual behaviour linked with mental illness or drug and alcohol dependency.

The Community Psychiatric Nurse is able to immediately access the individual's care plan, if they are known to services, and to contact their Care Co-ordinator to discuss what the best approach is, as well as offering immediate support to the individual. The benefits of these relationships were made clear as so far around 90 per cent of the individuals seen through the pilot were already known to mental health professionals – giving the police additional insight into their needs and support requirements.

Owing to the team's guidance and support - only four people had to be dealt with by way of a Section 136 arrest, representing an 82.5 per cent reduction. On all of these occasions, the individual was admitted onto a mental health ward within a few hours.

Operation emblem has produced benefits for local people and the economy – easing pressure on local Police resources while offering vulnerable people a more supportive way of accessing 5 Boroughs Partnership NHS Foundation Trust's services which promote compassion and recovery.

In one incident, a concern for welfare was issued to Cheshire Police via a family member regarding a gentleman with mental health problems. Prior to his disappearance, the gentleman had voiced suicidal ideation and had consumed large amounts of alcohol. The gentleman was located by the team and given choice about how he could access appropriate help. He refused to attend a clinic/hospital environment but – by taking a shared decision-making approach – the team were able to stage a street triage intervention.

During de-brief with attending officers it was confirmed that had Operation Emblem not been available, Section 136 of the Mental Health Act would have been utilised. Instead the gentleman received a mental health review within 10 minutes of request and was able to return home with follow-up in the community – evidence of a significantly improved patient experience.

Area for action 3: Reduce the risk of suicide in known high risk groups

Achieving a reduction in suicide involves reaching more people who may be at risk of taking their own lives. Based upon national evidence and local intelligence the groups identified as being at high risk of suicide in Halton include:

Young and middle aged men

We know:

- More men die by suicide in Halton than women. For the period 2011-13 80% of suicide deaths were among men.
- Most men who die due to suicide in Halton are aged 35-64, however suicide remains a leading cause of death among young men

In order to reduce the risk of suicide in young and middle aged men we will:

- Ensure key professionals and local groups who interact with young and middle aged men are trained to:
  - engage in conversations about mental health and wellbeing
  - recognise that young and middle aged men are a high risk group for suicide
  - recognise the warning signs of suicide
  - help individuals access appropriate support
- Deliver community outreach programmes that promote suicide awareness messages at traditional male settings e.g. in partnership with the Widnes Vikings, at local sports clubs and in local pubs.

People with mental health problems, including those in the care of mental health services

We know:

- For the period 2011-13 57% of suicides in Halton were by people who had a known mental health problem. Of these 23% were known to mental health services.
- Depression (including postnatal depression) is one of the most important risk factors for suicide and undiagnosed or untreated depression can heighten that risk.
- Primary care services have a key role in identifying and treating mental health problems as well as assessing an individual's suicide risk.
- People with severe mental illness are at high risk of suicide, both while on inpatient units and in the community.
- Inpatients and those recently discharged from hospital and those who refuse treatment are at highest risk

In order to reduce the risk of suicide in those with a mental health problem we will:

- Ensure GP's are trained to:
  - engage in conversations about mental health and wellbeing
  - recognise that people with a mental illness are a high risk group for suicide
  - recognise the warning signs of suicide
  - help individuals access appropriate support
- Ensure the early identification and treatment of depression.
- Ensure the identification and support of women with a possible mental disorder during pregnancy or the postnatal period
- Reduce the risk of suicides among people in the care of mental health services by following the "12 points to a safer service" as recommended by the National Confidential Inquiry into suicide and homicide by people with mental illness
  - Staff training in the management of risk – both suicide and violence –every 3 years
  - All patients with severe mental illness and a history of self-harm or violence to receive the most intensive level of care
  - Individual care plans to specify action to be taken if patient is noncompliant or fails to attend
  - Prompt access to services for people in crisis and for their families
  - Assertive outreach teams to prevent loss of contact with vulnerable and high-risk patients
  - Atypical anti-psychotic medication to be available for all patients with severe mental illness who are non-compliant with "typical" drugs because of side-effects
  - Strategy for dual diagnosis covering training on the management of substance misuse, joint working with substance misuse services, and staff with specific responsibility to develop the local service
  - In-patient wards to remove or cover all likely ligature points, including all non-collapsible curtain rails
  - Follow-up within 7 days of discharge from hospital for everyone with severe mental illness or a history of self-harm in the previous 3 months
  - Patients with a history of self-harm in the last 3 months to receive supplies of medication covering no more than 2 weeks
  - Local arrangements for information-sharing with criminal justice agencies
  - Policy ensuring post-incident multidisciplinary case review and information

People with a history of self-harm

We know:

- 27% of people who died by suicide in Halton for the period 2011-13 had a recorded history of self-harm.

In order to reduce the risk of suicide in those who self-harm we will:

- Ensure key professionals are trained to:
  - identify self-harm behaviour and refer appropriately
  - recognise that people who self-harm are a high risk group for suicide
  - recognise the warning signs of suicide
  - help individuals access appropriate support
- Ensure the implementation of NICE clinical practice guidelines on self-harm
- Support the development of a local peer support group for those who self-harm

People in contact with the criminal justice system

We know:

- 17% of those who died by suicide in Halton for the period 2011-13 had been in contact with the police in the period prior to their death

In order to reduce the risk of suicide in those in contact with the criminal justice system we will:

- Ensure key professionals who interact with those in contact with the criminal justice system are trained to:
  - engage in conversations about mental health and wellbeing
  - recognise that in contact with the criminal justice system are a high risk group for suicide
  - recognise the warning signs of suicide
  - help individuals access appropriate support

People who misuse drugs or alcohol

We Know:

- 50% of those who died by suicide in Halton for the period 2011-13 were known to have a misusing alcohol or drugs at the time of death.

In order to reduce the risk of suicide in those who misuse drugs or alcohol we will:

- Ensure key professionals who interact with those who misuse drugs or alcohol are trained to:
  - engage in conversations about mental health and wellbeing
  - recognise that are those who misuse drugs or alcohol are a high risk group for suicide
  - recognise the warning signs of suicide
  - help individuals access appropriate support

Children and young people

We know:

- Young people are vulnerable to suicidal feelings
- Self-harm is common among young people
- Certain young people are at greater risk of suicide e.g. looked after children, children and young people in the criminal justice system, those with mental health and behavioural problems, those who misuse substances, those who have experienced family breakdown, abuse, neglect

In order to reduce the risk of suicide among children and young people in Halton we will:

- Ensure key professionals and local groups who interact with children and young people (especially vulnerable young people)are trained to:
  - engage in conversations about mental health and wellbeing
  - recognise that children and young people (especially vulnerable young people) are a high risk group
  - recognise the warning signs of suicide
  - help individuals access appropriate support
- Develop school and college-based approaches to promote suicide awareness among staff, pupils and parents to recognise the warning signs of suicide and increase knowledge of referral routes into specialist support
- Implement school and college-based bullying prevention initiatives (to include tackling cyber bullying and reducing homophobic bullying)
- Deliver community outreach programmes that promote suicide awareness messages among young people
- Ensure the early support of children and young people with emotional, behavioural or mental health difficulties through a new tier 2 CAMHS service and a specific service for looked after children (LAC)

Older adults

We know:

- Depression, chronic and painful physical illnesses, disability, bereavement, social isolation and loneliness are more common among older people.

In order to reduce the risk of suicide among older adults in Halton we will:

- Ensure key professionals who support older adults are trained to:
  - engage in conversations about mental health and wellbeing
  - recognise that older adults are a high risk group for suicide
  - recognise the warning signs of suicide
  - help individuals access appropriate support
- Promote the early identification and treatment of depression among older adults
- Support the implementation of the Halton loneliness strategy

Survivors of abuse and violence including sexual abuse

We know:

- Halton has high levels of domestic abuse and sexual violence
- Violence and abuse can lead to psychosocial problems and an increased suicide risk

In order to reduce the risk of suicide in survivors of abuse and violence including sexual abuse in Halton we will:

- Ensure key professionals and local support groups who interact with survivors of abuse and violence are trained to:
  - engage in conversations about mental health and wellbeing
  - recognise that survivors of abuse and violence are a high risk group for suicide
  - recognise the warning signs of suicide
  - help individuals access appropriate support
- Train primary care and other front line professional staff to improve identification and appropriate referral to support services of those experiencing domestic violence (linked to Halton's Multi-Agency Domestic Abuse and Sexual Violence Strategy)
- Ensure the timely and effective assessment of all vulnerable children - ensure early identification and referral to appropriate support services (linked to work of the Halton Safeguarding Children Board).

Veterans

We know:

- Veterans may suffer from mental health problems due to service.
- There is evidence that risk of suicide is elevated among some veterans

In order to reduce the risk of veterans in Halton we will:

- Ensure key professionals and local support groups who interact with veterans are trained to:
  - engage in conversations about mental health and wellbeing
  - recognise that young and middle aged men are a high risk group for suicide
  - recognise the warning signs of suicide
  - help individuals access appropriate support

People living with long-term physical health conditions

We know:

- Physical illness is associated with an increased suicide risk.
- People with physical illness are at a higher risk of suffering from depression, which may often go undiagnosed.

In order to reduce the risk of people living with long-term conditions in Halton we will:

- Support the development of a local expert patient programme to ensure patients feel more confident in managing their condition and take an active part in their care

People who are especially vulnerable due to social and economic circumstances (for example due to debt, housing problems or unemployment)

We know:

- The UK economy is recovering from the most damaging financial crisis in generations. There have now been a number of studies demonstrating an association between increased unemployment during the recent financial crisis and an increase in suicide rates[9, 10].

[9] Barr B, Taylor-Robinson D, Scott-Samuel A, McKee M, Stuckler D. Suicides associated with the 2008-10 economic recession in England: time trend analysis. BMJ 2012

[10] Chang, Stuckler, Yip, Gunnell. Impact of the 2008 global economic crisis on suicide: time trend study in 54 countries, BMJ 2013,

- Locally the most common employment status among those who died by suicide was unemployed (47% of deaths for the period 2011-13). This association is stronger for men, 71% of those who died by suicide and were unemployed were male in 2011-13.
- There is growing evidence that national policies aimed at reducing austerity e.g. the welfare reforms, the housing benefit size criteria (often referred to as the bedroom tax) may have led to an increase in those experiencing financial difficulties. Recent research conducted with Housing Trust employees found an increase in mental health issues and suicidal ideation among housing trust clients[11].

In order to reduce the risk of suicide in people who are particularly vulnerable due to social and economic circumstances we will:

- Ensure key front-line professionals who interact with people who may be vulnerable due to social/ economic circumstances (financial advice and debt support services, housing trusts, employment support agencies) are trained to:
  - engage in conversations about mental health and wellbeing
  - recognise that people who may be vulnerable due to social/ economic circumstances are a high risk group for suicide
  - recognise the warning signs of suicide
  - help the individual access appropriate support
- Develop referral pathways between services that support people who may be vulnerable due to social/ economic circumstances (financial advice and debt support services, housing trusts, employment support agencies) and mental health services

[11] Impact of Welfare Reform on Housing Employees. Dec 2013

Lesbian, gay, bisexual and transgender people

We know:

- Lesbian, gay, bisexual and transgender people are at a higher risk of mental illness, suicidal ideation, substance misuse and self-harm.

In order to reduce the risk of suicide among lesbian, gay and transgender people in Halton we will:

- Ensure key professionals and local support groups who interact with lesbian, gay and transgender people are trained to:
  - engage in conversations about mental health and wellbeing
  - recognise that lesbian, gay and transgender people are a high risk group for suicide
  - recognise the warning signs of suicide
  - help individuals access appropriate support
- Implement school and college-based bullying prevention initiatives to reduce homophobic bullying – Link to actions to reduce suicide among children and young

Area for action 4: Reduce access to the means of suicide

One of the most effective ways to prevent suicide is to reduce access to high lethality means of suicide. This is because people sometimes commit suicide on impulse, and if the means are not readily available the suicidal impulse may pass.

Most suicides in Halton take place in the home, however we also have a known location where repeat suicide attempts take place – the Silver Jubilee Bridge (Runcorn and Widnes Bridge). In addition work has recently commenced on a new Mersey Gateway Bridge with an opening date of autumn 2017 expected for the new crossing.

In order to reduce the number of suicides and suicide attempts at high-risk locations including the Silver Jubilee Bridge (Runcorn and Widnes Bridge) and the new Mersey Gateway Bridge we will:

- Continue to review best practice evidence related to reducing the risk of suicide at the Silver Jubilee Bridge(Runcorn and Widnes Bridge)(installation of physical barriers, placement of signs and telephones, cameras)
- Advice on suicide prevention interventions planned for the new Mersey Gateway Bridge to ensure the new bridge is as safe as possible
- Work with local authority planning departments and developers to consider safety when designing new buildings/ structures to reduce suicide opportunities

In order to reduce hanging and strangulation in psychiatric inpatient and criminal justice settings we will:

- Ensure regular assessment of ward areas to identify and remove potential risks e.g. ligature ligatures and ligature points, access to medications, access to windows and high risk areas
- Ensure safer environment for at risk prisoners e.g. safer cells

In order to reduce the number of suicides and suicide attempts on the rail network we will:

- Ensure staff working on the rail network are trained to recognise the warning signs of suicide and help individuals access appropriate support

Area for action 5: Provide better information and support to those bereaved or affected by suicide

The national Suicide prevention strategy places a new focus on support for people bereaved or affected by suicide.

We know:

- Families and friends bereaved by suicide are at an increased risk of mental health and emotional problems and may be at higher risk of suicide themselves.
- The media has a responsibility to ensure it reports incidents where an individual has taken their own life in a suicide reports in a sensitive manner, so as not to increase distress among relatives and friends of the individual and so as not to promote copycat behaviour among young and vulnerable individuals. can have

In order to provide better information and support to those bereaved or affected by suicide we will:

- Ensure we have effective local responses to the aftermath of a suicide that provides effective and timely support for those bereaved or affected by suicide (the service will support the family including children, and the local community). **Please see Postvention case study for further details.**
- Ensure the local distribution of the 'the help is at hand' booklet a resource for bereaved families
- Support local peer groups for those bereaved or affected by suicide

Developing a postvention service for Halton

Suicide postvention is defined as "the provision of crisis intervention, support and assistance for those affected by a completed suicide".

Evidence suggests that people who know someone who has died by suicide are at greater risk of attempting or completing suicide. For each individual suicide it has been estimated that a further six people will suffer a severe emotional impact as a result of the death.

Postvention services are essential to ensure that those bereaved by suicide receive effective and timely emotional and practical support. There is currently a gap in this area as there is no local care pathway to support those bereaved or affected by suicide.

Evidence from Northern Ireland and Australia demonstrates that such support measurably improves the health and wellbeing of people bereaved or affected by suicide, potentially reducing the number of future suicides. Also that postvention services are cost-effective as through providing effective support they reduce the economic burden on the health system, employers, communities and society generally due to people bereaved or affected by suicide.

A key action identified within this strategy is the development of a postvention service to ensure we have effective local responses to provide effective and timely support for people bereaved or affected by suicide.

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Area for action 6: Support research, data collection and monitoring

We know:

- Reliable, timely and accurate suicide statistics and the analysis of the circumstances surrounding each suicide in Halton can highlight trends, identify key risk factors for suicide and inform future partnership activity.
- Research and evaluation enhance our understanding of what works in suicide prevention locally.
- Mechanisms for monitoring progress are essential for the successful delivery of this strategy and action plan.

In order to support research, data collection and monitoring we will:

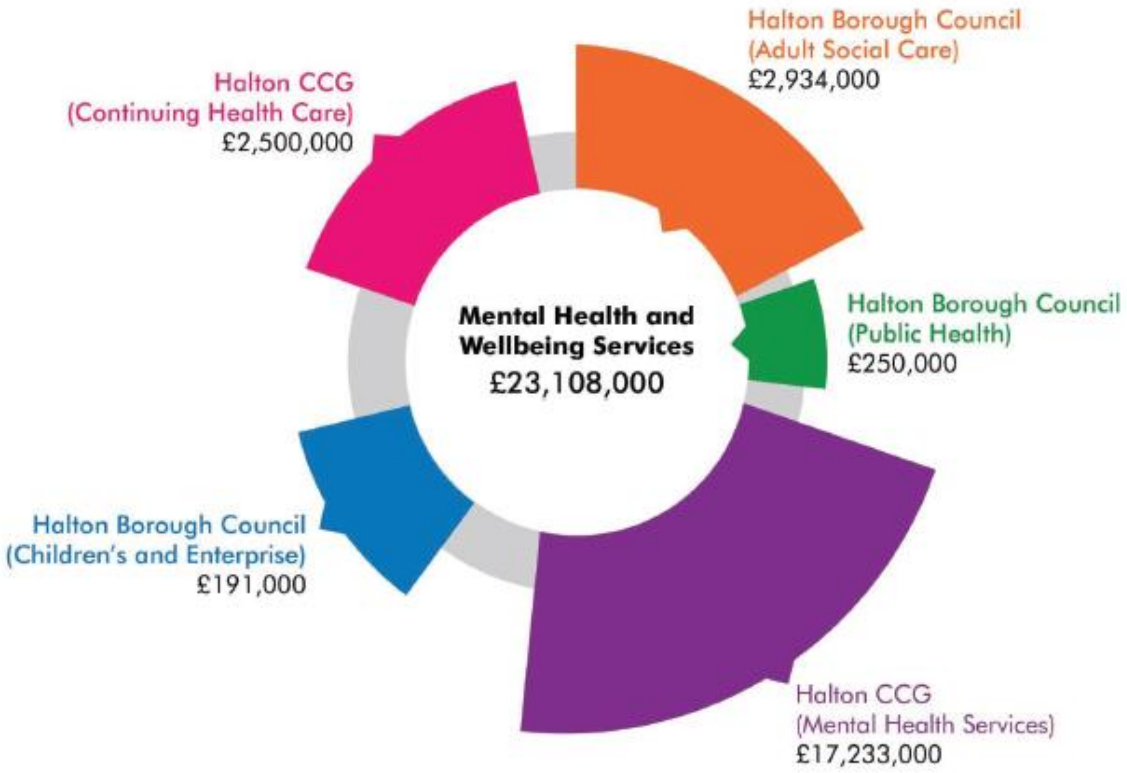
- Maintain a Halton suicide prevention partnership to deliver the suicide prevention strategy locally, monitor suicide trends and respond to incidents.
- Produce an annual data report to ensure that local data relevant to suicide prevention activity is collected, shared between partners and used to monitor suicide trends, progress and inform local activity.
- Continue to undertake an annual local suicide audit based upon coroners records
- Develop mechanisms to evaluate local suicide prevention activities and training in order to inform future practice
- Assess the suitability of effective regional and national suicide prevention interventions for local implementation

Strategy delivery

Expenditure on suicide prevention

As outlined within this strategy the first step in preventing suicides is to ensure that there are adequate and robust emotional health and wellbeing services available for local people. This includes health promotion and prevention activities as well as safe and effective treatment services with an emphasis on recovery. Halton collectively spends over £23 million on mental health and wellbeing services which can be seen in the diagram below. This spend incudes all local suicide prevention activity e.g. suicide prevention training, CALM funding (Campaign against living miserably), 5BP risk assessment and support services etc.

Figure X: Expenditure on Health and wellbeing services in Halton *Source: A Mental Health and Wellbeing Commissioning Strategy for Halton*



Whilst there is not an explicit budget for local suicide prevention activity it is an integral part of all commissioned activity. Commissioners and service providers have committed to ensure that the actions identified within the strategy and action plan will be prioritised within existing resources with the aim of reducing the risk of suicide locally.

Monitoring implementation and outcomes

This strategy sets out evidence-based actions, based upon national policy, research and local insight, to prevent suicide and support those bereaved or affected by suicide in Halton. The strategy is supported by an action plan which outlines exactly how, by whom and when the agreed actions will be undertaken and the outcomes we hope to achieve.

The ***Halton Suicide Prevention Partnership*** will meet quarterly to monitor the implementation of the action plan and refresh the action plan on an annual basis. Quarterly progress reports will be presented to the Halton Mental Health Oversight Group and the Health and Wellbeing Board.

The *Halton suicide prevention partnership* will monitor outcomes related to high level indicators included within the Public Health and NHS Outcomes Framework this includes:

- the suicide rate
- self-harm rates
- excess under 75 mortality in adults with a serious mental illness

Like Minds
For better mental health in Halton

"My name is David, I'm 30, from Halton View and I've felt **suicidal**."

It started slowly in 2004. I found I was getting more irritable at things and I was drinking alcohol everyday. I started to withdraw from friends and family and was spending more and more time on my own. I then lost my job and split up with my girlfriend. At this point I was at my lowest and wanted to end my life. I felt I had nothing to live for. I talked to my mum about feeling like this and she said I needed to get out more and have a hobby. I knew she was right and I knew I needed to get out and make new friends. It took two years to build the confidence to go to college but I gave it a try and that is where I met my current girlfriend; who I enjoy spending time with and having fun with. I have now begun studying substance misuse and mental health and finally feel up for finding work."

It's Time to Talk.

If you feel like David talk to somebody you trust or see your GP.

For David's full story visit
www.haltonlikeminds.co.uk

REPORT TO:	Health Policy and Performance Board
DATE:	28th November 2017
REPORTING OFFICER:	Strategic Director, People
PORTFOLIO:	Health & Wellbeing
SUBJECT:	Telecare Charging Policy, Procedure and Practice 2017
WARDS:	Borough Wide

1.0 PURPOSE OF THE REPORT

1.1 To present the Board with details of the Telecare Charging Policy, Procedure and Practice.

2.0 RECOMMENDATION: That the Board:

i) Note the contents of the report and associated appendix

3.0 SUPPORTING INFORMATION

3.1 Halton Telecare Service (formally Lifeline) has been established for over 27 years. During this time, the service has grown from a static onsite warden service to a fully operational, assessment, installation and response service. Telecare has potential to benefit people who may need care and support by increasing their confidence and helping them remain independent in their own homes.

The service is for anyone who feels at risk or vulnerable in their own home. People choose to have the Telecare service for different reasons;

- People who live by themselves, who need reassurance that help is available should they need it.
- Those who are susceptible to falling and who require assistance to get up.
- People with health issues that might need to get in contact with the ambulance service quickly.
- Reassurance and peace of mind for family members should they wish to leave a vulnerable person by themselves in the house for a short while.

The Telecare service offers three service levels, dependent upon the range of equipment needed and charges range from £6.02 to £9.64 per week.

In houses of multiple occupancy (HMO's) charges are based on the need of each person within the home and each person can be charged up to £9.64 per person. This meant that the charging policy was highly complex and the cost of administering the policy was excessive.

3.2 The development of a Telecare Charging Policy was proposed to address the need for a consistent and equitable method of charging for telecare services.

A task and finish group was formed in January 2017 with representatives from Care Management, Telecare, Finance, Policy and ICT to review the charging methods for Telecare and develop a Telecare Charging Policy.

3.3 During the review, discussions highlighted a complicated charging mechanism for residents in houses of multiple occupancy (HMO's). Previously, the charges were divided by the number of residents (based on a minimum of three people) with adjustments made to individual's charges whenever a person joined or left the property.

3.4 In order to simplify the charging methods and integrate into Carefinancials, it was proposed that existing clients would be moved from the current charging system to a standard charge of £3.21 per week (based on Telecare service level three charge of £9.64, divided by three).

3.5 Migrating to the proposed charging structure will ensure Telecare clients living in HMO's are aware in advance of the standard charge, without changes to billing when other residents move in and out.

3.6 There are 25 clients affected by this change, with 10 being charged less (between £0.31 and £3.22 per week) and 15 clients charged more (between £0.87 and £1.46 per week).

3.7 Discussions are underway to identify a suitable method of consultation with the 15 clients affected by the proposed increase in charges. Income and Assessment and Appointees are included within the discussions along the support workers from Adult Day Services.

4.0 POLICY IMPLICATIONS

4.1 The policy and information guide now provides guidance for service users to source an alternative lower cost installation of keysafes if they wish.

4.2 The policy will assure that practice and charging will be consistently applied.

5.0 FINANCIAL IMPLICATIONS

5.1 Should the proposed changes to HMO charges be implemented there would be a potential loss of income for the LA of £2.83 per week.

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**
All issues outlined in this report and its associated presentation focuses directly on this priority.

6.4 **A Safer Halton**
None identified.

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

7.0 RISK ANALYSIS

7.1 None associated with this report.

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.

HALTON BOROUGH COUNCIL

People Directorate

TELECARE CHARGING POLICY, PROCEDURE & PRACTICE

April 2017

CONTENTS

INFORMATION SHEET

Service area	All Adult Social Care service areas
Date effective from	April 2017
Responsible officer(s)	Policy Officer. Policy, Performance and Customer Care Team
Date of review(s)	April 2018
Status:	Mandatory
Target audience	All Adult Social Care teams.
Date of committee/SMT decision	21st June 2017
Related document(s)	• Professional Boundaries Policy March 2015 • Telecare Services Association Standards and Codes of Practice
Superseded document(s)	New Policy
Equality Impact Assessment completed	April 2017

1.	POLICY	*PRACTICE*
1.1	**Introduction** Halton Telecare Service (formally Lifeline) has been established for over 27 years, during this time the service has grown from a static onsite scheme warden service to a fully operational, assessment, installation and response service. Telecare has potential to benefit people who may need care and support by increasing their confidence and helping them remain independent in their own homes. However, for vulnerable people with cognitive impairments, practitioners should ensure that; • Monitoring people through Telecare does not affect their choice and privacy. • Individuals are supported to make decisions about whether to accept Telecare and what type of service would best meet their needs. • If the person lacks capacity, then any decision must follow the best interest process. If Telecare is to form part of a person's care package then consideration should be given as to whether this makes a care package more restrictive. • People understand how the service works and that the equipment remains appropriate to meet any fluctuating needs.	
1.2	**Definitions** The Telecare Services Association – the industry body for telecare and telehealth in the UK (and Europe) – provide the following definitions: **Telecare** is support and assistance provided at a distance using information and communication technology. It is the continuous, automatic and remote monitoring of users by means of sensors to enable them to continue living in their own home. It can also reduce the risk of a fall and detect gas, high temperatures and flooding or other real time emergencies and lifestyle changes over time. **Telehealth** is the remote exchange of data between a patient at home and their clinician(s) to assist in diagnosis and monitoring typically used to support patients with Long Term Conditions. Among other things it comprises of fixed or mobile home units to measure and monitor temperatures, blood pressure and other vital signs parameters (and the answering of targeted questions) for clinical review at a remote location using phone lines or wireless technology.	Telecare Services Association Standards and Codes of Practice *HBC have adopted the term 'Telecare' following guidance from The Good Governance Institute.*

1.3	**Telecare Service** The service is for anyone who feels at risk or vulnerable in their own home. People choose to have the Telecare service for different reasons; • People who live by themselves, who need reassurance that help is available should they need it. • Those who are susceptible to falling and who require assistance to get up. • People with health issues that might need to get in contact with the ambulance service quickly. • Reassurance and peace of mind for family members should they wish to leave a vulnerable person by themselves in the house for a short while.	
1.4	**Service Levels and Equipment** The Telecare Service is provided by Halton Borough Council. The service provides a 24 hr 365 day a year response service and has three service levels; **Level 1** - The basis of the system is an alarm unit connected to the telephone line which, when activated, automatically dials to the Contact Centre. A pendant is also supplied which can summon help at the touch of a button whilst within the property. **Level 2** - Telecare with up to 2 environmental sensors (listed under Appendix 1) with response. **Level 3** - Includes a range of equipment which is listed under Appendix 1. The equipment monitors the person and their environment for specific events and alerts the Contact Centre automatically. These include; Wireless Smoke Detector Falls Detector Property Exit Sensor Wireless Flood Detector Wireless Temperature Wireless Passive Infra-Extreme Sensor Red Sensor Bed Occupancy Sensor Chair Occupancy Sensor Wireless Carbon Monoxide Epilepsy Sensor Carbon Monoxide Sensor Pressure Mat Wireless Pull Cord	

1.5	**Charges** Charges for each level of Telecare are based on a single person per week. The charge for the supply and installation of a keysafe is a one-off fee. The user can source installation from another organisation, if preferred. However, the Telecare Team can only accept responsibility for a keysafe which has been installed by HBC (Age UK install keysafes on behalf of HBC). Telecare only provide keysafes which are Police industry approved and meet stringent security standards. Details of charges can be found in Appendix 3.	*Age UK offer an installation service – more information is available here:* *http://www.ageuk.org.uk/home-and-care/home-safety-and-security/handyperson-services/*
1.6	**Billing** The service has a number of levels, each of which has a weekly cost. Some service users in receipt of benefits, may be eligible for the service to be funded (see Eligibility 1.7). The service is billed four weekly in arrears by Halton Borough Council. The invoice can be paid by Direct Debit, Credit or Debit Card in person or over the telephone, cash at Halton Direct Link, Cheque or by post or standing order (for more details please see Appendix 2).	
1.7	**Eligibility** Any person who is a resident in Halton is eligible for the service on a chargeable basis (see 1.6). Service users in receipt of housing benefit and/or council tax relief are not charged for Telecare. Residents who live in extra care housing are included within commissioned contract arrangements between the housing association and Halton Borough Council.	
1.8	**Assessment** Following receipt of the referral from Adult Social Care, a member of the Telecare team will book an appointment with the client to arrange an assessment, demonstration and installation of the service. During the visit, the member of staff will take note of any medical conditions, a description of the property and a note of any significant others who need to be contacted in the event of an emergency.	

	The service will tailor a package of equipment and services based on the assessment and demonstrate the equipment. With the client's agreement, the equipment and service installed will be left at the property and the service will start.	
1.8.1	**Change in Needs** The client will be contacted at least annually to confirm the details held on the system are correct and that the service is meeting their needs. A further assessment may be required and clients should be encouraged to contact the service if their needs change prior to the annual check.	
1.9	**Cancelling the Service** The service can be cancelled at any time and an appointment should be made for disconnection of the Telecare service and return of the equipment. The service remains active until the equipment is collected and billing will continue to the relevant date. Where a service user is admitted to hospital/care home or deceased, the charge will calculated based on the date the equipment was last used and a credit raised if applicable.	
1.10	**Use of Data** The data held is stored electronically on HBC's call monitoring system and HBC's Social Care system. This information is encrypted and password protected with access allowed to authorised personnel only. Paper copies of documentation are kept in locked storage cabinets and again accessed by authorised personnel only. Client information will be shared within HBC but will not be shared with any other service or organisation without the person's permission. All calls made to and from both Telecare Service and Halton Direct Link are recorded for training, monitoring and security purposes. The Telecare Service and Halton Direct Link adhere to HBC's Voice Recording Policy (currently under review).	 Voice Recording Policy 2016.doc

1.11	**Adults Safeguarding** Safeguarding vulnerable people is everyone's business and the Telecare team must play a part in preventing, detecting and reporting neglect and abuse. It is essential that throughout this process Service Users are effectively safeguarded from harm.	*Safeguarding Adults in Halton Inter Agency Policy*
1.12	**Compliments and Complaints** Should a client or a relative/representative wish to make a complaint, they should in the first instance contact the Telecare team who will; Make a record of: • The contact details of the complainant. • The details of the concern or the complaint. • The outcome being sought. The team should then investigate and resolve the complaint or concern within 3 working days. If the complaint cannot be resolved within this timescale, the matter must be referred to the Customer Care Team at SSD.Complaints@halton.gov.uk Tel: 0151 511 6941 If the person or a family member would like to compliment the service received, they can also do this through the Customer Care team at Halton Borough Council. **Understanding Mental Capacity** Staff must ensure that appropriate support is arranged for people who have difficulty in communicating their views or who struggle to understand information. It should be assumed that a everyone has the capacity to make decisions for themselves, unless it has been proved otherwise through a formal capacity assessment. The customer care team can help arrange advocacy services to ensure the person or their representative is supported through the complaints process.	***ASC Resolving Complaints and Improving Services Policy 2017*** ***Mental Capacity Act 2005***

1.13	**Feedback – Service User Consultation** We value comments and feedback as a way of improving and developing the Telecare Service. Anyone using the service or their carer/relative can attend our Service User Focus Groups. If you would like to become a member of this group please contact us; Telecare Service Municipal Building Kingsway Widnes WA7 7QF Telephone: 0303 333 4300 www.halton.gov.uk/cas	

2.	**PROCEDURE**	***PRACTICE***
2.1	**Conditions of use** It is the responsibility of the user to: • Maintain the equipment as detailed in the equipment data sheets. • Maintain an active telecommunication line and electricity supply, pay for such services and notify any malfunction to us straight away. • Ensure that the alarm unit is plugged into the mains supply and telephone socket at all times. • Notify HBC Telecare team is away from the property for more than 24 hours. • Pay HBC promptly for the provision of the service by the contact methods listed in Appendix 2. • Arrange access to the property for the provision of the service, either in the form of a keysafe or a key holder. • Test the equipment on an agreed basis. • Ensure the equipment is protected from damage and report any damage to the Telecare team immediately. • Provide all information requested to the best of their knowledge to ensure the provision of the service as outlined in the assessment. • Notify the Telecare team of any changes to the information outlined in the assessment as soon as possible. • Notify the Telecare team straight away if there is a fault with any equipment. The Telecare team recommend that the service user remains with the same telephone service provider for the duration of the service, as changing the provider may result in a temporary or permanent loss of service.	
2.2	**How the equipment works** When one of the items of equipment activates, such as a pendant or smoke detector, it will send a radio signal to the alarm unit which alerts the Contact Centre. The operator will aim to answer the call within 30 seconds. The call monitoring equipment will tell the operator who the service user is and what equipment has activated. The operator will attempt to contact the service user to resolve the problem. If the operator cannot hear the service user, they will attempt to call back and if still unable to make contact, will initiate the response protocol as agreed on the service user assessment.	

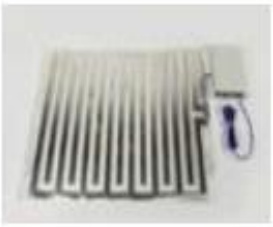
	When the operator has made contact with the service user, there will be an initial attempt to resolve the problem before contacting a nominated next of kin, GP, Social Worker, Telecare Officer etc. If the Telecare Team are sent as a responders, they will aim to be at the property within 45 minutes and will enter the residence using the agreed access method. If the service user requires assistance, the Telecare Officer will attempt to resolve the request and if unable to do so, will make arrangements to contact emergency services, GP etc. Telecare Officers are required to adhere to Halton Borough Council's Employee Code of Conduct and Professional Boundaries Standards.	***Code of Conduct***

APPENDIX 1

Issue	Solution	Picture
Reassurance needed or has health concerns and may need to call for help	Community Alarm with personal pendant	
Requires a Community Alarm but does not have a Landline	GSM System	
Risk of Fire	Smoke Alarm, Temperature Sensors	
Risk of Flood	Flood Sensor	
Risk of Carbon monoxide	CO Detector	

Issue	Solution	Picture
Risk of Hypothermia	Ambient temperature Sensor Monitoring	
Risk of Dehydration due to heat	Ambient temperature Sensor Monitoring	
Not Using Kitchen Appliances	Electrical Usage Sensor	
Risk of Daytime Falls	Fall Sensors Chair Sensor	    

Issue	Solution	Picture
Risk of Black Out	Fall Sensor Vital Base	
Risk of no activity in Property	Passive Infra-Red Detector	
Risk of Night time Falls	Bed Sensor	  
Risk of leaving Home	Property Exit sensor	  
Risk of Epileptic Seizure	Nocturnal Epilepsy Sensor and daytime Fall Sensor	  

Issue	Solution	Picture
Night Time Incontinence	Enuresis sensor	
System to alert onsite carer	Onsite Pager	
Forgetting to conduct a routine task such as taking Medication, Eating, drinking going to the toilet	Automated Reminder Function	
Risk of bogus callers	Bogus Caller Button	
Not Managing Long Term Health Condition	Telehealth Monitoring	
To establish a person's activity levels at home	Daily Living Activity Monitoring	

APPENDIX 2

Methods of Payment

The Council offers service users a range of methods to pay their charge for Telecare services. Details can be found on the back of each invoice and include:

- Debit and credit card payments over the phone, calling 0151 511 8811.

- By cheque - posted to
  - *Revenues & Benefits Division,*
  - *PO Box 223,*
  - *Widnes, WA8 2DA*

- By visiting any of the Councils' Direct Link offices. These can be found at:
  - Halton Lea shopping centre, near to the library
  - on Brook Street, Widnes, near to the market.
  - Payment AT Direct Link offices can be by cash, cheque or debit/ credit card. Staff will be happy to assist service users to make their payment.

- By setting up a direct debit.

- By setting up a standing order.

- Payment over the Internet using a debit or credit card by visiting the Council's website at www.halton.gov.uk under ***Pay it on-line*** and selecting ***Council Invoices.***

APPENDIX 3

Telecare Charges – April 2017

Charges are based on a single person per week.

Level	**Description**	**Charge per Week**
Level 1	Call centre monitoring plus community warden reactive response.	£6.02
Level 2	Telecare with up to 2 environmental sensors with response.	£7.24
Level 3	Call centre monitoring plus reactive call out. Community warden daily visits according to assessed need and support planning. Assistive technology is provided according to assessed need.	£9.64
House of Multiple Occupancy (HMO)	Based on three people sharing at the Level 3 Telecare rate (£9.36).	£3.21

Keysafe is a one-off fee of **£50.50** and includes the keysafe and installation.

REPORT TO: Health Policy & Performance Board

DATE: 28th November 2017

REPORTING OFFICER: Strategic Director, People

PORTFOLIO: Health & Wellbeing

SUBJECT: Performance Management Reports, Quarter 2 2017/18

WARD(S): Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 This Report introduces, through the submission of a structured thematic performance report, the progress of key performance indicators, milestones and targets relating to Health in Quarter 2 of 2017/18. This includes a description of factors which are affecting the service.

2.0 RECOMMENDATION: That the Policy and Performance Board:

i) Receive the Quarter 2 Priority Based report

ii) Consider the progress and performance information and raise any questions or points for clarification

iii) Highlight any areas of interest or concern for reporting at future meetings of the Board

3.0 SUPPORTING INFORMATION

3.1 The Policy and Performance Board has a key role in monitoring and scrutinising the performance of the Council in delivering outcomes against its key health priorities. Therefore, in line with the Council's performance framework, the Board has been provided with a thematic report which identifies the key issues in performance arising in Quarter 2, 2017/18.

4.0 **POLICY IMPLICATIONS**

4.1 There are no policy implications associated with this report.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 There are no other implications associated with this report.

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

6.1 **Children & Young People in Halton**

There are no implications for Children and Young People arising from this report.

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

There are no implications for Employment, Learning and Skills arising from this report.

6.3 **A Healthy Halton**

The indicators presented in the thematic report relate specifically to the delivery of health outcomes in Halton.

6.4 **A Safer Halton**

There are no implications for a Safer Halton arising from this report.

6.5 **Halton's Urban Renewal**

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

7.0 **RISK ANALYSIS**

7.1 Not applicable.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 There are no Equality and Diversity issues relating to this Report.

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

None under the meaning of the Act.

Health Policy & Performance Board Priority Based Report

Reporting Period: Quarter 2: 1st June to 30th September 2017

1.0 Introduction

This report provides an overview of issues and progress against key service area objectives and milestones and performance targets, during the second quarter of 2017/18 for service areas within the remit of the Health Policy and Performance Board. These areas include:

- Adult Social Care (including housing operational areas)
- Public Health

2.0 Key Developments

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

Adult Social Care:

Review of the North West Boroughs Acute Care Pathway and Later Life and Memory Services:

The review of the services described above took place in late 2016 and early 2017, and all areas are now in the phase of implementing the recommendations arising from the review. For Halton, the implications of this include:

- Developing a local borough management structure within the North West Boroughs which can relate more directly to the strategic and operational mental health systems in the area. This has now taken place and local management processes are in place. Social Services managers link closely to the new arrangements, and the local NW Boroughs managers are involved in planning and development groups
- Redesigning the delivery of community mental health services so that they meet the needs of residents of both Widnes and Runcorn (and the related smaller communities)
- Developing new care pathways across primary and secondary care and the council, which intervene with people at a much earlier stage in their mental health condition, and which provide less intensive alternatives to referral to the more specialist North West Boroughs mental health services, helping more people to be supported in their own communities. This piece of work, led by NHS Halton Clinical Commissioning Group and fully supported by council staff, has nearly been completed and there was a successful workshop held at the end of September 2017 to raise awareness of these changes and developments
- Work is still continuing with a partnership approach across the council, the CCG and the North West Boroughs, to identify people with complex mental health conditions who have been placed in high cost specialist nursing or residential placements outside the Borough, to see whether local services are in a position to offer them more effective support. A number of people have already successfully achieved a greater level of independence as a result.

Developing the use of the Mental Health Resource Centre in Vine Street, Widnes:

Work is continuing to redesign the way in which this resource is used, to tie in with some of the changes described above and ensure a more responsive local mental health service. A capital allocation is being provided by the Borough council, the CCG and the North West Boroughs to reshape the lower part of the building, to allow the North West Boroughs Assessment and Home Treatment team to be based there, and to develop a small crisis resource. Upstairs – which already houses the council's successful Community Bridge Building Team and the Mental Health Outreach Team is being turned into a flexible working area, which will allow social workers to be based in the Centre. This in turn will have positive implications for the way in which all the services work together.

Redesign of Mental Health Social Work Service and Mental Health Outreach Team:

As reported in the last Quarterly Monitoring Report, an internal review of the delivery of the mental health social work service in Halton resulted in a decision to change the way social workers working in the mental health system deliver their service. From 1st October 2017, they will no longer act as formal care co-ordinators, and will only use the council's electronic case record system; this will simplify their role and will ensure that they can focus on their core social work tasks, whilst still working fully alongside their health service colleagues. Detailed work has been taking place to ensure that there are clearly understood pathways for assessment, risk management and care management (including the assessment of the needs of carers), and these have been agreed with the managers in the North West Boroughs. A clear statement of social work roles and tasks has been developed.

A similar internal review of the role of the Mental Health Outreach Team has also taken place, and they are now moving towards delivering a more time-limited service for people with a full range of mental health conditions. This new approach will provide specific interventions, developed with the person themselves, to meet their needs and aspirations, with the aim of reducing reliance on higher level services and promoting much greater engagement with their communities.

Halton's Supported Housing Network:

HSHN provides support and care for 55 adults with disabilities across 19 properties in the Halton area, enabling them to maintain their own tenancies. The service promotes people to live as independent as possible while providing support and guidance with daily living skills. The service creates meaningful opportunities to support tenants to maintain a healthy lifestyle and access their local community. The new structure introduced as a result of the Efficiency Review completed last year is 10 months in and early teething problems have been resolved. In tandem with the new structure the service has adopted a new electronic rota system improving efficiency, reducing errors and costs. The service is currently looking at the possibility of remodelling its night time support. A pilot has been running over the summer and the service will be reporting back to members in the very near future.

Learning Disability Nurses:

- There continues to be an increase in referrals to the team. The complexity and support required for the individuals is also increasing.

- As part of the Cheshire and Merseyside implementation of the National Learning Disability Mortality Review programme (LeDeR) all of the nurses have completed training to be able to undertake mortality reviews.
- The team have booked the Family Planning Association to complete sexual health training.
- The team are working with NWBH with the Dynamic Risk Database. To identify those individuals at risk of admission to a Mental Health Inpatient setting.
- The team have representatives attending the ALD partnership Board, transition group and health groups.
- Nurses within the team are monitoring individual's mental health alongside the psychiatrist and community provision.
- The team have attended a number of Care and Treatment Reviews and have avoided admissions into MH assessment and treatment units.
- Joint work is ongoing with children's ' services supporting parents with learning disabilities.
- A member of the team has supported a number of individuals undergoing cancer treatment.

- The team are changing the way they deliver Health Action Plans to align these more closely to the annual health checks and outcome.

Care Management:

We continued to work with Meridian to conduct a study of our Social Work provision across Assessment teams IAT, Complex Care, Widnes and Runcorn, as part of our ongoing improvement process. Meridian is an international organisation specialising in process and efficiency improvement. They have extensive experience in the health and care sector and have worked throughout Ireland and the UK in the last 20 years assisting Boards, Trusts, Hospitals, Health and Care providers in service redesign, capacity planning and improving our client service.

Our primary aim is to ensure that we establish fairness and consistency in the allocation of workload for all staff. Team managers have worked closely with Meridian to review the thresholds and procedures within the three Care Management teams; Complex Care Runcorn, Complex Care Widnes and the Initial Assessment Team. We have been particularly interested in reviewing the allocation process, Duty systems and our internal Panel processes. We seek to share good practice across the teams to implement a more consistent approach to these key activities. We believe that this will provide the best outcomes for our service users through increased consistency.

Quite early on in the project staff had indicated that they would prefer to spend more time working with service users rather than on administration/carefirst. It was confirmed as part of the Meridian study that a significant percentage of time is dedicated to these areas. In response to this we are looking to reduce the form filling processes. We have therefore worked, to streamline key CareFirst forms in an attempt to reduce duplication of data entry and improve the flow of key information. This is a complex and detailed piece of work as we must remain fully compliant with the Care Act whilst meeting all statutory reporting requirements as required by the Performance team, we are continuing to implement this.

Progress:

- Work is allocated to ensure fairness and consistency for all staff
- Management are empowered with the skills and knowledge to drive through the necessary change
- Priority CF6 forms have been reviewed and adapted to reduce duplication and re-work
- Workload supervision completed to establish an accurate and appropriately active caseload per worker
- Increase frequency of outcome focused reviews to a standard 6 month interval
- Measure productivity in a new way using Performance report to evidence completed activities per unique worked day by team

A dedicated working group looking at strengthen on our compliance with the Care Act, programme of updated training took place in May 2017, which was positively received. Alongside this we have devising further tools and documentation to ensure that service user communication is consistent and transparent while remaining person-centred. The developed 'conversation tool', a revised consent to share form and a refined version of the service user feedback questionnaire have now been implemented. An additional programme of training on strengths based social work practice ran in September, to promote excellent social work practice, to help support and empower people to live the lives they want.'
Emphasising the use of professional engagement and judgement, as opposed to procedural approaches, with a focus on the individual, taking a holistic and co-productive approach to keeping the person at the centre of all decisions,
identifying what matters to them and how best outcomes can be achieved. It is about enabling people to find the best solutions for themselves, to support them in making independent decisions about how they live.

Occupational Therapy
Following on from the endorsement of the Occupational Therapy, progression policy the team now have an advanced OT practitioner in place who is now working, looking at improvements in working practice. A report on single-handed care was brought to SMT and further work is underway to develop this area. We are bench-making other areas

Blue Badge
The Blue Badge Scheme helps disabled people with severe mobility problems to access goods and services by allowing them to park close to their destination, whether they are a driver or a passenger.

The scheme was introduced in 1971 under Section 21 of the Chronically Sick and Disabled Person's Act 1970. It was amended by the Disabled Persons' Parking Badges Act 2013 and the scheme as it currently stands is governed by the Disabled Persons (Badges for Motor Vehicles) (England) Regulations 2000 (plus amendments).

A revised Blue Badge Policy, Procedure & Practice (PPP) following comprehensive review was presented to SMT in June 2017.highlighted two key issues that have arisen during the review process with regards to:

- Enforcing correct use and tackling potential abuse of the scheme; and
- The eligibility requirements for organisational badges.

The draft Policy has been submitted to the September HPPB and agreed, it has been to Pre-Agenda and agreed to have endorsement finalised at Exec Board on October 19th 2017.

Madeline McKenna:

Last year Your Housing Group (YHG) announced proposals to decommission Madeline McKenna Court a 23 bedded care home in Hough Green. The sale of the home to the Local Authority was eventually agreed and the home and staff will now transfer to the Council on the 1st November.

Public Health:

Halton has recently won the Healthcare Pioneers Award 2018 for Public Health transformation. This was awarded for an innovative partnership between Halton Local Authority and Public Health and Halton CCG and Cheshire Fire and Rescue Service for working to identify people aged over 65 years of age at risk from atrial fibrillation in their own homes through the Fire Brigade's Safe and Well Visits.

3.0 Emerging Issues

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

Adult Social Care:

Halton Women's Centre

This highly-regarded service was at risk of closure earlier in the year when the charity which had been commissioned to run it decided that they had to close. Considerable work has taken place over the summer of 2017 to develop a position which allows it to continue; management of the Centre has now been drawn into the borough council, until a detailed review can make recommendations about its longer-term future. This review is expected to be completed by late autumn 2017.

Named Social Worker Pilot

A newly developed Transition Team in Halton, was set up in February this year as a pilot. The team will ensure the smooth transition of young people with disabilities, from 14 years old to 25 who are leaving children's service into Adult services.

The Team has now been nominated to work as part of a government scheme to pilot "Named Social Workers", an approach championed by Lyn Romeo Chief Social Worker. One-to-one support for people with learning disabilities, autism and mental health conditions is set to be trialled in Halton as part of a £400,000 Government investment. The extra investment follows the early success of a named social worker pilot scheme introduced last year across six local authorities which was received positively by those who used the service and their families.
The first stage of the earlier pilots has given a clear sense of the difference that a named social worker can make in transforming learning disability services – for example:

- A number of individuals were discharged from hospital, when this was not previously planned for them;
- They had greater choice over where they would live and were more involved in their care
- They felt better supported by their social worker, with stronger relationships and trust built

Halton Borough Council will receive £92,827 for the scheme, which will give people frequent contact with their dedicated social worker. Halton Borough Council's Executive Board Member for Health and Wellbeing, Cllr Marie Wright, said: "This is good news as providing a dedicated caseworker, who has an ongoing responsibility for someone's support, means they can be a primary point of contact, challenge decisions and advocate on that person's behalf."

'The Ambition of the Halton Borough Council, Named Social Worker pilot, is to identify all young people in Halton, who have an Educational and Health Care Plan and will require a Transitional assessment. The overall aim is to ensure that all 17/18 year olds with Complex Physical and / Learning disabilities will have an identified named social worker, who will remain open to them, throughout their Transition journey.

We will be working with young people and their families, as well as health, Education, housing and providers to ensure that all future planning is seamless. to support young people leaving children's services.
For the next six months, people with these conditions will be given one primary point of contact to provide advice, work with family and carers and encourage patients to live more independently in the community. The aim is to cut down unnecessary long spells in hospitals and other NHS inpatient facilities.

Health Minister Jackie Doyle-Price said: "This is a fantastic scheme in Halton that will give people personalised community care and more support to live independently. It is an important step forward as we aim to transform learning disability services for people both in Bradford and across the country."

The pilot is part of the Department's response to the 2015 'No voice unheard, no right ignored' consultation, which sought views on strengthening the rights of people with learning disabilities, autism and mental health conditions to enable them to live more independently.

The Department has also funded the Innovation Unit – a social enterprise – and the Social Care Institute of Excellence to support the local areas, co-ordinate the pilot and to evaluate the scheme. The second phase of the pilot will now be rolled out across Bradford, Halton and Shropshire.

Autism Strategy

There is work underway to develop a new autism strategy. There has been a paper survey sent out to adults (and their carers) and children (and their parents) with autism and there will follow two consultation processes, one for adults and another for children. Local groups and organisations in the 3rd sector will also be invited to meet and provide views on behalf of the users of their services. It is expected that the strategy will be fully completed and published by the 31st March 2018.

Re-ablement

Re-ablement services are working with partners to develop and expand in order to offer an improved service for people upon discharge from hospital. The service aims to ensure a speedy discharge from hospital to home and to improve outcomes for people who use the service.

Delayed Transfers of Care

Integrated discharge teams at Warrington and Whiston hospitals and North West Boroughs Partnership work to ensure the planning of discharges for people who require support commences at an early stage after admission. People are tracked during their admission and assessment and support planning is undertaken at the earliest possible stage. Services are mobilised to meet assessed need at discharge. Delayed Transfers of Care most frequently occur where people have complex needs and where demand for care at home exceeds supply. Work continues to stabilise the care home and domiciliary care provision in the borough.

Millbrow

Poor standards in infection control and environmental hygiene have been evidenced through inspection by Infection Control specialist team and Environmental Health team. In relation to infection control, despite precautionary measures being taken and corrective action, the required level of improvement has not been achieved. During their inspection, the regulatory body CQC have identified serious safeguarding concerns regarding caring practices in the home including nutrition and hydration, falls and medication management and a poor staff culture. Four Seasons have decided to close the home and de register the service and the Council are currently seeking to purchase the service and prevent the need for people to find alternative accommodation. We are working alongside Four Seasons to ensure that residents are safe, cared for and informed.

Public Health:

We are entering the annual flu season. Based on the recent experience of the Winter Flu season from the Southern Hemisphere, it is quite likely that this years' circulating flu strain is a particular virulent strain and will have an even greater impact upon our health services and winter pressures. Halton has a Winter Flu Plan which aims to increase uptake as much as possible amongst key risk groups, with a particular focus on young children and older people in care settings. In addition to this plan, we are facilitating some joint working across the LDS footprint to encourage system working and breaking down traditional barriers to vaccination delivery to maximise the possible impact we can have on flu vaccinations and help prevent a significant impact upon our local health economy this winter.

4.0 Risk Control Measures

Risk control forms an integral part of the Council's Business Planning and performance monitoring arrangements. As such Directorate Risk Registers were updated in tandem with the development of the suite of 2017/18 Directorate Business Plans.

5.0 Progress against high priority equality actions

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

6.0 Performance Overview

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

"Rate per population" vs "Percentage" to express data

Four BCF KPIs are expressed as rates per population. "Rates per population" and "percentages" are both used to compare data but each expresses the same amount in a different way. A common guide used is that if a percent is less than 0.1 then a rate (e.g. per 100,000) is used. For example, permanent admissions to residential care expressed as a rate (50 admissions per or for every 100,000 people) makes more sense when comparing performance with other authorities rather than as a percentage (0.05%) which is quite a small number and could be somewhat confusing. More examples below:

Location	Rate per 100,000 population	Percent
Region A	338.0	0.34%
Region B	170.5	0.17%
Region C	225.6	0.23%

Adult Social Care

Key Objectives / milestones

Ref	Milestones	Q2 Progress
1A	Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target	✓
1B	Integrate social services with community health services	✓
1C	Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder.	✓
1D	Continue to implement the Local Dementia Strategy, to ensure effective services are in place.	✓
1E	Continue to work with the 5Boroughs NHS Foundation Trust proposals to redesign pathways for people with Acute Mental Health problems and services for older people with Mental Health problems.	✓
1F	The Homelessness strategy be kept under annual review to determine if any changes or updates are required.	✓

3A	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.	

Supporting Commentary

1a - A financial recovery plan is in place to ensure the budget comes out on target.

1b - Multi-disciplinary Team work is ongoing across primary care, community health care and social care.

1c - A new All-Age Autism strategy is being developed with key stakeholders and people with autism and their carers. A delivery plan will be co-designed to ensure the effectiveness of services in Halton continues.

1d - The Halton Dementia Action Alliance facilitated a half day training session for over 40 GP practice Staff (Admin/reception, practice Managers, Health Care Assistants and Nurses) to receive training that incorporates the NHS Tier 1 Dementia Awareness standard and Dementia Friends session. The session also had a work shop on the tools and resources to support practices, available Alzheimer's Society Dementia Friendly Communities. This was in response to a number of enquiries, received by the supporting Policy Officer from GP practices, for dementia awareness training.
The refresh of the dementia delivery plan was undertaken during Q2 (to be signed off at the next meeting, Nov 2017). Particular focus will be on people with dementia, and their carers', experience when in hospital, understanding respite provision and care home education.
During Q2 Halton was invited by the NHS NW Coast Strategic Clinical Network for Dementia to undertake some work around care home education. Working in collaboration with the network, and Halton's Care Home Liaison Team, HBC and the CCG are reviewing care home education provision with a view to rolling out a training module on dementia care that can be used across the care home market in Halton to standardize the quality of care.

1e - As described above, this work has been continuing throughout this Quarter to implement the recommendations of the review of services in late 2016. All milestones are being achieved and local pathways have been developed.

1f - The annual homelessness strategy review event will take place in December 2017. The action plan is presently being reviewed and will be updated to reflect key priorities.
The homelessness strategy is due to be fully reviewed 2017/2018 and consultation events with partners are due to commence December 2017 A five year strategy documents will be completed and passed to senior management for approval early 2018. The strategy will include a five year action plan, which will determine the LA priorities and key objectives, to ensure it reflects economical and legislative changes.

3a - The work on developing Accountable Care System is ongoing.

Key Performance Indicators

Older People:						
Ref	**Measure**	**16/17 Actual**	**17/18 Target**	**Q2**	**Current Progress**	**Direction of travel**

ASC 01	Permanent Admissions to residential and nursing care homes per 100,000 population 65+ ***Better Care Fund performance metric***	515.3	635	206.3	✓	
ASC 02	Delayed transfers of care (delayed days) from hospital per 100,000 population. ***Better Care Fund performance metric***	519	TBC	280 days per 100,000 per month	✓	⇔
ASC 03	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population. ***Better Care Fund performance metric***	3381	13,289	3,500 per 100,000	?	↓
ASC 04	Hospital re-admissions (within 28 days) where original admission was due to a fall (aged 65+) (directly standardised rate per 100,000 population aged 65+) ***Better Care Fund performance metric***	N/A	N/A	N/A	N/A as no target	N/A
ASC 05	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF 2B) ***Better Care Fund performance metric***	62.12%	65%	N/A	N/A	N/A
Adults with Learning and/or Physical Disabilities:						
ASC 06	Percentage of items of equipment and adaptations delivered within 7 working days	93%	96%	91%	✓	N/A
ASC 07	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support – include brief definition) (Part 1)	74%	78%	72%	✓	N/A
Ref	**Measure**	**16/17 Actual**	**17/18 Target**	**Q2**	**Current Progress**	**Direction of travel**
ASC 08	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support – include brief definition) (Part 2) DP	44%	44%	28%	?	N/A
ASC 09	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G)	86.90%	87%	94.50%	✓	↑

ASC 10	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	6.9%	7%	5.02%	✓	↓
ASC 11	Out of Borough Placements – number of out of borough residential placements	32	30	NYA	NYA	NYA
People with a Mental Health Condition:						
ASC 12	Percentage of adults accessing Mental Health Services, who are in employment.	N/A	N/A	0.49%	N/A	N/A
ASC 13 (A)	Percentage of adults with a reported health condition of Dementia who are receipt of services.	52.86%	TBC	11.10%	N/A	N/A
ASC 13 (B)	Percentage of Carers who receive services, whose cared for person has a reported health condition of Dementia.	11.57%	TBC	14.33%	N/A	N/A
Homelessness:						
ASC 14	Homeless presentations made to the Local Authority for assistance In accordance with Homelessness Act 2002.	NA	500	85	✓	↑
ASC 15	Homeless Households dealt with under homelessness provisions of Housing Act 1996 and LA accepted statutory duty	NA	100	10	✓	↑
ASC 16	Number of households living in Temporary Accommodation	1	17	7	✓	↑
ASC 17	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)	6.62	6.00%	1.93	✓	↑
Safeguarding:						
ASC 18	Percentage of VAA Assessments completed within 28 days	83.5%	88%	77.75%	?	↓
ASC 19	Percentage of existing HBC Adult Social Care staff that have received Adult Safeguarding Training, including e-learning, in the last 3-years (denominator front line staff only).	48%	56%	47%	✓	↑

ASC 20 (A)	DoLS – Urgent applications received, completed within 7 days.	73%	80%	N/A	N/A	N/A
ASC 20 (B)	DoLS – Standard applications received completed within 21 days.	77%	80%	N/A	N/A	N/A
ASC 21	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)	81.30%	82%	N/A	N/A	N/A
Carers:						
ASC 22	Proportion of Carers in receipt of Self Directed Support.	99.4	TBC	99.06%	N/A	N/A
ASC 23	*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)*	8.10%	9	N/A	N/A	N/A
ASC 24	*Overall satisfaction of carers with social services (ASCOF 3B)*	48.90%	50	N/A	N/A	N/A
ASC 25	The proportion of carers who report that they have been included or consulted in discussions about the person they care for (ASCOF 3C)	78.80%	80	N/A	N/A	N/A
ASC 26	Do care and support services help to have a better quality of life? (ASC survey Q 2b) ***Better Care Fund performance metric***	93.30%	93%	N/A	N/A	N/A

Supporting Commentary

Older People:

ASC 01 As at the end of quarter 2 we have placed 46 clients into permanent residential / nursing care. For the same period in 2016/17 we had placed 45 clients. Performance slightly less compared to last year due to a change in population figures.

ASC 02 *Target is for 450 delayed days per month on average, this equates to 346 per 100,000 population per month*. The figure reported in Q2 relates to the three month period Jun/July/Aug. Septembers data will not be available until mid-November.
Halton had a very good June and July with 258 and 325 delayed days respectively, however August saw 514 delayed days. Over the three month period this averages 365 days per month, a rate of 280 per 100,000. This is almost exactly the same as

the same period last year.

ASC 03 The target for the full year is 13,289 per 100,000. The CCG has individual monthly targets.
For the period Jun/July/Aug the CCG saw 4550 non-elective admissions, (a rate of 3500 per 100,000) against a target of 4317 (rate of 3320) so missed the target. This was also above the same number of admissions in the same period of last year (4408 admissions, rate of 3390).
Although Q2 was above target the CCG had a good start to the year and the cumulative YTD position is only slightly above target. The performance over the winter period will be a key determinant if this target is to be met.

ASC 04 Data not currently available due to data issues with the CSU.
No refresh on data is available beyond 2015/16.

ASC 05 Annual collection only to be reported in Q4.

Adults with Learning and/or Physical Disabilities:

ASC 06 Figure provided is at the end of August as HICES data for September has yet to be received, therefore direction of travel cannot be assigned.

ASC 07 There is no comparable data for the same period in 2016/17. Current performance on track to achieve target at year end.

ASC 08 There is no comparable data for the same period in 2016/17.

ASC 09 Target exceeded.

ASC 10 We are on track to meet this target.

ASC 11 Data is not yet available for Q2.

People with a Mental Health Condition:

ASC 12 This is a new indicator for 2017/18, therefore no comparable data.

ASC 13 (A) This is a new indicator for 2017/18, therefore no comparable data.

ASC 13 (B) This is a new indicator for 2017/18, therefore no comparable data.

Homelessness:

ASC 14 In accordance with the Homelessness legislation, all Local Housing Authorities have a statutory duty to administer and address homelessness within the Borough. It must offer advice and assistance and give due consideration to all applications for housing assistance.

The Local Authority must have a reason to believe that an applicant may be homeless or threatened with homelessness, and make the necessary enquiries in accordance with the Homelessness Act 2002, to determine whether a duty is owed under Part 7 of the Housing Act 1996

The figure identified for quarter two is low, however, this is due to the increased prevention activity administered by the Housing Solutions Team. The team fully utilise the prevention initiatives and financial resources available to assist client and resolve homelessness.

ASC 15 Part 7 of the Housing Act 1996 sets out the powers and duties of housing authorities

where people
apply to them for assistance in obtaining accommodation.

The Local Authority has a statutory duty to provide both temporary and secure accommodation to clients accepted as statutory homeless. The figures are generally low, which is due to the high level of officer activity and initiatives to prevent homelessness.

ASC 16 National and Local trends indicate a gradual Increase in homelessness, which will impact upon future service provision, including temporary accommodation placements.

The introduction of the Homelessness Reduction Act 2016 will have a big impact upon homelessness services, which will result in a vast increase in the use of the temporary accommodation provision.

The Housing Solutions Team are community focused and promote a proactive approach to preventing homelessness. There are established prevention measures in place which are fully utilised by the Housing Solutions team to ensure vulnerable clients are fully aware of the services and options available.

ASC 17 The Housing Solutions Team promotes a community focused service, with emphasis placed upon homeless prevention.

The officers now have a range of resources and options that are offered to vulnerable clients threatened with homelessness. The team strive to improve service provision across the district. Due to the early intervention and proactive approach, the officers have continued to successfully reduce homelessness within the district

Safeguarding:

ASC 18 Performance slightly down compared to the same period last year. However, an exception report detailing assessments open longer than 28 days is sent to the teams monthly for them to action.

ASC 19 The figures will exceed last year's records and are on focus to meet this years extended targets.

ASC 20 (A) Data not available due to reporting issues which are being investigated.

ASC 20 (B) Data not available due to reporting issues which are being investigated.

ASC 21 Annual collection only to be reported in Q4.

Carers:

ASC 22 New indicator for 2017/18 therefore no comparable data.

ASC 23 Annual collection only to be reported in Q4.

ASC 24 Annual collection only to be reported in Q4.

ASC 25 Annual collection only to be reported in Q4.

ASC 26 Annual collection only to be reported in Q4.

Public Health

Key Objectives / milestones

Ref	Milestones	Q2 Progress
PH 01a	Increase the uptake of smoking cessation services and successful quits among routine and manual workers and pregnant women	✓
PH 01b	Work with partners to increase uptake of the NHS cancer screening programmes (cervical, breast and bowel)	✓
PH 01c	Ensure Referral to treatment targets are achieved and minimise all avoidable breaches. AND/ OR Increase awareness among the local population on the early signs and symptoms of cancer.	?
PH 02a	Facilitate the Healthy child programme which focusses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, and health, well-being and parenting advice for ages 2½ years and 5 years.	✓
PH 02b	Maintain the Family Nurse Partnership programme.	✓
PH 02c	Facilitate the implementation of the infant feeding strategy action plan	✓
PH 03a	Expansion of the Postural Stability Exercise Programme.	✓
PH 03b	Review and evaluate the performance of the integrated falls pathway.	✓
PH 04a	Work in partnership to reducing the number of young people (under 18) being admitted to hospital due to alcohol	✓
PH 04b	Raise awareness within the local community of safe drinking recommendations and local alcohol support services through delivering alcohol awareness campaigns, alcohol health education events across the borough and ensuring key staff are trained in alcohol identification and brief advice (alcohol IBA	✓
PH 04c	Ensure those identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support	✓
PH 05a	Monitor and review the Mental Health Action plan under the Mental Health Governance structures (covering actions to promote mental health and wellbeing and the early detection and effective treatment of mental health conditions.	✓
PH 05b	Implementation of the Suicide Action Plan.	✓

PH 01a Throughput of clients accessing smoking cessation services in Halton is marginally lower during Q2 2017 (July-September) than the same period in 2016. However, most Stop Smoking Services nationally are experiencing reductions in throughput and throughput is often seasonal, with greater numbers of people setting a quit date at the turn of the calendar year.

Halton CCG has received £75,000 of funding from NHS England for use in this financial year (2017/18) to reduce maternal smoking rates. An action plan with focussed outcomes has been developed outlining joint proposals for the use of this funding for evidence based effective interventions to reduce maternal smoking.Home visits are offered to allow pregnant women referred into the service.

PH 01b Haltons Health Protection Forum oversee's the cancer screening programmes, including screening uptake. A sub group of this meeting has just been formed to enable closer scrutiny and action planning regarding screening and immunisation, recognising that a steady decline has been observed in both of these over recent years (since 2013 transition of respoinsibility to PHE). We will be working across all screening programmes to idnetify approached to increase uptake and reverse the recent declines.

We have completed an extension to the Bowel Screening Navigator poilot which had shown early success and have identified very significant improvements in uptake, by up to 10%. We are seeking ways to develop a sustainability plan to embed this activity in the long term and extend the approach across Breast and Cervical screening programmes also.

PH 01c Significant improvements were seen this quarter in Cancer waiting time performance following improved processes at Warrington & Halton Hospitals NHS Foundation Trust in escalation procedures and early identification of potential breaches.
Halton is engaging closely with partner trusts through the Cancer Alliance and LDS workstreams which are focussing on, amongst other things, improving pathways to improve the 2 week and 62 day treatment outcomes. The 2 week target has been achieved although the 62 day target has not been achieved this quarter.
We continue to participate in early signs and symptoms awareness campaigns, and have recently partcipated in the Be Clear On Cancer Respiratory Symptoms campaign.

PH 02a The health child programme is being combined under one specification for children aged 0-19, (25 with special educational needs). The procurement process for this new programme is under way. The specification includes health visiting, Family Nurse partnership, School Nursing, NCMP, Vision and hearing screening, and immunisations. The vaccination and Immunisation component of the programme is commissioned by NHS England. The new integrated specification should improve consistency of approach, streamline services and improve efficiencies.

The Health Visiting Service is delivering all the components of the national Healthy Child Programme, including assessing mothers' emotional health at 6-8 weeks and completing an integrated developmental check at 2-21/2. The early years setting and health visitors share the findings from the development checks to identify any areas of concern, so that services can collaboratively put in place a support package as required. A group is working to further develop the integrated check, improve data sharing and consistency of plans following the check.

PH 02b Family Nurse Partnership is fully operational with a full caseload; it continues to work intensively with first time, teenage mothers and their families. The service works with some very complex cases and is building their multidisciplinary links across a wide range of agencies, to improve outcomes for these families. The service will be an integral part of the new 0-19 Service.

PH 02c The implementation of the infant feeding action plan is underway, with oversight from the Halton Health in the Early Years group.

Breastfeeding support continues to be available across the borough in community and health settings, and all families have access to introduction to solid food sessions.

For the first time both Bridgewater Community NHS Trust and Halton Children's centres were assessed by UNICEF, to determine if they are Baby Friendly. All agencies successfully achieved BFI stage 3, which is the highest award. UNICEF gave very positive feedback on staff's skills and knowledge in supporting families to breastfeed.

Photos of local mums have been made into art work to celebrate International Breastfeeding Week. The response we received was amazing and we've turned the pictures into posters which are being displayed in various locations in Runcorn and Widnes.

PH 03a Health Improvement continues to provide the "Age Well programme" across the borough. Work is underway to integrate the Age well service in with intermediate care to facilitate safer discharges back to the community for those accessing intermediate services, both residential and in the community. HIT Continue to deliver staff training to frontline professionals to raise awareness of falls prevention and the appropriate falls pathways. Week comm. 25th September as part of falls prevention the team delivered in partnership, a community programme under the banner of healthy active ageing to raise awareness of the various activities that are available for older people across the borough and encourage referrals into services.

PH 03b Over this Qtr the falls steering group has reconvened to look to develop a new strategy 2018 -2022. As part of this work there are a number of work streams focusing on different parts of the pathway – health promotion, secondary prevention and recovery post falls. A multi-agency clinical working group has been set up to review the current service against NICE guidelines and make recommendations for service changes/development. A comprehensive training programme is to be rolled out to raise confidence in the use of screening tools and to increase capacity in service via staff having the skills to work more effectively with patients to improve strength, balance and gait without referring for specialist services.

PH 04a Good progress continues to be made in reducing the number of young people being admitted to hospital due to alcohol. Key activity includes:

- Delivery of alcohol education within local school settings (Healthitude, R U Different, Amy Winehouse Foundation, Cheshire Police, Alcohol

education Trust, wellbeing web magazine).
- Delivery of community based alcohol activity.
- Delivering early identification and brief advice (alcohol IBA) training and resources for staff who work with children and young people).
- Running the Halton Community Alcohol Partnership which brings together partners to reduce underage drinking and associated antisocial behaviour.

Working closely with colleagues from Licensing, the Community Safety team, Trading Standards and Cheshire Police to ensure that the local licensing policy helps prevent underage sales and proxy purchasing.

PH 04b Work continues to raise awareness among the local community of safe drinking recommendations and to train staff across the health, social care, criminal justice, community and voluntary sector in alcohol identification and brief advice (alcohol IBA).

PH 04c CGL continue to support individuals with alcohol misuse problems in Halton and support their recovery. During Q1, the service received 79 new referrals for alcohol only (50) or alcohol and non-opiate problems (29). Local data suggests that by the end of Q1 110 individuals were engaged in structured treatment where alcohol was the primary concern, and 41 were involved in post treatment recovery support. A further 47 clients were in receipt of support for non-opiate and alcohol problems. For Q1, 25.9% of individuals who have commenced extended brief interventions have completed successfully.

PH 05a Mental Health delivery group action plans are now being signed off.
Halton and its partners continue to promote mental helatha nd wellbeing and develop awareness campaigns acros sthe Borough. This quarter Halton Health Improvement team launched it first monthly mental health hub in September which brings together approapriate support organisations and raises awareness; providing Halton residents with a direct link to support and help they need.

PH 05b The action plan has been updated and continues to be implemented. The plan links closely with the Cheshire and Mersesyde No More Suicides strategy. Champs are leading on a area collaborative approach to gain Suicide Safer Community Status

Key Performance Indicators

Ref	Measure	16/17 Actual	17/18 Target	Q2	Current Progress	Direction of travel
PH LI 01	A good level of child development (% of eligible children achieving a good level of development at the end of reception)	61.9% (2015/16)	65.0% (2016/17)	Annual data only	?	**N/A**
PH LI 02a	Adults achieving recommended levels	48.5%	49.0%	Annual	?	**N/A**

	of physical activity (% adults achieving 150+ minutes of physical activity)	(2015)	(2016)	data only		
PH LI 02b	Alcohol-related admission episodes – narrow definition (Directly Standardised Rate per 100,000 population)	841.7 (2015/16)	841.7 (2016/17)	839.6 (2016/17) Provisional		
PH LI 02c	Under-18 alcohol-specific admissions (crude rate per 100,000 population)	55.5 (2013/14-2015/16)	54.1 (2014/15-2016/17)	58.9 (2014/15-2016/17) Provisional		
PH LI 03a	Smoking prevalence (% of adults who currently smoke)	16.6% (2016)	16.2% (2017)	Annual data only		**N/A**
PH LI 03b	Mortality from cardiovascular disease at ages under 75 (Directly Standardised Rate per 100,000 population) *Published data based on calendar year, please note year for targets*	92.0 (2016)	89.8 (2017)	102.2 (Jul '16 – Jun '17) Provisional		
PH LI 04a	Self-harm hospital admissions (Emergency admissions, all ages, directly standardised rate per 100,000 population)	341.5 (2015/16)	332.3 (2016/17)	336.7 (2016/17) Provisional		
PH LI 04b	Self-reported wellbeing: % of people with a low happiness score	12.7% (2015/16)	11.1% (2016/17)	Annual data only		**N/A**
PH LI 05	Mortality from all cancers at ages under 75 (Directly Standardised Rate, per 100,000 population) *Published data based on calendar year, please note year for targets*	177.2 (2016)	169.2 (2017)	184.2 (Jul '16 – Jun '17) Provisional		
PH LI 06ai	**Male** Life expectancy at age 65 (Average number of years a person would expect	17.3 (2013-15)	17.6 (2014-16)	Annual data only		**N/A**

	to live based on contemporary mortality rates) *Published data based on 3 calendar years, please note year for targets*					
PH LI 06aii	**Female** Life expectancy at age 65 (Average number of years a person would expect to live based on contemporary mortality rates) *Published data based on 3 calendar years, please note year for targets*	18.8 (2013-15)	19.1 (2014-16)	Annual data only		**N/A**
PH LI 06b	Falls and injuries in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF definition)	3016. (2015/16)	3000.5 (2016/17)	3301.2 (2016/17) Provisional		
PH LI 06c	Flu vaccination at age 65+ (% of eligible adults aged 65+ who received the flu vaccine, GP registered population)	72.2% (2015/16)	75.0% (2016/17)	71.5% (2016/17)		

Supporting Commentary

PH LI 01 - No new data currently available.

PH LI 02a - No new data currently available.
A new calculation method has been generated for this indicator – from next year historical data will not be comparable and targets/in-year values may change.

PH LI 02b - We now have direct access to hospital admissions data (HES); as such we are able to update annual progress with provisional data prior to the release of published data. Based on provisional data, we achieved the target for alcohol-related admission episodes.

PH LI 02c - We now have direct access to hospital admissions data (HES); as such we are able to update annual progress with provisional data prior to the release of published data. Based on provisional data, we failed to meet the target for under-18 alcohol specific admission episodes.

PH LI 03a - No new data currently available

PH LI 03b - 35 deaths from cardiovascular disease in Q2

PH LI 04a - We now have direct access to hospital admissions data (HES); as such we are able to update annual progress with provisional data prior to the release of published data. Based on provisional data, the 2016/17 rate is slightly above the target set.

PH LI 04b - No new data currently available.

PH LI 05 - Currently missing target, but too early in the year to state whether we will achieve target.

PH LI 06ai - No new data currently available.

PH LI 06aii - No new data currently available.

PH LI 06b - We now have direct access to hospital admissions data (HES); as such we are able to update annual progress with provisional data prior to the release of published data. Based on provisional data, we failed to meet the target for falls injuries in 2016/17.

PH LI 06c - For 2016/17, we failed to meet the 75% target for flu vaccinations amongst the over 65.

ADULT SOCIAL CARE DEPARTMENT

Revenue Budget as at 30th September

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance To Date (Overspend) £'000
Expenditure				
Employees	13,844	6,861	6,698	163
Other Premises	354	161	163	(2)
Supplies & Services	1,249	601	607	(6)
Aids & Adaptations	113	48	43	5
Transport	201	105	109	(4)
Food Provision	195	77	73	4
Contracts & SLAs	496	247	233	14
Emergency Duty Team	95	24	17	7
Other Agency	624	379	381	(2)
Payments To Providers	1,468	970	970	0
Contribution To Complex Care Pool	20,646	7,622	8,229	(607)
Total Expenditure	**39,285**	**17,095**	**17,523**	**(428)**
Income				
Sales & Rents Income	-307	-206	-241	35
Fees & Charges	-741	-370	-301	(69)
Reimbursements & Grant Income	-1,102	-416	-410	(6)
Transfer From Reserves	-631	0	0	0
Capitalised Salaries	-111	-56	-56	0
Government Grant Income	-854	-469	-456	(13)
Total Income	**-3,746**	**-1,517**	**-1,464**	**(53)**

Net Operational Expenditure	**35,539**	**15,578**	**16,059**	**(481)**
Recharges				
Premises Support	517	258	258	0
Asset Charges	83	0	0	0
Central Support Services	3,352	1,619	1,619	0
Internal Recharge Income	-1,995	-1,132	-1,132	0
Transport Recharges	497	125	125	0
Net Total Recharges	**2,454**	**870**	**870**	**0**
Net Department Expenditure	**37,993**	**16,448**	**16,929**	**(481)**

Comments on the above figures:

In overall terms, the Net Department Expenditure for the second quarter of the financial year is £126,000 under budget profile, excluding the Complex Care Pool.

Employee costs are currently £163,000 below budget profile. This is due to savings being made on vacancies within the department. Some of these vacancies were recruited to in the second quarter of the financial period, and whilst savings will be above target for the year, they are not anticipated to continue at the same level for the remaining two quarters.
The bulk of the staff savings are currently being made in the Care Management and Initial Assessment teams. These services are currently undergoing a review, with a view to realising permanent savings from currently vacant posts.

Fees & Charges income will struggle to achieve agreed budgets for the year. This is due to the Community Meals income target applied in 2016/17, and built into the 2017-18 base budget, which is not projected to be achieved. Estimates based on the first quarter's income indicate a net shortfall in the region of £110,000 for the full year.

Capital Projects as at 30 September 2017

	2017-18 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Total Allocation Remaining £'000
Upgrade PNC	34	10	6	28
ALD Bungalows	199	0	0	199
Bredon Reconfiguration	186	90	56	130
Grangeway Court Refurbishment	140	0	0	140
Vine Street Development	102	0	3	99
Purchase of 2 Adapted Properties	520	0	0	520
Total	1,181	100	65	1,116

Comments on the above figures:

The £34,000 funding relating to the upgrading of the PNC represents the unspent capital allocation carried forward from the previous financial year to enable the scheme's completion. The total scheme value was £100,000. It is expected that the scheme will be completed in quarter 3, within the remaining budget allocation.

Building work on the ALD Bungalows is expected to be completed within the 2017/18 budget year with spend to match allocation.

The Bredon Reconfiguration project is funded from previous year's Adult Social Care capital grant. Spend is anticipated to be within the capital allocation, and completed in 2017/18
The total scheme value was £356,000, the 2017/18 allocation of £186,000 represents the unspent funding carried forward from 2016/17, to allow the scheme's completion
Work to refurbish Grangeway Court will be completed in the 2017/18 financial year. At this stage in is anticipated that total expenditure will remain within the capital allocation.
The total scheme value was £343,000, the 2017/18 allocation of £140,000 represents the unspent funding carried forward from 2016/17, to allow the scheme's completion

The Vine Street Development project relates to the adaptation of the Mental Health Resource Centre in Widnes in order to better meet service user's needs. Work is currently being tendered, and construction is anticipated to commence shortly.

The £520,000 capital allocation for the purchase of 2 adapted properties relates to funding received from the Department Of Health under the Housing & Technology for People with Learning Disabilities Capital Fund The funding is to be used for the purchase and adaptation of two properties to meet the particularly complex and unique needs of two service users. The scheme is anticipated to be completed it the latter part of this financial year.

COMPLEX CARE POOL

Revenue Budget as at 30 September 2017

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance To Date (Overspend) £'000
Expenditure				
Intermediate Care Services	4,677	1,931	1,710	221
End of Life	194	97	107	(10)
Sub-Acute	1,734	859	852	7
Urgent Care Centres	815	188	188	0
Joint Equipment Store	616	258	376	(118)
CCG Contracts & SLA's	1,215	608	528	80
Intermediate Care Beds	596	298	298	0
BCF Schemes	2,836	868	849	19
Carers Breaks	434	156	156	0
Adult Health & Social Care Services:				
Residential & Nursing Care	21,487	9,252	9,339	(87)
Domiciliary & Supported Living	13,469	5,743	6,358	(615)
Direct Payments	6,866	3,548	4,057	(509)
Day Care	410	159	210	(51)
Total Expenditure	55,349	23,965	25,028	(1,063)
Income				
Residential & Nursing Income	-5,963	-2,541	-2,608	67

Domiciliary Income	-1,867	-636	-611	(25)
Direct Payments Income	-458	-162	-179	17
BCF	-9,661	-4,830	-4,830	0
Improved Better Care Fund	-2,974	-1,487	-1,487	0
CCG Contribution to Pool	-12,968	-6,484	-6,484	0
ILF	-699	-175	-175	0
All other income	-113	-28	-28	0
Total Income	-34,703	-16,343	-16,402	59
Net Department Expenditure	**20,646**	**7,622**	**8,626**	**(1,004)**
Liability as per Joint Working Agreement (HCCG share - 37%)	**0**	**0**	**-397**	**397**
Adjusted Net Dept. Expenditure	**20,646**	**7,622**	**8,229**	**(607)**

Comments on the above figures:

The overall net budget for the Complex Care Pool budget is £607,000 (including the HCCG liability share) over budget profile at the end of the second financial quarter. This is due, in the main, to the continued expenditure pressures on adult health and social care packages of care. It also represents a significant increase from the position reported at the end of June, and as a result the Pool Manager has put in place a financial recovery action plan, with performance against the plan being closely monitored on a fortnightly basis.

The recovery plan focuses attention on specific areas within health and social care budgets that may offer up opportunities to influence and deliver cost and efficiency savings, whether this is by undertaking targeted reviews and re-assessment of existing client care packages and funding arrangements, or by reviewing current policies and practice in relation to eligibility criteria etc.

Intermediate Care Services on the other hand are under budget profile by £221,000 due largely to a combination of a small number of staffing vacancies and reduced agency costs across the services.

Expenditure on End of Life services continue to exceed budget profile and are currently £10,000 over the expected budget to date. The year-end position is now expected to be approximately £35,000 over budget, which is a reduction from that expected at Quarter one. This forecast may reduce further as the service is now providing less hours.

The increase in the Joint Equipment forecast out-turn position from Quarter one is due to invoices being received from Bridgewater at a much higher rate than usual. For prudence these higher rate invoices have been included in the forecasted spend. However, this is currently being investigated further as part of a pooled budget recovery plan and therefore the forecast may be revised down.

The Adult Health and Social Care budget is currently net £1,203,000 over budget profile and is expected to be circa net £2,500,000 by end of the financial year. The pressure areas are analysed below:

Residential & Nursing Care

Continuing Health Care (CHC) and Joint Funded Care (JFC) packages are exerting pressure on the budget as an increasing number of people are deemed eligible for CHC. These service users are also receiving care for longer periods of time than previously. A number of these care packages are transitionally funded placements which are not being assessed within the 28 day

timescale. The implication of this delay may result in a potential loss of income if the service user is not eligible for CHC, as Social Care services are chargeable. This is currently being addressed as part of the financial recovery action plan.

Count and Spend:
The total number of clients receiving a permanent residential care package has increased from 599 clients in April to 611 clients in September. The average weekly cost of a permanent residential package of care increased from £586 to £591 for the same period.

In addition to the above there are currently 45 out of Borough CHC placements (an increase of 10 since Quarter one) and 16 joint funded CHC placements (an increase of 3 during the second quarter) which command a higher weekly price. On average they are 30% higher than placements within the borough. For example, average in borough placement costs are £647 per week whereas average out of borough placement costs are £840 per week.

In 2016/17 the rate for NHS-Funded Nursing Care (FNC) was increased from £112 per week to £156.25. This has subsequently been reviewed by Department of Health and the rate from April 2017 has been set at £155.05. This remains another pressure on the pool budget as no additional funding has been provided from HCCG to meet the additional costs. There are currently 92 service users receiving FNC (increase of 7 since Quarter one) and the financial impact of the extra costs for these clients is £206,000 for 2017/18.

Domiciliary & Supported Living
The year-end forecast for domiciliary care joint funded packages has increased by £272,000 whilst the transitional domiciliary care package forecast has increased by £267,000. The reasons for these cost pressures are currently being investigated further.

The forecast CHC domiciliary care package has increased by £146,000 from quarter one. This is due to a few high cost packages such as 2 to1 support in out of borough nursing homes.

Long term, out of area, mental health service users previously living in hospitals have been brought back into the local community. Although it has been agreed by both HBC and HCCG to joint fund these placements, to date no additional funding has been received from HCCG. To date six service users have come out of hospital and the projected annual cost for these for 2017/18 is £328,000. More service users are expected in the second half of the year, therefore this cost is anticipated to rise, but exact numbers and costs are unknown at this time.

Count and Spend:
The total number of clients receiving a domiciliary care package decreased by 0.25% during the first half of the financial year, from 788 clients in April to 786 clients in September. However, the average cost of domiciliary care package has increased by 4.7% from £299 in April to £313 in September.

Direct Payments
The net increase in the overspend since Quarter one is mainly due to there being 19 service users who have received an increase to their existing direct payment care package, the effect of which amounts to an annual increase of £332,000.

Count and Spend:
The total number of clients receiving a Direct Payment (DP) increased the most (7.4%) during the first half of the year, from 470 clients in April to 505 clients in September. However, the average cost of a DP package has reduced from £323 in April to £287 in September, a reduction of 11%.

Contingency budget from the CCG minimum contribution to the Better Care Fund has been utilised to offset some of the pressures mentioned above. However the anticipated forecast overspend for the Complex Care Pool budget (before allowing for the HCCG's share of any

liability) is expected to be circa £2,300,000 at year end. As stated above, a financial recovery action plan has already been implemented by the Pool Manager to look at reducing adult health and social care costs to bring the expenditure back in line with budget in order to ensure a balanced budget is achieved at year end.

Capital Projects as at 30 September 2017

	2017-18 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Total Allocation Remaining £'000
Disabled Facilities Grant	849	425	294	555
Stair lifts (Adaptations Initiative)	300	150	128	172
RSL Adaptations (Joint Funding)	250	125	124	126
Madeline McKenna Residential Home	450	0	0	450
Total	**1,849**	**700**	**546**	**1,303**

Comments on the above figures:

Total capital funding consists of £1,504,000 Disabled Facilities Grant (DFG) allocation for 2017/18 and £345,000 DFG funding carried forward from 2016/17, to fund ongoing expenditure. The allocation of the funding between DFGs, Stair Lifts and RSL adaptations will be reviewed during the year, and may be reallocated between these projects depending on demand. It is anticipated, however, that total spend on these three projects can be contained within the overall capital allocation.

The £450,000 earmarked for the purchase of the Madeline McKenna residential home includes an allowance for the refurbishment of the premises. The purchase is anticipated to be completed in early November.

PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT

Revenue Budget as at 30 September 2017

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	**Variance to Date** (Overspend) £'000	**Forecast Outturn Position £'000**
Expenditure					
Employees	3,377	1,634	1,577	57	112
Other Premises	5	0	0	0	0
Supplies & Services	229	17	67	(50)	(100)
Contracts & SLA's	7,223	2,914	2,914	0	0
Transport	8	4	3	1	0
Other Agency	18	18	17	1	1
Total Expenditure	**10,860**	**4,587**	**4,578**	**9**	**13**
Income					
Sales Income	-19	-18	-19	1	1
Other Fees & Charges	-58	-35	-32	(3)	(8)
Government Grant	-10,454	-4,678	-4,678	0	0
Reimbursements & Grant Income	-81	-28	-28	0	0
Transfer from Reserves	-652	-30	-30	0	0
Total Income	**-11,264**	**-4,789**	**-4,787**	**(2)**	**(7)**
Net Operational Expenditure	**-404**	**-202**	**-209**	**7**	**6**
Recharges					
Premises Support	127	63	63	0	0
Central Support Services	739	370	370	0	0
Transport Recharges	20	10	11	(1)	(2)
Support Income	-94	-15	-15	0	0
Net Total Recharges	**792**	**428**	**429**	**(1)**	**(2)**
Net Department Expenditure	**388**	**226**	**220**	**6**	**4**

Comments on the above figures

In overall terms, the Net Department Expenditure for the second quarter of the financial year is £6,000 under budget profile.

Employee costs are currently £57,000 under budget profile. This is due to savings being made on vacancies within both of the Environmental, Public Health & Health Protection and Health & Wellbeing Divisions. Some of these vacancies have been advertised and have been or are expected to be filled in the coming months. However if not appointed to, the current underspend will continue to increase beyond this level in the second half of the year.

Expenditure on Supplies & Services is currently £50,000 over budget profile. This is due to legal costs relating to a Trading Standards case. This case is still ongoing & this will continue to be a budget pressure during 2017/18.

APPENDIX 2 – Explanation of Symbols

Symbols are used in the following manner:

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

Direction of Travel Indicator

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

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