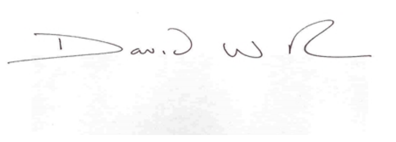
Public Document Pack

Health Policy and Performance Board

Tuesday, 26 February 2019 at 6.30 p.m.
Council Chamber - Town Hall, Runcorn



Chief Executive

BOARD MEMBERSHIP

Councillor Joan Lowe (Chair)	Labour
Councillor Sandra Baker (Vice-Chair)	Labour
Councillor Marjorie Bradshaw	Conservative
Councillor Lauren Cassidy	Labour
Councillor Mark Dennett	Labour
Councillor Eddie Dourley	Labour
Councillor Charlotte Gerrard	Labour
Councillor Margaret Horabin	Labour
Councillor Chris Loftus	Labour
Councillor June Roberts	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 tentatively 18 June 2019

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

Part I

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

HEALTH POLICY AND PERFORMANCE BOARD

At a meeting of the Health Policy and Performance Board held on Tuesday, 27 November 2018 at Council Chamber - Town Hall, Runcorn

Present: Councillors J. Lowe (Chair), Baker (Vice-Chair), Cassidy, Dennett, Dourley, Gerrard, Horabin, C. Loftus, June Roberts, Sinnott and D. Wilson – Co-optee Healthwatch Halton

Apologies for Absence: None

Absence declared on Council business: Councillor M. Bradshaw

Officers present: E. Bragger, M. Vasic, A. Jones, D. Nolan and H. Moir

Also in attendance: C. Nicholson, S. Pimblett and S. Sweeney from Fortunatus and L. Thompson from NHS Halton CCG

ITEMS DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

Action

HEA21 MINUTES

The Minutes of the meeting held on 18 September 2018 were signed as a correct record.

HEA22 PUBLIC QUESTION TIME

It was confirmed that no public questions had been received.

HEA23 HEALTH AND WELLBEING MINUTES

The minutes of the Health and Wellbeing Board from its meeting on 4 July 2018 were presented to the Board for information.

HWB3 – One Member requested an update be brought to the Board on the progression of the One Halton Programme.

RESOLVED: That the minutes and comments made be noted.

Action: Director of Adult Social Services

HEA24 DEMENTIA - ALZHEIMER'S SOCIETY

The Board received a report from the Strategic Director – People, and accompanying presentation, which provided an awareness of dementia and its impact on people's lives and the provision provided by the Alzheimer's Society in Halton.

It was reported that people in Halton with a diagnosis of dementia were supported by the *Post Diagnosis Dementia Community Pathway*; the key features of the pathway were discussed in the report.

The Board was advised that the Alzheimer's Society was the UK's leading support and research charity for people with dementia, their families and carers. In Halton, the Alzheimer's Society provided a comprehensive dementia support service for patients who were referred into the service by Memory Assessment Centres and other referral routes. The costs associated with dementia care were outlined in the presentation together with the Society's new strategy, *the New Deal on Dementia*.

As the representatives from the Alzheimer's Society were unfortunately unable to attend the Board meeting, Officers would investigate queries made by Members in relation to: the difficulties people diagnosed with Alzheimer's experienced in getting medication for the illness; details requested on the numbers of paid staff and volunteers involved in the delivery of the Halton post diagnostic community pathway; and the times from referral to diagnosis of dementia.

RESOLVED: That the report and presentation be noted.

Director of Adult Social Services

HEA25 FORTUNATUS HOUSING

The Board welcomed Catherine Nicholson, Sara Pimblett and Stephen Sweeney from Fortunatus Housing Solutions, who gave a presentation to the Board on the Company's work in Halton.

They introduced Fortunatus Housing Solutions as a North West based registered charity providing supported accommodation for vulnerable adults with mental health problems and/or learning disabilities who were unable to access social housing. Fortunatus currently accommodated and supported 41 people in tenancies in Halton, and had a further 6 people on their waiting list.

The Board was advised that Fortunatus had a robust referral assessment process, with all referrals coming from health and social care services. As part of their assessment, a number of factors were taken into consideration, as outlined in the report. It was noted that all tenants received person centred support and received weekly visits from their designated support worker. They also benefitted from good quality accommodation; designated maintenance officers; the services of a professional property and lettings manager; and an out of hours service.

Outlined in the presentation were details of how the Charity was funded and the work carried out with 8 local authorities in the North West. Details were also provided on the potential for savings to be made by local authorities who used the service. Further to the Board's request, further information on this would be sent to them following the meeting.

In response to Members' queries, it was noted that the Charity did not own the properties on their books, they were leased from private owners; and that clients were housed in their local authority areas.

RESOLVED: That the Board notes the report and presentation.

Director of Adult Social Services

HEA26 THE STROKE SERVICE

The Board received a report from the Strategic Director – People, which provided an update on the status of the realignment of Stroke Services across the Mid-Mersey health economy.

It was reported that Phase 1 of the reconfiguration had been implemented and all patients who were still within the window of opportunity for thrombolysis, within 4 hours of onset, were conveyed to St Helens and Knowsley Hospital for treatment. Patients who were post 4 hours from onset and not suitable for thrombolysis, would be conveyed to their local hospital.

It was noted that the clinical teams had agreed four elements of the clinical pathways and these were described in the report.

Members were advised that the Phase 2 element of the service had been delayed, as the requirements for additional capacity was confirmed for both units and the

ambulance service. The Mid Mersey CCG Joint Committee would present a case for investment in capacity.

RESOLVED: That the Board notes that

1) Phase 1 of the service reconfiguration had been implemented successfully; and

2) Phase 2, to transfer all stroke cases to St Helens and Knowsley Hospital had been delayed, until capacity had been confirmed to ensure patients could be managed effectively.

HEA27 IAPT UPDATE

The Board received an update from the Chief Commissioner, NHS Halton CCG, on the status of the delivery and performance of NHS Halton IAPT Service/Think Wellbeing Service.

It was reported that there was considerable evidence for the use of psychological therapies as an effective treatment for many mental health problems. Improving Access to Psychological Therapies (IAPT) was a national NHS Programme, being rolled out across England. Members were advised that the aim of the Programme was to develop local talking therapy services that offered treatments for depression and anxiety disorders, as per the guidance from the National Institute for Health and Clinical Excellence (NICE). It was noted that nationally there was a requirement to increase the numbers of people accessing IAPT compliant therapies year on year, to reach an eventual target of 25% of the eligible population in 2021; so one in four.

The Main targets of the service were outlined in the report and Members were provided with an update on the status of the service delivery and its performance so far.

Members discussed the reasons for the possibility of the stretched target failing due to clients missing appointments, particularly at this time of year. The Healthwatch co-optee requested the figures for self-referrals; these were not immediately at hand so would be sent following the meeting. It was commented that Healthwatch Halton would be happy to promote the IAPT service in the community.

RESOLVED: That the Board notes the report and comments made.

Director of Adult Social Services

HEA28 SAFEGUARDING

The Board received a report from the Strategic Director – People, which provided an update on the key issues with regards to safeguarding and the work of Halton's Safeguarding Adults Board (HSAB).

Highlighted within the report and discussed was:

- The Integrated Anti-Stalking Unit (IASU);
- HSAB provision of a free multi agency training programme to all partners across Halton working or caring for adults;
- The Cheshire Anti-Slavery Network (CASN);
- Making Safeguarding Personal (MSP); and
- The Mental Capacity (Amendment) Bill.

Further to Members' queries the following was noted:

- The number of safeguarding referrals for the 85+ age group was considered high in comparison with the populations within the younger groups. The Safeguarding Adults Board (SAB) had agreed for the free training for staff on the vulnerabilities of the elderly; and were working with key stakeholders including Age UK to raise awareness of this via the new marketing campaign 'Ever Wondered Why?';
- There was no additional funding expected for the running of the DoLS: and
- That the proposed new Liberty Protection Safeguards (LPS) recommended that a registered manager of a care home would undertake assessments for the LPS. Members were advised that there had been a challenge in respect of this and the House of Lords had rejected the latest Bill for further amendments.

RESOLVED: That the report be noted.

The Chair, Councillor J. Lowe declared a Disclosable Other Interest in the following item, as her daughter-in-law worked for the domiciliary care provider. She did not take part in any discussion and handed the Chair to Councillor Baker for the duration of the item.

HEA29 CARE HOME AND DOMICILIARY CARE UPDATE

A report was presented from the Strategic Director – People, which highlighted the key issues with respect to quality in local Care Homes and Domiciliary Care Services.

The report provided commentary with regards to the

Council's priority to ensure the provision of a range of good quality services to support adults requiring commissioned care in the Borough; in line with the Care Act 2014. It was noted that Halton had 25 registered care homes with a total of 757 beds, operated by 14 providers. With regards to domiciliary care, this was commissioned by one lead provider who worked closely with the Council to transform provision using a Re-ablement First model.

The responsibilities of the Care Quality Commission (CQC) and its assessment processes for all registered providers were described in the report. Further, the work of the Council's Quality Assurance Team was outlined. The quarter 2 ratings given to care homes by the CQC and the Quality Assurance Team were presented in the report. It was noted that the rating for the domiciliary care provider was not available for quarter 2, as the development of a range of performance metrics by the Quality Assurance Team was still in progress and the CQC had not yet rated the provider.

Members were referred to the North West ADASS Monthly CQC Data Update (October 2018 Edition), which was appended to the report. With reference to this, Members highlighted that the 'safe' and 'well-led' elements of the care home ratings were poor in many cases. It was suggested that this could be due to underfunding. Officers advised that Halton had developed a care home working group which would include the monitoring of these ratings as part of their role. It was also commented that registered managers were crucial to the success of a care home; the Council was planning to do some work around this to professionalise the role, so it was more recognised within the care home field.

RESOLVED: That the Board notes the report.

HEA30 PERFORMANCE MANAGEMENT REPORTS, QUARTER 2 2018/19

The Board received the Performance Management Reports for quarter 2 of 2018/19.

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 2, 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 were pleased to note that the proportion of adults with learning disabilities who were in employment had already exceeded the yearly target at quarter 2; and that the proportion of adults with learning disabilities who lived in their own home or with their family had met the yearly target at quarter 2. One member requested more details on the use of 'Bed and Breakfast' accommodation for people classed as homeless recently; this would be shared with the Board after the meeting.

RESOLVED: That the quarter 2 performance management reports for 2018/19 be received.

Director of Adult Social Services

Meeting ended at 8.00 p.m.

Agenda Item 3

REPORT TO: Health Policy & Performance Board

DATE: 26 February 2018

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 Chair will ask for people to indicate that they wish to ask a question.

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

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

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

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

4.0 POLICY IMPLICATIONS

None.

5.0 OTHER IMPLICATIONS

None.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

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

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

6.3 **A Healthy Halton** – none.

6.4 **A Safer Halton** – none.

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

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

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

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

Agenda Item 4

REPORT TO: Health Policy and Performance Board

DATE: 26 February 2018

REPORTING OFFICER: Chief Executive

SUBJECT: Health and Wellbeing minutes

WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

1.1 The Minutes of the Health and Wellbeing Board from its meeting on 3 October 2018 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, 3 October 2018 at Halton Suite - Halton Stadium, Widnes

Present: Councillors Polhill (Chair) and T. McInerney, Woolfall and Wright and N. Atkin, G. Clark, G. Ferguson, T. Hemming, A. Higgins, L. Maloney, D. O'Connor, E. O'Meara, K. Parker, D. Parr, J. Rosser, S. Semoff, R. Strachan, L. Taylor, L. Thompson, M. Vasic, S. Wallace Bonner, A. Williamson and S. Yeoman.

Apologies for Absence: A. Fairclough and M. Larkin

Absence declared on Council business: None

ITEM DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

Action

HWB9 MINUTES OF LAST MEETING

The Minutes of the meeting held on 4th July 2018 having been circulated were signed as a correct record.

Arising from the discussion regarding the future arrangements for the child death review panel, it was agreed that a report would be brought to the next meeting of the Board.

HWB10 LIVERPOOL CITY REGION WEALTH AND WELLBEING PROGRAMME - PRESENTATION

The Board received a presentation from Alan Higgins, Public Health England, which outlined the work currently taking place within the Liverpool City Region (LCR) to develop a Wealth and Wellbeing Programme through the Combined Authority (CA).

The focus of the work was on addressing the health reasons behind worklessness, rapid movement into and out of work and how the health and care sector could link with inclusive economic growth. It was essential for the success of the programme that the LCR work fitted closely with work in each of the boroughs on work and health. The

presentation set out the scope of the LCR programme, aligned it with work in Halton and requested the Board to identify further opportunities in which it could continue to work together with the CA on this agenda.

RESOLVED: That

1. the report be noted; and

2. the Board identifies further opportunities to work together on the Wealth and Wellbeing Programme with the Combined Authority.

HWB11 TRANSITIONS IN CARE – TRANSITION TEAM

The Board considered a report of the Director of Adult Social Services, which outlined the background to the creation of the Transition Team, a small project group that was established in 2017 to work with a cross section of families. The aim of the team was to have a joined up approach to transition from education, health and social care with increased and targeted co-ordination and communication from all agencies from a younger age. The age range was to work with young people aged 14-25 years, depending on complexity and how much support they required to go through the transition process. A Transition Action plan was developed based on the experiences of a young man and his family, which identified all the key areas that required improvement before changes could be seen.

In September 2017, The Transition Team, was awarded £92,827 from the Department of Health, following a bid to be involved with the Named Social Worker (NSW), national project, which ran until April 2018. The Named Social Worker programme supported sites to make changes to social work practice and wider system conditions that would improve outcomes and experiences for individuals with learning disabilities, and for the people around them. Full details including an evaluation of the pilot were outlined in Appendix 3 of the report.

In addition, as part of the review process, the Board noted a copy of the accessible review document which had been developed by the Transition Team, and had proved successful, when coming to the review stage on how the young person felt about the support they had received from their social worker. (See appendix4)

Following an evaluation of the NSW pilot a cost-

benefit analysis completed by York Consultancy had identified a financial return on investment of 5.14.

It was noted that for the Transition Team to continue to work within the existing staff structure and continue with the approach of the NSW pilot, additional funding of £92,000 a year was required.

On behalf of the Board the Chair thanked the Transition Team for their work on this pilot.

RESOLVED: That the Board agree recommendations designed to continually improve the Transition process and its outcomes for young people and their families.

HWB12 NHS HALTON CCG 2018-19 OPERATIONAL PLAN UPDATE

The Board was advised that the CCG 2018-2019 two year Operational Plan had been updated and submitted to NHS England (NHSE) in April 2018. Following a review by NHSE, a number of areas were highlighted were it was felt that the CCG could provide more evidence. Subsequently, a number of updates had been included into a refreshed 2018/19 Operational Plan narrative and these were submitted to the Board for consideration.

RESOLVED: That the Board ratify and accept the changes to the NHS Halton CCG Operational Plan refresh 2018/2019.

HWB13 INTEGRATED WELLNESS SERVICE ANNUAL REPORT

The Board considered a report of the Director of Public Health, which provided Members with an outline of Halton's Integrated Wellness Service Annual Report for the period April 2017 to March 2018.

Halton's Integrated Wellness Service comprised Halton Health Improvement Team and Sure Start to Later Life Service. The Service played a critical part in delivering improved health and wellbeing for all ages across the Borough through a range of statutory services. The current functions of the Service could be summarised as follows:

- Start Well – Working within the community and schools to give every child in Halton the best possible start in life;
- Live Well – Helping adults and families lead healthier

and more active lifestyles; and

- Age Well – Supporting healthy and active ageing for all people in the Borough.

It was noted that the Service used evidence based approaches with value for money to deliver a range of preventative services aimed at improving outcomes in the key priority areas of the Halton Health and Wellbeing Strategy.

RESOLVED: That the report be noted.

HWB14 URGENT CARE CENTRES

The Board received a report which provided an update on the review of the two Urgent Care Centres (UCC's) and subsequent actions taken by NHS Halton CCG to transform these centres into Urgent Treatment Centres (UTCs), as part of the One Halton transformation of health provision in Halton.

It was reported that Urgent and Emergency Care (UEC) was one of the national service improvement priorities. In addition it was also one element of the UEC section of the NHS Five Year Forward View (FYFV) which included the roll out of standardised new 'Urgent Treatment Centre Specification.' The two UCCs in Halton were commissioned in 2015 and both providers had been delivering services based on an agreed service delivery model. It was agreed by the CCG to re-specify the services required to meet the national requirements of the proposed UTC Guidance and undertake a number of actions.

The report presented the case for change from the current UCC model and the proposed UTC specification. Members were also provided with details of the interim arrangements in place from 1 October 2018 to 1 March 2019 in respect of the GP element of the Service.

RESOLVED: That

1. the initial findings of the review be noted;

2. the progress and timeline associated with the procurement process towards UTC's be noted; and

3. the proposal to improve the consistency of GP cover at both sites rationalising the medical cover to a specified number of hours during the times where we see peak demand, be noted.

HWB15 HEALTH AND WELLBEING BOARD AUDIT OF SELF-HARM

The Board considered a report of the Director of Public Health which provided information on the responses received from Health and Wellbeing Board members and primary and secondary schools following a self-harm audit. The audit was conducted to establish if the children's workforce knew what to do and the appropriate response when a young person disclosed self-harm. The audit also aimed to determine if partners had practices in place to help to prevent self-harm, through encouraging positive emotional health and wellbeing.

It was noted that the audit had identified that the majority of agencies were aware of self-harm, had a pathway in place or common practices for staff when self-harm was disclosed and staff were accessing self-harm training.

RESOLVED: That the Board scrutinise the contents of the report and note the suggestions for future work, which included:

- Prevention of self-harm is critical. Encourage all partners to support emotional health and wellbeing and resilience in their services and to promote good practice in staff and the public. This should also include recognition of the role of Adverse Childhood Experience on long term health and wellbeing;
- For the appropriate agencies to consistently have a clear self-harm pathway for staff to follow that can be evidenced, and to internally audit compliance against the pathway;
- Joint consideration of which agencies support individuals who self-harm and if the current provision is adequate. Self-harm is a behaviour and not mental illness and therefore not all individuals who self-harm will receive an intervention. Currently, universal services, such as GPs/teachers are the main support available. Further consideration is needed of how we support children and young people who self-harm and how to support young people in emotional crisis but who do not have a mental health diagnosis;
- Support partners to provide consistent, high quality information and resources to children, young people and their families about self-harm;
- To receive evidence of NHS organisations

compliance against the NICE guidelines for self-harm; and

- For agencies to (continue to) utilise available self-harm training and to monitor ongoing access to self-harm training.

HWB16 SEASONAL FLU PLAN 2018/19

The Board considered a copy of a report which presented an Annual Flu Plan with an overview of changes to and requirements of the annual seasonal influenza vaccination campaign for the 2018-19 flu season and implications for the Local Authority and health and social care partner agencies.

RESOLVED: That

1. the Board note the content of the Annual Flu Plan and note the changes to the national flu vaccination programme for 2018/19; and

2. each individual agency note their requirements in relation to the programme and promote flu prevention as widely as possible.

Meeting ended at 3.30 pm

Agenda Item 5a

REPORT TO:	Health Policy & Performance Report
DATE:	26th February 2019
REPORTING OFFICER:	Strategic Director People
PORTFOLIO:	Health & Wellbeing
SUBJECT:	HSAB Annual Report 2017 -2018
WARD(S)	Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To present the Halton Safeguarding Annual Report 2017-2018

2.0 **RECOMMENDATION: That:**

i) That the report be noted

3.0 **SUPPORTING INFORMATION**

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

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

3.2 This Annual Report covers the period from 1st April 2017- 31st March 2018.

3.3 All safeguarding partners have submitted their annual summary of work activity.

3.3.1 The focus of this addresses HSAB's priorities as identified from 2016-2017 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 also provides a summary analysis of the data gathered from HBC Safeguarding Adults Collection and highlights what this information tells us for informing the work priorities for 2018-2019.

- The three main forms of abuse, are neglect and acts of omission, physical and financial abuse, which remain consistent with previous years. There is a slight variation in prevalence; neglect and acts of omission rising to 39.6% (8.6% increase on 2016-17); physical abuse decreasing by 5.5% to 21% and financial abuse 19.6%, decrease of 0.8% from 2016-17.
- Females continue to experience a higher percentage of abuse than males; the gender split of 60% female compared to 40% male remains aligned with last year's local and national data.
- The data found adults at most risk of harm are older adults aged 75 years plus, accounting for 53% of safeguarding concerns.
- The highest risk for location and risk type are adults who live in their own home and are most at risk of neglect or acts of omission; Location where abuse is most likely to occur is in the adults own home, at 44% this is a 3% drop since 2016-17; the second most likely location is in a nursing care home, with 24% of concluded enquiries.
- Ethnicity of adults was 92% White British, 0.75% were Asian/Asian British, 5.5% were either unknown or not declared.
- For concluded enquiries, 39% of adults were assessed as lacking mental capacity, a 2% rise from 2016-17; with 26% of adults recorded as having capacity (decrease of 3% since 2016-17).
- 83% of enquiries were risk was identified the risk was either removed or reduced.
- 74% of all adults under a safeguarding enquiry were supported, either by an advocate, a family member or a friend. This is an increase of 12% since 2016-17.

3.5 This year's annual report also included data from Halton Domestic Abuse Forum, which highlighted the following:

Older people aged 61 years+ are much more likely to experience abuse from an adult family member or current intimate partner than those aged below 60 years. That older victims are significantly more likely to have a disability (48% of victims aged 61 years+), for a third this is physical. Also, on average, older victims experience abuse for twice as long before seeking help than those aged under 61 years. In response Halton have strengthened the focus in the multi-agency domestic abuse awareness training to highlight and discuss domestic abuse and the implications it has on victims as well as ways in which it may manifest which are potentially different than in other domestic abuse situations due to the higher frequency of victims being dependent on the perpetrator for assisting them with day to day care requirements.

3.6 Learning from Reviews

Under the Care Act, Safeguarding Adults Boards (SABs) are

responsible for Safeguarding Adults Reviews. During 2017-2018 a Safeguarding Adults Review and a Multi- Agency Review was completed, along with Action Plans that addressed the recommendations within these review reports.

Following the completion of the Action Plan activities, there was a recommendation to establish a SAR Group. This newly formed SAR Group requested an executive review meeting where HSAB members and invited stakeholders from the SAR and MAR review panels examined the whole process of commissioning reviews, the writing and implementing of Action Plans and identifying key learning outcomes.

The proactive approach to the learning process enabled multi-disciplinary understanding across adult and children's sectors and across geographical boundaries between authorities.

Having independent reviewers and learning event facilitators enabled effective assessment and evaluation of the process.
360 learning approach has allowed learning events for all stakeholders, to fully participate including HSAB members and HSAB will continue this as an ongoing process utilising the newly formed SAR Group as a mechanism for sharing good practice. HSAB partners identified in the reviews and all those that attended the learning events demonstrated commitment to safer practice and safeguarding prevention.

3.7 **2018-2019 HSAB Priorities**

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 2018-2019.

3.7.1 **Priority 1 - Quality Assurance:**

Review of current data/intelligence sources in referrals and alerts to be inclusive of the growing diversity of culture with Halton. To promote person-centred approach across all services working and supporting adults, ensuring it is adopted throughout the life course of adults with care and support needs and those at risk of harm. Undertaking audits for quality assurance. Taking in to account of models such as Making Every Adult Matter, Making Safeguarding Personal and applying Mental Capacity considerations when appropriate.

3.7.2 **Priority 2 - Learning and Professional Development:**

To continue to improve the skills and competencies of the local workforce through a range of resources. To aid a positive culture

around safeguarding adults and an understanding that all practitioners and carers who work with or support an adult have a duty of care and a responsibility to make themselves aware of safeguarding risks.

3.7.3 **Priority 3 - Coproduction and Engagement:**

The Care Act 2014 requires SABs to have a model of coproduction in order to fulfil its core duties (see section 1). In addition the Care Act statutory guidance 14.137 states:
'Safeguarding requires collaboration between partners in order to create a framework of inter-agency arrangements. Local authorities and their relevant partners must collaborate and work together as set out in the co-operation duties in the Care Act and, in doing so, must, where appropriate, also consider the wishes and feelings of the adult on whose behalf they are working.'

3.8 Workplans for each of HSAB sub-groups will be drawn up to address the recommendations within these priority areas of work. Quarterly updates from each sub-group will be provided to HSAB.

4.0 POLICY IMPLICATIONS

4.1 Safeguarding Adults Boards (SABs) have statutory duties under the Care Act 2014 (as outlined in section 3.1). In that all SABs must produce an annual report and make public and the annual report.

5.0 FINANCIAL IMPLICATIONS

5.1 None identified

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

None identified

6.2 Employment, Learning & Skills in Halton

None identified

6.3 A Healthy Halton

The Annual Report contributes to the work of this priority. The overarching purpose of a Safeguarding Adults Board is to help safeguard adults with care and support needs and to ensure the health, care and support needs are met for adults at risk of harm.

6.4 A Safer Halton

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

priority.

The Annual report is a public document that enables the work of Safeguarding Adults Board and its member organisations to be scrutinised to help achieve a safer Halton**.**

6.5 **Halton's Urban Renewal**

None identified

7.0 **RISK ANALYSIS**

7.1 The Annual report is a public document that enables the work of Safeguarding Adults Board and its member organisations to be scrutinised to help safeguard the adult population within Halton by ensuring resources are targeted, keeping adults most at risk of harm safe and well.

8.0 **EQUALITY AND DIVERSITY ISSUES**

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.

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Halton Safeguarding Adults Board

Annual Report 2017-2018

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MESSAGE FROM THE CHAIR

As the independent chair of Halton Safeguarding Adult Board I am very pleased to present the annual report 2017/18. All Safeguarding Adults Boards are required to publish an annual report and analyse the effectiveness of the work across agencies to safeguard those adults who require additional support and care.

This year our annual report is short but full of information about how we have worked together. Our information shows that neglect and physical abuse remain the most frequently reported forms of abuse. There is also an increased awareness of emerging issues such as Modern Slavery and learning about this is taking place with neighbouring localities. In addition to statistical information we have described our work with Alice and Paul. Their stories show how we need to work together respectfully with individuals while seeking to ensure they are protected and safe.

There have been some very positive developments during the last twelve months. I have particularly welcomed the establishment of a multi-agency training programme covering a range of topics including what to do if there is a concern about an adult requiring support. We are only halfway through the programme but all those working with adults have welcomed the opportunity to increase their skills. The programme will be evaluated but it is clear that training will continue to be needed next year.

We have also developed a marketing campaign to raise awareness across the partnership and local communities. A new website has been set up and posters and leaflets are available which highlight different forms of abuse. The more we are aware of how adults may be abused, for example through financial abuse and scams the better we are able to tackle the risks together.

As part of our preparation for this annual report we asked all agencies and organisations involved to provide us with information on how they had worked on our three priorities. The responses were very positive and are fully set out in the report. There remains more to do, particularly on our third priority which requires us to gain a greater understanding of the impact of mental health on individuals who may need protection. Overall however, the responses demonstrate that safeguarding adults work is taken very seriously across Halton.

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I have also noted the resources which have been secured for safeguarding work. The three key agencies; Halton Council , Cheshire Police and Halton Clinical Commissioning Group have ensured that that there are sufficient resources to meet the needs of those adults who may be experiencing abuse. This commitment at a time of decreasing resources and increased need deserves to be recognised and allows for effective services to be delivered.

Finally I would like to thank all Board members for the support I have received throughout the year as well as the wider partnership forum which influences our work. I would also like to thank our Board Officer for her work particularly in developing the multi-agency training. Most importantly I would like to thank all those who work on a daily basis to make Halton a safer place.

Audrey Williamson

Audrey Williamson – Independent Chair

Halton Safeguarding Adults Board

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SECTION 1: OUR VISION

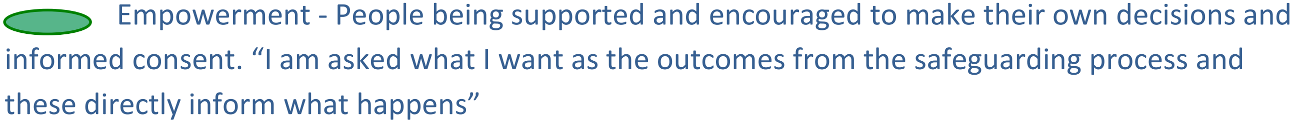
Everyone deserves to live a safe and happy life and we have a duty to care for those people who may need more support to enable them to live a safe and happy life too.

Safeguarding Adults is managed well in Halton and Halton Safeguarding Adults Board has shown a continuous strive for improvement in fulfilling it's statutory duties and a dedication to seeking and providing the best possible care and support to protect those members of our community that need it. This report provides a brief summary of the activities for the year 2017-2018.

Definition of adult safeguarding

The Care Act 2014 defines adult safeguarding as protecting an adult's right to live in safety, free from abuse and neglect. It's about organisations and people working in partnership and everyone taking responsibility for learning about what abuse is and what to do if abuse happens. Safeguarding balances the right to be safe with the right to make informed choices.

Six key principles that underpin all adult safeguarding work



Empowerment - People being supported and encouraged to make their own decisions and informed consent. "I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens"

Prevention - It is better to take action before harm occurs. "I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help"

Proportionality - The least intrusive response appropriate to the risk presented. "I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."

Protection - Support and representation for those in greatest need. "I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."

Accountability - Accountability and transparency in delivering safeguarding. "I understand the role of everyone involved in my life and so do they".

Partnership - local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. "I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me"

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Duties of Safeguarding Adults Boards

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

Halton Safeguarding Adults Board (HSAB) membership consists of 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
- Halton Safeguarding Adults Partnership Forum Chair
- Elected member responsible for adult health and social care

Accountability and assurance

The Care Act 2014 states every SAB must send a copy of its report to:

- The Chief Executive and leader of the Local Authority;
- The Local Policing Body;
- The Local Healthwatch;
- The Chair of the Health and Wellbeing Board.

HSAB is also committed to recommendations from Department of Health Care and Support Statutory Guidance (issued under the Care Act 2014) which recommends using: *'Local Health and Wellbeing Boards to provide leadership to the local health and wellbeing system; ensure strong partnership*

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working between local government and the local NHS; and ensure that the needs and views of local communities are represented. HWBs can therefore play a key role in assurance and accountability of SABs and local safeguarding measures'.

HSAB provides updates including the Annual Report to Halton Health and Wellbeing Board. HSAB communicates with sub-groups, partner groups and forums, service users and wider population. This year has seen continued growth in partnership building and establishing links across service providers and increased levels of engagement across the borough.

This year also saw the formation of a new subgroup for HSAB, the Safeguarding Adults Review (SAR) Group. This subgroup will enable HSAB to effectively and efficiently address any referals for a SAR, ensure timely completion of Reviews, oversee implemention of action plans from recommendations of the Reviews and provide assurance to HSAB that duties and activities have been fulfiled.

Halton Safeguarding Adults Board sub groups are:

- Health Sub Group (joint with Halton Safeguarding Childrens Board)
- Faith Sector Forum (joint with Halton Safeguarding Childrens Board)
- Safeguarding Adults Partnership Forum
- Safeguarding Adults Review Group

HSAB continues to recieve data and intelligence from the following partner forums:

- Provider Forums (Care Homes and Supported Living)
- Halton Domestic Abuse Forum
- Safeguarding Champions Network
- Halton Safeguarding Children's Board

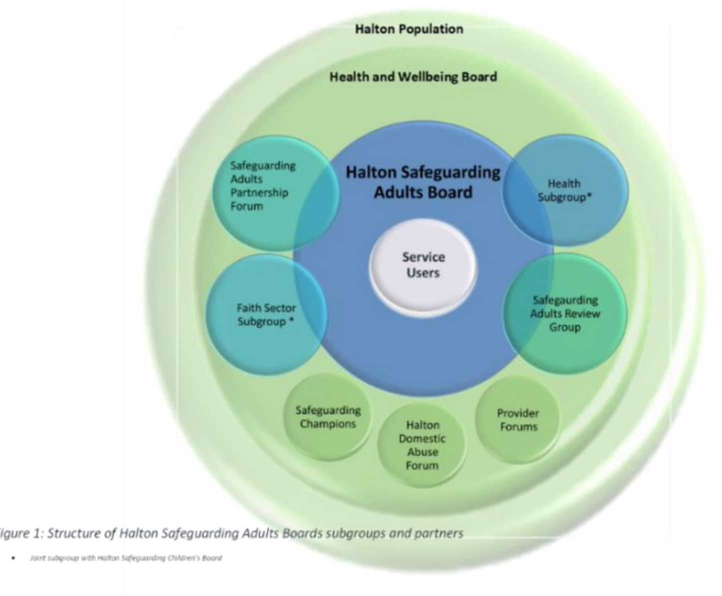


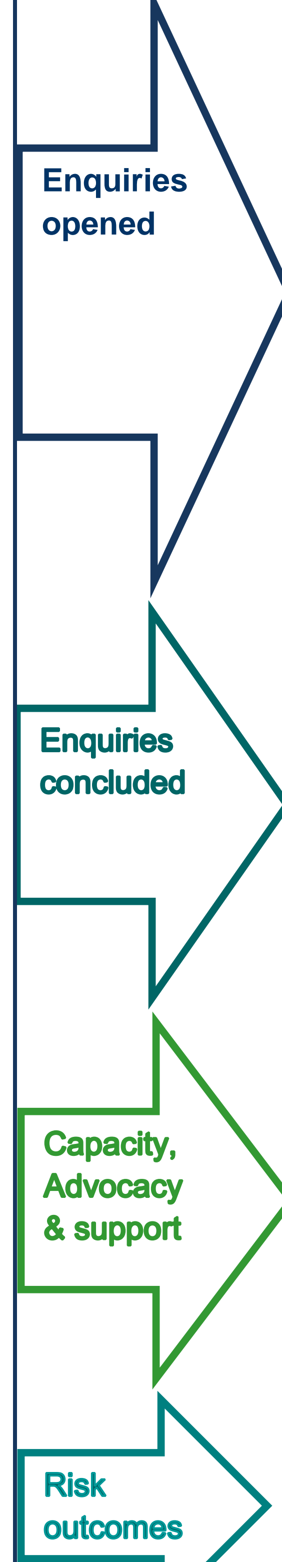
Figure 1: Structure of Halton Safeguarding Adults Boards subgroups and partners

- Joint subgroup with Halton Safeguarding Children's Board

HALTON SAFEGUARDING ADULTS BOARD

SECTION 2: WHAT THE STATISTICS FOR 2017-2018 TELL US

Key findings



- 670 adults with reported safeguarding concerns. The total number of concerns has decreased by 0.4% on last year and given the increase of just under 1% in adult population size for Halton this can be viewed as a decrease in overall prevalence.
- Of the concerns received, 73% of those were dealt with under the section 42 safeguarding criteria; this is an increase of 10% from 2016/17
- Highest age risk remains adults aged 75 years and over, accounting for 53% of safeguarding concerns.
- 2% decrease for adults aged 75-84 years (23%) and 2% increase for adults aged 85-94 years (26%) compared to last year.
- Gender ratio remains same as previous year at 40% males and 60% females.
- Ethnicity of adults was 92% White British, 0.75% were Asian/Asian British, 5.5% were either unknown or not declared.
- Majority of enquiries received from Care Homes (19.5%), Independent Service Provider were 19%, Social Care Worker/Care Manager at 13.6% with Health and Hospitals at 16% and reports from relatives at 8.2%.
- The top 3 most frequently reported types of abuse remain the same as previous 2 years with a similar trend of neglect and acts of omission rising to 39.6% (8.6% increase on 2016-17); physical abuse decreasing by 5.5% to 21% and financial abuse 19.6%, decrease of 0.8% from 2016-17.
- 80% of risk sources are from service providers and other people known to the individual (16%).
- Location where abuse is most likely to occur is in the adults own home, at 44% this is a 3% drop since 2016-17; the second most likely location is in a nursing care home, with 24% of concluded enquiries.
- For concluded enquiries, 39% of adults were assessed as lacking mental capacity, a 2% rise from 2016-17; with 26% of adults recorded as having capacity (decrease of 3% since 2016-17). Recordings of either did not know capacity or not recorded account for 35% of cases.
- 74% of all adults under a safeguarding enquiry were supported, either by an advocate, a family member or a friend. This is an increase of 12% since 2016-17.

- 83% of enquiries were risk was identified the risk was either removed or reduced.

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The population of Halton is approximately 127,595 with an adult population of around 99,200 of those 22,800 are aged 65 years and over, almost a quarter of the whole adult population. Halton has an increasingly ageing population with a projected 44% increase of adults aged 65+ by 2036.

The Safeguarding Adults Collection

The Safeguarding Adults Collection (SAC) records details about safeguarding activity for adults aged 18 and over in England, reported to, or identified by, Councils with Adult Social Services Responsibilities (CASSRs or councils). The collection includes demographic information about the adults at risk and details of the incidents that have been alleged.

Changes to 2017-18 data requirements

In early 2016, the NHS Digital, in conjunction with the Safeguarding Data Collection working group, proposed some changes to the 2017-18 data collection, to better monitor Safeguarding activity. The final list of changes was published in the September 2016 letter to councils, having been approved by the Adult Social Care Data and Outcomes Board (ASC-DOB, jointly chaired by the Department of Health and the Association of Directors of Adult Social Services (ADASS) and the Department of Communities and Local Government.

In 2016-17, the Concluded Section 42 Enquiries Source of Risk values for Domestic Abuse, Sexual Exploitation, Modern Slavery and Self-Neglect were voluntary. These total counts are now mandatory. Due to additional types of abuse now being available for selection, it is difficult to ascertain whether the decreases / increases in these are a true reflection or if there is shift to the types of abuse now available; what we have seen this year is an increase in more than one type of abuse per concern being recorded. Due to the above changes, some measures may not be comparable year on year.

This will be the third year of the SAC, which is an updated version of the Safeguarding Adults Return (SAR) which collected safeguarding data for the 2013-14 and 2014-15 reporting periods.

Safeguarding concerns and safeguarding enquiries

Safeguarding Concerns (Alerts / Referral) is a sign of suspected abuse or neglect that is reported to the council or identified by the council. The collection captures information about concerns that were raised during the reporting year, that is, the date the concern was raised with the council falls within the reporting year, regardless of the date the incident took place.

Safeguarding Enquiries (Strategy Discussion / Investigation) is the action taken or instigated by the Local Authority in response to a concern that abuse or neglect may be taking place. An enquiry could range from a conversation with the adult to a more formal multi-agency plan or course of action.

Both Safeguarding Concerns and Safeguarding Enquiries can include cases of Domestic Abuse, Sexual Exploitation, Modern Slavery, and Self-Neglect.

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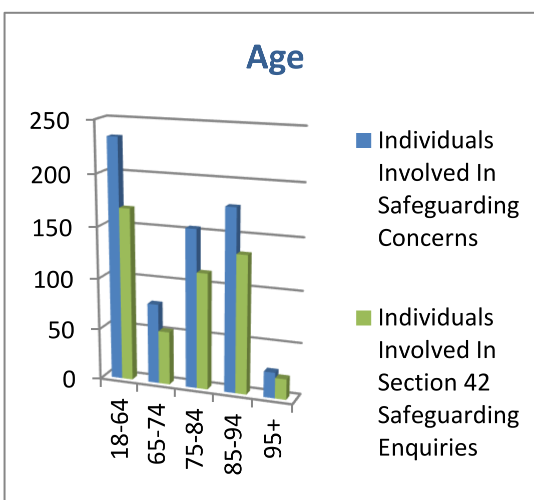
Profile of adults at risk

Prevalence of age /ethnicity/gender/mental capacity



Ethnicity

White British 92%
Asian/ Asian British 0.75%
Black/African /Caribbean /Black British 0.15%
Other ethnic group 0.6%
Undeclared/not known 5.5%

Gender

Male 40% Female 60%

Mental Capacity- Safeguarding Enquiries (Section 42)

39% lacked capacity
26% had capacity
35% unknown

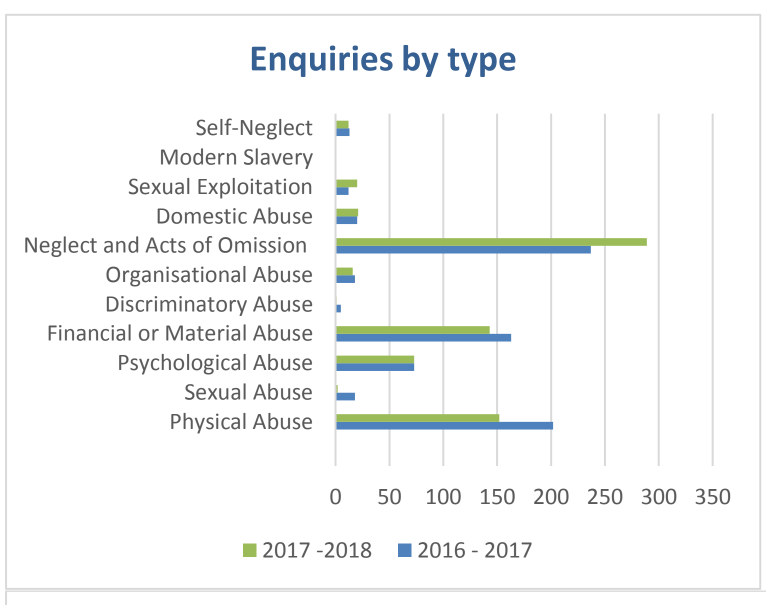
What does this mean?
The prevalence of safeguarding concerns per age group can be seen as an increasing risk for the older population. That as people get older the risk continues to rise with over half the alerts relating to adults aged 75 years and older. This year there has been slight variation in prevalence, a decrease of 2% for adults aged 75-84 years old to 23% and a 2% increase for adults aged 85-94 years to 26%. We have an aging population, with a projected 44% increase in adults aged 65 years plus living in Halton by 2036. This presents potentially greater demand for health and care needs over an increasing period of time. This year saw a slight increase in the numbers of adults who lacked mental capacity to make their own choices. Halton's demographics are changing, seeing an increase in diversity from ethnicity and gender perspectives for example Halton is home to a number of refugees and asylum seekers.

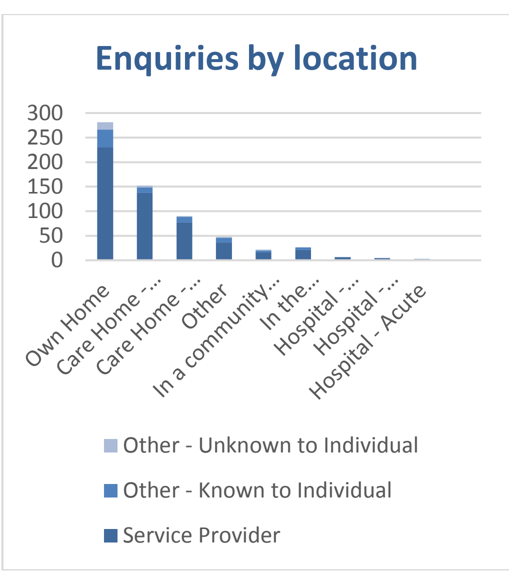
What can we do
I. Capture diversity within our data- wider categories for gender and ethnicity, ensuring all data categories are completed. II. All partners to be proactively inclusive and person-centred within their approach and a cultural approach with their service provision. III. Scrutinise recording of mental capacity, whether this might be a need for training or awareness or may be due to systems improvement to conduct timely mental capacity assessments. IV. Audit cases of safeguarding that include the highest indices of prevalence across type, location, age and perpetrator, to identify themes or trends. V. HSAB to continue engagement with services /groups/ individuals including those representing minority populations, to increase participation and awareness across the borough and find more accessible ways to share safeguarding information.

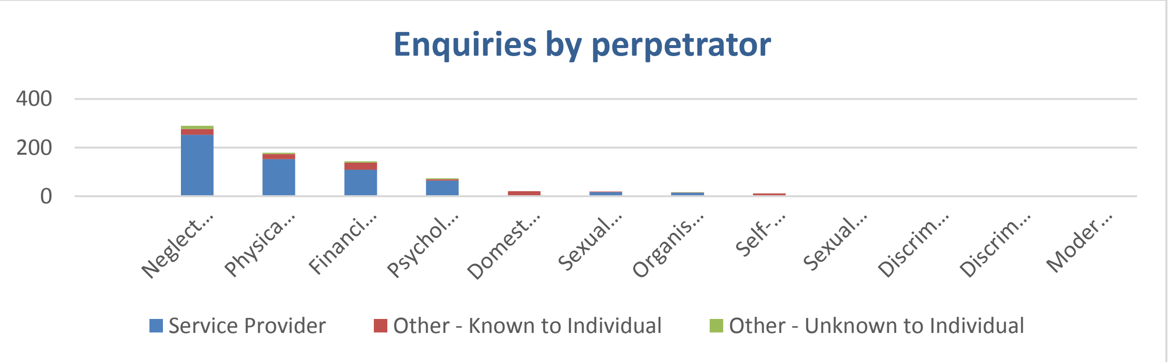
HALTON SAFEGUARDING ADULTS BOARD

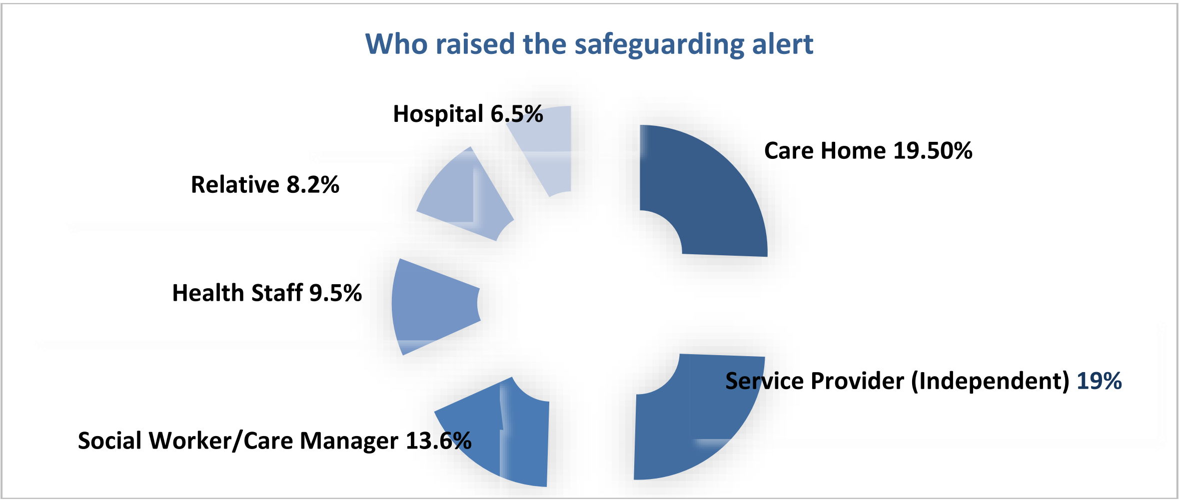
What has been reported

Prevalence of section 42 enquiries by type of abuse / location /perpetrator / alerter









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What does this mean?

Service Provider (independent) are services that work with or support adults who are receiving support or a care package, whilst they are living in their own home.
These figures are representative of all the safeguarding alerts that are received. Not all these referrals meet safeguarding criteria, for example, after an initial assessment, an alert may result in a review of a person's care plan where the adult is found to be not at risk of harm and therefore wouldn't need to be safeguarded. Anyone can make a referral and we can see the most common sources of referrals come from care homes, service providers (independent) and from social care/care management. There are significant referrals received from health sector and from relatives.

The top three most prevalent types of abuse recorded in the SAC remain the same as the previous 2 years with neglect and acts of omission continuing to rise and physical and financial abuse rates falling. 2017-2018 rates are: neglect and acts of omission increase of 8.6% to 39.6%, whilst physical abuse is down by 5.5% to 21% and financial abuse down 0.8% to 19%.

The most common location of abuse is the adult's own home at 44%, this year sees a drop of 3% from 2016-17 and a 5% drop since 2015-16 of section 42 enquires. There has also been a decrease in residential care homes by 3% to 14%, and there is an 11% increase this year to 24% of section 42 enquires from nursing care homes.

The predominant source of abuse is from service providers, up 10% on 2016-17. 13% of perpetrators were people known to the individual, this is a reduction of 7% from 2016-17. This year has also seen a reduction in rates of reporting from perpetrators not known at 4% compared to 7% in 2016-17.

What we also know from data gathered by Halton Domestic Abuse Forum around domestic abuse is older people aged 61 years+ are much more likely to experience abuse from an adult family member or current intimate partner than those aged below 60 years. That older victims are significantly more likely to have a disability (48% of victims aged 61 years+), for a third this is physical. Also, on average, older victims experience abuse for twice as long before seeking help than those aged under 61 years. In response Halton have strengthened the focus in the multi-agency domestic abuse awareness training to highlight and discuss domestic abuse and the implications it has on victims as well as ways in which it may manifest which are potentially different than in other domestic abuse situations due to the higher frequency of victims being dependent on the perpetrator for assisting them with day to day care requirements.
Training can be accessed by staff via www.haltonsafeguarding.co.uk/training.

There has been continued dedicated activity this year around medicines management which was highlighted within the area of neglect and acts of omission. Offering free specialist support, advice, resources and training to all care providers in Halton.

Most safeguarding alerts are raised by practitioners and professionals accounting for 88% of all alerts, with most coming from the care and support sectors. This is a positive picture meaning practitioners are proactive in reporting safeguarding concerns and working towards improved standards of care with a safe reporting culture.

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What can we do
I. HSAB to continue to offer free resources including multi-agency training and marketing campaign resources to improve competency skills and improve practice. All resources are available on HSAB website www.haltonsafeguarding.co.uk. II. HSAB to continue engagement with services /groups/ individuals including those representing minority populations, to increase participation and awareness across the borough and find more accessible ways to share safeguarding information. III. Audit cases of safeguarding that include the highest indices of prevalence across type, location, age and perpetrator, to identify themes or trends. This could enable a greater understanding of care and support provision from staff, carers and volunteers who attend an adult's home to support/care for them. IV. All partners to understand their responsibilities in relation to knowledge, skills and professional practice, adopting 6 principles of safeguarding which is a person-centred approach and applies to preventing safeguarding alongside dealing with safeguarding concerns that are raised.

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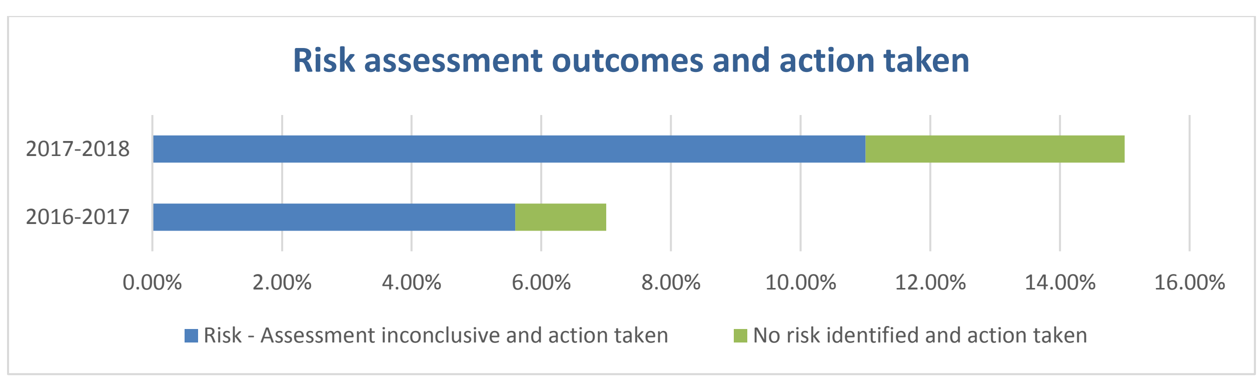
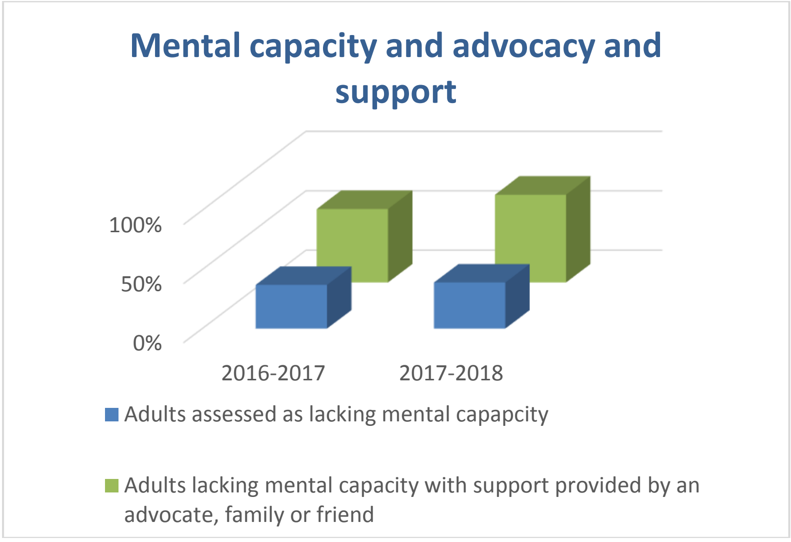
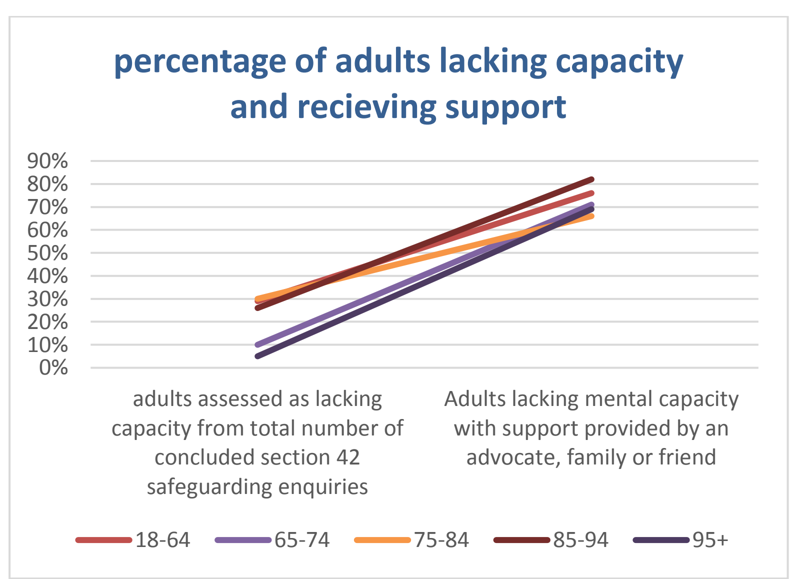
Profile of risk assessment outcomes and support

Risk assessment outcomes / mental capacity and advocacy and support







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What does this mean?
During this reporting year in 92% of cases action was taken, this is a rise of 5% on previous year and we saw a drop in no action taken where no risk was identified from 6.6% to only 3% of cases. In total 83% of cases the risk was either reduced or removed and 74% of adults who lacked mental capacity received advocacy or support, an increase of 12% compared to 62% for 2016-17. We can see adults aged between 85-94 years received the most support at 82%, with 66% of adults aged 75-84 years old and 69% of adults aged over 95 years receiving support. Every person has a right to choice and to decide what outcomes they would like. Adults at risk who have been assessed as lacking capacity will have their decisions made for them by a nominated representative and should always be considerate of the adult's personality, preferences and lifestyle choices that are already known, to ensure decisions are made in their best interest. There still remains a number of individuals who request no action to be taken even when there has been a safeguarding risk identified. This is due to many reasons but of the more common situations it can be where a person is being looked after by someone close to them, for example a family member. Halton safeguarding team listens to what outcomes the person wants and follows the Making Safeguarding Personal approach, that safeguarding balances the right to be safe with the right to make informed choices. This data indicates a proactive approach to taking action, whether this is to provide safeguarding for an adult at risk or to assist with support and care plans for those adults who have not been assessed at risk of harm but may still benefit from services. This aids prevention of escalation, addressing emerging needs and early intervention can mean long-term reduction of safeguarding alerts.
What can we do
I. With a new advocacy service commissioned by Halton Borough Council, being provided by Healthwatch Halton, via a single point of access the accessibility of advocacy has already been considered and should provide easier and more efficient provision. II. Partners can help by promoting and utilising the advocacy services to adults who may need this to ensure a proactive inclusive and person-centred approach within their service provision. III. Capture diversity within our data- wider categories for gender and ethnicity, ensuring all data categories are completed. IV. Scrutinise recording of mental capacity, whether this might be a need for training or awareness or may be due to systems improvement to conduct timely mental capacity assessments. V. HSAB to continue engagement with services /groups/ individuals including those representing minority populations, to increase participation and awareness across the borough.

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SECTION 3:

Here are two real-life experiences that provide an insight to the diversity of support needed in order to help safeguard an adult at risk. Names have been changed to protect the individual's identity and both have given consent to have their stories told.

The social care team work with the adult to help them get the help and support they need. Any adult who is receiving support makes their own decisions and choices about what they want to happen and all support staff work towards making this happen. This is called Making Safeguarding Personal and is described in the Care Act.

Making Safeguarding Personal is critical in adult safeguarding and is an important mechanism to enable individual experiences to be recognised and listened to and therefore achieve best outcomes as identified by the person themselves.

Both Alice and Paul demonstrate lived examples of how Making Safeguarding Personal and safeguarding has impacted their lives.

ALICE'S STORY

Alice

Alice was an 82 year old lady who lived in the community in her own home. Alice had a mental health diagnosis and had support with her needs, to help her remain as independent as possible. Alice lived alone, having been widowed some time ago.

Referral

A safeguarding alert was raised by her sister-in-law to the local authority. The sister-in-law, Sam, stated that Alice had been taken to a local clothes shop with a carer and the carer had spent a large amount of Alice's money on clothes for herself. The carer was a regular visitor to Alice, who she had grown to be fond of, so Alice was uncertain of what to do as she did not want to lose the relationship she had with the carer, who she considered as a 'friend'.

The alert was assessed and it was determined that a Section 42 enquiry was needed.

Requested outcomes

A social worker was assigned to Alice, who made arrangements to visit her in her own home. It was unclear on the alert what Alice's desired outcome was, so it became the priority of the social worker to obtain her desired outcome, compliant with the Making Safeguarding Personal approach.

The social worker visited and Alice was able to make her own decisions as she had mental capacity. Alice decided to proceed with the safeguarding enquiry and stated that she wanted to make a referral to the police. Alice was able to give details of which carer it was, so that arrangements could be made with the provider service to reduce the risks immediately.

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Actions

The police were contacted and as part of the police led investigation, they asked an assessment was completed for Alice, to ensure she was able to manage her own finances. This assessment (Mental Capacity Act 2005) helped as it provided vital evidence and enabled them to proceed with a charge against the carer.
Before the case went to court, Alice sadly passed away through an unrelated health condition. The Police/CPS decided to continue with the investigation and the case went to court.

Review of outcomes: Safeguarding Social Worker statement

The carer pleaded guilty in court and was given a suspended sentence and rehabilitation order.

Although Alice passed away during the enquiry, her desired outcome was met. Family acting on her behalf was thankful for the support offered to Alice and them by the social worker.

What does this mean?

We can learn from Alice's experience how important the Making Safeguarding Personal approach is in order to identify the right outcome for the person and to help safeguard effectively. Using the Mental Capacity Act to assess mental capacity enabled successful completion of prosecution and to ensure Alice could make her own decisions around finances.
There is also some learning for practitioners around professional boundaries and understanding that building trust relationships are important in care and support provision but that this may impact on decisions that people being cared for might make.

What can we do

I. All practitioners to have an awareness that Making Safeguarding Personal is a cultural approach requiring working with individuals and utilising the six principles of adult safeguarding and that professional boundaries still apply.
II. For all partners to understand risks and choices and know where mental capacity is relevant.
III. For all partners to attain training and professional development to ensure current practice is compliant and safe.
IV. For carers and families to understand everyone has the right to choose what they would like to happen within safeguarding but also whilst they are being cared for.
V. HSAB to continue to promote the six principles of adult safeguarding.

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PAUL'S STORY

Paul

Paul is a 55 year old made with a mild-moderate Learning Disability, who lived independently in a ground floor flat. Paul lived with his mother and father, but both passed away suddenly a few years ago. At that time, Paul remained living in the family home. However, he became a target by local youths and was subject to a sustained physical attack. As a result of this, he was relocated to his own flat where he resided at the time of the safeguarding alert.

Referral

A safeguarding alert was raised by his GP to the Local Authority. Paul had been in to see his GP with an injury. Paul has a sister but doesn't see her regularly. Paul disclosed to his GP that he had been assaulted by his 'friend' and he had an injury which needed treatment. The GP spent time with Paul who made further disclosures regarding his 'friend', stating that he takes his money and food off him, as well as forcing Paul to set fire to himself. The GP obtained his consent to make a safeguarding alert and followed local safeguarding procedures following some initial treatment for his injury.

The safeguarding alert was screened and assigned to a social worker.

Actions

A visit was undertaken to Paul's address. It became evident that Paul was struggling to maintain his own needs, including cleaning his flat, self-care needs as well as take his own medications. In addition to the concerns raised by the GP, Paul had acquired 10 cats and various items of junk from other residents in the block of flats. It became evident that he was being exploited as well as being subject to the concerns raised in the alert. The social worker spent time with Paul to go through each concern that he had, to inform what can be done next. All options were discussed with Paul and Paul agreed to a police referral, as well as a social care assessment, to look at how Paul can meet his own needs in the medium to long term.

In regards to the social care assessment, the safeguarding social worker made the appropriate referrals and organised a Multi-Disciplinary Team meeting, to pool information and determine actions. Paul was a part of this meeting. This included housing, health, social care, police and his GP. This provided Paul with a clear vision of what support can be offered, as well as focusing on what he can do for himself, building on his confidence and self-esteem to complete this.

Requested outcomes

In relation to the safeguarding concerns, Paul was reluctant to contact the police initially, feeling that he would be subject to further incidents and being called a 'grass'. Reassurance was offered and Paul accepted that he would initially speak to the police, as he had lost confidence in them following a previous incident. Paul agreed to a joint visit with the social worker and the police. Police were contacted at the time of the visit and they arrived to speak to Paul 1 hour later.

Paul felt reassured that the social worker stayed with him while the police visited him. Paul disclosed all the information to the police that had been shared previously and at the end, decided he wanted to officially make a complaint to the police. This resulted in interim actions being taken to prevent the person alleged to have caused harm from visiting/contacting him, which again gave Paul reassurance.

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A police-led enquiry was undertaken. The police had asked Paul if he wanted to complete a video interview. Paul requested that the social worker needed to be present to support. This was facilitated by the police who wanted to achieve best evidence.

Review of outcomes: statement

The case went to court and although the person alleged to have caused harm pleaded not guilty, he was sentenced to 20 months in prison. Paul was happy with the outcome.

Following the initial concern, Paul expressed a desire to move home. He was supported by adult social care and housing and has now moved home, to a place where he feels comfortable. In addition, he now has a support package in place to continue to support Paul to maintain his independence and ability to keep himself safe, in the community.

What does this mean?

Paul's story provides an example of what is sometimes called 'mate crime' where an adult is befriended and whilst the adult may think the relationship is genuine the befriender then exploits and abuses. This is particularly difficult to manage when there are any support and care needs as the adult is more likely to be in an imbalanced power-dynamic relationship. To understand that some people enter relationships that are difficult for them to manage due to power and coercion.

We can also see how important the roles of other practitioners are in detecting and supporting safeguarding concerns. Here the GP was critical in helping Paul, he raised an alert and acted upon this immediately. Additionally a Multi-Disciplinary Team (MDT) was brought together with Paul to identify the best outcomes for him and this enabled an effective support and care package. Paul was supported by a range of services which provided a positive outcome.

What can we do

I. All partners to have an awareness of adult safeguarding, to enable effective and efficient response to abuse indicators. To attain training and professional development to ensure current practice is compliant and safe.
II. All partners to learn about 'mate crime' and abusive relationships.
III. For service providers to encourage professional curiosity and utilise models of multi-agency working within their provision.
IV. HSAB to continue to promote the six principles of adult safeguarding.
V. HSAB to continue engagement with services /groups/ individuals including those representing minority populations, to increase participation and awareness across the borough.

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SECTION 4: LEARNING FROM REVIEWS

Under the Care Act, Safeguarding Adults Boards (SABs) are responsible for Safeguarding Adults Reviews. Halton SAB commissioned a Safeguarding Adult Review (SAR) and Halton CCG commissioned a Multi-Agency Review (MAR) during 2017-2018 with resulting Action Plans derived to address the recommendations within these reviews. SABs also hold responsibility to manage and monitor the progress of Action Plans from all safeguarding reviews. Halton SAB also oversees the local reviews from the Learning Disabilities Mortality Review (LeDeR) Programme.

The Learning Disabilities Mortality Review (LeDeR) Programme

The Learning Disabilities Mortality Review (LeDeR) Programme is the first national programme of its kind aimed at making improvements to the lives of people with learning disabilities, commencing 2015 and now extended to May 2019.

The LeDeR was a recommendation from the Confidential Inquiry into Premature Deaths of People with a Learning Disability (CIPOLD); to conduct a review into why people with learning disabilities die and what can be learnt from their deaths with a view to improve the standard and quality of their care. The LeDeR Programme is delivered by the University of Bristol and is commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England.

A key part of the LeDeR Programme is to support local areas to review the deaths of people with learning disabilities. The Programme is developing and rolling out a review process for the deaths of people with learning disabilities, helping to promote and implement the new review process, and providing support to local areas to take forward the lessons learned in the reviews in order to make improvements to service provision. The LeDeR Programme also collates and shares the anonymised information about the deaths of people with learning disabilities so that common themes, learning points and recommendations can be identified and taken forward into policy and practice improvements.

- Halton is part of the Cheshire and Merseyside LeDeR steering group and as such enables Halton to share learning from deaths locally and nationally.
- Halton currently has 10 reviewers, who are in the process of completing 4 reviews. They are all new to LeDeR reviews and although they are all practitioners, these will be their initial reviews.
- No reviews have been completed to date and when they have will be subject to rigorous quality assurance from the Local Area Contact and then a Multi-Agency Panel.

Safeguarding Adults Review and Multi-Agency Review

During 2017-2018 a Safeguarding Adults Review and a Multi- Agency Review was completed, along with Action Plans that addressed the recommendations within these review reports.

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Practitioner learning events took place prior to the SAR report being written and during the implementation of the Action Plans; the SAR event was on 1/09/17 and MAR on 8/09/17. Frontline staff and service leads were invited to attend to share the learning from these reviews and to contribute to identifying appropriate activities to address the recommendations from the reviews. Attendees found the events helpful to their practice and a summary report was provided to HSAB.

Following the completion of the Action Plan activities, there was a recommendation to establish a SAR Group. This newly formed SAR Group requested an executive review meeting where HSAB members and invited stakeholders from the SAR and MAR review panels examined the whole process of commissioning reviews, the writing and implementing of Action Plans and identifying key learning outcomes. Also in attendance were representatives from North-West Borough Health, Halton Clinical Commissioning Group, Halton Borough Council, Warrington Safeguarding Boards, Police, Probation Services and the independent chair for Halton Safeguarding Adults Board (HSAB) and the HSAB Officer. The executive review meeting took place on 18/05/18 and an independent expert with specific expertise in reviews was invited to facilitate the meeting; Lisa Cooper, Deputy Director Quality & Safeguarding (NHS England North).

Some key learning from the reviews were:

- Both were young adults and mental and emotional health issues were present from childhood. Working more closely with children's boards was discussed and as mentioned HSAB have a representative from Halton Safeguarding Children's Board already on the HSAB. HSAB have now invited a representative from Public Health to attend future HSABs.

- Cross-border challenges were evident in the SAR process. Having an understanding of where responsibility lies when an adult moves to another area and/or transfers from children to adult services. The potential to address this gap in information sharing and/or handover via hosting a Multi-Disciplinary Team meeting when a person is identified meeting this criteria was discussed. Cross-border principles to be agreed and will then be shared. Additionally, it was felt agreement is needed on who will hold agencies to account and bring this cross-border agreement together.

- People being 'invisible' to services or not being 'picked up' by services was also discussed. The challenge that some adults are not known to services was recognised as difficult to address. Potentially this links with recognising significant events/traumas/family problems identified during childhood can have a significant impact on adulthood.

- Personalisation within the review and learning could be improved, e.g. age, gender, nationality, culture, details to demonstrate inclusivity and capture whether this person is representative of Halton. An understanding of whether this influences information gathering, service provision and practitioner learning.

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- To capture professional curiosity within reports. Generally to encourage this in practice and recognise this is usually built from experience. Conversations with practitioners (including provider visits by HSAB) towards building a culture of professional curiosity.

Work continued into 2018-2019 reporting year and these updates will be provided as part of the ongoing learning process to and from HSAB to all its partners and across the wider Halton community.

There has been a lot of development nationally around SARs, given that Safeguarding Adults Boards generally are still in their relative infancy of development and there have been many and varied mechanisms by which SARs have taken place. All Safeguarding Adults Boards were invited to participate in a National Consultation process and Halton SAB was part of this. The learning from this research has resulted in a National SAR Library, where all local authorities who have undertaken a SAR shares the learning and resources, so that safeguarding adults reviews nationally can offer a more consistent and effective approach.

What does this mean?
Positive proactive approach to the learning process enabled multi-disciplinary understanding across adult and children's sectors and across geographical boundaries between authorities. Having independent reviewers and learning event facilitators enabled effective assessment and evaluation of the process. 360 learning approach has allowed learning events for all stakeholders, to fully participate including HSAB members and HSAB will continue this as an ongoing process utilising the newly formed SAR Group as a mechanism for sharing good practice. HSAB partners identified in the reviews and all those that attended the learning events demonstrated commitment to safer practice and safeguarding prevention. That HSAB are prepared with SAR Group, family liaison established guidance for any commissioned SAR that may be requested or needed. Enabling a more efficient and timely process that is focussed on the recommendations and activities that put the recommendations in to practice. Access to the National SAR Library- where shared learning and resources and models of good practice can be accessed.
What can we do
I. All partners including frontline staff are aware of their responsibility to learn from Safeguarding Reviews and Action Plans, to consider implications within their own working/ service areas. II. All partners to have an awareness of adult safeguarding, to enable effective and efficient response to abuse indicators. To attain training and professional development to ensure current practice is compliant and safe. III. For service providers to encourage professional curiosity and utilise models of multi-agency working within their provision. IV. HSAB to continue engagement with services /groups/ individuals including those representing minority populations, to increase participation and awareness across the borough.

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SECTION 5: PROGRESS AGAINST OUR PRIORITIES

Halton Safeguarding Adults Board and it's partners value the positive relationships that have been built which enable continued partnership working. This approach helps utilise existing community assets, addressing safeguarding issues from early identification and prevention through to improving specialist skills and services to address safeguarding issues raised. The sub-groups of the board have evidenced their dedicated commitment to assisting HSAB to fulfil it's statutory and moral duties for the benefit of Halton and in particular to improve the lives of adults at risk of harm.

As highlighted in last year's Annual Report, Halton Safeguarding Adults Board set out three key priorities for sub-group and partners to work towards. The priorities were set using data and information gathered through previous Safeguarding Adults Collection (SAC), local intelligence and consultations with service providers and service users, the Safeguarding Adults Review and Multi-Agency Review and Thematic Review findings and recommendations, along with recommendations from the Halton Adult Safeguarding Peer Review facilitated by St.Helen's Council.

The following is a snapshot of the work and activities from Halton Safeguarding Adults Board, it's sub-group and partners, that took place during 2017 to 2018.

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

This year saw the establishment of a dedicated Safeguarding Adults Review Group following the commission and completion of Halton's first Safeguarding Adult Review (SAR). This SAR linked closely to a Multi-Agency Review (MAR) which was conducted by Halton Clinical Commissioning group (CCG) and a Thematic Review that Pubic Health undertook during 2016-2017 which HSAB had oversight of.

HSAB has worked proactively towards developing effective coproduction and engagement opportunities in all its activities, including public and practitioner events, developing the training and marketing plan and resources, information sharing routes to and from HSAB to sub-group and partner groups and the public; ensuring inclusivity and accessibility in practice and implementation through its activities.

A Pan-Cheshire Modern Slavery Strategy and Pan-Cheshire Harmful Practice Strategy has been published. These and all other local, regional and national strategies and guidance are available on HSAB website: www.haltonsafeguarding.co.uk

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Subgroup and partner activity

- Halton Borough Council-Adult Social Care

Adult Social Care undertake the majority of Section 42 safeguarding enquiries on behalf of the Local Authority. Social Workers and Occupational Therapists are the regulated professionals within the service and their professional practice is a vital part of Making Safeguarding Personal and ensuring positive outcomes. The Principal Social Worker sits on the Partnership Board in order to advise and support and provides regular performance reports to both Boards. Developing resilient communities and introducing the role of community connectors will further enhance the prevention agenda and ensure that Halton is a safer place to live.

The Integrated Adult Safeguarding Unit (IASU) is an operational front line team, who coordinate Section 42 safeguarding enquiries to complex/high risk safeguarding concerns that are raised. IASU has strategic lead in key areas for Halton such as Self Neglect, Anti-trafficking, Persons in a Position of Trust (PIPOT), Mental Capacity Act and the Deprivation of Liberty Safeguards.
IASU has responsibility to ensure that there is an established process for Safeguarding Adults with key stakeholders such as North West Boroughs and the Gateway Recovery Centre. A focus on these two stakeholders within the past year has resulted in better outcomes for people who use their services, from a safeguarding perspective.

IASU coordinate the Safeguarding Champions forum for provider services and the MSP Forum for Care Management Staff within the Local Authority. IASU attend and support Multi-Agency Risk Assessment Conference (MARAC), Anti Trafficking forum, Halton Domestic Abuse Forum (HDAF), and the Faith Sector Forum.

Other areas of Adult Social Care (ASC) include Adult Placement Service, Halton Supported Housing Network and Halton Day Services. All ASC follow the safer recruitment process, which keeps close links with Human Resources, providing safe recruitment and efficient DBS checks. The staff induction process that follows includes Care Certificates for staff and good shadowing processes.

There are good links across services with the Safeguarding Unit and Initial Assessment Teams and provider services which helps to break down barriers and staff are confident to report and seek advice. Also good links with carers and general groups helps build good community links and so it’s easier to listen to what peoples’ need are.
These additional ASC services have led on creating and attending events to promote people’s awareness, supporting staff to develop and attend events. Questionnaires for people who uses services/staff/carers have been created with activity promoting all actions from questionnaires.

- Halton Clinical Commissioning Group:

NHS Halton CCG is a statutory NHS body with a duty to safeguarding adults.
NHS Halton CCG as a commissioner of local health services has contractual and performance frameworks in place to assure that the organisations from which they commission have effective safeguarding arrangements in place, including recruitment, policies and training.

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NHS Halton CCG is responsible for securing the expertise of Designated Professionals on behalf of the local health system.

A clear line of accountability for safeguarding is reflected in the CCG governance arrangements. NHS Halton CCG has actively contributed to and supports the Halton Prevention Strategy and action plan.

NHS Halton CCG has contributed to the Halton Care Homes Development Strategy and continues to support the development of safe, quality, services within the care homes sector.
NHS Halton CCG has supported the development of the Well Halton vision and initiative to improve the health and well-being of everyone in borough.
NHS Halton CCG has undertaken joint work with IASU to improve the safeguarding referral guidance for staff especially in respect of medicines management.

NHS Halton CCG and HSAB are actively working with Halton LA to align key aspects of the Prevention, Loneliness and Wellbeing strategies to make Halton a safer place to live.
Public engagement and co-production underpins all aspects of commissioning and service review and design undertaken by Halton CCG. The CCG requires its commissioned services to report on Making Safeguarding Personal and Voice of the Child through quarterly performance reporting.

The CCG has a comprehensive engagement plan where there is opportunity for consultation and engagement. There have been a number of stakeholder events prior to service redesign to ascertain the voice of the service users locally. These include support to the Halton Peoples Health Forum. A detailed engagement plan focused on the changes within CAMHS and the development of the thrive model and work with the young LGBTQ community in collaboration with Addaction.

- Public Health

PH supports a number of services that focus upon the wider determinants of health (e.g. Substance Misuses, 0-19, Family Nurse Partnership, Health Improvement, etc.). Adults are supported to manage drug and alcohol problems (see Successful Treatment for Opioids and non-representation within 6 months – PHOF data).
Part of wider Safer Halton Partnership with strategic oversight of community safety.
Implementation of Suicide Strategy and Alcohol Strategy.
Development of Obesity Strategy.
PH commissioning seeks to ensure the voice of service users, partners and other stakeholders are at the heart of service redesign and delivery. e.g. public questionnaire

- St.Helen's and Knowsley Hospitals

Identification of potential safeguarding issues improved by policy implementation and training. Staff are able to access support from the safeguarding team when concerns are identified. STHK has patient experience lead and council who ensure patient contribution and participation is a priority within the Trust.

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- Warrington and Halton Hospital Foundation Trust (WHHFT)

A multi-agency approach to safeguarding adults has supported this priority. There are processes in place between partner agencies that facilitate the scrutiny of concerns that are raised. Training and education have supported awareness raising of the safeguarding agenda across the Trust. New standalone policy was developed 'Managing Safeguarding Allegations Against Staff & People in Position of Trust (Pipot) Policy' ensure there was clear guidance on managing allegations against staff and volunteers working with children and/or adults at risk in line with those of the HSCB and HSAB.

- Bridgewater

Practitioners from Bridgewater have been able to highlight concerns within residential care setting and refer these to Social Care for further investigation. In some cases this has been directly related to the person in the care home but on other occasions practitioners have identified wider safeguarding and care concerns, recognised these and took action to report them to the local authority.

Hearing the voice of service users and the principles of Making Safeguarding Personal, are included within Bridgewater's Level 3 Safeguarding Adults training package. The outcome from this was particularly apparent with a practitioner within the Speech and Language team and her support for two different individuals and the risks they wished to take with eating and drinking.

- Northwest Borough Healthcare Trust

The Safeguarding Adult team has expanded during the reporting year with the addition of a second Advanced Practitioner post into the team. This has allowed for increased support to the Halton borough and a refreshed approach to partnership working. The Safeguarding Adult team have co-located themselves within the borough to increase opportunities to support staff and be more visible across the Trust. Work has been undertaken to examine health referrals into safeguarding with joint training and awareness raising being implemented with our local authority partners.

All care is delivered under the Care Programme Approach which promotes working with the service user. Care plans are required to be signed by the service user as a standard expectation. This is audited frequently to ensure the standard is met. Service users are asked to complete patient experience questionnaires both in community and in-patient environments so we can review the impact we are having within services.

The Trust has a service user forum which has a "take it to the top" section whereby a senior leader will attend to answer any questions, address concerns raised directly with our service user groups.

The Trust has a successful Involvement Scheme where a team supports service users and carers to participate in Trust activity. This includes attendance at Trust Board meetings, interviewing potential new staff, completing audits and running service user activities

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- Halton Haven

Ensuring the Hospice Safeguarding, DOLS and Mental Capacity Policies are in place and reviewed regularly.

The Hospice conducts Patient and Carer Surveys to gain feedback on our service provision. Comments and suggestions are reported to the Board of Trustees and actions taken as appropriate.

- Cheshire Fire and Rescue Service

Completion of 7965 safe and well visits to residents of Halton.

- North West Ambulance Service

The Safeguarding Team in NWAS provide training and information on a wide range of issues such as Child Sexual Exploitation (CSE), hoarding and domestic abuse to raise awareness across the Trust. Assurance is provided to the NWAS board and director through regular safeguarding assurance and performance reports.

Regular topics are covered in formats such as seven minute briefing and learning lessons to quickly get awareness and information out to staff. NWAS has been acknowledged as having an extremely high level of Prevent awareness in the organisation. We currently have 93% of staff trained and we are one of the top 3 organisations in the country which has been acknowledged by NHS England. NWAS has also provided Prevent training to all staff.

The Safeguarding Manager and practitioners support information sharing between the LADO/PIPOT and the Trust HR department. NWAS has an allegations against staff policy which is adhered to in relation to any allegations made.

The Safeguarding Team has undergone enhanced DBS checks. NWAS Safeguarding Policy reflects the procedure to be followed when unregulated visitors are NWAS premises or support the organisation. NWAS conforms to safer recruitment practices and has a DBS procedure in place that reflects current national guidance. Mandatory employment checks are carried out on all staff prior to commencement of employment.

- Cheshire and Greater Merseyside Community Rehabilitation Company

In delivering Probation services, the work of CGM CRC is underpinned by desistance theory and characterised by a strength based approach. Personalisation is key to our work with all service users in which we seek to balance the needs of these service users to reduce reoffending against the risk they pose to members of the public. The safeguarding of both the adult service users we manage and those affected by their behaviour is central in our service delivery.

The CRC is contractually obliged by the Ministry of Justice to undertake service user feedback surveys every 6 months. This allows for those directly affected by our work to articulate the impact that it has on them. We have also developed a service user council group and ‘User Voice Forum’ which enhance our understanding of service user issues and experiences and which allows us to work collaboratively with the service users to support change where necessary and

practice improvement in all areas including safeguarding as and when appropriate. These processes are in turn overseen by several operational managers within CGM CRC who lead on service user engagement and help facilitate the person-centred culture within the organisation. In terms of front line work linked to child and adult safeguarding, we routinely engage with service users whereby safeguarding and vulnerability issues are discussed and interventions offered. Our induction and assessment processes with service users are designed to enable vulnerabilities and/or needs to be identified and planning for the monitoring of these where necessary and the introduction of appropriate interventions and signposting. The scope of our assessment draws out any concerns an individual may have and supports the professional case holder in recognising areas where they may need support. We offer support to vulnerable people and we operate a culture of empowerment and encouragement.

The CRC is subject to annual Operational Assurance Audits. This process is external and focusses on our strengths and areas for development. CGM CRC shows strengths in: establishing Practice Days on a monthly basis and ensuring that child and adult safeguarding is a key module on the Virtual College and accessible to staff.

Our areas to focus on include: more specific sentence plans; acting on risk management information, this will sit within the Quality Improvement Plan.

- Halton Provider Forums

Awareness sessions on care concerns and safeguarding offered by IASU during Provider Forums. Skills for Care; “What Do I Need to Know About Safeguarding Adults?” booklet highlighted. Consistent safe practice across Providers in Halton, ensuring compliance to local and national guidance and therefore reducing potential care concerns and safeguarding alerts

- Halton Domestic Abuse Forum (HDAF)

HDAF representative participated in the development of the Safeguarding Prevention Strategy Action Plan.

Operation Enhance - Increased victim engagement with protection and support services earlier in the cycle of domestic abuse. Operation Enhance initiative led to significant improvements in the service provided to victims of domestic abuse and victim engagement with a wide range of services. The key recommendation therefore follows that more widespread commissioning of this service will serve to benefit victims lives in the immediate aftermath of an abusive incident, their lives in the long term regarding recognition and escaping abusive relationships as well as allowing Cheshire as a force to improve victim trust/satisfaction/engagement.

Increased support for children living with domestic abuse to be safer and develop their resilience. Challenge and support for perpetrators to reduce current and future risk. Provided additional capacity for victim support services at the first possible opportunity to enable learning and evaluation evidence to inform the design of future commissioned services

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- Healthwatch:

Regular 'Enter & View' visits to local health & social care services, intelligence collected during Enter & Views has fed into national reports from Healthwatch England.
Gathered 370+ comments and 500+ completed surveys on local services through the Healthwatch Website Feedback Centre.

- Age UK Mid-Mersey

Age UK created a partnership with local trading standards office to ensure clients were protected from scams and door step pressure sales/cons. Older people were made more aware of how to tackle and be more resilient to "scamming" approaches and are supported to find redress.

We introduced "champions" in staff teams to deliver targeted loneliness and isolation programs, funded internally. Introduced a new telephone befriending scheme – 'Call in time' to offer capacity assistance to face to face service.

We promoted and supported Halton Open and other engagement groups. We helped and supported older peoples engagement groups to build it membership and capture local voices.

- Department for Work and Pensions (DWP)

All staff at the job centre have had a safeguarding update. All know who to contact if they thought there was a safeguarding issue.

- Change Grow Live (CGL)

CGL provide representation at Safeguarding Adults Partnership Forum. Contributed towards discussions within the Partnership Forum. Shared learning within the CGL team provided from CGL representative.

- Trading Standards

Responded to doorstep crime incidents, and raised awareness with neighbours. The victim should be better protected against future incidents and better able to deal with cold callers. Provided 'No Cold Calling' cards and letterbox stickers to victims and made them available to all residents via Halton Direct Links. Cards and stickers should deter some cold callers and provides advice on how to handle them.

Issued press releases and iCAN messages to warn residents of doorstep crime incidents and scams. General awareness raising activities should help residents to better able to protect themselves from rogue cold callers.

Issued press releases and a short video about loan sharks. Raising awareness amongst the general population of loan sharks should help residents to better able to protect themselves from loan sharks.

Prosecuted two rogue builders who had preyed on people who were in vulnerable situations and publicised the cases by press releases and iCAN messages. Prosecutions punish the offenders,

deter other likely offenders and demonstrate to the community that action is taken to protect the community.

Prosecuted a seller of counterfeit cosmetics, perfumes, GHD hair straighteners and publicised the case by a press release and iCAN message. Prosecutions of counterfeit goods can deter likely offenders and removes potentially unsafe goods from the market.

Dedicated scams officers work with individuals who have been caught out by scams, local groups and services to raise awareness of scams and to provide advice on how to avoid being scammed in the future. Scams can have a massive effect on the well-being of individuals, their mental health, confidence and relationships with others as well as their finances. Our work is intended to reduce the impact of scams in Halton.

- Halton Housing Trust

We offer support for new and existing customers, including debt management and maximising income, providing a gateway to other support agencies. Assisting customers to sustain their tenancy.

- Halton Carers Centre

Ensure referral pathways are appropriate for all stakeholders and widely marketed. Met with other sub-group members to ensure referral pathways are adequate. Smoother transition between services.

- Halton Disability Partnership

Following successful Lottery grant there is a reconfigured service for safeguarding adults focus, to allow expanded safeguarding service. Currently 300 Safeguarding Reviews (all existing caseloads).

- Faith Sector Forum

- Discussed and dealt with safeguarding concerns within the faith sector.
- Publicised the Herbert Protocol widely and encouraged people to use it.
- Carried out and updated DBS checks.
- Updated the faith leads' and safeguarding representatives' contact details.
- Discussed personal safety for ministers/volunteers who are alone, including security measures.
- Circulated the Sports England safeguarding adults document.
- Chaired Faith Forum meetings.
- Shared intelligence between areas.
- Attended the Adults' Prevention Strategy Prevention task and finish group in February.
- Disseminated safeguarding information to faith sector contacts.
- Discussed and disseminated the Pan Cheshire Modern Slavery Strategy's launch.
- Discussed and disseminated the People in Positions of Trust Strategy.

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

The Training and Marketing Plan was completed, using a coproduction approach consulting with stakeholders. An awareness campaign concept was developed and designed with accessible language for the marketing campaign and free multi-agency training sessions based on demand, need and again accessibility to a wide audience was designed. Delivery of the training will be over the next 12 month with an evaluation at the end to identify further/ongoing support needed.

The website for Halton Safeguarding Adults Board has been successfully established. The website hosts free toolkits, access to information around safeguarding and support services; advice on abuse- with indicators, local and national policy and guidance as well as resources from external providers e.g. SCIE and RiPfA. The learning resources available include videos, tookits, and access to free ELearning for all HSAB partners and adults who provide care or support, additionally there is free multi-agency training for all partners including volunteers and personal/family carers.

Following the success of HSAB's first Awareness Day Event in March 2018 the board have made a commitment to host annual Awareness Days and take more opportunities to raise the public profile of safeguarding adults and the work of the HSAB. PCC David Keane was invited to this event and said it was the first event he had been invited to from a Safeguarding Adults Board. The event also invited an expert by experience Iris Benson, who was very warmly received. Iris shared her personal story which delegates found very powerful, moving and positive. Iris was described by many as *'inspirational'*. HSAB will continue to engage with service users and members of the public as well as practitioners and formal and informal carers to establish strong partnership links across the community and strengthen the work of HSAB further, keeping work relevant and accessible.

A marketing campaign was also developed in consultation with stakeholders across the community. The marketing campaign will address the top three most prevalant types of abuse for adults in Halton, will raise the general profile of adult safeguarding and help to inform people of potential risk indicators for safeguarding and how to respond to these.

All safeguarding adults information and leaflets have been updated to ensure compliance with The Care Act, these have been disseminated to all partners and it is expected that partners will embed 6 principles of safeguarding and Making Safeguarding Personal approaches into their professional practice.

The website address is: www.haltonsafeguarding.co.uk

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Subgroup and partner activity

- Halton Borough Council-Adult Social Care

All services contracted to provide care and support are required to ensure there staff undertake relevant safeguarding training. This is monitored through the quality assurance / contract compliance process.

The Integrated Adults safeguarding Unit (IASU) supports a positive learning and culture across adult social care. IASU have completed bespoke awareness sessions for provider services, focusing on Safeguarding Adults, Care Concerns, Mental Capacity Act and Deprivation of Liberty Safeguards. This has provided HSAB with areas of focus for the training sessions. IASU has implemented internal governance arrangements, focusing on Safeguarding Enquiries and completed Best Interests Assessments (DoLS), providing feedback to the individuals/teams, to ensure Social Work Practice remains evidence based and defensible.

IASU have led on a workshop within the SAB event in March 2018, focusing on Safeguarding Adults and giving an overview of the team, what safeguarding means to us and providing information and advice to attendees, from a range of backgrounds such as informal carers, the police, faith sector and care staff.

As part of the work undertaken with the unit, we regularly support the Quality Assurance Team and the regulator CQC in monitoring and the sharing of information/intelligence, to ensure that any specific issues can be addressed; which includes the validity and effectiveness of training and support offered by provider services, to their workforce. This information is usually obtained through safeguarding enquiries and forms part of the preventative approach undertaken by the unit.

The Principal Social Worker chairs the Social Work Matters Forum which shares ideas, concepts and research for practitioners. Six Social Workers have been trained as Action Learning Set facilitators to ensure learning and reflection around cases. Social Workers attend the Making Safeguard Personal practitioner group for support and guidance from the Integrated Adult Safeguarding Unit.

Training is provided for all staff including face to face, e-learning; and the use of competencies e.g. care certificate, creating work sheets to build on staffs' knowledge with use of CQC KLOE. Staff are continually reminded about safeguarding not only in training but part of their supervisions and support visits. Seniors attend the Safeguarding Champions meetings and then cascade information learned across their teams and service area. Creation of good quality induction processes and training, using the 15 care certificates and safe practices to induct staff/volunteers/agency workers.

- Halton Clinical Commissioning Group:

Supporting the development of a positive learning culture across partnerships for safeguarding adults.

NHS Halton CCG supports it's workforce to access appropriate training and development in respect of safeguarding adults.

NHS Halton CCG requires commissioned services to understand the training needs of staff and provide the appropriate training to meet needs and provide safe effective care.

NHS Halton CCG provides expertise and support to primary care services in Halton to raise awareness, knowledge and skills in respect of adult safeguarding. A network is in place for safeguarding leads underpinned by practice visits and training as identified.

Input to Pan Cheshire work-streams/training to support adult safeguarding agenda.
NHS Halton CCG supports and scrutinises engagement from commissioned services with the safeguarding agenda for Halton. There is also active engagement with neighbouring CCG areas to ensure NHS Halton CCG have oversight of additional providers who may potentially deliver services for the population of Halton.

NHS Halton CCG has a contractual quality and safeguarding performance framework in place with commissioned services and will escalate any identified risks as appropriate.

One GP Practice from NHS Halton CCG has voluntarily acted as a PILOT site for the NHSE online virtual college Section 11. The scope of this will be expanded within the subsequent reporting year and the CCG are keen to include all GPs. The online tool reports assurance in respect of safeguarding children and adults at risk.

A local area contact is identified in the CCG for the LEDER reviews. The CCG have also identified and trained reviewers. The CCG actively contributes to the LEDER reviewing process.

The CCG and the commissioned providers have undertaken a Lampard self – evaluation with this reporting year and all the providers have detailed a reasonable level of assurance. This has been directly reported to the HSAB and HSCB. Safer Recruitment is part of the NHS standard contractual framework. This framework ensures all CCG and health providers follow safer recruitment guidelines.

- Public Health

Commissioned services are required to undertake mandatory training. The Health Improvement Team (HIT) provide training in areas such as self-harm, MECC, etc. The Mental Health Team also provide local Mental Health Hubs. Health Trainers offer NHS Health Checks, Workplace Health, and Impaired Glucose Resistance (IGR) work.

- St.Helen's and Knowsley Hospitals

STHK has a dedicated safeguarding adult training needs analysis ensuring all staff within the trust are trained to the recommended level in relation to safeguarding adults

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- Warrington and Halton Hospital Foundation Trust (WHHFT)

Multi-agency training is made available to trust staff. Learning from Serious Case Reviews is shared via the trust joint adults and children's safeguarding committee and also incorporated into face to face training. TNA's provide training guidance to staff. Safeguarding at the trust has been reviewed, the Trust uses eLearning for level one and two adult safeguarding. The adult safeguarding team deliver level three face to face training twice monthly across both Halton and Warrington sites. Following cross site daily WRAP training sessions the trust has increased awareness of the prevent agenda, updates are provided on a three yearly basis. Trust staff have had access to computer desk top safeguarding information and the adults team have used promotional stands to raise awareness of adults at risk. The adult team have delivered single point lessons and seven minute briefings.

A training resource has been written and a safeguarding resource file has been produced for all areas. The file contains information and flow charts explaining referral processes for all aspects of safeguarding. The file contains contact numbers and guidance for staff to refer to and follow, for example, MCA /DoLS domestic abuse, modern slavery and self neglect. Trust staff also have access to a safeguarding adults web page via the Trust intranet hub. The web page contains SOP's video's and guidance about all aspects of safeguarding. The Trust solicitors have been asked to assist the Trust in its training provision.

The care of patients with a Learning Disability has undergone a recent audit, the audit looked at how we care for our learning disability patients and how we accommodate their reasonable adjustments. Work is underway on an emergency care pathway, trust wide easy read documents have been written, we have an LD policy and a flagging system for in patients, work is about to begin on flagging outpatients.

MCA training has been supported by weekly (currently daily at time of report), staff have been exposed to single point lessons and 7 minute briefings in order to support knowledge and practice. A training aide has been written. Staff complete an electronic daily capacity check form which details patients who may lack capacity staff describe how they are managing their patients and what the outcome is. The form is submitted to the adult safeguarding team for quality checking, this happens on the day the form is submitted and advise is given as soon as the form is reviewed.

- Bridgewater

Bridgewater provides Level 2 Safeguarding Adult training via e-learning for all staff. Team leaders in clinical roles will also undertake Level 3 training.

There is a good working relationship with Halton Integrated Adult Safeguarding Unit and the Named Nurse Safeguarding Adults at Bridgewater. This has facilitated information sharing both where concerns have been raised about practice within Bridgewater, and where Bridgewater staff have raised safeguarding concerns about individuals in the wider community.

- Northwest Borough Healthcare Trust

The Trust has a robust, mandatory Safeguarding Adult at Risk training programme. This is supplemented by a variety of bespoke training programmes on issues such as domestic abuse,

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Prevent and Mental Capacity Act. We have run two highly successful conferences in the reporting year which were fully booked within weeks. The conferences tackled subjects such as exploitation, modern slavery and trafficking.

The Trust has engaged with all case review processes within the reporting year. We have been key panel members of the Halton Safeguarding Adults Board SAR and MAR. We have supported practitioner forums for operational services involved with the cases. The Trust has a lessons learned forum whereby all cases are taken to share learning which is supported by the Safeguarding Team.

The Trust provides mental health and learning disability services to the Halton borough. As such we are required to complete comprehensive safeguarding assurance tools and meet NHS Contractual Standards for Safeguarding which are monitored by the Halton Clinical Commissioning Group. This data set is shared with the health sub-group to the respective Safeguarding Boards.

- Halton Haven

Hospice staff have annual safeguarding training updates. A workforce which is aware and understanding of safeguarding issues and know what to do if they suspect someone is at risk.

- Cheshire Fire and Rescue Service

Annual completion of Adult Safeguarding Training for all members of staff as well as awareness raising sessions for station managers and members of the fire investigation group. Greater understanding amongst members of the service with regards how to identify and raise safeguarding alerts.

- North West Ambulance Service

The safeguarding team have reviewed the training needs analysis to ensure relevant staff groups receive level 3 safeguarding training. The safeguarding team and clinical support hub provide advice and support for staff 24/7.

The Safeguarding Team has been in contact with all its Safeguarding Adult and Childrens Boards and maintains a log of meetings and minutes received. NWAS provides information and reports to all Local Safeguarding Childrens Boards and Local Safeguarding Adults Boards as requested.

Any learning from Serious Case Reviews (SCR), Safeguarding Adults Reviews (SAR) and Domestic Homicide Reviews (DHR) are added to the corporate action tracker. Practitioners engage in the review process and are able to provide perspective.

NWAS reports safeguarding figures to the board and the safeguarding team is currently looking at data mapping of the concerns raised to provide any patterns or trends. NWAS raise concerns to social care.

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- Cheshire and Greater Merseyside Community Rehabilitation Company

Throughout 2017 and 2018 CGM CRC has sought to develop and improve child and adult safeguarding knowledge and practice. This has focussed on developing staff awareness and supporting staff training and supervision. The creation and improvement of Quality Assurance measures which are described below, has also been a focal point of the development of safeguarding practice. The establishment of clear lines of accountability and improved processes throughout the organisation is an ongoing priority.

The CRC introduced the Interchange Quality Assessment Model in 2017. Since that time, 4 quarterly reports have been published that shows improvements in the quality of Safeguarding Children and Adults. This includes: timely risk assessments; requests for Domestic Abuse Perpetrators in all cases; swifter access to interventions such as the HELP programme. The Building Better Relationships Accredited Programme ehlps with improvement in compliance; swift enforcement of non-compliance and a reduction in reoffending.

As with all quality assurance models, there remain areas for further improvement in respect of which CGM CRC have developed a Quality Improvement Plan. This is held by the senior strategic lead and visited for progress monthly.

- Halton Provider Forums

Provider Forum has provide opportunity for raising awareness of care concern and the safeguarding model.

Also awareness and discussion about HSAB website: www.haltonsafeguarding.co.uk. MUST tool awareness re; nutrition. Safeguarding Annual Report discussed with providers at forum. This ensures we have staff that are confident and competent in understanding and responding to potential safeguarding indicators and care concerns which enables appropriate and effective referrals to safeguard.

- Halton Domestic Abuse Forum

At least 8 sessions of free multi-agency domestic abuse training is available in the Borough with an addition four dates for sexual assault services. Have staff that are confident and competent in understanding and responding to potential safeguarding indicators and care concerns which enables appropriate and effective referrals to safeguard.

HDAF representative attended HSAB awareness event and disseminated learning from a range of workshops to all staff. Followed up with in service discussions. Staff have ability to learn from peers and engage with other community services to build capacity and resources to aid robust safeguarding practices.

- Healthwatch:

Working in partnership with the HBC Quality Assurance team and attending Care Home and Home Care Forums.

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- Age UK Mid-Mersey

Staff teams in Halton were encouraged to attend safeguarding training and awareness. Our induction policy was expanded to include safeguarding priorities. Three staff team leaders completed the course and continued to trickle down learning and experience to colleauges.

- Department for Work and Pensions (DWP)

Awareness session covered for complex needs and safeguarding. Staff all have specialised subjects for vulnerabilities.

- Change Grow Live (CGL)

All CGL staff complete internal safeguarding adults training. CGL staff promote campaigns to raise awareness of support available for those requiring additional service support e.g. Domestic Abuse information. Competent staff recognise when safeguarding adult issues arise during case coordination. Service users aware of support available, assertive engagement within services for those required.

CGL Halton increasing to two designated safeguarding leads for the Halton service. Supervision specific to discussing safeguarding cases available for staff, providing support and oversight.

- Halton Carers Centre

All staff attend safeguarding training, raised at every team meeting and discussed at Trustee meetings.

- Faith Sector Forum

  - Reviewed the Safeguarding in the Faith Sector event from March 2017.
  - Training needs identified at Faith Safeguarding Event: Street Pastors re referral process; more detailed information on internet safety re adults at risk as well as children and young people; safer recruitment and management of volunteers.
  - Trained Eucharistic Ministers who visit people in their homes.
  - Used the term "people at risk or at risk of harm" rather than "vulnerable adults".
  - Wrote and disseminated widely, safeguarding newsletters through the Parish weekly newsletter and to faith sector contacts.
  - Had discussions with some faith contacts and others about compiling a report for the two boards, which details many safeguarding issues/potential safeguarding issues prevalent in Halton - compiled most of this report and circulated it widely. Sought agreement to have representation from the faith sector on the Halton Child Poverty Group.
  - Helped to plan, organise and introduce the Borough-wide Development Day.

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- **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)**

Healthwatch made a commitment to work with Halton Safeguarding Adults Board to design a questionnare and information gathering process and disseminate to partners and the local population to help establish local needs and knowledge around safeguarding and mental health. The questionnaire is available to access and comment on via Healthwatch and HSAB websites.

The SAR and MAR reviews highlighted mental health as an issue and as a result of the recommendations revsion of local provision has taken place. Further details can be found in Section 4.

Subgroup and partner activity

- Halton Borough Council-Adult Social Care

All staff receive Mental Capacity Act (MCA) training and all appropriate staff are trained as Best Interest Assessors and undertake applications to the Court of Protection. Staff use the principles and ethos of MCA to help people remain in control of their lives. Safeguarding is discussed in all individual and group supervisions and at team meetings. Staff have attended Safeguarding Adults Review (SAR) learning events and shared the best practice within their teams.

Integrated Adults Safeguarding Unit (IASU) coordinates the legal updates for Best Interests Assessors, to ensure that their practice is evidence based and defensible. This includes any legal updates, in relation to the interface between the Mental Capacity Act and the Mental Health Act, including Case Law updates and how they impact on practice.

IASU have taken part in the SAR/MAR events organised by HSAB, with a view to sharing the learning from these within team, reflecting on practice and within supervisions and sharing with care management.

IASU has promoted the training offered by HSAB to provider services and adult social care via various groups.

IASU consists of experienced social work staff, including an Approved Mental Capacity Professional. IASU also has close professional relationships with Section 12 Doctors, who complete assessments within the DoLS Framework. These assessments are scrutinised and fed back to the Mental Health Assessors.

IASU had responsibility to provide awareness sessions to provider services on Care Concerns, Safeguarding and the Mental Capacity Act/Deprivation of Liberty Safeguards.

We ensure that the principles of the Mental Capacity Act are adopted by provider services and stakeholders in relation to safeguarding enquiries and DoLS and if not, provide information, advice and support.

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IASU have 4 social workers who have recently been trained to complete investigations within the LeDeR review framework (Learning Disabilities Mortality Review Programme).

IASU complete the screening of Police referrals to adult social care, ensuring that any concerns raised by police regarding mental health, are signposted to the correct agency with the appropriate guidance.

- Halton Clinical Commissioning Group

NHS Halton CCG has actively contributed to SAR, MAR, and Thematic Review learning events where Mental Health was identified.

NHS Halton CCG has provided input to the suicide prevention agenda in Halton.

- Public Health

Health Improvement Team (HIT) provide training in areas such as self-harm, MECC, etc.
Public Health have developed the Suicide Prevention Strategy.

Public Health provide the Sure Start to Later Life service and Substance Misuse services.

- St.Helen's and Knowsley Hospitals

STHK has recently revised the Mental Health Policy to provide improved guidance to staff. The psychiatric liaison team are now available 24/7 to support patients with mental health issues, and work closely with the safeguarding adult team. Partnership working with safeguarding adult team and mental health team ensures patients receive the relevant support.

- Warrington and Halton Hospital Foundation Trust (WHHFT)

The Trust has a focus on mental health and has conducted a review of its services. The MH review examined training, emergency care provision, administration, policy and a renewed meeting structure. There are audits planned to test the effectiveness of the outcomes of the review. Lessons learnt from incidents are shared throughout the Trust.

- Bridgewater

Community practitioners are identifying where there are concerns about self-neglect and referring through to Social Care. It is apparent from a review of concerns raised last year that there is evidence of good multi-agency involvement to work towards a solution with service users.

- Northwest Borough Healthcare Trust

The core business of the Trust in Halton is to deliver mental health services, both community and in-patients. The Safeguarding Adult Team are dedicated to supporting staff to provide safe care which acknowledges the complexities of mental health and the impact it has on how we protect adults at risk. The Trust delivers mental health services under the Care Programme Approach (CPA) which has robust risk assessment tools and care plans.
Using the risk assessment tools under CPA staff are able to identify risk in terms of degree and nature and utilise strategies to manage this risk with service users.

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- Healthwatch

Working with the Halton Health Improvement Team we've added a database of over 100 mental health support services to our website A-Z pages.

- Cheshire Fire and Rescue Service

Commissioned mental health awareness training, delivered to prevention team (all advocates). Greater understanding of terminology used and referral pathways.

- North west Ambulance Service

NWAS continues to use mental health pathways where they are in place and safeguard vulnerable patients.

- Cheshire and Greater Merseyside Community Rehabilitation Company

As an Organisation, CGM CRC supports partnership working linked to child and adult safeguarding in many ways. An example of this is our contribution to Multi- Agency Risk Assessment Conferences (MARACs), whereby cases of domestic abuse where victim/ adult safeguarding concerns are assessed as medium or high risk are discussed and a multi- agency response is determined. CGM CRC service users may be discussed at MARACs as either the identified perpetrator or a victim of domestic abuse. There is an Interchange Manager with operational lead for risk and MARAC across each local delivery unit. This manager attends safeguarding related sub-groups and acts as a single point of contact for staff with regards to risk and MARAC.

We have dedicated staff linked to MARAC and we view ourselves as specialist's risk assessors of domestic abuse perpetrators with strong and effective partnerships with victim services. CGM CRC is the only Home Office commissioned organisation that delivers perpetrator programmes regardless of the risk assessment and therefore provides high level interventions to cases that fall into the MARAC and adult safeguarding arena.

Further evidence of partnership working linked specifically to adult safeguarding is in evidence in relation to CGM CRC's contribution as a statutory agency to both Domestic Homicide and Adult Safeguarding Reviews. Learning from these reviews are communicated through the organisation via formal training events, staff and team meetings, practice development days and individual supervision.

Our current local training plan has identified several key areas with regards to training needs around safeguarding and working with vulnerable adults and as such we have developed an array of workshops to address this need; Working with sex offenders, Understanding hoarding, Working with 18-25 year old service uses, Homelessness, Mental health, The changing drug culture, The toxic trio, Victim support worker's role and Personality disorders. These workshops are available to all staff and are delivered on a regular basis.

The CRC Safeguarding Policy stipulates that all operational staff must attend at least one safeguarding training event per year and Safeguarding forms part of our induction processes. All staff are also expected to undertake periodic refresher training. We continue to work towards all

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case holding staff to access the safeguarding training opportunities through our wider partnership activities.

- Halton Provider Forums

Dementia Action Alliance dates distributed. Providers may have changed practice or wish to share learning to encourage wider understanding across sectors or reduce gaps in support.

- Halton Domestic Abuse Forum

The Sexual Assault Referal Centre (SARC) manager report at the end of quarter 4 notes that clients classed as having a disability have increased during the last financial, an increase of 77% with mental health issues and a 46% with physical disabilities.

- Age UK Mid-Mersey

Age UK have partnered with Mind in Halton and also secured funding to deliver a local MH resilience training for older people reaching over 70 individuals and groups. A report was produced on the outcomes and success of the pilot for dissemination to stakeholders and share experiences with a direct link into MH resilience and safeguarding.

- Department for Work and Pensions (DWP)

Mental health training for all staff from MIND

- Change Grow Live (CGL)

Review pathways between CGL and community mental health team, implementing quarterly joint review meetings. Operational issues between two services discussed and resolved on regular basis. Discussion of joint cases for a joined up approach to providing services. Assertive assessment from CHMT for CGL service users. CGL invited to ward review for patients with drug and/or alcohol concerns pre-discharge.

- Halton Housing Trust

Staff are trained to identify the signs of mental health. One member has been trained to train other colleagues. Visiting staff are more aware of the signs and can make referrals both internally and to other specialist agencies.

Attended a SAR Review learning event, gaining greater awareness of the safeguarding process and better partnership working.

Provide support and assistance to more vulnerable customers, so more tenancies surviving due to additional support available.

- Halton Carers Centre

Engage better with carers of adults with mental health conditions and ensure the needs of both the individual being cared for and the carer are jointly met. Carers who may be heading to crisis identified sooner.

Embed Transition Protocol into practice and develop pathways for people in need of mental health support. Procedures drawn up between sub-group partners to ensure smoother transition for people between services. Smoother transition for carers between services, more awareness.

- Faith Sector Forum

Attended HSCB sexual abuse training day, which discussed effect on mental health. More awareness of effect of sexual abuse on people's mental health and the lasting impact of this.
Discussed the difficulties of gaining consent from adults to ask for help and support for them and methods people have used to get around this/achieve success e.g. through the Fire and Rescue Service's routine home visits. Raised awareness of the issue of gaining consent from adults and the processes and procedures to follow in such cases. Increased knowledge of the role of the Fire and Rescue Service.

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SECTION 6: THE YEAR AHEAD

Halton Safeguarding Adults Board wants to continue to build on it's successes and partnerships. Looking at the evidence and data gathered for this report to use the 'What can we do' as recommendations for action. This will help to focus the activities where the need is greatest and ensures an efficient and effective Board that is able to be genuinely inclusive of all members of our community. This supports the Care Act model of a coproduced Safeguarding Adults Board and will enable the best possible outcomes.

HSAB will continue to use local intelligence and information, national statutory guidance (e.g. the Care Act 2014 specifies the functions of a Safeguarding Adults Board) to inform it's work. Additionally other sources of information gathering is used along with multi-agency work addressing safeguarding issues from sectors outside of statutory provision, including the community and voluntary sector. Ongoing community and service user consultations continue across HSAB activities. 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.

This year will see the revision of screening within the Integrated Adults Safeguarding Unit (IASU) and the Initial Assessment Team. So that all safeguarding referrals or alerts are triaged by the same team providing safeguarding consistency, ensuring information is fedback to referers, it will inform practice of others referring in, aid greater understanding of thresholds and what care concerns, safeguarding concerns and what safeguarding alerts mean in practice. This will also help embed professional expectations and help define roles and responsibility within teams more consistenly.

The new Healthwatch provider for Halton will gather intelligence from a public questionnaire which will be used to inform work for the coming year, building on the mental health work already done. Additionally Healthwatch will provide the newly commissioned advocacy service for Halton.

This year will see social media activity and increased public profile of safeguarding adults, building on the marketing plan and following the launch of the marketing campaign. There will be a continued commitment of public engagement, with public and practitioner events, borough-wide circulation of information and resources across partner networks, publications and social media outlets.

All HSAB priorities and work activities comply with the 6 principles of adult safeguarding. The priority recommendations for 2018-2019 are:

Quality Assurance:

Review of current data/intelligence sources in referrals and alerts to be inclusive of the growing diversity of culture with Halton. To promote person-centred approach across all services working and supporting adults, ensuring it is adopted throughout the lifecourse of adults with care and support needs and those at risk of harm. Undertaking audits for quality assurance. Taking in to account of

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models such as Making Every Adult Matter, Making Safeguarding Personal and applying Mental Capacity considerations when appropriate.

I. Data capture to be broadened out to enable diversity and inclusion to be captured more effectively: wider categories for gender and ethnicity, if Mental Capacity has been assessed and whether the adult's voice has been captured and ensuring all data categories are completed.
II. All partners to be proactively inclusive and person-centred within their approach and within service provider cultures.
III. Scrutinise recording of mental capacity, whether this might be a need for training or awareness or may be due to systems improvement to conduct timely mental capacity assessments.
IV. Audit cases of safeguarding that include the highest indices of prevalence across type, location, age and perpetrator, to identify themes or trends. This could enable a greater understanding of care and support provision from staff, carers and volunteers who attend an adult's home to support/care for them.

Learning and Professional Development:

To continue to improve the skills and competencies of the local workforce through a range of resources. To aid a positive culture around safeguarding adults and an understanding that all practitioners and carers who work with or support an adult have a duty of care and a responsibility to make themselves aware of safeguarding risks.

V. HSAB to continue to offer free resources including multi-agency training, information leaflets, toolkits and additional resources to raise awareness, build on competency skills and improve practice. All resources are available on HSAB website ww.haltonsafeguarding.co.uk.
VI. All partners, including families and carers to have an awareness of adult safeguarding, to enable effective and efficient response to abuse indicators.
VII. All partners to attend awareness events, training and professional development to ensure current practice is compliant and safe.
VIII. All partners to understand their responsibilities in relation to safeguarding adults knowledge, skills and professional practice; adopting the six principles of safeguarding which is a person-centred approach and applies to preventing safeguarding through early engagement and intervention alongside dealing with safeguarding concerns that are raised.
IX. All partners make themselves aware of impact on adults at risk of 'mate crime' and abusive relationships.
X. All partners including frontline staff to be aware of their responsibility to learn from Safeguarding Reviews and Action Plans, to consider implications within their own working/ service areas.
XI. HSAB to continue to promote the six principles of adult safeguarding.

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XII. All partners to have an awareness that Making Safeguarding Personal is a cultural approach requiring working with individuals and utilising the six principles of adult safeguarding. Knowing this is applicable for safeguarding prevention and early intervention support as well as when there may be a safeguarding issue.

XIII. For professionals to understand and apply professional boundaries consistently.

XIV. For all partners to understand risks and choices and know where mental capacity is relevant.

Coproduction and Engagement:

The Care Act 2014 requires SABs to have a model of coproduction in order to fulfil its core duties (see section 1). In addition the Care Act statutory guidance 14.137 states:

'Safeguarding requires collaboration between partners in order to create a framework of inter-agency arrangements. Local authorities and their relevant partners must collaborate and work together as set out in the co-operation duties in the Care Act and, in doing so, must, where appropriate, also consider the wishes and feelings of the adult on whose behalf they are working.'

XV. HSAB to continue engagement with services /groups/ individuals including those representing minority populations; to increase participation and awareness across the borough and find more accessible ways to share safeguarding adults information and involve the public in safeguarding adults.

XVI. For service providers to encourage professional curiosity within their staff teams and utilise models of multi-agency working within their provision. To be open to professional challenge to improve working practices and identify opportunities to engage wider than their service area with other partners and be inclusive to service users and the public.

XVII. Partners can help by promoting and utilising the new advocacy service commissioned by Halton Borough Council, being provided by Healthwatch Halton, via a single point of access. Using the advocacy service for adults who may need this to ensure a proactive, inclusive and person-centred approach within their service provision.

XVIII. For carers and families to understand everyone has the right to choose what they would like to happen within safeguarding but also making their own lifestyle choices whilst they are being cared for.

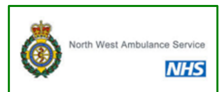
HALTON SAFEGUARDING ADULTS BOARD

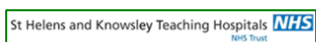
Section 7: Appendix

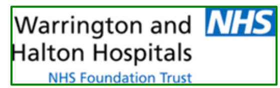
APPENDIX A: BOARD MEMBERS

- Independent Chair – Audrey Williamson
- Halton Borough Council - Sue Wallace-Bonner
- NHS Halton Clinical Commissioning Group – Michelle Creed
- Cheshire Constabulary – DCI Louise Cherrington (Previous rep Gareth Lee)
- Cheshire Fire and Rescue – Emma Coxon
- North West Ambulance Service - Andrea Edmonson (previous rep Vivienne Forster)
- Probation Services (Cheshire CRC) - Jenny Archer-Power
- Healthwatch - Elizabeth Learyod (previous rep Hitesh Patel)
- Elected member responsible for adult health and social care - Cllr Tom McInerney (previously Cllr Marie Wright)
- Halton Safeguarding Adults Partnership Forum Chair – Mark Lunney (Mark Weights deputising)

APPENDIX B: PARTNERS AND CONTRIBUTORS







HALTON
SAFEGUARDING
ADULTS
BOARD

APPENDIX C: CONTACT DETAILS

Email: HSAB@halton.gcsx.gov.uk
Call: 01515 511 6825
Website: www.haltonsafeguarding.co.uk
Address: Halton Safeguarding Adults Board, Oak Meadow, Peelhouse Lane, Widnes. WA8 6TJ

HALTON
SAFEGUARDING
ADULTS
BOARD

REPORT TO:	Health Policy & Performance Board
DATE:	26th February 2019
REPORTING OFFICER:	Chief Nurse/Chief Operating Officer
PORTFOLIO:	Bridgewater Community Healthcare NHS Trust
SUBJECT:	Quality Surveillance and Care Quality Commission update.
WARD(S)	Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To update the Board on the position of the Trust in relation to Quality Surveillance by NHSE and to provide the results of the CQC inspection September 2018.

2.0 **RECOMMENDATION: That:**

i) The Board note the updates provided

3.0 **SUPPORTING INFORMATION - QUALITY SURVEILLANCE AND CARE QUALITY COMMISSION (CQC) UPDATE - JANUARY 2019**

3.1 Bridgewater Community Healthcare NHS Trust (BCHT) was subject to quality surveillance action during 2018. A Quality Risk Plan (QRP) was put in place during May 2018 and was in response to concerns raised by Clinical Commissioning Groups (CCGs) and National Health Service England (NHSE) at a Quality meeting with the Trust on 24 April 2018. The Trust received a three month Enhanced Surveillance Notice and commenced a comprehensive programme of work to improve safety and quality of care.

3.2 Following regular updates and submissions of evidence, a meeting to review this took place on 7 September 2018, chaired by NHSE and attended by commissioners and National Health Service Improvement (NHSI). The Trust provided significant evidence of improvement which was subject to further scrutiny by the commissioners. A further meeting took place on 24 October 2018 where there was full discussion of the plan and it was agreed to remove the enhanced surveillance and continue any further scrutiny of the outstanding actions via the Collaborative Commissioning Forum (CCF) rather than directly by NHSE.

3.3 There were a number of actions relating to Woodview in the QRP. However, a subsequent serious incident gave rise to a separate plan and the items from the QRP were moved in to the Woodview plan. The scrutiny of the remaining actions of this plan are now undertaken by the CCG and there have been significant improvements, including staff engagement, in developing services and greater involvement of families

3.4 All lessons learned have been shared across the Trust, and to date more than 65% of the actions have been closed. A small number have been deferred, awaiting a medicine safety review and a small number are still open but expected to close soon.

3.5 The CCF continues to monitor the remaining actions from the QRP which are small in number. The CCF monitor the evidence, which has moved to that of implementation and sustainable change such as any audits, baseline assessments, survey results and quarter on quarter data for example, demonstrating the embedding of the changes to policies, procedures, operating procedures and reporting mechanisms. So as not to increase the requirements for performance data, papers already submitted to Board or Committees suffice and additional reports are not expected.

3.6 The CCF has recently suggested that due to the small number of outstanding actions they should be incorporated into the Improvement Plan which follows the CQC report.

3.7 The Trust had a CQC Well Led inspection between 25 – 27 September 2018 and core services were inspected between 3 – 7 September 2018. The majority of services were inspected across several boroughs and sites. Verbal feedback at the time was positive with an acknowledgement of the significant work which had taken place from the last review in 2016.

3.8 The Trust received the draft report for factual accuracy checking on 5 November 2018 with a submission deadline of 21 November 2018. This allowed the submission of further evidence up to the date of submission. The Trust took the opportunity to provide comprehensive evidence from the QRP and Woodview plans which enabled the CQC to see the improvements.

3.9 The final report was published on 17 December 2018 and makes positive reading. It demonstrates the significant progress since 2016 with several service lines and domains showing an improved position to good from requires improvement. Eight core service lines were inspected with six rated good.

3.10 Of the 40 domains measured across the services the Trust has one rated outstanding, 34 as good and five requires improvement. Midwifery, End of Life and Dental all improved to a good rating. Adult community and sexual health services retained their good rating.

3.11 Overall our core services are rated good and the report recognised trust staff for the care they provided to our patients.

3.12 Due to the weighting of the inspection at Trust level in relation to well led the overall Trust rating is requires improvement, however the report also recognises the relatively new executive appointments and the need for a deeper embedding of some of the quality changes and this is expected to improve prior to the next inspection.

3.13 There are a small number of actions that he Trust must take and a number of should do's in the overall report. The Trust has developed an

Improvement Plan, which is currently awaiting comment from the CQC, and this plan will not only move the 'requires improvement' to 'good' but aims to move good ratings to outstanding. Staff across the Trust are positive about the report and the changes and are keen to maintain the momentum of quality improvements in our services.

3.14 The Health Policy and Performance Board is asked to note the position in relation to quality surveillance and the CQC and acknowledge the improvements the Trust has made.

4.0 POLICY IMPLICATIONS

None

5.0 OTHER/FINANCIAL IMPLICATIONS

None

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

The actions in the quality plan and CQC improvement plan will impact positively on the health of children and young people across Halton. There is evidence to show improved care and management of the services which need more time to embed.

6.2 Employment, Learning & Skills in Halton

Not applicable

6.3 A Healthy Halton

The quality improvements in the children's services will have a positive impact on children and young people in Halton and many are evidenced already.

Adult services improvements in the CQC plan will move the services from good to outstanding benefiting people in Halton.

6.4 A Safer Halton

Not applicable

6.5 Halton's Urban Renewal

Not applicable

7.0 RISK ANALYSIS

Risks relate to the following:

- A quality risk to individual children's services if the improvement plan is not delivered fully. This is mitigated by close scrutiny of the improvement plan.

- A reputational risk relating to children's services requires improvement rating. Work is underway with Healthwatch, parent and carer groups and staff to mitigate against this risk.

- A financial risk relating to the need to use temporary and additional staff to deliver the child medical service. Current discussions with other providers are underway to secure a cost effective, high quality solution to this risk.

- A performance risk to the referral to treatment pathways if additional resource cannot be deployed effectively. These pathways are closely monitored to mitigate against this risk.

8.0 **EQUALITY AND DIVERSITY ISSUES**

None

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

Not applicable

Agenda Item 5c

REPORT TO: Health Policy and Performance Board

DATE: 26th February 2019

REPORTING OFFICER: Strategic Director, People Directorate

PORTFOLIO: Health and Wellbeing

SUBJECT: Halton's Homelessness Strategy 2019-2024

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To present the draft Homelessness Strategy and delivery plan

2.0 **RECOMMENDATION: That:**

i) The report be noted

ii) Members provide feedback on the draft strategy

3.0 **SUPPORTING INFORMATION**

3.1 The draft Halton Homelessness Strategy covers the period 2019-2024, and supersedes the Halton Homelessness Strategy 2013-2018. Under the Homelessness Act 2002 it is a requirement for each local authority area to produce a 5 year strategy, reviewed annually.

3.2 The strategy highlights developments in the legislative and policy framework, in particular the introduction of the Homelessness Reduction Act 2017, since the previous strategy was implemented.

3.3 This local strategy follows the national approach of ***protect*** housing options, ***prevent*** homelessness, ***resolve*** homelessness when it is unavoidable and ***avoid*** repeat homelessness.

3.4 Consultation took place with people who use services and key stakeholders to identify 'what good looks like', what works and what is yet to be done.

3.5 The strategic priorities for the council and partners to work towards were identified, in order to comply with legislative requirements and respond to local need, and are stated in the document. Themes that are picked up on the delivery plan include:

- **Protect– attracting new landlords to the local market, working with landlords to increase and promote housing options, support for landlords in maintaining tenancies**

- **Prevent - Identifying people/households at risk of homelessness – Working with partners to identify those most vulnerable earlier, in particular asylum seekers and refuges, young people and those with mental, and other health, conditions**
- **Resolve – continue to work with stakeholders to develop a coordinated and seamless support offer.**
- **Avoid - Tackle determinants of homelessness, developing local initiatives to counteract the impact of benefit reforms and supporting people towards employment by access employment, learning and skills training opportunities.**

Next Steps

3.6 Once member feedback on the draft is obtained, the text will go to HBC Print Team to be graphically designed as a strategy document for the public domain.

3.7 The strategy will be implemented from April 2019

4.0 POLICY IMPLICATIONS

4.1 The strategy is reflective of the legislative requirements, best practice and local policy framework. The Localism Act 2011 and Homelessness Reduction Act 2017 have policy implications and will impact upon the shape of future housing provision and allocation of accommodation within the private rented sector.

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

- Housing Act 1996
- Homelessness Act 2002
- Homelessness Code of Guidance 2006
- Equality Act 2010
- Localism Act 2011
- Suitability of Accommodation Order 2012
- Homelessness Reduction Act 2017

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5.0 OTHER/FINANCIAL IMPLICATIONS

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

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children & Young People in Halton**
Homelessness can have an adverse impact on the wellbeing of children and young people with educational attainment being affected by adverse residential mobility. The prevention focus of the Strategy will ensure that families with children are assisted swiftly to ensure minimal disruption. In addition, the Strategy recognises that homelessness amongst young people in Halton is a particular problem and therefore includes priorities to strengthen joint working to ensure this group is provided with the most appropriate support by the relevant agencies.

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

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

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

6.5 **Halton's Urban Renewal**
The presence of rough sleeping can have a negative impact on the environment and the Strategy seeks to continue to ensure that this does not pose an issue for Halton.

7.0 RISK ANALYSIS

7.1 If the homelessness grant funding were to be reduced or ceased completely, it would adversely affect the ability of the Housing Solutions Team to offer a range of housing options and would impact upon performance and service delivery

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Halton Borough Council is an equal opportunities organisation. All housing support services are required to demonstrate that they embrace and comply with the Equality Act, and services are monitored to ensure this is the case.

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's Homelessness Strategy 2019-2024

Executive Summary

Homelessness has a direct effect on the health and wellbeing of people affected. It also affects the overall sustainability of neighbourhoods due to lack of settled communities, lack of continuity of schooling and reduction in community cohesion.

Some personal experiences can make people more vulnerable to homelessness. These include poor physical health, mental health problems, alcohol and drugs issues, bereavement, experience of care, and experience of the criminal justice system. Further environmental and social factors can include poverty, inequality, housing supply and affordability, unemployment, welfare and income policies.

Under the Homelessness Act 2002, it is a legal requirement for local authority areas to produce a 5 year strategy, which will be reviewed annually. Since the implementation of the previous Homelessness Strategy (2013-2018) there have been significant changes in housing policy at a national level, with the introduction of the Homelessness Reduction Act 2017. The Act further cements the local authority's responsibilities to prevent homelessness, resolve situations where someone has found themselves legally homeless and put measures in place to avoid repeat homelessness through providing long term solutions.

Addressing the immediate and long-term social and financial costs of homelessness, can be significant. Putting in place services which prevent homelessness in the first place, and which help people quickly if they find themselves needing support, can help stop these social and financial costs escalating.

By implementing this strategy, the vision is to make Halton a borough where:

- ✓ People are provided with early, targeted advice and intervention to prevent the loss of their accommodation
- ✓ Effective action is taken in a timely manner to relieve homelessness where it has not been preventable
- ✓ People are supported with the issues that can lead to homelessness, to prevent repeat homelessness
- ✓ Stakeholders work together to protect and increase local housing options.

Priority areas have been identified in this strategy to achieve the vision, shown below

Thematic Area	Priority Area	Priority
Avoid	Partnership Working	Work with supported housing providers to manage the impact of reduced housing related support and benefit changes
	Housing market	Ensure homeless households are supported to access long term, affordable housing in the social and private rented sectors.

	Rough Sleepers	Reduce the numbers/impact of rough sleeping through development of Rough Sleeping services
Resolve	Partnership Working	Increase options/alternatives to eviction through developing fair eviction protocols with all local housing providers
	Housing market	Develop sufficient temporary accommodation that meets the predicted future demands of homeless applicants
	Housing First	Work in partnership with the Liverpool City Region to address homelessness prevention and responses to homelessness
Prevent	Housing Market	Address issues with Universal Credit direct payments, developing local initiatives in the short term
	Partnership working	Increase the role of the 3rd sector in information provision and signposting
	Partnership working	Develop seamless engagement for people, particularly those with have mental health or other health conditions, who may find it difficult to deal with a number of agencies, services and professionals.
	Partnership working	Develop a joined up offer of homelessness prevention through a network of services, including statutory and 3rd sector support services.
	Housing Solutions and Prevention Services	Equip young people with the necessary life skills required to live independently through enhanced links with other stakeholders, such as education and training.
	Housing Solutions and Prevention Services	Effectively engage with young people to help them feel confident in accessing information, prevention and support services at the right time in the right format for them.
	Housing Solutions and Prevention Services	Develop effective links with Children's Social Care to prevent crisis homeless presentations
	Asylum and Refugee	Ensure that the vulnerable client group have access to sustainable housing and support services
	Health of people at risk of, or experiencing homelessness	Improve the health outcomes of people at risk/experiencing homeless to prevent further escalation of their situation. Working in partnership and devising joined up systems, joint commissioning and education between sectors.
Protect	Housing Market	Offer accommodation and intensive support to vulnerable complex needs clients through the development of a social letting agency as part of the Housing First Programme
	Housing market	Improve services and support for private rented sector to increase landlords/units available

The responsibility for overseeing the implementation of the strategy will lie with the Halton Health and Wellbeing Board. The governance arrangements of that board require regular updates on the delivery and impact of the strategy.

The Homelessness Forum meets on an annual basis, to monitor performance of partners against the strategy delivery plan and identify future priorities.

The Homelessness Partnership Group consists of local statutory and voluntary partners, who meet regularly to address and tackle homelessness issues. The Group will meet quarterly to identify and support partners to take the delegated lead on the delivery plan actions, establish task and finish groups and provide updates in line with progress made, changes to policy or legislative requirements and demands on homelessness services. The Homelessness Partnership Group will identify and review the prioritisation of the actions in the delivery plan in line with changing local need and other influencing factors. The strategy will also be monitored on a quarterly basis by Halton Borough Council's People Directorate's Senior Management Team.

The strategy will also be monitored on a quarterly basis by Halton Borough Council's People Directorate's Senior Management Team.

Contact

For more information about this strategy or housing and homelessness services in Halton, please contact:

Patricia Preston, Housing Solutions Manager patricia.preston@halton.gov.uk

Or visit

www.halton.gov.uk

Forward

Under the Homelessness Act 2002, it is a legal requirement for local authority areas to produce a 5 year strategy, which will be reviewed annually. This strategy follows on from Halton Homelessness Strategy 2013-2018 and associated 5 year action plan.

Since the implementation of the previous Homelessness Strategy there have been significant changes in housing policy at a national level, with the introduction of the Homelessness Reduction Act 2017 in April 2018. The Act further cements the local authority's responsibilities to prevent homelessness, resolve situations where someone has found themselves legally homeless and put measures in place to avoid repeat homelessness through providing long term solutions.

This strategy does not stand alone, but works alongside other key strategies of the Council, including the One Halton Health and Wellbeing Strategy and the Halton Borough Council Corporate Plan, in tackling the wider determinants that may affect someone's chances of becoming homeless, such as employment, mental health and life chances.

Building on the successes of the previous strategy, along with new actions and areas of focus, a number of stakeholders will be involved in supporting the Council in the delivery of the action plan during the lifespan of this strategy.

Key stakeholders have been pivotal to the development of the strategy, from public and professionals taking part in consultation to identify priorities, statutory services contributing to the provision of homelessness services and 3rd sector support of our communities. It is these stakeholders, and others, who will play a fundamental part in working with Halton Borough Council to deliver the action required to realise the vision set out in this strategy.

Thank you for reading this strategy, and thank you to the staff and services who contribute to the borough wide vision of a Halton where homelessness is prevented, homelessness is resolved where it has not been able to be prevented , the cycle of repeat homelessness is avoided and housing options are protected.

Councillor Ron Hignett

Portfolio Holder for Physical Environment

The vision for Halton

By implementing this strategy, the vision is to make Halton a borough where:

- ✓ People are provided with early, targeted advice and intervention to prevent the loss of their accommodation
- ✓ Effective action is taken in a timely manner to relieve homelessness where it has not been preventable
- ✓ People are supported with the issues that can lead to homelessness, to prevent repeat homelessness
- ✓ Stakeholders work together to protect and increase local housing options.

Why do we need to focus on homelessness?

Homelessness has a direct effect on the health and wellbeing of people affected. It also affects the overall sustainability of neighbourhoods due to lack of settled communities, lack of continuity of schooling and reduction in community cohesion. Being homeless can make it more difficult for people to obtain work, and losing a job can make homelessness a greater risk .This impacts on the local economy for the wider community, as well as community and individual safety.

In being able to identify the action that needs to be taken in Halton to deliver the strategic vision it is important to understand the reasons why people become homeless, and the impact that it has on them as an individual, family and on wider society.

The definition of people who are homeless does not just include those people who are roofless or living rough; but also includes people who are sometimes described as being "hidden homeless":

Whilst rough sleeping is the most visible form of homelessness, and when most people think of a homeless person they tend to think of someone sleeping rough on the streets, this is not currently identified as a major issue in Halton. To be legally defined as homeless a person must lack a secure place in which they are entitled to live or not reasonably be able to stay.

People become homeless for lots of different reasons. There are social causes of homelessness, such as a lack of affordable housing, poverty and unemployment; and life events such as a breakdown of a relationship or abuse.

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

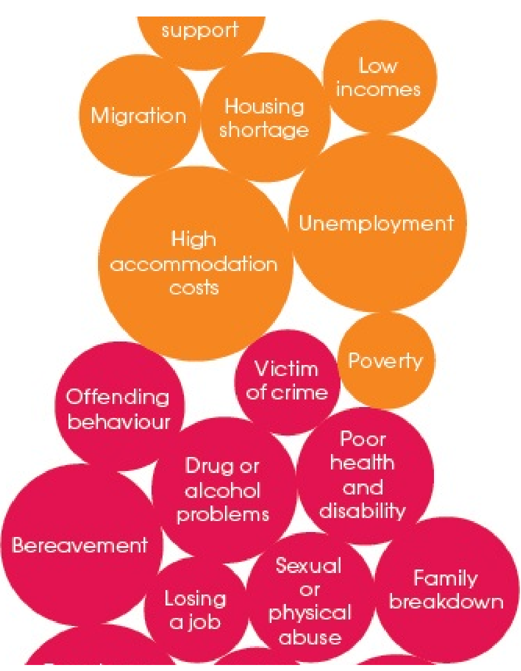
Poor discharge planning for ex-offenders and those with mental health needs have are additional factors contributing to homelessness. Those with complex needs, addiction, negative behaviour, and poor parenting and life skills face particular problems in attaining settled homes and can often fall through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

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

Addressing the health and social care needs of the homeless is clearly very costly and it is arguably more cost effective to prevent homelessness than it is to treat the medical risks and meet the demand on social care services that come with it.

Causes of Homelessness

There are many contributing factors to why people become homeless, most of which are due to circumstances outside of their control. Relationship breakdown and loss of settled accommodation is the main reason people give for losing their home, but there are often many hidden factors that have led to them becoming homeless, some of which are shown below.



Some personal experiences can make people more vulnerable to homelessness: these include poor physical health, mental health problems, alcohol and drugs issues, bereavement, experience of care, and experience of the criminal justice system. Environmental and social factors can include poverty, inequality, housing supply and affordability, unemployment, welfare and income policies.

Environmental and individual factors are often interrelated; individual issues can arise from structural disadvantages such as poverty or lack of education. While personal factors, such as family and social relationships, can also be put under pressure by structural forces such as poverty.

Defining Homelessness

To fully understand the impact of homelessness, and the demands it can put on local systems, it is useful to understand how homelessness is legally defined.

According to the UK homelessness charity Crisis, a home is not just a physical space: it also provides roots, identity, security, and a sense of belonging and a place of emotional wellbeing. Homelessness is the circumstance when people are without a permanent dwelling, such as a house or apartment. People who are homeless are most often unable to acquire and maintain regular, safe, secure and adequate housing.

The legal definition of homelessness may also include people whose primary night-time residence is in a homeless shelter, a domestic violence shelter, long-term residence in a motel, a vehicle, squatting, cardboard boxes, a tent city, and tarpaulins, shanty town structures made of discarded building materials or other ad hoc housing situations.

Statutory Homeless

There are several ways in which a person can be legally defined as homeless:

- no accommodation available in the UK or abroad
- no legal right to occupy the accommodation
- split households and availability of accommodation for whole household
- unreasonable to continue to occupy accommodation
- violence from any person
- applicant unable to secure entry
- applicant lives in a moveable structure but has no place to put this.
- have been evicted from their home
- are asked to leave by friends or family
- can't stay due to fire or flood
- are sleeping on the streets[i]

'Priority need groups' include households with dependent children or a pregnant woman and people who are vulnerable in some way e.g. because of mental illness or physical disability. In 2002 an order made under the 1996 Act extended the priority need categories to include applicants:

- aged 16 or 17
- aged 18 to 20 who were previously in care
- vulnerable as a result of time spent in care, in custody, or in HM Forces
- vulnerable as a result of having to flee their home because of violence or the threat of violence

If an applicant falls within any of the above groups The Housing (Homeless Persons) Act 1977, Housing Act 1996, and the Homelessness Act 2002, placed statutory duties on local authorities to have some form of duty towards her/him. This ranges from advice and assistance, or providing interim accommodation, to the relief duty or the main housing duty of securing accommodation for a continuing period. The extent of the duty will depend on whether or not s/he is, or may be: eligible for assistance, in priority need, intentionally homeless, or has a local connection.

All households that apply for assistance under the Housing and Homelessness Acts are referred to as '***decisions'.*** However, these do not include households found to be ineligible for assistance (some persons from abroad are ineligible for assistance).

A 'main homelessness duty' is owed where the authority is satisfied that the applicant is eligible for assistance, unintentionally homeless and falls within a specified priority need group. Such statutorily homeless households are referred to as ***'acceptances'.***

Where a main duty is owed, the authority must ensure that suitable accommodation is available for the applicant and his or her household. The duty continues until a settled housing solution becomes available for them, or some other circumstance brings the duty to an end. Where households are found to be intentionally homeless, or not in priority need, the authority must make an assessment of their housing needs and provide advice and assistance to help them find accommodation for themselves.

Rough Sleepers

Rough sleepers are defined for the purposes of rough sleeping counts and estimates as:

- people sleeping, about to bed down (sitting on/in or standing next to their bedding) or actually bedded down in the open air (such as on the streets, in tents, doorways, parks, bus shelters or encampments)
- People in buildings or other places not designed for habitation (such as stairwells, barns, sheds, car parks, cars, derelict boats, stations, or 'bashes').

The definition does not include people in hostels or shelters, people in campsites or other sites used for recreational purposes or organized protest, squatters or travelers.

Hidden Homeless

It is often difficult to build a true picture of the number of homeless people nationally, regionally and locally as the majority of homeless people are hidden from statistics and services as they are dealing with their situation informally. This means staying with family and friends, sofa surfing, living in unsuitable housing such as squats or in 'beds in shed' situations[ii]. All these situations leave the person extremely vulnerable. The local picture of homelessness in Halton is built on local data from services that work with people who are homeless or at risk of homelessness, but may only be a snapshot of the actual numbers affected by homelessness in the borough.

Temporary Accommodation

People who are in temporary accommodation may still be classed as homeless. The length of time people can stay in temporary accommodation can range from a single night to indefinite. There are a number of different types of temporary accommodation:

- night/winter shelters
- hostels
- B&Bs
- woman's refuges

- private and social housing

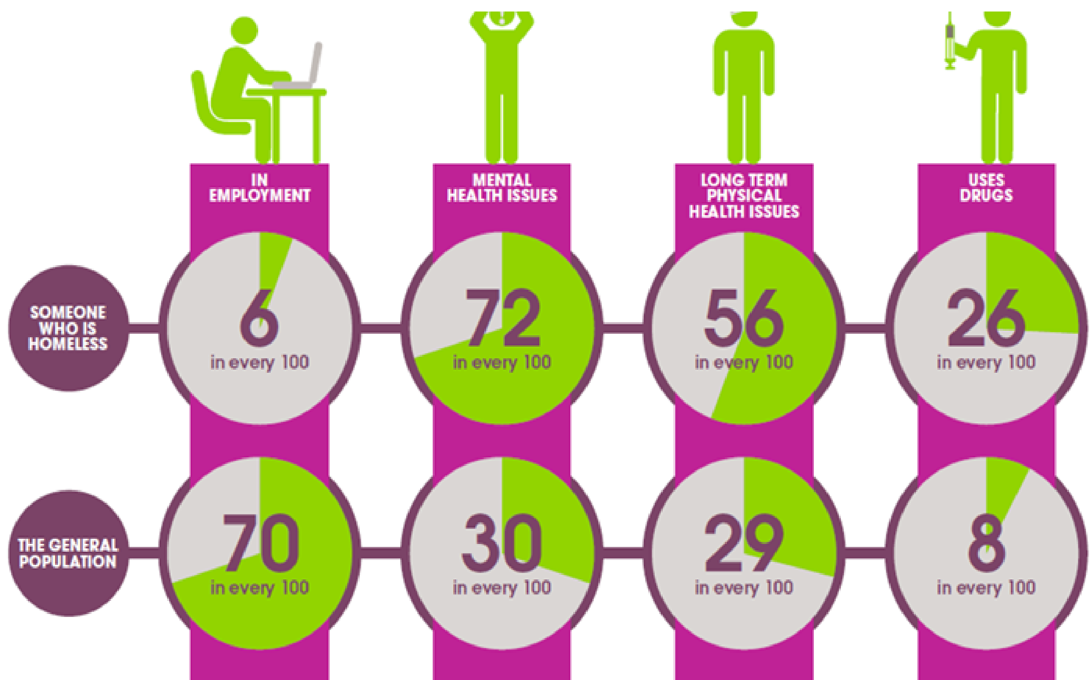
Each type of temporary accommodation has its own rules on access and lengths of stay and may not always be appropriate for the individuals staying in them. Although this accommodation is described as 'temporary', in practice, homeless households may be forced to spend a long time in such living arrangements due to the current shortage of settled housing leading to feelings of uncertainty.

How does homeless impact individuals and communities in Halton?

Health and Homelessness

Not having a home can make it harder for individuals to find a job, stay healthy and maintain relationships.

The infographic below shows the experience of homeless people compared to the general population[iii]



The impact of homelessness on individuals will often leave them experiencing feelings of isolation, worthlessness and totally demoralised. Homelessness can also increase the chances of drug & alcohol addiction, or experiencing physical or mental health problems. Evidence suggests that the longer someone is in this position the more difficult it can become to make the positive changes to improve lifestyle choices. As someone's problems become more complex, anti-social behaviour, involvement with the criminal justice system and acute NHS services become more likely.

Homelessness can often have a negative impact on local communities. We know from one study[iv] on the experiences of homeless people with complex problems, that there is a:

- 77% chance that someone could sleep rough
- 53% chance that someone could be involved
- in street drinking
- 32% chance that someone could beg
- 10% chance that someone could be involved in prostitution.

Research[v] indicates that:

- the average cost of an A&E visit is £147;
- 4 out of 10 experiencing homelessness have used A&E in last six months
- £1,668 is the average cost per arrest;
- 7 out of 10 homeless ex-offenders are reconvicted within one year
- £26, 000 is the estimated average cost of a homeless person each year to public purse
- £1 billion is the estimated annual cost of homelessness

Addressing the immediate and long-term costs of homelessness, can be significant. Putting in place services which prevent homelessness in the first place, and which help people quickly if they find themselves needing support, can help stop these costs escalating.

Living in temporary accommodation can have very damaging health effects, both physical and mental. Surveys conducted by Shelter have found that:

- 58 per cent of families in temporary accommodation (other than bed and breakfast) said their health had suffered as a result of where they were living.
- people who had been living in temporary accommodation for over a year reported increased health problems and greater use of health services. almost half of parents with children and 71 per cent of childless people said they were depressed.

The impact of homelessness on children

Homelessness can put children's lives in chaos. The effect of homelessness on children can be long-lasting. A study undertaken in Birmingham found that 40 per cent of the homeless children studied were still suffering mental and developmental problems one year after being rehoused.[vi]

Homelessness has an adverse effect on children's educational progress because of problems relating to accessing schools, attendance, and the isolation that children can feel due to their circumstances. Children living in bad housing conditions also have a higher risk of developing long-term health problems.

- Poor housing conditions increase the risk of severe ill-health or disability by up to 25 per cent during childhood and early adulthood.
- Children in bad housing are almost twice as likely to suffer from poor health as other children

Trends in single homelessness

- Approximately 200,000 single people experience homelessness in England each year.
- An average of 77,000 single people are estimated to experience some form of homelessness on any one night.
- Between April 2016 and March 2017, 19,460 people who made a homelessness application in England were found to not be in priority need by their Local Authority and the majority of them were likely to be single homeless people.
- This represents 17% of the total number of households making a homelessness application.

Availability of homelessness services

- There are currently 1,121 accommodation projects for single homeless people in England.
- A total of 196 day centres currently operate throughout England.
- Homeless England data identifies a reduction in both the number of accommodation projects (-5%) and the number of day centres (-8%) in the past year.
- The number of bed spaces has decreased by 3% in the past year, and now stands at 34,497 in total.
- 39% of the responding accommodation providers reported a decrease in funding, with 38% reporting no change in funding over the past 12 months. 15% reported an increase in funding. [vii]

Responsibilities of Halton Borough Council
The legal and policy framework

This strategy is written at a time of considerable change within the homelessness sector, with diminishing financial resource available to local authorities, the impact of radical welfare reform, new and increased responsibilities towards asylum seekers and refugees and a changing legal framework, of which the key legislation is outlined below.

Homelessness services are currently covered by the ***Housing Act 1996 (as amended) and the Homelessness Act 2002.*** There are also a number of key pieces of non-housing related legislation that have a direct impact on homelessness services to which we must have regard. These include the Children's Act and the introduction of the Care Act.

The **Homelessness Reduction Act *(HRA 2017)*** is the most significant piece of new legislation for homelessness services since 1977 and was implemented 1st April 2018. The HRA 2017 places a legal duty on Halton Borough Council to give people meaningful support to try to resolve their homelessness, as well as introducing measures to prevent people becoming homeless in the first place. Although Local Authorities don't have to offer housing to everyone who is homeless, they look at the 5 conditions outlined in the Introduction section to decide what support someone may qualify for, and don't have to provide housing if someone is threatened with homelessness, the HRA 2017 will place duties on local housing authorities to intervene at earlier stages to prevent homelessness and to take reasonable steps to help those who become homeless to secure accommodation.

The Act requires local housing authorities to provide some new homelessness services to all people in their area and expands the categories of people who they have to help to find accommodation. A new duty is placed on local housing authorities to assess all eligible applicants' cases and agree a plan. There will also be a duty for other public services to refer cases to the local housing authority.

Historically, homeless people in England have only been able to get help if their local council thought they were a 'priority'. The HRA2017 means that:

- all homeless people will be able to get help from their council
- councils must try to prevent people becoming homeless in the first place
- families with children will still be housed by councils if that's the best way to help them

Key measures include:

An extension of the period during which Halton Borough Council should treat someone as threatened with homelessness from 28 to 56 days

A new duty to prevent homelessness for all eligible applicants threatened with homelessness, regardless of priority need.

A new duty to relieve homelessness for all eligible homeless applicants, regardless of priority need. This help could be, for example, the provision of a rent deposit or debt advice.

A new duty on public services to notify a local authority if they come into contact with someone they think may be homeless or at risk of becoming homeless

Other national Housing Policy and legislation that impacts on addressing homelessness include:

- The Welfare Reform Act 2012 .
- The Welfare Reform and Work Act 2016
- The Localism Act 2011

- The Homelessness (Suitability of Accommodation) Order 2012(England)
- The Deregulation Act 2015
- The Housing and Planning Act 2016

Local Drivers

The Council has five strategic priorities for the borough to achieve the vision and help to build a better future for Halton:

1. **A Healthy Halton**
Homeless people have significantly higher levels of premature mortality, mental and physical ill health than among the settled population and are more likely to have a drug or alcohol addiction. An audit found that 41 per cent of homeless people reported a long term physical health problem and 45 per cent had a diagnosed mental health problem, compared with 28 per cent and 25 per cent, respectively, in the general population. The last conservative estimate (2010) of the healthcare cost associated with this population was £86 million per year .

2. **Halton's Urban Renewal**
Environmental impact of rough sleeping and its potential impact on economic investment in an area. High incidence and turnover of temporary accommodation in an area can lead to neighbourhood decline.

3. **Employment Learning and Skills in Halton.**
The lack of a settled home can be a significant barrier for those seeking permanent employment and training opportunities. Additional costs of providing support to homeless people to enable them to find a job and live independently.

4. **Children and Young People in Halton**
Frequent adverse residential mobility (e.g. due to homelessness) can have a detrimental effect on educational attainment. Additional costs resulting from children entering the care system due to the lack of a settled home.

5. **A Safer Halton**
Criminal activity can be both a cause of and a consequence of homelessness. Lack of settled accommodation on release from prison will may make homeless ex-offenders more likely to re-offend within the first year of release than those who had settled accommodation before custody .

A number of key strategies are in place to take action against each of the priorities, many of which are cross cutting, impacting on the wider determinants of homelessness and homelessness prevention and should be considered alongside this strategy, including:

- The One Halton Health and Wellbeing Strategy
- Halton Borough Council Corporate Plan

- o Halton Borough Council Housing Strategy
- o Halton Youth Strategy

Housing First Programme

A social letting agency is a stand-alone Council service that can offer a range of housing management solutions to private landlords. The Housing First programme is a Government initiative, which brings permanent solutions to homelessness people. It is founded on the principle of housing being a basic human right that provides accommodation for people straight from the street.

The Housing First programme has demonstrated high degrees of success in both housing and supporting those that are chronically street homeless. The model operates by taking account of two key principles;

- Housing is a basic human right and not a reward for clinical success.
- Upon the chaos of homelessness being alleviated from a person's life, clinical and social stabilisation occur faster and are more enduring.

The Liverpool City Region is a pilot area for the Housing First model and will aim to deliver suitable accommodation within the social and private rented sectors, for vulnerable complex needs clients. The programme will work alongside local support agencies to develop and deliver intensive support to this vulnerable client group, to assist them in achieving sustainable lifestyle changes. This has a positive effect of ensuring that any possible relapse does not result in eviction.

Local Picture

Our aim is to be a Borough where homelessness is prevented from occurring in the first instance, rather than crisis led management and reacting to resolve it once it has happened. However, we cannot yet claim to have eliminated homelessness, but there have been vast service improvements made to reduce homelessness.

Homelessness Prevention

The simple definition of Homelessness Prevention is; to stop homelessness from happening. However, the meaning is slightly more complex when exploring the range of services and interventions that are made available by this approach.

Therefore, whilst we aim to move away from the need for reactive and crisis services, we do understand that currently they play a crucial part in the system of homelessness prevention and in particular, preventing repeat homelessness through effective stabilisation and resettlement.

Existing local services that support prevention, and reactive services, include:

- **o Housing Solutions community focused service**
- **o Partnership working with registered providers and private landlords**
- **o Benefit and legal advice**
- **o Floating support**
- **o Supported temporary accommodation**
- **o Effective and accelerated Move On approach to secure accommodation using Housing Solutions Team**

Regardless of their type of service delivery, all of the partners, agencies and groups involved in the Homelessness Consultation process, understand the principles of homelessness prevention and the role they have in assisting people move to on from homelessness or how to eliminate the threat of it.

Demand on homelessness services in Halton

Where the Council is satisfied that an applicant is eligible for assistance, unintentionally homeless and falls within a specified priority need group, these statutorily homeless households are referred to as 'acceptances'.The increasing demand on services is illustrated in table 1, showing the number of statutory homeless acceptances and the numbers supported with homelessness prevention services, advice and assistance.

Table 1. Statutory homeless presentations and acceptances

Over the last 5 years there has been an 88% increase in the number of people presenting as homelessness presentations (since 2013/14), however only 6.5% of those were accepted as statutory homeless in 2917/18, compared with 24.8% in 2013/14.

Achievements	2013/14	2014/15	2015/16	2016/17	2017/18
Statutory homelessness presentations	197	249	177	320	372
Statutory homelessness acceptances	46	42	20	36	24
Use of Bed & Breakfast	0	0	0	0	0
Homelessness Prevention	744	798	987	1,095	960
Advice and assistance	1781	1897	1887	1616	1920

There has been a slight drop in 2017/18, from 2016/17, in the number of people in receipt of homelessness preventions services, but over the 5 year period Halton has seen an increase in demand on prevention services.

Table 2 shows projected numbers of homelessness presentations and acceptances. Projections clearly indicate an ongoing need for prevention services, which forms part of the strategic priorities addressed by this strategy.

	2018 / 19	2019/20	2020/21

Homelessness Presentations	427	491	564
Homelessness Acceptances	53	61	70
Bed & Breakfast	3	6	7
Homelessness Prevention / Relief	2,208	2,539	2,920

Table 2. Projected statutory homeless presentations and acceptances

Rough sleeping in Halton

Whilst rough sleeping is not identified as a major issue in Halton, there has been an increase in the last 2 years.

Rough sleepers are amongst the most vulnerable of homeless people, and people in society as a whole. The factors that may have led them to sleeping on the streets combined with the impact of rough sleeping on their physical and mental wellbeing and life chances is significant.

In 2017, a total of 4,751 people were estimated to be sleeping rough in England on any given night, which represents an increase of 15% since 2016. [viii] Within the delivery plan of this strategy Halton will consider both accommodation and support needs of people at risk of homelessness to prevent rough sleeping. A strong focus on prevention, a better coordinated emergency response and adequate supply of secure, accessible and affordable housing will be key to addressing the potential for rough sleeping to increase in Halton.

Local Authority	2013	2014	2015	2016	2017
Halton	2	1	1	3	4
Cheshire East	0	5	5	7	18
Cheshire West	4	12	0	4	21
Warrington	11	5	5	5	4
Liverpool	6	8	15	21	33
Sefton	8	11	4	4	9
St Helens	1	0	2	2	9
Knowsley	1	0	1	2	0
Wirral	7	5	8	11	14

Table 3. Rough Sleepers by local authority area

Temporary Accommodation

Halton Borough Council has commissioned a number of supported housing hostels to temporarily accommodate vulnerable single homeless clients and families. The

Borough presently has sufficient accommodation to meet its statutory homelessness duty. The current number of units commissioned is show in table 4

Single Hostel Provision	105 beds
Domestic Abuse Refuge Provision	12 beds
Family Unit Provision	10 units

Table 4. Temporary Accommodation Units in Halton

Youth Homelessness

Young people are one of the most vulnerable groups in society, without the right support homelessness can have a serious impact on young people's lives. Experience of homelessness at a young age increases their chance of becoming homeless again and developing complex problems in later life.

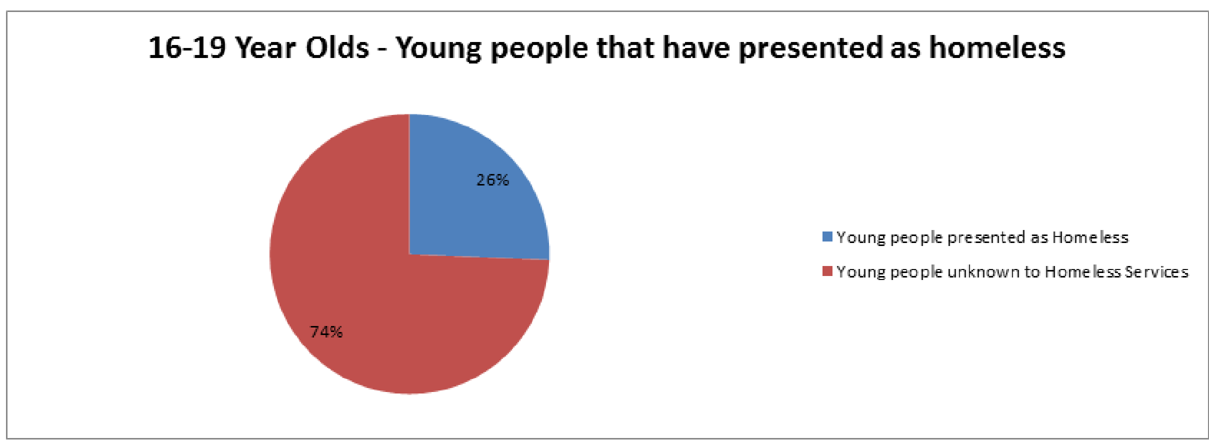
Halton is committed to safeguarding the welfare and wellbeing of young people and recognises and responds to key risk factors which lead to difficulties with housing. The Council's vision to ensure that all young people who need help and support with housing receive it. Moreover that youth homelessness is prevented through proactive partnership working and early intervention.

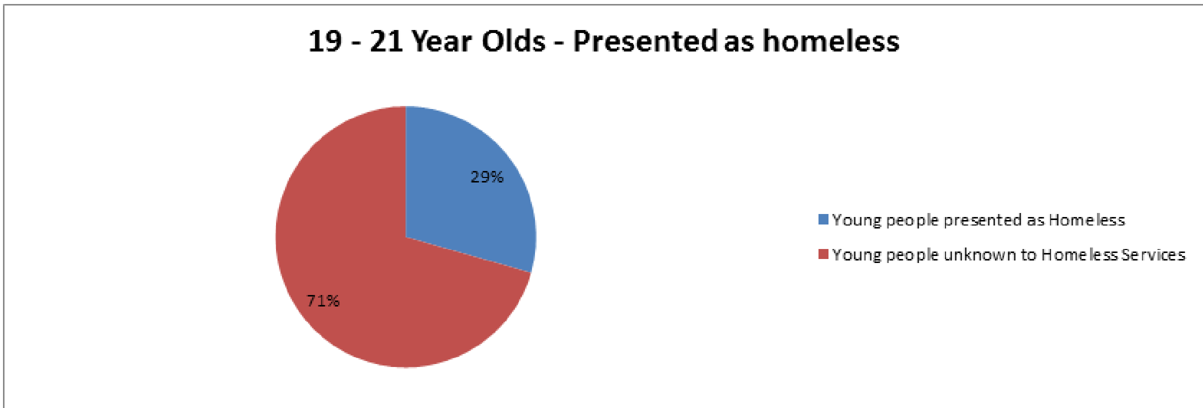
The Local Authority will aim to improve the lives of children young people aged 16 - 25, so that they become confident, happy, fulfilled adults, who contribute to their communities. To tackle and reduce homelessness amongst young people, through:

- Support and assistance to enable the young person to remain at home, if safe to do so
- Provide the opportunities to develop life skills which lead to sustained education or employment.
- Empowerment for young people to instil confidence that enables them to manage independently to maintain and sustain successful tenancies.
- Creating opportunities for co-production - working in collaboration with young people to meet their individual needs
- Working in partnership – Developing multi-agency approach with partners agencies to facilitate a joined-up approach to ensure a range of needs which lead to the threat of homelessness
- Recognising diversity – delivering person-centred approaches based on consistent, objective and impartial practices
- Inspiring citizenship – ensuring that young people's understanding of residency and tenancy is intertwined with their value of their community and their place within that
- Providing educational support – creating opportunities to design and deliver pre-emptive and pragmatic learning solutions to prevent homelessness T

The scale of youth homelessness is difficult to quantify as many young people who are homeless are not counted in Official Statistics. Government data only counts the

number of young people who approach their local authority for assistance and get a full homelessness duty accepted.





Delivering our strategic vision

Consultation with voluntary sector and housing sector partners has highlighted areas where Halton is working well to prevent homelessness and work with people and families when if homelessness has been unavoidable, and also areas where improvement could be made. This has helped develop a picture of what 'good' looks like for people of Halton, illustrated below.

What does 'good' look like in Halton?

- ✓ People know who to contact for support by having a designated key worker who will help them coordinate their support and navigate them through the system
- ✓ Housing and homelessness services work together to provide prevention and early intervention support to avoid homelessness
- ✓ Information is available to people at the right time and in the right format, to help them avoid homelessness and support decision making
- ✓ The Third sector actively identify people who may be at risk of homelessness and initiate early intervention/prevention support
- ✓ People are discharged from Mental Health units in a timely manner and into appropriate accommodation, through working closely with Housing Solutions Team
- ✓ People, especially young people, are equipped with the necessary life skills to maintain tenancies.

The reasons why people find themselves at risk of homelessness vary, so the actions taken to reduce the risk must vary too. A 'one-size-fits-all' approach to tackling homelessness is unlikely to be successful. Individualised, professional support from multidisciplinary, joined-up services is important for tackling homelessness, and would likely bring improvements to other public services too. Investment in services that protect and prevent people from homelessness are a priority, with services to support people who are facing homelessness and avoid repeat homelessness, following.

Taking Action

A ‘Housing and future challenges workshop’ that took place in Halton identified a number of local challenges, which shaped the priorities below that will be addressed through actions laid out in the strategy delivery plan (appendix 1)

Further consultation with stakeholders, specifically in relation to health and homelessness, identified a number of cause and effect factors, such as communication, engagement and people’s service needs and that impact locally on housing and homelessness. These factors may have a disproportionate impact on vulnerable groups including those with mental health problems, older people and those with a criminal record, resulting in poor engagement and less opportunities to work with people to maintain tenancies and serious incidents that result in homelessness.

A consultation workshop with stakeholders around youth homelessness identified the specific challenges faced by young people which may increase their risk of homelessness, and the experience that this particular cohort of people have when faced with homelessness.

Priority areas can be seen in the diagram below, with the actions required to achieve the priorities contained within the delivery plan in Appendix 1.

AVOID

- Manage the impact of reduced housing related support and benefit changes
- Support homeless households to access long term, affordable housing in the social and private rented sectors.
- Reduce the numbers/impact of rough sleeping through development of Rough Sleeping services

RESOLVE

- Increase options/alternatives to eviction through developing fair eviction protocols with all local housing providers
- Develop sufficient temporary accommodation that meets the predicted future demands of homeless applicants
- Work in partnership with the Liverpool City Region to address homelessness prevention and responses to homelessness

PREVENT

- Address issues with Universal Credit direct payments, developing local initiatives in the short term
- Increase the role of the 3rd sector in information provision and signposting
- Develop seamless engagement for people, particularly those with have mental health or other health conditions, who may find it difficult to deal with a number of agencies, services and professionals.
- Develop a joined up offer of homelessness prevention through a network of services, including statutory and 3rd sector support services.
- Equip young people with the necessary life skills required to live independently through enhanced links with other stakeholders, such as education and training.
- Effectively engage with young people to help them feel confident in accessing information, prevention and support services at the right time in the right format for them.

PROTECT

- Develop a social letting agency
- Improve services and support for private rented sector to increase landlords/units available

Investment in achieving the vision

LCR Funding

The Ministry of Housing Communities and Local Government awarded the Local Authority a financial flexible homelessness grant. The purpose of the grant is to facilitate the service changes, in line with new legislation (Homelessness Reduction Act) and to ensure that financial retention is available to offer prevention initiatives to vulnerable homelessness clients.

Year	2017/18	2018/19
Funding Allocation	£85,106	£94,745

Local authorities are encouraged to use their Homelessness Grant Allocation to support the development and enhancement of front line housing services, which will ensure that services for anyone homeless, threatened with homelessness, or rough sleeping within the Borough are available and are of a high quality.

It is the government's intention to transform the way councils fund homelessness services, giving them greater flexibility to prioritise homelessness prevention. The new 'flexible homelessness support grant' is a radical replacement of the tightly controlled funding currently given to source and manage temporary accommodation for homeless individuals and their families.

The new grant will empower councils with the freedom to support the full range of homelessness services. This could include employing a homelessness prevention or tenancy support officer to work closely with people who are at risk of losing their homes. The introduction of the Homelessness Reduction Act, has considerably changed the Homelessness service delivery process. The emphasis is now placed up prevention and relief, placing additional pressure upon the team to provide a community focused service, work with hard to reach vulnerable clients and offering a range of options and services available to resolve the homelessness situation.

Monitoring progress of the strategy

The responsibility for overseeing the implementation of the strategy will lie with the Halton Health and Wellbeing Board. The governance arrangements of that board require regular updates on the delivery and impact of the strategy.

The Homelessness Forum meets on an annual basis, to monitor performance of partners against the strategy delivery plan and identify future priorities.

The Homelessness Partnership Group consists of local statutory and voluntary partners, who meet regularly to address and tackle homelessness issues. The Group will meet quarterly to identify and support partners to take the delegated lead on the delivery plan actions, establish task and finish groups and provide updates in line with progress made, changes to policy or legislative requirements and demands on homelessness services. The Homelessness Partnership Group will identify and review

the prioritisation of the actions in the delivery plan in line with changing local need and other influencing factors. The strategy will also be monitored on a quarterly basis by Halton Borough Council's People Directorate's Senior Management Team.

Contact

For more information about this strategy or housing and homelessness services in Halton, please contact:

Patricia Preston, Halton Borough Council Housing Solutions Manager patricia.preston@halton.gov.uk

Or visit

www.halton.gov.uk *and search for 'Housing & Homeless Advice*

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[i] http://england.shelter.org.uk/housing_advice/homelessness/guide/homeless_get_help_from_the_council/who_qualifies_for_housing

[ii] Homeless Monitor; Shelter 2016

[iii] https://www.homeless.org.uk/facts/understanding-homelessness/impact-of-homelessness

[iii] Ministry of Housing, Communities and Local Government

[iv] Ministry of Housing, Communities and Local Government

[v] Ministry of Housing, Communities and Local Government

[vi] Harker, L, Chance of a Lifetime: the impact of bad housing on children's lives, Shelter, London, 2006.

[vii] Ministry of Housing, Communities and Local Government and NHS England

[viii] Ministry of Housing, Communities and Local Government

Homelessness Strategy Delivery Plan 2019-2024

The Homelessness Partnership Group meet quarterly to identify and support partners to take the delegated lead on the delivery plan actions, establish task and finish groups and provide updates in line with progress made. The Homelessness Partnership Group will identify and review the prioritisation of the actions below in line with changing local need and other influencing factors.

Thematic Area	Priority	Actions	Responsible Organisation/s	Resources
Avoid	Manage the impact of reduced housing related support and benefit changes in line with contractual agreements	• Housing Services to participate in the development of a local Universal Credit programme to fully understand and identify actions to tackle the impact of benefit changes • Seek funding to maintain investment in core supported housing services • Explore potential to have a dedicated money advice officer/services to provide effective debt and budgeting advice services • Work with Work with supported housing , other providers and Stakeholders to identify households at risk of homelessness and engage with them.	Halton Borough Council Divisional Manager Principal Homeless Officer Job centre plus Department for Work And Pension Partner agencies Citizens Advice Bureau	Staff Ministry of Housing, Communities and Local Government funding
	Ensure homeless households are supported to access long term, affordable housing in the social and private rented sectors.	• Continue to operate the Bond Guarantee Scheme for eligible households • Increase the network of	Principal Homeless Officer Halton Borough Council Housing Solutions Team	Staff Funding

		landlords to work directly with the Local Authority to provide the Payment Recovery Scheme properties for homeless households, in line with discretionary housing payments • Undertake an Empty Homes Review to bring properties back into use and fully utilise potential stock to meet growing demand • Undertake a targeted financial awareness campaign through social media to raise awareness of financial responsibility, budgeting skills and support and advice services. • Review personalised housing plans to identify activity • Use of discretionary housing payments maximised for rent in advance/deposits agreed and administered by Housing Solutions and Housing Benefits	Private Landlords Environmental Health Planning Commissioning Support Providers	
	Reduce the numbers/impact of rough sleeping through development of Rough Sleeping services • Assertive approach to target rough sleepers • Flexible and accessible services • Support and empower rough sleepers to access alternative options	• Submit Department of Communities and Local Government Rough Sleeping Grant funding bid • Subject to grant, explore options to remodel and/or extend rough sleeping accommodation and support services • Work with stakeholders to support vulnerable people who may be at risk of becoming a rough sleeper, by developing an	Principal Homeless Officer Housing Solutions Team Commissioning Statutory & Voluntary agencies Support Providers	Staff Ministry of Housing, Communities and Local Government funding

		integrated support plans		
Resolve	Increase options/alternatives to eviction through developing fair eviction protocols with all local housing providers	• Review eviction protocols to ensure they remain effective and in line with the legal framework • Work with stakeholders to develop options available	Housing Solutions Team Legal Services Courts Environmental Health Partner Agencies	Staff
	Develop sufficient temporary accommodation that meets the predicted future demands of homeless applicants	• Develop suitable alternatives to bed and breakfast accommodation for 16/17 year old homeless applicants • Review availability of bed and breakfast accommodation to meet the needs of emergency homelessness presentations • Complete Accommodation Scrutiny review to identify gaps and gather evidence to identify need for supported hostel accommodation • Subject to the outcome of a review, seek external funding to support implementation of the recommendations	Principal Homeless Officer Housing Solutions Team Commissioning Social and Private Landlords Support Providers Partner agencies	Staff External Funding
	Work in partnership with the Liverpool City Region to address homelessness prevention and responses to homelessness	• Develop and implement the Housing First Programme	Principal Homeless Officer Ministry of Housing, Communities and Local Government Housing First Team Housing Solutions Adult Social Care Support Providers Partner Agencies	Staff Ministry of Housing, Communities and Local Government funding

Prevent	Address issues with Universal Credit direct payments, developing local initiatives in the short term	• Support the national campaign to lobby for the impact of benefit changes to be addressed through continued local involvement in the Job Centre Plus Partnership Group on Benefit Changes and Social Impact	Housing Solutions Team Job Centre Plus Department of Work and Pensions Housing Benefits Welfare Rights Citizens Advice Bureau Partner agencies	Staff
	Increase the provision of information availability of signposting	• Work with statutory and voluntary sectors to increase their role and awareness of service provision	Principal Homeless Officer Housing Solutions Team Partner agencies Accommodation & Support Providers	Staff Homelessness Grant
	Develop seamless engagement for people, particularly those with have mental health or other health conditions, who may find it difficult to deal with a number of agencies, services and professionals.	• Multi agency assessment to identify clients who may be vulnerable to homelessness • Work with providers to establish a 'key contact' approach to supporting people in accessing the right housing and homelessness prevention information and support • Deliver tailored group workshop sessions to vulnerable clients • Review move on arrangements for supported accommodation to ensure that they remain effective and people are provided with independent living skills to support transition	Halton Borough Council Divisional Manager Principal Homeless Officer Housing Solutions Team Adult Social Care Children's Social Care Partner Agencies Support Providers	Staff
	Develop a joined up Halton 'offer' to homelessness prevention.	• Work with stakeholders, providers and 3rd sector to develop a 'Halton offer' that	Principal Homeless Officer Housing Solutions Team	Staff External Funding

		brings together a network of homelessness prevention support services from across multiple sectors. • Define service referral routes and opportunities for joint working to increase capacity within prevention services • Encourage stakeholder membership and participation in the local Homelessness Forum • Refer all qualifying households to Pathways to Employment to assist people to become work ready and secure training and employment opportunities. • Local advice / signposting made available on line	Internal & External Partner agencies. Job Centre Plus Citizens Advice Bureau	
	Effectively engage with young people to help them avoid homelessness and feel confident in accessing support	• Explore the potential to develop a 'youth hub' model, working with Education and Children's Social Care stakeholders, to enable young people to access information, prevention and support services at the right time and in the right format for them.	Principal Housing Officer Housing Solutions Team Commissioning Children's Social Care Youth Services Partner agencies Social & Private landlords	Staff External Funding
	Develop effective links with Children's Social Care, education and training to prevent crisis homeless presentations	• Work with Education and Training stakeholders to develop a programme to equip young people with the necessary life skills to live independently and	Housing Solutions Team Children Social Care Halton Borough Council Children and Adults Social Care	Staff

		maintain tenancies • Establish a process for the Early Intervention Team/ Children's Social care to notify Housing Solutions Team to prevent homeless presentations • Define who holds the duty to young people when it comes to accommodation. • Develop joint plans for all young people to ensure that their support and housing needs are being addressed	Job Centre Plus Employment Agencies Citizens Advice Bureau Support Providers	
	Ensure that asylum seekers and refugee client group have access to sustainable housing and support services	• Continued involvement with Liverpool City Region approach to address Government commitment to resettle refugees and asylum seekers • Review and agree future local commitments and participation within the Syrian Resettlement Programme • Multi-agency approach to meet the needs and expectations of this vulnerable client group and integrate them within the community. • Improve communication with the Home Office and Commissioned services to understand service delivery and commitment towards asylum seekers.	Chief Executive Officer Principal Homeless Officer Home Office Liverpool City Region Local Authorities Commissioning Support Providers Social & Private Landlords Job Centre Plus Education & Training providers. Translation Services	Staff Ministry of Housing, Communities and Local Government funding

		• Identify future funding options to maximise and improve service provision for vulnerable clients groups.		
	Work to improve the health outcomes of people at risk of, or experiencing, homelessness through integrated working	• Joint commissioning of services using a partnership approach to maximise funding and resources. • Increase partnership working, communication and education between health and homelessness services • Improve front line referral procedures to reduce repeat homelessness and hospital admissions. • Devise a process used to review all elements of an individual's care, across housing, social care, health, mental health, substance misuse services. • Offer a choice based service that allows the individual to choose a pathway that is right for them. Not one size fits all approach. • Ensure individuals with extensive complex needs, who are not registered with a GP, are identified and assisted through a multi-agency response. • Flexibility and priority for	Divisional Manager Principal Homeless Officer Halton Borough Council Adult Social care Children Social Care NHS Halton Clinical Commissioning Group Commissioning Public Health GP services Substance Misuse Services Support Agencies Accommodation Providers Partner Agencies	Staff Internal / External Funding

		individuals who are accommodated temporarily and require health care. • Develop care service and awareness within the temporary accommodation provision. • Empower front line health care and homelessness staff to work with Public health colleagues. • Work with colleague sin health sector to configure a set of shared standards for health and homelessness services, to instil consistency and accuracy.		
Protect	Offer accommodation and intensive support to vulnerable complex needs clients.	• Develop a social letting agency as part of the Housing First Programme • Work with registered social landlords to promote signed up to the programme	Managed directly by the Liverpool City Region Combined Authority.	Central Government
	Improve services and support for private rented sector to increase landlords/units available	• Seek external funding to improve services within the private rented sector, such as payment recovery scheme • Establish a mechanism for sharing landlord/tenant success stories, learning and good practice with landlords and potential landlords • Support landlords and tenants to develop a mechanism for positive communication • Work in partnership to reinforce private rented sector offer.	Divisional Manager Principal Officer Commissioning Social & Private Landlords Environmental Health Support Agencies Partner Agencies	Staff External Funding

		Engage with private sector landlords to fully utilise the accommodation resource and achieve 10 private sector discharges per year. • Promote the Bond Guarantee Scheme to private landlords to increase bond amounts and duration		

Agenda Item 5d

REPORT TO:	Health Policy & Performance Board
DATE:	26th February 2019
REPORTING OFFICER:	Strategic Director, People
PORTFOLIO:	Health & Wellbeing
SUBJECT:	Development of Urgent Treatment Centres & Standardisation of GP hours
WARD(S)	Borough-wide

1.0 PURPOSE OF THE REPORT

To update the Board on the development of the boroughs two Urgent Care Centres into Urgent Treatment Centres.

2.0 RECOMMENDATION: That:

i. The Board to note the outcomes of the pre-consultation engagement
ii. To consider the new model for Halton's Urgent Treatment Centres including the proposal to reduce the opening hours
iii. To note the procurement timetable
iv. To note the impact of standardised GP cover in the Urgent Care Centres

3.0 SUPPORTING INFORMATION

3.1 Urgent and Emergency Care (UEC) is one of the national service improvement priorities. One element of the UEC section of the FYFV is the *"Roll-out of standardised new 'Urgent Treatment Centre specification'.* NHS Halton Clinical Commissioning Group (CCG) commissioned the provision of two Urgent Care Centres (UCC) in 2015. The clinical review of the current UCC model states that neither UCC is fully compliant with NHSE expectations for Urgent Treatment Centres (UTCs), due to the facts that:

- Both UCCs employ GPs but the service is not GP led.
- There is no formal appointment system or ability for other services e.g. 111, ambulance to book appointments.
- The IT infrastructure that would support UTC provision is not yet in place.

3.2 A set of core standards for urgent treatment centres (UTC) was published in July 2017 to establish as much commonality as possible. The requirements are that Halton residents will:

a. Be able to access urgent treatment centres that are open at least 12 hours a day, 7 days a week, clinically led by GPs, nurses and other clinicians, with access to simple diagnostics, e.g. bloods urinalysis, ECG and in some cases X-ray.

b. Have a consistent route to access urgent appointments offered within 2-4hrs and booked through NHS 111, ambulance services and general practice. A walk-in, on the day access option will also be retained.

c. Increasingly be able to access routine and same-day appointments, and out-of-hours general practice, for both urgent and routine appointments, at the same facility, where geographically appropriate.

d. Know that the urgent treatment centre is part of locally integrated urgent and emergency care services working in conjunction with the ambulance service, NHS111, local GPs, hospital A&E services and other local providers.

3.3 To ensure the two local centres meet the needs of the population NHS Halton CCG are conducting a consultation on the model including the CCGs proposal to reduce the opening hours by two hours a day.

3.4 Pre-consultation engagement commenced from Wednesday 24th October 2018 until Wednesday 12th December 2018. The purpose of the pre-consultation engagement was to explain the national vision for Urgent Treatment Centres, to gain feedback on the current services and to involve patients in the localising of the services within the national standards. We also asked for initial feedback on the proposal to reduce the opening hours. The pre-consultation also took into account Halton Healthwatch's engagement they undertook on the UCCs. The full report from the pre-consultation can be found on the CCG website: http://www.haltonccg.nhs.uk/get-involved/Documents/Urgent%20Treatment%20Centres%20Pre-consultation%20report%20January%202019.pdf

3.5 The main themes from the pre-consultation are below:

a. **Improved Model** - There was a strong feeling that the proposed model was an improvement on the current service

b. **Mental Health Integration** - There was overwhelming support (73%) for a mental health integration offer, with one respondent commenting "If mental health staff are also available on the unit to assess mental health patients this may work".

c. **Triage and Waiting Times** - Waiting times at both UCCs were highlighted as being too long.

d. **GP Provision** - The reduction in the GP provision at the current UCCs was seen as an issue, with just one respondent stating 'I won't even go there now, knowing there isn't a doctor present to support the nurses".

e. **Signage and Car Parking** - Halton Healthwatch's report (Another Day in the Life) highlighted patient concerns relating to traffic and onsite signage at both UCCs.

f. **Comfort** - Healthwatch Halton advised that patients wanted improved amenities, one respondent also commented that current facilities in the UCC, such as seating wasn't comfortable for pregnant women.

g. **Customer Care** - There were several comments relating to improvements in customer care that patients felt were needed. More 'compassion' from staff was mentioned several times.

h. **Families** - Families accessing the UCC need to be taken into consideration more. There were some experiences shared of when families had accessed the centres and had poor experiences i.e. separate triaging.

i. **Additional services** - There were several suggestions for additional services that should be in the UTC, which were:
   - Diagnostics
   - Blood Tests
   - X-rays
   - Paediatric services
   - Mental health services

Four out of the five additional services suggested are services that should be available in the current UCC provision.

j. **Promotion and awareness** - Respondents reported some confusion about what services were available locally.

3.5 **Opening Hours**
Respondents were asked if the reduction in opening hours would impact them or their family. There was a minority of respondents that stated there would be no impact if alternatives were available (17.8%) and 11% who were unsure. The largest number of comments stated there would be an impact, with 10 comments stating they felt the centres should be open longer than the 15 hours and potentially should be 24 hours.

3.6 Following this pre- consultation period, a formal eight week public consultation commenced on Monday 7th January 2019 until Sunday 3rd March 2019. The consultation will formally seek views on the proposal to reduce the opening hours of the two centres from 15 hours a day to 13 hours a day. The consultation will also take the draft model of Halton's Urgent Treatment Centres back out to engagement to ensure the population it will meet their needs and their feedback from the pre-consultation has been taken into account.

3.7 Whilst the change of hours is a change to service, the new model in terms of Urgent Treatment Centres is an enhancement of current service provided through the Urgent Care Centres. Whilst the proposed change in service is not significant, should not impact a significant portion of the population and there are alternative services available there is still a legitimate expectation of the public to be consulted on the changes.

3.8 To ensure that Halton residents have every opportunity to express their views, the consultation is supported by a comprehensive engagement and

communications plan, including media coverage, on line and digital advertising in addition to a wide range of events and meetings.
Staff will attend both UCCs to speak to patients accessing both services. Public stands have also been organised at Runcorn Shopping City to seek the views of the public.

The engagement will also include processes to ensure that any protected characteristic or vulnerable group are involved through targeted communication and engagement. A copy of the full consultation plan is available on request.

3.9 Following the pre-consultation and in-line with the national model, the draft model has the following localised core standardised:

a. Patients being triaged within 15 minutes.
b. The new model will be a GP led service. This will improve and increase the current GP Provision of six hours a day. The service specification will include the need for both GP provision and Advanced Nurse Practitioners being available for the full opening hours.
c. There will be specific mental health trained nurses to ensure all patients can access the most appropriate level of care.
d. The new model will ensure that clinicians communicate more effectively with one another. Patients will be kept fully informed of their medical care, helping to reduce Unnecessary anxiety or delays in treatment. There are also plans to improve the current waiting areas in both sites, making a visit to a UTC a more pleasant experience for patients and the public.
e. Full details of the consultation are to be recorded onto a patient information systems, which meet national standards and will work effectively with their own GP IT system.
f. Treatment slot given to patients needing treatment, based on assessed clinical need, within 2 hours of arrival. This enables patients to come back for treatment if easier.

3.10 Other improvements will include:

- Improved signage
- Amenities will be considered with the development of the new model
- Urgent care staff will be required to undertake comprehensive customer care training to support them in their role.
- Better awareness of what is available within the new UTC model and what services are available locally. NHS Halton CCG aims to provide better awareness of urgent care services, including how to self-care for minor injuries and illnesses.

3.11 Regarding the CCG's preferred opening hours of 13 hours a day, the vision is to offer a service which compliments primary care offer between the hours of 8am and 9pm for none life threatening conditions. Outside of these hours, patients can still access NHS 111 for advice or the GP Out of Hours Service for treatment. For life threatening or emergency situations then patients should still use A&E.

3.12 The new urgent care model will also support local A&E departments at Whiston Hospital and Warrington Hospital to cope with the surge in demand, during peak periods. Patients with none life threatening conditions can be treated effectively at their local UTC by a GP or Advanced Nurse Practitioner (ANP). This means A&E is freed up to treat those patients with more acute needs.

3.13 Alignment of opening hours for Urgent Treatment Centres with Halton primary care services there is an opportunity to support a more robust workforce provision – making sure we can direct appropriate staff to areas of greatest clinical need.

3.14 The procurement process commenced on 21st November 2018 with the first stage advertised on the national procurement portal. A summary of the key dates are contained below:

- Selection Questionnaire Moderation meetings – 17th & 18th January 2019
- Specification Feedback –28th January to 4th February 2019
- Bidder dialogue sessions – w/c 11th March 2019
- Invitation To Tender Moderation meetings – 2nd & 3rd April 2019
- Bidder interviews – Thursday 16th & 17th May 2019
- Procurement Outcome report to be presented to NHS Halton CCG governing Body 4th June and subsequent HPPB.

The procurement process is on track as per the above timetable and there are no issues to report with the process.

4.0 Standardisation of GP provision in both Urgent Care Centres

4.1 As reported in the previous HPPB briefing (September 2018), interim arrangements for standardised GP provision at both UCC's have been implemented.

From the 1st October 2018, GP-led cover is available at Widnes and Runcorn UCC's for 6 hours per day (12 noon and 6pm, 7 days per week).

When there is no GP available onsite, patients will continue to be seen by an Advanced Nurse Practitioner (ANP) or Emergency Nurse Practitioner (ENP) who can prescribe, request diagnostics such as blood tests, simple x-rays and ultrasound and treat patients appropriately.

Initially clinical staff we're apprehensive about the reduction in GP-led hours. However, it's since been reported that ENP and ANP confidence levels have increased, as clinical staff are utilising their skills and experience to make clinical decisions on less complex cases - without the need to always engage with a GP. .

The Urgent Care Centres undertook a deep dive into the data. Due to the resources and time required to review individual records there has been an initial audit into attendances for the 1st week of each month (Oct,Nov, Dec). The audit has concluded the following:

Out of 2373 patients seen and treated in the UCC, 157 patients were referred to A&E or a speciality in a Trust. 19 of those onward referrals to A&E could have been avoided if a GP was available.
The Providers have recognised that internal processes and standing operating procedures can be improved to allow patients requiring GP intervention to be managed in the community. In the future, if further GP intervention is required, the ENP or ANP can book an appointment for the patient to return to the UCC later that day to see the GP.

The CCG and providers have agreed a consistent minimum data set for both UCCs as part of the ongoing contract monitoring ensuring that we are aware on a monthly basis any issues.

The interim arrangement will be reviewed as part of the CCG's UTC service specification and procurement process due to be concluded later this year.

5.0 POLICY IMPLICATIONS

5.1 None anticipated.

6.0 **OTHER/FINANCIAL IMPLICATIONS**

6.1 None anticipated.

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

7.1 **Children & Young People in Halton** – Improved local community offer for children and young people to access local urgent care services.

7.2 **Employment, Learning & Skills in Halton** – none anticipated.

7.3 **A Healthy Halton** – following the development of the Urgent Treatments Centres Halton's residents are expected to be able to access an enhanced service for urgent, same day conditions.

7.4 **A Safer Halton** – none anticipated.

7.5 **Halton's Urban Renewal** – none anticipated.

8.0 RISK ANALYSIS

8.1 The risks to the system for the developments are being managed …..

9.0 EQUALITY AND DIVERSITY ISSUES

9.1 **Halton UTC** – a full Equality Impact Assessment (EIA) will be available to review on conclusion of the current eight-week public consultation process. Please note, a copy of the pre-consultation EIA is available on request.

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

10.1 None under the meaning of the Act.

 Agenda Item 5e

REPORT TO: Health Policy and Performance Board

DATE: 26th February 2019

REPORTING OFFICER: Strategic Director – People

PORTFOLIO: Health and Wellbeing

SUBJECT: Scrutiny Topic Group – Care Homes – Future Sustainability

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To present the final scrutiny topic group report on Care Homes – Future Sustainability for approval (at Appendix) and to highlight the Business Planning Priorities for Adult Social Care for 2019/20 at paragraph 3.4**.**

2.0 **RECOMMENDATION: That:**

i) The report be approved; and
ii) The topic for the scrutiny review 2019/20 is confirmed.

3.0 **SUPPORTING INFORMATION**

3.1 This report (attached at Appendix) was commissioned by the Health Policy and Performance Board. A scrutiny review working group was established with seven Councillors fully involved, chaired by Councillor Lowe and supported by Helen Moir, Divisional Manager for Independent Living Services and Emma Sutton-Thompson, Practice Manager for Policy, Performance and Customer Care. The scrutiny topic group began in June 2018 and ran until December 2018 with regular monthly meetings.

3.2 Methodology for the scrutiny group involved:

- Monthly meetings of the scrutiny review topic group;
- Presentations by various key members of staff (detail of the presentations can be found in *Annex 2* of the main report);
- Presentations from external sources;
- Provision of information; and
- Family/carers consultation.

3.3 The Scrutiny Topic Group identified seven recommendations as part of the review which are detailed throughout the main report, as well as at the end of the report in a table for ease of reference.

3.4 As part of Member involvement in the current business planning process a range of topic areas have been identified for consideration for scrutiny during the municipal year 2018/19. A meeting was held on 5th December 2018 with members of the Health Policy and Performance Board to discuss and agree priorities for Adult Social Care for 2019/20. Following the meeting, these priorities were agreed as:

- Reablement Pathway, including review of recruitment issues in community services;
- Safeguarding Unit;
- Deprivation of Liberty Safeguards (DoLS); and
- Finance.

4.0 POLICY IMPLICATIONS

4.1 Existing policies are endorsed by the report.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 It was clear from this scrutiny review that in order to fully sustain the care home sector in the future, as well as implementing changes through the Care Home Development Project, further central Government funding is required. The anticipated Green Paper for Older People may include details including future funding, but this is not certain.

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

6.1 **Children & Young People in Halton**
None identified.

6.2 **Employment, Learning & Skills in Halton**
None identified.

6.3 **A Healthy Halton**
The Halton Care Home Model vision is of outstanding care for all individuals who live in our care homes. To enable us to achieve this vision we will need to:

- Provide excellent care every time to reinforce wellbeing and independence.
- Work with all partners to personalise services for the individual.
- We will have strong leadership across the system to ensure a quality driven and sustainable sector, grounded in our community and led by excellent staff.

6.4 **A Safer Halton**
None identified.

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

7.0 **RISK ANALYSIS**

7.1 The role of scrutiny within Adult Social Care is a key function to ensure transparency, accountability and consistency within all areas and making sure the residents of Halton have the best outcomes possible.

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.

Scrutiny Review of Care Homes – Future Sustainability

DRAFT

Report

December 2018

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1.0 PURPOSE OF THE REPORT

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

- Sustainability – gain an understanding of the Care Home sector in Halton, including how many homes, types of beds available, capacity, etc., for a clear picture of the sector;
- Consider the current pressures in Halton's Care Home sector and focus on plans currently being considered in relation to future sustainability.
- Funding – consider the current fee rate model, and potential options being considered for future funding and commissioning models, including the impact of "top ups";
- Consider Halton's position in relation to quality in comparison to our close neighbours to understand the potential impact on our local market.
- Consider any additional/alternative approaches to address the future sustainability of the market.

2.0 STRUCTURE OF THE REPORT

This report is structured with an introduction, a brief summary of the methodology followed by evidence, analysis with findings/conclusions and recommendations. The annexes include the topic brief, methodology detail and an action plan to capture the recommendations from the scrutiny review.

3.0 INTRODUCTION

3.1 Reason the scrutiny review was commissioned

In Halton there are 14 providers of care homes for older people, equating to a total of 654 beds, which includes 70% residential and 30% nursing. The demand on those beds is fairly high, and at any one time there is a vacancy rate of approximately 5%, compared to a national average of 10-15%.

Recently a number of concerns have been highlighted in relation to the future sustainability of this sector. The quality and financial challenge on the sector as a whole has resulted in some recent care home closures and the Local Authority has been able to support this by purchasing two care homes.

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A new approach is being implemented to deliver on our vision to improve standards and sustainability in delivering outstanding care in Halton.

3.2 Policy and Performance Boards

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

3.3 Membership of the Scrutiny Working Group

Membership of the Scrutiny Working Group included:

Members	Officers
Cllr Joan Lowe (Chair) Cllr Sandra Baker (Vice-Chair) Cllr Margaret Horabin Cllr June Roberts Cllr Chris Loftus Cllr Mark Dennett Cllr Pauline Sinnott	Helen Moir – Divisional Manager for Independent Living Services Emma Sutton-Thompson – Practice Manager for Policy, Performance and Customer Care

4.0 Methodology Summary

This scrutiny review was conducted through a number of means:

- Monthly meetings of the scrutiny review topic group;
- Presentations by various key members of staff (detail of the presentations can be found in *Annex 2*);
- Presentations from external sources;
- Provision of information; and
- Family/carers consultation.

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

5.1 The topic group began with the formal opening of Millbrow Care Home on 28th June 2018. Some members of the topic group were able to attend and also had the opportunity to have a guided tour of the home. Millbrow had been purchased by Halton Borough Council from the previous owners with the aim of becoming a Teaching Care Home in the future.

The first formal meeting of the group took place on 25th July 2018. During this meeting Debbie Downer, Policy Officer, gave a presentation to the group on the Care Home Development Project. The Halton Care Home Model vision is of outstanding care for all individuals who live in Halton care homes. Debbie explained that to enable Halton to achieve this vision we will need to:

- Provide excellent care every time to reinforce wellbeing and independence;
- Work with all partners to personalise services for the individual; and
- We will have strong leadership across the system to ensure a quality driven and sustainable sector, grounded in our community and led by excellent staff.

As part of the Care Home Development Project there are seven workstreams consisting of:

- Teaching Care Home;
- Enhanced Primary Care Support and Multi-Disciplinary Team;
- Better Use of Technology;
- Wellbeing;
- High Quality Care;
- Joined up commissioning and collaboration between health and social care; and
- Workforce development - Skilled Competent Workforce.

Conclusion
The presentation was very detailed and comprehensive and gave the topic group a good understanding of the care home development project, the workstreams that were already progressing and areas to look into further.

Recommendations:

(i) ***Overall accreditation from HBC "score on the wall" that care homes can display in the home linked to the Teaching Care Home Project.***

(ii) ***Standardised paperwork for all care homes that we contract with.***

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5.2 How do we oversee the quality of Care Homes in Halton

The topic group meeting on 25th September included representatives from Complex Care team, Independent Living Services and the Quality Assurance Team.

One of the main discussions focussed on family members/friends with relatives in care homes. In terms of the quality of care within care homes, there is no formal mechanism for them to share experiences or discuss their expectations.

The group discussed people with dementia in care homes, how quality of care is monitored and how safeguarding is monitored. Examples were given to the group in terms of staff understanding the person's behaviour as soon as they move into the home, so if there is any change in behaviour staff are mindful of this and have more knowledge as to whether something is not right and requires further investigation.
The group discussed activities for people with dementia in care homes and highlighted how important this is to increase the quality of life. Members particularly felt that music, appropriate TV/films/general media which is suitable for their age should be available if they want. Using a record player with vinyl records could bring back happy memories.

Conclusion
The focus group was extremely useful for the group to hear the views of staff members working closely with care homes in Halton and how the quality of care is monitored. This gave the group a good understanding of both the formal mechanisms for monitoring the quality of care through the Quality Assurance team as well as the informal mechanisms that staff undertake on a day-to-day basis.

When considering family members/carers, it was clear that there are no formal mechanisms in place for them to share experiences with other family members/carers and staff, and to discuss expectations.

Recommendation:

(i) **Consideration for residents with dementia on age appropriate viewing/listening on media that is available, for example music/TV/films/general media, as well as individual likes and wants.**

(ii) Develop an annual family member's event to give them a voice, share experiences and discuss their expectations.

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5.3 Best Practice in the North West

During the topic group meeting on 18th October, Paul Rowley, owner of Heathfield Residential Home in Grappenhall talked through his presentation. Heathfield is a small to medium residential home for ladies with 24 beds. It is family-owned; Paul and his wife have managed the home for 13 years. It is in a nice location in Grappenhall and is a Victorian building. Paul described a good day at the home into three main areas:

- Injecting positivity through the staff group – seeing the change in residents who come into the home isolated and unengaged to becoming involved and happy;
- Investing in the recruitment and retention of staff;
- Visitor's comments on how lovely the home looks and feels when you walk in.

Paul said that he focusses on having quality management systems in place, with various checks on a daily, weekly, monthly and quarterly basis in place. Paul explained that he has set up his own critical friend from a home-owner in another area. They informally visit each other's homes and give each other feedback.

Conclusion

After this meeting, the group were informed that Heathfield Residential Home did not have a CQC rating of outstanding for "Care", it was other domains. Members felt very strongly that this presentation, although good in its' own right, was not relevant to Halton due to various differences such as the types of people accessing the home in Grappenhall being more affluent and with less complex social care issues. The home owner was in a position to be able to "choose" his residents. The group concluded that this had not been the best choice of home to present to the group for Halton, and we should have looked further afield for a better comparator, with similar population/deprivation.

Recommendation:

(i) ***Next Provider Forum meeting – ask if they would be interested in being a Critical Friend with another home within Halton. Could this be linked with CQC ratings when it gets to Amber. Part of the process of going in to support Amber rated homes.***

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5.4 Local Care Quality Commission

During the November topic group meeting on 15th November, Fiona Bryan, Inspection Manager covering Cheshire East, Halton and Warrington gave two presentations to the group. The first presentation covered an update from CQC in terms of their new Chief Executive and future priorities, and how they want to work more collaboratively with the care sector. Fiona talked through CQC's priorities. With inadequate homes, they want to encourage improvement and expect providers to move forward. In terms of intelligence-driven approach, CQC have work to do within their own infrastructure. They have a new Chief Executive who wants improvements with digital information. CQC's budget will be reducing so they need to do more with less.

In relation to registration, and providers as legal entities, with some providers it is not clear/transparent. CQC want to work with providers so that information is clearer. With inspections and ratings, CQC need to be much quicker with publishing reports once inspections have been completed.

Fiona's second presentation was around Halton's Ratings Data Report for October 2018. This gave an overview of the current ratings for care homes in Halton, both residential and nursing.

Conclusion

The presentation from Fiona was really interesting for the group to hear the changes being made within CQC, and the priorities that they will be focussing on. Members were pleased to hear that CQC is aiming to work more collaboratively with care homes and support inadequate homes by meeting up with them and asking for detailed action plans.

Recommendations:

(i) ***Keep abreast of National Guidance around sustainability, e.g. LGA green paper; and***

(ii) ***We can do prevention in Adult Social Care and the work of the Health Improvement Team, but with an ageing population we require more funding from central government for the future sustainability of adult social care.***

5.5 Family Members' Consultation

As part of the scrutiny review the topic group consulted with approximately 20 family members from Millbrow Care Home. A meeting took place at Millbrow on 7the November 2018. The meeting discussed the future of Millbrow and plans around becoming a teaching

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care home and what the family's views were since HBC took over the home. Their comments mainly focussed around staff – need to have enough staff to provide care. There are already six staff plus nurses, but families felt this should be more. Staff needed time to support people with dignity. There was no fear of reprisals, family members felt they could talk. They also discussed technology in care homes, including falls detectors to help staff so they can spend more time on other duties. Activities and keeping people active was highlighted as a key point. Millbrow has a great activities co-ordinator there, there is always something going on. One comment included that all care homes should return to the local authority – family members could feel the difference between when it was privately owned to when the LA owned it. Investing in staff is key. Good that the council want to improve services in care homes. Agency staff don't have the same commitment as permanent staff.

Conclusion

As discussed in 5.2 above, engaging with family members/carers and service-users is paramount to improving the quality of care in homes.

Recommendation:

(i) Develop an annual family member's event to give them a voice, share experiences and discuss their expectations.

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6.0 Overall Conclusion

This scrutiny review has been both a successful and a worthwhile exercise in terms of covering all the outputs and outcomes from the initial topic brief and gaining a thorough knowledge of Care Homes – Future Sustainability.

It is clear from the scrutiny review that there is already much work being covered by the Care Home Development Project in terms of the future sustainability of the care home sector and the group fully endorses the work of this project group.

The topic group recognises the current challenges that Halton are facing with the demand on the care home sector, which is also a national trend, and feel that further funding into this sector from central government is vital. The anticipation of the green paper on older people's services is paramount, although delays in its publication are expected yet again due to the Brexit negotiations.

The topic group wanted to give their thanks to the managers and staff working within the care homes in Halton that we have recently taken over the management of. The group is aware of the difficulties and challenges that staff face on a day-to-day basis, and wanted to thank them for their hard work and continued committed to raising the quality of care in Halton.

On reflection, the topic group would have preferred a visit or presentation from a CQC outstanding rated care home in a similar borough to Halton so that real comparisons could have been made.

The group have identified seven recommendations which are attached at Annex 5.

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Annex 1

Topic Title: Care Homes – Future Sustainability

Officer Lead: Helen Moir, Divisional Manager, Independent Living Services

Planned start date: June 2018

Target PPB Meeting: March 2019

Topic Description and scope:
The Care Home sector nationally has highlighted a number of significant challenges, including capacity, quality and finances. This is replicated locally, and a number of work streams are in place to address these challenges. This topic focusses on the current approach in Halton, and will review future plans to address the local challenges.

Why this topic was chosen:
In Halton there are 15 providers of care homes, equating to a total of 674 beds, which includes 70% residential and 30% nursing. The demand on those beds is fairly high, and at any one time there is a vacancy rate of approximately 5%, compared to a national average of 10-15%.

Recently a number of concerns have been highlighted in relation to the future sustainability of this sector. The quality and financial challenge on the sector as a whole has resulted in some recent care home closures and the Local Authority has been able to support this by purchasing two care homes.

A new approach is being implemented to deliver on our vision to improve standards and sustainability in delivering outstanding care in Halton.

Key outputs and outcomes sought:

- Sustainability – gain an understanding of the Care Home sector in Halton, including how many homes, types of beds available, capacity, etc., for a clear picture of the sector;
- Consider the current pressures in Halton's Care Home sector and focus on plans currently being considered in relation to future sustainability.
- Funding – consider the current fee rate model, and potential options being considered for future funding and commissioning models, including the impact of "top ups";
- Consider Halton's position in relation to quality in comparison to our close neighbours to understand the potential impact on our local market.
- Consider any additional/alternative approaches to address the future sustainability of the market.

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

A Healthy Halton

To improve the health and wellbeing of Halton people so they live longer, healthier and happier lives.

Nature of expected/desired PPB input:

Member led scrutiny review of the current approach to Market management of the care home sector in Halton.

Preferred mode of operation:

- Attend formal opening of Millbrow Care Home on 28th June that HBC have recently purchased;
- Focus group with internal adult social care staff – "how do we oversee the quality of care homes";
- Meetings with/presentations from relevant officers within the Council/Health Services and partner agencies to examine current practices regarding future sustainability;
- Benchmark against Halton's neighbouring Authorities and wider through the ADASS area to examine other commissioning models and how they compare to Halton's approach;
- Invite representative from the Local Care Home Owners to provide their perspective on the current approach in Halton;
- Undertake some site visits to homes in Halton; and
- Invite Local Care Quality Commission (CQC) to talk through their role and views on Halton Care Homes.

Agreed and signed by:

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

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

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METHODOLOGY DETAIL **Annex 2**

a) Presentations

The following officers gave presentations as part of this scrutiny review:

Name of officer	Title of Presentation
Debbie Downer, Policy Officer	Care Home Development Project
Debbie O'Connor, Principal Manager Complex Care Team Runcorn Wendy Walmsley, Principal Manager Oak Meadow Benitta Kay, Quality Assurance Team Manager	Discussion forum "How do we oversee the quality of care homes in Halton"
Paul Rowley, Owner of Heathfield Residential Home, Grappenhall, Warrington	"What does an Outstanding Care Home look like?"
Jacquii Costigan, Registered Manager, Oak Meadow Lynne Moss, Practice Manager, Millbrow Care Home Wendy Walmsley, Principal Manager Oak Meadow	Discussion re: "Their perspective on the current approach in Halton"
Fiona Bryan, Inspection Manager, Care Quality Commission	CQC's role and their view of care homes in Halton.

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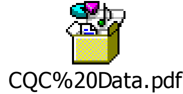
ANNEX 3

ADASS North West Monthly CQC Data Update – October 2018



The Lives we want to Lead – Findings, implications and recommendations on the LGA green paper for adult social care and wellbeing – LGA consultation response.

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CARE HOMES – FUTURE SUSTAINABILITY SCRUTINY REVIEW
ACTION PLAN **ANNEX 4**

Action No.	Action	Responsible person	Timescale	Progress
1	Overall accreditation from HBC "score on the wall" that care homes can display in the home linked to the Teaching Care Home Project.	Helen Moir		
2	Standardised paperwork for all care homes that we contract with.	Care Home Development Project		
3	Consideration for residents with dementia on age appropriate viewing/listening on media that is available, for example music/TV/films/general media, as well as individual likes and wants.			
4	Develop an annual family member's event to give them a voice, share experiences and discuss their expectations.	Helen Moir		
5	Next Provider Forum meeting – ask if they would be interested in being a Critical Friend with another home within Halton. Could this be linked with CQC ratings when it gets to Amber. Part of the process of going in to support Amber rated homes.	Benitta Kay		
6	Keep abreast of National Guidance around	Emma Sutton-		

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	sustainability, e.g. LGA green paper	Thompson		
7	We can do prevention in Adult Social Care and the work of the Health Improvement Team, but with an ageing population we require more funding from central government for the future sustainability of adult social care.			

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Agenda Item 6a

REPORT TO:	Health Policy & Performance Board
DATE:	26th February 2019
REPORTING OFFICER:	Strategic Director - People
PORTFOLIO:	Health & Wellbeing
SUBJECT:	Performance Management Reports, Quarter 3 2018/19
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 3 of 2018/19. This includes a description of factors which are affecting the service.

2.0 **RECOMMENDATION: That the Policy and Performance Board:**

i) Receive the Quarter 3 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 3, 2018/19.

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**

9.1 None under the meaning of the Act.

Health Policy & Performance Board Priority Based Report

Reporting Period: Quarter 3 – Period 1st October – 31st December 2018

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 2018/19 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:

Developing the use of the Mental Health Resource Centre in Vine Street, Widnes: following the provision of capital funding from the Borough Council, NHS Halton Clinical Commissioning Group and the North West Boroughs Mental Health NHS Trust, the Mental Health Resource Centre in Vine Street has been redesigned and remodelled. Originally intended as a multi-purpose resource centre for people with complex mental health needs, this service for some time was underused. Following the works that have taken place, the ground floor of the building is now occupied by the North West Boroughs Assessment and Home Treatment Service, with the potential to offer a 24-hour crisis support service on site (this is currently being explored). Upstairs, the existing Mental Health Outreach Team and the Community Bridge Building Team have now been joined by social workers and the mental health carers assessor. This is creating a new and more integrated service for the borough's residents, which will make it easier and faster for people to get the help that they need across social care and health services.

Public Health

Halton Public Health Service is working closely with Halton NHS CCG to align evidence and intelligence against commissioning intentions. A key priority for the CCG is prevention and self care.

The NHS Long Term Plan has just been released and One Halton is working to determine how we can best deliver it.

Halton Stop Smoking Service has seen an increase in maternal referrals and an increase in pregnant smokers quitting so far this year compared to the same period last year.

Public health England are providing training to health visitors in Halton on Speech, language and communication, as part of a pilot programme. The aim of this work is to improve child development, through speech and language, which is one of the areas that child development scores are lower in Halton.

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

Oak Meadow manages 19 Intermediate Care Beds. The service is funded through the pooled budget with NHS Halton Clinical Commissioning Group (HCCG) as part of the Intermediate Care services. The upstairs floor of the building was closed as a bed-based service a couple of years ago, due to an excess of beds in the Borough at that time. The upstairs floor is currently utilised as office space for Adult Social Care services.

NHS England have allocated capital funding to STHK hospital; to fund additional beds for the winter period.

Discussions have taken place with the Director of Adult Social Services (Halton) and the Chief Executive of STHK Hospital to consider funding refurbishment of the upstairs floor at Oak Meadow to open an additional 11 beds.

Social Work Matters Forum

The 'Social Work Matters Forum' has been running in Halton for three years and continues to thrive. Led by social work professionals within the Council the forum provides a valuable feedback and feed forward mechanism for both local and national issues related to social work. The quarterly meetings, chaired by the Adults' Principal Social Worker, involves input from internal teams as well as hosting external speakers. Content is focussed on best practice and information sharing and has involved case study examples, updates on project work and legislative changes. The Forum is well attended with dates for the year being set in advance. The recent meeting looked at:-

- Teaching Partnership – Presentation from Sam Walsh, Practice Manager for Social Work Professional Development
- Carer's Centre – Rose Belair – Adult Carers Support Worker
- Channel – process and interventions - Bev Hurst, Prevent Co-ordinator, Merseyside and Cheshire Police

Community Connectors

There two Community connector posts 12 month pilot continues until April 2019. The pilot is now subject to review and evaluation. They have focused on connecting local people to their neighbourhood and communities. They are a single, local point of contact in an agreed area and proactively seek out vulnerable people who may benefit from a local area connector approach.

The Community connectors have already been busy providing advice, information and support in the community to people, families and their carers across service types.

They have identified a number of community based services and have been working closely with social workers and social care staff to aid awareness of aware of alternative services and opportunities available to people.

The Halton Autism Action Alliance (HAAA) continues to meet on a Bi monthly basis with a focus on ensuring that the All Age Autism Strategy Delivery plan continues to make progress. The recruitment process for the partnership chair role of this group is now underway with advertisements being circulated across a range of areas

The Autism self-assessment now has been completed, approved and submitted and we now await the analysis and publication of data and outcomes from this piece of work.

The operational lead for Autism is taking forward the actions relating to training of front facing HBC staff in the, ensuring that mandatory equality and diversity training references autism awareness training and that this is publicised and available to all Halton staff. In addition work is being undertaken with the Human Resources team to identify suitable training to meet the need for more specialist training (particularly for social work staff) that goes beyond the current training available via eLearning and face to face in the Borough.

The group will continue to feedback via the Strategic Action and Commissioning Group."

Transition Team

Towards the end of 2016 a review took place looking at local processes and procedures in place to support young people with health and social care needs and their families/carers going through transition. This review involved consultation with families and it revealed that: It also became clear that transition arrangements were not fit for purpose.

In early 2017, action was taken to address this; a dedicated Transition Team was established, supported by a new Multi-Agency Transition Protocol, to ensure that in future young people would experience transition that is planned from an earlier stage with effective joint working between professionals and taking into account the wishes and needs of young people and their families.

The Transition Team was established in February 2017 comprising one Social worker from Children's Services and two Social Workers from Adult Social Care with Principal Manager support from Adult Social Care. Close working links were also established, aided by physical co-location, with the Positive Behaviour Support Service and the Continuing Health Care Complex Needs Children's Nurse (employed by the CCG). The aim of the team is to have a joined up approach to transition from education, health and social care with increased and targeted co-ordination and communication from all agencies from a younger age. The team works with young people aged from 14 to 25 years (or until appropriate to transfer into generic adult services), depending on complexity and how much support they will require to go through the transition process.

In September 2017, the Transition Team was awarded £92,827 from the Department of Health (now the Department of Health & Social Care – DHSC) following a bid to be involved with the national 'Named Social Worker' pilot, which ran until April 2018. The aim of the pilot was to support sites to make changes to social work practice and wider system conditions that will improve outcomes and experiences for individuals with learning disabilities, autism and mental health conditions, and for the people around them.

In practice, the model varied from one place to another but the ambition was for all the sites to:

- Provide excellent person-centred support for individuals with learning disabilities and the people around them;
- Equip and support social workers to be enablers of high quality, responsive, person centred and asset based care;
- Build more effective and integrated systems that bring together health, care and community support and deliver efficiency savings.

The additional funding allowed the creation an additional Social Worker post and an Advanced Practitioner post. This additional capacity allowed the team to work intensively with 17 young people with complex needs as part of the pilot. Social Workers worked with the young people and their families to prevent crisis intervention and develop a new approach to working with those who are often seen as the most challenging and therefore often end up in out-of-area residential placements.

Halton took part in the overall evaluation of the pilot on a national level and a cost-benefit analysis was completed by York Consultancy. The cost-benefit analysis revealed a Financial Return on Investment of 5.14 which means a £5.14 saving for every £1 spent on NSW support.

One of the cases from Halton's pilot became a case study shared nationally as part of the positive outcomes of the NSW approach (Peter's story). This demonstrated the costs savings that can be realised by the wider system as a result of the NSW model.

Following on from the Evaluation, Halton Borough Council are working with partners across Health and Education to secure further funding to retain the additional resources and continue to work within the Named Social Worker model.

Halton is presently working alongside Social Care Institute of Excellence, the Department of Health and Social Care and the innovation unit on rolling out national guidance on Transition, from Directors of Adult Social Services to social work Practitioners.

A 'Transition Video' that was produced by a group of young people from Halton has been recommended to be added to the guidance and tools for good practice for Social Workers to access when working with young people and their families.

In January 2019, The Transition Team and the 'The preparing for Adulthood' service from Education within Halton Borough Council, are working in partnership, with the National Development Team, commissioned by the Department of Education to review the process and audit of, 'Education and Health Care Plans', and how these can be reviewed and improved.
A new Audit tool is being developed by the group and Halton will be a pilot site, before the final version is rolled out nationally.

Review of the Mental Health Act 1983: this national review took place throughout 2018, with a consultation which received a response from this Council. The final outcome of the review has now been published and is being considered by the government. It is likely that this will lead to a full revision of the current mental health legislation in 2019/ 20.

The review has made 154 recommendations, and these will be considered by central government to form the basis of a Green Paper, to be followed by a White Paper which will in turn lead to legislation. A number of key principles are put forward in the review:

- Choice and autonomy: ensuring that patients have more choice in decision-making
- That the Act should be used in the least restrictive way
- Services should be delivered for therapeutic benefit, reducing the need for detention
- Treating each person as an individual

Two key recommendations have already been accepted in full by central government:

- The development of a Statutory Advanced Choice Document, so that people can make choices about their treatment whilst they have the capacity to do that
- Changing the definition of “nearest relative” to “nominated person”, a decision which must again take place whilst the person has the mental capacity to make the decision. This will remove a problem in the existing legislation where people who have abused family members can still have the right to determine what happens to them.

Further updates will be made available as the process continues.

National Workforce Plan for Approved Mental Health Professionals (AMHPs): this national plan has been developed by the national AMHP leads and has been submitted to the Association of Directors of Adult Social Services for approval. This will support the delivery of effective workforce planning for this essential but complex role, and its local implementation will be considered in future months in Halton.

Public Health

There continues to be separate work streams in care homes specifically around the rates of falls and whether more can be done to reduce the number of falls. Equally there is a separate work stream looking at 5 particular wards within the borough that have above the national average incidents of falls. The outcomes of both of these work streams will be fed up to the appropriate boards.

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

Directorate. It should be noted that given the significant and unrelenting downward financial pressures faced by the Council there is a requirement for Departments to make continuous in-year adjustments to the allocation of resources in order to ensure that the Council maintains a balanced budget. Whilst every effort continues to be made to minimise any negative impact of such arrangements upon service delivery they may inevitably result in a delay in the delivery of some of the objectives and targets contained within this report. 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	Q1 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

Key Performance Indicators

Older People:

Ref	Measure	17/18 Actual	17/18 NW	18/19 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***	623.31	888.8	635	338.09	✓	⇩
ASC 02	Delayed transfers of care (delayed days) from hospital per 100,000 population.	604	1200	5147	1145 v plan 860.1	✗	⇧

	Better Care Fund performance metric						
ASC 03	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population. ***Better Care Fund performance metric***	3290	272	13,289	3217 v plan 3274	✓	⬇
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	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***	78%	86%	75%	N/A	N/A as no target	N/A
Adults with Learning and/or Physical Disabilities:							
ASC 06	Percentage of items of equipment and adaptations delivered within 7 working days	94%	N/A	97%	73%	U	⬇
ASC 07	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support – include brief definition) (Part 1)	66%	89%	78%	71.5%	NA	N/A
ASC 08	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support – include brief definition) (Part 2) DP	33%	25%	44%	29.4%	NA	N/A
ASC 09	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G)	87%	88%	87%	89.7%	✓	⬇

ASC 10	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	5.30%	4.4%	5%	4.7%	✓	↓
ASC 11	Out of Borough Placements – number of out of borough residential placements	N/A	N/A	30	N/A	N/A	N/A
People with a Mental Health Condition:							
ASC 12	Percentage of adults accessing Mental Health Services, who are in employment.	0.49%	N/A	N/A	0.43%	N/A	N/A
ASC 13 (A)	Percentage of adults with a reported health condition of Dementia who are receipt of services.	44.44%	N/A	TBC	45.2%	N/A	N/A
ASC 13 (B)	Percentage of Carers who receive services, whose cared for person has a reported health condition of Dementia.	11.02%	N/A	TBC	15.15%	N/A	N/A
Homelessness:							
ASC 14	Homeless presentations made to the Local Authority for assistance In accordance with Homelessness Act 2002.	117	N/A	500	N/A	N/A	N/A
ASC 15	Homeless Households dealt with under homelessness provisions of Housing Act 1996 and LA accepted statutory duty	10	N/A	100	N/A	N/A	N/A
ASC 16	Number of households living in Temporary Accommodation	6	N/A	17	N/A	N/A	N/A
ASC 17	Households who considered themselves as homeless, who approached the LA housing advice service, and for whom housing advice casework intervention resolved	1.64%	N/A	6.00%	N/A	N/A	N/A

	their situation (the number divided by the number of thousand households in the Borough)						
Safeguarding:							
AS C 18	Percentage of VAA Assessments completed within 28 days	74.49%	N/A	88%	69%	?	
AS C 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).	61%	N/A	56%	66%	✓	
AS C 20 (A)	DoLS – Urgent applications received, completed within 7 days.	N/A	N/A	80%	N/A	N/A	N/A
AS C 20 (B)	DoLS – Standard applications received completed within 21 days.	N/A	N/A	80%	N/A	N/A	N/A
AS C 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)	88.9%	Not yet available	82%	N/A	N/A	N/A
Carers:							
AS C 22	Proportion of Carers in receipt of Self Directed Support.	99.27%	81.7%	TBC	98.4%	N/A	N/A
AS C 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)*	8.1% 2016/17	N/A	9	N/A	N/A	N/A

ASC 24	*Overall satisfaction of carers with social services (ASCOF 3B)*	48.9% 2016/17	N/A	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)	76.6% 2016/17	N/A	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% 2016/17	N/A	93%	N/A	N/A	N/A

Supporting Commentary

Older People:

ASC 01 The permanent admissions are lower than those as at the end of Q3 in 17/18. (lower figures are better for this measure).

ASC 02 The full Q3 data is not available, the data reported here relates to October and November.
The nationally reported figures are 1145 delayed days, however Warrington Trust have informed us of an administrative error which overstated the number of delayed days. Once this error has been taken into account the number of delayed days reduces to 1094. Whilst this remains above plan the number of delayed days is below that reported in the same period in 2017/18 (1275)
There has been a large increase in the number of delays attributed to patients awaiting care in their own home, this has increased from 82 to 361 in the comparable periods.

ASC 03 The CCG is in line to achieve the plan set with NHS England for non-elective activity, however Year-on-year growth is around 7% and an additional 889 emergency admissions have been witnessed. Increases are driven almost exclusively by St Helens trust (+974, +16%) with a small reduction at Warrington (-85, -2%) The CCG is working with MIAA and the trusts to understand the reasons behind the number of very short stay admissions and emergency readmissions with a view to developing alternatives.

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 Quarter 4.
Data published October 2017, the latest data for 17/18 will be available in October 2018

Adults with Learning and/or Physical Disabilities:

ASC 06 Data does not include HMS as this information has not yet been received, this is being followed up by the performance team.

ASC 07	We are looking at the recording and calculation of this measure due to the low percentage against the target.
ASC 08	While the figure appears low in relation to the target, we perform well in relation to the North West and neighbouring authorities.
ASC 09	We have exceed the target for this measure and have now moved the process in-line with the SALT Guidance
ASC 10	Performance very slightly less compared to same quarter last year.
ASC 11	Information currently unavailable.
People with a Mental Health Condition:	
ASC 12	This target is close to being achieved. This is an area which will receive further attention with the continued development of the local strategic planning approach in mental health.
ASC 13 (A)	When compared with last year, this performance indicator does not look as if it will achieve the same levels as last year. However, locally there is work going on within primary care to improve the number of care plan reviews for people with dementia, and this is likely to lead to an increase in referrals for services.
ASC 13 (B)	When compared with last year, this figure has improved so far. The Halton Carers Centre has a specific carers worker for people with dementia and this is supporting the delivery of this performance indicator.
Homelessness:	
ASC 14	Information currently unavailable
ASC 15	Information currently unavailable
ASC 16	Information currently unavailable
ASC 17	Information currently unavailable
Safeguarding:	
ASC 18	This figure is around 6 per cent lower than as at the same period last year, this is generally due to loading on to the Carefirst system and is being addressed through caseload management and performance support workshops.
ASC 19	17/18 Data not available due to reporting issues which are being investigated.
ASC 20 (A)	17/18 Data not available due to reporting issues which are being investigated.
ASC 20 (B)	Annual collection only to be reported in Q4, (figure is an estimate).
ASC 21	Annual collection only to be reported in Quarter 4, (figure is an estimate).
Carers:	
ASC 22	This figure is slightly lower than as at the same time last year, this could be due to a reduction in the number of informal carers that have been assessed and received a service

ASC 23	This is the Biennial Carers Survey which will commence in December 2018
ASC 24	This is the Biennial Carers Survey which will commence in December 2018
ASC 25	This is the Biennial Carers Survey which will commence in December 2018
ASC 26	This is the Biennial Carers Survey which will commence in December 2018

Public Health

Key Objectives / milestones

Ref	Milestones	Q3 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.	U
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 reduce 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.	✓

Supporting Commentary

PH 01a Halton is working closely with the Cheshire and Merseyside Cancer Prevention group to develop the C&M Cancer Alliance transformation funding for CURE (a secondary care based smoking cessation approach), while Halton hospitals were not successful in securing a place in the pilot, WHHT are very keen to replicate the approach and particpate in subsequent rounds; we are working closely to facilitate this.

Halton Stop Smoking Service has seen an increase in maternal referrals and an increase in pregnant smokers quitting so far this year compared to the same period last year. Brief Intervention training has been delivered to Midwives this quarter taking total number of Midwives trained to 19. This reflects the successful partnership working between Halton Midwives and the Stop Smoking Service supported by funding from NHS England in 16/17 to reduce maternal smoking rates.

The Stop Smoking Service has visited a total of 5 workplaces this quarter and delivered Lung Age readings in 4 workplaces and delivered cessation in one workplace for routine and manual groups to access support and products to quit smoking.

PH 01b We continue to work closely with the Cheshire and Merseyside Cancer Prevention Group in the development of proposals to support improvements in cancer screening uptake and awareness. Uptake of Bowel Screening continues to increase slowly though is still below target, while Cervical and Breast screening are currently achieving target there is a gradual local and national decline in uptake of these programmes.

PH 01c Data available up to the end of October identifies that the 2 week wait referral (percentage of those referred on a 2 week pathway are seen within 2 weeks) is below the target, achieving 91.4% year to date against a target of 93% Overall, year to date October 2018, we are achieving the target (85%) of individuals receiving first treatment within 62 days of referral, 86.64%.

PH 02a The Bridgewater health visitor, school nurse and Family Nurse Partnership (FNP) 0-19 service continues to deliver all the elements of the Healthy Child programme to families in Halton. Public health England are providing training to health visitors in Halton on Speech, language and communication, as part of a pilot programme. The aim of this work is to improve child development, through speech and language, which is one of the areas that child development scores are lower in Halton.

PH 02b The Family Nurse Partnership service continues to be fully operational with a full caseload and works intensively with first time, teenage mothers and their families. The annual FNP celebration event was held in December 2018, and

was well attended by staff and clients. The programme has reach 112 families in the last 12 months, and undertaken 1276 visits.

PH 02c Progress has been made in many of the areas on the action plan, and an operational group is looking at refreshing the action plan to focus ensuring we achieve those areas that are ongoing, such as breastfeeding policies, social marketing campaigns and parent education sessions.

PH 03a Health Improvement Team continues to deliver a 45 week Age Well (postural stability) exercise programme across the borough. We are continuing to identify areas and opportunities to maximise uptake of the Exercise Programme.

We are collaborating with many partners both in the community and within hospital settings to explore opportunities to develop new initiatives to improve screening for falls and promotion of preventative service.

We continue to promote and deliver the Age Well Awareness program to all front line staff which includes training on the use of the Falls Risk Assessment Tool and advising on the appropriate falls referral pathways. This training package is to be reviewed this quarter to see if it can provide more holistic information around falls as opposed to the focus of the FRAT. Work is continuing with the CCG to look at the opportunities to work closer with our Health colleagues for improving the promotion and the uptake of the Age Well exercise programme and focus more on Prevention.

We continue to raise public awareness about falls, the steps that people can take to minimise the risk of falls and the various services across the borough that can support people at risk.

PH 03b The 5 year strategy for Falls. 2018-2023 was presented the Older Peoples Reference Group. It will now be presented to Health and Wellbeing Board. We are continually looking at how we can streamline the referral pathway to the Falls Prevention Service with the hope to offer rehabilitative services to more people who have had a fall to prevent further falls and hospital admissions.

There continues to be separate work streams in care homes specifically around the rates of falls and whether more can be to reduce the number of falls. Equally there is a separate work stream looking at 5 particular wards within the borough that have above the national average incidents of falls. The outcomes of both of these work streams will be fed up to the appropriate boards.

We have made changes to the referral pathways for Adult Social Care staff. This has resulted in a significant increase in the number of potential referrals to the Age Well exercise Programme. Since June there have been 80 potential referrals for the Age Well service.
We have devised a new pathway with the Telehealth care team who respond to people who fall in our community. This has been activated in January 2019.

PH 04a We continue to make good progress in Halton, seeing long terms decline in the number of under 18s admitted to hospital as a result of alcohol. There is a strong partnership approach locally which is coordinating delivery of alcohol awareness campaigns, delivery of education sessions, and continuation of training for brief interventions to enable professionals to engage in alcohol interventions for people who need early help.

PH 04b Halton Health Improvement team continue to raise awareness of safe drinking recommendations and local alcohol support services within the local community through the delivery of integrated approachies, including the delivery of Audit C and alcohol brief intervention and advice through smoking cessation services, health checks and the Drink Less and Enjoy More campaign.

PH 04c We continue to monitor the delivery of the substance misuse service (CGL) in terms of outcomes and outputs with appropriate numbers of new referrals for alcohol and non-opiate related problems as well as those receiving post treatment recovery support.

PH 05a Further to the previous report, Halton continues to deliver its broad range of community and locality based programmes to promote health and wellbeing, reduce the stigma of mental health and provide training and advice on mental health and suicide. The Halton submission has been made for our application to become a Time to Change Hub and we have been successful in getting through the first round and will be making a presentation alongside our delivery partners Mind, in London later this month.

PH 05b We continue to implement the Suicide Prevention strategy and action plan alongside our engaged partners across the Suicide Prevention Partnership. In addition we continue to engage with the wider footprint Zero Suicie work across Cheshire and Merseyside, in the process of populating the Stay Alive App with localised information as a tool for those experiencing crisis.

We are beginning the process of data collection for the 2018 Suicide audit which would be finalised within the next month or so.

Key Performance Indicators

Ref	Measure	17/18 Actual	18/19 Target	Q3	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)	60.9% (2016/17)	63.0% (2017/18)	Annual data only	U	↓
PH LI 02a	Adults achieving recommended levels of physical activity (% adults achieving 150+ minutes of physical activity)	65.2% (2016/17)	66.0% (2017/18)	Annual data only	U	↑
PH LI 02b	Alcohol-related admission episodes – narrow definition (Directly Standardised Rate per 100,000 population)	838.2 (2017/18) Provisional	836.0 (2018/19)	813.1 (Q3 '17/18 – Q2 '18/19) Provisional	U	↑

PH LI 02c	Under-18 alcohol-specific admissions (crude rate per 100,000 population)	57.8 (2015/16-2017/18) Provisional	57.0 (2016/17-2018/19)	56.6 (Q3 '16/17-Q2 '18/19) Provisional	U	↑
PH LI 03a	Smoking prevalence (% of adults who currently smoke)	16.6% (2016)	15.0% (2017)	15.0% (2017)	✓	↑
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*	93.6 (2015-17)	91.0 (2016-18)	89.9 (Q3 '15 – Q2 '18) Provisional	U	↑
PH LI 04a	Self-harm hospital admissions (Emergency admissions, all ages, directly standardised rate per 100,000 population)	337.9 (2017/18) Provisional	335.0 (2018/19)	324.3 (Q3 '17/18 – Q2 '18/19) Provisional	U	↑
PH LI 04b	Self-reported wellbeing: % of people with a low happiness score	12.2% (2016/17)	11.1% (2017/18)	Not yet available	U	↑
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*	173.7 (2015-17) Provisional	173.0 (2016-18)	170.3 (Q3 '15 – Q2 '18) Provisional	U	↑
PH LI 06ai	**Male** 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,*	17.3 (2014-16)	17.5 (2016-18)	17.3 (2015-17) Provisional	U	⇔

	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*	19.1 (2014-16)	19.3 (2016-18)	19.2 (2015-17) Provisional	U	↑
PH LI 06b	Falls and injuries in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF definition)	3014.9 (2017/18) Provisional	3000.0 (2018/19)	2940.8 (Q2 17/18 - Q1 18/19) Provisional	U	↑
PH LI 06c	Flu vaccination at age 65+ (% of eligible adults aged 65+ who received the flu vaccine, GP registered population)	74.0% (2017/18) Provisional	75.0% (2017/18)	Not yet available	U	↑
PH LI 07a	% of successful completions (drugs) as proportion of all treatment (18+) (Increase)	17.3% (2016/17)	Above NW average	20.8% (Nov '17 - Oct '18)	✓	↑
PH LI 07b	Individuals re-presenting to drug services within 6 months of discharge (reduction)	8.9% (2016/17)	Below NW average	9.7% (Nov '17 - Oct '18)	✓	↓

Supporting Commentary

PH LI 01 - Data is released annually.

PH LI 02a - Data is released annually.

PH LI 02b - Although based on provisional data, the rate to Q2 2018/19 has fallen from the end of year rate for 2017/18. Though we are below the target for the year, it is still too early to state whether the year-end target will be achieved.

Provisional figures are based on unverified data and as such caution is advised in their use.

PH LI 02c - Although based on provisional data, the rate to Q2 2018/19 has fallen from the end of year rate for 2017/18. Though we are below the target for the year, it is still too early to state whether the year-end target will be achieved.
Provisional figures are based on unverified data and as such caution is advised in their use.

PH LI 03a - Adult smoking prevalence has reduced once again and has met the target for 2017.
Data is available annually; 2018 target will be set for the Q1 2019/20 QMR.

PH LI 03b - Premature mortality from CVD has fallen to the 3-year period to the end of Q2 2018, however, it is currently too early to state whether the year-end target will be achieved.

Mortality indicators are now based on 3-year period

PH LI 04a - Although based on provisional data, the rate to Q2 2018/19 has fallen from the end of year rate for 2017/18. Though we are below the target for the year, it is still too early to state whether the year-end target will be achieved.
Provisional figures are based on unverified data and as such caution is advised in their use.

PH LI 04b - Data is available annually.

PH LI 05 - Too early to state whether the year-end target will be achieved.

Mortality indicators are now based on 3-year periods.

PH LI 06ai - Data is available annually.

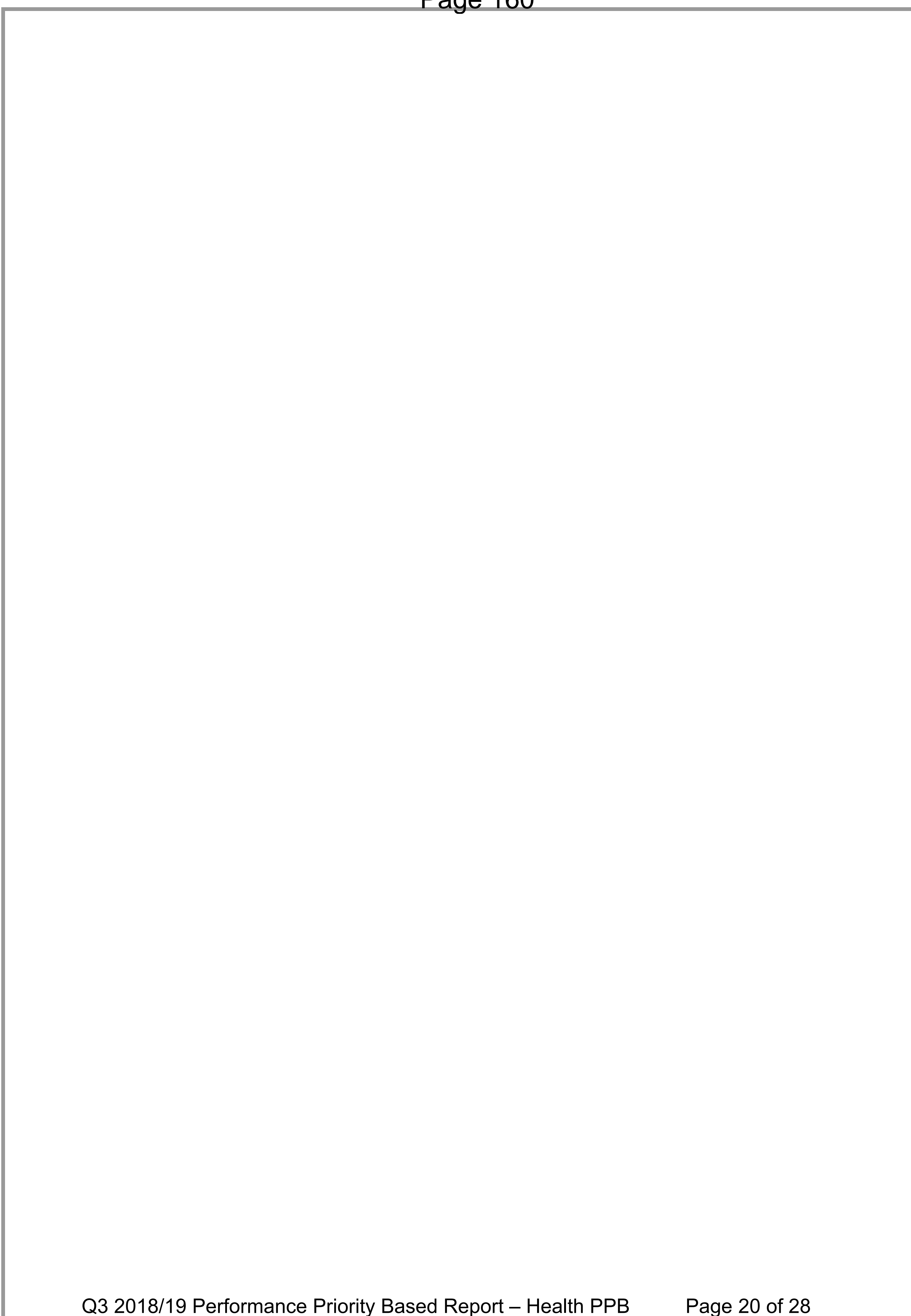
PH LI 06aii - Data is available annually.

PH LI 06b - Although based on provisional data, the rate to Q2 2018/19 has fallen from the end of year rate for 2017/18. Though we are below the target for the year, it is still too early to state whether the year-end target will be achieved.
Provisional figures are based on unverified data and as such caution is advised in their use.

PH LI 06c - For 2017/18, Halton failed to meet the 75% target for flu vaccination uptake amongst those residents aged 65+. However, there was an increase in population flu vaccination coverage in this age group, from 71.5% (2016/17) to 73.7% (2017/18).

PH LI 07a - Successful completions (according to the NDTMS website) show good progress and are higher compared to the national (14.1%) and North West (14.8%) averages. The Halton percentage has increased from the same period the previous year.

PH LI 07b - Re-presentations within 6 months (according to the NDTMS website) are lower compared to the national (10.3%) and North West (10.5%) averages. However, the Halton percentage has increased from the same period the previous year.



ADULT SOCIAL CARE DEPARTMENT

Revenue Budget as at 30 September 2018

	Annual Budget £'000	Budget To Date £'000	Actual Spend £'000	**Variance** (Overspend) £'000
Expenditure				
Employees	14,770	7,069	6,971	98
Other Premises	329	134	132	2
Supplies & Services	1,596	616	615	1
Aids & Adaptations	113	39	37	2
Transport	201	83	81	2
Food Provision	206	82	81	1
Contracts & SLAs	528	160	170	(10)
Emergency Duty Team	98	20	21	(1)
Other Agency	635	299	313	(14)
Payments To Providers	1,443	653	648	5
Transfer to Reserve	210	0	0	0
Total Expenditure	**20,129**	**9,155**	**9,069**	**86**
Income				
Sales & Rents Income	-281	-196	-196	0
Fees & Charges	-666	-304	-318	14
Reimbursements & Grant Income	-1,139	-366	-369	3
Transfer From Reserves	-800	0	0	0
Capitalised Salaries	-111	-56	-56	0
Government Grant Income	-1,161	-1,115	-1,115	0
Total Income	**-4,158**	**-2,037**	**2,054**	**17**
Net Operational Expenditure	**15,971**	**7,118**	**7,015**	**103**
Recharges				
Premises Support	610	305	305	0
Asset Charges	50	0	0	0
Central Support Services	3,027	1,456	1,456	0
Internal Recharge Income	-2,037	-1,127	-1,127	0
Transport Recharges	671	115	114	1
Net Total Recharges	**2,321**	**749**	**748**	**1**
Net Department Expenditure	**18,292**	**7,867**	**7,763**	**104**

Comments on the above figures

In overall terms, the Net Department Expenditure excluding the Complex Care Pool is £104,000 below budget the budget profile at the end of the second quarter of the 2018/19 financial year.

Employee costs are currently showing spend of £98,000 under budget profile, due to savings being made on vacancies within the department, specifically in the Day Services and Care Management divisions. Some of these vacancies have been advertised and have been, or are expected to be, filled very soon, therefore the current level of underspend is not projected to continue at this level for the remainder of the financial year.

Employee budgets are based on full time equivalent staffing numbers of 537.

Income achieved is currently running slightly above target, and is projected to do so for the year.

Capital Projects as at 30 September 2018

	2018-19 Capital Allocation £'000	Allocation To Date £'000	Actual Spend £'000	Total Allocation Remaining £'000
ALD Bungalows	199	0	0	199
Vine Street Development	10	0	1	9
Purchase of 2 Adapted Properties	520	0	0	520
Total	729	0	1	728

Comments on the above figures:

Building work on the ALD Bungalows is expected to be completed in the latter period of the 2018/19 financial year.

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. Construction was completed during the previous financial year, the 2018/19 capital allocation represents the funding carried forward from 2017/18 to fund the residual payments due in relation to the scheme.

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 during the latter stages of the 2018/19 financial year.

COMPLEX CARE POOL
Revenue Budget as at 30TH September 2018

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	**Variance To Date** (overspend) £'000
Expenditure				
Intermediate Care Services	6,459	2,465	2,437	28
End of Life	200	92	83	9
Sub-Acute	1,769	818	798	20
Urgent Care Centres	615	155	155	0
Joint Equipment Store	613	56	70	(14)
CCG Contracts & SLA's	1,219	494	460	34
Intermediate Care Beds	599	299	299	0
BCF Schemes	1,729	865	865	0
Carers Breaks	440	229	184	45
Madeline McKenna Home	527	254	285	(31)
Millbrow Home	1,329	705	1,026	(321)
BCF unallocated	713	0	0	0
Adult Health & Social Care Services:				
Residential & Nursing Care	20,336	8,589	8,458	131
Domiciliary & Supported Living	13,446	5,701	5,323	378
Direct Payments	7,611	4,003	5,044	(1,041)
Day Care	420	152	210	(58)
Total Expenditure	58,025	24,877	25,697	(820)
Income				
Residential & Nursing Income	-6,144	-2,280	-2,276	(4)
Domiciliary Income	-1,414	-587	-559	(28)
Direct Payments Income	-569	-169	-210	41
BCF	-9,844	-4,922	-4,922	0
CCG Contribution to Pool	-13,631	-6,816	-6,816	0
ILF	-677	-169	-169	0
Income from other CCG's	-113	-56	-64	8
Madeline McKenna fees	-279	-137	-101	(36)
Millbrow fees	-307	-142	-163	21
Falls Income	-60	-30	-30	0
Total Income	-33,038	-15,308	-15,310	2
Net Department Expenditure	**24,987**	**9,569**	**10,387**	**(818)**
Liability as per Joint Working Agreement (HCCG share - 38%)	**0**	**0**	**-310**	**310**
Adjusted Net Dept. Expenditure	**24,987**	**9,569**	**10,077**	**(508)**

Comments on the above figures:

The overall position for the Complex Care Pool budget is £818,000 over budget profile at the end of the quarter 2.

Intermediate care services achieved an underspend last financial year and this trend looks to continue in 2018/19.

To date only one invoice (April) has been received in respect of the Joint Equipment Service and this is £12,000 over budget profile. The new contract states an exception report must be provided by Bridgewater if the spend is over budget profile, which we are currently still waiting for. Invoices are to be submitted on a monthly basis so that spend can be more closely monitored.

The Carer's Breaks budget is under budget profile by £45,000 as at quarter 2. A couple of contracts have ended and the personalised break costs from Halton Carer's Centre are quite low. Direct Payment carer's break spend is also lower than expected at this point in time but this may increase as spend historically accelerates towards the end of the financial year.

Madeline McKenna Residential home and Millbrow Nursing home were purchased by the council last financial year. Madeline McKenna Residential home is expected to achieve a balanced budget at year end. Millbrow Nursing home was transferred with a legacy of agency workers. Agency spend so far this financial year is £529,000 but this is being addressed as a matter of urgency and a new staffing structure will be implemented shortly, which will reduce spend on agency staff.

The main pressure on the Complex Care Pool budget is due to the Adult Health and Social Care budget which is currently £573,000 over budget profile as at Q2. The expected year end forecast based on current demand is an overspend position of £1.7m.

It was recognised last year that this budget is under significant pressure and a recovery working group was set up to address the issues. This group is currently looking at ways to reduce spend whilst ensuring the needs of clients continue to be met.

The Health and Social Care budget is a mix of residential, domiciliary and direct payments and also a mix of CHC and LA funded care packages. Included in the annual projection is an estimate for the increase in the cost of sleep in rates. This has changed from an inconsistent cost per sleep to a consistent hourly rate. The projected overspend has been analysed below and split been CCG and LA funded care packages:-

Residential & Nursing Care

Continuing Health Care (CHC) and Joint Funded Care (JFC) packages continue to be a major pressure. Partway through the last financial year a recovery action plan was put together. As a result of this transitionally funded packages were focussed upon and the number of reviews completed within 28 days improved dramatically. Some of these packages were also deemed not eligible for CHC but were eligible for Funded Nursing Care (FNC). There has been a noticeable decrease in the number of people being deemed eligible for CHC funded packages and an increase in FNC costs. This trend is continuing

Count and Spend:

The total number of clients receiving a permanent residential care package has increased from 582 clients in April to 615 clients in September. The average weekly cost of a permanent residential package of care increased from £628 to £630 for the same period.

Domiciliary & Supported Living

A number of service users that are in residential homes but receiving extra 1 to 1 support will cost approximately £312,000 this financial year. The 1 to 1 block contract with St Luke's has now ended and service users will be assessed on a case by case basis.

Count and Spend:

The total number of clients receiving a domiciliary care package decreased by 1.6% from 676 clients in April to 665 clients in August. However, the average cost of a domiciliary care package has increased by 1.7% from £336 in April to £342 in August.

Direct Payments
During the first quarter the number of service users utilising a direct payment increased and this pattern has continued in quarter 2. In the main this is due to the main domiciliary care provider struggling to recruit staff, resulting in not being able to pick up care packages. In fact the number of new referrals received so far this year is 98 compared to 75 for the same period last year. This is a 30% increase in new referrals.

Count and Spend:
The total number of clients receiving a Direct Payment (DP) has increased by 9% from 503 clients at the end of the last financial year to 552 clients in August. The average cost of a DP package has increased from £334 to £360.

Pooled Budget Capital Projects as at 30th September 2018

	2018-19 Capital Allocation £'000	Allocation To Date £'000	Actual Spend £'000	Total Allocation Remaining £'000
Disabled Facilities Grant	1,109	270	221	888
Stair lifts (Adaptations Initiative)	300	150	108	192
RSL Adaptations (Joint Funding)	250	125	65	185
Millbrow Residential Home	150	150	180	(30)
Madeline McKenna Residential Home	136	10	5	131
Total	**1,945**	**705**	**579**	**1,366**

Comments on the above figures:

Total DFG capital funding consists of £1,629,000 Disabled Facilities Grant (DFG) allocation for 2018/19 and £316,000 DFG funding carried forward from 2017/18 to fund ongoing expenditure.

The renovations to Millbrow are now complete and final costs are slighted more than expected, however this will be contained within the DFG overall.

Similarly, the £136,000 allocated for Madeline McKenna is funding for refurbishment of the premises. The purchase was completed in November 2017, and the establishment is also now managed by Halton Borough Council's Adult Social Care department.

PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT

Revenue Budget as at 30 September 2018

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	**Variance to Date** (overspend) £'000
Expenditure				
Employees	3,664	1,792	1,760	32
Other Premises	5	0	0	0
Supplies & Services	267	96	85	11
Contracts & SLA's	6,803	3,089	3,098	(9)
Transport	6	3	3	0
Other Agency	18	18	18	0
Total Expenditure	**10,763**	**4,998**	**4,964**	**34**
Income				
Other Fees & Charges	-73	-63	-60	(3)
Government Grant	-10,185	-4,798	-4,798	0
Reimbursements & Grant Income	-278	-162	-153	(9)
Transfer from Reserves	-226	0	0	0
Total Income	**-10,762**	**-5,023**	**-5,011**	**(12)**
Net Operational Expenditure	**1**	**-25**	**-47**	**22**
Recharges				
Premises Support	179	89	89	0
Central Support Services	718	359	359	0
Transport Recharges	32	15	14	1
Support Income	-98	-81	-81	0
Net Total Recharges	**831**	**382**	**381**	**1**
Net Department Expenditure	**832**	**357**	**334**	**23**

Comments on the above figures

In overall terms, the Net Department Expenditure for the second quarter of the financial year is £23,000 under budget profile.

Employee costs are currently £32,000 under budget profile. This is due to savings being made on a small number of vacancies and reductions in hours within the Health & Wellbeing and Environmental, Public Health & Health Protection Divisions and a delay in the transfer of the Weight Management Team. This is off-setting the overspend against budget in the Public Health Division. The vacancies are expected to be filled before the end of the financial year. However if not appointed to, the current underspend will continue to increase beyond this level.

Income received is currently running below target and is projected to continue to do so for the remaining half of the year. This is due to savings of £50,000 applied to income targets included in the Department's budget which are not achievable and a permanent solution should be investigated

further. However, higher than expected income received within the Environmental, Public Health & Health Protection Division is reducing the level of under achievement within the Department.

The expected outturn position for the department to 31 March 2019 is anticipated to be circa £45,000, based on the current levels of income and expenditure.

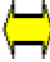
APPENDIX 2 – Explanation of Symbols

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.*