



To: **Members of the Protecting the Most Vulnerable Policy Committee**

Professor Steven Broomhead
Chief Executive

Councillors:

CLlr M Smith - Chair

CLlr M Creaghan - Deputy Chair

**CLlrs K Buckley, H Cooksey, R Knowles, S Krizanac,
K Morris, R Purnell and G Welborn**

Town Hall
Sankey Street
Warrington
WA1 1UH

27 March 2017

Protecting The Most Vulnerable Policy Committee

Tuesday 4 April 2017 at 6.30pm

Council Chamber, Town Hall, Sankey Street, Warrington, WA1 1UH

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A G E N D A

Part 1

Items during the consideration of which the meeting is expected to be open to members of the public (including the press) subject to any statutory right of exclusion.

- | Item | Page Number |
|---|--------------------|
| 1. <u>Apologies for Absence</u> | |
| To record any apologies received. | |
| 2. <u>Code of Conduct - Declarations of Interest Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012</u> | |

Members are reminded of their responsibility to declare any disclosable pecuniary or non-pecuniary interest which they have in any item of business on the agenda no later than when the item is reached.

3. Minutes

To confirm the minutes of the meeting held on 7 February 2017 as a correct record. 3 – 12

4. Edge of Care - Update

To consider a presentation from Fiona Waddington, Assistant Director Children and Young People's Targeted Services, on the latest position regarding Edge of Care.

5. Matters Arising from the Homelessness and Chaotic Lifestyles Report

To consider a report of Steve Reddy, Executive Director, Families and Wellbeing, following on from the previous report on homelessness and chaotic lifestyles in December 2016. 13 - 26

6. Work Programme 2016/17

To consider a report on behalf of Councillor Matt Smith, Chair of the Committee, on the Work Programme 2016/17 and the Monitoring of Actions and Recommendations. 27 – 36

Part 2

Items of a "confidential or other special nature" during which it is likely that the meeting will not be open to the public and press as there would be a disclosure of exempt information as defined in Section 100I of the Local Government Act 1972.

NIL

**PROTECTING THE MOST VULNERABLE
POLICY COMMITTEE
7 February 2017**

Present: Councillor M Smith (Chairman)
Councillors: K Buckley, H Cooksey, M Creaghan, S Krizanac,
K Morris, R Purnell and G Welborn

Also In Attendance: Councillor T Williams, Chairman, Health Scrutiny Committee

PTMV13 Apologies for Absence

Apologies for absence received were received on behalf of Councillor R Knowles.

PTMV14 Minutes

Decision,

That the Minutes of the meeting held on 6 December 2016 be confirmed and signed as a correct record.

PTMV15 Health and Social Care Integration by 2020

The Committee considered a report and a presentation by Simon Kenton, Assistant Director, Integrated Commissioning, about the national drivers and local implementation of Integration by 2020.

Members were informed that every Clinical Commissioning Group and Local Authority had to jointly agree a spending plan for integrated care by 2017 for implementation in 2020. No single route would be imposed by the Government to achieve that objective, but some examples included:-

- Moving to Accountable Care Organisations (ACOs) meeting all health and social care needs;
- Devolution; and
- Lead Commissioning arrangements through pooled budgets.

In Warrington, the partner bodies had decided to establish an Accountable Care Organisation and to expand the existing pooled budget - The Better Care Fund (BCF).

The report had been considered and agreed by the Health and Wellbeing Board on 26 January 2017 and included information on the following:-

- Background to integrated working;
- What were Accountable Care Systems;
- Situation in Warrington;
- Learning from new care models;
- Next steps, including commitments, shared leadership and accountability and shared systems.

Mr Kenton delivered a presentation which focused on the following areas:-

- National context;
- Drivers for integrated care;
- From fragmented services to a coordinated service meeting needs;
- The complex commissioning landscape;
- Barker Commission recommendations - single budgets and a single commissioner;
- Health, social care and public health as one service;
- Overall funding and the current extent of the Better Care Fund;
- Better Care Fund – seven national conditions;
- Warrington context and key local service providers/commissioners;
- Better Care Fund in Warrington and local workstreams and outcomes;
- Accountable Care Organisations and Warrington's ACO

Members made a number of comments and asked questions on the following issues and officers responded as indicated:-

- Given that there was around £360M in commissioning budgets in Warrington, which could be pooled what would happen if the total budget was exhausted through unforeseen circumstances or simply because of the scale of the demands on the service? – *Response:* The current BCF budget in Warrington was £21.8M and each partner had a risk share. Risk could be shared across both the Council and NHS commissioners or pooled to a single body. To date the NHS had little experience of making deep efficiency savings, unlike local authorities, where as much as 40% of budgets had already been saved. Where providers were in breach of contract, eg. by overspending, the commissioner could approach other providers
- Did that mean that if the local hospital failed to deliver services, it would face closure? That would be a significant blow to the population. Doctors and nurses were already overworked and overstretched, as there appeared not to be enough staff to cover the amount of care needed – *Response:* Warrington Hospital was currently a full service general hospital. However, it might be that some of those services were not the best offer possible. For example cancer, spinal injuries and road accident injuries might best be delivered elsewhere, with the local hospital focusing on certain other specialisms, for example, dementia. There was a need for all relevant bodies to work together to improve the system. For example, many partners were recruiting for nurses, therefore, it would be advantageous to focus on a single local nursing offer, rather than to compete against each other. A&E demand was high, but that was because patients were not going to their GP when they should. GPs would need to be involved in any changes proposed. There were already examples of good healthcare systems from around the globe, including France and, to some extent, the USA. Sharing the workforce and funding and being realistic about outcomes was the key to success.
- Was there any duplication in the systems being devised to implement integration? For example, the Out of Hospital Board and the NHS Leaders meeting of 17 January 2017 were both looking at scoping an ACO. –

Response: The Out of Hospital Board was a meeting of the six provider organisations and was effectively an operational group. An independent Chair had been appointed to that Board and the partners were beginning to challenge themselves around service delivery. The Health Summit would soon develop a Provider Board to include the voluntary sector and others. The meeting on 17 January 2017 had provided an opportunity to challenge NHS leaders about what would change, to obtain a commitment that they would implement it and a view of the steps that would need to be taken to achieve change.

- Currently, there were numerous GPs based in Warrington and each might have, say, 2,000 patients registered. However, the Council had plans to allow the development of further homes in Warrington, which might lead to as many as 50k new residents over the next 20 years. Had that increase in population been taken into account yet? – *Response:* GPs were all individual private practices and most were male doctors. It was estimated that another 30 GPs would be required in Warrington in the future. People often attended GP surgeries when it was not necessary, adding pressure to the system. The NHS often called for more money and more hospital beds to meet rising demand. However, a message of self-care needed to be promoted. Councillors in their role as community leaders would need to help to change the public's expectations of the health care system.

Councillor Williams was given permission to speak on the item. He reminded members that the NHS Sustainability and Transformation Plan (STP) for Cheshire and Merseyside had been published in the Autumn. Prior to that publication the Leader and the Chief Executive of the Council had written to the Government to express their concerns about the lack of engagement with local authorities about its content and the missed opportunity of not including adult social care within the plans. Subsequently, a number of draft STPs across the country had been leaked to the public and eventually the final documents had been published.

Overall, it was considered that the plans were very bland, with no definitive proposals included. Warrington's Health Scrutiny Committee had reviewed the plan for Cheshire and Merseyside and questioned NHS Warrington CCG and local NHS providers. A key response had stated that the plans simply included options for further discussion/development. However, the language had since changed to that of a programme, rather than options. Overall, there was a sense that local councils were being 'drip-fed' information. A Centre for Public Scrutiny (CfPS) seminar on STPs had been held last week, in Leeds, which had included some key stakeholders as well as representatives from the King's Fund (an independent charity working to improve health and care in England). The event had presented a similar picture of poor engagement and a disjointed approach across the country.

A key concern for Warrington, at the time of the publication of the STP, was the absence of an Accountable Care Organisation for the Borough. There was a feeling that Warrington was lagging behind other parts of the country. The authority was also questioning health professionals about the STP, although it was becoming clear that there was not one consistent view as to its proposals. Currently, the Health Scrutiny Committee had said that it could not support the STP, particularly in view of the authority's lack of input at the initial stage of its development. The footprint of the

local STP was Cheshire and Merseyside comprising three Local Delivery System (LDS) areas, of which Warrington was part of the Alliance LDS. The Council had raised the matter of an ACO with the CCG, but initially that body had been reluctant to commit to its development. It was also understood that the CCG had a difficult relationship with Warrington and Halton NHS Hospital Foundation Trust, which had hindered closer cooperation. The authority was working hard to try to build some degree of consensus. An ACO would provide the best value for money from the Warrington Pound.

The STP would ultimately be discussed by full Council, but it was noted that some issues had progressed. The ACO was now being developed, but care would need to be taken to ensure that progress could not be derailed by a silo mentality. In view of that progress, it was hoped that Council might not need to go so far as to rejecting the STP. The impact of not ratifying the plan was unclear, as NHS bodies were intent on rolling out the changes outlined in the plan. However, the Council was committed to seeking the development of a more comprehensive plan.

Some councillors had been concerned about the implications of the STP on A&E services at Warrington Hospital. The NHS had responded that Warrington's A&E would not close, but that message was at odds with the STP document, which set out three options for A&E. The authority had found it difficult to obtain a definitive answer to that question.

Overall, it was felt that an ACO would be a positive move for Warrington. An independent Chair for that body would be crucial in bringing together all the relevant NHS bodies. The Hospital's cashflow issues and NHS Warrington CCG's reluctance to provide additional funding, underlined that relationships could be difficult and even litigious, although that scenario was not peculiar to Warrington. The progress of the ACO would be an important consideration in the Council's deliberations about the STP. It was felt that the Scrutiny Committee had had a positive effect on getting key people to work together again. The difficulties for all parties of trying to make large scale changes to the system should not be underestimated.

The CCG had recently produced questionnaire asking what people knew about the NHS. It was important for elected members to understand the NHS in order to make objective comments about its services. Members were encouraged to fill in the survey. Councillor Williams undertook to ensure that the Head of Democratic Services circulated any relevant information from the CfPS seminar.

The Chairman asked what would happen if the Council was to refuse to endorse the STP. Councillor Williams stated that he understood that NHS bodies would still be in a position to carry on with its implementation, but would do so with only limited public confidence. Health Scrutiny had a statutory role in NHS service provision, as had been demonstrated by its proactive role in the issue of the closure of a local GP's branch surgery. Specific proposals could, under certain circumstances, be referred to the Secretary of State. The Health and Wellbeing Board also had some influence in relation to the direction of the STP. Mr Kenton commented that a number of Councils had already rejected their areas' STPs, including Shropshire, Camden and Liverpool. To date Warrington's Health Scrutiny Committee had said that it could not

support the STP in its current form until there was demonstrable proof that other interlinked issues were progressing.

Mr Kenton offered to report progress back to the Committee at a later date, if requested.

Decision,

To note the report and presentation on Health and Social Care Integration by 2020 and the update on the issues surrounding the Sustainability and Transformation Plan for Cheshire and Merseyside.

PTMV16 Adoption Annual Report 2015/16

The Committee considered the Warrington, Wigan and St Helens (WWiSH) Adoption Service Annual Report 2015/16. Fiona Waddington, Assistant Director Children's Targeted Services, was in attendance to deliver a presentation, which introduced the report and highlighted key elements.

The WWiSH Adoption Service had been established in 2011. Warrington, Wigan and St Helen's Councils were the first local authorities to collaborate and develop a shared adoption service. The service was hosted by Wigan Council and provided the recruitment and assessment of adopters, Adoption Panel and Adoption Support services to the communities of the three local authorities.

The Annual Report included detailed information on the following topics:-

- Vision for the service;
- Aims;
- Structure of the Service;
- Review of Key objectives for the past twelve months;
- National adoption agenda;
- Recruitment and assessment;
- Adoption;
- Adoption Support;
- Post adoption contact scheme;
- Diversity;
- Safeguarding;
- Whistleblowing; and
- Key objectives for 2016/17.

Ms Waddington also commented on the national performance measures, which comprised three year rolling figures and included challenging targets. The government, in particular, was pushing the adoption route, although courts took the view that adoption should be a last resort. As a consequence Placement Order numbers had fallen, which did not help the Council's performance statistics. Currently there were more adopters than children available. There were also some legacy issues, where court proceedings had lasted for several years. The detailed performance measures were as follows:-

Target No.	Measure	Target	Actual
A1	The average number of days between a child entering care and moving in with the adoptive family	426	517
A2	The average number of days from the Placement Order being made to a child being matched with an adoptive family	121	238
A3	The percentage of children who wait less than 14 months between entering care and moving in with their adoptive family	60%	53%

The key objectives for 2016/17 would be:-

- To continue to improve the performance against the A1 and A2 targets;
- To improve recruitment of adopters outside of Wigan;
- To develop the new Regional Adoption Agency (RAA), which would comprise the existing WWiSH authorities, as well as Cheshire West and Chester and Halton and the five voluntary adoption partners.

Members asked a number of questions and officers responded as follows:-

- The overall number of Warrington children matched by the Adoption Panel was only 12. Was the reason for that a surplus of adopters in Wigan? – *Response:* Around 22 matches was the Council's best year, but usually the figure was between 15 and 18 matches. That represented a significant improvement on earlier figures for Warrington. As regards Wigan, that area was a much bigger authority which led to the higher matched figures.
- How safe was Adoption Link for prospective adopters? – *Response:* The system was very safe and included pictures of adopters. Initially some of the social work professionals were concerned about how the system might operate, but it had quickly become the norm. Authorities also used adoption parties to enable children and adopters to mix, so that good matches could be made, in particular, for hard to place children.
- Was Adoption Link just across the WWiSH area or nationally? – *Response:* The service was national, but there was a cost to using it.
- Were the A1 and A2 targets national? It was noted that Warrington's numbers were small and that, as a consequence, performance in relation to one child could skew the figures. Did Ofsted understand that factor when inspecting the service – *Response:* The targets were set nationally, but the results stated above were for Warrington. Some Ofsted inspectors were receptive to the argument about low numbers skewing the figures. Ofsted had accepted Warrington's argument about the use of real-time figures, but that argument had not been accepted in a recent inspection of St Helens, leading to inconsistencies of approach. Although WWiSH was a shared service, Ofsted had no framework to inspect it as a shared service, leading to three separate inspections.
- Did the system create a disincentive to trying to place children quickly once it became apparent that a target would be missed? – *Response:* Officers

always put professionalism first and would endeavour to act as quickly as possible in the interests of the child.

- What would Warrington's role be on the new RAA? – *Response:* Warrington would host the new RAA, which would be based at Bewsey Park Community Centre. The Manager and the wider team would be based there. There would also be a Partnership Board to oversee the work of the Agency and sub-groups to deal with quality and performance. However, Warrington's formal role would be as an equal partner.

Decision,

To note the Warrington, Wigan and St Helens (WWiSH) Adoption Service Annual report 2015/16.

PTMV17 Annual Report on the Management and Functioning of the Fostering Service – 1 April 2015 to 31 March 2016

The Committee considered a covering report and the Annual Report on the Management and Functioning of the Fostering Service – 1 April 2015 to 31 March 2016. Fiona Waddington, Assistant Director Children's Targeted Services, was in attendance to introduce the report and to deliver a presentation highlighting some key points.

Members were informed that Warrington's Fostering Service was continuing to raise the quality of foster care through a robust development programme in order to improve outcomes for Warrington's children in care. The service was committed to improving all aspects of the lives of the Borough's children in care, including placement stability, education, health and their overall lived experience of being a child in care.

The Annual Report 2015-2016 had also been provided to the Executive Director Families and Wellbeing, the Executive Lead Member for Children's Services and the Corporate Parenting Forum and set out information in relation to the following:-

- Warrington's Fostering Service's ethos;
- Recruitment;
- Assessment;
- Training;
- Current fostering provision;
- Independent fostering agency placements;
- De-registrations;
- Resources;
- Fostering Panel;
- Panel activity and outcomes for children;
- Placement support services;
- Regulation; and
- Complaints.

During the last year, the main challenge for the Fostering Service had been recruiting sufficient foster carers to meet the internal demand for placements, leading to a significant increase in the use of Independent Fostering Agency (IFA) placements. However, there had been a significant increase in the approval of family and friends foster carers for children.

The report set out a list for priorities for 2016/17, which had been submitted for approval to the Quality Assurance Board, whose role it was to oversee the delivery of the service.

Members asked a number of questions in relation to the following issues:-

- Overall numbers of foster care households and recruitment difficulties;
- Increasing use of IFA placements, from 47 in March 2015 to 73 in March 2016 and the underlying reasons; and
- Cost of placements, including residential placements, IFA placements and the three Levels of Foster Care Allowance payments.

Decision,

To note the Annual Report on the Management and Functioning of the Fostering Service – 1 April 2015 to 31 March 2016.

PTMV18 Work Programme 2016/17

The Committee considered a report providing an update on the delivery of its Work Programme for 2016/17 and monitoring the actions and recommendations arising from the Committee and any Working Groups.

Members were reminded that the Committee, at its meeting on 21 June 2016, had approved a number of themes for its draft Work Programme 2016/17, including some topics being rolled forward from the Work Programme 2015/16. Subsequently, further work had been undertaken to refine the detailed content of the draft Work Programme and a final programme had been agreed by the Committee at its meeting on 15 September 2016.

The Work Programme was a living document and was updated periodically in response to changing priorities and other factors. The following amendments had been proposed to the published Work Programme 2016/17 since the last meeting:-

- A change in the Report Author/Lead Officer from Steve Peddie to Simon Kenton for the item on Integrated Health and Social Care by 2020;
- The addition of a new item on Issues Arising from the Homelessness and Chaotic Lifestyles Report, which would incorporate two related matters arising from the meeting held on 6 December 2016;
- A change of date from 7 February 2017 in relation to the item on Improving Educational Outcomes for Vulnerable Children. A new reporting date had yet to be agreed;
- Annual Report for the Adoption Service – Reporting date confirmed as 7 February 2017 and provided elsewhere on the agenda; and

- Fostering Service Annual Report – Reporting date confirmed as 7 February 2017 and provided elsewhere on the agenda.

The report also contained an update on the monitoring of actions, recommendations and referrals for the Committee.

The Committee had not established any Working Groups for 2016/17. However, following the Committee's recommendation at its meeting on 15 September 2016, the Executive Board had established a Task Group to consider the Social Care Market for Older People. The Task Group comprised Councillors M Smith (Chair), P Wright, H Cooksey, M Creaghan, R Knowles, S Krizanac and K Buckley. The first meeting of the Task Group had taken place on Wednesday 14 December 2016 at the Town Hall. The Task Group had noted its terms of reference and received an introduction to the main issues and themes of the subject. The group had then scoped its work to include the following detailed areas:-

- Data and overview;
- Domiciliary care (including expert witness);
- Residential care (including expert witness); and
- Identification of solutions.

The next meeting of the Task Group would be held on 22 February 2017.

Decision,

- (1) To note the updated Work Programme 2016/17, as presented;
- (2) To note the Schedule of Future Meetings;
- (3) To note the Schedule of Progress on Actions and Recommendations, Referrals from Other Bodies and Final Recommendations from Working Groups; and
- (4) To note the progress report on the work of the Executive Board Task Group on the Social Care Market for Older People.

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WARRINGTON BOROUGH COUNCIL

PROTECTING THE MOST VULNERABLE POLICY COMMITTEE – 4TH APRIL 2017

Report of the: Steve Reddy, Executive Director, Families and Wellbeing

Report Authors: Dave Cowley, Head of Service, Housing Standards & Options

Cathy Fitzgerald, Head of Service - Substance Misuse and Commissioning Development, Public Health

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Ward Members: All

TITLE OF REPORT: MATTERS ARISING FROM THE HOMELESSNESS AND CHAOTIC LIFESTYLES REPORT

1. PURPOSE

- 1.1 This update was requested by the Protecting the Most Vulnerable (PMV) committee following on from the previous report on homelessness and chaotic lifestyles in December 2016. The purpose of this report is to update members on the three matters requested.
- 1.2 The financial implications for supported housing to the council which are currently being explored (sections 3-7).
- 1.3 The opportunities for the Council as a builder are highlighted in section 8.
- 1.4 The range of daytime services for homeless and vulnerable people in Warrington are mapped (sections 9-10); drawing from examples of good practice in other areas.

2. CONFIDENTIAL OR EXEMPT

- 2.1 The report is not confidential or exempt.

3. FUNDING FOR SUPPORTED HOUSING

3.1 The PMV committee are asked to note the government's proposals for a new funding model for supported housing

3.2 Supported housing is any housing scheme where housing is provided alongside care, support or supervision to help people to live as independently as possible in the community. This covers a wide range of different housing types including hostels, refuges, extra care and sheltered housing. The type of supported housing includes the following:

- Older people with support needs
- Learning disabilities
- Mental health
- Physical or sensory disabilities
- People experiencing or at risk of domestic abuse
- People at risk of or recovering from homelessness
- People with drug and alcohol problems
- Vulnerable young people
- Ex-offenders
- Vulnerable armed forces veterans
- Others (such as refugees with support needs)

3.3 In November 2015 the government announced that from April 2018 social rents are to be capped at the Local Housing Allowance (LHA) rates for new tenants from April 2016. This would have had substantial implications for those living in supported housing in which rents are higher than LHA rates. In response the government announced in March 2016 that people living in supported and sheltered housing would be exempt from the LHA cap for a year in order to allow the government time to carry out a strategic review.

3.4 In September 2016 the government announced the following:

- The LHA cap will apply to **all tenants** in supported and sheltered housing from April 2019
- Housing costs will continue to be paid through the housing benefit system up to LHA level
- No Shared Room rate; so one bedroom LHA rate applies to under 35 year olds in supported housing
- Local authority top up with ring fenced funds transferred across from the Department for Works and Pension (DWP) and allocated by the Department for Communities and Local Government (DCLG)
- Government believes a different system needs to be worked out for short term transitional services and it will consult on this
- 1% rent cut will apply to supported and sheltered housing from April 2017 for the next 3 years except for refuges, alms houses and co-ops

4. GOVERNMENT’S REASONS FOR CHANGE

- 4.1 There are 2 reasons why the government is proposing these changes:
- Universal Credit is being rolled out nationally and will only meet core housing costs up to the relevant LHA rate so alternative arrangements are required to deal with additional costs in excess of this
 - Focus on outcomes, oversight and cost control. Government considers the current system for funding the housing costs of supported housing is not well designed to ensure effective oversight of quality or control of spending to ensure value for money

5. PROPOSALS

- 5.1 From 1st April 2019 core rent and service charges will be funded through Universal Credit up to the level of the applicable LHA rate. Additional costs will be funded under a new model.
- 5.2 The new model will involve devolved funding to local authorities to provide the “top-up” where necessary to reflect the higher costs of offering supported housing. It is also noted that a different approach may be needed for short term accommodation including hostels and refuges. Local authorities will be given an enhanced role in commissioning supported housing in their area.
- 5.3 Alongside the transition to a new funding model, the government will ensure that the devolved administrations receive a level of funding in 2019/20 equivalent to that which would otherwise have been available through the welfare system in order to meet the additional costs of supported housing.
- 5.4 The framework for the new funding model has not been set and the government is consulting on key system design elements to ensure the model will work for tenants, commissioners, providers and developers.

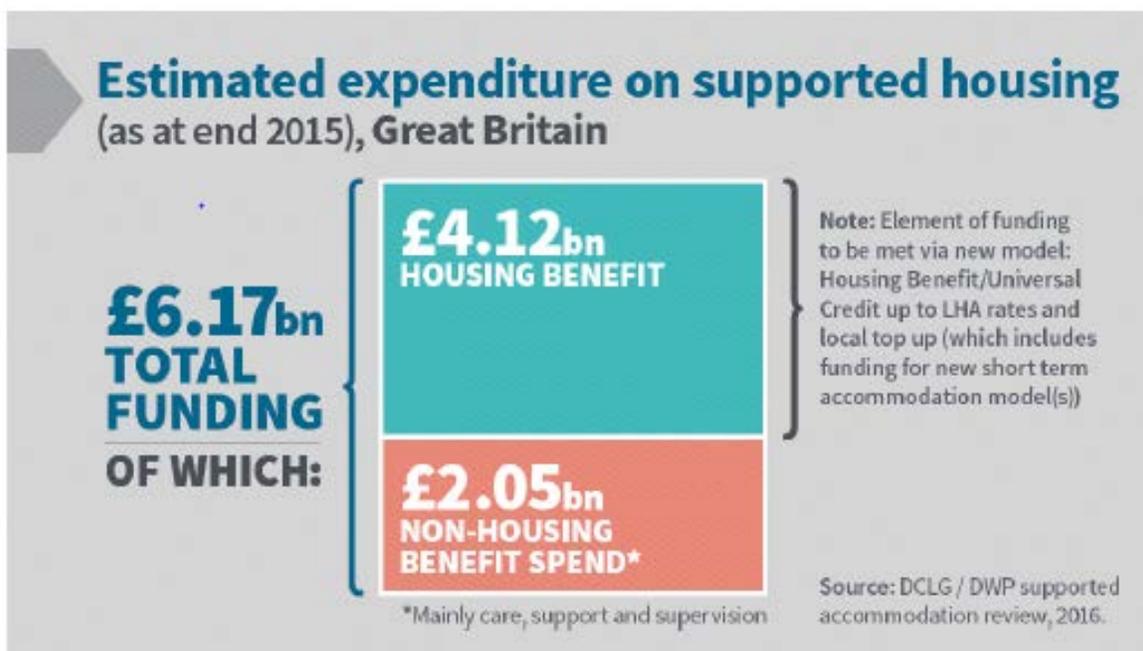
6. CONSULTATION

- 6.1 The government is proposing to publish a Green Paper in 2017 with details on the arrangements for the local top-up model and approach to short term accommodation in the spring. A final package will be announced in autumn 2017 to allow time for transitional arrangements and any necessary legislation to be made ahead of the new model commencing on 1st April 2019. The government is aiming to establish shadow arrangements on the detail and allocation of funding in place from April 2018 to allow transition to a new model.

7. FINANCIAL IMPLICATIONS

- 7.1 Supported housing costs are often higher than mainstream housing for a variety of reasons. For example, higher maintenance, repairs and rates of turnover, and the specific needs or characteristics of residents which may require communal areas/facilities.

7.2 Funding for supported housing is complex and comes from a variety of sources. Housing benefit funds eligible housing related costs including core rent and service charges. The government’s Supported Accommodation Evidence Review estimates that the annualised housing benefit expenditure on supported housing across Great Britain as at December 2015 was £4.12 billion. This equates to 17% of the total expenditure on housing benefit. The majority of supported housing expenditure from housing benefit is for older people (estimated £2.4 billion); see figures below.



Source: DCLG Funding for Supported Housing Consultation November 2016

7.3 From one perspective it is positive that the government has recognised the important role that supported housing plays; and aims to transfer ring fenced funding from DWP to DCLG. This will then be passed on to local authorities to manage this budget. However, there are also concerns in relation to one of the rationale and objectives behind the case for change “how to manage growing demand within a tighter public spending climate”.

7.4 Under the current financial model if an individual is entitled to housing benefit this is paid by DWP regardless of budget constraints. However, it seems likely that under the new financial system, local authorities will need to work within a specific budget. Work is underway to assess the financial implications and risks for Warrington; and will be informed by the green paper and proposals to be published in autumn 2017.

8. OPPORTUNITIES FOR THE COUNCIL AS A BUILDER

- 8.1 In 2009, the Council secured grant funding of £1.95m under the Local Authority New Build programme to build 32 two bed bungalows across 7 sites. This enabled older people to move out of unsuitable houses which were then re-let to families. The properties were subsequently sold to Golden Gates Housing Trust with the Council providing a loan to purchase them. This was the first time in many years that the Council itself had built new homes.
- 8.2 In October 2015, work was completed on the redevelopment of Penketh Court to provide 54 one and two bed apartments for people aged over 55. Penketh Court was designed with energy efficiency measures in place; high levels of insulation, triple glazing and solar panels to reduce energy costs. The building is managed by GGHT for the council; and provides additional Council Tax and New Homes Bonus of £140,244 per year.
- 8.3 As of 2016, there is a range of purpose built housing in the borough to meet the needs of older people which the Council commissions; summarised below. With an ageing population and increasing demand for care, the demand for supported housing and care are expected to continue to increase.

Type of Housing	Numbers
Extra Care Housing	435 units
Sheltered Housing	637 units
Residential and Nursing	29 homes

- 8.4 The housing white paper ‘**Fixing our broken housing market**’ encourages housing associations and council to build more. It set out proposals to build more homes faster, and emphasises diversity of tenures; including affordable rent and family friendly tenancies. Warrington Council are developing the business case to set up a local housing company in line with our ambition to build 20,000 new homes in Warrington. Not only will the company scale up construction of new homes, it also proposes to ensure there is a mix of new housing that meets the needs of Warrington people for affordable homes.
- 8.5 A report is due to be taken to the Executive Board in May 2017 to consider the feasibility of the Council building again. There are a range of actions that are underway and the main activities are summarised as follows:
 - Options appraisal, feasibility and business case on whether the Council should build again
 - For an ageing population, proposals to pilot alternative approaches to building for older people to increase the supply and reduce energy costs
 - The needs of older people and design of supported living and Extracare are to be planned for within the wider development work of the council; including Warrington Means Business and the Local Core Plan review

9. DAY TIME SERVICES FOR HOMELESS AND VULNERABLE PEOPLE

9.1 The Council undertook a mapping exercise of current housing and day services on offer or commissioned by the council. The range of services are described below.

9.2 *James Lee House (JLH)* is a mixed population hostel run by the Salvation Army and has a bed space of 48 men and 6 women currently. This offer is for housing provision of men and women aged 18+ with a focus on development of independent living skills. The proposed maximum time for people living at James Lee House is initially 1 year, but extensions can be considered. 24/7 staffing coverage is available. Within its contract James Lee House offer the following:

- Support for independent living including support for finding housing, as appropriate. Also support around how to manage neighbour disputes., resettlement issues including furniture support
- Life skills in maintaining a property including food preparation, cooking etc. Also to include specific house stock equipment eg fire alarms, security alarm management. Budgeting and money management is also considered
- Support for the individual needs – health and social care

Residents do not have to vacate their premises in the daytime; and are able to access services and provision available within the building. Residents access breakfast at JLH as part of their housing offer. For non-residents, the Salvation Army citadel offer tea and toast from 7am-8.30am as a drop in. JLH are looking at broader options of day facilities for service users.

9.3 *Your Housing Group* oversee 2 projects – *Verve Place* which is a housing facility for single homeless people aged 16-25. The other is the *Vulnerable Tenants Support Service (VTSS)* which is commissioned by WBC to support all vulnerable residents in Warrington. Housing Plus has 100% nominations to James Lee House and Verve Place, as well as priority referrals to the Vulnerable Tenants Support Service (VTSS).

9.4 *Warrington Women's Aid* manages the *Refuge* facility – that houses 13 women at risk of Domestic Abuse.

9.5 *The YMCA* is a voluntary organisation currently open 7 days per week from 10am-2pm and 5pm to 10pm Monday to Friday; Saturday from 10am-1pm and 5pm to 9pm and Sunday 3pm to 10pm. A revision of its opening hours in 2016 was due to the impacts of behaviour of its users on its staff – mainly around drink and NPS usage; it had historically been open longer than the times cited here.

In practical terms the Warrington YMCA offer includes:

- Daytime access to recreational activities, for example, TV, snooker tables
- Some daytime organised activities, for example festive craft making

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- Access to personal washing and laundry facilities
- Low cost café providing basic warm food and drinks
- Access to food and clothing vouchers
- Access to phone and IT equipment
- General advice and support, for example with benefit applications
- Use of a 'C/O address' for benefit applications and GP / dentist registrations.
- Support with accessing services, for example, GP / dentist registration and access to Room at the Inn.
- Other health related activities and services, linked to the former public health contract.
- Storage for luggage or belongings (based at RATI).

In response to drinking and NPS usage, Change Grow Live (CGL) have attended on many occasions and have developed a range of NPS programmes for YMCA attendees. The proposed Public Space Protection Order, which includes this geographical area, should impact on this behavioural element.

- 9.6 *Change Grow Live (CGL) Recovery Hub* has been recognised by Public Health England as an example of good practice around the recovery of service users. It was the first of its kind across Cheshire and Merseyside and not only focuses on the treatment part of recovery, but also gives people skills to help with their recovery and beyond. Services commissioned by Public Health as part of the contract include: family support – both delivered by Footsteps for family members of service users, and also NSPCC offer services for parents and children together, focussing on rebuilding families. This will help to reduce impact on children's social care by focusing on parenting roles and responsibilities. The Hub also has an IT suite, a company called Emerging Futures offers help around employment and employability. Close alignment with DWP around benefit support has been offered. Creative Remedies, in Adult Social Care, offer elements such as money matters (support around financial management and benefits). This "hub and spoke" approach has worked well – with CGL focussing on the treatment in hand and partners/commissioned services delivering their specialism.
- 9.7 *Together Working for Wellbeing* is also known as Allen Street day centre. It is a 9am-5pm day centre with a referral process to access its provision. This is commissioned by WBC to deliver Warrington Your Way; a programme that offers flexible mental health support to suit service users' needs. The service ranges from one-to-one support in the community to supported accommodation; and advocacy with individuals to express their needs in dealings with official bodies.
- 9.8 *Housing and Health Pathway*: Following a review of the delivery of health and wellbeing services directed towards homeless people, several services were linked together to form a new health pathway based at the Council's Housing Plus Service from 1st April 2016. It has proved to be a success, rolling out to all

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new presentations to Housing Plus. This model has been the starting point for the development of the new Prevention Hub in Gateway from April 2017.

- 9.9 How partners work together in the town is key. Many of the current partners are prepared and engaged to work with such service users. There are sufficient services available for complex and specialist needs. In reality, most organisations are up to speed with this group; they do not represent complexity over and above other clients who are engaged with services (for example complex substance misuse issues, housing issues, or mental and emotional needs).
- 9.10 Other services are available in the borough. Many of these offer a targeted referral for a specialised service, while others offer an occasional “drop-in” provision.

Provision	Provider	Location	Postcode
Targeted/Specialised Service	Outreach Service	Capesthorne Road	WA2 0JF
Targeted/Specialised Service	Hollins Park	Hollins Lane	WA2 8WA
Targeted/Specialised Service	ACT C1 Module Group, People Plus	Museum Street	WA1 1HU
Targeted/Specialised Service	ACT intro & training, Recovery Hub	Museum Street	WA1 1DE
Targeted/Specialised Service	Bewsey Park Community Centre	Troutbeck Avenue	WA5 0AS
Targeted/Specialised Service	Greenwood Community Centre	Greenwood Crescent	WA2 0DU
Targeted/Specialised Service	Oakwood Family Centre	62-64 Whitethroat Walk	WA3 6PQ
Targeted/Specialised Service	Orford Jubilee Neighbourhood Hub	Jubilee Park	WA2 8HE
Universal - Drop In	Bold St Methodist Church	4 Palmyra Square North	WA1 1DE
Universal - Drop In	Hope Alive Pentecostal Church	Palmyra Square South	WA1 1BL
Universal - Drop In	Wycliffe United Reformed Church	Bewsey Street	WA2 7HZ
Universal - Drop In	Holy Trinity	Market Gate	WA1 1XG
Universal - Drop In	Meeting House, (The Quakers)	1B Academy Place	WA1 2NR
Universal - Drop In	Methodist Church	Eagle Brow	WA13 0LP
Universal - Drop In	Culcheth Christian Fellowship	Hob Hey Lane	WA3 4NR
Universal - Drop In	Oasis Church	Foster Street	WA2 7AX
Universal - Drop In	St Thomas Church Hall	London Road	WA4 6HJ
Universal - Drop In	Stockton Heath Methodist Church	Walton Road	WA4 6NL

10. GOOD PRACTICE FOR DAY SERVICES

- 10.1 A desktop research for good practice was undertaken for quality day services.

Details of pilots and case studies are provided in the Appendix. Whilst they concentrate on street drinkers, there is some learning from the models around how services can actively engage with such a cohort. Successful services have a clear outcome based framework – ideally services really impact on changing people’s lives, rather than “putting a sticking plaster” on the presenting situation

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- Day centres that only meet basic needs, such as food and clothing, risk sustaining clients in an unsafe street lifestyle.
 - Services should identify and promote to new street homeless people as a matter of urgency; so that they do not become entrenched and more remote from services
 - Actively promote pathways in the community – to let the residents know what is on offer, how people can access and enable them to refer to the service.
 - Dedicated outreach and day service provision to proactively engage with service users, so that they don't become entrenched.
 - GP engagement, substance misuse services and a range of structured activities are available for individuals who attend
 - Broad offer of health interventions – flu vaccines, Blood Borne Virus interventions, sexual health services, stop smoking services, podiatry services
 - Life skills interventions – IT skills, cookery, budgeting/money management
 - Housing advice, advocacy and tenancy support
 - Showering and laundry facilities
 - Offer of services for those coming back to borough from prisons
- 10.2 All day facilities should have a robust cohort of staff who are skilled and trained in working with this group of individuals, promoting and encouraging them into services. Staff would be proactive in supporting and directing individuals to a range of services and supporting their state of readiness for change.
- 10.3 There is a great potential to change people's lives for the better, enabling them to gain skills and confidence to navigate life. There will always be a need to continue to support people who are "at risk" and deemed vulnerable; and given the potential impact of welfare reforms and general financial implications, this group could potentially increase in numbers.

11. RECOMMENDATION

- 11.1 That the Committee notes the updates within this report regarding the matters raised at the December meeting.

BACKGROUND PAPERS

17. Contacts for Background Papers:

Name	E-mail	Telephone
David Cowley	dcowley@warrington.gov.uk	01925 246890
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APPENDIX. Examples of good practice

A.1 Homeless Link - Day centres: models, themes and responses: working with drinkers

This document focusses on the needs of people who present at day centres, who may be drinkers. It suggests that alcohol consumption is a common support need amongst day centre clients. Some centres exclude drinkers, others operate what is known as a “wet day centre” where people can manage their drink in a proactive approach. Obviously the latter would need very skilled individuals around alcohol consumption to manage that; otherwise it could be considered that the venue becomes a “drinking den” for individuals. It recognizes that such drinkers are also visible within the community, often categorized as street drinkers. Examples below are cited as pilots and could be considered as models working with such cohorts:

Basis (Aquila Way), Gateshead

Aquila Way’s Basis project is a small drop-in centre in Gateshead. They were approached by the Housing Options Service, Northumbria Police and Gateshead Housing Company in light of complaints from residents about an increase in street drinking and anti-social behaviour. They began to look at how best to engage this group of people and offer them solutions to resolve their housing needs and drug and alcohol issues.

Initially a four week pilot offered outreach sessions in partnership with NECA (the local addiction support service). The idea was to engage street drinkers, make them aware of Basis and encourage them to access services provided by NECA.

After a number of weeks a change in approach was agreed due to lack of engagement. Dedicated sessions were provided at Basis on a day that the service wasn’t open to the public. The clients were identified through the police and Housing Options, and this was a much more targeted & effective approach.

Not all the sessions were well attended and on occasion it was apparent that people who attended the sessions did not have the desire to reduce their alcohol intake and take the offer of support seriously. However, developing the project in a targeted way did provide a more effective service. It also created a positive partnership approach to the issue of street drinking.

Further developments of this approach have recently taken place. The police identified an additional group of clients that were beginning to cause further nuisance and anti-social behaviour. One group was identified as sleeping on private property and causing alcohol-related anti-social behaviour, drawing complaints from business owners and members of the public. A meeting was convened with the police, Housing Options and South of Tyne NHS substance misuse team. It was agreed that this group needed a

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specific and direct approach due to levels of DTL (directions to leave) the police were issuing.

The partners agreed a targeted approach, opening Basis on a Tuesday between 10am and 1pm. Police would direct those on the list to Basis and representatives from Basis, Housing Options and South of Tyne NHS substance misuse team would offer options and support. This included obtaining detox bed spaces and agreeing that, if this was completed successfully, Housing Options would provide temporary accommodation at the end.

After the first two sessions there had already been positive engagement with clients, which had achieved real outcomes that had not been possible previously while working in isolation.

Case Study

“David* has been rough sleeping for a number of months following the breakdown of his relationship. We have a tried a number of options to see David move on from rough sleeping, even at one point funding his coach fare back to his home town. All of our efforts have fallen short, largely because David had been unable to get his alcohol and substance issues under control. His chaotic lifestyle, coupled with him being heavily intoxicated on a daily basis, meant he was often one of the main causes of anti-social behaviour and street drinking on the high street. David was the first to arrive on the first of our pilot sessions and when the offer was put to him he became very emotional as he was so touched at the support he was being offered. David recognises his issues and the steps he needs to take to address those issues and is prepared to change his lifestyle and his behaviour. David arrived early for his subsequent appointments and is doing really well in detox. If this pilot had not taken place David’s situation would have continued to deteriorate.”

April Centre, Colchester

Planning A group of between 15-20 street drinkers had been regularly occupying ‘hot spots’ around Colchester for the past 8 years. They were notoriously difficult to engage and police enforcement resulted in moving the problem rather than tackling the more entrenched issues of reducing alcohol consumption and improving access to services.

In January 2011 a steering group was formed made up of partners to look at the issue. The group took evidence from other ‘wet centres’ around the country to see whether it was a realistic option. In particular, police and other agencies in Ipswich gave evidence to the group about their efforts to address the same issue.

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The working group decided to run a 3 month 'wet session' pilot which consisted of an offer of a safe and comfortable environment where the street drinkers could go, away from the current 'hot spots'. We wanted to offer a support network and a new gateway into support services to help the street drinkers to address their self-harming behaviour.

The April Centre was chosen to run the pilot for the wet sessions. The April Centre is a charity that has worked with homeless people in Colchester for over 15 years and run a day centre for homeless people two days a week. They work closely with other organisations in the town and already have a positive relationship with most of the street drinkers in town who have accessed their services in the past. They can also provide a route into a more stable life through its advice and housing services.

Implementation The three month pilot at the April Centre Day Centre opened on one day a week from 9.30am to 3.30pm. The Centre offers a first point of contact for street drinkers not engaging with other services in a safe, non-judgemental environment.

There is a focus on nutrition and health care. Two nutritionally balanced meals are provided and a nurse practitioner from Beacon House (another day centre) attends the Alcohol Project 10am - 12pm, with alcohol counsellors from NEEDAS attending 1pm - 3pm.

Clients are encouraged to get involved in activities such as table tennis and pool, as well as arts-based activities to benefit their health and self-esteem.

Project workers from the April Centre are trained in Alcohol Awareness, Alcohol Intervention and Conflict Management Resolution.

Following advice from NEEDAS and the Anchor Project in Leicestershire it was agreed that clients would be allowed to bring a limited amount of alcohol (14 units) to the sessions and be allowed to drink it in the Day Centre. This was agreed to be a safe level and prevent withdrawal symptoms without encouraging the centre to be known as a place just to come and drink.

SIFA Fireside, Birmingham

A key service at SIFA Fireside are open access drop-in sessions for those who are homeless, vulnerable and often in temporary accommodation, rough sleeping or squatting. A high proportion of our clients present with alcohol misuse problems.

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Many of our clients are alcohol dependent so it is not uncommon for them to begin drinking very early in the day. For some clients the consumption of alcohol may be necessary to prevent potentially dangerous withdrawal symptoms.

We do not, however, permit the consumption of alcohol on the premises as this would quickly become unmanageable and intensify issues of risk with such a chaotic clientele. We have clear notices in the reception and drop-in area in English and Polish advising clients of our Alcohol policy and asking that they hand in alcohol at reception as they enter the building; it will be returned to them as they leave.

Should a client not observe this rule they will be politely asked to hand in the alcohol to Reception or asked to leave, depending on their response. Ongoing or persistent disregard of the non-drinking rule will usually result in a period of exclusion to reinforce the seriousness of the issue. It is important that staff feel confident to manage and deliver the service in an environment that is as safe as possible.

In general, once the policy has been explained clients will readily hand in their alcohol when asked and they understand the need for the procedure. Should a client attend when they are clearly intoxicated to such a degree that they pose a potential risk (to self or others) they will not be permitted to use the service that day.

The drop-in service also provides the staff team with the opportunity to identify problem drinkers so that appropriate support can be offered. Clients who present with challenging behaviour in the drop-in as a result of their drinking (and who may have been excluded from the drop-in sessions) will be offered support on an individual basis with a view to re-inclusion back to the open access sessions. In some cases, engagement with alcohol support may be a condition of the client being permitted to use the drop-in service or engage with the group activities and sessions delivered. A key priority is that we encourage the client to begin to engage with the service.

We offer support in line with the Recovery model, with programmes tailored to meet an individual's need. All clients are offered one-to-one key working appointments and/or group sessions. Clients may be seeking abstinence or detox, while others may be looking for support to reduce their alcohol intake to a safer level. Peer-led support is also recognised as an invaluable intervention for our clients as part of a Recovery plan.

In addition to our Policy & Procedure, all staff and volunteers have access to a Drop-In Handbook. This is reviewed annually and provides, alongside personal supervision, guidance on good practice when delivering support at SIFA Fireside. It notes finally that any day centre can play a crucial role in ending homelessness by tackling rough sleeping, supporting move on, preventing tenancy breakdown, and promoting employment, education and social networks.

A.2 Homeless Link: Making a difference: how day centres are helping to tackle rough sleeping (2014)

Day centres are a diverse group of services that can play a crucial role in ending rough sleeping by supporting people to move on from homelessness, preventing tenancy breakdown and promoting employment, education and social networks.

Day centres often work with people facing the most difficult journey from the street to independent living. They welcome people who are not willing or able to engage with other services. They support socially excluded people to sustain their tenancies and break the cycle of repeat homelessness.

Day centres develop flexible, innovative ways of working, including outreach and specialist services, and a large proportion of their clients have very high support needs.

A3. Homeless Link: Effective Action to end Homelessness (2011)

This introduces the 'no second night out' vision. Whilst many of the examples are covered above, some additional ones include:

- Need for quick assessment by the provider to ensure rapid response – engaging people where they are at
- Robust recording of client data, so that assessment, referrals and interventions are documented appropriately
- Appropriate information sharing agreements to ensure a) service user consents and b) partners are aware of a safe system of sharing vulnerable information. It is noted that this sometimes contradicts the principle of a “drop in” service, but it should help maintain support, and avoid duplication and “mixed messages”.
- Identify and promote new street homeless people as matter of urgency, so that they do not become entrenched and more remote from services
- Day centres not to wait until the service user comes back into the venue to note how they are progressing – active engagement is key to the service
- Encourage service users to “tell their story” – some might be keen to tell everything, some might be unsure on what to say and how. Skills of staff critical here to adapt accordingly.
- Leaflets, posters, verbal promotion of other services available. Most day centres are conduits to other services and not the sole provider of all elements of the needs of service users.
- Actively promote pathways in the community – to let the residents know what is on offer, how people can access and enable them to refer to the service.
- It reports that “Day centres that only meet basic needs, such as food and clothing, risk sustaining clients in an unsafe street lifestyle.”
- Reconnection to local support is key – if people have people where they live and services that they know, they are more likely to succeed than in a new area.

WARRINGTON BOROUGH COUNCIL

PROTECTING THE MOST VULNERABLE POLICY COMMITTEE – 4 April 2017

Report of the: Councillor Matt Smith, Chair of the Protecting the Most Vulnerable Policy Committee
Report Author: Julian Joinson, Principal Democratic Services Officer
Contact Details: **Email Address:** jjoinson@warrington.gov.uk **Telephone:** (01925) 442112
Ward Members: All Wards

TITLE OF REPORT: WORK PROGRAMME 2016/17 AND MONITORING OF ACTIONS & RECOMMENDATIONS FOR PROTECTING THE MOST VULNERABLE POLICY COMMITTEE

1. PURPOSE

1.1 The purpose of the report is for the Committee to consider an update on the delivery of its Work Programme for 2016/17 and to monitor the actions and recommendations arising from the Committee and any Working Groups.

2. CONFIDENTIAL OR EXEMPT

2.1 Not applicable

3. INTRODUCTION AND BACKGROUND

3.1 The Committee, at its meeting on 21 June 2016, approved a number of themes for its draft Work Programme 2016/17, including some topics being rolled forward from the Work Programme 2015/16. Subsequently, further work was undertaken to refine the detailed content of the draft Work Programme and a final programme was agreed by the Committee at its meeting on 15 September 2016.

3.2 The Work Programme is a living document and may be updated periodically in response to changing priorities and other factors. The following amendments have been proposed to the published Work Programme 2016/17 since the last meeting:-

- Workforce Strategy for Children's Social Care – Report deferred from 4 April 2017 to allow time for the new strategy to bed in;
- Deprivation of Liberty Safeguards – Update now scheduled for 20 June 2017, following recent publication of the Law Commission's report.

3.3 The revised Work Programme is attached at **Appendix 1**.

- 3.4 The report also contains an update on the monitoring of actions, recommendations and referrals for this Committee, at **Appendix 2**.

4. WORKING GROUPS

- 4.1 The Committee has not established any Working Groups for 2016/17. The scope of any Working Groups, including their terms of reference, support requirements, resources and timescales will need to be approved by the Committee prior to their formal establishment.
- 4.2 Upon the Committee's recommendation from its meeting held on 15 September 2016, the Executive Board has established a Task and Finish Group to consider the Social Care Market for Older People. The Task Group comprises Councillors M Smith (Chair), P Wright, H Cooksey, M Creaghan, R Knowles, S Krizanac and K Buckley.
- 4.3 The first meeting of the Task Group took place on Wednesday 14 December 2016. The Task Group noted its terms of reference and received an introduction to the main issues and themes of the subject. The Group then scoped its future work, which will include a more in-depth look at the following areas:-
- Data and overview;
 - Domiciliary care (including expert witness);
 - Residential care (including expert witness); and
 - Identification of solutions
- 4.4 A second meeting was held on 22 February 2017, which provided more data to support the review.
- 4.5 The Task Group's Work Programme is scheduled to run until May 2017 and the next meeting will take place on a date to be arranged in April 2017.

5. FINANCIAL CONSIDERATIONS

- 5.1 When carrying out activity Members are reminded of the general financial climate and the Council's commitment for delivering its Vision within the Council Strategy 2015 -2018 of "*using our resources wisely*"

6. RISK ASSESSMENT

- 6.1 The following potential risks have been identified: recommendations not accepted by Executive Board, or not acted upon; partners unwilling to engage; insufficient capacity within Directorates to support activity following service redesign; selection of inappropriate topics, which have minimal impact or are undeliverable; capacity within the work programme to deal with matters arising.
- 6.2 Risks are regularly monitored and managed by the Policy Committee Chairs, with the advice and support of relevant officers. Links with Partnerships and

Performance are well established to ensure that the work programme takes account of national and local policy developments and to enable key risks to be identified. Delivery of the Work Programme is routinely monitored.

7. EQUALITY AND DIVERSITY/EQUALITY IMPACT ASSESSMENT

- 7.1 Democratic and Member Services has an up to date Equality Impact Assessment for its policies and services, including supporting the Council's meetings and decision making arrangements.
- 7.2 Equalities issues relating to policies, services and other topics under scrutiny are the responsibility of the individual Directorates concerned. However, the Committee will monitor the compliance by Directorates on equality and diversity issues when carrying out its functions.

8. CONSULTATION

- 8.1 Consultation with Protecting The Most Vulnerable Policy Committee members and officers from relevant Directorates about the Work Programme content is undertaken on a regular basis.

9. RECOMMENDATION

- 9.1 To approve the updated Work Programme 2016/17 (**Appendix 1**); and
- 9.2 To note and comment on the Monitoring of Actions, Recommendations and Referrals (**Appendix 2**).

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Protecting the Most Vulnerable Policy Committee Draft Work Programme – June 2016 to March 2017

Work Programme Topic	Purpose of the item	Link to National Policy & Local Context	Lead Officer	Date of Meeting
<i>Theme Adults</i>				
Homelessness and chaotic lifestyles	<p>Look at what work is been undertaken to address chaotic lifestyles and associated homelessness</p> <p>The committee could also look at the outcomes from the Warrington Homeless Commission, current levels of homelessness in Warrington and the delivery of the Homelessness Strategy</p>	Nationally one of the impacts of welfare reform is increasing levels of homelessness. In Warrington a Homelessness Commission was held in 2013 which took an in-depth look at homelessness and made a number of recommendations	Muna Abdel Aziz	6 Dec 2016 ✓
Adult Social Care Market	Look at the adequacy, sustainability and meeting the cost of care	Demand for adult social care is increasing which is partly attributed to an aging population. In addition costs are rising whilst budgets are being reduced.	Steve Peddie	15 Sept 2016 ✓
Integrated Health and Social Care by 2020	Explore how Warrington is meeting the previous Government's requirement to fully integrate health and social care by 2020	The concept of integrated care has developed as a response to fragmented delivery of health and social care services in some parts of the current health and care system. In Warrington, the integration agenda is promoted and overseen by the Health and Wellbeing Board.	Simon Kenton	7 Feb 2017 ✓
Deprivation of Liberty Safeguards	Update report requested following the discussions on 15 December 2015	The Council had adopted a risk based approach to processing applications, because of the large number of applications. The Committee was particularly interested in receiving an update on those persons considered to be priority 'Red'. Those were	Steve Peddie	20 June 2017

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		situations where there was a dispute around what was in the person's best interest or where a person was requesting to leave or were resisting care.		
Issues Arising from the Homelessness and Chaotic Lifestyles Report	<p>(a) <u>Funding for Supported Housing</u></p> <p>To consider the options appraisal, feasibility and business case on whether the Council should build again.</p> <p>(b) <u>Daytime Provision for Homeless and Vulnerable People</u></p> <p>A look at the outcome of the mapping exercise of daytime provision for homeless and vulnerable people</p>	<p>This report follows information provided during the Committee's detailed look at Homelessness and Chaotic Lifestyles on 6 December 2016. In 2009, the Council secured grant funding of £1.95M under the Local Authority New Build Programme to build 32 energy efficient two bed bungalows across 7 sites for older people. A report is due to be taken to the Executive Board in April 2017 to consider the feasibility of the Council building again.</p> <p>This report follows information provided during the Committee's detailed look at Homelessness and Chaotic Lifestyles on 6 December 2016</p>	Dr Muna Abdel Aziz	4 April 2017 ✓
Theme – Children and Young People				
Workforce Strategy for Children's Social Care	Assist in the development of a workforce strategy to recruit and retain children's social work	Nationally and locally there are difficulties recruiting and retaining social work practitioners and managers.	Fiona Waddington	15 Sep 2016

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	practitioners and managers			✓
Improving educational outcomes for vulnerable children	Look at a programme of projects which will be undertaken in 2016/17 to improve educational outcomes for vulnerable children.	National research shows that the attainment gap is widening between mainstream and vulnerable children. Warrington is no different in respect therefore a number of projects are underway to try to reverse this trend	Fiona Waddington	TBA
Edge of Care	Look at the new edge of care service which is due to commence in September 2017	In Warrington the number of children subject to child protection plans and coming into care has increased. A new service has been introduced with the aim of reducing demand.	Fiona Waddington	4 April 2017 ✓
Workforce Strategy for Children's Social Care	Update report requested following the discussions on 15 September 2016	The recruitment and retention of children's social workers and managers had been a challenge both nationally and in Warrington for over a decade. The Committee wished to receive an update as to progress following the implementation of a new Recruitment and Retention Strategy for Warrington	Fiona Waddington	TBA
Annual Report for the Adoption Service	Look at a key report on a service which delivers outcomes for vulnerable young people, including the report on performance against the Adoption Scorecard	To ensure compliance with the National Minimum Standards	Fiona Waddington	7 Feb 2017 ✓
Fostering Service Annual Report	Look at a key report on a service which delivers outcomes for vulnerable young people	To ensure compliance with the National Minimum Standards	Fiona Waddington	7 Feb 2017 ✓

Version 9
27 March 2017

Schedule of Future Meeting Dates

Meeting Dates		Where possible, draft documentation to be provided no later than	Final documentation to be provided no later than
2017	4 April	17 March	24 March
	20 June	2 June	9 June
	19 September	1 September	8 September
	12 December	24 November	1 December
2018	20 February	2 February	9 February
	3 April	16 March	23 March

Committee Recommendations & Actions

2016/17

Minute No & Date	Recommendation/Action	Referred to & Date	Response/Comments	Progress
N/A	There are no outstanding recommendations made by the Committee	N/A	-	N/A

Referrals to the Committee

2016/17

Referred from & Date	Minute Details	Response/Comments	Progress
N/A	There are no outstanding referrals received by the Committee	N/A	N/A

Working Group Final Report Recommendations

2016/17

The Committee has established the following Working Groups:-

- Nil

Following a recommendation of this Committee an Executive Board Task and Finish Group has been established to look at the following:-

- Social Care Market for Older People.

Recommendation	Referred to & Date	Response/Comments	Progress	Review Date
N/A	N/A	N/A	N/A	N/A