WARRINGTON
Borough Council

To: Members of the Protecting the Most Vulnerable Policy Committee

Councillors:
Cllr P Bretherton - Chair
Cllr Creaghan - Deputy Chair
Cllrs K Buckley, A Dirir, S Krizanac, B Lines-Rowlands, K Morris, M Smith and J Wheeler

Professor Steven Broomhead
Chief Executive

Town Hall
Sankey Street
Warrington
WA1 1UH

7 December 2015

Protecting The Most Vulnerable Policy Committee

Tuesday 15 December 2015 at 6.30pm

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

Agenda prepared by Julian Joinson, Principal Democratic Services Officer –
Telephone: (01925) 442112 Fax: (01925) 656278
E-mail: jjoinson@warrington.gov.uk

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.	**Apologies for Absence** To record any apologies received.	
2.	**Code of Conduct - Declarations of Interest Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012** 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 29 September 2015 as a correct record. 3 – 16

4. The State of Health Care and Adult Social Care in England In 2014/15: An Overview of Key Themes

17 – 22

To consider a report of Steve Reddy, Executive Director Families and Wellbeing, and Michelle Greenwood, Operational Manager Dignity and Care Quality, on the state of care nationally and locally. The report will be accompanied by a presentation at the meeting.

5. Deprivation of Liberty Safeguards (DOLS)

To consider a report of Steve Reddy, Executive Director Families and Wellbeing, and Penny Davidson, Mental Capacity Act and Governance Manager, Warrington Borough Council and Warrington CCG, which contains background information about the Deprivation of Liberty Safeguards (DOLS). The report will be accompanied by a presentation at the meeting. 23 – 30

6. Mental Health Strategy

To consider a report from Steve Peddie, Operational Director, Adult Social Care (and Deputy DASS), and Julie Smith, Head of Service Adult Social Care, on the Mental Health Strategy. 31 – 36

7. Work Programme 2015/16

To consider a report on behalf of Councillor Paul Bretherton, the Chair of the Committee, on the Work Programme 2015/16. 37 – 47

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

If you would like this information provided in another language or format, including large print, Braille, audio or British Sign Language, please call 01925 443322 or ask at the reception desk in Contact Warrington, Horsemarket Street, Warrington.

PROTECTING THE MOST VULNERABLE
POLICY COMMITTEE
29 September 2015

Present: Councillor P Bretherton (Chair)
Councillors: M Creaghan (Deputy Chairman), K Buckley, C Froggatt (substituting for A Dirir), S Krizanac, K Morris, M Smith and J Wheeler

Also In Attendance: Councillor P Wright, Executive Member for Statutory Health and Adult Social Care

PTMV8 Apologies for Absence

Apologies for absence were received on behalf of Councillor A Dirir.

PTMV9 Declarations of Interest

There were no declarations of interest made.

PTMV10 Minutes

Decision,

> That the minutes of the meeting held on 23 June 2015 be confirmed and signed as a correct record by the Chair.

PTMV11 Charging Policy Carers

The Committee considered a report of Steve Peddie, Operational Director Adult Social Care and Bridget Hollingsworth, Care Act Programme Manager providing an update on the provisions of the Care Act in respect of charging carers. Mr Peddie and Ms Hollingsworth were both in attendance to speak to the report.

The report included information on the following:-

- The current and future budget implications created by the new duties to carers as set out in the Care Act 2014 and since its inception in April 2015;
- Proposed charging models and ensuring compliance with fairer charging;
- Proposals about how the Council would consult with carers; and
- Potential risks associated with charging.

One in 10 people was a carer and the number of people who needed care and offered informal care was rising. Carers often struggled with poor mental or physical health as a result of caring for someone else. Many rarely received a break and often found it difficult to juggle staying in work alongside caring. 42% of carers had not taken a break of more than two days since they

started looking after the main person they cared for and many became isolated as they lost touch with friends and family. The relatively small amount of support provided was not a 'nice to have' – it was essential in enabling carers to stay well and therefore able to carry on caring.

Carers were therefore a high priority in Warrington. The Council and partners had committed to:-

- Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution;
- Involving them from the outset both in designing local care provision and in planning individual care packages;
- Enabling those with caring responsibilities to fulfil their educational and employment potential;
- Offering personalised support both for carers and those they supported enabling them to have a family and community life; and
- Supporting carers to remain mentally and physically well.

Almost 4,000 assessments had been undertaken in 2014/15 and early indications were that, as predicted, there was a steep rise in demand for carers assessments and services due to the implementation of the Care Act 2014 (implemented in April 2015) which gave carers equivalence with the 'cared for' in respect of assessment and support.

Section 14(1)(a) of the Act stated that local authorities might make a charge for meeting eligible needs, but the Care Act introduced new legislation around when carers might be charged. This was not a new power - local authorities could already make those charges. Carers were not responsible for paying for provision of services directly to adults needing care – even if they derived a benefit from it: e.g. respite care. However there was a risk that it might not always be clear what was a service for the carer and what was a service to the person with care needs. There was, for example, a national debate ongoing about the difference between 'respite care' and a 'sitting service'.

When a local authority was charging for the provision of a service they had to carry out a financial assessment to determine whether and how much the individual could contribute. This would apply to both carers and adults needing care, with regulations stipulating how they would be assessed and what they could be charged for. The duty to provide services to the carer could be met through either:

- Provision of support to the carer; or
- Provision of care and support to the adult needing care (with that person's agreement)

If the carer's needs could only be met by providing care to the adult needing care that person could be charged. If an adult needing care was above the financial limit they could still ask the local authority to meet the needs of the carer but might have to pay for costs incurred. The carer could not be charged for those services (Section 14(3)). Where a carer had needs for

support but it was not feasible to meet those needs by provision of care and support to the person with care needs, the local authority still had to, as far as it was feasible, identify some other way to meet the carer's needs.

Ms Hollingsworth led an interactive session which included five sample case studies used to illustrate the complexities of individual care scenarios. Members were asked to consider the following questions in relation to each case study:-

- Who the care was for?
- Was it replacement Care?
- Who paid?
- Why? and
- How much should they pay?

Understanding the financial consequences of the Council's new duties was one of a number of critical issues to consider when making a decision as to whether or not to levy a charge against carers. It was essential throughout the process that the Council tested that concept with carers and organisations that supported them.

Councillor Wheeler asked whether there was a budget for the additional responsibilities under the Act. Officers responded that there was a budget for Carers Support Services, which included breaks for carers and contracts for respite care provision in residential or nursing homes. It was estimated that around £2M was spent on carers.

Councillor Krizanac asked to what extent solutions were being sought 'out of the box', for example by using voluntary groups and providing training to them. Mr Peddie replied that all of the carers services with the exception of respite care were delivered by the voluntary sector. Some 8 beds were available for the Service at Woodleigh Care Home. Ms Hollingsworth reminded Members of the annual Carers Day arranged by the Council.

The Chairman commented that he did not believe that the Council should charge for carers services given the essential contributions to the care economy that they already made.

Decisions,

> To note the report on the provisions of the Care Act 2014 in respect of charging carers.

PTMV12 Achievement for All

The Committee considered a report of Sarah Callaghan, Operational Director Universal Services, and Jacky Forster, Head of Service 11-19 Attainment Division, on the development of the Achievement for All Strategy. Ms Forster was in attendance to outline key aspects of the report and the accompanying Strategy, which set out the Council's approach to narrowing the gap in

educational progress and attainment between those young people vulnerable to the poorest outcomes and their peers.

The report highlighted some of the key features of the Strategy. The Council aspired to support all children and young people to achieve to the best of their ability. Overall in Warrington children and young people attained well. However, the headline successes hid underlying patterns of low achievement and slow progress for some vulnerable and disadvantaged children and young people. The Strategy focused on the progress and attainment gaps between various groups of young people and their peers, and considered the Local Authority's approach, in its role as champion for all children, in supporting and challenging schools to reduce those gaps.

The four key groups of children that were the focus for the Strategy were as follows:-

- Children in Care;
- Free School Meals (FSM);
- Special Educational Needs and Disabilities (SEND); and
- Gender.

Other groups had been considered for prioritisation, including ethnicity and English as a second language, but no significant gap had been identified, so those groups had not been included in the Strategy. There remained some interest by the press around summer born children potentially being disadvantaged and officers were currently considering the relevant data.

Four priority outcomes to support the key groups indicated above had been identified through attainment and progress data analyses, as follows:-

- Priority 1: Improve progress and attainment of Children in Care with a focus on writing at Key Stage 2 (KS2) and at KS4 a focus on ensuring aspirational targets for both attainment and progress.

- Priority 2: Ensure progress and attainment of pupils in receipt of free school meals with a focus on Speech and Language Skills in Early Years and KS1, Writing skills in KS1 and KS2, and ensuring aspirational targets were set at KS4 for both attainment and progress with a focus on those from deprived wards ensuring they accessed appropriate early help.

- Priority 3: Improve progress for pupils with a Special Educational Needs (SEN) and/or an Education Health and Care (EHC) plan, towards locally defined measures.

- Priority 4: Improve progress and attainment of boys, from early years to Post 16. At Early Years Foundation Stage (EYFS) the gap was 23% and more boys needed to achieve a good level of development, at KS2 the focus needed to be on ensuring the most able were challenged, at KS4 improving progress, particularly in English and at post-16 reducing

the percentage of Not in Education, Employment or Training (NEET) in deprived wards.

The Strategy provided the headline plans to address the priorities setting out:-

- What were the key issues;
- What needed to be changed;
- What opportunities existed to support change; and
- How would success be measured.

An action plan was being developed which provided the detail of how this would be achieved with specific measures.

The Strategy also outlined the need for detailed data analysis, which had already started with reports on the following areas:-

- Impact of fixed term exclusions;
- Impact of attending a primary school with a maintained nursery; and
- Impact of involvement in complex families.

Some of the key messages included:-

- There was an achievement gap of 47.7% between those who had fixed term exclusions and those who did not;
- A young person with more than 3 fixed term exclusions would not achieve 5A*-C;
- The gap between FSM and non-FSM was lower at schools with a nursery; and
- Children who were part of the complex families programme were those children with the most challenges.

The document provided a number of practical resources and models to support implementation of the Strategy, including:-

- A list of vulnerability factors;
- Effective use of Pupil Premium;
- A self-evaluation toolkit for pupil premium for Governors;
- The early help framework; and
- A Pupil Premium Check List
- A Free School Meal model for Primary Schools

Achievement for All Conference had taken place last week, which had been well attended. Sir John Dunford, the Government's National Pupil Premium Champion from 2013 to 2015, was the keynote speaker. A key message was that schools needed to be more aspirational and move away from any expectation that the gap group would not achieve. A cultural change was required. Other outcomes from the Conference included:-

- Proposals to move the caseloads of senior advisers to help schools

and to provide someone to carry out data analysis;
- Sharing good practice and a range of resources and tools to support schools in narrowing the gaps in educational progress and attainment; and
- Using the outcome of the detailed analysis of primary phase results to identify those schools with good outcomes, to partner them with schools with poorer results.

Members asked questions and made comments and the following responses were received:-

- Was the fact that in some schools teachers had to teach subjects outside of their specialisms an issue, for example a mathematics teacher teaching geography? - Officers responded that they had considered that issue. There were differences between the primary and secondary sectors and some variances between Key Stage 3 and Key Stage 4. The latter Stage tended to utilise more specialist teachers. However, it was accepted that a good teacher could usually teach any subject competently. Officers were not aware of any national research on the matter.

- Cllr Krizanac reported that several teachers had complained to him about bullying behavior by pupils in the classroom. Were those students unable to learn because of ability or other factors? - Ms Foster replied that there mechanisms within the authority to pick up any trends relating to disruptive behaviour. The local authority now had a better understanding of the matter would talk to the individual school where any issues had been identified.

- From September 2014 all infant pupils were eligible for the Universal Free School Meal. Had all pupils registered for Free School Meals after this date and had this impacted upon the figures for the gap in pupil attainment? - The changes were relatively recent and revised figures would be distributed in the future. A lot of work had been undertaken by the officer team to promote Free School Meals, but some families chose not to access it. However, registration was encouraged.

- The Strategy included a lot of data in relation to the primary phase, but none in respect of the secondary phase. - Officers had carried out lots of work with secondary schools before, so the focus had now shifted to primary schools. The local authority did still receive data from secondary schools. The current data available was now very sophisticated.

- In relation to summer born children, what advice was given regarding delayed entry? - Currently the Authority did not provide any advice on this option. However, it was becoming more prominent on the agenda. There was a process in place for children educated out of year, which required sign of by the Executive Director Families and Wellbeing.

Only one year's data was available for analysis regarding summer born children, so it was not yet possible to identify and trends. The data currently showed children born in June and July had not done well, but those born in August did.

- Did the Pupil Premium still exist and how well had it worked? - Officers confirmed that the Pupil Premium was still in operation. In its initial years of operation the Pupil Premium had often been used simply to purchase additional Teaching Assistant support. Subsequently, schools had been able to take a more strategic approach to targeting the additional resources. Schools were in charge of managing the money allocated, whereas the local authority had some control over the placement of children. Academies and early years provision were also able to access the Pupil Premium.

- An explanation of the Ward Level FSM data at p28 of the Strategy was requested. Members commented gaps existed across most wards in the Borough. It was also noted that the figures did not tell the individual stories of pupils. It was suggested that perhaps only the overall figures should be used for anaylsis. - The middle two columns for the Key Stage 2 figures referred to achievement for Non-Free School Meals at Level 4 for Reading, Writing and Mathemetics (NFSM – L4 RWM) and Free School Meals at Level 4 for Reading, Writing and Mathemetics (FSM – L4 RWM). The right hand column showed the Gap in the percentage achieved by NFSM against FSM. Members were advised to treat the individual figures with caution, especially where they related to a small cohort of pupils. Overall figures were used in some reports, but the ward based information was particularly useful for analysing the gaps by locality.

Decision,

(1) To note the approach taken in relation to narrowing the gap in educational progress and attainment between those young people vulnerable to the poorest outcomes and their peers; and

(2) To endorse the Achievement for All Strategy.

PTMV13 <u>Warrington Multi Agency Safeguarding Hub (MASH) and Complex Dependencies Programme Work in Warrington</u>

The Committee considered a report on behalf of Steve Reddy, Executive Director Families and Wellbeing, and Harriet Wilkins, Programme Manager/Project Manager for Integrated Services, regarding the Multi-Agency Safeguarding Hub (MASH) and the Complex Dependencies Programme Work in Warrington. Harriet Wilkins was in attendance to present the report, supported by Fiona Waddington, Assistant Director, Children and Young People's Targeted Services, Tracy Morris, Service Manager Children in Need and Kelly Claffey, Complex Families Co-ordinator.

MASH

In January 2015, Warrington Council Senior Management Team had agreed to develop a Multi-Agency Safeguarding Hub (MASH) to improve the safeguarding response to children and adults at risk. The project had been initiated in April 2015 and was led by WBC Targeted Services and Cheshire Police.

The aims and objectives of the MASH were to improve the safeguarding response to children, including children at risk of Child Sexual Exploitation (CSE), and adults at risk through:-

- Shared information (via a single front door for notifications and shared information between agencies);
- Assessing risk (through 360 degree research and triage); and
- Timely intervention including early and co-ordination interventions.

Complex Dependencies Programme

Also in April 2015 a new pan-Cheshire initiative had been established - the Complex Dependencies Programme (CDP). The Programme had arisen out of a bid to the Government's Transformation Challenge Award. £5m had been awarded to Warrington, Cheshire East, Cheshire West and Chester and Halton to build on the current early help offer and align the way in which families and individuals with complex dependencies were supported across the Cheshire footprint. Warrington's Deputy Chief Executive led the Programme on behalf of the sub-region.

Key partners to the CDP were the four local authorities, Cheshire Police, the Police and Crime Commissioner, Fire and Rescue, Probation and the Community Rehabilitation Company and NHS England.

The Programme was focused on families and individuals with a range of needs which did not meet the threshold for statutory social work services, but who were reliant on the state for support. The CDP was focused on the families and individuals who came under the Government's Troubled Families Programme (this was the Complex Families Service in Warrington) along with two new cohorts, namely:-

- Individuals with a range of (non-age related) health problems; and
- Young people affected by homelessness/rough sleeping.

Bringing the MASH and CDP together

The aims of CDP (although focused on a different target group) were closely aligned to those of the MASH. Both the CDP and MASH work was focused on those families and individuals with needs at Levels 3 and 4 of Warrington's Family Support Model. A senior manager in Families and Wellbeing had been tasked with managing both the MASH and CDP projects in Warrington to ensure that the front doors for early help and for safeguarding were fully

aligned. Work has stared on refurbishing the MASH based in the Ground Floor of Quattro and the accommodation the service would go live on 30 November 2015. The Complex Dependency model for early help was due to start in early 2016. Some additional funding had been received for the site refurbishment and to help bed in the new approach.

The key aims of the project were to provide:-

- A single front door for both Programmes;
- Co-ordinated/integrated intervention and case management;
- New ICT systems to allow information sharing to assess needs and risk and to support positive change;
- Joint commissioning; and
- Shared workforce development.

The report provided further information on:-

- The proposed approach to new ways of working;
- Current activity and progress;
- Financial Considerations;
- Risks; and
- Governance Issues.

The name MASH might be changed in the future to reflect the enhanced role of the team which was now wider than the original remit of safeguarding.

Members asked questions and made comments and the following responses were provided:-

- As there were two different funding streams, would money flow between the two programmes? - The Complex Families Programme was supported by performance related funding. Short term grants would allow the Council to try new ways of working collaboratively with partners across Cheshire and would allow the development of ICT systems. The current proposals were Phase 1 of a longer term project. Phase 2 would see a similar service rolled out to adults. Overall the Complex Families Programme would provide support to people with needs including: domestic abuse; health, poor school attainment, crime, children in need, financial exclusion/debt and young people Not In Education Employment or Training (NEET)

- It was reported that the Royal Mail had a programme to identify people who may be in debt and those vulnerable groups at risk of being exploited financially. Every postman had a good knowledge of the circumstances of the people who lived on their route. Could the Council work with Royal Mail to target support? - The Council was working with partners to bring the whole family within its support services. The Common Assessment Programme (CAP) had now been developed into a whole family CAP. It was estimated that children

could be helped indirectly, if the adults surrounding them were helped.

PTMV14 Work Programme 2015/16 and Monitoring of Actions and Recommendations

The Committee considered a report of Councillor Paul Bretherton, Chairman of the Committee, on the Work Programme 2015/16 and the monitoring of actions and recommendations arising from the Committee and any working Groups. Julian Joinson, Principal Democratic Services Officer, Resources and Strategic Commissioning Directorate, outlined the main features of the report.

The Committee, at its meeting on 23 June 2015, had approved number of themes for its draft Work Programme 2015/16, including some topics being rolled forward from the Work Programme 2014/15. Since June, further work had been undertaken to refine the detailed content of the draft Work Programme, including information on the rationale for inclusion of specific topics, the type of engagement activity appropriate for the Committee to undertake, desired outcomes and likely timescales.

The following amendments had been proposed to the Work Programme 2014/15 since the last meeting:-

- Care Providers (Children and Young People) – This item was deferred from 29 September 2015 to 1 December 2015;
- Impact of the Care Account – This item was deferred from 29 September 2015 due to the Government's decision to postpone Phase 2 of Care Act until at least 2020;
- Complex Dependencies – New item for 29 September 2015;
- Achievement for All Strategy – New Item for 29 September 2015 (agreed on 23 June 2015);
- Personal budgets for children and young people – New item for 10 February 2016 (agreed on 23 June 2015);
- Care leavers – New item for 10 February 2016 (agreed on 23 June 2015);
- Building SEN Capacity within the Borough – To be incorporated into the item for 10 February 2016 regarding the SEND Reforms (agreed on 23 June 2015).

The Committee was invited to consider whether it wished to establish any working groups. The Chairman indicated that he and the Deputy Chairman had taken an initial view on what working groups might be realistic, affordable and supportable for 2015/16. Two working groups were being proposed on the following topics:-

- Dementia; and
- Child Poverty Policy.

Members commented on the proposals, as follows:-

Dementia

- Dementia was a very broad topic. What would be the focus of the working group, eg dementia at home or in a care setting?

- A working group could consider visiting the proposed dementia friendly facilities at Great Sankey Neigbourhood Hub to understand the impact of the new facilities on users with dementia. Permission would need to be sought from Livewire if the working group wished to visit the Hub.

- One councillor who had experience as a dementia nurse commented on the excellent work undertaken in Ward B14 at Warrington Hospital, which could be the focus of the working group.

- A councillor had attended an event yesterday at which a singer had successfully engaged people with dementia and had resulted in the venue 'rocking'. The experience had been very uplifting. An example was given of a person with dementia, who had previously been totally introverted, now singing and joining in the activities. It was suggested that the working group could focus on the promoting the good work being done by the Council, voluntary sector and health sector to support people with dementia.

- Councillors continued to support the community engagement side of the Council. It was suggested that the working group could look into what was happening in the home and local community for people with dementia, at the stage before more formal care services were required.

- It was suggested that any working group should include other councillors (not members of the Committee) with an interest in the topic and co-opted experts in dementia care.

- Cllr Wright commented that there was a lot of work taking place in Warrington regarding dementia. The Council was proposing a Dementia Friend training event and many citizens had already signed up. She invited other councillors to sign up too. She also offered to arrange a visit to the 'Forget Me Not' Ward at Warrington Hospital if there was a demand.

- Officers indicated that the Council had a Dementia Strategy, which could be the starting point for the working group to take a structured look at dementia issues. Questions might include:-

    - Was the Strategy working?
    - Were there gaps in provision?
    - Should the full range of services be provided?
    - Could all services be afforded?

- Officers also indicated that there were national stretch targets to diagnose dementia, and Members might wish to explore:-

  - What were GPs doing; and
  - What services did people receive after diagnosis.

- In response the a question by the Chairman about what was a Dementia Friend, Cllr Wright indicated that the training allowed people to recognise people with dementia and assist. For example, trained shop assistants at a number of leading supermarkets could spot people with those types of needs and signpost them to relevant information.

- Further support given to the working group focussing on dementia in the community. In particular, there was evidence to suggest that the total number of people living in the community whose husbands or wives had dementia, was hidden.

- Cllr Wright reported that British Home Stores (BHS) Café in Warrington was given over to dementia on the first Wednesday of the month. There were other national retailers based in Warrington who had similar schemes.

- The working group might focus on how to encourage people with dementia to undertake assessment without fear or without feeling ashamed. In addition, the working group might consider how organisations could increase their effectiveness in identifying individuals with dementia.

- Officers indicated that The Alzheimer's Society's Dementia Friendly Communities Programme had produced a national toolkit. There might already be information readily available in response to the working group's key lines of enquiry.

- Officers commented that placing social workers in the new GP Clusters might help early recognition of dementia, which might then facilitate interventions at an earlier stage.

- Officers suggested that, in view of the many threads relating to dementia care, a careful scoping exercise needed to be carried out to determine the areas where the Committee could have the most impact.

<u>Child Poverty Policy</u>

- The Chairman indicated that the Council had already carried out a lot of work in relation to child poverty. The Council did not currently have a policy on Child Poverty and there was no statutory requirement to develop one. However, there was a strong moral argument to develop a policy.

- Cllr Krizanac indicated that he was shocked by the number of young people in poverty. There might be as many as 6,000 pupils in poverty in Warrington. Around 10% of pupils in the education system had

special educational needs, but there were examples of adults now who had clearly been through the system without being properly assessed, which led to poor communication skills in adult life. He enquired if it was still possible for pupils to 'slip under the radar'. He also asked about who cared for adults with the most severe needs when their elderly parents passed away?

- Cllr Smith reminded the Committee that it had received a report on the Child Poverty Framework at its last meeting. It was envisaged that that document would satisfy the Council's desire to tackle child poverty. However, it might be beneficial for the Committee to see how the framework was being implemented and to review any outcomes. Officers indicated that the Deputy Chief Executive had recently indicated that it was not proposed, at this stage, to provide any further policy documentation on the topic of child poverty.

In addition to the working group topics proposed above, the Committee discussed the following matters:-

- The Chair reported that a report setting out the Local Account - Draft Annual Report 2014/15 had been circulated outside of the formal meeting. The Draft Local Account formed the Council's annual update to Warrington residents on services for children, young people and adults in need of care or support. Members were reminded that they should provide any feedback on the report to Officers in the Families and Wellbeing Directorate by no later than Wednesday 14 October 2015.

- The Chair reported that in respect of the proposed special meeting on the theme of Legal Highs, the mater was also currently being looked at by the Drug and Alcohol Action Team (DAAT). The Chair would still wish for the matter to be brought to the Committee and was negotiating with DAAT about how the Committee might contribute to its work. Cllr Wright indicated that she served on the DAAT. She referred to the work of Crime Reduction Initiatives (CRI), a charity providing free treatment and support to vulnerable people facing addiction, homelessness and domestic abuse, which had commissioned several reports on the topic of legal highs. The availability of such substances to young people was a clear concern for the DAAT.

The Committee also considered a schedule of Future Meeting Dates, together with a schedule of Progress on Actions and Recommendations, Referrals from Other Bodies and Final Recommendations from Working Groups.

Decision,

(1) To note the updated Work Programme 2015/16 as presented, subject to the inclusion of the working group activity identified at (2) below;

(2) To approve the creation of working groups to consider the following topics:-

- Dementia; and
- Child Poverty

(3) To note the Schedule of Future Meeting dates.

(4) To note the Schedule of Progress on Actions and Recommendations, Referrals from Other Bodies and Final Recommendations from Working Groups.

WARRINGTON BOROUGH COUNCIL

PROTECTING THE MOST VULNERABLE POLICY COMMITTEE – 15th December 2015

Report of the: Executive Director for Families and Wellbeing Directorate
Report Author: Michelle Greenwood
Contact Details: **Email Address:** mgreenwood3@warrington.gov.uk **Telephone:** 01925 444171

Ward Members: All

TITLE OF REPORT: THE STATE OF HEALTH CARE AND ADULT SOCIAL CARE IN ENGLAND IN 2014/15: An overview of key themes.

1. PURPOSE

1.1 Recipients of regulated care services locally and in England are among the most vulnerable within our society, by virtue of their dependence on others to meet their basic care needs.

1.2 Each year the Care Quality Commission (CQC) gives a perspective on the state of health care and adult social care services in the preceding year. This report provides a summary of the 2015 CQC report, which was published in October 2015 and draws out the key themes including a local context. It is designed to inform the Committee of the arrangements we have in place to monitor, rate and improve the quality of care we commission in Warrington.

2. CONFIDENTIAL OR EXEMPT

2.1 N/A

3. INTRODUCTION AND BACKGROUND

3.1 The state of health care and adult social care in England in 2014/15 report is based on the CQC's inspection regime and compiled using evidence from its register of care providers across more than 40,000 care services. In their new approach CQC asks five key questions of all its services it inspects:

- Are they safe?
- Are they effective?
- Are they caring?

- Are they responsive to people's needs?
- Are they well led?

3.2 By 31st May 2015 CQC had inspected 18% of residential care homes, 27% of nursing homes, 8% of domiciliary care services and 10% of other community services. Priority was given to services where previous concerns were identified. In Warrington 14 (out of 77), services had been inspected by 31st May.

3.3 Overall nationally 59% of services were good, 1% outstanding, 33% requires improvement and 7% inadequate. Of the 14 services inspected in Warrington, 79% (11) were rated as good and 21 % (3) required improvement. This is therefore a better picture than that found nationally.

3.4 Outstanding services seemed to have a culture of care that puts the views and wishes of each person at the centre of care with those values being embedded in the organisation and demonstrated in practise and the Managers ensured that staff received continuous development and training. Staff also involved people using the service and their families and carers to develop care plans.

4 National and Local Picture

4.1 The demand for social care is increasing, with the numbers of people aged 85 and over with a disability are projected to rise sharply in the coming years. This rising demand is coming during a time of increased financial strain and with national concerns around sustainability for the adult social care sector and cuts to local authority budgets over the past 5 years.

4.2 The national living wage, to be introduced from April 2016, will put further pressure on the budgets of providers and/or commissioners. Analysis for the review that led to the national living wage found that, of all work sectors, social care offers the greatest cause for concern, because wages in the industry already start from a low base and productivity improvements can be difficult to realise.

4.3 Adult social care providers struggle to recruit the staff they need. Vacancies and turnover in the sector are high. Nationally, vacancy rates can be as high as 20% in domiciliary care and 11% in residential care. Adult social care providers agree that these vacancy and turnover rates are too high, and that there is an urgent need to share and use best recruitment and retention practices throughout the sector. It has been highlighted that the adult social care sector has struggled to compete with the NHS in retaining their nursing staff.

4.4 In Warrington, there is a growing concern across the sector regarding the ability to recruit suitably qualified nurses. There is currently an over reliance on agency staff and therefore a shortage of clinical leadership as a result. In Warrington we have a high level of employment within the services sector which brings an added dimension regarding the recruitment of care workers. Management of people with dementia and challenging behaviour in EMI/Nursing settings is a rising trend,

with a number of residents on resident incidents being reported to safeguarding. In Warrington there is also a shortage of EMI/NH beds. A local project seeks to support Care Homes locally to manage challenging behaviour and reduce the level of support required from the 5BP later Life Team.

5 Monitoring Care Quality in Warrington

5.1 In August 2014 the Council implemented a new approach to monitoring residential, nursing and domiciliary care services. The Care Quality Monitoring Framework forms part of the overall approach to monitoring and improving the quality of care services provided and is embedded into the overall safeguarding and care quality approach of the families and wellbeing directorate. Prevention and working in partnership is a key focus of this work, as is the principle of working with and supporting care providers to deliver quality and address the areas requiring improvements. Embedded into the framework is an escalation process through which concerns about providers are identified, escalated and managed in a consistent and fair way.

5.2 The Care Quality Monitoring Framework adopts a risk based approach to monitoring given there are in excess of 90 registered services that are commissioned by WBC (in the form of different contract types (of which 45 are Residential and Nursing Homes). It is important that intelligence is used effectively to ensure that resources are appropriately prioritised and that the monitoring process continues to be a proactive method to monitoring the quality of services and to prevent service failure, yet can also be responsive and can act quickly when concerns are identified. The framework adopts a risk based approach which incorporates a range of intelligence that defines our level of intervention with the service. The intervention, which can include joint visits with CCG is a s follows:

- Full visit – Focussing on all CQC 5 key questions.
- Core Visit – Focussing on ‘Safe’ and ‘Well Led’ CQC key questions.
- Themed visit – focussing on specific issues identified through intelligence gathering.

5.3 The outcome of the consideration of intelligence and intervention with the service is rated as follows:

- Green
    - Good or acceptable standard.
    - No significant concerns.
    - Purchase as normal.
    - Routine monitoring (annual visit).
- Amber
    - Some concerns identified.
    - Improvement plan in place.

- Heightened monitoring and support.

- Red
  - Significant concerns identified
  - Increased monitoring and support in place
  - Contractual action considered e.g. default in place, with or without a suspension of purchasing.

5.4 In May 2015, no services at this point were in default of the Warrington Borough Council (WBC) contract or had any significant quality concerns identified. The ratings of services assessed against the WBC care quality monitoring process were as follows:

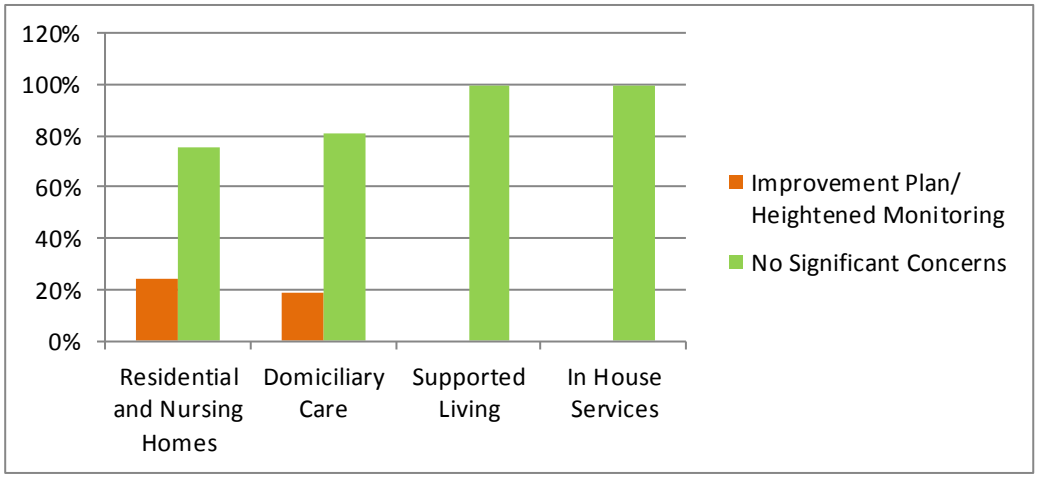

Figure 2: Ratings following assessment against the Care Quality Monitoring Process.

5.5 In order to ensure that resources are used effectively, the Care Quality Monitoring Team aims to develop the following areas:

- Review the effectiveness of the new process.
- Embed joint working arrangements with CCG
- Use intelligence from Healthwatch 'Enter and View' visits to inform our quality assessment.
- Develop mechanisms for service user and relative/carer consultation by working in partnership with other agencies and considering the use of peer assessments, advocates and surgeries.
- Further develop information sharing and intelligence processes.
- Improve working with service providers to support learning, share best practise and define what makes a 'good' service.
- Develop effective information sharing arrangements with the Quality Intelligence and Safeguarding group, Quality Surveillance Group and Safeguarding Adults Board.

6 FINANCIAL CONSIDERATIONS

6.1 There are no direct financial implications as a result of this report as it is designed to inform and provide assurance to members about local arrangements in the context of a national picture. However there are financial consequences to supporting providers to improve their care quality through the provision of challenge, advice, guidance and direct support both from the Council and from the Clinical Commissioning Group where appropriate. There is also a wider context which includes considerations of the cost of care and the sustainability of the care market.

7 RISK ASSESSMENT

7.1 The care quality monitoring process is part of a systematic approach to managing risk by implementing a programme of assessments and inspection of provider services.

7.2 There are reputational, financial, legal and health and wellbeing risks associated with this area of work. The family and wellbeing directorate risk register includes the risk of being unable to meet the need for the quality of provision required.

8 EQUALITY AND DIVERSITY / EQUALITY IMPACT ASSESSMENT

8.1 Care quality is underpinned by the principles of dignity and personalisation and these factors are taken into account in the care quality monitoring methodology and are reflected in the judgements made by CQC and the Council on the effectiveness of services provided to service users with care and support needs.

9. CONSULTATION

9.1 N/A

10 REASONS FOR RECOMMENDATION

10.1 The Care Quality Monitoring Framework developed by WBC complements the CQCs new approach to inspection, and is a tool that service providers can use to develop their service and improve quality of care provided.

11 RECOMMENDATION

11.1 To take account of the findings detailed in this report and to support the recommendation for the Care Quality Monitoring Team to develop the areas suggested.

12 BACKGROUND PAPERS

- The state of health care and adult social care in England in 2014/15: an overview of key themes

Contacts for Background Papers:

Name	E-mail	Telephone
Michelle Greenwood	Mgreenwood3@warrington.gov.uk	01925 444171

WARRINGTON BOROUGH COUNCIL

PROTECTING THE MOST VULNERABLE POLICY COMMITTEE – 15 December 2015

Report of the: Executive Director of the Families and Wellbeing Directorate

Report Author: Penny Davidson, Mental Capacity Act and Governance Manager.

Contact Details: **Email Address:** pdavidson@warrington.gov.uk **Telephone:** 01925 444080

Ward Members: All

TITLE OF REPORT: DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS)

1. PURPOSE

1.1 To provide background information about the Deprivation of Liberty Safeguards in advance of a presentation to the committee

2. CONFIDENTIAL OR EXEMPT

2.1 The report does not contain any confidential or exempt information.

3. INTRODUCTION

3.1 The deprivation of liberty safeguards (DOLS), which came into force in April 2009, provide legal protection for vulnerable people who are, or may become, deprived of their liberty within the meaning of Article 5 of the ECHR in a hospital or care home, whether placed under public or private arrangements. They do not apply to people detained under the Mental Health Act 1983. The safeguards exist to provide a proper legal process and suitable protection in circumstances where deprivation of liberty appears to be unavoidable, in a person's own best interests.

3.2 The following extracts from the Deprivation of Liberty Safeguards Code of Practice 2008 outline the rationale for use of the safeguards:

*"The **safeguards** focus on some of the most vulnerable people in our society: those who for their own safety and in their own best interests need to be accommodated under care and treatment regimes that may have the effect of depriving them of their liberty, but who lack the capacity to consent".*

*"These safeguards are an important way of protecting the rights of many vulnerable people and should **not be viewed negatively**. Depriving someone of their liberty can be a necessary requirement in order to provide effective care or treatment. By following the criteria set out in the safeguards….the decision to deprive someone of their liberty can be made **lawfully and properly"**.*

Deprivation of Liberty Safeguards Code of Practice 2008

4. DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS)

4.1 The safeguards ensure the deprivation of liberty is lawful through 'standard' or urgent' authorisation processes. They are designed to prevent arbitrary decisions to deprive a person of liberty and include a right to challenge.

4.2 The deprivation of liberty safeguards make it clear that a person may only be deprived of their liberty:

- in their own best interests to protect them from harm
- if it is a proportionate response to the likelihood and seriousness of the harm, and
- if there is no less restrictive alternative.

4.3 Examples of a deprivation of liberty may include:

- Restraint is used, including sedation, to admit a person to an institution where that person is resisting admission.
- Staff exercise complete and effective control over the care and movement of a person for a significant period.
- Staff exercise control over assessments, treatment, contacts and residence.
- A decision has been taken by the institution that the person will not be released into the care of others, or permitted to live elsewhere, unless the staff in the institution consider it appropriate.
- A request by carers for a person to be discharged to their care is refused.
- The person is unable to maintain social contacts because of restrictions placed on their access to other people.
- The person loses autonomy because they are under continuous supervision and control.

4.4 In March 2014 the Supreme Court made a key judgement 'P v Cheshire West and Chester Council and P and Q v Surrey County Council' which changed how the safeguards were applied in practice and resulted in a much broader application than previously. This judgement set out an 'acid test' to determine whether a deprivation of liberty is occurring.

4.5 The 'acid test' is:

1) A patient or resident lacks the capacity to consent to make a decision to be accommodated in the care setting

2) They are not free to leave

3) Staff have complete and effective control over the person.*

**Complete and effective control means that the person is not able to leave the place where they are now living and are supervised when out in public places".*

4.6 In order to lawfully to deprive someone of their liberty, a 'managing authority' (hospital or care home) must seek authorisation from the local authority (the supervisory body). Before giving such an authorisation, the local authority must be satisfied that the person has a mental disorder and lacks capacity to decide about their residence or treatment.

4.7 The local authority must obtain the relevant six assessments to ascertain whether the qualifying requirements of the deprivation of liberty safeguards are met. The local authority has a legal responsibility to select at least two assessors, a Best Interest Assessor (Social Worker, Nurse, OT or Psychologist) and a Mental Health Assessor (Doctor) who have undertaken additional specialist DOLS training.

The six assessments are:

- age assessment
  The person must be 18 years or over.

- no refusals assessment
  An LPA or Court Appointed Deputy is not objecting to any element of the care plan or there is no conflict with a valid advance decision to refuse treatment.

- mental capacity assessment
  The person lacks capacity to consent to the arrangements for their treatment and care.

- mental health assessment
  They are suffering from a mental disorder within the meaning of the Mental Health Act 1983.

- eligibility assessment
  They are not subject to a Section of the Mental Health Act 1983 which would conflict with a DOLS authorisation.

- best interests assessment
  The care and treatment plan is the least restrictive, is proportionate to risk of harm and is in the person's best interest.

4.8 If all the assessments in the standard authorisation assessment process indicate that the relevant person meets all the qualifying requirements, then the local authority will grant a deprivation of liberty authorisation. The local authority cannot grant a standard authorisation if any of the requirements are not fulfilled.

4.9 The local authority must set the period of the authorisation, which may not be longer than that recommended by the best interests' assessor and cannot exceed 12 months.

4.10 The local authority may attach conditions to the authorisation. Before deciding whether to give the authorisation subject to conditions, the local authority must consider any recommendations made by the best interests' assessor.

4.11 It is the responsibility of the local authority to appoint a representative for the relevant person.

4.12 All practical and possible steps to ensure that the relevant person understands the effect of the authorisation and their rights around it must be made. These include their right to challenge the authorisation via the Court of Protection, their right to request a review, and their right to have an Independent Mental Capacity Advocate instructed, along with the process for doing so. Appropriate information must be given to the relevant person both orally and in writing. Any written information must also be given to the relevant person's representative. This must happen as soon as possible and practical after the authorisation is given.

4.13 In Warrington, the number of requests for authorisations has increased year on year, most strikingly following the Supreme Court judgement.

2012/2013: 82 requests
2013/2014: 224 requests

2014/2015: 816 requests

April 2015 – 30th Nov 2015 (Year to Date): 735 requests

4.14 This sharp increase in the number of requests is reflected nationally and in April 2015, in recognition of the additional burden, the Department of Health granted one off in year additional monies to local authorities. Warrington received £87,865

4.15 However, this funding is insufficient to meet the true cost of implementing the safeguards and nationally, the majority of local authorities have been unable to process all requests for DOLS authorisations within statutory timescales. Currently, Warrington is completing 30.9% of DOLS assessments within timescales which is in line with the national average. In terms of numbers of DOLS assessments completed in total, Warrington managed to complete 69% in 2014/15 compared with the national average of 62%.

4.16 The majority of Councils are operating a risk based approach to the management of demand for authorisations, as we are in Warrington, using a tool recommended by the Association of Directors of Social Services (ADASS). Requests for authorisations are screened by a Best Interest Assessor on receipt, to establish the level of risk both to the individual concerned and the local authority of any unauthorised deprivation of liberty. Situations where there is dispute around what is in the person's best interest or where a person is requesting to leave or are resisting care are screened as the highest priority (Red response). Conversely, situations where a person has been living in a care home for many years, is not resisting care and family and friends are in agreement with the care are screened as a lower priority (Green response).

5. HOW CAN THE DEPRIVATION OF LIBERTY SAFEGUARDS MAKE A DIFFERENCE?

5.1 Attached at **Appendix 1** are two case studies which demonstrate how Deprivation of Liberty Safeguards may be employed. The names of the individual service users have been changed to protect their identities.

6. FINANCIAL CONSIDERATIONS

This paper is for information and as such has no direct financial consequences. However there have been considerable resource implications as a result of the legislation and the subsequent judgement, which is reflected in the MTFP allocations.

7. RISK ASSESSMENT

This paper is for information only. The Families and Wellbeing Directorate risk register incorporates the risk arising from the lack of capacity to assess all

authorisations and this is managed through the application of a risk based screening tool with strategic reporting and governance arrangements and legal support.

8. EQUALITY AND DIVERSITY / EQUALITY IMPACT ASSESSMENT

8.1 The Deprivation of Liberty Safeguards are designed to uphold human rights. They are a safeguard against arbitrary decision making based simply on a person's age, appearance, condition or behaviour.

10. CONSULTATION

None

11. REASONS FOR RECOMMENDATION

This paper is provided as background information in advance of a presentation and proposed discussion by the Committee.

12. RECOMMENDATION

12.1 That the contents of this paper are noted.

HOW CAN THE DEPRIVATION OF LIBERTY SAFEGUARDS MAKE A DIFFERENCE?

Case Study 1 - Charles.

1.1 A request for a Deprivation of Liberty Safeguards authorisation was made by the specialist care home where Charles was accommodated.

1.2 Charles described himself as having lived a 'colourful life' spending much of his socialising in pubs and clubs and betting on the horses, and following a diagnosis of alcohol related dementia was placed in a care home because of concerns that he was harming himself as a result of self-neglect. He was reluctant to wash, dress, needed prompts to maintain a nutritional diet and would often drink to excess, which had already a serious impact on his physical health and resulted in regular nursing intervention and if he continued was sure to lead to his death.

1.3 The DOLS Best Interest Assessor who was completing the best interests assessment found that Charles lacked mental capacity in relation to decisions about his care but was able to express his wishes and feelings. The assessor spoke with Charles who described the environment at the home as 'stifling', as there was no one he could interact with. Charles was miserable and it appeared that any expression of frustration such as shouting or resisting care on his part, were interpreted by staff as 'challenging behaviour' which demonstrated the need for him to remain in this specialist placement.

1.4 Charles had two brothers, who agreed that although Charles needed 24 hour care, the current care home wasn't the appropriate placement to meet his emotional and social needs. The care team involved however, were of the opinion that the placement was appropriate given Charles' challenging behaviour and the risk to his safety. After an in-depth assessment, the Best Interest Assessor concurred with Charles and his brothers that the care home placement and care plan were not suitable or in his best interests.

1.5 The Best Interest Assessor recommended that Charles be moved to a less restrictive home which was an all-male environment with many residents with similar backgrounds and interests. Charles and his brothers were pleased with the outcome and thanked the Best Interest Assessor saying that they were impressed with the Deprivation of Liberty Safeguards process which had put so much emphasis on their brother accessing appropriate care and treatment instead of just being housed in a "place of safety".

Case Study 2 - Barry

2.1 Barry had been diagnosed with Autism as a child and had lived the majority of his adult life in a residential care home for people with learning disabilities.

2.2 Barry had a very good relationship with his support staff at the home and social work staff were impressed with the way in which the home were able to manage his care and support needs. A DOLS authorisation had been granted in relation to Barry's care at the residential home

2.3 In late 2014 Barry was admitted into hospital for an emergency operation on his hip which had become seriously infected and had to be replaced. Whilst in hospital, nursed in intensive care, a new DOLS authorisation was granted as Barry was under continuous supervision and not free to leave the hospital.

2.4 On discharge back to the residential home, another request for a DOLS authorisation was received relating to the new care plan for Barry.

2.5 However the Best Interest Assessor was concerned that the discharge planning arrangements had not taken into consideration Barry's change in circumstances and his physical needs. There appeared to have been an assumption by the hospital that because Barry lived in a 24 hour care setting that his care and support needs could still be met there without further assessment.

2.6 On further investigation it was revealed that Barry now required the support of two carers to weight bear with a Zimmer frame and a wheelchair for transfers. No equipment had been provided by the hospital and the home was using equipment provided for another resident who had since died.

2.7 Given that Barry had lived in the home for 14 years it was felt that a move to a placement would be very distressing and would not be in his best interest. However, the care plan met the 'acid test' and Barry was found to being deprived of his liberty.

2.8 It was agreed that a DOLS authorisation would be granted for a short 14 day on conditions that the residential home followed the recommendations for further occupational therapy and physio intervention, training for staff and the provision of equipment.

2.9 The conditions were fully met and staff were able to take Barry outside again something that he had previously enjoyed on a daily basis.

WARRINGTON BOROUGH COUNCIL

Protecting The Most Vulnerable Policy Committee – 15 December 2015

Report of:	Steve Peddie, Operational Director Adult Services	
Report Author:	Julie Smith, Head of Service Adult Social Care	
Contact Details:	**Email Address:**	**Telephone:**
	jsmith@warrington.gov.uk	01925 444163
Ward Members:	Protecting The Most Vulnerable Policy Committee	

TITLE OF REPORT: MENTAL HEALTH STRATEGY

1. PURPOSE

1.1 To inform Members of the current national policy drivers in mental health and local issues and challenges in providing services for people with mental health problems.

2. CONFIDENTIAL OR EXEMPT

N/A

3. INTRODUCTION AND BACKGROUND

Our Health and Wellbeing Strategy (2015-18) sets out Warrington Partnership's, ambitions to improve the health and wellbeing of our residents. It sets down a challenge for us all, including some big changes in how we work together, in how we commission and deliver services, and in our expectations of ourselves and of each other. In short, it sets out our commitment to delivering the aspirations of all our residents, by preventing physical and/or mental illness and supporting those in our community who are ill, caring, out of work or vulnerable with the right care, by the right person at the right time.

Being well, both physically and mentally, is such a fundamental part of maintaining a happy, fulfilling life in which we can contribute positively to family, friends and community. It is central to our overall vision for Warrington.

Care closer to home through the prevention of avoidable hospital attendances and admissions is a key priority. This is particularly relevant to those with complex or long term health conditions and also those presenting with mental health problems or drug and alcohol issues, both of which are disproportionally represented from our wards of greatest social deprivation.

The emergence of a new national strategy for mental health as well as a review of secondary mental health services across the footprint of the 5 Boroughs Partnership Trust will provide an opportunity to set out the detail of a mental health strategy for Warrington.

This policy briefing outlines what are likely to be the main issues for consideration in constructing a Mental Health Strategy for Warrington.

4. FACTS AND FIGURES

Mental health is described by the World Health Organisation as: 'A state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community'.

- At least one in four will suffer a form of mental illness at some point in their lives
- Half of all adults experience one episode of depression during their life
- A sixth of the population have a common mental health problem at any one time
- One in a hundred people suffer psychosis
- Three in a hundred people self-harm
- In Warrington there are 13,953 adults with a diagnosis of depression, an increase of 16% since 2013/14
- In Warrington there are 1798 people diagnosed with a serious mental illness, an increase of 4% since 2013/14
- Warrington Borough Council mental health services are dealing with 631 service users (November 2015)

5. NATIONAL POLICY DRIVERS

The national 'No Health without Mental Health' (DH Cross Government Strategy 2011) set six key objectives to improve mental health outcomes for individuals and the population as a whole:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination

In 2014 the coalition government, responding to the growing crisis in relation to pressure on psychiatric beds and services, urged all stakeholders to sign up to a Mental Health Crisis Care Concordat stating how partners would work collaboratively to improve the experience of service users and their families

during a mental health crisis. There is both a pan-Cheshire response and Action Plan and a Warrington Action Plan.

In March 2015 NHS England launched a Taskforce to develop a 5 year strategy to improve mental health outcomes for people of all ages. This will become a 'Mental Health Five Year Forward View' which will set out how national bodies will work together to have good mental health and make sure people can access evidence based treatments when they need it. The Taskforce produced a report following public engagement. There were three key themes that people wanted to see:

- Prevention – services that prevent mental ill health and promote recovery;
- Access – ready access to services both in planned care and in crisis, and
- Quality – good quality services

6. THE LOCAL PICTURE

Warrington Borough Council works in partnership with 5 Boroughs Partnership, Police and Criminal Justice System and a range of providers to assess the needs of people with mental health problems and support them and their carers. A range of services are provided which aim to promote recovery, independence and social inclusion. An ongoing review of the provision of mental health services covered by the 5 Boroughs Trust includes: a review of the acute care pathway for adult mental health services, including those not delivered by 5BP and an identification of developments in areas of service delivery that can improve whole system working. It includes looking at in-patient wards including access to the Paediatric Intensive Care Unit, Community teams (Assessment, Home Treatment, Recovery and Early Intervention), access to Psychological Therapies (IAPT), AED Liaison / RAID services (Rapid Assessment Interface & Discharge – psychiatric liaison), LLAM services (Later Life and Memory Services) and Step down services.

The social work service includes the Council's statutory responsibility to provide Approved Mental Health Practitioners 24/7 who assess people under the Mental Health Act 2007 and arrange admission under section where necessary.

The Criminal Justice Liaison Team work with people who are in, or are likely to become known to, the criminal justice system. They offer an alternative to custody project, offering courts an alternative disposal method than a custodial sentence. They also work with the Police taking direct referrals from officers who come into contact with vulnerable adults and they support the enormously successful street triage service known as 'Operation Emblem'.

The Mental Health Outreach service provides a preventative and reablement service which helps people to recover and gain confidence and skills to maintain their independence and wellbeing.

7. CHALLENGES – PRESSURE ON THE WHOLE SYSTEM

- Admission wards at Hollins Park are almost always full. This leads to people needing to be placed out of area. This puts pressure on Approved Mental Health Practitioners, Police and Ambulance services. Significantly it affects the service users and their families. There is also pressure to discharge people back to the community which can involve the provision of costly care packages to support them. Appropriate housing is often a factor delaying a discharge.
- Pressure on nursing homes which provide dementia care to continue to care for people with very challenging behaviour rather than admit to hospital. This leads to requests for the Council to fund additional care over and above the contract, so the person can be cared for safely, and to protect others.
- Increasing numbers of people with significant mental health problems (often accompanied with substance/alcohol issues).
- Increasing numbers of young people with emotional disorders or diagnosed with personality disorder.
- Increasing costs of care to manage the potential risks to the individual and to communities. Increasing numbers are jointly funded by the Council and the Clinical Commissioning Group reflecting the complexity of care.
- Public sector cuts affecting partners particularly Police and Ambulance services.
- Need to balance the care of people in primary and secondary care. Need to have good quality responsive community services but also sufficient beds in Borough to meet demand.

8. DISCUSSION POINTS FOR THE POLICY COMMITTEE

- As public sector finances continue to be squeezed, what priority should the Council/whole system give to prevention and preventive services?
- What can/should communities do to support positive mental health?
- What can/should communities do to reduce the stigma associated with mental ill health?

9. FINANCIAL CONSIDERATIONS

There are no direct financial considerations for a report that sets out no particular recommendations. A reducing financial envelope during this period at least up to 2020 will have an increasing impact on all social care and not least funding adequate mental health services.

10. RISK ASSESSMENT

N/A

11. EQUALITY AND DIVERSITY / EQUALITY IMPACT ASSESSMENT

There are three main ways that inequality is important in mental health:

1. People who experience inequality or discrimination in social or economic contexts have a higher risk of poor mental wellbeing and developing mental health problems;
2. People may experience inequality in access to, and experience of, and outcomes from services; and
3. Mental health problems result in a broad range of further inequalities.

The objectives of any mental health strategy will support the right of people, whether they have a mental health condition or are at risk of developing one, to:

- Fair and dignified treatment;
- Full social and economic participation;
- Autonomy, choice and control over their lives; and
- Being safe and protected from harm.

12. CONSULTATION

Any strategy will include consultation with existing service users and carers.

13. RECOMMENDATION

To note the report on mental health issues.

14. BACKGROUND PAPERS

None

Contacts for Background Papers:

Name	E-mail	Telephone
Julie Smith, Head of Service Adult Social Care	jsmith@warrington.gov.uk	01925 444163

THIS PAGE IS LEFT BLANK INTENTIONALLY

WARRINGTON BOROUGH COUNCIL

PROTECTING THE MOST VULNERABLE POLICY COMMITTEE – 15 December 2015

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

TITLE OF REPORT: WORK PROGRAMME 2015/16 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 2015/16 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 23 June 2015, approved a number of themes for its draft Work Programme 2015/16, including some topics being rolled forward from the Work Programme 2014/15. 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 29 September 2015.

3.2 The Work Programme is a living document and is updated periodically in response to changing priorities and other factors. The following amendments have been proposed to the published Work Programme 2015/16 since the last meeting:-

- Date of December meeting changed from 1 to 15 December 2015
- Child Poverty Framework – Establishment of a Working Group agreed on 29 September 2015
- Dementia – Establishment of a Working Group agreed on 29 September 2015
- Self-Neglect Policy – Deferred from 15 December 2015, provisionally to 10 February 2016. Officers have confirmed that self-neglect is a

developing area and is now included as a form of abuse under the Care Act – A draft policy has been developed through the Safeguarding Adults Board (SAB) and there is an event planned for January 2016. There is a lot of experience in Warrington on this topic and an instruction notice to staff has recently been issued in line with the draft policy to help guide them through. It may be appropriate for the Committee to consider this issue in February 2016, or later.

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 agreed to establish two Working Groups for 2015/16, as follows:-

- Child Poverty Framework; and
- Dementia.

4.2 It is envisaged that the Working Groups will commence their activity early in January 2016. Members may wish to consider if they are in a position to serve on either of the Working Groups.

5. FINANCIAL CONSIDERATIONS

5.1 When carrying out activity Members are reminded of the general financial climate and the Council's commitment within our 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 enable key risks to be identified and the 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.

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 is undertaken on a regular basis.

9. RECOMMENDATION

9.1 To approve the updated Work Programme 2015/16 (**Appendix 1**); and

9.2 To note and comment on the Monitoring of Actions, Recommendations and Referrals (**Appendix 2**).

THIS PAGE IS LEFT BLANK INTENTIONALLY

Protecting the Most Vulnerable Policy Committee
Work Programme (Revised) – June 2015 - April 2016

Work Programme Topic	Purpose of the item	Type of Policy Development Work	Methodology	Role of Members	Lead Officer
Theme – Business Meeting Date of Meeting 23 June 2015					
Personal Budgets Policy	Consultation on personal budgets policy for children and young people	Looking ahead – impact of emerging local needs	Officer Report	Make comments on policy to officers	Sarah Callaghan Ann McCormack (Sally McGrail Terry Jones)
Child Poverty Strategy	Receive the Child Poverty Strategy.	Looking ahead – impact of emerging local needs	Officer Report	Awareness raising	K Fairclough (E Blackburn)
Summary of the Committee's Achievements in 2014/15	Review the work of the Committee in 2014/15	Reviewing - Look at what we currently do	Officer Report	Awareness raising	J Joinson
Draft Work Programme 2015/16	To set the 2015/16 work programme	Looking ahead – impact of emerging local needs	Chair's report	Make decision on work programme	J Joinson H Hill
Theme – Carers Date of Meeting 29 September 2015					
Carers Strategy	To provide an update on the provisions of the Care Act in respect of charging carers; to give an indication of the current and future budget implications created by our new duties to carers as set out in the Care Act 2014 and since its inception in April 2015; to propose charging models and ensure compliance with fairer charging; to propose how we would consult with carers; and to describe the potential risks associated with charging	Reviewing - Look at what we currently do	Report/Scrutiny session	Make recommendations	S Peddie (B Hollingsworth)
Complex Dependencies	To introduce the work in Warrington on developing the Multi-Agency Safeguarding Hub and the Complex Dependencies model and to provide an update on progress to date	Reviewing - Look at what we currently do	Chair's report	Awareness raising	A McCormack (Harriet Wilkins)

Achievement for All Strategy	Assist in the development of the Strategy	Policy Development – Provide critical challenge to the emerging Policy	Officer Report	Make recommendations	S Callaghan Jacky Forster
Theme – Mental Health Date of Meeting 15 December 2015					
Care Providers	Review application of procedures to monitor care providers and outcomes	Reviewing - Look at what we currently do	Scrutiny session	Submit findings to EB	A McCormack M Macklin
Deprivation of liberty and mental capacity	To develop an understanding of the concept of deprivation of liberty and mental capacity	Looking ahead – impact of emerging local needs	Workshop session with case studies	Awareness raising	A McCormack M Macklin
Mental Health Strategy	To review the delivery of the mental health strategy and outcomes *(National Policy Information – links to Health & Social Care Bill and increased access to mental health services*)	Reviewing - Look at what we currently do	Scrutiny session	Submit findings to EB	S Peddie
Theme – Children and Young People Date of Meeting 10 February 2016					
Special Education Needs and Disability (SEND) Reforms & Autism Provisions	This topic was considered by the PC in January 2015. The purpose of this item is to consider an update from officers on the work that has been undertaken since January 2015 and outcomes. This topic will also look at:- • progress on the delivery of the actions contained within the Autism Strategy • Building capacity in schools to minimise out of borough placements	Reviewing - Look at what we currently do	Scrutiny session	Submit findings to EB	S Callaghan M Alsop
Personal budgets for children and young people	Update on the pilot project	Reviewing - Look at what we currently do	Officer Report	Awareness raising	S Callaghan

Care leavers	Support for care leavers in transitioning into adulthood *(National Policy Information – This topic links to the launch of an independent review by the Prison Reform Trust to examine why so many children in care end up in the criminal justice system. The inquiry will look at how often children change home and how authorities deal with behaviour. Fewer than 1% of children and young people are in the care of local authorities, but a third of boys and 61% of girls in custody either are in care or have been*	Review what we currently do and look at the impact of emerging local needs	Initial officer report	Awareness raising	F Waddington
Self-Neglect Policy	To look at the delivery of the self-neglect policy and outcomes. This item will also assist members to develop an understanding of the various forms of self-neglect including hoarding and the impact on public services	Looking ahead – impact of emerging local needs	Developmental session	Awareness raising	A McCormack M Macklin
Theme – Impact of Welfare Reform and Financial Inclusion Date of Meeting 5 April 2016					
Impact of Welfare Reform & Financial Inclusion	This topic will look at the impact of proposed new government policies on further welfare reform measures. In addition it will also look at closing the gap in social inequalities and financial inclusion. *(National Policy Information –One of the key themes emerging from national government are their plans to reduce the welfare budget. Plans already announced include a reduction in the benefits cap from £26,000 to £20,000 per household per year and a freeze in working benefits.*	Looking ahead – impact of emerging local needs	Workshop. (Partners such as the CAB could also be invited to take part in the workshop).	Submit recommendations to EB	K Fairclough (E Blackburn)
Theme – Legal Highs Special Meeting – Date to be confirmed					
Legal Highs	Research the extent of the problem in Warrington and national trends (National Policy Information - links to proposed new Psychoactive Substances Bill)	Looking ahead – impact of emerging local needs	Officer report	Submit recommendations to EB	Dr R Robertson (C Fitzgerald)

Working Groups					
Child Poverty Framework	To consider how the Child Poverty Framework has been implemented and whether the anticipated outcomes have been achieved, or whether a more detailed Child Poverty Policy is required to supplement the Framework	Reviewing - Look at what we currently do	Working Group	Submit recommendations to EB	K Fairclough (E Blackburn)
Dementia	To consider a key theme in relation to dementia. It is acknowledged that this is a very broad subject. A scoping exercise will need to take place to identify where the Committee can add most value. Possible issues might include:- • What level of service is provided in the home or community, ie. not within formal residential or nursing home provision; • What is the scope of the Dementia Strategy and if it is working; • Are there any gaps in service provision, should these be addressed and is the provision affordable ; • There are national stretch targets to diagnose dementia – what services do people receive after diagnosis and what services do GPs provide; • How can we recognise people in the community with dementia and encourage them to be assessed without feeling ashamed; • Rolling out the lessons learned from the dementia suite at Great Sankey Hub. • Coordinating nationally available information and sign-posting people to services.	Reviewing - Look at what we currently do	Working Group	Submit recommendations to EB	S Peddie

Date Revised: 7 December 2015

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**
2015	15 December	4 December	7 December
2016	10 February	25 January	1 February
	5 April	18 March	25 March

Committee Recommendations & Actions

2014/15

Minute No & Date	Recommendation/Action	Referred to & Date	Response/Comments	Progress
PTMV14 29/09/15	**Work Programme 2015/16 and Monitoring of Actions and Recommendations** (2) To approve the creation of working groups to consider the following topics:- • Dementia; and • Child Poverty	T Date/ J Joinson 29/09/15	The Working Groups are due to commence activity in January 2016	✓

Referrals to Committee

2015/16

Referred from & Date	Minute Details	Response/Comments	Progress
N/A	There are no referrals made to the Committee	N/A	N/A

Working Group Final Report Recommendations

2015/16

The Committee has established the following Working Groups:-

Recommendation	Referred to & Date	Response/Comments	Progress	Review Date
Child Poverty Framework	N/A	N/A	N/A	N/A
Dementia	N/A	N/A	N/A	N/A