

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

Professor Steven Broomhead
Chief Executive
Town Hall
Sankey Street
Warrington
WA1 1UH

Councillors:
Chair – P Bretherton
Deputy Chair – M Creaghan

A Dirir, B Lines-Rowlands, K Morris, M Smith, J Wheeler,
S Krizanac, K Buckley

Protecting the Most Vulnerable Policy Committee

Date: Wednesday, 10 February 2016
Time: 18:30
Venue: Council Chamber, Town Hall, Sankey Street, Warrington, WA1 1UH

Agenda prepared by Julian Joinson, Principal Democratic Services Officer, Tel: 01925 442112, Fax: (01925 656278 Email: jjoinson@warrington.gov.uk)

AGENDA

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.

1 Apologies

To record any apologies received.

**2 Code of Conduct - Declarations of Interest
Relevant Authorities (Disclosable Pecuniary Interests)
Regulation 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

3 - 18

To confirm the minutes of the meeting held on 15 December 2015 as a correct record.

- 4** **Overview of WSAB Proposed Prevention Strategy** **19 - 44**
- To consider a report of Steve Reddy, Executive Director Families and Wellbeing and Rose Lyden, Safeguarding Adults Board Manager on the draft multi-agency strategy for preventing abuse to adults at risk.
- 5** **SEND Reforms and Autism Provisions/Personal Budgets for Children and Young People Update** **45 - 52**
- To consider an update and report of Steve Reddy, Executive Director Families and Wellbeing and Terry Jones, Head of Integrated Services, on the Special Educational Needs and Disabilities (SEND) Reforms and Autism Provisions and on the development of Personal Budgets for Children and Young People.
- 6** **Work Programme 2015/16** **53 - 64**
- To consider a report of the Chairman on the Work Programme 2015/16 and the Monitoring of Actions and Recommendations.

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.

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**PROTECTING THE MOST VULNERABLE
POLICY COMMITTEE
15 December 2015**

Present: Councillor P Brotherhood (Chair)
Councillors: M Creaghan (Deputy Chair), K Buckley, M Smith
and Wheeler

Also in Attendance: Councillor P Wright, Executive Member for Statutory
Health and Adult Social Care
Margaret Devaney, Graduate Trainee

PTMV15 Apologies for Absence

Apologies for absence were received on behalf of Councillors A Dirir,
S Krizanac and K Morris.

PTMV16 Declarations of Interest

There were no declarations of interest made.

PTMV17 Minutes

Councillor Wright was given permission to speak at the meeting and indicated that in response to Minute PTMV14 - Work Programme 2015/16 - Monitoring of Actions and Recommendations, which had included a discussion on Dementia, she had now asked Simon Kenton, Assistant Director Integrated Commissioning, to arrange for Members of the Committee to visit the 'Forget Me Not' Ward at Warrington Hospital.

Decision ,

That the minutes of the meeting held on 29 September 2015 be confirmed and signed as a correct record by the Chair.

PTMV18 The State of Health Care and Adult Social Care in England 2014/15: An Overview of Key Themes

The Committee considered 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. Ann McCormack, Assistant Director Quality Assurance, Steve Peddie, Operational Director Adult Social Services, Margaret Macklin, Head of Service, Adults Safeguarding and Quality Assurance Division, and Michelle Greenwood were in attendance. Ms Greenwood also provided a presentation at the meeting which highlighted some of the key messages contained within the report.

Recipients of regulated care services locally and in England were among the most vulnerable within society, by virtue of their dependence on others to meet their basic care needs. Each year the Care Quality Commission (CQC)

gave a perspective on the state of health care and adult social care services in the preceding year. The report to the Committee provided a summary of the 2015 CQC report, which had been published in October 2015 and drew out the key themes including the local context.

The State of Health Care and Adult Social Care in England in 2014/15 Report was 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 asked five key questions of all the services it inspected:

- Were they safe?
- Were they effective?
- Were they caring?
- Were they responsive to people's needs?
- Were they well led?

By 31 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 had been given to services where previous concerns had been identified. In Warrington 14 (out of 77), services had been inspected by 31 May 2015.

Overall nationally 59% of services were good, 1% outstanding, 33% required improvement and 7% were inadequate. Of the 14 services inspected in Warrington, 79% (11) were rated as good and 21% (3) required improvement. This was, therefore, a better picture than that found nationally. Combining both the old and new approaches 88% of services were good, which was an impressive statistic.

Outstanding services seemed to have a culture of care that put the views and wishes of each person at the centre of care, with those values being embedded in the organisation and demonstrated in practice 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.

Both nationally and locally the demand for social care was increasing, with the numbers of people aged 85 and over with a disability was projected to rise sharply in the coming years. The rising demand was 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.

The national living wage, to be introduced from April 2016, would 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 offered the greatest cause for concern, because wages in the industry already started from a low base and productivity improvements could be difficult to realise.

Adult social care providers struggled to recruit the staff they needed. Vacancies and turnover in the sector were high. Nationally, vacancy rates could be as high as 20% in domiciliary care and 11% in residential care. Adult social care providers agreed that those vacancy and turnover rates were too high, and that there was an urgent need to share and use best recruitment and retention practices throughout the sector. It had been highlighted that the adult social care sector had struggled to compete with the NHS in retaining their nursing staff.

In Warrington, there was a growing concern across the sector regarding the ability to recruit suitably qualified nurses. There was currently an over reliance on agency staff and, therefore, a shortage of clinical leadership as a result. In Warrington, the Borough had a high level of employment within the services sector which brought an added dimension regarding the recruitment of care workers. Management of people with dementia and challenging behaviour in EMI/Nursing settings was a rising trend, with a number of residents on resident incidents being reported to safeguarding. In Warrington there was also a shortage of Elderly Mentally Infirm (EMI)/Nursing Home beds. A local project sought to support Care Homes locally to manage challenging behaviour and reduce the level of support required from the 5 Boroughs Partnership NHS Foundation Trust later Life Team.

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

The Care Quality Monitoring Framework adopted a risk based approach to monitoring given there were in excess of 90 registered services that were commissioned by Warrington Borough Council (WBC) (in the form of different contract types (of which 45 were Residential and Nursing Homes). It was important that intelligence was used effectively to ensure that resources were appropriately prioritised and that the monitoring process continued to be a proactive method to monitoring the quality of services and to prevent service failure, yet could also be responsive and could act quickly when concerns were identified. The framework adopted a risk based approach which incorporated a range of intelligence that defined the Council's level of intervention with the service. The intervention, which could include joint visits with Warrington Clinical Commissioning Group (CCG) was as 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.

The outcome of the consideration of intelligence and intervention with the service was 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.

In May 2015, no services at that point were in default of the WBC contract or had any significant quality concerns identified, although around 20% of both Residential and Nursing Homes and Domiciliary Care services had an improvement plan or were subject to heightened monitoring when assessed against the WBC care quality monitoring process.

In order to ensure that resources were used effectively, the Care Quality Monitoring Team aimed to develop the following areas:

- Review the effectiveness of the new process.
- Embed joint working arrangements with the CCG
- Use intelligence from Healthwatch 'Enter and View' visits to inform the 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

The Chair enquired about what happened prior to 2014 and whether the

Warrington monitoring approach was as a result of CQC guidance or the Council's own initiative. Officers responded that all councils were carrying out monitoring activities to some extent. The Council's previous monitoring arrangements also mirrored CQC's previous system. CQC were still getting to grips with their new system. The Council's system had been demonstrated to be reliable and the Council was trying to be more proactive and share information with partners. The Council was usually best placed to receive any early warning signs, particularly where a subtle change had occurred.

Mr Peddie commented that the early message in the report about the fragility of the market were a key concern across the whole of the Adult Social Care Services environment, with similar feedback being received both from providers and from the Association of Directors of Adult Social Services (ADASS). In general, the market was under-funded and relied on lower paid staff. The challenge was to secure the right quality of service which was affordable to the Council, which included the right number of providers for those service users who either would or would not pay a top-up amount for services.

Ms McCormack indicated that where a contractor was placed in default admissions were suspended. However, just one provider in default could skew the market significantly with service users finding it difficult to find a suitable place.

Decision,

To note the presentation and the findings detailed in the report on the State of Health Care and Adult Social Care in England and to support the recommendation for the Care Quality Monitoring Team to develop the areas suggested.

PTMV19 Deprivation of Liberty Safeguards (DOLS)

The Committee considered 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 contained background information about the Deprivation of Liberty Safeguards (DOLS). Ann McCormack, Assistant Director Quality Assurance, Steve Peddie, Operational Director Adult Social Services, Margaret Macklin, Head of Service, Adults Safeguarding and Quality Assurance Division, and Penny Davidson were in attendance. Ms Davidson also provided a presentation at the meeting which highlighted some of the key messages contained within the report.

The Deprivation of Liberty Safeguards (DOLS), which came into force in April 2009, provided legal protection for vulnerable people who were, or might become, deprived of their liberty within the meaning of Article 5 of the European Convention on Human Rights (ECHR) in a hospital or care home, whether placed under public or private arrangements. They did not apply to

people detained under the Mental Health Act 1983. The safeguards existed to provide a proper legal process and suitable protection in circumstances where deprivation of liberty appeared to be unavoidable, in a person's own best interests.

The following extracts from the Deprivation of Liberty Safeguards Code of Practice 2008 outlined 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”.

The safeguards ensured the deprivation of liberty was lawful through 'standard' or 'urgent' authorisation processes. They were designed to prevent arbitrary decisions to deprive a person of liberty and included a right to challenge.

The deprivation of liberty safeguards made it clear that a person might only be deprived of their liberty:-

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

Examples of a deprivation of liberty might include:

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

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. The judgement had set out an 'acid test' to determine whether a deprivation of liberty was occurring.

The 'acid test' was:

- 1) A patient or resident lacked the capacity to consent to make a decision to be accommodated in the care setting
- 2) They were not free to leave
- 3) Staff had complete and effective control over the person.*

*Complete and effective control meant that the person was not able to leave the place where they were now living and were supervised when out in public places.

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

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

- age assessment - The person must be 18 years or over.
- no refusals assessment – A Lasting Power of Attorney (LPA) or Court Appointed Deputy was not objecting to any element of the care plan or there was no conflict with a valid advance decision to refuse treatment.
- mental capacity assessment - The person lacked capacity to consent to the arrangements for their treatment and care.
- mental health assessment - They were suffering from a mental disorder within the meaning of the Mental Health Act 1983.
- eligibility assessment - They were 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 was the least restrictive, was proportionate to risk of harm and was in the person's best interest.

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If all the assessments in the standard authorisation assessment process indicated that the relevant person met all the qualifying requirements, then the local authority would grant a deprivation of liberty authorisation. The local authority could not grant a standard authorisation if any of the requirements were not fulfilled.

The local authority had to set the period of the authorisation, which might not be longer than that recommended by the Best Interests Assessor and could not exceed 12 months.

The local authority might attach conditions to the authorisation. Before deciding whether to give the authorisation subject to conditions, the local authority had to consider any recommendations made by the Best Interests Assessor.

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

All practical and possible steps to ensure that the relevant person understood the effect of the authorisation and their rights around it had to be made, which included 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 had to be given to the relevant person both orally and in writing. Any written information had also to be given to the relevant person's representative. Provision of information had to happen as soon as possible and practical after the authorisation was given.

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

- 2012/2013: 82 requests
- 2013/2014: 224 requests
- 2014/2015: 816 requests
- 2015/2016 (Year to Date: April 2015 –30 Nov 2015): 735 requests

The sharp increase in the number of requests was 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 had received £87,865.

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

Agenda Item 3

The majority of Councils were operating a risk based approach to the management of demand for authorisations, as was Warrington, using a tool recommended by the Association of Directors of Social Services (ADASS). Requests for authorisations were 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 was a dispute around what was in the person's best interest or where a person was requesting to leave or were resisting care, were screened as the highest priority (Red response). Conversely, situations where a person had been living in a care home for many years, was not resisting care and family and friends were in agreement with the care, were screened as a lower priority (Green response).

Mr Peddie commented that there were particular pressures in Warrington for assessments because of the number of hospitals (7) and care homes (57). There was already an issue about how to clear the backlog. In addition, the number of annual renewals would become an increasing burden over time. Ms Macklin reported that the Law Commission was currently consulting on a new model in response to the concerns which had been raised about the demands of the existing model. However, even if that model were adopted it was unlikely to significantly reduce the burden on local authorities. The costs for doctors' assessments and court costs were significant. Around 7 full time assessors were needed to meet demand.

The report included two case studies which helped to illustrate how the DOLS might be employed and the presentation included examples which challenged the Committee to assess whether the service provided was either restrictive or supportive.

The Chair enquired how the level of additional funding received for in April 2015 had been determined. It was thought that the funding had been based on overall population, rather than the actual number of service users in hospitals and care homes.

Councillor Smith expressed concern that even the high completion rate for assessments might be insufficient to meet all of the Red response cases, particularly with the number of new cases increasing. That might mean that Amber cases would not be considered. He enquired if the Council was able to meet its statutory responsibilities. He also asked what could be done to reduce the backlog in the short term and manage the process in the long term. Ms Macklin indicated that a steering group was looking at those issues. It remained the Council's aim to assess all of the Red cases within the year and that target was still within reach. Mr Peddie indicated that additional staffing, particularly part-time staff could help to address the issue. There had been some growth in the Budget last year and that was helping, however, DOLS was not the only statutory area which was under pressure, for example there was increasing demand on assessment for ordinary adult social care services. The key to meeting the DOLS requirements was to manage the risk. CQC had provided some guidance on managing risk, but the incremental nature of the responsibility was a worrying trend. Ms Macklin

added that staff had been trained to prioritise cases.

Councillor Buckley commented that the number of Red cases was a cause of concern. Mr Peddie responded that persons who were already receiving good care in a residential care home, but who could not get up unaided or where the doors were locked, would be caught by DOLS. Given that their care was good, the level of assessment needed under DOLS seemed excessive. Those concerns had been fed back nationally to the Department of Health who were aware of the issues.

The Chair asked of DOLS applied only to hospitals and care homes. Mr Peddie indicated that the safeguards could also apply in the case of supported tenancies for people with learning disabilities and potentially in other cases.

Councillor Creaghan asked if any authorities were making significant progress. Mr Peddie responded that the Council regularly undertook benchmarking, but it was apparent that all councils were struggling.

Councillor Smith commented that the principle behind DOLS was laudable, but the system was under-funded. It was regrettable that the system now relied on a risk based approach.

Decision,

- (1) To note the report and presentation on the Deprivation of Liberty Safeguards and the Council's risk based approach to assessment;
- (2) To request the Executive Director Families and Wellbeing to provide a further update in 6 months time and to include within the report a focus on progress as to cases prioritised as Red.

PTMV20 Mental Health Strategy

The Committee considered a report of Steve Peddie, Operational Director Adult Social Care, and Julie Smith Head of Adult Social Care, on the current national policy drivers in mental health and local issues and challenges in providing services for people with mental health problems. At the meeting, Ms Smith highlighted some of the key messages contained within the report.

The Committee was informed that Warrington's Health and Wellbeing Strategy (2015-18) set out Warrington Partnership's, ambitions to improve the health and wellbeing of local residents. It set down a challenge for partners, including some big changes in how everyone worked together, in how everyone commissioned and delivered services, and in partners' expectations both of themselves and of each other. In short, it set out the partners' commitment to delivering the aspirations of all local residents, by preventing physical and/or mental illness and supporting those in the community who were 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, was such a

fundamental part of maintaining a happy, fulfilling life in which everyone could contribute positively to family, friends and community. It was central to the overall vision for Warrington. Care closer to home through the prevention of avoidable hospital attendances and admissions was a key priority. This was 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 were disproportionately represented from the wards of greatest social deprivation in Warrington.

The revised Strategy had been finalised in the Summer and had been launched at an event in June at the Orford Jubilee Hub, which had included stakeholders, users and carers.

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 would provide an opportunity to set out the detail of a mental health strategy for Warrington. This report outlined what were likely to be the main issues for consideration in constructing a Mental Health Strategy for Warrington.

Mental health was 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'. Some statistics were as follows:-

- At least one in four would suffer a form of mental illness at some point in their lives;
- Half of all adults experienced one episode of depression during their life;
- A sixth of the population had a common mental health problem at any one time;
- One in a hundred people suffered psychosis;
- Three in a hundred people self-harmed;
- In Warrington there were 13,953 adults with a diagnosis of depression, an increase of 16% since 2013/14;
- In Warrington there were 1,798 people diagnosed with a serious mental illness, an increase of 4% since 2013/14; and
- Warrington Borough Council mental health services were dealing with 631 service users (November 2015).

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

In 2014 the coalition government, responding to the growing crisis in relation to pressure on psychiatric beds and services, had 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 was both a pan-Cheshire response and Action Plan and a Warrington Action Plan. In March 2015 NHS England had launched a Taskforce to develop a 5 year strategy to improve mental health outcomes for people of all ages. This would become a 'Mental Health Five Year Forward View' which would set out how national bodies would work together to have good mental health and make sure people could access evidence based treatments when they need it. The Taskforce had 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.

Locally, Warrington Borough Council worked in partnership with 5 Boroughs Partnership (5BP), 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 were provided which aimed to promote recovery, independence and social inclusion. An ongoing review of the provision of mental health services covered by the 5 Boroughs Trust included:-

- a review of the acute care pathway for adult mental health services, including those not delivered by 5BP;
- an identification of developments in areas of service delivery that could improve whole system working.
- looking at in-patient wards including access to the Paediatric Intensive Care Unit, Community Teams (Assessment, Home Treatment, Recovery and Early Intervention), Improving Access to Psychological Therapies (IAPT), AED Liaison / RAID Services (Rapid Assessment Interface and Discharge –psychiatric liaison), LLAM Services (Later Life and Memory Services) and Step-Down Services.

The Social Work Service included the Council's statutory responsibility to provide Approved Mental Health Practitioners 24/7 who assessed people under the Mental Health Act 2007 and arranged admission under 'section' where necessary. The Criminal Justice Liaison Team worked with people who were in, or were likely to become known to, the Criminal Justice System. They offered an alternative to custody project, offering courts an alternative disposal method than a custodial sentence. They also worked with the Police taking direct referrals from officers who came into contact with vulnerable adults and they supported the enormously successful street triage service known as 'Operation Emblem'. The Mental Health Outreach service provided a preventative and reablement service which helped people to recover and gain confidence and skills to maintain their independence and

wellbeing.

There were a number of challenges and pressures on the whole system, including the following:

- Admission wards at Hollins Park were almost always full. This led to people needing to be placed out of area. That put pressure on Approved Mental Health Practitioners, Police and Ambulance services. Significantly it affected the service users and their families. There was also pressure to discharge people back to the community which could involve the provision of costly care packages to support them. Appropriate housing was often a factor delaying a discharge.
- Pressure on nursing homes which provided dementia care to continue to care for people with very challenging behaviour rather than admit to hospital. This led to requests for the Council to fund additional care over and above the contract, so the person could 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 were 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.

Committee members were asked to consider the following core questions:

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

Members made comments and asked a number of questions and received the responses as indicated below:

- What was causing the increase in numbers of people presenting with mental health issues? The impact of drugs and alcohol was understood, but overall increases in numbers seemed to be wider than just those issues. - It was known that younger people were coming into the system, possibly as a result of cannabis use or legal highs, but self-medication was also a factor.
- Was a breakdown of traditional communities contributing to the increase? - Historically the pressures on young people were different. Currently, social media added further pressure and the accessibility of drugs was not

helping. Partners were seeing people in the system who perhaps would not previously have been there. For example, there was a cohort of people losing their jobs who might not previously have been Department of Work and Pensions (DWP) clients, but who had the stress of having to pay off a mortgage. Austerity in general had led to more people having harder lives.

- There were examples of professional families where both adults had lost their jobs. The stresses often manifested in the behaviours of their children at school. - There were some tragic circumstances presenting. A key question to ask was at what point in their history could an intervention have helped to change their lives.
- What could communities do to help and what were they currently doing? - Cllr Wright responded that there were pockets of good practice in the community. For example, she had recently presented 'Routes to Wellbeing' certificates to mental health service users in Bewsey Meadows. Each service user had given a speech. A show had recently been staged at the Parr Hall. A celebration of World Mental Health Day had been organised. There was a lot going on, but perhaps those activities were not celebrated enough. Ms Smith indicated that the Council arranged many social prescribing services. Mental health care was the responsibility of everyone. Mr Peddie commented that the public perception was that the NHS principally dealt with people with mental health issues. In fact, the statutory responsibility lay with the local authority. Some funding was provided through the NHS and some money had been provided to the Council as a result of the closure of Winwick Hospital. Operation emblem was a good example of partners working more effectively. The Police reported that the majority of street incidents were as a result of mental health issues or drugs and alcohol. The New Directions Service provided a route for the Police to divert some issues to the Council, such as domestic abuse cases.
- In respect of question 1 posed to the Committee above, regarding public finances, what was currently covered by the public purse? - This was a general question faced by the partners. There was already a massive funding gap for adult social care. The Council needed to look carefully at its statutory responsibilities, but this was against a background of the law widening the numbers of those who were eligible for support. A solution might be to focus more on prevention. The Police, Probation Service, North West Ambulance Service were all tightening their eligibility criteria. The headlines were often associated with crisis services, such as suicides and town centre incidents. Adult Services would continue to engage with elected members about where resources should be focussed. It was crucial that Members understood why the service was shifting to more expenditure 'upstream'. However, there was still a case for some more money for crisis services.
- Members commented that, in general, a shift towards prevention was the right direction of travel, but that there should be some elasticity within the system for other services, as necessary. - Mr Peddie responded that an example was in the use of high cost placements initially, with a planned progression to de-escalate the level of intervention. Some service users had been placed at a cost of £500/week, with providers being asked to

innovate to reduce the costs. The results of that approach had demonstrated that costs in the first quarter year would be high, but would drop significantly over time. Ms Smith provided the example of young women who might have been taking tablets, or cutting and burning themselves, who might require one to one support in the first few weeks, but who as a result might need only 50% support after only four weeks. In one recent case, the young woman in question had returned to college and started a family and was out of the service entirely.

Decision,

To note the report on mental health issues and the shift in resources towards prevention strategies.

PTMV21 Work Programme 2015/16

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 of its Working Groups.

The Committee was reminded that, at its meeting on 23 June 2015, it had approved a number of themes for its draft Work Programme 2015/16, including some topics brought forward from the previous year's Work Programme. Subsequently, further work had taken place to refine the detailed content of the draft and a final Work Programme had been agreed by the Committee on 29 September 2015.

The Work Programme was a living document and was updated periodically in response to changing priorities and other factors. The following amendments to the published programme had been proposed since the Committee's 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. Offices had confirmed that self-neglect was a developing area and was now included as a form of abuse under the Care Act - A draft policy had been developed through the Safeguarding Adults Board (SAB) and there was an event planned for January 2016. There was a lot of experience in Warrington on the topic and an instruction notice to staff had recently been issued in line with the draft policy to help guide them through issues.

A revised Work Programme was provided along with schedules which provided dates of future meetings, monitoring information on actions and recommendations made, referrals received and recommendations of Working

Agenda Item 3

Groups. The two Working Groups identified above would commence early in the New Year. Councillors Smith and Buckley put their names forward to serve on the Child Poverty Framework Working Group and Councillor Wheeler put her name forward to serve on the Dementia Working Group.

Decision,

- (1) To note the updated Work Programme 2015/16 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.

WARRINGTON BOROUGH COUNCIL

PROTECTING THE MOST VULNERABLE POLICY COMMITTEE – 10 February 2016

Report of the: Warrington Safeguarding Adult Board (WSAB)
Executive Director of the Families & Wellbeing Directorate

Report Author: Rosie Lyden, Safeguarding Adults Board Manager

Contact Details: **Email Address:** **Telephone:** 01925442334
rlyden@warrington.gov.uk

Ward Members: All

TITLE OF REPORT: **OVERVIEW OF WSAB PROPOSED PREVENTION STRATEGY**

1. PURPOSE

- 1.1 The WSAB is required as a result of the Care Act 2014 to have in place a plan to prevent the abuse or neglect of Adults at Risk. The strategy for preventing abuse to adults at risk (**Appendix 1**) is the first draft of the multi-agency strategy for this area between April 2016 and March 2019.
- 1.2 This strategy will work alongside the Families and Wellbeing principles to Keep Vulnerable Adults safe and the Corporate Pledge to Protect the Most Vulnerable.

2. CONFIDENTIAL OR EXEMPT

- 2.1 This is a partnership document that will ultimately be available via the WSAB internet page so there is no exempt reason to restrict access.

3. INTRODUCTION AND BACKGROUND

- 3.1 In an effort to develop a clear plan for preventing the abuse of adults at risk the WSAB undertook a consultation process with WSAB Board Members, organisations participating in the Safeguarding Adults Forum and service user groups in the community. This consultation asked service users and partners to consider what activity they felt was needed to enhance the approach to prevention work locally. The feedback was then collated and reviewed to identify key priorities for the area and potential activity to improve the local approach.

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- 3.2 The Strategy has also drawn on the areas Joint Strategic Needs Assessment and Annual report of the WSAB. The findings from these documents alongside best practice guidance from the Social Care Institute for Excellence (SCIE) have all influenced the focuses and activities identified within the report.
- 3.2 Subsequently, the Prevention strategy now has 6 key priorities:
1. Identifying people at risk of abuse
 2. Providing Good Quality Information, advice and advocacy
 3. Strong Interagency Collaboration
 4. Improving Public Awareness
 5. Access to Training and Education
 6. Promote Empowerment and Choice
- 3.3.1 For each priority there are key activities that the consultation has highlighted that the WSAB will oversee in the next 3 years to reduce the likelihood of adults at risk experiencing abuse or neglect.

4. Priorities and Activities

- 4.1 **Identifying people at risk of abuse** – This priority will focus on making sure those involved in the lives of adults with care and support needs are aware of who may be at risk of abuse and the help and support available to keep people safe. An associated activity moving forward will be to look at how we can track repeat perpetrators of abuse so we can intervene to prevent further incidents.
- 4.2 **Providing Good Quality Information, Advice & Advocacy** – This priority will focus on ensuring people have access to the right information to keep themselves safe. An associated activity will be to produce information from the WSAB in a range of formats and promote advocacy services.
- 4.3 **Strong Interagency Collaboration** – This priority recognises the need for partners to work together effectively for the prevention agenda. An associated activity will be to review the function of the WSAB website to develop the means for agencies to communicate with each other.
- 4.4 **Improving Public Awareness** – This priority is about making the wider community aware of safeguarding and how to support those in their community. An associated activity will be developing a communications plan so that we have a regular and consistent message going out to the community.
- 4.5. **Access to Training and Education** – This priority is about ensuring front line staff have the correct knowledge and skills. An activity moving forward is to look at monitoring partner agencies compliance with safeguarding adult training.
- 4.6 **Promote Empowerment and Choice** – This is an additional priority that emerged from the consultation as key to our local areas. Its focus is ensuring people are able to recognise and protect themselves and supported to make their

Agenda Item 4

own choices as far as is possible. An activity moving forward will be to ensure that the Making Safeguarding Personal is evident in safeguarding practice and that safeguarding actions are reflecting the wishes of the Vulnerable Adult.

5. Delivery of the Strategy

- 5.1 This Strategy's action plan will become part of the WSAB's Strategic Action plan. Subsequently, the WSAB will identify sub groups to implement the actions contained within it with the support of the WSAB Board Manager.

6 Monitoring & Review

- 6.1 Once the Strategy is finalised the action plan will be incorporated into the WSAB strategic action plan and monitored on a quarterly basis by the main board. The WSAB will review its action plan annually to identify any amendments or updates required which will ensure the Strategy is reviewed quarterly for progress and annually for emerging activity.

7. FINANCIAL CONSIDERATIONS

- 7.1 The work outlined above will either be carried out as part of the existing activity of partner organisations or will be driven by the WSAB sub groups and so will utilise where needed the budget of the WSAB which is made up of partner agencies contributions. In part some of this will be from the funding made available by Warrington Borough Council to the WSAB but work is being undertaken to secure commitments to funding from statutory partner agencies.

8. RISK ASSESSMENT

- 8.1 The Strategy is not associated with a Strategic or Directorate risk register as it is the product of the WSAB and so is an activity of the statutory multi-agency board.

9. EQUALITY AND DIVERSITY / EQUALITY IMPACT ASSESSMENT

- 9.1 As those identified for protection in the strategy are likely to be those with protected characteristics it is likely the strategy will support those that are often discriminated against. Therefore, the strategy may assist those facing barriers to services and support in the community through its awareness raising work.

10. CONSULTATION

- 10.1 As noted above the WSAB board Members, Safeguarding Adult Forum organisations and service users and their Carers have been consulted on this strategy.

11. RECOMMENDATION

11.1 That the strategy is noted by the Committee.

12. BACKGROUND PAPERS

None – A copy of the draft Strategy is attached at **Appendix 1**

Contacts for Background Papers:

Name	E-mail	Telephone
Rosie Lyden	rlyden@warrington.gov.uk	01925442334

Warrington Safeguarding Adults Board

WSAB strategy for preventing abuse to adults at risk

1 April 2016 to 31 March 2019

Questions for consideration

1. Do you agree with the priorities identified in the strategy for further development? (Yes / No)

If you have answered 'no', please let us know what other priorities you would like to see

--

2. Is it clear:
 - a. What the tasks are? (Yes / No)
 - b. Who will be leading on each of the tasks? (Yes / No)
 - c. How success will be measured? (Yes / No)
3. Is the strategy easy to read? (Yes / No)
4. Are there any terms which are not explained clearly enough?
5. Please provide details of your plans or activities under each of the priority areas, that we could include in the prevention strategy

Priority	Activities / Plans	Lead agency / department	Timescale
1. Identifying people at risk of abuse			
2. Providing good quality information, advice and advocacy			

Status: Draft
Version: 1.4
Author: Kellie Williams

Agenda Item 4 – Appendix 1

Priority	Activities / Plans	Lead agency / department	Timescale
3. Strong interagency collaboration			
4. Improving public awareness			
5. Access to training and education			
6. Promote empowerment and choice			

Please respond by the 19 February 2016 to kwilliams@warrington.gov.uk

Timeline

Task Name	Owner	Start	Finish	Status
Draft questions for strategy consultation and send to Harriet	Kellie Williams	Thu 14/01/16	Thu 14/01/16	Complete
First draft of the strategy	Kellie Williams	Thu 14/01/16	COP Mon 18/01/16	Complete
Review first draft of Strategy	Harriet Wilkins	Tue 19/01/16	Tue 19/01/16	Complete
Amend first draft as per Harriet's comments	Kellie Williams	Tue 19/1/16	AM Wed 20/1/16	Complete
Consultation of the strategy with AMcC / MM / SW	Harriet Wilkins	PM Wed 20/01/16	Tue 26/01/16	Complete
Comments on first draft to Harriet / Kellie	Ann McCormack Margaret Macklin Shirley Williams		No later than Tue 26/1/16	Complete
Amend as per comments received	Kellie Williams	Tue 26/1/16	Fri 29/1/16	Complete
Second draft - wider consultation with WSAB members and those consulted	Harriet Wilkins	Mon 01/02/16	Fri 19/02/16	
Final draft - amend strategy as per comments	Kellie Williams	Mon 22/02/16	Fri 26/02/16	
Review and approve final draft	WSAB	Thu 03/03/16	Thu 03/03/16	

Status: Draft
Version: 1.4
Author: Kellie Williams

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Foreword

**Independent Chair of the
Safeguarding Adults
Board**

Content to be provided

Shirley Williams

**Lead Member for
Statutory Health and
Social Care**

Content to be provided

Councillor Pat Wright

Section 1: Introduction

This three-year strategy aims to prevent ‘adults at risk’ from experiencing abuse and neglect.

‘Adults at risk’ are people over the age of 18 years who have:

- Health, care and support needs;
 - Are experiencing, or at risk of, abuse and neglect; and
 - As a result of those care and support needs are unable to protect themselves.
-

Warrington Safeguarding Adults Board

Warrington Safeguarding Adults Board (WSAB) is responsible under the Care Act for overseeing local safeguarding arrangements and making sure that partners act together to help and protect adults at risk of abuse and neglect. The WSAB brings together the key organisations that have a role to play in keeping adults in Warrington safe.

The key organisations involved are:

- Warrington Borough Council
- Cheshire Police
- Warrington Clinical Commissioning Group
- NHS England North
- Bridgewater Community Healthcare NHS Foundation Trust
- Warrington & Halton Hospitals NHS Foundation Trust
- 5 Boroughs Partnership NHS Foundation Trust

- Health Watch
- Cheshire Fire & Rescue Service
- The National Probation Service & the Community Rehabilitation Company
- Golden Gates Housing Trust
- Third Sector Hub.

Further information about our work, including our business plan and annual report can be found at www.wsab.gov.uk.

The Care Act 2014

The Care Act placed a number of new duties on Safeguarding Adults Boards including a responsibility¹ to:

- Make sure that there are timely and effective responses to the prevention of abuse and neglect.
- Promote the health and wellbeing of adults with care and support needs whose circumstances put them at

¹ Department of Health, Care and Support Statutory Guidance: Issued under the Care Act 2014 (paras 14.7 and 14.12)

Section 1: Introduction

greater risk of experiencing abuse or neglect.

Who is the strategy for?

This strategy will guide our Board partner organisations and other professionals who work with adults about the plans we have put in place to prevent abuse and neglect from happening.

What is prevention?

Prevention is about taking action before abuse and neglect happens. The aim is to protect people's health, wellbeing and independence, so that they are able to live a life that is free from harm, abuse and neglect.

Our ambition is that everyone in Warrington understands:

- How to recognise abuse and neglect
- Why it happens
- Where it happens
- How to take action.

Developing the strategy

This strategy is based on the knowledge and experience of people who use our services. In autumn 2015, we asked adults who use community services, and their carers, about what could and should be done to better prevent the abuse of adults at risk. 69 different people

responded and the information we received back has informed the first five priorities for action set out in this strategy. All of the quotes in this document have been provided by people who responded to the consultation.

We also asked our partners about their views. We had responses from five different groups of services who identified the same priorities as the individuals who had responded to us. An additional concern of partners was 'promoting empowerment and choice' for adults at risk. This is the sixth priority for this strategy.

Further information about the work of developing the strategy can be found in the document WSAB Prevention Strategy - Consultation Approach and Findings on the Warrington Safeguarding Adults Board website www.wsab.gov.uk.

The Joint Strategic Needs Assessment, along with the WSAB Annual report, the Council's 'Local Account' and other assessment exercises, also helped in developing the strategy and understanding where there are gaps in services or information.

Section 1: Introduction

This section sets out what we know about the people who live in Warrington, including information about people who use safeguarding services.

Warrington residents

As of the 31 March 2014, there were:

- 157,500 adults over the age of 20
- 77,300 men over the age of 20
- 80,400 women over the age of 20
- 4,800 unemployed adults
- 1,232 claiming out of work benefits
- 39,375 adults suffering from low levels of emotional wellbeing
- 26,775 adults with a long-term health problem which limited their day to day activities
- 1,575 adults diagnosed with a severe mental health illness
- 2,387 adults with a dementia diagnosis
- 7,514 adults accessing care and support from adult social care services
- 1,454 living in longer term residential care
- 1,897 adults receiving home care
- 15,750 adults providing unpaid care to family members, friends, neighbours or others because of long-term physical or mental ill-health/disability or problems related to old age.

Risks of abuse and neglect in Warrington

Over the past two years the profile of safeguarding referrals shows that:

- More women than men have been subject to safeguarding referrals. In 2014/15, 61% of referrals were for women.
- The likelihood of being subject to a referral increased with age - people aged 85 years or over accounted for almost a quarter of all referrals in 2014/15.
- More than a third of alleged abuse occurred in a care home.
- Almost 35% of all referrals were for adults with physical support needs
- Adults with mental health conditions accounted for more than a quarter of all referrals.

Findings from the Needs Assessment

Our research told us that in Warrington:

- Repeat perpetrators of abuse are not easily identified within the current reporting system and we need to collect this information to better prevent further incidents of abuse by these individuals.

Section 1: Introduction

- Warrington residents placed in Care Homes out of borough require more oversight so we can be confident that these adults are safe from abuse and neglect.
- More funding is required so that we are able to recruit more Best Interest Assessors² to support 'Deprivation of Liberty'³ authorisations and reviews.
- Warrington has a high number of unpaid carers and we need to encourage them to access the help and support they are entitled to.

² The Best Interest Assessor (BIA) is responsible for deciding whether a person is deprived of their liberty under the Deprivation of Liberty Safeguards.

³ The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

Section 3: Our priorities

Priority 1: Identifying people at risk of abuse

“The most important thing is to know who it is you’re trying to protect.”

Everyone involved in the lives of adults with care and support needs should be aware of who is at risk of abuse so that the right types of help and support are in place to keep them safe. **It means having a good understanding of the needs and circumstances which make adults vulnerable to abuse.**

Our research found that it was difficult to identify repeat perpetrators of abuse and neglect. In future we will need to collect and share this information with our partners to make sure that we can consistently identify people who are likely to continue to harm other adults at risk.

As part of the consultation, adults using care and support services told us that:

“Communities need to know how to identify people at risk of abuse and what actions they need to take.”

Over the past 12 months we have continued to promote adult safeguarding through the media and community events including public engagement work on World Elder Abuse Awareness Day (WEAAD), Warrington PRIDE and Disability Awareness Day. However, it is clear that in future we need to use the information we collect to target

safeguarding information and training events to specific local community groups so that they know what action to take if they have any concerns.

This includes presenting our findings to professionals so that they are better able to personalise services to adults at risk and to work with clients on managing risk.

“If people have training on safeguarding this will lead to more people at risk being identified”

We have...

1. Reviewed the needs of Warrington residents so that we understand which adults are at more of risk of abuse and what action we need to take to protect them.
2. Promoted adult safeguarding as part of local and national awareness raising campaigns.
3. Provided multi-agency basic safeguarding awareness and domestic abuse training for all front line staff working with adults with care and support needs.
4. Worked with club/bar door security staff (bouncers) so that they have a better understanding of how to respond to their concerns about abuse.

We will...

1. Collect and share information we have

Section 3: Our priorities

about repeat perpetrators of abuse with our partners so that we can intervene to prevent further incidences of abuse and neglect being committed.

2. Continue to provide information and training on how to identify adults at risk of abuse and how to report concerns - particularly with those communities and community groups who can make the most difference as set out in the Business Plan.

Success will mean that...

1. We reduce the number of repeat perpetrators of adult abuse and neglect.
2. The number of safeguarding referrals from individuals in the local community increases.

Priority 2: Providing good quality information, advice and advocacy

“You have to have good information, a lot of people don’t even know what abuse is – they just accept that’s what their life is like.”

It is important that people receive the right information at the right time so that they understand how to protect themselves from abuse and neglect. This means that our Board partner organisations must work together to provide targeted information and advice at the key points of contact with care, health and other local services.

“The keep safe feel safe booklets were appreciated as a good first step to understanding what ‘safeguarding’ is all about”

Information about abuse and what to do about it needs to reach all the different parts of the community in a number of different formats which addresses their needs. We know at this time that our safeguarding information is only available in other formats on request. Members need to be better prepared and have safeguarding information available in a range of different formats. We would also

Section 3: Our priorities

like for them to provide safeguarding information to adults at the point of contact with services so that adults can better protect themselves from harm.

“Not enough people know they can have an advocate - social workers and professionals need to make sure people know.”

Advocacy⁴ can make a real difference and help adults to be more aware of their rights and so that they can express their view wishes and feelings. However the results of the consultation show that we need to do more to let people know about their right to advocacy. To address this we will revise our ‘keep safe feel safe’ booklets to include information about how to access this support and make sure that advocacy is embedded in our procedures and practice.

We have...

1. Put in place the ‘Keep Safe, Feel Safe’ booklet and produced an easy read guide both of which are available at: www.wsab.gov.uk.
2. Encouraged the local authority to extend their funding of independent advocacy for adults involved in safeguarding discussions or where the

person doesn’t want or is unable to be present, so that their wishes, feelings and beliefs are heard.

We will...

1. Produce safeguarding information in a range of formats and ask our Board partner organisations to make sure that adults who have contact with care, health and community services also have access to translation services.
2. Promote advocacy services on the WSAB website and in our literature.

Success means that...

1. There is an increase in the number of safeguarding referrals.
2. More adults will take up advocacy services.

⁴ ‘Advocacy’ means supporting a person to understand information, express their needs and wishes, secure their rights, represent their interests and obtain the care and support they need.

Section 3: Our priorities

Priority 3: Strong inter-agency collaboration

All organisations who offer help and support to adults with care and support needs are legally required to work together and develop a shared approach to prevent abuse or neglect.

This means making sure that all organisations have access to a range of prevention approaches that will support the reduction of abuse.

In the consultation, adults with care and support needs suggested that:

“It would help if organisations communicated with each other to help keep people safe”

In 2014/15, we put in place arrangements for Board partner organisations to share information about concerns of abuse and neglect. We also have supported a forum for professionals to discuss specific cases and how to manage risks.

However, the consultation highlighted that not all professionals were confident in the current working arrangements and a suggestion was made to establish a practitioners digital forum:

“A shared digital space that can be accessed by all relevant agencies would encourage inter-agency communication.”

Over the next 12 months we will explore the use of the WSAB website and look to

improve opportunities for members to share intelligence and good practice.

We have...

1. Continued to build on the good arrangements we have in place with our partners and have reviewed and refreshed our multi-agency policies and procedures.
2. Put in place a sound framework for confidentiality, consent and information sharing across agencies.
3. Established arrangements between the Community Safety Partnership (CSP), Warrington Safeguarding Children’s Board (WSCB) and the Coroner so that there is a common approach to safeguarding adults at risk of abuse and neglect.

We will...

1. Set out arrangements for partners to share their knowledge about adults at risk of abuse.
2. Review the use of the website and identify opportunities for practitioners to share information with one another.

Success means that...

1. Front line staff are supported to raise concerns about adults at risk.
2. Visits to website increase.

Section 3: Our priorities

Priority 4: Improving public awareness

“It’s everyone’s job to look out for each other.”

The consultation highlighted the importance of improving public awareness so that everyone can play their part in preventing, identifying and reporting neglect and abuse.

“Everyone needs to understand what we mean by safeguarding and what we can do if we suspect something.”

In the next 12 months we will run a high-profile public campaign including a mail shot to all Warrington households so that everyone knows who to contact to help and support people at risk.

“Not everyone understands what abuse is and might accept abusive behaviour because they don’t know it’s wrong.”

We will review our publicity material to make sure that it is clear about what abuse is and how to tackle it.

We will also ask our Board partner organisations to continue to raise awareness of the Safe Places scheme. The Safe Places scheme encourages public premises such as shops, cafes, pubs, and libraries to register as a safe place. They display a Safe Places sticker in the window and ensure that staff are

aware of how to offer appropriate support if a vulnerable person needs help.

We have...

1. Continued to promote public awareness about preventing abuse adult safeguarding through the media and other events.
2. Increased the number of locations in Warrington signed up to the Safe Places scheme and the number of adults at risk using the scheme.

We will...

1. Develop a communications plan to guide our activity and address the specific needs of the communities of interest.
2. Review the information provided to the public so that it includes examples of the different types of abuse.
3. Continue to promote the Safe Places scheme.

Success means that...

1. More safeguarding concerns are reported by the public.
2. More locations sign up to the Safe Places Scheme.
3. There is an increase in safeguarding alerts for minority and target groups.

Section 3: Our priorities

Priority 5: Access to training and education

One of Warrington Safeguarding Adults Board's most important responsibilities is to promote safeguarding training so that front line staff have the right knowledge and skills to prevent abuse and neglect of adults in their care.

Basic Safeguarding Awareness is on offer for all front-line staff - however the results of the consultation found that there was a lack of knowledge about the course.

“Training across Warrington partners and agencies would be useful as we all have our own in-house processes.”

Basic Safeguarding Awareness sets out our shared multi-agency response to protecting adults at risk and is supported by the multi-agency policies and procedures. In the next 12 months we will ask our Board partner organisations to make it a mandatory requirement for their front line staff to attend basic safeguarding awareness training.

“Make sure that people working in a caring profession are properly trained to care and give advice”

Over the next 12 months we will be extending basic safeguarding awareness to a wider range of people, including volunteers and carers.

“You like to think this is in place but how can you identify and tackle those that don't?”

In 2014/15 we reviewed all of our Board partner organisations safeguarding training and identified the need for a more comprehensive training programme for practitioners to make sure that those who work to support adults at risk are able to confidently apply the safeguarding principles and meet the new Care Act requirements. Over the next 12 months we will focus on improving the quality and breadth of current training provision so that we make the best use of our human resources to combat abuse and neglect in Warrington.

We have...

1. Mapped the training activity using the Learn to Care Framework and Care Act. Each organisation provides safeguarding training for staff working with adults at risk.
2. Facilitated access to multi-agency basic safeguarding awareness and domestic abuse training.
3. Run a Joint Practitioners' Conference on the theme of Domestic Abuse which concentrated specifically on adults at risk and the 2014 Care Act.

We will...

Section 3: Our priorities

1. Ask our Board partner organisations to make it a mandatory requirement for their front line staff to attend basic safeguarding awareness training.
2. Monitor the rates of compliance with training and challenge our Board partner organisations who are less than 80% compliant.

Success means that...

1. More front-line staff and carers will attend basic safeguarding awareness.
2. People attending basic safeguarding training report that they know what to do if they receive or want to report a concern.

Priority 6: Promote empowerment and choice

“It’s all about the individual, the more empowered people feel the less vulnerable they are. If we listen to people they will feel more in control.”

Promoting empowerment and choice means working to help adults at risk so that they are able to recognise and protect themselves from abuse. It also means supporting them to take control of their lives and manage any risks that come with the choices they make.

“The group struggled to understand that some people might choose to stay in a situation where they are abused. They agree as a matter of principle with empowerment and choice but can see that it can be difficult.”

We have...

1. Piloted the Making Safeguarding Personal⁵ programme and involved adults in safeguarding investigations to

⁵ Making Safeguarding Personal (MSP) aims to encourage professionals to work with people who are experiencing abuse to develop a real understanding of what they wish to achieve and then to work with them to try to achieve this. Further information is available from the Making Safeguarding Personal: Guide 2014 at www.local.gov.uk.

Section 3: Our priorities

make sure that their voices are heard and they take part in defining the outcomes they want from any safeguarding support and intervention.

We will...

1. Make sure that the views of adults at risk are identified and reflected in support and care plans

Success means that...

1. More adults participate or have the opportunity to express their wishes and feelings in safeguarding meetings and discussions.

Section 4: Next steps

Delivering the strategy

This strategy covers a three year period from the 1 April 2016 to the 31 March 2019.

It is supported by a plan which is based on the priorities set out in the needs assessment and the ideas suggested as part of the consultation exercise. The plan will help us to achieve the ambitions set out in this strategy and help us to understand the difference we have made to the lives of adults at risk of abuse and neglect.

Monitoring and review

Progress against the plan will be monitored by the **Warrington Safeguarding Adults Board** on a quarterly basis (four times a year) and overseen by the **Health and Wellbeing Board** so that we understand the impact the strategy has made to keep people safe in Warrington.

Section 5: Action plan

Priority	Activity	Lead agency / department	Timescale	Success measure
7. Identifying people at risk of abuse	1. The WSAB will collect and share information with our partners around repeat perpetrators of abuse.	Local authority / WSAB	Annual	The number of incidence of abuse involving repeat perpetrator reduces.
	2. The WSAB will target awareness raising activities to specific community groups who can make the most difference.	WSAB	Quarterly	The number of safeguarding referrals from individuals in the local community increases.
8. Providing good quality information, advice and advocacy	1. Board partner organisations will produce safeguarding information in a range of formats and distribute this to adults who have contact with care, health and community services.	Board partner organisations	Ongoing	The number of safeguarding referrals increases.
	2. The WSAB will promote advocacy services on our website and in our publicity materials.	WSAB	By September 2016	The take up of advocacy services increases.

Section 5: Action plan

Priority	Activity	Lead agency / department	Timescale	Success measure
9. Strong interagency collaboration	1. Set out arrangements for partners to share their knowledge about adults at risk of abuse.	WSAB	Ongoing	Front line staff are supported to raise concerns about adults at risk.
	2. Review the use of the website and identify opportunities for members to interact with one another.	WSAB	By March 2017	Visits to website are increased.
10. Improving public awareness	1. Develop a communications plan to guide our activity for raising awareness of safeguarding adults at risk.	WSAB – Board Manager	September 2016	More safeguarding concerns are reported by the public.
	2. Review the information provided to the public so that it includes examples of the different types of abuse.	WSAB – Board Manager	September 2016	More safeguarding alerts are made for minority and target groups.
	3. Continue to promote the Safer Places scheme.	Board partner organisations	Ongoing	More locations sign up to the Safer Places Scheme.

Section 5: Action plan

Priority	Activity	Lead agency / department	Timescale	Success measure
11. Access to training and education	1. Board partner organisations will make it a mandatory requirement for their front line staff to attend basic safeguarding awareness training.	Board partner organisations	By September 2016	More front-line staff and carers will attend basic safeguarding awareness.
	2. Review the quality of training provision and identify areas for improvement.	Training Sub-group	By 31 March 2017	People attending basic safeguarding training report that they know how to report a concern of abuse or neglect.
12. Promote empowerment and choice	1. Board partner organisations will provide assurance that the views of adults at risk are identified and reflected support and care plans.	Board partner organisations	Annual	More adults participate or are supported by an advocate to express their wishes and feeling in safeguarding meetings and discussions.

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WARRINGTON BOROUGH COUNCIL

PROTECTING THE MOST VULNERABLE POLICY COMMITTEE – 10 February 2016

Report of: Steve Reddy, Executive Director Families and Wellbeing
Report Author: Terry Jones, Head of Integrated Services
Contact Details: **Email Address:** tjones1@warrington.gov.uk **Telephone:** (01925) 442860

Ward Members: This item is applicable to all wards

**TITLE OF REPORT: SPECIAL EDUCATION NEEDS AND DISABILITY REFORMS
AND PERSONAL BUDGETS**

1. PURPOSE

- 1.1 This item last came to Committee in January 2015. The SEND reforms eventually became legislation in the Children and Families Act 2014.
- 1.2 This paper updates the Committee on Warrington's progress to date.

2. CONFIDENTIAL OR EXEMPT

- 2.1 There are no confidential issues with this paper.

3. INTRODUCTION AND BACKGROUND

- 3.1 In 2011 a consultation document was published that eventually became the Green Paper "Support and Aspiration for all, A New Approach". The proposal within the document related to children with SEN and their families and eventually became legislation in the Children and Families Act 2014. The main proposals remain unchanged and can broadly be summarised as:

- Every child deserves a fair start;
- Every child deserves better outcomes across all areas but specifically around education and health;
- Early identification and support;
- Joint planning (which eventually became EHC plans);
- More parental control;
- Better preparation for adult hood;
- Service seen to work together and better joint commissioning of services.

- 3.2 Warrington have made excellent progress in the transformation of services for SEND. The three participating organisations (Health, Education and Social Care) are jointly accountable to the integrated services partnership board for the delivery of the service. The Health and Wellbeing Board has agreed that WBC Families and Wellbeing directorate will act as the host organisation for the integrated service and the head of service will be based in Universal Services department under the leadership of the Operational Director for Universal Services/ Deputy DCS. The integrated team moved to its new premises in Feb 2015 and has co-located members from all services. Additionally the service is on the same campus as both Green Lane and Foxwood schools ensuring even greater opportunities for co-working.
- 3.3 The head of service was recruited in November 2014 with involvement from participating organisations, young people and other key stakeholders (including parents and carers). The new head of service (Terry Jones) came into post on 2 March 2015.

4. DEPARTMENT FOR EDUCATION VISIT

- 4.1 In August The DFE visited the service meeting with parents and staff, they gave very positive feedback on our achievements so far. They were particularly impressed with the strong input from health which they commented was very unusual they looked at all aspects of the service and concluded:

“The structures you have in place are supporting your desire to work together more effectively and you have seen significant benefits already from co-locating staff. Although the timescales have been challenging you have been able to meet your statutory timescales and this confidence has allowed you to concentrate on the quality of Plans. You have development work to undertake with your private and voluntary sector providers but are building on the strong relationships with schools to look at a school driven broadening of the offer for Warrington children and young people”.

- 4.2 Following the visit we were asked to present at a North West DFE conference on “Warrington’s First Year of Implementation”. Warrington is unique within the North West with regard to its integrated services and has developed a high profile resulting in requests for support from several authorities.
- 4.3 Additionally a recent FOI request revealed that in Warrington 79.2% (137 out of 173) of requests for EHC plan assessments resulted in an EHC plans by 25/09/2015 and it was therefore the eighth best performing council in England in this regard based on the 119 responses received.

5. PARENTAL AND YOUNG PEOPLES INVOLVEMENT

5.1 The service has developed strong links with both young people and local parents via Warrington parent and Carers. Young people have been very involved in the development of the Local Offer. The Local Offer gives children and young people with special educational needs or disabilities and their families' information about what support services the Local Authority think will be available in their local area. Every local authority is responsible for writing a Local Offer and making sure it is available for everyone to see. Our local offer website is called "ask ollie" and was co-produced with young people and their parent/carers. Young people are also now involved in all staff appointments.

5.2 The service had a huge response to a survey on what is working well/not working well for families and young people across all services. This forms the basis of how the service will meet need going forward. Below are a few of the positive comments received:

"EHC plans are well produced and include parent & child views"

"We work closely with all agencies involved and feel the role carers play is strongly supported and respected"

"I have no problems when ringing up Local education. I find the coordinator is helpful and sorts problems out fast"

"There's always open and honest communication with all concerned. I feel that my thoughts and opinions are included"

"At the meeting for the EHC Plan we were given plenty of opportunity to discuss our son's needs from our perspective"

"The arrangements to transition from school to college have been good"

5.3 In March we are holding our first co-production workshop with parents and professional facilitated by Cathy Hamer NW SEND regional network lead the theme will be to develop our vision for disabled children by 2020.

6. INSPECTIONS

6.1 In March 2015 the DFE published "Special educational needs and disability: supporting local and national accountability". This paper outlines the intention that all local areas will be inspected, with an inspection interval of up to five years. Inspection will be a joint OFSTED and CQC inspection. It will look at effective identification of need; effectiveness in meeting needs and local arrangements to achieve better identification and outcomes.

6.2 A three-person team comprising an Ofsted HMI, CQC inspector and a trained local authority inspector will review available national data, including within-area inspection outcomes from CQC and Ofsted, and local area self-assessment.

- 6.3 Field work will include visits and discussions with a wide range of people including: elected members; key local area officers from health, education and social care; and education and health providers, including leaders of early years settings, schools and colleges. The views of children and young people and their parents and carers are an important contribution to inspectors’ judgements. A summary of the various accountable agencies and their responsibilities is set out at **Appendix 1**.
- 6.4 It is expected that the first inspections will take place from May 2016. Inspections will draw on local area self-assessment and evaluation.
- 6.5 We are currently working on our inspection readiness and a peer challenge with a neighbouring authority. Several authorities are interested in this work but we have yet to agree who will complete our challenge
- 6.6 On a positive note realistic timescales have been set for expectation of impact as follows:
- Short/medium term: From Sept 2014 to Sept 2017
 - Medium/long term: 3 to 5 years’ time
 - Fully emerge: 5 to 10 years’ time

7. MEASURING SUCCESS

7.1 In March 2015 the DFE published “**Special educational needs and disability: supporting local and national accountability**”.

Within the paper was the attached table entitled “Measuring the success of the SEND system”.

	Positive experience of the SEND system for children, young people and their families	Positive outcomes for children, young people and their families	Effective preparation for adulthood
What does success look like?	Parents, children and young people get right support at right time; feel that they are listened to and in control - Planned and well-managed transition at key points - A joined-up, transparent and accountable system	Improved progression and attainment at all ages - Clear and appropriate expectations and aspirations leading to fulfilled lives - More resilient families	Increased employment - Choice and control over living arrangements / Independent living - Participation in the community - Health outcomes based on need and aspiration

Examples of data and intelligence	SEN appeals and outcomes - Education, Health and Care Plans (EHCPs) completed on time - Local authority and parent survey data - Children and young people's Personal Outcomes Evaluation Tool (POET) pilot - Feedback from Independent Supporters	Attainment data - Outcomes for looked after children - Destinations after Key Stage 4 & Key Stage 5 - School absence and exclusion rates	Employment status for adults with learning difficulties and disabilities (LDD) - Accommodation status for adults with LDD
When do we expect to see an impact?	Short/medium term: From Sept 2014 to Sept 2017	Medium/long term: 3 to 5 years' time	Fully emerge: 5 to 10 years' time

Given the above timescale it is clear that between now and September 2017 we should be concentrating on positive experiences and data. We will work with parents and young people to ascertain how they feel about the services they receive. Post September 2017 we would start to measure positive outcomes across all services.

8. PERSONAL BUDGETS

- 8.1 The Personal Budget policy for children and young people was agreed by the Protecting the most vulnerable Policy Committee in June 2015. At this time there was a well-established Direct payments scheme with 182 users. The vast majority of Direct payment users were and are using the payments to fund personal assistant support to enable the disabled child or young person and their families to have a short break.
- 8.2 The policy outlines the areas from Education Health and Care which can be included in a Personal Budget. Initially it was envisaged that Personal Budgets would be offered to families eligible for short breaks only during the pilot period. Going forward this may also include the purchase of equipment for example a family may wish to purchase a piece of equipment that is not standard issue in which case the budget would be for the standard equipment and parents would pay any top up. Alongside this Personal Health Budgets have been offered to support the needs of children and young people who meet the criteria for continuing care support. This is national criteria and is decided by a multi-agency panel. In future we will look to combine these payments as one. Parents would have one pre-paid card system.
- 8.3 Personal budgets have been offered to families of disabled children since September 2015. All new requests and requests for changes to short break packages of support have been offered as a personal budget since September.

8.4 The period September 2015 to December 2015 was viewed as a pilot period in order to test out the paperwork and systems with a view to a wider roll out from 2016. During this time 18 families were offered a Personal budget and currently there are 12 in receipt of a Personal budget.

8.5 There are currently 3 children and young people in receipt of Personal Health Budgets. At present there are no children receiving personal budgets to meet education needs.

8.6 Over time all the families in receipt of Direct payments will be offered a Personal budget. It is envisaged that this will take over the next two years.

9. FINANCIAL CONSIDERATIONS

9. Individual parts of the service are funded by the relevant discipline. Addition SEN implementation grants have been received up until 2017.

10. RECOMMENDATION

10.1 The Committee:

- acknowledges the progress so far in the implementation of the SEND reforms in Warrington;
- acknowledges everyone’s role in the future inspection process as outlined at **Appendix 1**.

11. BACKGROUND PAPERS

The Children and Families Act 2014.

“Special educational needs and disability: supporting local and national accountability”.

Contacts for Background Papers:

Name	E-mail	Telephone
Terry Jones	tjones1@warrington.gov.uk	(01925) 442860

Agenda Item 5 – Appendix 1

Agency	Accountability and key responsibilities
Local authority	Lead Member for Children’s Services and Director for Children’s Services (DCS) are responsible for leading integration arrangements for Children and Young People with SEN or disabilities. Children’s and adult social care services must co-operate with those leading the integration arrangements for children and young people with SEN or disabilities
Clinical Commissioning Group	The CCG governing body and Accountable Officer have a responsibility to co-operate with the local authority in jointly commissioning services, ensuring there is sufficient capacity contracted to deliver necessary services, drawing the attention of the local authority to groups and individual children and young people with SEN or disabilities, supporting diagnosis and assessment, and delivering interventions and review.
Maintained nurseries and schools (including academies)	The governing body and school leaders are responsible in mainstream schools and have duties to use best endeavours to make the provision required to meet the SEN of children and young people. All schools must publish details of what SEN provision is available through an information report and co-operate with the local authority in drawing up and reviewing the Local Offer. Schools also have duties to make reasonable adjustments for disabled children and young people, to support with medical conditions and to inform parents and young people when SEN provision is made.
Colleges	The governing body and college leaders are responsible in mainstream colleges and have duties to use best endeavours to make the provision required to meet the SEN of children and young people. Mainstream and special colleges must also co-operate with the local authority in drawing up and reviewing the Local Offer. All colleges have duties to make reasonable adjustments for disabled children and young people

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WARRINGTON BOROUGH COUNCIL

PROTECTING THE MOST VULNERABLE POLICY COMMITTEE – 10 February 2016

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:** jjoinson@warrington.gov.uk **Telephone:** (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:-

- Overview of Warrington Safeguarding Adults Board (WSAB) Proposed Prevention Strategy – New Item seeking feedback on a live consultation draft
- Self-Neglect Policy – Deferred from 10 February 2016 to enable information to be provided to all Members at a Member Development Session

- Care leavers – Deferred from 10 February to next meeting on 5 April 2016
- SEND Reforms and Autism Provisions / Personal Budgets for Children and Young People – Items combined into a single 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 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 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**).

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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	Reviewing - Look at what we currently do	Chair’s report	Awareness raising	A McCormack (Harriet Wilkins)

Agenda Item 6 - Appendix 1

	Complex Dependencies model and to provide an update on progress to date				
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 <i>(National Policy Information – links to Health & Social Care Bill and increased access to mental health services)</i>	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 and 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:- <ul style="list-style-type: none"> • 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	On-going monitoring	S Callaghan Terry Jones

Agenda Item 6 - Appendix 1

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 Terry Jones
Warrington Safeguarding Adults Board (WSAB) Proposed Prevention Strategy	To receive an overview of the proposed WASB strategy for preventing abuse to adults at risk and to provide feedback on the consultation draft document	Policy Development – providing critical challenge to an emerging partnership policy	Officer report	Submit comment to WSAB	A McCormack R Lyden
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. <i>(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.</i>	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)
Care leavers	Support for care leavers in transitioning into adulthood <i>(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</i>	Review what we currently do and look at the impact of emerging local needs	Initial officer report	Awareness raising	F Waddington

Agenda Item 6 - Appendix 1

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)
All Member Development Session					
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

Agenda Item 6 - Appendix 1

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	<p>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:-</p> <ul style="list-style-type: none"> • 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	<p>Working Group</p> <p>Visit to Forget Me Not Ward at Warrington Hospital being arranged</p>	Submit recommendations to EB	S Peddie (J Joinson)

Date Revised: 2 February 2016

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
2016	10 February	25 January	1 February
	5 April	16 March	23 March

Committee Recommendations & Actions

2014/15

Minute No & Date	Recommendation/Action	Referred to & Date	Response/Comments	Progress
PTMV19 15/12/15	<p><u>Deprivation of Liberty Safeguards (DOLS)</u></p> <p>(2) To request the Executive Director Families and Wellbeing to provide a further update in 6 months time and to include within the report a focus on progress as to cases prioritised as Red.</p>	S Reddy (P Davidson) 02/02/15	The item will be added to the Work Programme for inclusion in the 21 June 2016 meeting	✓

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