

## HEALTH POLICY AND PERFORMANCE BOARD

*At a meeting of the Health Policy and Performance Board held on Tuesday, 10 March 2015 at Council Chamber, Runcorn Town Hall*

Present: Councillors E. Cargill (Chairman), J. Lowe (Vice-Chairman), Dennett, M. Lloyd Jones, C. Loftus, C. Plumpton Walsh, Wallace and Mr T Baker

Apologies for Absence: Councillor S. Baker, M. Bradshaw, Horabin and Sinnott

Absence declared on Council business: None

Officers present: N. Chase-Caffyn, L. Derbyshire, M. Holt, M. Lynch, H. Moir, D. Nolan and S. Wallace-Bonner

Also in attendance: D Sweeney (Halton CCG) and one member of the public.

### ITEMS DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

#### HEA46 MINUTES

The Minutes of the meeting held 13 January 2015 having been printed and circulated were signed as a correct record.

#### HEA47 PUBLIC QUESTION TIME

The Board was advised that no public questions had been received.

*Note: (Councillor M Lloyd-Jones declared a Disclosable Other Interest in the following items of business, Minute No's 48, 49, 50, 53, 56 and 57 due to her husband being a Governor for Warrington and Halton Hospital NHS Trust and Bridgewater Community NHS Trust)*

#### HEA48 HEALTH AND WELLBEING MINUTES

The Minutes of the Health and Wellbeing Board of its meeting held on 14 January 2015 were submitted to the Board for information.

RESOLVED: That the minutes be received.

*Action*

#### HEA49 PRIORITY BASED REPORT 2014-15 (QUARTER 3)

The Board considered a report of the Strategic Director, Communities, which presented the progress of key performance indicators, milestones and targets relating to Health in Quarter 3 of 2014-15.

A verbal update on the performance monitoring targets was given at the meeting, highlighting that the majority would be achieved by the end of the year.

The following comments arose from the discussion:-

- Page 25 – CCC5 – the No Second Night Out scheme which provided an outreach service for hard to reach clients and rough sleepers, clarity was sought on the exit strategy when the contract ended at the end of March 2015. It was agreed that information would be circulated to Members of the Board; and
- Members noted, that subject to contract, the Salvation Army had submitted the winning tender for the provision of the housing support service at the new homeless accommodation scheme in Albert Road, Widnes. The Board discussed housing support provision in Halton and it was agreed that an update on the current position including the provision at Grangeway Court would be circulated to all Members for the Board.

RESOLVED: That the report and comments raised be noted.

#### HEA50 BUSINESS PLANNING 2015 - 2018

The Board considered a report of the Strategic Director, Communities, which gave Members an update on Business Planning for the period 2015 - 18 and for Members to consider the Directorate priorities, objectives and targets for service areas that fall within the remit of this Board.

The Board was advised that each Directorate of the Council would develop a medium-term business plan, in parallel with the budget, that was subject to annual review and refresh. Key priorities for development or improvement for this Board had been presented to and considered by the Board in autumn 2014.

It was reported that the Draft Directorate Business

Plans had now been developed and were set out in Appendix 1 to the report. It was also reported that Directorate Business Plans would be subject to annual review and refresh in order that they remained fit for purpose.

It was noted that plans could only be finalised when budget decisions had been confirmed in March and that some target information may need to be reviewed as a result of final outturn data becoming available post March 2015.

The Board noted the following priorities which had been identified at a previous meeting:-

- Prevention;
- Safeguarding;
- Personalisation of Care and Support;
- Quality Assurance; and
- Access to Care Services (including seven-day working).

The following comments arose from the discussion:-

- The Board noted the additional responsibilities placed on the Members in respect of scrutinising numerous agencies and the possible legal implications arising from the new responsibilities. The importance of training for Members was also noted and it was reported that general training for Members had commenced and awareness training on the new responsibilities could be arranged;
- The Board noted that pest control was on the increase and it was suggested that this was a result of residents in the Borough being unable to afford the charge for pest removal; and
- Clarity was sought on why the Business Plans covered a three year period but would be refreshed on an annual basis. In response, it was reported, that this point would be raised with the Department and a response circulated to Members of the Board.

RESOLVED: That the report be noted and forwarded to the Executive Board for approval.

The Board considered a report of the Chief Officer, NHS Halton CCG, which informed Members that the Strategy had been presented to the NHS Halton CCG Governing Body on 8 January 2015 as a final draft; (Attached as Appendix 1 to the report). It was reported that the final Strategy would be presented for ratification to the NHS Halton CCG Governing Body on 5 March 2015.

The Board was advised that at the time of writing the report, NHS Halton CCG was waiting for the outcome from NHS England of a formal expression of interest to undertake co-commissioning arrangements for general practice services in the borough. This meant that NHS England may, from 1 April 2015, delegate responsibility for the commissioning of general practice services in the borough to NHS Halton CCG. NHS Halton CCG and NHS England agreed that a strong sustainable general practice was required in Halton to support commissioning and service provision. This needed a co-ordinated and engaged approach to deliver, which was why NHS Halton CCG had worked with general practices and other partners in the borough to develop a co-commissioning strategy for general practice services in Halton.

The Board was further advised that out of 64 CCG's which had applied for delegated commissioning, Halton had been successful. It was reported that a considerable amount of work had to be done, but it was good news for Halton and its residents.

The Board noted the excellent news and that the milestones on Page 120 of the report remained on target.

RESOLVED: That the report, associated Appendix and comments raised be noted.

## HEA52 CARE ACT IMPLEMENTATION – CURRENT POSITION

The Board considered a report of the Strategic Director, Communities, which gave Members information on current progress towards the implementation of the Care Act in Halton since the last meeting of the Board.

The Board was advised that in May 2014, the Care Bill received Royal Assent and became the Care Act 2014. Some elements would come into effect from April 2015; others would come into effect from April 2016. The changes coming into effect in April 2015 and April 2016 which impacted directly on the Council were set out in the report.

Appendix 1 to the report summarised current progress that had been made for each of the five major areas against the requirement of the Act.

The Board noted that a number of new posts would need to be recruited to deliver the expected increase in the number of assessments (set out in Appendix 1 to the report). The Board also noted the information contained in the report relating to training, communication and ICT.

The following comments arose from the discussion:-

- Clarity was sought on the funding for the additional posts. In response, it was reported that each Local Authority had received funding to implement the Care Act and the additional posts would be funded from that budget, approximately £400k had been allocated against posts. However, it was highlighted that it was highly likely that the allocated funding would be insufficient to implement the Act in its entirety;
- The Board noted the numerous benefits of e-learning for Elected Members. The importance of training and awareness of the implications of the Care Act for Members was also noted. It was reported that detailed work had taken place, looking at assessment criteria's and charging implications for staff. In addition, a considerable amount of training had been accessed at a regional level and this had proved to be very successful. Furthermore, it was reported that various training sessions had also taken place with the voluntary sector on how to work in a different way with the public; and
- The Board discussed the requirements of the Act in relation to the Safeguarding Adults Board (SAB) and it was noted that a meeting was taking place next week with Chester and Cheshire East and it was likely to reflect the Children's model. It was reported that an update on this matter would be reported to the next meeting of the Board.

RESOLVED: That the report and comments raised be noted.

HEA53 BETTER CARE FUND UPDATE

The Board considered a report of the Strategic

Director, Communities, which gave Members an update on the Better Care Fund (BCF). The Plan to the report, was attached as Appendix 1.

The Board was advised that BCF had been announced in June 2013 as part of the 2013 Spending Round. It provided an opportunity to transform local services so that people were provided with better integrated care and support. The BCF was a joint submission between Halton Borough Council (HBC) and the NHS Halton Clinical Commissioning Group (HCCG).

The Board was further advised that during 2015/16 the Fund would be allocated to local areas, where it would be put into pooled budgets under Section 75 joint governance arrangements between HBC and the NHS Halton Clinical Commissioning Group (NHS CCG).

It was reported that consultation had taken place throughout the drafting of the BCF submission with numerous agencies and stakeholders. In addition, it was reported that Halton had submitted their BCF Plan to NHS England and the Local Government Association (LGA) on 12 December 2014. The outcome of the submission had been received on 23rd January 2015 in a letter to the NHS Halton CCG and Halton Borough Council stating that the Plan had been "Approved" and was ready for implementation, with no outstanding conditions

The Board noted that within the BCF there were 17 schemes relating to health and social care and as from 2015/16 the total amount of funding to be released for the BCF was £10,594,000.

RESOLVED: That the report be noted.

#### HEA54 SAFEGUARDING ADULTS UPDATE

The Board considered a report of the Strategic Director, Communities, which gave Members an update on key issues and the progression of the agenda for safeguarding 'vulnerable adults' (i.e. adults at risk of abuse) in Halton. This report outlined an analysis of financial abuse arising from the use of Direct Payments.

The Board was advised as the personalisation agenda had grown it had expanded to include personal budgets, which were an allocation of funding given to users after a social service assessment of their needs. Users could either take their personal budget as a direct payment, leave

Councils with the responsibility to commission the services or they could have a combination of the two. Since October 2014 this had been further developed to include personal health budgets. This had been a duty placed on Councils since 2009 and was included in the Care Act 2014.

The Board was further advised that in Halton the number of people in receipt of a direct payment had increased from 311 in 2011/12, to 415 to date, representing an increase of 33%. In Halton there were more adults with learning disabilities receiving direct payments than any other client group. Of these people there had been no incidents of reports of financial abuse due to the use of direct payments.

The Board noted the information set out in paragraphs 3.4 – 3.9 of the report.

The Board discussed how Halton's audit regime compared to other Local Authorities and it was suggested by the co-optee, Mr Baker, that there may be a greater take up of Direct Payments if the paperwork on the audit was reduced or a pre payment card system utilised. In response, it was reported that Halton's auditing process was so robust that it negated the need for a pre payment card. However, other, authorities, whose auditing processes were not as robust, were considering the pre payment card option. At the end of the discussion, it was agreed that a meeting take place with Officers and Mr Baker to discuss the matter further.

The Board noted that there was no single risk factor involved with financial abuse and this type of abuse was extremely difficult to rectify. The Board also noted that financial abuse could also be from a member of the family.

RESOLVED: That the report and comments raised be noted.

#### HEA55 CARE AT HOME SCRUTINY REVIEW 2014/15

The Board considered a report of the Strategic Director, Communities, which presented Members with the report and recommendations of the Care at Home Scrutiny Review 2014/15. The report sought support from the Board to the key findings and recommendations in the report. If supported the report would be presented to the Executive Board for approval.

The Board was advised that the recommendations were set out in paragraph 7 of Appendix 1 attached to the

report.

The Chairman highlighted the excellent work that had been undertaken by the Working Group and indicated that work would need to take place on the end of care life. The Board noted the importance of regular bereavement counselling for carers who had cared for people until the end of their life.

The co-optee, Mr Baker raised concern at the staffing levels of community nurses, indicating that healthcare packages had not been put into place due to staffing shortages. It was agreed that an update report from the CCG would be presented to the next meeting of the Board.

RESOLVED: That

- (1) the comments raised be noted;
- (2) the Board support the recommendations set out in the report;
- (3) the report be presented to the Executive Board for approval; and
- (4) the Board be presented with an update report in Autumn 2015 on the evidence base for predictive and assistive technology tools that could be used as part of the prevention and early intervention agenda, together with the cost/benefits to potential investment.

HEA56 SCRUTINY TOPIC 2014/15 : DISCHARGE FROM HOSPITAL

The Board considered a report of the Strategic Director, Communities, which gave Members details of the Discharge from Hospital Scrutiny topic set out in Appendix 1 to the report. Approval was sought for the topic brief and nominations sought for Members to be part of the Discharge from Hospital Topic Group.

The Board was advised that discharge planning was a routine feature of the Health and Social Care system and consisted of the development of an individualised discharge plan for the patient prior to leaving hospital, with the main aim of improving a patient's outcome.

It was reported that topic would focus on the quality of the discharge planning process and associated pathways to



those Halton residents who had been admitted to the local Acute Trusts for both elective or emergency care. It would also examine the services that were already in place with a view to evaluating their effectiveness in meeting the needs of the local population.

RESOLVED: That

- (1) the report and comments raised be noted;
- (2) the topic brief set out in Appendix 1 to the report be approved; and
- (3) the following Members be nominated onto the Topic Group:

Councillors: J Lowe, M. Lloyd-Jones,  
C Plumpton-Walsh and P Wallace.

#### HEA57 CHAIRMAN'S ANNOUNCEMENT

The Chairman reported that she was attending her last meeting as Chairman of the Board as she would be undertaking Mayoral duties in the next municipal year. She took the opportunity to thank Members and Officers for their contributions to the Board and extended her best wishes for the future.

The Board thanked Councillor E Cargill for the manner in which she had undertaken her duties during her time with the Board.

RESOLVED: That the Board place on record a vote of thanks to Councillor E Cargill for the work undertaken by her during her time as Chairman of the Board.

*Meeting ended at 8.00 p.m.*