

# Health Policy and Performance Board

## Annual Report

April 2016 - March 2017



As Chair of the Health Policy and Performance Board I am very pleased to report on the work of the Board during 2016/17.

The remit of the Board is to scrutinise the Health and Social Care Services provided to the residents of Halton; we also have a responsibility to scrutinise Hospital Services, including Mental Health Services and as such it has been an extremely busy and challenging year.

I would firstly like to thank all Members of the Board for their valued contribution to the Board's work over the last 12 months, but in particular I would like to acknowledge the contribution of the Board's new Vice Chair, Cllr Shaun Osborne for his support and involvement, along with Cllr Mark Dennett who has continued to undertake the Council's role of Mental Health Champion.

I would also like to extend my thanks to Officers and Partners for their time and contributions to the Carers scrutiny topic and for providing performance and update reports.

During the course of the year the Board have been actively involved and consulted on a range of issues from proposed changes in services, such as those at the Brooker Centre, as outlined later in this report to policy and strategy developments as a result of national requirements, such as the development of the Cheshire & Merseyside Sustainability and Transformation Plan, which is designed to address the challenges of the region in terms of population health and wellbeing, quality of care and financial sustainability.

The Board have also had the opportunity to comment on a number of proposals and developments including the realignment of General Practice to Care Homes in Halton and the changes to Stroke Services which have the potential to impact on Halton residents.

I look forward to 2017/18 and the continued challenge of ensuring the quality of health and social care services within Halton are of the highest standard.

*Cllr Joan Lowe, Chair*

## **Health Policy and Performance Board Membership and Responsibility**

### **The Board:**

Councillor Joan Lowe (Chair)  
Councillor Shaun Osborne (Vice-Chair)  
Councillor Sandra Baker  
Councillor Mark Dennett  
Councillor Margaret Horabin  
Councillor Charlotte Gerrard  
Councillor Stan Parker  
Councillor Martha Lloyd Jones  
Councillor Ellen Cargill  
Councillor Pauline Sinnott  
Councillor Marjorie Bradshaw

During 2016/17, Tom Baker was Halton Healthwatch's co-opted representation on the Board and we would like to thank Tom for his valuable contribution.

The Lead Officer for the Board is Sue Wallace-Bonner, Director of Adult Social Services.

### **Responsibility:**

The primary responsibility of the Board is to focus on the work of the Council and its Partners, in seeking to improve health in the Borough. This is achieved by scrutinising progress against the aims and objectives outlined in the Council's Corporate Plan in relation to the Health priority.

The Board have met five times in 2016/17. Minutes of the meetings can be found on the [Halton Borough Council website](#). It should also be noted that the Board, at each of their meetings, receive and scrutinise the minutes from Halton's Health and Wellbeing Board and monitors work/progress within this area.

This report summarises some of the key pieces of work the Board have been involved in during 2016/17.

## **GOVERNMENT POLICY- NHS AND SOCIAL CARE REFORM**

### **Sustainability & Transformation (STP) Plan – Inc. Alliance LDS**

During 2016/17, Members were provided with details of the development and overview of the Cheshire and Merseyside Sustainability and Transformation Plan (STP).

Following the publication of the NHS Five Year Forward View in 2014, which set out strategic intentions to ensure the NHS remained clinically and financially sustainable, during 2015/16 NHS planning guidance set out the steps for local health systems to deliver the Forward View, backed up by a new Sustainability and Transformation Fund intended to support financial balance and to enable new investment in key priorities. As part of the planning process, health and care systems were asked to develop STPs to cover the period from 2016/17 and 2020/21. The Cheshire & Merseyside STP was published in November 2016.

Details of the four key priorities for the Cheshire and Merseyside STP were presented to Members:

- Support for people to live better quality lives by actively promoting health and wellbeing;
- The NHS working with partners in local government and the voluntary sector to develop joined up care;
- Designing hospital services to meet modern clinical standards and reducing variation in quality; and
- Becoming more efficient by reducing costs, maximising value and using the latest technology.

Members were advised that the Cheshire and Merseyside STP was designed to address the challenges of the region in terms of population health and wellbeing, quality of care and financial sustainability. The majority of delivery would be through the plans developed by the three local delivery systems. It was noted that Halton CCG was part of the Alliance Local Delivery System (LDS) which consisted of:

- Four CCG's (Warrington, St. Helens, Halton and Knowsley); and
- Five NHS providers (5 Boroughs Partnership NHS Foundation Trust; Bridgewater Community Healthcare NHS Foundation Trust; St. Helens and Knowsley Teaching Hospitals NHS Trust; Warrington and Halton Hospitals NHS Foundation Trust and Southport and Ormskirk Hospitals).

It was reported that the Alliance LDS was also engaging with local authorities covering the Boroughs of Halton, Knowsley, St Helens and Warrington. The Board were briefed on how the Alliance LDS was building upon the work already being done at a local level. The proposals submitted by Alliance LDS included options and

models of transformation for the local health system that aimed to address a funding shortfall of £202m, whilst at the same time improving health, wellbeing and outcomes.

It was noted that following formal publication of the Cheshire and Merseyside STP the proposals were now being developed into outline plans and a wide scale programme of engagement and communication would commence during 2017.

The Board will continue to scrutinise the development and content of the plans and the potential impact on Halton residents.

### **Transforming Care Programme**

The Board received details of the Government's Transforming Care Programme and the local progress that had been made to date.

It was reported that further to the publication of the Government's response to Winterbourne View Hospital (2012) a concordat plan of action was developed. By the time of the report *Winterbourne View – time for change 2014*, it was evident that the intended reduction in the use of in-patient beds had not been achieved. The Board were keen to hear that the Government had therefore now set clear targets for the reduction of in-patient beds and there was to be a 50% reduction nationally over the next three years.

The Board noted that the Transforming Care Agenda encompassed both Children and Adults with Learning Disability and/or Autism, and in particular those who displayed behaviour that presented challenges.

The Board continue to fully support the key areas within the Transforming Care Programme, such as empowering individuals and having the right care in the right place.

### **National Living Wage**

Information was provided to the Board of the latest known position with regards to the impact that the introduction of the National Living Wage (NLW) was having on Care Providers in Halton.

The NLW took effect from 1 April 2016 and increased the minimum hourly rate for all workers aged 25 and over from £6.70 to £7.20, affecting both part time and full time workers. This would reach more than £9 an hour by 2020. The National Minimum Wage would remain in place with the NLW being a top-up for workers aged 25 and over.

The Board were keen to hear about the support being given to businesses to help them afford the increases in wages. It was noted that a finance model had been developed and adopted across the North West Region, which provided some initial analysis of the potential increased costs involved and their impacts.

It was agreed that the impact of NLW would be kept under review.

### **Safeguarding - Deprivation of Liberty Safeguards (DoLS)**

An update was provided to the Board with respect to the Deprivation of Liberty Safeguards (DoLS) and the refresh of the Mental Capacity Act 2005 Policy.

DoLS are one aspect of the Mental Capacity Act (2005). The Safeguards are to ensure that people in care homes and hospitals are cared for in a way that does not inappropriately restrict their freedom, and if necessary restrictions are only applied in a safe and correct way, and that this is only done when it is in the best interests of the person and there was no other way to provide appropriate care.

The Board were advised of the Supreme Court ruling on 19 March 2014 and its significance in the determination of whether arrangements made for the care and/or treatment of an individual lacking capacity to consent to those arrangements amounted to a deprivation of liberty; and the new acid test which was introduced in response to this. The implications of this for an individual and for the State were discussed along with the action plan developed to address and co-ordinate the Halton response to the judgement.

## **SERVICES**

### **Older People's Mental Health and Dementia Care**

The Board received a report advising them that the 5 Boroughs Partnership NHS Foundation Trust were seeking support for a revision of its inpatient services for older people and adults.

The proposal was set out in the context of the journey of the implementation of the new model of care so far and outlined the proposal around the 5 Boroughs footprint configuration of beds for adults and older adults.

The Board raised a number of concerns at their September 2016 meeting where the proposals were presented. As a result, it was felt at that time the Board could not support the bed based model being proposed and requested that the results of the 12 week public consultation be shared with them at a future meeting so these could be considered in the context of the proposals.

As a result, a Special Board meeting took place in December 2016 to explore in more detail the proposals.

Members were provided with assurances from the 5 Boroughs that:-

- The overall bed base at the Brooker Centre would remain and improvements would be made to the environment of the inpatient ward, which would be used for mental health patients with complex need,
- Patients, carers and their families would be supported with their transport requirements to Atherleigh Park from both Runcorn and Widnes; and

- The care navigator role would remain in place for the duration of the patient's intervention to support the multi-disciplinary professionals involved in the patients care, e.g. Social Workers.

At the conclusion of the meeting Members supported the proposed new bed based model, pending the result of the formal consultation process.

The 5 Boroughs Partnership NHS Foundation Trust were invited back in 12 months' time to present an update on progress made and outcomes to date.

### **General Practice Alignment to Care Homes**

In February 2017, the Board received details of the work proposed by the Borough Council and NHS Halton CCG on aligning care homes within the Borough with identified General Practices. Care home residents have very complex and considerable health needs. In Halton, the average length of stay in a nursing home was 0.8 years and in residential home 1.2 years, and it was expected that care home numbers would rise significantly in response to our aging population. Currently, individuals remained with their existing GP when they move to a care home, resulting in care homes having to liaise with multiple GP practices; which impacts on developing close working arrangements which are essential in providing the care that these individuals required.

It was anticipated that an alignment of General Practice to care homes would result in releasing time currently being spent by practices visiting multiple care homes, and care homes liaising with several practices that could be converted into direct care.

The consensus of the Board was that this was a good idea and as the proposals would be subject to formal consultation, the results would need to be reported back to the Board in June 2017.

### **Implementation of Community Multi-Disciplinary Team (MDT)**

The Board received a report advising them of the development and implementation plan of the Community MDT model for all adults over the age of 18.

The Board were told that there was a strong evidence base to suggest that a MDT approach was a cost effective way of delivering improved health and social care outcomes; increased participation and compliance with treatment; reduced length of stay and bed days in hospital; increased numbers of patients discharged home; reduced admission to residential and nursing care and acute hospitals, and improved patient / service user and carer satisfaction.

The Board welcomed the work that had been carried out on the development of a Halton model/approach and would be receiving further updates in the future on its progress.

## **Public Health**

The Director of Public Health attended the Board who presented details on Public Health functions and activities within Halton.

Councils have assumed responsibility for the planning and commissioning of public health services within their areas. Local authorities were therefore expected to set their health priorities based on their Health and Wellbeing Strategies, with a robust understanding of local needs set out within a Joint Strategic Needs Assessment (JSNA) and take into account the indicators within the Public Health Outcomes Framework.

The Board was advised that Halton's Health and Wellbeing Strategy identified the following priority areas using evidence from the JSNA and extensive consultation with stakeholders and local people:

- Prevention and early detection of cancer;
- Improved child development;
- Reduction in the number of falls in adults;
- Reduction in the harm from alcohol; and
- Prevention and early detection of mental health conditions.

The theme of the Public Health Annual Report for 2015-16 which was presented was the development of needs assessments and how we use them. It included a range of facts and figures from across the life course of the Halton population.

Members took the opportunity to query the drop in numbers of MMR vaccinations at age two. The Board were advised that this had been referred to Public Health England and an action plan was being put together for presentation to the Health and Wellbeing Board, so that the situation could be monitored.

## **Transforming Domiciliary Care**

The Board were keen to hear about the proposed developments in relation to Domiciliary Care delivered through the Council.

The current picture in Halton was there were currently 9 providers who worked in four different zones. The providers supported a total of 736 people and delivered in excess of 350,000 hours of care per year with an annual expenditure of more than £4.3 million.

It was reported to the Board that the amount of care and the overall expenditure was set to rise over the coming years at an estimated rate of between 2-3% per year and although there were some excellent examples of high level care within the sector, it was clear that improvements would be needed to meet the needs of an ageing population in the coming years. The current contract would run until June 2017 and Officers were currently in the process of conducting a review of the domiciliary service in Halton. It was noted that this review would support the development of a

new service specification and would form the basis of the tender process that would be undertaken towards the end of 2016.

Members were advised that the review had already started and details of the key principles that were at the heart of an outcome based domiciliary care service were also shared with the Board.

The Board were extremely keen to see how this work progresses and an update would be brought to a future meeting.

### **Improving Access to Psychological Therapies (IAPT)**

In November 2016, the 5 Borough Partnership NHS Foundation Trust NHS Halton CCG, provided an update in respect of Improving Access to Psychological Therapies (IAPT) delivery and development of the service in Halton.

Details were shared in relation to the conditions that were treated; the numbers of people in Halton experiencing these disorders; their recovery rates; and patient feedback.

The Board were told that the onward plan for the IAPT was to increase productivity; maintain and improve clinical quality; and maintain high levels of client satisfaction.

### **Stroke Services**

Details were shared with the Board on Stroke Reconfiguration in Mid Mersey.

Members were provided with background information on the situation over the over the past 3 years, with regards to stroke services, details of the National Stroke Direction and on the national shortage of stroke consultants, speech and language therapists and clinical psychologists.

Members were advised that Mid Mersey had created a Stroke Board, with representation from CCG's, primary care, local authorities and acute providers. This Board had agreed the vision that St Helens and Knowsley Trust (SHKT) would be a single stroke provider of acute services and that in a phased approach, all Warrington and Halton Hospital acute stroke patients would be transferred to SHKT for the first 72 hours of care, and then repatriated either through Early Supported Discharge (ESD) teams or back to the acute trust for longer more complex patients.

### **Windmill Hill General Medical Services**

During 2016/17, the Board received two reports on the General Medical Services provided at Windmill Hill. Windmill Hill Medical Centre is located within the Ward of Windmill Hill and it had a branch surgery located in Widnes. The Board received a report which outlined that the current contract was held with Liverpool Community Health (LCH) NHS Trust and was due to end on 31<sup>st</sup> March 2017. It was noted that



due to the organisational restructure that was currently being undertaken at LCH there was no opportunity to extend the contract beyond 2017.

The Board heard information about the numbers of patients registered, the complement of staffing for the practice and the health and wellbeing of residents of Windmill Hill

Members were presented with two options for consideration; one being commission as a Branch Surgery and undertake a list dispersal of Widnes Patients (which could sit alongside Option One).

Members agreed that Windmill Hill needed its own surgery.

## **POLICY**

### **One Halton – Health & Wellbeing Operational Plan 2016-17**

As part of the annual planning round, the Board received details of the operational plan for 2016-17 and details of the further work that would be undertaken to develop the priorities for the five year STP and the Financial Recovery Plan, with the clear actions to be delivered during the year.

It was reported that NHSE issued their *Five Year Forward View* planning guidance in October 2014, with a set of priorities for the NHS up to 2020 and the direction of travel for new models of care and the improvement of care, quality and financial efficiencies. In October of the first year of the Five Year plan, NHSE published its revised planning guidance, '*Delivering the Forward View*', that extended the planning period to 2021, with a continuation of the existing direction of travel but with a number of new challenges.

The new challenges were discussed by Members who debated the NHS Halton CCG's forecasted end of year £8.5m deficit. It was noted that better utilisation of budgets was needed and to achieve this all budget lines would be scrutinised.

### **Telehealthcare Strategy**

In November 2016, the Board received an update on the Telehealthcare Strategy.

Members were pleased to hear how the development of technology was affecting and extending the way care could be delivered in the health and social care arena. As the population was ageing there is a growing strain on healthcare resources, with an increasing number of people affected by long term chronic conditions.

Members were informed as to the unsustainability of the situation and the potential use of hi-tech home healthcare solutions and how this would support people to live at home or in extra care housing schemes.

This type of technology will provide people with long term health conditions the security of knowing that they would be remotely monitored in their own homes.

### **Social Work Caseload Management**

Members were advised that caseload management was an important part of overall workload management in the care management services, particularly in ensuring that social workers had a manageable workload; that they had a good mix of cases; and that peaks and troughs with individual workers are co-ordinated effectively across the whole team.

The Board was pleased to hear that caseloads were currently manageable and the Council had good staff retention of permanent social workers with no vacancies at present. Further due to a new progression route policy for social work staff, there was a good mix of experienced staff and newly qualified staff and regular placements were offered to social work students. Furthermore, the Council operates within the *National Employer Standard for Social Workers*, published by the Local Government Association which is in place to sustain high quality outcomes for service users and their families, carers and communities.

An invitation was made to Members and accepted to attend the *Social Work Matters Forum* where the Principal Social Worker meets quarterly with social workers to discuss professional and topical issues for social work.

### **NHS Halton CCG – Financial Recovery & Sustainability Plan**

The Chief Officer of NHS Halton CCG outlined for the Board the actions being undertaken by the CCG to achieve financial recovery and sustainability.

Members were advised that although NHS Halton CCG had managed to deliver services with the business rules set out for the organisation by NHS England, the achievement of these business rules, which included a statutory requirement to deliver a balance year end budget and a 1% surplus, was challenging. The Board noted that the scale of this challenge for the next 5 years was immense; and to deliver financial recovery and sustainability would involve some difficult and potentially contentious decisions about which services NHS Halton CCG chooses to commission or decommission, and what partnerships and activities were invested in and dis-invested in.

The Board would continue to monitor progress against the CCG's plans.

## **SCRUTINY REVIEWS**

### **Carers**

The Board focused the review on the responsibilities of the Council to Carers under the Care Act, the role of Halton Carers' Centre and the role of NHS Halton CCG.

Evidence received by the Health Policy and Performance Board group came from a range of partners, in relation to services provided to carers in Halton. Participating organisations and services included: Carers, Halton Carers' Centre, Halton NHS CCG, Adult Social Care and Halton's Hospital Discharge Team based at Warrington Hospital. The Board also took the opportunity to meet with a group of carers at Halton Carers' Centre, and individual carers of people receiving support from mental health services.

The recommendations made by the Board as a result of the review were:

- 1) There should be a continued focus on provision of information and support at the right time for the carer, to avoid carer breakdown and use of high cost services.
- 2) Continued efforts from Stakeholders to engage with people currently hidden from carer services.
- 3) A renewed focus on relationships with health, in particular the Hospitals, to encourage identification and support of carers.
- 4) Assessment of long term carers needs at regular intervals.
- 5) Involving carers in coproduced service development.
- 6) Ensure that within carer provision there are a range of different interventions to meet diverse and changing needs of carers.
- 7) Consider how access to carers services can be improved.

The recommendations reflect the need to continually evaluate methods of identifying and supporting carers, in order to reach the most vulnerable, those 'hidden' from services or those who do not identify themselves as carers. Through a diverse provision offer, carers with differing needs can be supported.

## **PERFORMANCE**

The Health Policy and Performance Board has a key role in monitoring and scrutinising the performance of the Council in delivering outcomes against its key health priorities. Therefore, in line with the Council's performance framework, during the year the Board has been provided with thematic reports which have included information on progress against key performance indicators, milestones and targets relating to Health.

The Board also received quality reports on Domiciliary and Care Homes provision within Halton and as part of this in February 2017, the Board welcomed Rebecca Davies from Victoria Community Care, a domiciliary care agency, to the Board to present details of how the currently system of Domiciliary Care provision worked in Halton, from the perspective of the providers. This included an overview of the challenges that were encountered and how the Council and providers worked together to maintain the delivery of high quality services to the local population. It

also outlined the rewards for providers, how the service had changed over the years and the views of what the future may hold.

## **INFORMATION BRIEFING**

During 2016/17 the Board continued to receive an Information Briefing Bulletin in advance of each of the Board meetings.

The Information Briefing is a way of trying to manage the size of the agendas of the Board meetings better. Including information on topics which were previously presented to Board as reports only for the Board's information now into the Information Briefing bulletin allows the Board to focus more on areas where decisions etc. are needed.

Example of areas that have been included in the Information Briefing over the last 12 months have included:-

- Halton Adult Social Care Services - Workforce Development Strategy 2016-2018;
- Adult Social Care Complaints Annual Report: 2015/16;
- Unintentional Injuries Across the Life-course in Halton - Halton Joint Strategic Needs Assessment: Summary Document;
- Independent Living Fund (ILF) Update; and
- Homelessness: Update

## **WORK TOPICS FOR 2017/18:**

The work of the Health Improvement Team service will be examined during 2017/18 by members of the Board.

This scrutiny topic will look at the work of the division, its contribution to health and wellbeing outcomes, how priorities are determined, what performance measures are made and how success is celebrated. The Board will aim to propose service improvement recommendations and evaluate the impact of the team's activities and interventions against the needs of the local population.

*Report prepared by Louise Wilson, Development Manager – Urgent and Integrated Care, People Directorate*

*Email: [louise.wilson@halton.gov.uk](mailto:louise.wilson@halton.gov.uk) Tel: 0151 511 8861*