

HEALTHY HALTON POLICY AND PERFORMANCE BOARD

At a meeting of the Healthy Halton Policy and Performance Board held on Tuesday, 13 January 2009 at Civic Suite, Town Hall, Runcorn

Present: Councillors E. Cargill (Chairman), J. Lowe (Vice-Chairman), Austin, Lloyd Jones, E. Ratcliffe, Swift and Wallace

Apologies for Absence: Councillor Gilligan, Higginson, Horabin and Philbin

Absence declared on Council business: None

Officers present: A. Villiers, A. Williamson, C. Halpin, L. Butcher, S. Eastwood, D. Hall, A. McNamara, L. Smith and L Wilson

Also in attendance: Councillors S. Blackmore and Gerrard (in accordance with Standing Order 33)

ITEMS DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

	<i>Action</i>
HEA39 MINUTES	
The minutes of the meeting held on 11 th November 2008 were taken as read and signed as a correct record.	
HEA40 PUBLIC QUESTION TIME	
It was confirmed that no public questions had been received.	
HEA41 EXECUTIVE BOARD MINUTES	
The Board considered the Minutes of the meetings of the Executive Board Sub Committee relevant to the Healthy Halton Policy and Performance Board.	
RESOLVED: That the minutes be noted.	
(NB: Councillor Lloyd Jones declared a personal interest in the following item due to her husband being a Non-Executive Director of Halton and St Helens PCT).	
HEA42 ORAL HEALTH	

The Board received a report of the Strategic Director, Corporate and Policy which reported the findings of the Scrutiny Topic on Oral Health in Children and Young People in Halton.

The Board noted that on the 27th November 2007 the Children and Young People's Policy and Performance Board agreed that children and young people's oral health should provide the focus for scrutiny during 2008. The Council's Annual Performance Assessment of services for children and young people Halton reported that "The local authority's performance on oral health was weaker than national averages and remained an area of development". It recommended that the local authority should "accelerate plans to improve oral health".

The Oral Health Scrutiny Group was a joint scrutiny topic comprising of Members from both the Health and Children and Young People's Policy Performance Boards.

The Scrutiny Group met on a few occasions and considered evidence presented by Dr. K Milsom, Consultant in Dental Public Health, regarding the state of dental health experienced by children and young people in the Borough. Members interrogated the evidence presented. A summary of the Group's findings was outlined within the report.

Dr. Milsom attended the meeting and gave Members an update on commitment of the PCT to improve children's teeth in the Borough. Against these findings Halton and St Helens PCT had developed a dental commissioning strategy.

The dental commissioning strategy was accepted by the PCT Board in March 2008 and funding was provided to ensure that key dental health objectives identified within the strategy were addressed. In 2008-9 the PCT elected to focus on the priority issues of improving child dental health and reducing dental health inequality and improving access to primary dental care.

Arising from Members' comments it was noted that the timeframe for beginning the roll out of fluoride varnish in schools was expected to be 3 months, once the pilot in East Lancashire had been assessed as successful and that this would also be reliant on consent from schools and parents.

RESOLVED: That

- (1) the draft Topic Report be endorsed.
- (2) the Executive Board be requested to approve the recommendations contained in 3 – 5 below and report back to the March meeting of the PPB on their conclusion.
- (3) Halton and St Helen's PCT should, subject to parental consent and outcomes of the 'Lancashire Trial', support the administering of fluoride varnish to children, to take place in school settings;
- (4) Halton and St Helen's PCT should take steps to support the take up of dental services by vulnerable young people who may not have regular access to dental services or be registered with a dentist; and
- (5) Children and Young People's Policy and Performance Board should keep under review the implementation of the Oral Health Strategy.

HEA43 PERSONALISATION

The Board received a presentation from the Divisional Manager, Personalisation which outlined the progress to date in the implementation of Personalisation.

Members were advised that the Government approach to personalisation could be summarised as “the way in which services were tailored to the needs and preferences of citizens. The overall vision was that the state should empower citizens to shape their own lives and the services they receive”. This approach was one element of a wider cross-government strategy on independent living, due for publication early in 2009.

It was noted that the Government was clear that everyone who received social care support in any setting, regardless of their level of need, would have choice and control over how this support was delivered. The intention was that people would be able to live their own lives as they wish, confident that services were of high quality, were safe and promote their own individual requirements for independence, well-being and dignity.

Members were advised that this meant a common assessment of individual social care needs, emphasising the importance of self-assessment. The role of social workers would focus on advocacy and brokerage rather than assessment and gate keeping. This move was from the

model of care, where the individual received the care determined by a professional, to one that had person-centred planning at its heart, with the individual firmly at the centre in identifying what was personally important to deliver their outcomes.

It was noted that at the core of self-directed services was a change in process that intended to give those people involved new incentives and power to shape services and get better value for money.

The Board was advised on progress to date, in particular that the Government had provided a Social Care Reform Grant to support the implementation of Personalisation. A Divisional Manager – Personalisation had been appointed and the Directorate had commissioned external support (including the Personal Social Services Research Unit) to develop the work.

In addition the work on finance was only at a preliminary stage and would require close working with the Corporate Financial Services Team.

In order to facilitate the changes a project implementation document had been developed which proposed the project management structure. A “Transforming Adult Social Care Change Board” (TASC) would be established to oversee the Strategic planning and implementation of personalisation in Adult Social Care.

The Board also noted that there were new targets that would accompany the Government’s directives, but there was a clear expectation that by March 2011 significant change would have taken place.

It was further advised that CSCI were already tracking progress on implementation. The National Indicator Set, had a new Performance Indicator for (2009/10), which was defined as the number of adults, older people and carers receiving self-directed support in the year to 31st March as a percentage of clients receiving community based services and carers receiving carer specific services. Halton would be targeting 30% of service users and carers.

Members were offered a half day seminar to look at personalisation in more depth and it was agreed that this would be useful for all Members of the Council.

RESOLVED: That

- (1) the report be noted; and
- (2) all Members of the Council be invited to the seminar on Personalisation.

(NB: Councillor Lloyd Jones declared a personal interest in the following item due to her husband being a Non-Executive Director of Halton and St Helens PCT).

HEA44 JOINT STRATEGIC NEEDS ASSESSMENT - HEALTH

The Board received a report of the Strategic Director, Health and Community which provided a summary of the findings of the first Joint Strategic Needs Assessment (JSNA) Health.

It was noted that Directors of Adult Social Services, Public Health and Children and Young People's (CYP) Services in every Local Authority and Primary Care Trust (PCT) had a statutory duty from April 2008 to work together to develop a JSNA for their area.

For the production of the first JSNA Halton focused on refining, improving and bringing together the information we already had available, which highlighted overall population needs. This information was from national and local sources and included a wealth of information we had collected directly from services across Halton. This information was used to take a longer-term view of population trends and the likely impact on demand over the next years and decades.

Members were advised that the JSNA was intended to identify 'the big picture' in terms of the health and wellbeing needs and inequalities within the local population. It was not intended to describe how we would address the needs, demonstrate outcomes or showcase our services. The aim was that the information contained in the JSNA would encourage partner agencies to use the findings to inform a number of local authority and PCT strategies, Client Group Commissioning Plans, Local Area Agreements etc. It had already been used within Halton, to feed into Ambition for Health and the Joint Commissioning Plan.

The development of the JSNA was not a single, one off exercise but was an ongoing piece of work, which would add to our commissioning 'intelligence'. As we continue to develop our JSNA we would: -

- Build upon service user and care views

- Include information about service usage
- Ensure we have information at a locality level as well as overall trends.

It was further noted that the approval process for the JSNA within the PCT was currently being reviewed. It was anticipated that it would go to the PCT's Management Team and then the Trust Board, once the St Helens JSNA was ready.

Members were advised of the consultation process undertaken and it was noted that a key element of the consultation process was the production of an accessible public document on the local priorities detailing how the JSNA would feed into commissioning plans for the future and the evidence based investment decisions taken. This had been achieved through the development of the summary of findings document, which was available as an appendix to the report.

It was proposed that the consultation process be in 4 stages, as set out in the report.

At each stage, the document would be revised and updated accordingly.

Arising from the discussion it was noted that the document was important in terms of showing where priorities and funding should be focused and that it would enable targeted interventions in deprived areas.

RESOLVED: That the report be noted.

(NB: Councillor Lloyd Jones declared a personal interest in the following item due to her husband being a Non-Executive Director of Halton and St Helens PCT).

HEA45 MENTAL HEALTH SINGLE POINT OF ACCESS

The Board received a report of the Strategic Director, Health and Community which described the development of the new Single Point of Access for Mental Health Services across Halton and St Helens, as a part of a wider "Together for Wellness" service. It also considered the structure of the service and the holistic approach to recovery and responding to mental health needs that the service was intended to deliver.

It was noted that in April 2007, the 5 Boroughs Partnership implemented a large process of service

redesign, prompted by the document "Change for the Better".

As part of the redesign, a new single point of access (SPA) service was established in Halton within the 5 Boroughs Partnership, staffed entirely by Health Service employees. Under this model, all mental health referrals were sent directly to the SPA upon which they were screened and sent to the most appropriate service within the 5 Boroughs.

Members were advised that overall, the SPA service within the 5 Borough's Partnership fulfilled its aims. It had become clear that this service only dealt with people with the most complex mental health problems, however, there were many more people in primary care services and known to the Local Authority who would benefit from the service.

As a result, the service had undergone a detailed review by the Halton and St Helens PCT and a new model of delivery had been developed to meet the needs of the wider community.

The report set out the proposed model, how social care would have an input and the financial implications of the new delivery model.

The Board welcomed the report and its findings, along with the investment and its expected benefits to the Borough.

RESOLVED: That the report be noted.

(NB: Councillor Lloyd Jones declared a personal interest in the following item due to her husband being a Non-Executive Director of Halton and St Helens PCT).

HEA46 SAFER HALTON PARTNERSHIP DRUG TREATMENT PLAN 2009/10

The Board received a report of the Strategic Director, Health and Community which advised Members of the needs analysis that supported the drug treatment plan for 2009/10.

It was noted that as part of the needs assessment, drug strategic partnerships had to complete a summary of the needs assessment work that had been undertaken and set key priorities for the coming financial year. Each partnership was required to submit a strategic overview to

the National Treatment Agency by 16th January 2009, as part of the adult drug treatment plan submission.

Members were advised that a multi-agency panel would review the plan and feedback would be provided to Partnerships in February. The Final plans were due to be submitted to the National Treatment Agency for approval and sign off by the end of March 2009.

The elements that the treatment plan would need to cover and the key findings of the Needs Assessment were outlined in the report.

Members were provided with the Executive Summary for the Drug Treatment Plan for 2009/10 which set out how prevalent drug use was, the types of drugs used, the treatment system, equality and diversity issues and hospital episode statistics, along with the results of the work force skills audit, links with Community Safety, service user and carers satisfaction rates and instances of hidden harm.

Arising from Members comments and concerns the following points were noted:

- the high number of children affected by drug and alcohol misuse;
- the profile of drug users in the Borough; and
- the possible linkages between drug misuse and developing mental health problems

RESOLVED: That the report be noted.

HEA47 HALTON ACCESSIBLE TRANSPORT REVIEW UPDATE

The Board received a report of the Strategic Director, Environment which sought to inform Members of the emerging key findings of the Halton Accessibility Study and highlighted a range of issues, which had been identified by the consultants undertaking the Study, which were proposed to form the basis of a consultation exercise with key stakeholder groups.

It was noted that the Council had provided core grant funding to Halton Community Transport (HCT) for several years for the provision of a range of accessible transport services for local residents.

Members were advised that in addition to the services provided by HCT, the Council's own 'in house' passenger transport fleet provided accessible door to door transport,

mainly for vulnerable adults and young people.

It was further noted that a best value review of accessibility was carried out in 2006 and had introduced a number of improvements, as outlined in the report.

The Council had been jointly awarded beacon status for 2008/9 for transport accessibility, with Merseyside Authorities. Following on from the review, a Halton Accessible Transport Study was commissioned in May 2008 with the purpose of critically evaluating the current and potential future demand for accessible transport across the Borough.

Members were further advised that the Study was being carried out in 5 key stages, each of which was outlined in more detail in the report. In addition the key findings to date were set out in the appendix to the report.

In order to develop an Improvement Action Plan for the delivery of future accessible transport services, the consultants were proposing to hold a key stakeholder consultation event on the 3rd February 2009 at the Stobart Stadium, Halton. At this event the consultants would be proposing to consult on several alternative 'models' of future accessible transport delivery, based on a number of 'scenarios', set out in the report.

Arising from Members' comments and concerns the following were noted:

- that there was a lack of provision for people with sight impairments;
- that there was strong support for the door2door service;
- there was a lack of provision of transport to and from Children's Centres;
- there was a lack of provision of transport to Ashley House;
- discounted rates would be available to wider groups under the new Transport Act, particularly young people.

RESOLVED: That the scenarios as set out in the report be used as a basis for consultation at the key stakeholder event planned for 3rd February 2009.

The Board received a report of the Strategic Director, Health and Community which sought Members views on the review of the Direct Payment Policy and Procedure.

It was noted that the Board had received a report on 10th June 2008 on proposals for some changes to the Direct Payment Policy and Procedure. Since then further consultation had taken place across the Borough on proposed amendments to the policy.

The Executive Board Sub Committee was presented with the proposed amendments on 18th December 2008 and requested that this Board scrutinise the amendments.

Members discussed the advantages and disadvantages of each of the Options prior to giving their support.

RESOLVED: That the Executive Board Sub Committee be recommended to approve Option 3.

HEA49 STANDING ORDER 51

The Board was reminded that Standing Order 51 of the Council's Constitution stated that meetings should not continue beyond 9.00pm.

RESOLVED: That Standing Order 51 be waived for 10 minutes.

HEA50 CARE STANDARDS COMMISSION PERFORMANCE RATING

The Board received a report of the Strategic Director, Health and Community which advised Members of the increase in performance rating of the Health and Community Directorate and informed of the impending changes in the way performance of Social Care services would be assessed commencing in 2008/9.

It was noted that the Health and Community Directorate had its performance rated annually by the Care Standards Commission (CSCI). The rating was linked to how well the Directorate provides social care services to both adults and older people. It was noted that the rating received would link into the Council's overall Comprehensive Performance Assessment.

Members were advised of the outcomes and domains

that would be judged as part of the assessment and the 2007/8 performance rating as being 3 star which was announced on 27 November 2008. In addition the report set out the key strengths, as identified in the assessment and previous ratings since 2001.

It was further noted that the Government had recently announced a new National Indicator set of 198 indicators that the Council would be judged against in 2008/9. In addition to this, new indicators for both health and social care were expected to be announced by the Care Standards Commission.

The Board congratulated all staff involved in achieving the excellent result.

RESOLVED: That

- (1) the improved performance be noted; and
- (2) the Board note the performance assessment framework is undergoing a period of continuous change and that the framework will change again in 2009/10.

HEA51 ANNUAL HEALTH CHECK

The Board received a report of the Strategic Director, Health and Community which described the process for responding to annual health checks in 2008/9.

Members were advised that each NHS Trust receives an overall performance rating in two parts; quality of services and financial management. The Health and Social Care Act 2001 enables Overview and Scrutiny Committee's to consider factors which impact on the health of local people and to call the NHS to account on behalf of local communities. The Annual Healthcheck represented a key opportunity for health scrutiny, as it enabled the performance of local Trusts to be commented upon.

It was noted that, as with previous years, it had been suggested that a working group be established to receive a presentation on progress to meeting the core standards, from each of the local Trusts followed by a formal presentation at the scheduled meeting of the Board in March 2009.

Members were further advised that this would be the final report that the Healthcare Commission would produce,

as it was being merged into the new Quality Care Commission - which would commence work in April 2009.

RESOLVED: That

- (1) the report be noted;
- (2) the approach set out in 3.9 and 3.10 of the report be undertaken; a working group be established to review in detail the Annual Healthchecks from each of the local NHS Trusts, prior to formal consultation at the March meeting of the Board.

HEA52 HEALTHY HALTON POLICY & PERFORMANCE BOARD
WORK PROGRAMME 2009-10

The Board received a report of the Strategic Director, Corporate and Policy which sought Members consideration of developing a work programme for 2009/10.

Two initial topics, namely employment opportunities for disabled people and disabled facilities grant were out forward as suggested topics for the 2009/10 Work Programme.

RESOLVED: That

- (1) the initial suggestions for Topics to be included in the Board's 2009/10 work programme be considered; and
- (2) a decision be made at the Board's 10th March 2009 meeting on a work programme of 2 or 3 Topics to be examined in 2009/10.

Meeting ended at 9.10 p.m.