

## HEALTHY HALTON POLICY AND PERFORMANCE BOARD

*At a meeting of the Healthy Halton Policy and Performance Board held on Tuesday, 9 March 2010 In the Council Chamber, Town Hall, Runcorn*

Present: Councillors E. Cargill (Chairman), Bryant, Austin, Gilligan, Higginson, Lloyd Jones, J. Lowe (Vice-Chairman), Philbin, Swift, Wallace and P. Cooke

Apologies for Absence: Councillor Horabin

Absence declared on Council business: None

Officers present: L. Derbyshire, M. Holt, M Mahmood, R. McDonogh, A. Williamson and A. Villiers.

Also in attendance: In accordance with Standing Order 33, Councillor Gerrard, Portfolio Holder – Health and Social Care Debbie Fairclough, Eugene Lavan, Jim Wilson and Janet Dunn (Primary Care Trust)

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

*Action*

#### HEA52 MINUTES

The Minutes of the meeting held on 12 January 2010 having been printed and circulated were signed as a correct record.

#### HEA53 PUBLIC QUESTION TIME

It was confirmed that no public questions had been received.

#### HEA54 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.

#### HEA55 SSP MINUTES

The Minutes of the meeting of the Halton Health Partnership Board from 19 November 2009 were submitted for information.

RESOLVED: That the Halton Health Partnership Board Minutes be noted.

*(NB: Councillor Lloyd Jones declared a Personal Interest in the following item of business as her husband is a Non Executive Director of Halton and St Helens Primary Care Trust).*

HEA56 PRESENTATION: TRANSFORMING COMMUNITY SERVICES

The Board received a presentation from Mr Andrew Burgess, Chief Executive of NHS Halton and St Helens on transforming community services – the future direction for NHS Halton and St Helens which:-

- Outlined the objectives of the presentation:
  1. to present their options for the future organisational form(s) that would have been considered for community services;
  2. to describe the process that had been followed and sought feedback;
  3. to give an appraisal of the decision taken by their Board in private on 8 March 2010; and
  4. to outline the next steps.
- Set out the timetable for transforming community services;
- Outlined the national and local guidance on options for organisational form;
- Highlighted the national and local direction of travel'
- Detailed the options that had been considered and the approach that had been used to inform the decision;
- Set out information that had been provided to potential providers; and
- Set out the key question "What would be the added value for the people of Halton and St Helens if you were a future provider of some or all of our

community services”.

It was reported that the only decision that had been made was which organisations would oversee the provision of community services. The preferred option which was considered to have the greatest potential for transformational change and significantly improving quality, effectiveness and productivity would be Option 5 – Pathway specific allocation of services. It was also reported that CHS would not be a stand alone organisation and services would be provided by a number of local providers.

The 7 Pathways had been allocated as follows:-

- Health and Well being – Halton Borough Council and St Helens Borough Council;
- Children and Family, with the exception of midwifery, paediatrics and audiology which would integrate better with secondary care;
- Acute Care Closer to Home – Secondary Providers (St Helens and Knowsley NHS Foundation Trust and Warrington and Halton Foundation Trust) would be required to work closely with primary care providers to integrate services around practice population;
- Rehab and LTNC – Halton Borough Council and St Helens Borough Council;
- Long Term Conditions – Secondary Providers (would be required to work closely with primary care providers to integrate services around practice population);
- End of Life Care – Hospices (Halton Haven and Willowbrook); and
- Mental Health – 5 Boroughs NHS Trust.

The Board was advised that CVS/HVA Halton and St Helens representing the voluntary sector had demonstrated with the exception of end of life that they could effectively contribute to the Pathways. The panel had recognised the strength and added value of the third sector locally. In recognition of this, it had been agreed that the lead contractors identified as the first preference would be required to ensure that an agreed percentage of the contract value would be delivered by the local third sector providers.

The Board was further advised that the following services were excluded from the preferred options for a number of reasons. The services would either be subject to a competitive tendering process or some may be aligned to a putative Community Foundation Trust:-

- Community Dental Services;
- Community Sexual Health Services (including specialist services);
- Chronic Pain Service;
- Neurological Rehabilitation; and
- Newton Community Hospital.

The following points arose from the presentation:-

- Concern was raised that Halton would be divided across two acute hospitals. The Members of the Board agreed that they wanted to retain the Halton Borough footprint, where patients had a choice of which hospital they wished to attend. It was also agreed that funding should not be split for services in the Borough of Halton.

In reply it was reported that in respect of acute pathways further discussions would take place with the two hospitals before a preferred option was agreed.

- Clarity was sought on whether the population of Halton would have to indicate the hospital of their choice or if they would be given a steer from the Primary Care Trust;

In reply it was reported that there would be the option to choose and book for patients which would enable them to be in control of which organisations provided the best service. There would also be a public consultation exercise undertaken with residents in the Borough to ensure that they had a choice. However, it was acknowledged that the majority of patients for acute care closer to home accessed St Helens and Knowsley Hospitals.

In addition, it was reported that there was a need to reduce the number of people who were admitted to

hospital and care for them in the community. It was highlighted that many patients were admitted to hospital from A & E when they would be able to stay at home if suitable community services were in place. It was reported that a single integrated service would ensure less delays in service provision and fewer people being admitted to hospital from A & E and be able to be cared for at home. One of the key objectives of transforming community services was to manage services in a more effective way in a safe environment.

- It was noted that in emergency situations i.e. when an ambulance was required, patients would not have a choice on which hospital they would be taken to; and
- It was agreed that Members of the Board would receive regular updates on the progress of transforming community services in the Borough.

RESOLVED: That

- (1) the presentation be received and comments made be noted;
- (2) Mr Burgess be thanked for his attendance and informative presentation; and
- (3) The Board receive regular update reports on the progress on transforming community services in the Borough.

*NB: Councillor Lloyd Jones declared a Personal Interest in the following item of business as her husband is a Non Executive Director of Halton and St Helens Primary Care Trust; and*

*Councillor Bryant declared a Personal Interest in the following item of business as Chair of the Lets Go Stroke Club and a Member of the Stroke Strategy Group).*

#### HEA57 QUESTION AND ANSWER SESSION ON THE PERFORMANCE OF STROKE SERVICES

The Board received a verbal update on the performance of stroke services in the Borough from Janet Dunne, NHS Halton and St Helens.

The Board was advised that from April 2010 Whiston Hospital would be providing a 24/7 thrombolysis for stroke service seven days a week. The hospital were piloting the service currently. Additional funding of £600,000 had been obtained for stroke services in Halton and St Helens which enabled there to be more investment in community services and early supported discharges for stroke patients was improving.

The Board was further advised that discussions were also taking place with Warrington Hospital Foundation Trust on how they could improve their stroke services.

It was reported that from 10 February 2010 the TIA Clinic was also operating five days a week. In addition, the 7 Pathways discussed in the previous presentation, would result in St Helens and Halton patients only requiring a single assessment with one provider which would improve the services considerably.

It was suggested that the thrombolysis stroke services in the Borough were lower than the national average and the hospitals were not meeting their targets. It was noted that it was hoped that Warrington and Halton Foundation Trust would consider providing a thrombolysis for stroke services the same as Whiston hospital in the near future.

RESOLVED: That

- (1) the verbal update and comments made be noted; and
- (2) Ms Janet Dunne be thanked for her attendance and informative presentation.

*(Note: Councillor Lloyd Jones left the meeting at the end of this item).*

#### HEA58 UPDATE ON RESOURCE ALLOCATION SYSTEM

The Board considered a report of the Strategic Director, Health and Community which gave Members an update on the implementation of a resource allocation system (RAS).

The Board was advised that 'Personalisation' was the vision for the future of social care provision. This would enable people to have more choice and control about what services they wanted, needed and when. Individual budgets for people and streamlined funding streams into one budget that people could access including funds from Supporting

People would need to be introduced.

The Board was further advised that Unlike Direct Payments a Personal Budget could be used to purchase Local Authority services, and therefore a package of care may be a mixture of Local Authority services and services provided by Personal Assistants or provider agencies, e.g. an older person may receive home care provided by the Local Authority and a meal provided by a local pub.

It was reported that as with Direct Payments, Halton Borough Council's internal audit would undertake audits of how people receiving a personal budget were spending their money.

The Board also received a presentation from Jean Clieve, Health and Community which:-

- Explained why a Resource Allocation System (RAS) was required;
- Outlined the current system and detailed the new system;
- Highlighted the next steps in developing a RAS;
- Gave an example question and considerations made when calculating the scoring; and
- Set out the conclusions of developing a RAR system.

The following points arose from the discussion:-

- Concern was raised that the level of service could deteriorate with third party intervention. Clarity was also sought on whether individuals were covered for any liabilities.

In reply it was reported that the Personalisation agenda was an extension of the Direct Payments Scheme. It gave individuals the choice of who they employed to provide their services and they had to flexibility to change providers if they were not happy with their service. The Authority provided clients with a Preferred Provider and Personal Assistance List. Individuals on the list had to be of a required standard and CRB checked. Clients were also advised to take out employer and public liability insurance. However, the Authority could

only recommend providers as the individual had a right to choose who they employed;

- It was noted that a Support Plan was drawn up for each client and the Authority would highlight if employees were not CRB checked etc and could choose not to support the plan;
- It was noted that there would be a separate system for carers developed in the future;
- It was noted that there would be guidance notes distributed with the questionnaire to alleviate any confusions regarding the questions. However, it was also noted that the Support Plan would detail people's needs and the support that would be required;
- Clarity was sought on whether any training was given to individuals to help them manage their payments and employ people.

In reply, it was reported that the Authority undertook a home visit and explained the scheme. Support was also given to them for such things as placing an advert, interviews etc. The Direct Payment Scheme would continue to be a choice for individuals but it was anticipated that by October 2010 new social service clients would be on a personal budget and reviews would be undertaken on existing clients offering them a personal budget.

RESOLVED: That

- (1) the contents of the report and comments made be noted; and
- (2) that Jean Clieve be thanked for her informative presentation.

#### HEA59 SCRUTINY REVIEW OF ADAPTATIONS FOR DISABLED PEOPLE

The Board considered a report of the Strategic Director, Health and Community which introduced the draft report of the Scrutiny Review of Adaptations for Disabled People.

The Board was advised that a scrutiny review working group had been established with four Members from the Board, an officer from the finance team and officers from the Halton Home Improvement and Independent Living Service (HHILS) to review adaptations for disabled people.

The Board was advised that the report had been commissioned (Appendix 1 to the report) as historically a high level of complaints had been received regarding the waiting time for adaptations for service-users, the costs/financial output had been identified as very high and the importance of the role adaptations played in the independence of disabled people being able to stay longer in their own homes was highlighted. Over the last two years, major changes had been made internally to the structure and processes within the adaptations service. In April 2008 the Independent Living Team, Grants Team and Home Improvement Agency had integrated becoming the new HHILS team based at John Briggs House in Widnes.

The Board was further advised that scrutiny review had been conducted through a number of means between April 2009 and January 2010, as follows:

- Bi-monthly meetings of the scrutiny review topic group;
- Presentations by various key members of staff (detail of the presentations can be found in Appendix 2);
- Regular financial activity updates regarding each aspect of the Disabled Facilities Grant at each meeting from the Budget Monitoring Officer;
- Provision of information;
- Service-user consultation;
- Field visit to a modular building; and
- Meeting with members of the HHILS team.

Visual aids and pictures of the different types of adaptations, i.e. stair lifts, extensions etc were circulated at the meeting.

The following points arose from the discussion:-

- Clarity was sought on whether savings made from using adaptations would be shared out to purchase additional aids and adaptations;

In reply it was reported that a Business Case was being established which would look at the savings being re-invested in adaptations.

- Clarity was sought on whether the Occupational Therapist was contracted out and if so why?;

In reply, it was reported that there had been a long waiting list for an Occupational Therapist assessment. A contractor had been employed and the Authority continued to use this person as it provided value for money. By buying in support there was no requirement to provide additional infrastructures such as training and sickness etc. A very experienced person had been employed and had proved to be very successful.

RESOLVED: That

- (1) the report and comments made be noted;
- (2) the Board endorse the Scrutiny review and its recommendations;
- (3) the Executive Board be requested to endorse the findings of the Scrutiny Review of Adaptations for Disabled People; and
- (4) the Executive Board's decision on the review be reported back to the Board; and
- (5) the board received a six monthly update report on the progress of the review.

## HEA60 PREVENTION & EARLY INTERVENTION STRATEGY

The Board considered a report of the Strategic Director, Health and Community which presented the local Prevention and Early Intervention Strategy.

The Board was advised that there was an increasing need to change the way in which Health and Social Care services were commissioned and delivered in the future. The changing needs of society alongside the ageing population and the emerging personalisation agenda would

require different solutions than had been provided in the past.

The Board was further advised that the increase in the older population was likely to have an impact on the number of people with a long-term condition or with increased health needs. The current resources available through Health and Social Care would not be sufficient to address this challenge. A number of National documents had been identified (set out in Section 4 of the report) to support the shift towards prevention services and the local prevention and early intervention strategy aimed to identify the direction of travel in Halton.

In addition to the rapid increase in the older population there were also some of the most difficult economic challenges for some years. This would further increase the need to take a radical new approach to the services that are provided.

The implementation plan would be owned by the Older People's Commissioning Manager and would be performance managed through the Older People's Local Implementation Team. In addition a steering group would be developed to support the completion of the project plan.

The Board was advised that the strategy defined the three distinct areas of prevention as; Primary Prevention/Promoting Wellbeing; Secondary Prevention/Early Intervention and Tertiary Prevention.

RESOLVED: That the draft strategy and the implementation plan be supported.

#### HEA61 SAFEGUARDING VULNERABLE ADULTS

The Board considered a report of the Strategic Director, Health and Community which gave an update on key issues and progression of the agenda for the protection of vulnerable adults in Halton.

The Board was advised that the multi agency Anti Bullying Policy, Procedure and Practice document had been updated and attached to the report at Appendix 1 and the Board were invited to comment on it.

The Adult Protection Committee approved the original Anti Bullying Policy & Procedure in March 2006. The refreshed document would go to the Halton Safeguarding Adults Board (SAB) to be ratified after any further comments

had been received. A sub-group of the SAB would consider the 'roll out'. The policy interfaced with and should be used in conjunction with, 'Adult Protection in Halton Inter-Agency Policy, Procedures and Guidance'.

The Board was further advised that the easy read/accessible version of public/service user information leaflet had been updated and revised (in draft). It would be distributed and launched as an event in April 2010.

RESOLVED: That the reviewed Anti-Bullying Police, Procedure and Practice document be noted.

## HEA62 TELECARE SERVICES EVALUATION

The Board considered a report of the Strategic Director, Health and Community which outlined the results of the Telecare Service Evaluation of January 2010.

The Board was advised that Telecare consisted of electronic sensors installed in a person's home. They included: fall detectors; smoke alarms, motion detectors, temperature sensors, a personal alarm pendant and a 24 hour 7 days a week emergency response service. When coupled with an appropriate support plan Telecare helped individuals to live more independently and safely at home. It could reduce risk by providing reassurance that help would be summoned quickly should a problem occur.

The Board was further advised that the report summarised the Telecare service in Halton over the past three years and examined it within a local and national context. The clear picture emerging was that Telecare had been operating successfully in Halton for this period and there was good evidence that it was broadly welcome and was making a difference to individuals, their carers and to the delivery of health and social care as a whole. Specifically, it was helping to improve people's independence and confidence by allowing them to remain at home longer. There was also evidence that it could relieve stress on informal carers and could improve clinical and care outcomes.

It was reported that Halton was currently developing an Early Intervention/ Prevention strategy that would focus on individual dignity, independence and equality, as a means of reducing social isolation while enhancing re-ablement. Assistive technology in the form of Telecare would be central to this.

The following points arose from the discussion:-

- It was noted that this system had been placed in Oak Meadow, Peel House Lane, Widnes;
- It was noted that the system enabled people to live more independently and safely at home. However, it was also noted that face to face contact was also important and it was recognised that befriending was very limited at this time. It was hoped that this would be extended in the near future;
- In respect of the Callout Data for Telecare in Halton, it was noted that the number of referrals had increased in the winter months and if the trend continued it would reach capacity in the near future. However, a business case was being established to increase the capacity and deal with weather challenges; and
- Page 134 – clarity was sought on why private individuals paid more for the service than housing association tenants.

In reply, it was reported that this information would be circulated to all Members of the Board.

RESOLVED: That

- (1) the report and comments made be noted; and
- (2) information on why the service was more expensive for a private individual than a housing association tenant be circulated to all Members of the Board.

#### HEA63 STANDING ORDER 51

The Board was reminded that Standing Order No. 51 of the Council's Constitution stated that meetings should not continue beyond 9.00 pm.

RESOLVED: That Standing Order No. 51 be waived.

#### HEA64 QUARTERLY MONITORING REPORTS

The Board considered a report of the Strategic Director, Corporate and Policy regarding the Second Quarter Monitoring Report for:

- Older People and Physical and Sensory Impairment Services;
- Adults of a working age; and
- Health and Partnerships.

The Board was advised that the Authority were in the top quartile in the country for the target of not placing any 18-64 years olds in residential care as there was none currently.

The Board was further advised that the Authority had received an innovation award at Downing Street for the plan to open a micro brewery at Norton Priory. Individuals within the autistic spectrum would be able to undertake work there and it had been supported by Members and the Council.

The following comment arose from the discussion:-

- Older People's Services – Page 184 – Timelines of social care packages DH DSO – clarity was sought on why this target was worse than this time last year.

In reply, it was reported that this information would be circulated to all Members of the Board.

In conclusion, the Chairman of the Board thanked all the Members and Officers for their contributions during the municipal year.

RESOLVED: That

- (1) the report be noted; and
- (2) information be circulated to all Members of the Board on why the target in respect of Timelines of social care packages DH DSO was worse than this time last year.

*Meeting ended at 9.10 p.m.*