

## HEALTH POLICY AND PERFORMANCE BOARD

*At a meeting of the Health Policy and Performance Board held on Tuesday, 9 November 2010 at Civic Suite, Town Hall, Runcorn*

Present: Councillors E. Cargill (Chairman), Austin, M. Bradshaw, Dennett, Fry, Horabin, M Lloyd Jones, E. Ratcliffe and P. Cooke

Apologies for Absence: Councillor J. Lowe, Gilligan and Gerrard

Absence declared on Council business: None

Officers present: A. Villiers, A. Williamson, J. Gibbon, S. Wallace-Bonner, L Gladwyn, A. Jones and L. Hammad

Also in attendance: None

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

#### HEA26 MINUTES

The Minutes of the meeting held on 14 September 2010 having been printed and circulated were signed as a correct record.

#### HEA27 PUBLIC QUESTION TIME

It was confirmed that no public questions had been received.

#### HEA28 EXECUTIVE BOARD MINUTES

The Board considered the Minutes of the meetings of the Executive Board Sub Committee and the Executive Board, relevant to the Healthy Halton Policy and Performance Board.

RESOLVED: That the minutes be noted.

*Action*

## HEA29 SSP MINUTES

The Minutes of the Health Strategic Partnership Board of its meeting held on 29 July 2010 were submitted to the Board for consideration

RESOLVED: That the minutes be noted.

*(Councillor Martha Lloyd-Jones declared a Personal Interest in the following item due to her husband being a Non Executive Director of Halton & St Helens Primary Care Trust).*

## HEA30 PRESENTATION: CONSULTATION ON THE SERVICE REDESIGN OF DENTAL SERVICES

The Board received a presentation from Mr Alan Rice - Operational Director for Primary and Community Care, Mrs Sheila McHale - Senior Dental Commissioning Manager and Professor Keith Milsom - Consultant in Dental Public Health which informed Members of a proposal to redesign dental services in Halton and St Helens.

The Board was advised that Halton and St Helens NHS were seeking to redesign existing services to meet the needs of the local population while at the same time providing better value for money.

The presentation:-

- Outlined the background to the proposal;
- Explained Dental Access Centres (DACs);
- Set out the benefits of a new model of dental care and when the proposed change would happen;
- Detailed the review of the Out of Hours Service, the consultation with current providers, the proposed single alternative model for the PCT and the secured agreement for change from the PCT;
- Explained that the proposal was to harmonise the services across the PCT, having a single contact number for people to access the service, a telephone advice dentist service 7 evenings a week and a face to face clinical provision at weekends and bank holidays;

- Set out the proposed changes to the current Out of Hours dental service; and
- Explained the child only contracts in respect of NHS child only - contracts value £50k that were associated with private practice, that National guidance was to stand down these contracts, that a negotiated agreement with both providers would be decommissioned from 31.3.2011, that alternative provision would be available and relevant stakeholder engagement would be undertaken.

Following queries from the Members, it was confirmed that with regards to publicity, there was a communications strategy being produced at present and that posters, flyers etc would be distributed to raise awareness. It was agreed that there was a wrong perception of the availability of dentists in Halton and that this would need to be overcome, hopefully through the communications strategy.

The presenters confirmed that once the DAC's had been closed, patients' calls would be diverted to the new facilities. It was hoped that the new dental contract would encourage new patients to visit the dentist and that there would be an improvement on the current figure of 62% who visit presently. The presenters agreed to share the details of dentists who were currently accepting new patients with Members so that they could advise their constituents. Members requested an update be provided in a year's time to hear the progress of the new facilities.

RESOLVED: That

- 1) The presentation and comments made be noted; and
- 2) The speakers be thanked for their informative presentation and be invited to return in a year's time with an update of the service.

#### HEA31 JOINT CARERS COMMISSIONING STRATEGY 2009/12

The Board considered a report of the Strategic Director, Adults and Community which presented the Joint Carers Commissioning Strategy 2009/12 which had recently been updated / refreshed.

The Board was advised that the initial Commissioning Strategy had been presented to the Board in September

2009. The attached version had been updated and included outcomes and results from targets set within the Strategy's original action plan and set out the achievements over the last 12 months.

The Board was further advised that the main objectives of the Strategy were to continue to develop a process for the joint commissioning of services across Halton and to continue to assist in the identification of hidden carers and improve information and access to support services. It was reported that a balance would need to be maintained between commissioning and the work that continued to take place in supporting voluntary sector organisations e.g. Parkinson's Society, Connect etc to develop their services. In addition, some support and information had already been offered to the third sector, in order that they could prepare appropriately for the anticipated changes with funding streams, to encourage and advise them to access alternative support, draft funding bids and collate evidence to demonstrate service need.

It was also reported that the LIT Sub Groups and the multi agency Carers Strategy Group would continue to undertake the monitoring of the implementation of the Commissioning Strategy and associated action plan for the immediate future.

Members congratulated those involved in the preparation of the strategy which was well received. It was noted that the Carers Grant funding was only available until the end of March 2011 and that future funding would need to be considered, once the implications of the Comprehensive Spending Review were known.

RESOLVED: That the report and comments made be noted.

#### HEA32 HALTON & ST. HELENS SOCIAL SERVICES EMERGENCY DUTY TEAM REVIEW

The Board considered a report of the Strategic Director – Adults and Community which gave Members an update on the performance and delivery of the Emergency Duty Team (EDT) service across St Helens and Halton Councils, for the period September 2009 to September 2010.

The Board was advised that following approval by both St Helens and Halton Executive Boards, a joint

Emergency Duty Team had become operational in October 2007 under a three year Partnership Arrangement. The EDT provided an emergency social care service for adults and children who were deemed vulnerable and are at immediate risk or required immediate statutory support. The EDT was based in Halton Borough Council's Contact Centre at Catalyst House, Widnes. The team would be moving to Halton Borough Council's Municipal Buildings, Widnes in March/April 2011. The EDT operated outside of normal working hours.

The Board was also advised that under the terms of the Partnership Agreement, all staff were directly employed by St Helens Council, whilst all infrastructure for the service was supplied by Halton Borough Council.

It was reported that the budget for 2010/11 for the service was £424,072 which comprised of the following contributions:-

- Halton Borough Council £210,786;
- St Helens Borough Council £210,786;
- St Helens Homeless Service £ 10,500; and
- Halton Homeless Service £ 10,500

In addition, the Board was advised of the Governance and Partnership Agreement and key operational issues in respect of staffing and the impact on the budget during sickness and absence, IT systems and procedures, publicity and information, and the importance of the location of the service.

In conclusion, it was reported that the service provided an emergency service to the most vulnerable people in both Boroughs. The service could only provide emergency cover but without the service some people would be at a high risk. It was therefore not an option for either Council not to have in place an arrangement for out of hours social work provision.

Councillor Dennett requested that a copy of this report be shared with the Children and Young Peoples' Board.

RESOLVED: That the report and comments made be noted.

*(Councillor Martha Lloyd-Jones declared a Personal Interest in the following item due to her husband being a Non Executive Director of Halton & St Helens Primary Care Trust).*

## HEA33 INTEGRATED HOSPITAL DISCHARGE TEAMS

The Board considered a report of the Strategic Director, Adults and Community which informed Members of the outcomes of the project to develop and implement Integrated Hospital Discharge Teams across both Warrington and Whiston Acute Trusts.

The Board was advised that most people spend a very short period of their lives in hospital; their discharge followed a fairly predictable pattern and they usually returned home. For those people already in the care system, or for those who would need ongoing support when they leave hospital, discharge processes should ensure continuity of the right care in the right place the first time. However, it was highlighted that achieving a safe and timely discharge from hospital was a complex activity. The pressure to discharge or transfer patients and release beds, together with a trend towards shorter lengths of stay, meant that there was less time for assessment and discharge or transfer planning. Effective discharge and transfer planning was essential.

The Board was further advised that a couple of areas of concern had been highlighted in relation to the safe and timely discharge of patients from both of our acute hospitals. Therefore a project group had been established, in 2009, across the wider partnership, including Halton Council, Warrington & Halton Hospitals NHS Foundation Trust ("WHHFT"), Whiston Hospital, NHS Halton & St Helens, NHS Warrington, St Helens Council and Warrington Council, Knowsley Council and Knowsley PCT.

The group, had been asked to review the current systems and processes in relation to Hospital discharges with the overall aim of identifying ways to ensure safe, timely and high quality discharges of patients with complex needs, whilst reducing average length of stay, excess bed days, re-admissions within 28 days and discharges direct to long term care.

It was reported that work carried out by the project team suggested that the current process was complex, that the existing system for supported discharge was highly complicated in that numerous teams and individuals could be involved in the process, and that Ward staff had to deal with very different systems across the different Boroughs. In addition, as the length of stay reduced and throughput increased, it became increasingly challenging for ward staff

to navigate the discharge process in a timely manner. In addition, there was also duplication and hand offs and performance issues.

The proposal from the project group was that an Integrated Discharge Team be developed in each Hospital. The team would consist of employees from each of the partners organisations; Warrington and Whiston Hospitals, NHS Halton and St Helens, St Helens Council, Knowsley Council, Knowsley PCT, Warrington Council, Warrington PCT and Halton Council.

This team would operate as a single point of referral for all patients within the Hospital, irrespective of which Borough they were resident in, the persons discharge would then be planned irrespective of whether it was a health or social care discharge.

The integrated team would comprise of discharge workers, discharge team specialists and support staff, all working under a senior team manager. Staff would be drawn in from both Health and Social Care (within existing resources) to create a multidisciplinary team. The Staff within the existing teams would be integrated to form this single team. However they would not be requested to change employers, a management agreement would be drawn up and signed off by all the partners.

Following discussion Members requested that this item be reported again in 12 months' time.

RESOLVED: That

- 1) the report and comments made be noted; and
- 2) the Board receives an update on the Integrated Hospital Discharge Teams in 12 months' time.

#### HEA34 CUSTOMER CARE END OF YEAR REPORT FOR ADULT SOCIAL CARE

The Board considered a report of the Strategic Director, Adults and Community which provided an analysis on complaints processed under the statutory Social Services Complaints Procedure for Adults during 2009/10.

The Board was advised that from 1 April 2009 a new Department of Health complaints process had been introduced for dealing with complaints within both Health and Social Care services. The emphasis had been placed

on getting the response to a complaint right first time by; understanding the complaint, selecting the most appropriate method of investigation and response, setting out a plan of how to respond to the complaint and keeping the complainant informed throughout.

It was reported that the new complaint process was working well and under the new system there had been a reduction in the number of complaints moving to formal independent investigations from 5 down to 3.

The Board was advised that the new procedures had replaced the old process and the new complaints process had effectively removed the old Stage 3 Review Panel stage, although procedures were flexible enough to use whatever was most appropriate for individual cases.

The table in the report showed how the number of complaints closed over previous years - 46 statutory complaints were closed during 2009/10. This equated to 9 fewer complaints than last year.

The Board was further advised that the analysis of the complaints and comments that had been received enabled the Authority to reflect on the lessons that could be learned, and informed the development of services provided and commissioned. In addition, comments, compliments and complaints provided essential information to help shape and develop services. They complemented the wide range of consultation exercises that the Directorate undertook (including postal and telephone surveys, open forums, consultation days, participation in service developments and representation of users and carers on strategic boards).

The Board noted the improvements that had been made during the last year to improve complaint handling.

Members commented that it would be useful if examples were given where complaints had been dealt with that had successful outcomes. They were pleased to note that the number of compliments that had been recorded had increased by 10 on the previous year, making a total of 98, which had exceeded the number of complaints received.

**RESOLVED:** That the report and comments made be noted.

## HEA35 SERVICES FOR DEAF AND DEAFBLIND

The Board considered a report of the Strategic Director, Adults and Community which gave details on the decision to tender the provision of statutory assessments of need for Halton residents who were deaf, deafblind or hearing impaired.

The Board was advised that the attached report and Appendix 1 to the report had been presented to the Executive Board Sub Committee on 22 July 2010 and subsequently the Board approved the following recommendations:

- a) to note the contents of the report and the findings from consultation summarised in Appendices 1 and 2;
- b) support implementation of Option 3 as detailed in 3.8.3; and
- c) waive Standing Orders 4.1 and 4.3 in the light of the exceptional circumstances, namely that service provision needed to be maintained whilst a tendering process was undertaken, and authorise the Operational Director Planning and Commissioning, in consultation with the relevant portfolio holder, to award a contract to Deafness Support Network as detailed in 3.8.4.

The Board was further advised that effectively the Executive Board Sub Committee had agreed that to ensure there was no gap in statutory services and meeting assessed need the existing contract with DSN be extended for a further six months to 31st March 2011 at a cost of £37,438.

RESOLVED: That the contents of the report, as agreed by the Executive Board Sub Committee on 22 July 2010 and comments made be noted.

*Meeting ended at 8.05 p.m.*