

## HEALTH POLICY AND PERFORMANCE BOARD

*At a meeting of the Health Policy and Performance Board held on Tuesday, 10 September 2013 at Council Chamber, Runcorn Town Hall*

Present: Councillors E. Cargill (Chairman), J. Lowe (Vice-Chairman), Baker, Dennett, V. Hill, Hodge, Horabin, C. Loftus, Sinnott, Wallace, Zygadlo and Mr J Chiocchi

Apologies for Absence: None

Absence declared on Council business: None

Officers present: L. Derbyshire, H. Moir, B. Kaye, D. Nolan, E. O'Meara, L. Smith, P. Ventre and L Wilson

Also in attendance: D. Robinson, J Eyre, J. Heritage (5 Boroughs Partnership), D. Sweeney (NHS, CCG), S. Banks (CCG), Dr A. Blakey and one member of the public

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

	<i>Action</i>
HEA18 MINUTES	
The Minutes of the meeting held on 4 June 2013 having been printed and circulated were signed as a correct record.	
HEA19 PUBLIC QUESTION TIME	
The Board was advised that no public questions had been received.	
HEA20 HEALTH AND WELLBEING MINUTES	
The Minutes of the Health and Wellbeing Board of its meetings held on 13 March 2013 and 22 May 2013 were submitted to the Board for consideration.	
RESOLVED: That the minutes be noted.	

*(Note: Mr J Chiocchi, Co-optee, declared a Disclosable Other Interest in the following item of business as 5 Boroughs Partnership were his*

*previous employer).*

## HEA21 5BOROUGH PARTNERSHIP - UPDATE ON SERVICE REDESIGN AND PRESENTATION

The Board received a report of the Strategic Director, Communities, which set out the local progress in implementing two service developments within the 5Boroughs Partnership NHS Foundation Trust: the Later Life and Memory Service (LLAMS) and the Acute Care Pathway (ACP).

The Board was advised that proposals for a new approach to delivering services for people with memory loss, and for adults with mental illnesses, had been presented in detail to the Board in January 2012. The Acute Care Pathway had been developed specifically for people with significant mental illnesses, and arose because of concerns expressed by patients and carers that transfers of care between the complex range of community services, and by GPs who were concerned about the pathways between their service and the hospital.

The Board was further advised that as a result of these concerns, the 5Boroughs had taken the opportunity to fully review, with their partners, the structure and type of service they delivered, with the ACP as the final outcome.

It was reported that the changes required to implement the Acute Care Pathway were now in place. New teams had been set up and all necessary procedures within the 5Boroughs had been developed. It was highlighted that it was too early to see the full results of the service redesign. Initial analysis had suggested that there was less use of inpatient beds, as more people were being supported in the community. The implications for the Council were also similarly unclear at this stage; if more people were being treated in the community, there was a potential increase in demand for the kinds of community-based services that the Council either provided or commissioned, with a risk of additional costs to the Authority as a result. This was being monitored both through the local Steering Group and the Mental Health Strategic Partnership Board.

The Board also received a presentation on the mental health services in Halton; Later Life and Memory Services (LLAMS) and Adult Acute Services, from Mr Julian Eyre and Mr John Heritage.

The following comments arose from the presentation:-

- Clarity was sought on how people were supported in the community and what treatment they would receive and who would provide it. In response, it was reported that the memory service would be the first point of call. The services and interventions ranged from a cognitive stimulation service, carers support and signposting in order to help individuals retain their independence. When an individual deteriorated further, the community health team would give support and where appropriate, prescribe drugs;
- It was noted that care in the community had a financial impact on the Council and clarity was sought on how this would be managed if the cost continued to rise with the current budgetary cuts. In response, it was reported that a broader strategic approach would be taken which would not result in having an adverse impact on Council services;
- It was noted that the response time to people being assessed was; emergencies within 24 hours, an urgent referral 72 hours and a referral 10 days. A speed care package was also implemented;
- It was noted that the hours an individual received and what was provided in respect of home treatment depended on the individual's needs. This could range from 20 minutes a day to several visits a day with varying hours provided;
- Clarity was sought on who was responsible for the care package on discharge as it was not always available. In response, it was reported that daily meetings took place on the wards and the delays in discharge care packages were reported to the Council; and
- The Members requested that further update reports be presented to the Board.

RESOLVED: That

- (1) the report, presentation and comments raised be noted; and
- (2) Mr Eyre and Mr Heritage be thanked for their

informative presentation.

HEA22 WARRINGTON & HALTON HOSPITALS NHS  
FOUNDATION TRUST : DEMENTIA FRIENDLY  
ENVIRONMENTS

The Board considered a report of the Strategic Director, Communities, which provided the Members with an update on the Warrington & Halton Hospitals NHS Foundation Trust bid for 'Dementia Friendly Environments' funding from the Department of Health.

The Board was advised that one hundred and sixteen hospitals and care homes had been awarded a share of a £50 million fund from the Department of Health. The money would be used to launch care environment pilot projects designed for the needs of people with dementia.

The Board was further advised that the funding had been awarded to projects that demonstrated how practical changes to the environment within which people with dementia were treated in would make a tangible improvement to their condition.

It was reported that the projects would form part of the first national pilot to showcase the best examples of dementia friendly environments across England, to build evidence around the type of physical changes that had the most benefit for dementia patients.

Furthermore, it was reported that Warrington & Halton Hospitals NHS Foundation Trust had been successful in their bid for the Dementia Care Scheme funding. The total value of the funding awarded was £1,053,322, which would be used to transform the care environment for patients with dementia in hospital.

In conclusion, it was reported that plans for the funding included a redesign of an existing ward at Warrington Hospital and a new garden area to promote relaxation, stimulation and a calmer environment for patients with dementia.

It was suggested that Elected Members visit the new site when it had been developed.

Further information was sought on the refurbishment of the ward. In response, it was reported that when the details were available they would be circulated to Members. However, it was reported that the refurbishment would

include new equipment and new technology to meet the dementia challenge. It was noted that the ward would have toilet and carers facilities available. It was agreed that the information would be circulated to Members when it was available.

RESOLVED: That the report and comments raised be noted.

HEA23 PERFORMANCE MANAGEMENT REPORTS, QUARTER 1 2013–14

The Board considered a report of the Strategic Director, Policy and Resources, which introduced, through the submission of a structured thematic performance report, the progress of key performance indicators, milestones and targets relating to health in Quarter 1 of 2013-14. This included a description of factors which were affecting the service.

The following questions were submitted prior to the meeting:-

- 1 Page 40 Warrington & Halton Hospitals, were successful in their bid for Dementia Care scheme funding £1,053,322, and plan to redesign an existing ward and a new garden area, my questions are:-

What is the total estimated costs for this project?

- 2 What will be done with any funding not spent on the project?

Response

Simon Wright advises that the bid was for £1,053,322 and the cost is for the bid submitted – the full capital cost

- 3 Page 45 Carers. What exactly is a pooled budget? And what are the contributions from the various providers? Have carers centres got capacity to carry out assessments? Are they also going to carry out annual reviews of assessments?

Response

Both Halton Borough Council & Halton CCG

were funding work on around the carers agenda. This year Halton Borough Council are investing £509,640 and Halton CCG £358,943, a total of £868,583. Both organisations have agreed to combine their funding to achieve the aims of the Carers Strategy.

A 'task and finish' group with membership from the Carers Centre and Adult Social Care and chaired by the Divisional Manager Mental Health, was currently reviewing carers assessments.

- 4 Page 115 E-Learning. How is e-learning evaluated? How do you assess knowledge learned or gained?

Response

At the end of the Dementia e-learning module the employee completes an evaluation questionnaire regarding their learning experience. To ensure that the employee has met the learning outcome an assessment is undertaken with a pass rate of 80%. Each employee shall then discuss their learning with line manager to ensure a transfer of knowledge into working practice.

The following questions/comments were raised at the meeting:-

- It was noted that carers would not be disadvantaged by the pooled budget and the direct payment system. Consultation on this matter would also take place at a very early stage. It was also noted that pooled budgets were complex and a report would be presented to the Board for discussion in the future;
- Page 44, regarding all surgeries receiving a letter, it was noted that some surgeries had not. In response, it was reported that only six surgeries had been identified to be the key surgeries for the pilot. It was agreed that the details of the six surgeries would be circulated to all Members of the Board; and
- Page 45 – It was noted that the four homes were St Lukes in Widnes, Beechcroft and Widnes Hall

and Lodge and St Patricks. It was reported that the project was looking at how care homes were commissioned, what was commissioned and how it could be improved. It was noted that some homes worked better than others, i.e. they had better equipment, pharmacy support and prescriptions of medications etc. It was also reported that progress reports would be presented to the Board.

RESOLVED: that the report and comments raised be noted.

#### HEA24 LONGER LIVES

The Board considered a report of the Director of Public Health on information relating to the new Longer Lives website and provided some explanation regarding the findings from a local perspective.

The Board was advised that on 12 June 2013 Public Health England had launched the new Longer Lives website. The website had been specifically designed to provide local authorities and the NHS with an insight into the top causes of avoidable early death in their areas such as heart disease, stroke and cancer, and how they compared to other areas with a similar social and economic profile.

The Board was further advised that the website was intended to support Local Authorities in identifying their priorities and to help guide their health and wellbeing strategies. Using a traffic-light rating system, the website ranked areas showing those above average in tackling avoidable deaths as green, while those that still had more to do, were red.

Furthermore, it was reported that the Longer Lives website used 2011 data and compared Halton to the rest of England. It also compared Halton to areas with similar levels of deprivation but with very different ethnic groups with different lifestyle habits. Next to these areas we were a little better or worse than average for liver disease, lung disease, heart disease and stroke. However, Halton were the worst in the group for cancer.

The graphs set out in Appendix 1 to the report showed how Halton compared to the usual industrial hinterlands statistical neighbours; Salford, St Helens and Hartlepool that had very similar problems. These graphs indicated that Halton was on a par with these areas for the diseases

outlined in Longer Lives.

The following comments arose from the discussion:-

- It was suggested that cancer in the Borough was increasing and clarity was sought on what was being done about it. In response it was reported that the Health and Wellbeing Board had developed an action plan to address this issue and it was agreed that the action plan would be circulated to all Members of the Board;
- It was reported that the Borough had previously been the centre of a chemical industry and as a result of that some areas of the Borough could become problematic with an increase in the number of various forms of cancer. It was suggested that the outputs of industrial factories in the Borough be monitored, including how and where the waste from the factories was being disposed. It was also suggested that the sites be surveyed. In response, it was reported that this would be considered and the industries monitored;
- It was suggested that comparisons should be made to areas with similar environments i.e. high industrial areas;
- It was reported that progress was being made in heart disease which had reduced in 10 years by 47% and smoking had also decreased in the Borough;
- It was reported that the Patient Participation Group in West Bank had identified that not many people had taken up the option of screening. The practice were looking at ways to encourage people to undertake screening; and
- It was noted that update report would be presented to the Board at its January meeting

RESOLVED: That the report and comments raised be noted.

HEA25 FALLS STRATEGY 2013 - 2018

The Board considered a report of the Strategic Director, Communities, which presented Members with

Halton Borough Council's (HBCs) and NHS Halton Clinical Commissioning Group's joint Falls Strategy 2013 – 2018 set out in Appendix 1, for review and comment.

The Board was advised that falls had been identified as a particular risk in Halton due to higher levels of falls in older people, as well as higher levels of hospital admissions due to falls. The Halton average of hip fractures in people over 65 was 499 per 100,000, compared with a national average of 452 per 100,000.

The Board was further advised there would be significant cost savings due to the reduced need for rehabilitation and reduced hospital attendances. The Falls Strategy set an explanation to the importance of understanding the complexities of both the cause and effect of falls; in particular the high risk of social isolation that falls could cause.

It was reported that the Strategy also aimed to identify the areas that needed to improve in Halton and to do this it recommended a number of outcomes that formed the basis for the action plan and the implementation of the strategy. The Strategy linked directly with the outcomes of the Scrutiny Review on Falls Prevention that had been presented to the Board in June 2013. The outcomes of the Scrutiny Review and the Falls Strategy were also scheduled to be presented to HBC's Executive Board on 19<sup>th</sup> September 2013.

Furthermore, it was reported that the implementation of the Strategy would be through the multi-disciplinary Falls Steering Group. This Group would report to the Urgent Care Partnership Board and performance would be reported to the Health and Wellbeing Board on a quarterly basis.

It was reported that an Older People's Day & World Mental Health days would take place in October 2013. Leaflets on the activities were available at the meeting.

RESOLVED: That the report and associated appendices be noted.

#### HEA26 CARE QUALITY COMMISSION (CQC) – INSPECTION OF ACUTE TRUSTS

The Board considered a report of the Strategic Director, Communities, which provided Members with details of how the Care Quality Commission (CQC) will lead and undertake their new approach to inspecting NHS hospitals.

The Board was advised that Professor Sir Mike Richards had now taken the post of the new Chief Inspector of hospitals at the CQC. Professor Richards had stated that his first priority would be to oversee a radical change to how CQC inspect acute hospitals and has published early plans as to how the CQC would do this in addition to a list of the first wave of Trusts CQC would be inspecting using the new approach. The inspections would be a mixture of unannounced and announced and they would include inspections in the evenings and weekends, and by the end of 2015 all acute hospitals would have been inspected.

The Board was further advised that using the CQC's new surveillance model the first wave of 18 NHS Trusts to be inspected in this new way had been identified (attached at Appendix 1 to the report). CQC would complete those inspections by the end of 2013 and publish their findings in a clear, timely and accessible way.

It was reported that the 18 Trusts on the list represented the variation in NHS hospital care. CQC had identified six Trusts that were a priority for inspection because they had high risk scores. There were a further six that their model gave an indication of a low risk, and six others between these extremes, one of which was the Royal Liverpool and Broadgreen University Hospitals NHS Trust.

It was also reported that CQC had written to the 18 Trusts that were on the list explaining their new approach. They had also written to the Chief Executives of Monitor, the Trust Development Authority and NHS England requesting discussions to inform the selection of further Trusts to be included in the next wave from January 2014.

The following comments arose from the discussion:-

- Concern was raised at the previous performance of the CQC and it was suggested that they be invited to the PPB. In response, it was reported that the CQC had recognised that they had failed in some areas and as a result they had been re-organised and were keen to become involved with PPB's locally. It was also reported that the CQC bulletin would be circulated to Members of the Board. It was agreed that the CQC be invited to a future meeting of the Board;
- It was noted that at a local operational level, HBC had very good links with the CQC and the Safeguarding Unit also worked very closely with

them. There were also two representatives on the Safeguarding Adults Board; and

- The Board noted the excellent work undertaken by Halton Borough Staff regarding this matter.

RESOLVED: That the report and comments raised be noted.

## HEA27 SECTOR LED IMPROVEMENT IN ADULT SOCIAL CARE

The Board considered a report of the Strategic Director, Communities which gave the Members information on the approach to Sector Led Improvement (SLI) in Adult Social Care developed in the Northwest (NW) region by the Association of Directors of Adult Social Services (ADASS).

The Board was advised that with the Government deciding to reduce the burden of nationally imposed inspection and assessment regimes, such as the Care Quality Commission's inspection of Adult Social Care and the Comprehensive Area Assessment, a new approach to improvement, being overseen by the Local Government Association and with the support of Government, was being developed. This approach, SLI, was underpinned by a number of principles, including :-

- Councils being responsible for their own performance and improvement and for leading the delivery of improved outcomes for local people in their area;
- Councils being primarily accountable to local communities (not government or the inspectorates) and stronger accountability through increased transparency helps local people drive further improvement; and
- Councils having a collective responsibility for the performance of the sector as a whole (evidenced by sharing best practice, offering member and officer peers, etc.)

The Board was further advised that SLI in adult social care was being taken forward nationally by the Towards Excellence in Adult Social Care (TEASC) Board. TEASC was the Partnership Board established to oversee the development of a new approach to sector-led improvement in adult social care. The Board included representatives from the Association of Directors of Adult Social Services

(ADASS), the Local Government Association (LGA), the Care Quality Commission (CQC), the Department of Health (DH), Social Care Institute for Excellence, SOLACE (Society of Local Authority Chief Executives) and the Think Local Act Personal partnership.

It was reported that the NW Towards Excellence Board agreed that Local Authority engagement with and support for the North West's approach to SLI would best be achieved by inviting each of the 23 upper tier local authorities in the region to take a report through its Cabinet / Executive Board to get formal agreement to signing a Memorandum of Understanding (MoU); attached at Appendix 1 to the report. A report had been presented to the Executive Board on 23 May 2013 outlining the process of SLI and as a result the MoU had been signed.

The Board noted that a report would be presented to the January meeting detailing the comparative work that had taken place.

Clarity was sought on the acceptable amount of time for staff to undertake on sharing good practice before it impacted on their workload or became unmanageable. In response, it was reported that it was anticipated to be no more than three days a year, but this was subject to how it was developed. The details were currently being developed and it would be monitored

RESOLVED: that the Board note the contents of the report and the NW approach to SLI in Adult Social Care.

## HEA28 DOMICILIARY CARE ACROSS THE BOROUGH

The Board considered a report of the Strategic Director, Communities which gave the Members an update on the current home care provision in the Borough.

The Board was advised that there were different options of purchasing domiciliary care in Halton. Individuals could choose to buy care through a direct payment or a commissioned care route. When individuals opted for the commissioned route, they could be reassured that all the care providers were monitored by the Quality Assurance Team (QAT) and by the Care Regulator, Care Quality Commission (CQC).

The Board was further advised that providers in Halton were rated as the following:-

Six – Green ( Good / Excellent);  
Four – Amber ( Adequate / Satisfactory); and  
None were rated as Red (Poor- with actions).

It was reported that adequate rated services received additional monitoring and spot checks to improve standards within agreed timescales. The CQC had rated two domiciliary care services as requiring minor improvement actions and the rest had been fully compliant.

Furthermore, it was reported that there had been a drop in performance across domiciliary care in Halton from the last period. Three providers fell from a good rating to adequate. The main theme was a lack of training in areas such as safeguarding, risk assessments, dementia, challenging behaviour and pressure care. A number of HBC E learning modules were available for providers to access free of charge and additional training was available at a charge of £50 per person. However, providers were reporting difficulties sustaining levels of good quality training in the current financial climate where the Providers operational costs were increasing and the Councils budgets were reducing. QA officers would continue to monitor the levels of training undertaken within each agency and contract compliance action plans were in place to ensure that required levels of training were maintained.

In conclusion, it was reported that there was a formal tender process for domiciliary home care in Halton starting in September 2013. As part of this process, financial standing, recruitment, quality, performance and policies and procedures would be evaluated.

The following comments arose from the discussion:-

- Clarity was sought on whether it was possible to terminate a contract early. In response, it was reported that if possible defaulting on a contract was avoided and actions put into place to avoid this course of action; and
- Concern was raised that most care providers in agency work were on a minimum wage or were on a zero contract and moved frequently between establishments. This did not provide any stability or they were unable to build a sense of pride into their work due to the constant change. In response, it was reported that agencies had zero contracts, but all employees received regular supervision and training and they also ensured

the continuity of care. The impact of zero contracts had been acknowledged, but it was reported that some zero contracts provided employees with some levels of flexibility. In addition, it was reported that the service would be going out to tender next month, with a view of providing the best possible stability for carers. It was also reported that the tendering process would take six months to complete and the contracts would be awarded at the end of March 2014.

RESOLVED: That the report and comments raised be noted.

## HEA29 SAFEGUARDING ADULTS UPDATE

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

The Board was advised that the Integrated Adult Safeguarding Unit was now fully operational and funded jointly with the CCG. The Unit operated with a multidisciplinary team, including: Social Workers, Positive Behavioural Analyst, GP, Registered Nurse and Pharmacy Technician. The integrated approach ensured that the unit had the right mix of skills and knowledge to enable them to lead on the investigation of complex safeguarding investigations across Health and Social Care.

The Board was further advised that events at Winterbourne had highlighted the particular vulnerability of people with learning disabilities/Autistic Spectrum Disorder who challenged services. There was now a strong and growing evidence base for the effectiveness of behaviour analytic approaches and these had been shown to significantly reduce the frequency, intensity and duration of challenging behaviour. Having a Positive Behaviour Analyst within the Unit also helped to focus exclusively upon that group of people who were funded (in part or fully) by the NHS and who exhibited behaviour that challenge services.

The Board noted the various activities that had taken place that were set out in paragraphs 3.3 to 3.9 of the report.

The Board noted how the E Learning was monitored and that it could be assessed from their work base. It was

also noted that it was easy to do online. It was reported that E Learning was only one of many ways of learning that was available. Individuals could also work through the various courses. It was also noted that E Learning was not used in isolation and individuals would be constantly assessed.

It was reported that morning and afternoon training sessions would take place in February for Members.

RESOLVED: That the reports and comments raised be noted.

### HEA30 COMPLEX CARE – JOINT WORKING AGREEMENT

The Board considered a report of the Strategic Director, Communities, which provided a summary of the background to the development of the Joint Working Agreement, including pooled budget arrangements, between Halton Borough Council (HBC) and NHS Halton Clinical Commissioning Group (HCCG), which aimed to improve the quality and efficiency of meeting the needs of people with complex health and social care needs within Halton.

The Board was advised that on the 1 April 2013, HBC and HCCG commenced a Joint Working Agreement for the management of a Pooled Budget between the two organisations covering spend on service packages in the following areas: -

- Adult Social Care;
- Continuing Healthcare;
- Funded Nursing Care;
- Joint Funded Care;
- Intermediate Care;
- End of Life Care;
- Equipment Services; and
- Ad-hoc Grants

The Board was further advised that It was envisaged that the pooling of funds would ensure high quality, safe, efficient and effective health and social care services which would be commissioned and provided in the most appropriate and timely way in order to meet the health and social care needs of people in the Borough.

It was reported that the overall governance arrangements for managing the Joint Working Agreement, lay with the newly established Complex Care Board which was chaired by HBC's Executive Board Portfolio holder (Health and Wellbeing), Cllr Marie Wright, and had senior

management representation from across HBC and HCCG.

It was agreed that Members receive an update report on a quarterly basis

RESOLVED: That the report and comments raised be noted.

*Meeting ended at 9.00 p.m.*