

## HEALTH POLICY AND PERFORMANCE BOARD

*At a meeting of the Health Policy and Performance Board held on Wednesday, 6 November 2013 in the Council Chamber, Runcorn Town Hall*

Present: Councillors E. Cargill (Chairman), J. Lowe (Vice-Chairman), V. Hill, Hodge, C. Loftus, Sinnott and Zygadlo

Apologies for Absence: Councillor Baker, Dennett, Horabin, Wallace and Mr J Chiocchi

Absence declared on Council business: None

Officers present: L. Derbyshire, J. Gibbon, M. Lynch, E. O'Meara, L. Smith, D. Sweeney, S. Wallace-Bonner, P. Ventre and J. Williams

Also in attendance: Simon Banks and J. Snodden (NHS Halton CCG), and 3 members of the public

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

*Action*

#### HEA31 MINUTES

The Minutes of the meeting held 10 September 2013 having been printed and circulated were signed as a correct record.

#### HEA32 PUBLIC QUESTION TIME

The Board was advised that no public questions had been received.

#### HEA33 HEALTH AND WELLBEING MINUTES

The Minutes of the Health and Wellbeing Board of its meeting held on 17 July 2013 were submitted to the Board for consideration.

HWB10 – Longer Lives – Presentation – It was noted that an update report would be presented to the January meeting.

HWB14 – Health and Wellbeing Action Plans – It was

noted that action plans had been developed.

HWB15 – Children in Care of Other Local Authorities – Concern was raised that out of the 138 children on the CICOLA's list, 11 of them had an unknown address. The Board noted that it was crucial that their addresses were identified.

RESOLVED: That the minutes and the comments raised be noted.

HEA34 ADULT SOCIAL CARE CUSTOMER CARE REPORT FOR THE YEAR 1ST APRIL 2012 TO 31ST MARCH 2013

The Board considered a report of the Strategic Director, Communities, which provided an analysis of complaints, compliments and other enquiries processed under The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and to meet statutory requirement to publish an Annual Report.

The Board was advised that Complaint analysis could highlight where policy needed to be strengthened, reviewed, or amended to improve service delivery. Comments, Complaints and Compliments were essential feedback in developing services and policies. However, there had been no implications identified this year. It was reported that whilst complaints could result in changes for individuals, collectively, they were a key source of information to help develop the services that were provided or commissioned.

The Board was further advised on the following:-

- The Adults Social Care Complaints process;
- The Social Care Customer Care Team; and
- A summary of the key points in the Annual Report for Customer Care.

It was reported that complaints had been primarily analysed and processed in the normal way (Stage 1) and those of a more complex nature (Stage 2). It was also reported that there had been 55 complaints processed under the statutory complaints procedure in the financial year. This represented a significant reduction in the peak (of 77) in the preceding year but was more in line with the years prior to that.

The Board noted the importance of having an open complaint system which enabled the service to continually improve. The importance and the number of compliments

that had been received was noted.

RESOLVED: That the report and comments raised be noted.

#### HEA35 BUSINESS PLANNING 2014 -17

The Board considered a report of the Strategic Director, Policy and Resources, which explained that each Directorate of the Council was required to develop a medium-term business plan, in parallel with the budget, that was subject to annual review and refresh. The process of developing such plans for the period 2014-2017 was just beginning.

The Board was further advised that at this stage Members were invited to identify a small number of priorities for development or improvement (possibly 3-5) that they would like to see reflected within those plans. Strategic Directors would then develop draft plans which would be available for consideration by Policy and Performance Boards early in the New Year.

The Board agreed that a briefing meeting would be arranged in January to consider the priorities for the next financial year.

RESOLVED: That

- (1) the report and comment raised be noted; and
- (2) a briefing meeting be arranged for the Board in January to identify the priorities for the next financial year.

#### HEA36 NHS HEALTH CHECKS

The Board considered a report of the Strategic Director, Communities, which informed Members of the changes to the NHS Health Check Programme.

The Board was advised that from 1 April 2013, Local Authorities had taken over responsibility for the NHS Health Check programme, previously the responsibility of Primary Care Trusts (PCTs). It was reported that the provision of NHS Health Check risk assessments was a mandatory requirement and the Department of Health and Public Health England had also issued joint draft guidance in May 2013 to enable Local Authorities to fulfil their statutory duty of offering health checks to the local eligible population.

The Board was further advised that the NHS Health Check programme was a public health programme for people aged 40-74 which aimed to keep people well for longer. It was a risk assessment and management programme to prevent or delay the onset of diabetes, heart and kidney disease and stroke.

It was reported that the programme also aimed to reduce levels of alcohol related harm and raise awareness of the signs of dementia, including information on where people could go for help. Everyone attending a NHS Health Check would have their alcohol consumption risk assessed. In addition, people aged 65-74 would be informed of the signs and symptoms of dementia and sign posted to memory clinics if required.

The Board noted the responsibilities, the NHS Health Check risk assessments, the Guidance on risk management and lifestyle interventions and the proposals for delivering NHS proposals for delivering NHS health checks in Halton.

The following comments arose from the discussion:-

- The reasons for the health checks ceasing at the age of 74 was noted;
- It was noted that some Board Members had received a notification to attend a health check;
- Clarity was sought on how people were being identified for a health check, particularly individuals who had not been to see a GP for many years. In response, it was reported that GP's would send a letter to their patients at the appropriate time inviting them to book a health check; and
- Concern was raised that GP's did not have the resources or capacity to deal with their current workloads; appointments had to be booked well in advance and hospital appointments were constantly being cancelled due to the lack of resources.

**RESOLVED:** That the contents of the report, specifically with regard to the statutory requirements for local authorities and the comments raised be noted.

HEA37 DRAFT SAFER HALTON PARTNERSHIP DRUG STRATEGY 2014-2018

The Board considered a report of the Strategic Director, Communities, which presented the draft Safer Halton Partnership Drug Strategy 2014-2018 and accompanying evidence document.

The Board was advised that the National Drug Strategy 2010 had changed the focus of drug service delivery from the maintenance of individual's dependent on drugs to enabling and promoting recovery. The Substance Misuse Service was a partnership approach to improve the outcomes for individuals and families affected by drug misuse problems as well as reducing the impact of drug related crime and anti-social behaviour for the communities of Halton.

The Board was further advised that the draft Strategy, set out in Appendix A to the report was designed to be a short document that focused on the strategic objectives and priorities linking to a drugs service action plan. The action plan would become the focus of the Substance Misuse task group with quarterly themed updates to the Safer Halton Partnership Board and annual amendments and updates. It was reported that the Strategy was supported by an evidence paper, set out in Appendix B to the report which outlined the context in which the strategy had been developed including the national and local context and supporting data and information on the issues of drug misuse within Halton.

The following comments arose from the discussion:-

- Concern was raised that 138 children between 15 and 20 years of age had attended hospital with drug related issues and clarity was sought on whether work was taking place in schools to address this problem. In response, it was reported that part of the strategy would be to increase awareness in schools. Work was also taking place with partners to deliver a programme for teachers and other professionals to help address this issue;
- Concern was raised that for years numerous strategies and significant funding had been found to address the drug problem but they had not been successful. It was suggested that a different approach was required as drugs were

readily available and the Police were doing all that they could to stop illegal drugs, but were not in a position to solve the issue. In addition, concern was raised at the issue of legal highs, which were being sold in shops and online but were not suitable for human consumption. In response, it was reported that the legalisation of drugs was not necessarily the answer as individuals would always find a way of undermining it. However, it was reported that this issue was both national and international with pilots that consider using legal drug consumption rooms (safe houses), where individuals could obtain clean needles, and use drugs in a safe environment etc, which would significantly reduce disease and other associated issues with drug taking. In respect of legal highs, it was reported that Trading Standards nationally were looking at the issue, but due to the statement of not for human consumption, it was proving to be difficult to manage;

- It was noted that the impact of the strategy would be monitored regularly and the budget annually reviewed to ensure that long term drug abuse was reduced;
- It was suggested that it would be beneficial to help people with drug abuse rather than processing them through the criminal justice system. In response, it was reported that work was taking place on how people were sanctioned. In Runcorn Custody Suite, a pilot was being undertaken on referring appropriate people into a drug programme rather than processing them through the criminal justice system;
- The Board noted that the strategy had been developed during a significant period of change. The Board also noted the vision, objectives and priorities for the Drug Strategy;
- It was noted that the Mental Health Scrutiny Topic Group had visited Ashley House as part of their review and had met people who had experienced drug abuse and were willing to help other people; and
- It was noted that consideration was being given to opening a 'Dry House' in the future so individuals

could socialise without having an alcoholic drink. It was also noted that a visit had been undertaken to the Dry House in Liverpool to see how it operated.

RESOLVED: That the report and comments raised be noted.

#### HEA38 HOUSING ADAPTATION POLICY (MAJOR & MINOR PROCEDURES AND PRACTICE MANUAL)

The Board considered a report of the Strategic Director, Communities, which gave Members information on the proposed amended section of the Housing Adaptations Policy relating to ramps.

The Board was advised that the Policy had been introduced in 2010 and had been reviewed in early 2013, with a further review of the ramps section of the Policy in August 2013. This had been in response to an increase in ramp requests raised with the Contact Centre, by residents who had independently purchased mobility scooters, where an Initial Assessment Team assessment of access to the residential property had not been undertaken.

The Board was further advised that eligibility for a ramp was primarily based around being a wheelchair user. The Wheelchair Assessment Team did not currently assess for scooters. Scooters could be purchased outright or via lease agreements by individuals who had not received an assessment of mobility or an assessment of access to their property.

It was reported that the revised ramp section of the policy had clarified the criteria for ramp installation to make it easier for initial decisions made by Contact Centre staff to be made equitably.

It was also reported that the proposed amendments of the Policy would be consulted on through the Halton Disability Partnership. The consultation via a group brought together specifically to look at this Policy amendment would take place on 20 November 2013. In addition, it was reported that the completed Policy would be presented to the Board at its meeting in January 2014.

The Board noted and agreed the amendments to the ramp section of the Housing Adaptations Policy set out in Appendix 1 to the report.

It was reported that people were purchasing mobile scooters instead of wheelchairs which presented a parking issue. As no parking was available, people were leaving their scooters in the hallway of their homes, which was creating a health and safety issue. It was suggested that Housing Associations could identify parking areas for disabled people to park their scooters.

RESOLVED: That

- (1) the amendments to the Policy be supported; and
- (2) the comment raised be noted.

#### HEA39 UPDATE ON SECTOR LED IMPROVEMENT

The Board considered a report of the Strategic Director, Communities, which described the benchmarking process that had been set up in the North West region to inform the process of Sector Led Improvement (SLI) and highlighted the performance in Adult Social Care in Halton over the last 12 months.

The Board was advised that the framework had now been developed and enhanced as a part of the SLI process in the North West. The first submission had been in September 2012 but had been backdated until the start of that financial year. The latest submission would therefore complete the first year of data collection in the new format.

The Board was further advised that three tiers of information were now collected on a quarterly basis. These tiers consisted of:

- Key Adult Social Care Outcomes Framework (ASCOF) data;
- ADASS/AQuA whole system data, which was drawn down mainly from published health service data; and
- An additional suite of information which provided North West benchmarking.

It was reported that these tiers combined into Towards Excellence in Adult Social Care (TEASC).

Furthermore, it was reported that the TEASC overview analysis for 2012/13 had now been published. It contained 80 items and was divided under the following sections:

- 1 Access to Services – 9 items;
- 2 Community Based Services – 14 items;
- 3 Residential and Nursing – 8 items;
- 4 Intensity of Home Care – 1 item;
- 5 Services for Carers – 2 items;
- 6 Quality of Life – 17 items;
- 7 Self Directed Support – 13 items;
- 8 Living Independently – 4 items;
- 9 Assisting Discharge – 3 items; and
- 10 Views of Users and Carers – 9 items.

TEASC also provided comparators with:

- a) The North West;
- b) Unitary Authorities; and
- c) CIPFA comparators.

In conclusion, it was reported that Halton's data had been submitted and showed exceptional performance and a sustained picture from previous years, which applied to at least 75% of submitted items. It was also reported that regular update reports would be presented to the Board.

The following points arose from the discussion:-

- Concern was raised that staff undertaking time with other Local Authorities to share good practice could result in them leaving the Council in order to work for the seconded authority. In response, it was reported that in this economic climate, other authorities had the same issues so there was no incentive for staff to move. In addition, an agreement had been signed by all Local Authorities to share good practice so there was an obligation to do that. However, it would be managed appropriately and only if there was sufficient capacity to do it. In addition, if support was required, the Authority could request it from one of the other Authorities. The Board noted that the Authority were meeting performance indicators, were within their budget and were also a lead Authority on good practice;
- The importance of monitoring the service to ensure that the whole of the sector was improved was noted; and
- It was suggested that Halton was unique and could not be successfully compared to other Authorities.

RESOLVED: That

- (1) the report and comments raised be noted; and
- (2) regular update reports be presented to the Board.

#### HEA40 FRANCIS INQUIRY UPDATE

The Board considered a report of the Strategic Director, Communities, which provided Members with information in relation to the recommendations and actions from the Francis Inquiry. The report had been produced from the publicly held inquiry into the care provided by Mid Staffordshire NHS Hospitals Foundation Trust. It provided 290 recommendations and was clear in its challenge to all of those involved (commissioners, regulators and others) that they had in many ways failed to protect the patients.

The Board noted the actions that had been completed with all the local NHS providers since the publication of the Inquiry set out in paragraph 3.2 of the report.

The Board was advised that since the publication of the Francis Review there had been the publication of the Kehoe Reviews and the Cavendish Inquiry both of which linked directly to the issues identified in the Francis Inquiry and had major impacts on service providers and the quality of care. It was reported that a short overview of these reports would be presented to the Board in the future.

It was reported that the Clinical Commissioning Group (CCG) had set core standards for providers and stretched developmental targets, starting with community services in mental health. In addition, it was reported that regular update reports would be presented to the Board.

The following comments arose from the discussion:-

- The Board noted the numerous mechanisms for receiving complaints and concerns in order to create effective change and improvements to services;
- Concern was raised regarding the reference to the Care Quality Commission (CQC) in the report and clarity was sought on why they were still being utilised as it was suggested that they had a bad reputation and there was no public confidence in the service they provided. In

response, it was reported that quality performance was being closely monitored and that the CQC was improving, although it was recognised that they had lost public confidence. However, it was reported that a very good quality schedule was ensured for providers;

- Clarity was sought on how concerned the CCG, GP's and A&E in hospitals were about services coping during the winter months. In response, it was reported that a significant amount of preventative work had taken place planning for winter. Whiston hospital had the flexibility for 30/40 beds on a weekly basis and it was hoped that it would be a milder winter. It was felt that plans were in place as far as they possibly could be and NHS England were happy with them;
- It was noted that all providers locally had agreed to deliver improvements in care via Commissioning for Quality and Innovation;
- It was noted that the training and competencies of nursing staff and Health Care Assistants had been completed;
- It was noted that the CCG Quality Committee was reviewing quality across all providers and working closely with LA colleagues to ensure that quality was fundamental to service delivery in all areas; and
- The Board agreed that an update report would be presented to the meeting in January 2014.

RESOLVED: That

- (1) The progress being made and the plans for on-going monitoring and comments raised be noted; and
- (2) The Board receive an update report in January 2014.

#### HEA41 HALTON - A PLACE WITHOUT LONELINESS

The Board considered a report of the Strategic Director, Communities which presented Members with the Halton - A Place Without Loneliness Scoping Document and highlighted future work required to further develop the

strategic approach to the prevention of loneliness in Halton.

The Board was advised that the Campaign to End Loneliness had been formed last year, which was a coalition of organisations and individuals working together through research, policy, campaigning and innovation to combat loneliness and inspire individuals to keep connected in older age in the UK. Work had taken place in partnership with the Local Government Association and Age UK Oxford to produce toolkits and action packs for Health and Wellbeing Boards, professionals and older people around the subject of loneliness.

The Board was further advised that Halton Borough Council had, for many years, been at the forefront of initiatives to prevent and alleviate social isolation especially with Sure Start to Later Life and Community Bridge Builders services. However, it was clear that a focus on social isolation alone may not combat the pain of loneliness felt by so many older citizens. All partners and individuals involved in the development and provision of prevention services for Older People, through the work of the Health and Wellbeing Steering Group and the Older People's Board now recognised the need to further develop the services and activities associated with tackling social isolation, which already existed in the Borough, to combating loneliness.

It was reported that Halton Borough Council would be one of the first Local Authorities to adopt a strategic approach to combating loneliness and therefore the outcomes of the project would be of national importance both to practice and research in this field, and had been endorsed by the National lead for the campaign to end loneliness.

In conclusion, it was reported that two DVD's on this issue would be presented to the Board at its January 2014 meeting.

The following comments arose from the discussion:-

- The Board noted that the Visbuzz scheme would be piloted with up to 100 local older people and would enable lonely older people to keep in contact with family, friends and carers. It was also noted that the Authority were trying to negotiate a broadband deal for the scheme;
- It was noted that the Visbuzz Scheme was only one approach to tackling loneliness as not

everyone would respond to such a scheme. Other approaches such as a personal relationship with an individual or social groups would be considered, depending on an individual's needs;

- Concern was raised that as this was not a statutory function, funding for it to continue would not be available. However, it was noted that resourcing groups was not only reliant on funding, various levels of support was required and their work needed to be valued;
- It was noted that the CCG were looking at an integrated technology approach, a suite of choices for people. It was reported that even if the equipment incorporated a small cost, it would be more beneficial to implement it in the long term;
- It was noted that loneliness and isolation led to depression, drug and alcohol abuse and health problems; and
- It was suggested that the idea of loneliness could be linked to being a new town where the families of the older generation had moved and they had also lost their wide circle of friends. In addition, with the economic climate and reductions in benefits and wages, leisure activities were no longer an option. In response, it was reported that if a person had family support it did not mean that they were not lonely. In addition, it was reported that consideration was being given to twinning care homes with schools to help address loneliness.

RESOLVED: That the contents of the report, the scoping document attached at Appendix 1 to the report and the comments raised be noted.

#### HEA42 CHAIRMAN'S ANNOUNCEMENT

The Chairman reported that Mr Chiocci, the co-optee on the Board had resigned due to work commitments. The Chairman took the opportunity to thank Mr Chiocci for the work he had undertaken during his time with the Board.

RESOLVED: That the Board place on record a vote of thanks to Mr Chiocci for the work undertaken by him during his time as a co-optee on the Board and extend their best

wishes for the future.

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*Meeting ended at 8.20 p.m.*