

## HEALTH POLICY AND PERFORMANCE BOARD

*At a meeting of the Health Policy and Performance Board held on Tuesday, 4 November 2014 at Council Chamber, Runcorn Town Hall*

Present: Councillors E. Cargill (Chairman), J. Lowe (Vice-Chairman), S. Baker, M. Bradshaw, Dennett, Gerrard, M. Lloyd Jones, C. Loftus, Sinnott and Wallace

Apologies for Absence: Councillor Horabin

Absence declared on Council business: None

Officers present: L. Derbyshire, P. Gandy, L. Smith, E. O'Meara, S. Wallace-Bonner and L Wilson

Also in attendance: P Campbell (Clinical Psychologist) and D. Sweeney (NHS Halton CCG)

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

	<i>Action</i>
HEA26 MINUTES	
<p>The Minutes of the meeting held on 9 September 2014 having been printed and circulated were signed as a correct record.</p>	
HEA27 PUBLIC QUESTION TIME	
<p>The Board was advised that no public questions had been received.</p> <p><i>Note: (Councillor Gerrard declared a Disclosable Pecuniary Interest in the following items of business due to a close relative holding positions including management of 5Boroughs and Halton and Warrington Partnerships and left the meeting at the end of this item)</i></p>	
HEA28 HEALTH AND WELLBEING MINUTES	
<p>The Minutes of the Health and Wellbeing Board of its meeting held on 9 July 2014 and 17 September 2014 were submitted to the Board for consideration.</p>	

The Board noted that some of the reports that fell within the remit of the Health PPB, and were therefore subject to scrutiny, had not been considered by the Board prior to them being presented to the Health and Wellbeing Board. The Board requested that future reports be presented to the Health PPB for consideration prior to being presented to the Health and Wellbeing Board.

#### HEA29 PRESENTATION: IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES (IAPT)

The Board considered a report of the Strategic Director, Communities which highlighted that 5Boroughs Partnership (5BP) had recently been awarded the contract to provide the Improving Access to Psychological Therapies (IAPT) service which went live on 1 August 2014. It was reported that 5BP were the principal provider but were also working in partnership with Self Help Services (SHS) to deliver the service.

The Board was advised that IAPT was the Department of Health's (DoH) mandated model for providing talking therapies for anxiety and depression in primary care. The main principles of the service were:-

- Improving access;
- Improving quality; and
- Demonstrating effectiveness.

The Board was further advised that the IAPT model stated that provision should be the least intrusive intervention first i.e. start with brief therapy, if this was not successful, offer more intensive therapy. The three steps were as follows:-

- Step 1 - GP interventions;
- Step 2 - (provided by the IAPT service) - Guided self help, between 6 and 8 half hour sessions with lots of things to read and do between sessions; and
- Step 3 - (provided by the IAPT service) - "Traditional" therapies, between 12 and 20 hour long sessions and Cognitive Behaviour Therapy (CBT).

It was reported that referrals for the service came in writing from GPs. Clients were written to and asked to call the service for an appointment and were usually

assessed within a week and placed on an appropriate waiting list.

The Halton model had been based on the Award winning Wigan service provided by 5BP. This service was recently identified as being in the top ten services in the country with regard to quality. The model used a self-referral system that improved access to talking therapies for clients and had the highest recovery rates in the North West.

Staff were also supported using a complex continuing professional development system to ensure that the clinical quality of the service was good.

The Board also received a presentation from Mr Paul Campbell, Clinical Psychologist on the IAPT service which included:-

- The principles of the IAPT service;
- The conditions that they treated within the service;
- Details of what the service would look like including the three steps in the process;
- Explained that CBT was a type of therapy that helped the client to understand how mood, behaviour, thinking and styles and physical factors were all linked;
- Detailed the associated risks; and
- Highlighted how clients were referred to mental health services.

It was reported that 45 days was the average time on the waiting list and work was taking place to reduce this to 28 days. It was also reported that 45% of people recovered after receiving therapy. Evening appointments were also popular and consideration was being given to offering the service on Saturdays.

The following comments arose from the presentation:-

- It was noted that therapies ranged from 3 weeks to 20/25 weeks;
- It was noted that there were only two clinical

psychologists in the service as the model worked in a process of steps and it meant that therapy was not always required immediately i.e. if an individual was depressed, they would commence treatment immediately with a mental health coach;

- Concern was raised that referrals were via a GP and it was very difficult to see the same GP, i.e. there was no continuity and therefore this could result in the model failing. In response, it was reported that encouragement and training would be given to GPs, nurses and health visitors etc to identify the issues and encourage them to refer individuals as soon as possible;
- It was noted that there were currently 350 referrals a month and it was anticipated that this number would increase as the service progressed. It was also noted that many of the referrals had been from people who had been depressed for many years. The model, it was reported was designed for people who had been depressed for a short time, but to date not many had been referred to the service;
- Concern was raised regarding the self-referral method which relied on the individual contacting the service to make an appointment. It was highlighted that if the GP did not undertake a follow up on whether an appointment had been arranged, it could result in serious consequences. In response, it was reported that training would be given to health care professionals and GPs would also have their own therapist and mobile contact number which would help to address this potential issue;
- Clarity was sought on whether there had been any referrals from SAAFA or other military groups. In response, it was reported that there were a lot of hard to reach groups and there would be therapists with lead responsibility for various hard to reach groups such as the military and BME etc. In Wigan, it was reported that the Veterans Council referred directly to the service;
- Concern was raised that 28 days was a long time if an individual was seriously depressed. In response, it was reported that 28 days was the target and the best case scenario would be for an

individual to receive an assessment and commence treatment a week later. However, it was highlighted that due to a national crisis in recruiting staff for Step 2 of the service, offering people a service less than 28 days would be very challenging;

- The Board noted the marketing strategy and the LEEF campaign; and
- The Board requested that an update report, including the response from GPs be presented to the Board in six months.

RESOLVED: That

- (1) the presentation be received and comments raised noted;
- (2) Paul Campbell be thanked for his informative presentation; and
- (3) an update report be presented to the Board in six months.

#### HEA30 ADULT SOCIAL CARE MENTAL HEALTH SERVICES

The Board considered a report of the Strategic Director, Communities, which gave Members an update and sought their views on the potential developments within the Council's social care provision for adult mental health services.

The Board was advised that there were currently two services provided by Halton Borough Council for residents with complex mental health needs: the mental health social work service, based at the Brooker Unit in Runcorn, and the Mental Health Outreach Team, based in the Mental Health Resource Centre in Vine Street, Widnes.

The Board was advised that the model of service delivery described in the report had been in place for many years, and had achieved positive outcomes for many people. However there had been a number of changes, both in terms of national policy and local service delivery, which had meant that the ways in which the services were delivered needed to be reconsidered. The changes included:-

- New national policy guidance which stressed the extent to which people could be supported to recover from severe mental illness;

- In the same national guidance, there was a strong emphasis on the need to develop services which prevented mental health conditions, or which intervened at a much earlier stage to stop them from getting worse;
- The decision of the Halton Health and Wellbeing Board to treat mental health as a key local priority;
- Changes in the way key partner organisations delivered services;
- Increasing numbers of people being assessed for detention under the Mental Health Act; and
- Changing demands on the services from other partners, such as children's services, who needed support with families with complex needs.

The Board was further advised that within the social work service, the recent development of the Acute Care Pathway within 5Boroughs had meant that 5Boroughs now focused its work only on the people with the most complex needs and levels of risk. As a result of this, the social work caseloads had fallen, although other work, such as Mental Health Act assessments, had increased considerably, in line with national patterns.

It was reported that there had been some effective work by partner agencies to ensure that people with mental health needs were managed within the correct care pathways, rather than being inappropriately engaged with the police service. An exercise known as Operation Emblem had achieved very positive results in reducing the numbers of people in Halton who had been detained under Section 136 Mental Health act 1983. A more detailed report on this would be presented to the Board at a future meeting.

In conclusion, it was reported that related to this, work was currently taking place with Warrington Borough Council to extend a successful service in that area into Halton. "Support 4 Change" was a treatment based approach which aimed to divert people from custody where appropriate, reduce risk of re-offending, and improve emotional health and general wellbeing.

The following comments arose from the discussion:-

- It was noted that mental health illness made it

difficult for individuals to gain employment for various reasons. It was also noted that many people with a mental health illness undertook meaningful things in their lives, but it was not necessarily classed as employment;

- The Board noted the significant amount of work that had been undertaken in Halton in respect of people with learning difficulties gaining employment and operating their own businesses; and
- The Board noted that the Brooker Centre had eleven social workers and some outreach workers. It was also noted that except for emergencies, the bed and out patient service was mainly utilised by Halton residents;

RESOLVED: That the report and comments raised be noted.

#### HEA31 SAFEGUARDING UPDATE

The Board considered a report of the Strategic Director, Communities, which gave Members an update regarding the safeguarding work being undertaken across the Borough.

The Board was advised of the following areas:-

- The Care Act 2014 had been heralded as 'an historic piece of legislation that would make a difference to some of the most vulnerable people in society for many years to come'. The Act aimed to put adult safeguarding on a statutory footing. The Board noted the main areas of safeguarding adults responsibilities contained within the Act and that an action plan had been developed to ensure that Halton was compliant which HSAB would monitor progress;
- Safeguarding Adults Board were required to produce an annual report, which summarised all of the key achievements and priorities which they had been working towards over the previous year. In Halton this as an activity that had been undertaken annually and an Annual Report 2012/2013 had been published. The Board noted the four key priorities which the Annual Report had focussed on;

- An updated Inter-Agency Policy, Procedure and Good Practice Guidance had been produced by the Integrated Adults Safeguarding Unit, in conjunction with members of Halton Safeguarding Adults Board. The document provided all agencies involved with safeguarding in Halton, with a practical and informative policy, which would ensure that procedures between statutory agencies were consistent across the whole of Halton;
- The Safe in Town project and Halton Speak Out had been awarded almost £5k from the Cheshire Police and Crime Commissioner, which was subsequently match funded by the Halton Clinical Commissioning Group earlier in the year. This funding was agreed on the principle that the types of beneficiaries and premises signed up to the scheme would widen; and
- The Board noted that the Annual Report set out in Appendix 1 to the report described how organisations and individuals across all sectors were working together to safeguard vulnerable people.

The following comments arose from the discussion:-

- the Board noted the new offence for providers for supplying false or misleading information regarding information that they were legally obliged to provide. However, it was noted that this situation had not been an issue in Halton;
- the importance of unannounced visits to care homes and at key times was noted. Clarity was also sought on the latest time that a visit could be undertaken. In response, It was reported that visits were undertaken outside of normal working hours and if an alert had been raised it would depend on the type of alert i.e. if it was in relation to night staff, a late night or early morning visit would take place;
- it was reported that there had been an increase in the number of alerts raised by care staff which highlighted that training and awareness raising was proving to be successful;



- it was noted that individuals could report their concerns anonymously;
- it was noted that Halton was taking part in a making safe project which would gather information from service users experiences of the safeguarding process; and
- it was noted that it was rare in Halton to have safeguarding issues in relation to direct payments. However, it was also noted that financial abuse from family members and friends was on the increase.

RESOLVED: That the report and comments raised be noted.

#### HEA32 PUBLIC HEALTH ANNUAL REPORT 2013-14

The Board considered a report of the Director of Public Health, which provided Members with information on the 2013-14 Public Health Annual Report (PHAR) 'Drinking Less and Living Longer'. The draft Annual report was attached as Appendix 1 to the report.

The Board was advised that this year's Public Health Annual Report focussed on the topic of alcohol-related harm and set out how work was taking place in partnership to reduce alcohol harm for individuals, families and communities. It was reported that alcohol-related harm affected all age groups within Halton. The report was therefore written from a life-course perspective and set out key actions that would be taken for each group. A communities chapter was also included which covered issues that affected people of all ages e.g. crime and community safety, alcohol availability and price.

The Board was further advised that reducing alcohol-related harm was chosen as a topic as it demonstrated the importance of working in partnership and what could be achieved when organisations worked together across organisational boundaries. It was also timely as the public health team were currently working in partnership to develop a local alcohol harm reduction strategy. In addition Halton was also one of only twenty areas in the country to be awarded the status of being a Local Alcohol Action Area.

It was reported that Chapters included in the report were as follows:-

- Starting well: Promoting an alcohol free pregnancy and protecting Halton babies and toddlers from alcohol-related harm;
- Growing well: Reducing underage drinking in Halton;
- Living well: Promoting safe and sensible drinking among adults;
- Ageing well: Promoting safe and sensible drinking among older people; and
- Keeping our local communities safe from alcohol-related harm.

Each chapter outlined the current levels of alcohol-related harm, described current local activity to reduce alcohol-related harm, outlined gaps in current activities and made recommendations for future actions.

The following comments arose from the discussion:-

- The Board congratulated the Director of Public Health on the excellent report;
- In respect of alcohol spectrum disorders, it was suggested that real life stories from young people who had suffered as a result from drinking alcohol during pregnancy would help to raise awareness of the consequences of alcohol abuse;
- Clarity was sought on the progress on establishing an alcohol free bar in Halton. In response, it was reported that a new organisation Umbrella were undertaking work on local cafes opening later and information had been requested from the organisation with a view to establish whether they could become alcohol free bars;
- The significant cost in respect of alcohol admissions as a result of alcohol abuse in Halton was noted; and
- The Board noted the significant number of older people suffering from alcohol abuse and recognised the challenges that it presented.

RESOLVED: That

- (1) the report and comments raised be noted; and
- (2) the recommendations of PHAR be supported.

*Meeting ended at 8.12 p.m.*