

Public Document Pack



Health Policy and Performance Board *Special Meeting*

Tuesday, 13 December 2016 at 6.30 p.m.
Council Chamber, Runcorn Town Hall

A handwritten signature in black ink that reads 'David W R'.

Chief Executive

BOARD MEMBERSHIP

Councillor Joan Lowe (Chair)	Labour
Councillor Shaun Osborne (Vice-Chair)	Labour
Councillor Sandra Baker	Labour
Councillor Marjorie Bradshaw	Conservative
Councillor Ellen Cargill	Labour
Councillor Mark Dennett	Labour
Councillor Charlotte Gerrard	Labour
Councillor Margaret Horabin	Labour
Councillor Martha Lloyd Jones	Labour
Councillor Stan Parker	Labour
Councillor Pauline Sinnott	Labour
Mr Tom Baker	Co-optee

*Please contact Ann Jones on 0151 511 8276 or e-mail
ann.jones@halton.gov.uk for further information.
The next meeting of the Board is on Tuesday, 7 February 2017*

**ITEMS TO BE DEALT WITH
IN THE PRESENCE OF THE PRESS AND PUBLIC**

Part I

Item No.	Page No.
1. DECLARATIONS OF INTERESTS (INCLUDING PARTY WHIP DECLARATIONS)	
Members are reminded of their responsibility to declare any Disclosable Pecuniary Interest or Other Disclosable Interest which they have in any item of business on the agenda, no later than when that item is reached or as soon as the interest becomes apparent and, with Disclosable Pecuniary interests, to leave the meeting during any discussion or voting on the item.	
2. PUBLIC QUESTION TIME	1 - 3
3. DEVELOPMENT OF POLICY ISSUES	
(A) OLDER PEOPLES MENTAL HEALTH & DEMENTIA CARE	4 - 14

In accordance with the Health and Safety at Work Act the Council is required to notify those attending meetings of the fire evacuation procedures. A copy has previously been circulated to Members and instructions are located in all rooms within the Civic block.

REPORT TO: Health Policy & Performance Board

DATE: 13 December 2016

REPORTING OFFICER: Strategic Director, Enterprise Community & Resources

SUBJECT: Public Question Time

WARD(s): Borough-wide

1.0 PURPOSE OF REPORT

- 1.1 To consider any questions submitted by the Public in accordance with Standing Order 34(9).
- 1.2 Details of any questions received will be circulated at the meeting.

2.0 RECOMMENDED: That any questions received be dealt with.

3.0 SUPPORTING INFORMATION

3.1 Standing Order 34(9) states that Public Questions shall be dealt with as follows:-

- (i) A total of 30 minutes will be allocated for dealing with questions from members of the public who are residents of the Borough, to ask questions at meetings of the Policy and Performance Boards.
- (ii) Members of the public can ask questions on any matter relating to the agenda.
- (iii) Members of the public can ask questions. Written notice of questions must be given by 4.00 pm on the working day prior to the date of the meeting to the Committee Services Manager. At any one meeting no person/organisation may submit more than one question.
- (iv) One supplementary question (relating to the original question) may be asked by the questioner, which may or may not be answered at the meeting.
- (v) The Chair or proper officer may reject a question if it:-
 - Is not about a matter for which the local authority has a responsibility or which affects the Borough;
 - Is defamatory, frivolous, offensive, abusive or racist;
 - Is substantially the same as a question which has been put at a meeting of the Council in the past six months; or

- Requires the disclosure of confidential or exempt information.
- (vi) In the interests of natural justice, public questions cannot relate to a planning or licensing application or to any matter which is not dealt with in the public part of a meeting.
- (vii) The Chairperson will ask for people to indicate that they wish to ask a question.
- (viii) **PLEASE NOTE** that the maximum amount of time each questioner will be allowed is 3 minutes.
- (ix) If you do not receive a response at the meeting, a Council Officer will ask for your name and address and make sure that you receive a written response.

Please bear in mind that public question time lasts for a maximum of 30 minutes. To help in making the most of this opportunity to speak:-

- Please keep your questions as concise as possible.
- Please do not repeat or make statements on earlier questions as this reduces the time available for other issues to be raised.
- Please note public question time is not intended for debate – issues raised will be responded to either at the meeting or in writing at a later date.

4.0 POLICY IMPLICATIONS

None.

5.0 OTHER IMPLICATIONS

None.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children and Young People in Halton** - none.

6.2 **Employment, Learning and Skills in Halton** - none.

6.3 **A Healthy Halton** – none.

6.4 **A Safer Halton** – none.

6.5 **Halton's Urban Renewal** – none.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

8.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

8.1 There are no background papers under the meaning of the Act.

REPORT TO:	Health Policy & Performance Board
DATE:	13 th December 2016
REPORTING OFFICER:	Strategic Director, People
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Older Peoples Mental Health and Dementia Care
WARD(S)	Halton Borough-wide

1.0 PURPOSE OF THE REPORT

- 1.1 To receive a presentation from Angela Ryan, Assistant Director for Halton, 5 Boroughs Partnership NHS Foundation Trust, which will provide the Board with an update in relation to the consultation of the proposal for the re-provision of organic inpatient beds for later life and memory services. To address the concerns that the Board has raised at the previous Halton Health Policy & Performance Board held on 20th September 2016.

2.0 RECOMMENDATION: That the Board:

- i) Notes the contents and provides comments on the presentation given by Angela Ryan.

3.0 SUPPORTING INFORMATION

- 3.1 Feedback from consultation process will be provided on the 13th December due to the consultation process being on going. This will allow all feedback to be taken into consideration.
- 3.2 Presentation will address concerns previously raised in a letter re: Health Policy and Performance Board (HPPB): 20th September 2016 Older People's Mental Health and Dementia Care.
- 3.3 Report presented at Health Policy and Performance Board 20th September 2016 attached at Appendix 1

4.0 POLICY IMPLICATIONS

- 4.1 The proposed model is in line with the current local mental health strategy and national the mental drive for parity of esteem/improved quality for frail elderly.

5.0 OTHER/FINANCIAL IMPLICATIONS

- 5.1 Any change will be within current financial envelope. There is an expectation that this

redesign will help secure the sustainability of services. However through reducing the spread of staff teams and estate we expect the service to be sustainable and counter some of the financial pressure that health and social care services are currently under.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children & Young People in Halton**

Young carers who are identified as caring for older people with dementia or mental health problems will be consulted within the process.

6.2 **Employment, Learning & Skills in Halton**

None identified

6.3 **A Healthy Halton**

Dementia is a key priority within Healthy Halton and is in line with strategic drive. Mental Health remains a key priority of the Health and Well Being Board

6.4 **A Safer Halton**

Ensuring the safety of vulnerable older people in mental health settings.

6.5 **Halton's Urban Renewal**

There are opportunities to align with Health New Towns Vision of Dementia friendly towns.

7.0 **RISK ANALYSIS**

7.1 The key issues have been logged on the NHS Halton CCG risk register and have been monitored through the robust Mental Health Governance. The risks will be reviewed during the implementation process. Risks have been identified by Halton Borough Council in respect of their social work teams in terms of additional travel time, patient visits and associated costs; these risks will need mitigating through the redesign process.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 5 Boroughs Partnership NHS Foundation Trust are currently carrying out an Equality Impact Assessment which will feed into the public consultation as required. This will cover questions that will no doubt be raised such as transport solutions for carers, robust consultation with effected groups. This will align with the wider engagement that will ascertain public opinion.

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

9.1

Document	Place of Inspection	Contact Officer
Independent review of mental health services (Tony Ryan Review)	Runcorn Town Hall	Dave Sweeney Dave.sweeney@halton.gov.uk

APPENDIX 1

REPORT TO:	Health Policy & Performance Board
DATE:	20 th September 2016
REPORTING OFFICER:	Strategic Director, People
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Older Peoples Mental Health and Dementia Care
WARD(S)	Halton Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 5 Boroughs Partnership NHS Foundation Trust is seeking support for a revision of its inpatient services for older people and adults. This paper sets out this review in the context of the journey of the implementation of the new model of care, and recommends the 5 Borough footprint configuration of beds for adults and older adults.

2.0 RECOMMENDATION: That the Board:

- i) Notes the content of the report;
- ii) Comment on the proposal to redistribute the older people's beds currently provided on Grange Ward at the Brooker Centre in Halton to Leigh for older people with functional mental health problems, and to Hollins Park or Leigh for those with complex dementia; and
- iii) Support the proposed bed based model pending the result of the consultation process.

3.0 SUPPORTING INFORMATION**3.1 Background**

The model of care (driven by Halton) was implemented in 2012 for Older People with Dementia and Memory loss which is a high quality community service pathway, designed to support people in their own home as long as possible. The objective was to re-design services for people in later life in order to ensure that effective, timely and personalised services are available, to support the growing number of people who will experience memory and cognitive loss and the onset of dementia.

The Building on Strengths model (2011) was developed by lead clinicians and managers within the Later Life and Memory Services within 5 Boroughs Partnership NHS Foundation Trust, and outlined a community based service supporting people to remain at home, whilst improving and maintaining the quality of life of service users and their carers. To support the community provision, the model proposed the redesign of inpatient care to provide specialist assessment and care where this could not be safely supported within a community setting.

This service provision, set out in 'Building on Strengths' (2011) continues the development of early and skilled intervention and the timely and appropriate support of people through their life experiences of living with the cognitive and emotional impact of the ageing process. The first phase of this work has been the implementation of the community redesign. The Trust is now ready to proceed with re-design of inpatient care, as the 'Building on Strengths' model includes changes to the *whole* service pathway from early intervention, assessment and diagnosis through on-going support and care and, importantly, inpatient care.

3.2 Implementation and Impact of the Community Pathway

The new community model was implemented as a pilot in the Wigan Borough in March 2012 and across all other boroughs by May 2013. The model was designed to provide high quality early diagnosis and intervention for all who require it. The model includes:

- A Single point of access
- Same Day Screening by Senior Nurse
- Same day Face to Face Assessment for urgent referrals.
- Face to Face Assessment within 10 working days for non-urgent referrals
- Crisis Intervention and Rapid Response
- A Needs Led Care Framework/Supporting people to live independently
- Service users directed to appropriate path of service
- Offering a comprehensive and appropriate range of interventions including Psychological Interventions

3.3 Clinical Model for Later Life and Memory Services in-patient

The Royal College of Psychiatrists recommends a needs-based criteria for older people's mental health services which includes;

- People of any age with a primary dementia
- People with mental disorder and *significant* physical illness or frailty which contributes to, or complicates the management of their mental illness – exceptionally this may include people under 60
- People with psychological or social difficulties related to the ageing process, or end of life issues, or who feel their needs may be best met by a service for older people.

3.4 Key Principles of Change

- To provide inpatient care tailored to meet the specific needs of adults and offering greater choice and flexibility by providing an effective therapeutic environment.
- To develop a new admission option for older adults with a non-memory related mental illness who may be too frail or vulnerable to have their needs appropriately met within an adult acute mental health ward.
- To address the needs of those people whose condition is defined by physical and social factors leading to multiple conditions or diseases usually associated with later life.

3.5 Clinical Benefits

- Integrated Organic and Functional Care Models
- Management of severe Behavioural and Psychological Symptoms of Dementia
- Psycho-social approaches
- Enhanced Therapy support
- A Therapeutic Environment
- Enhanced Care
- Physical Health Factors
- Seamless Pathway Development
- Links to Social Care / 3rd Sector / Acute care Carer Support

3.6 Mental Health Service Review

An independent review of mental health services across the 5 Boroughs NHS Foundation Trust footprint (The Tony Ryan Review)

An independent review of the acute and older adult care pathways across the footprint of the 5 Boroughs Trust was collaboratively commissioned by the five Clinical Commissioning Groups (CCGs) for Halton, Warrington, Knowsley, Wigan and St Helens in 2015. The methodology for the review included analysis of routinely collected data, examination of policies and procedures and interviews with over 350 stakeholders including users, carers, staff working and managing services, commissioners and other interested parties.

Five key areas (“Big Ticket Items”) for future development were identified following the review:

- The interface between primary and secondary care.
- How people with a personality disorder or highly distressed emotional disorders are supported by the whole system.
- The whole service model across the Borough (including 5BP services and all others).
- Step down from in-patient services and the use of out of area placements in the private sector.
- The proposed future bed model.

The review referenced the pressure within the whole system of health and social care resulting in high demand for adult acute mental health admission beds. Although the exact usage and spend for out of area beds was not available for the review, NHS Halton CCG experiences a significant overspend in 2015/16 for both complex and acute patients who have been unable to access an adult acute mental health bed within the 5 Boroughs footprint. This is in addition to the contracted spend and remains a financial risk.

3.7 Current bed state and proposal

The original proposal recommended a two site model for Later Life and Memory Services;

Table 1;

Site 1	Site 2
Atherleigh Park	Brooker Centre
Organic – 26	Organic – 18
Functional – 16	Functional – 20

Two major concerns have been expressed by commissioners;

- i. That pressure continues on adult acute mental health beds and out of area placements continue.
- ii. The two sites of Brooker Centre and Atherleigh Park would not be easily accessible for older patients and their families from some areas of the 5 Boroughs footprint.

The current bed state for adult mental health and Later Life and Memory Service provision has each borough with locality based general adult mental health beds, locality based beds for organic conditions with the exception of the St Helens borough who access the beds across the 5 Boroughs Partnership NHS Foundation Trust footprint but predominantly Knowsley.

The psychiatric intensive care unit is centrally provided in one unit currently based at Leigh Infirmary.

All five CCGs were represented at a senior level at a meeting with the 5 Boroughs Partnership NHS Foundation Trust Chief Executive and Chief Nurse on 18 April 2016 to discuss and seek approval for the new proposals for bed configuration;

Current state;

Halton (Brooker Centre)		
Male Adult	Female Adult	Organic
14	14	8

Knowsley		
Male Adult	Female Adult	Organic
18	15	12

Warrington		
Male Adult	Female Adult	Organic
18	15	18

St Helens		
Male Adult	Female Adult	Organic
17	16	0 (access Knowsley beds)

Wigan			
Male Adult	Female Adult	PICU	Organic
25	25	8	23

Proposal;

Halton (Brooker Centre)		
Male Adult	Female Adult	Organic
14	14	0 (access Warrington beds)
Knowsley		
Male Adult	Female Adult	Organic
18	15	12

Warrington		
Male Adult	Female Adult	Organic
18	15	18

St Helens		
Male Adult	Female Adult	Organic
17	16	0 (access Knowsley beds)

Wigan				
Male Adult	Female Adult	PICU	Functional	Organic
20	20	8	16	18

3.8

Benefits for Halton

Community based services aim is to support people to remain at home whilst improving and maintaining the quality of life of their service users and carers.

In order to meet the specific needs of older people within Halton borough, the Later Life and Memory Service has developed high quality locally based community services, which provide rapid access, assessment, diagnosis and treatment. This provision includes assessment team, memory team, community mental health team, care home liaison team and Admiral nurses.

However, there may be times when service users require in-patient care to provide specialist assessment and care where this could not be safely supported within the community setting.

In this instance, Halton residents will be able to access the new in-patient unit at Leigh, which will deliver short term assessment and treatment within an excellent physical environment which is tailored to care for older people with organic or functional mental health needs, delivered by specialist multi professional teams of staff.

This will give them the opportunity to access services that specifically meet the needs of older people and are separate from wards for adults of working age.

Service users and carers will be given the choice to access older people's in-patient facilities on other sites within the five boroughs if the purpose built site at Leigh is too difficult to access for them. The service users and carers will make this ultimate decision.

Whilst in an in-patient setting the LLAMS community teams will be actively involved with both the service user and carer, ensuring communication between all agencies involved is shared and to facilitate discharge as early and timely as possible.

The Later Life and Memory Service community pathway has demonstrated a significantly reduced requirement for in-patient organic beds. The average number of beds accessed by Halton residents over the past three years has been eight.

The proposed model will enable access for Halton residents at the following sites should a specialist organic bed for assessment and short-term treatment be required;

- Kingsley ward – Hollins Park Hospital, Warrington
- Golborne unit – Atherleigh Park Hospital, Leigh.

During pressured times there will be overflow beds available at:

- Rydal ward – Knowsley Resource and Recovery Centre Whiston Hospital, Prescot

3.9

Currently there is no dedicated ward across the 5 Boroughs Partnership NHS Foundation Trust footprint to provide specialised assessment and treatment for patients who have functional mental health conditions (e.g. depression or schizophrenia) who also have physical health conditions. This could include a variety of co-morbid long term conditions causing frailty or additional vulnerabilities. These patients would currently be admitted to adult acute mental health wards but evidence tells us that outcomes are significantly improved if the environment and the staff are tailored towards supporting this patient group.

The proposed model would support Halton residents to access this single ward at the newly established hospital at Atherleigh Park in Leigh.

The profile for accessing adult acute mental health beds for Halton residents has not reduced in the same way as LLAMS. Indeed, in line with national demand, there is significant pressure for adult mental health beds resulting in increased use in private beds and therefore increased costs going out of the borough of Halton.

The average number of adult acute mental health beds accessed across the Trust footprint over the last three years for Halton residents has been 32. The proposed model secures 28 adult mental health beds within the Brooker Centre which will clinically support the improvements in patient pathways across locality. based services.

In addition, services have been reconfigured to ensure that Halton borough now has a dedicated assessment team operating over 24 hours and a separate home treatment team for Halton residents.

There are further opportunities to discuss and progress with risk share arrangements to improve the financial management of out of area “overspill” arrangements and affords further opportunities to work collaboratively to deliver efficient and effective services.

Key messages

- The proposal is in line with the clinical commitment to older people’s mental health. Sustainability opportunities could be realised through better use of services. For example a reduction of bed stay will bring efficiencies for health and social care.
- This is about improving quality of care for vulnerable people with complex dementia and older people with functional mental health problems.
- The majority of care for people with dementia is provided in the community or patients’ own homes, the evidence of this is proven to help people remain physically and mentally well.
- For the short intensive periods people with dementia and memory loss may need specialist hospital care, for this cohort this redesign will provide improved outcomes
- The proposal is to utilise and clinically maximise the number of beds for older people – the move is driven to moving to specialist facilities within the 5 Boroughs Partnership footprint.

3.10

Consultation Process

Public consultation, for a 12 week period, is due to commence mid to late August/early September 2016, led by NHS Halton Clinical Commissioning Group and supported by all key stakeholders, i.e. carers, Alzheimer’s society etc. supported by Halton Healthwatch.

4.0

POLICY IMPLICATIONS

4.1

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5.0

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