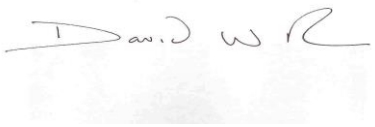
Public Document Pack

Health Policy and Performance Board

Tuesday, 20 June 2017 at 6.30 p.m.
Council Chamber, Runcorn Town Hall



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

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, 19 September 2017

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

Part I

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.

HEALTH POLICY AND PERFORMANCE BOARD

At a meeting of the Health Policy and Performance Board held on Tuesday, 7 February 2017 at Council Chamber, Runcorn Town Hall

Present: Councillors J. Lowe (Chair), S. Baker, M. Bradshaw, E. Cargill, Dennett, M. Lloyd Jones, Osborne, Parker, Sinnott and Mr T. Baker – Co-optee

Apologies for Absence: None

Absence declared on Council business: None

Officers present: S. Wallace-Bonner, S. Shepherd, A. Jones, D. Nolan, L Wilson, M. Holt, E. Bragger, J. Patten and B. Dineen

Also in attendance: B. Thomas, G. Begley and R. Davies – Victoria Community Care, and D. Sweeney, S. Banks. L. Thompson and Dr D. Lyons – NHS Halton CCG.

ITEMS DEALT WITH
UNDER DUTIES
EXERCISABLE BY THE BOARD

Action

HEA31 MINUTES

The Minutes of the meetings held on 15 November 2016 and 13 December 2016 having been circulated were signed as a correct record.

The Chair wished to make a correction to her declaration of interest for the meeting of 15 November 2016, as there was an error in that her son's partner works for a provider of domiciliary care rather than a care home.

HEA32 PUBLIC QUESTION TIME

It was confirmed that no public questions had been received.

HEA33 HEALTH AND WELLBEING MINUTES

The Health and Wellbeing Board minutes of the meeting held on 12 October 2016 were submitted to the Board for information.

HEA34 PERFORMANCE MANAGEMENT REPORT - QUARTER 3 OF 2016-17

The Board received the Performance Management Reports for Quarter 3 of 2016-17. Members were advised that the report introduced, through the submission of a structured thematic performance report, the progress of key performance indicators, milestones and targets relating to Health in Quarter 3, which included a description of factors which were affecting the service.

Members were requested to consider the progress and performance information and raise any questions or points for clarification and highlight any areas of interest or concern for reporting at future meetings of the Board.

RESOLVED: That the Quarter 3 priority based reports be received.

The Chair Councillor J. Lowe, declared a Disclosable Other Interest in the following item as her son's partner worked for a provider of domiciliary care. She handed the Chair to the Vice-chair, Councillor Osborne for this item.

Councillor Osborne in the Chair

HEA35 DOMICILIARY CARE IN HALTON

The Board received a presentation on domiciliary care provision in Halton. Officers introduced Rebecca Davies from Victoria Community Care, a domiciliary care agency, who assisted with the presentation.

The Board was advised that one of the most effective ways to offer support to people in their own homes was through a domiciliary care agency. In Halton there were currently 9 providers who offered personal care and support to approximately 800 people every day.

Members were provided with details of how the current system of Domiciliary Care provision worked in Halton, from the perspective of the providers. This included an overview of the challenges that were encountered and how the Council and providers worked together to maintain the delivery of high quality services to the local population. It also outlined the rewards for providers, how the service had changed over the years and the views of what the future may hold.

Following Members' questions the following was

noted:

- When the new Runcorn/Widnes Bridge opens staff would receive financial reimbursement from management for crossings made in relation to work. Also Victoria Community Care was looking at Town based solutions in order to minimise bridge crossings;

- The 15 minute appointments were brief and if tasks could not be completed within that timeframe for a particular client, then this would be flagged up with the commissioner, i.e. the Council;

- Examples of tasks that were carried out in 15 minutes would be preparing food, drinks and checking that medication had been taken; however 15 minute visits were tailored to the needs of the individual;

- Healthwatch carried out a survey last year regarding the 15 minute visits which would be made available to the Board. It was hoped that the results of the survey would be used to improve the service;

- Once a care plan assessment had been carried out for an individual this was reviewed after 6 weeks and then in 6 month intervals. If however a staff or family member had concerns regarding the care plan, a review could be requested outside of these timeframes;

- Training for staff was provided annually and a competency test was carried out on staff in accordance with the Care Act. These competency levels were checked regularly to ensure they were maintained. Further it was noted that all staff were audited on a regular basis; and

- All visits made to clients were logged in their log books which were checked monthly and filed for future audits.

RESOLVED: That the Board note the contents of the report and presentation.

Councillor J. Lowe in the Chair

HEA36 GENERAL PRACTICE ALIGNMENT OF CARE HOMES

The Board received an update from Dr David Lyons – NHS Halton CCG, on the NHS Halton Clinical Commissioning Group's (CCG's) project to align General

Practice with care homes in Halton.

It was reported that NHS Halton CCG and Halton Borough Council were proposing to align care homes within the Borough with identified General Practices. It was explained that care home residents had very complex and considerable health needs and were entering the final stages of their lives. In Halton the length of stay in a nursing home was 0.8 years, and residential home 1.2 years. It was expected that care home numbers would rise significantly in response to our aging population. Currently, individuals remained with their existing GP when they moved to a care home, resulting in care homes having to liaise with multiple GP practices; which had an impact on developing close working arrangements which were essential in providing the care that these individuals required.

It was anticipated that an alignment of General Practice to care homes would result in releasing time currently being spent by practices visiting multiple care homes, and care homes liaising with several practices that could be converted into direct care.

Members were referred to Appendix 1 '*GP Alignment/Care Home – Options Appraisal Paper'* which was presented to the CCG Service Development Committee on 14 December 2016 where it received full support.

It was noted that further consultation was due to take place with care homes, families of residents and staff.

The consensus of the Board was that this was a good idea for the reasons stated and they supported the proposals. With regards to a query regarding a patients preference for a particular doctor, it was commented that patients did not usually mind moving GP's when they moved to a care home as they were more concerned with the overall care package being offered, so did not object to a change in GP.

It was reported that the consultation results would be available in June this year and would be shared with the Board.

RESOLVED: That the Board

1) Notes the update provided in the 'General Practice Alignment / Care Homes – Options Appraisal Paper' at Appendix 1; and

2) Agrees that the proposal amounts to substantial variation and supports the proposed approach to consultation.

HEA37 SCRUTINY REVIEW OF CARER SERVICES

The Board received a report which presented the recommendations of the Carer Services Scrutiny Review 2016.

Members were advised that due to the potentially wide remit of the scrutiny topic brief, the Board decided to focus their review on the responsibilities of the Council to carers under the Care Act, the role of Halton Carers Centre and the role of NHS Halton Clinical Commissioning Group (CCG).

The Board was referred to Appendix 1 which outlined the evidence gathered by the Topic Group from a range of partners in relation to services provided to carers in Halton.

The following recommendations were made following the review:

- There should be a continued focus on provision of information and support at the right time for the carer, to avoid carer breakdown and use of high cost services;
- Continued efforts to engage with people currently hidden from carer services;
- A renewed focus on relationships with health, in particular the hospitals, to encourage identification and support of carers;
- Assessment of long term carers needs at regular intervals;
- Involving carers in co-produced service development;
- Ensure that within carer provision there are a range of different interventions to meet diverse and changing needs of carers; and
- Consider how access to carers services can be improved.

Further commentary on each recommendation was provided in the report.

RESOLVED: That the Board noted the contents of the report and the recommendations and the information provided in Appendix 1.

HEA38 SAFEGUARDING UPDATE

The Board received an update which highlighted the key issues in relation to the work of Halton's Adult Safeguarding Board (HSAB).

It was noted that following discussions at the HSAB Development Session last year, concerns had been raised as to whether the current membership was too large and therefore impacting on the effectiveness of the Board and how it operated. Agreement was obtained to restructure HSAB from September 2016 onwards and to recruit a Board Officer to support the Board. It also agreed to the establishment of a Partnership Forum and a Health sub group in order to support the role of the Board and to take safeguarding in the Borough forward.

It was noted that any areas of concern raised at the Safeguarding Board would be shared with this PPB so that Members were aware.

RESOLVED: That the report be noted.

Councillor Osborne declared a Disclosable Other Interest in the following item as his wife was an employee of Halton Borough Council.

HEA39 IMPLEMENTATION OF COMMUNITY MULTI-DISCIPLINARY TEAMS (MDT)

The Board received a report advising them of the development and implementation plan of the Community Multi-Disciplinary Team (MDT) model for all adults over the age of 18.

It was reported that there was an evidence base to suggest that a Multi-disciplinary team approach was a cost effective way of delivering improved health and social care outcomes; increased participation and compliance with treatment; reduced length of stay and bed days in hospital; increased numbers of patients discharged home; reduced admission to residential and nursing care and acute hospitals, and improved patient / service user and carer satisfaction.

Officers advised that a number of legislative and policy developments had contributed to the development of the community multi-disciplinary approach in Halton which was now being implemented. A dedicated Steering Group with membership from Adult Social Care, Bridgewater

Community NHS Trust, Halton NHS Clinical Commissioning Group and IT services from NHS and HBC had developed a model for multi-disciplinary team working, to provide better communications and co-ordination of care across health and social care and improving outcomes for people with complex needs.

The report went on to discuss the MDT model in detail and a diagram of the Multi-Disciplinary Integrated Team Model was attached at Appendix 1.

Members welcomed the report and supported the Community Multi-Disciplinary Team model. They requested that a further paper be submitted to a future meeting of the Board with an update on its progress.

RESOLVED: That the report be noted.

HEA40 HEALTH PPB WORK PROGRAMME 2017-18 - SCRUTINY TOPIC

A report was presented by the Strategic Director – People, which requested the Board to identify a scrutiny topic for the Board to examine during 2017-18.

It was noted that Members held a meeting recently to discuss priorities for 2017 as part of the Adult Social Care Business Planning process, and it was suggested that they may wish to select a topic that supported one of the priorities identified during this process. The following suggestions were put forward:

- Supported living for people with a learning disability;
- Partnerships / co-production; and
- The work of the Health Improvement Team, e.g, successes, what could be done differently, etc.

Members discussed some initial suggestions for a scrutiny topic and the consensus was that the work of the Health Improvement Team would be the preferred topic for 2017-18.

The Homelessness Strategy suggestion was noted as it was last done in 2011-12. The Chair suggested that this could be brought to the Board as an update in the first instance, following consultation with the relevant Portfolio Holder.

RESOVLED: That the Board agrees to

1) *'The work of the Health Improvement Team'* as a scrutiny topic for 2017/18; and

2) The associated topic brief be developed and agreed at the next meeting of the Board.

HEA41 CHESHIRE AND MERSEYSIDE SUSTAINABILITY AND TRANSFORMATION PROGRAMME

The Board received a report from the Strategic Director – People, which shared with them Cheshire and Merseyside Sustainability and Transformation Plan (STP). Simon Banks, Chief Officer, Halton Clinical Commissioning Group (CCG) gave a presentation to Members which provided an overview of the STP.

Members were reminded of the NHS Five Year Forward View, published in October 2014, which set out strategic intentions to ensure the NHS remained clinically and financially sustainable. The Forward View highlighted three key areas:

- The health and wellbeing of the population;
- The quality of care that was provided; and
- NHS finance and efficiency of services.

Following this the 2015/16 NHS planning guidance set out the steps for local health systems to deliver the Five Year Forward View, backed up by a new Sustainability and Transformation Fund intended to support financial balance and to enable new investment in key priorities. As part of the planning process, health and care systems were asked to develop Sustainability and Transformation Plans, to cover the period from 2016/17 and 2020/21.

The four key priorities for the Cheshire and Merseyside STP were presented:

- Support for people to live better quality lives by actively promoting health and wellbeing;
- The NHS working with partners in local government and the voluntary sector to develop joined up care;
- Designing hospital services to meet modern clinical standards and reducing variation in quality; and
- Becoming more efficient by reducing costs, maximising value and using the latest technology.

It was noted that the Cheshire and Merseyside STP was submitted to NHS England on 12 October 2016 and following its review by NHS England, was published on 16

November 2016.

Members were advised that the Cheshire and Merseyside STP was designed to address the challenges of the region in terms of population health and wellbeing, quality of care and financial sustainability. The majority of delivery would be through the plans developed by the three local delivery systems. It was noted that Halton CCG was part of the Alliance Local Delivery System (LDS) which consisted of:

- Four CCG's (Warrington, St. Helens, Halton and Knowsley);
- Five NHS providers (5 Boroughs Partnership NHS Foundation Trust; Bridgewater Community NHS Foundation Trust; St. Helens and Knowsley Teaching Hospitals; Warrington and Halton Hospital Foundation Trust and Southport and Ormskirk Hospitals).

It was reported that the Alliance LDS was also engaging with local authorities covering the Boroughs of Halton, Knowsley, St.Helens and Warrington. The Alliance LDS built upon the work already being done at a local level and the proposals submitted by Alliance LDS included options and models of transformation for the local health system that aimed to address a finding shortfall of £202m, whilst at the same time improving health, wellbeing and outcomes.

It was noted that following formal publication of the Cheshire and Merseyside STP the proposals were now being developed into outline plans and a wide scale programme of engagement and communication would commence during 2017.

The presentation outlined to the Board the progress to date in Halton which included a local picture of how the LDS proposals built upon what was already planned and happening in Halton, including examples of how the LDS would positively impact on Halton residents.

Members welcomed the presentation and commented that they understood the need for collaboration in these difficult times.

The use and promotion of the Urgent Care Centres was discussed and the Chair commented that she hoped to invite representatives from the Centres to a Board meeting in the future.

RESOLVED: That the Board

1) notes the content of the Cheshire and Merseyside Sustainability and Transformation Plan (STP); and

2) notes the commitment to continued local engagement and the requirement to comply with statutory requirements for public involvement.

Meeting ended at 8.35 p.m.

REPORT TO: Health Policy & Performance Board

DATE: 20 June 2017

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 and Performance Board

DATE: 20 June 2017

REPORTING OFFICER: Chief Executive

SUBJECT: Health and Wellbeing Board Minutes

WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

1.1 The draft Minutes relating to the Health and Social Care Portfolio – Health and Wellbeing Board, are attached at Appendix 1 for information.

2.0 RECOMMENDATION: That the Minutes be noted.

3.0 POLICY IMPLICATIONS

3.1 None.

4.0 OTHER IMPLICATIONS

4.1 None.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 **Children and Young People in Halton**

None

5.2 **Employment, Learning and Skills in Halton**

None

5.3 **A Healthy Halton**

None

5.4 **A Safer Halton**

None

5.5 **Halton's Urban Renewal**

None

6.0 RISK ANALYSIS

6.1 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.

HEALTH AND WELLBEING BOARD

At a meeting of the Health and Wellbeing Board on Wednesday, 29 March 2017 at Karalius Suite, Halton Stadium, Widnes

Present: Councillors T. McInerney, Polhill, Woolfall and Wright and G. Ferguson, S. Banks, E. Bragger, N. Bunce, P. Cooke, B Connell, S. Ellis, A. Fairclough, J. Fuller, T. Hill, D. King, M. Larking, E. O'Meara, C. Ogier, S. Semoff, R. Strachan, L. Taylor, S. Wallace-Bonner and A. Williamson

Apologies for Absence: M. Vasic, A. McIntyre, M. Pickup, S. Constable, D. Davies, D. Parr and S. Yeoman

Absence declared on Council business: None

ITEM DEALT WITH
UNDER DUTIES
EXERCISABLE BY THE BOARD

Action

HWB26 MINUTES OF LAST MEETING

The Minutes of the meeting held on 18th January 2017 having been circulated were signed as a correct record.

On behalf of the Board, the Chair thanked Simon Banks, NHS Halton CCG for his contribution to the Board and wished him well in his new job.

HWB27 PRESENTATION - DEMENTIA UPDATE

The Board received a presentation from Jackie Fuller and Cheryl Ogier, both Admiral Nurse Practitioners for Five Borough's Partnership. Admiral Nurses were specialist dementia nurses who gave practical and emotional support to family carers, as well as the person with dementia. The team worked with the family carer as a primary client, providing families with the knowledge to understand the condition and its affects and the skills and tools to improve communication. They also provided emotional and psychological support to help family carers to continue to care for their family member.

The presentation provided examples of case studies, which included the outcomes, as a result of the support

provided by Admiral Nurses, for both the families and the person with dementia. In addition, Members of the Board were advised on how to access the Admiral Nurse Service.

The Board also received an update report on dementia diagnosis rates, services and priorities within Halton and future emerging issues. The dementia diagnosis rate target in Halton of 75% by March 2017 was set locally by NHS Halton Clinical Commissioning Group (CCG). In April 2016 Halton reached a diagnosis rate of 72%. Following on from this work had been carried out locally to focus efforts on improving diagnosis rates, including regular contact with GP practices by NHS Halton CCG to raise awareness of the Dementia Quality Toolkit.

On behalf of the Board, the Chair thanked the Admiral Nurse Practitioners for their informative presentation.

RESOLVED: That the report be noted.

HWB28 PRESENTATION - BOWEL CANCER SCREENING INTERVENTION

The Board considered a presentation from David King, Health Improvement Specialist – Advanced Halton Health Improvement Team, which provided an update on a research study undertaken around Bowel Cancer Screening in Halton. Bowel Cancer Screening was currently led by Public Health England but performance was monitored at local authority level. The presentation outlined details of the screening programme available every two years to all men and women aged 60 – 74 years. Currently, the Halton screening uptake was 52.2% with a North West average of 55.9% and a national average of 57.1%.

Mr King outlined to Members of the Board details on research he had undertaken to improve the Halton screening percentage across three GP practices. Through established links from health improvement work, two practices in Widnes and one in Runcorn were identified to take part in an 8 week intervention period. The intervention aimed to target non-responders to the screening invite by telephoning people once their GP practice was informed by the Regional Screening Hub. Within the three practices Health Improvement Trainers were given training to contact people who declined the original invitation. It was noted that 240 non responders were targeted and as a result of the telephone calls and an agreement with the regional screening hub, replacement kits were ordered directly from the practice. Results showed an average increase in

screening by almost 10% (9.7%) as a result of the intervention.

Members were also advised on work that had taken place to date following the research exercise. It was noted that a potential to expand the methodology across all GP practices would need extra resources to avoid an unequitable offer. To date, currently no funding had been identified to widen the offer. However, using existing resources, the practice of intervention had begun within five different GP practices for the next six months to build a business case further.

On behalf of the Board, the Chair thanked Mr King for the informative presentation.

RESOLVED: That the report be noted.

HWB29 INTEGRATED WELLNESS SERVICE ANNUAL REPORT

The Board considered a report of the Director of Public Health, which provided an update on the performance of the Integrated Wellness Service for the period January to December 2016, as detailed in the Annual Report. Halton's Integrated Wellness Service comprised Halton Health Improvement Team and Sure Start to Later Life and was an in house service within the Council. The team played a significant role in addressing the five priorities contained in Halton's Health and Wellbeing strategy (2015/2018) and worked with local clinicians and Health and Social care colleagues to deliver innovative, evidence based and measureable interventions such as breastfeeding support, stop smoking, healthy weight, falls prevention and access to low level early intervention and prevention services across the community.

It was reported that over the period the service had seen an upturn in people accessing all of the initiatives, with the service having engaged with in excess of 18,000 people across a range of programmes. Details of how the service would continue to develop and the range of initiatives proposed in 2017 were outlined in the Annual Report.

RESOLVED: That the report be noted.

HWB30 PHARMACEUTICAL NEEDS ASSESSMENT

The Board considered a report of the Director of Public Health, which provided an update on the Pharmaceutical Needs Assessment (PNA), including risks

associated with it and proposed local governance. The PNA was a statutory document that stated the pharmacy needs of the local population. This included dispensing services as well as public health and other services that pharmacies may provide. It was used as the framework for making decisions when granting new contracts and approving changes to existing contracts as well as for commissioning pharmacy services.

It was proposed that the current framework developed across Merseyside would be used to produce the Halton PNA. This would ensure that, although each local authority PNA would be developed locally and differ according to the local area and population, it would continue to be in the same format which would make it easier to use and review. A Cheshire and Merseyside group of local authority PNA leads, the NHS England Pharmacy Contracts Team and representatives from the Local Pharmaceutical Committees had started to meet to discuss common elements of the PNA, both content and information gathering exercises.

The Board were asked to nominate Board level sponsors with responsibility for the PNA, with the management of the PNA being passed to the local Steering Group led by Public Health. The Steering Group would oversee the operational development and consultation for the PNA, reporting back to the Board for approval at strategic stages of the process, in line with the regulations. The next PNA must be published by the 1st April 2018.

The Board noted the financial risk associated with decisions based on information in the PNA which may open the Board up to Judicial Review.

RESOLVED: That

(1) Councillor Wright, Paul Cooke and Stuart Ellis be nominated as a Board level sponsor for the PNA;

(2) the financial risks associated with the PNA be logged through Halton Borough Council's Risk Assessment and Register process; and

(3) the establishment of a local steering group to oversee the PNA development process in line with the national regulations be noted. This group would report back to the Board on the draft before the statutory consultation began

and following this period detailing the Board's responses to feedback.

HWB31 HEALTH AND WELLBEING STRATEGY

The Board considered a final version of the One Halton Health and Wellbeing Strategy (2017/2022). The One Halton Health and Wellbeing Strategy was an overarching strategy to improve health in Halton. The new Strategy would build upon the successes of the previous strategy and outlined the key priorities which the Health and Wellbeing Board would focus on over the next five years. It had been developed using a partnership approach and was developed by a multi-agency steering group. The new Strategy provided:-

- An overview of One Halton;
- Principles of joint working;
- A joint vision, new priorities and how and why these were chosen
- An updated health and wellbeing profile for Halton;
- An outline of the progress made since 2013 and the challenges that remained;
- Examples of innovative work already being undertaken within Halton that took a place based approach, working with local people and using local assets e.g. Well North, Healthy New Towns; and
- How success would be measured.

The priorities for 2017-2022 of the One Halton Health and Wellbeing Strategy included:-

- Children and Young People: Improved levels of early child development;
- Generally Well: Increased levels of physical activity and healthy eating and reduction in harm from alcohol;
- Long term conditions: Reduction in levels of heart disease and stroke;
- Mental Health: Improved prevention, early detection and treatment;
- Cancer: Reduced level of premature death; and
- Older People: Improved quality of life.

RESOLVED: That the final version of the Strategy be approved and the development of Actions Plans for the identified priorities be supported.

Meeting ended at 3.40 p.m.

REPORT TO: Health Policy & Performance Board

DATE: 20th June 2017

REPORTING OFFICER: Strategic Director, People

PORTFOLIO: Health & Wellbeing

SUBJECT: Performance Management Reports, Quarter 4 2016/17

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 This Report introduces, through the submission of a structured thematic performance report, the progress of key performance indicators, milestones and targets relating to Health in Quarter 4 of 2016/17. This includes a description of factors which are affecting the service.

2.0 **RECOMMENDATION: That the Policy and Performance Board:**

i) Receive the Quarter 4 Priority Based report

ii) Consider the progress and performance information and raise any questions or points for clarification

iii) Highlight any areas of interest or concern for reporting at future meetings of the Board

3.0 **SUPPORTING INFORMATION**

3.1 The Policy and Performance Board has a key role in monitoring and scrutinising the performance of the Council in delivering outcomes against its key health priorities. Therefore, in line with the Council's performance framework, the Board has been provided with a thematic report which identifies the key issues in performance arising in Quarter 4, 2016/17.

4.0 **POLICY IMPLICATIONS**

4.1 There are no policy implications associated with this report.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 There are no other implications associated with this report.

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

6.1 **Children & Young People in Halton**

There are no implications for Children and Young People arising from this report.

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

There are no implications for Employment, Learning and Skills arising from this report.

6.3 **A Healthy Halton**

The indicators presented in the thematic report relate specifically to the delivery of health outcomes in Halton.

6.4 **A Safer Halton**

There are no implications for a Safer Halton arising from this report.

6.5 **Halton's Urban Renewal**

There are no implications for Urban Renewal arising from this Report.

7.0 **RISK ANALYSIS**

7.1 Not applicable.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 There are no Equality and Diversity issues relating to this Report.

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

None under the meaning of the Act.

Health Policy & Performance Board Priority Based Report

Reporting Period: Quarter 4: 1st January to 31st March 2017

1.0 Introduction

This report provides an overview of issues and progress against key service area objectives and milestones and performance targets, during the second quarter of 2016/17 for service areas within the remit of the Health Policy and Performance Board. These areas include:

- Adult Social Care (including housing operational areas)
- Public Health

2.0 Key Developments

There have been a number of developments within the second quarter which include:

ADULT SOCIAL CARE

Safeguarding Adults Peer Review

St Helens Council undertook a Safeguarding Peer Review on 5th and 6th January 2017. It was agreed that they would focus on two main areas:

1. To review whether Halton Borough Council through its adult safeguarding, policies, procedures and practice are helping to protect and deliver positive outcomes for service users and families

2. To review whether the "Adults Voice" is heard in front line practices and by Halton's Safeguarding Adults Board

The Peer Review Team found strong political and Senior Management leadership and commitment, including at the most senior levels. A strong partnership approach and established, effective networks were prevalent in all areas of the Review. Individuals across the range of stakeholders participating were constructive, committed and engaged in an honest and open way, indicating willingness to learn and embrace change. The Review Team feel Halton has a strong platform on which to build future safeguarding arrangements.

The Peer Review Team identified 6 recommendations

- Review the role of the Integrated Safeguarding Unit
- Update the Interagency Safeguarding Policy, Procedures and Good Practice
- Review the scope of SAB
- Review the application of Carefirst
- Develop actions to address the recommendations
- Share the outcome of the review with all participants

These recommendations have been collated into an action plan and progress will be monitored by the Safeguarding Adults Board to ensure that Halton is helping to keep people safe and working as effectively as possible in order to do this.

Mental Health Services:

Review of the 5Boroughs Acute Care Pathway and Later Life and Memory Services (the Tony Ryan Review): work is continuing in Halton to redesign mental health services to achieve two main aims: to provide help and support to people at an earlier stage in their condition, so as to reduce the likelihood of needing long term specialist mental health support from the 5BoroughsPartnership, and to help people who are already involved with the 5BoroughsPartnership to regain full independence and live full and meaningful lives in the community wherever possible.

As a part of this, the use of the existing inpatient beds in the Brooker Unit in Runcorn has been reviewed, and following a public consultation the decision has been made to move some of the inpatient services for people with dementia and memory loss to another specialist location. This will allow more effective delivery of local mental health inpatient provision for people with mental illnesses, but it should also provide a better-quality specialist service for people with dementia. The 5Boroughs have made arrangements to ensure that patients' families can easily access the new location.

The Community Multi-Disciplinary Team Model

A number of legislative and policy developments have contributed to the development of the community multi-disciplinary approach in Halton, further integrating health and social care in the borough. The model for Community MDTs in Halton consists of staff from several different professional backgrounds, including GPs, Social Workers, Community Care Workers District Nurses, Community Matrons. The MDT will work in an integrated way, aligned to GP practices. The model works with four GP Hubs: Widnes North, Widnes South, Runcorn West and Runcorn East. Each Hub has clusters of GP surgeries. Each GP surgery has its own MDT, working with an identified GP patient population. The model promotes the MDT have dedicated meetings to look at unplanned admissions to hospital and at complex cases. Referrals can be taken daily and directed to the relevant professionals in the MDT.
A steering group has been working to enable IT sharing of information via different computer systems and the integrated assessment process. A number of workshops have been held with staff to improve integrated working. A launch event was held on Tuesday 21st March, During the event staff teams were divided into 4 neighbourhood hubs. Discussions covered; how will you work together as an integrated team and and what do you see as the benefits if the new team, a ten minute discussion took place re each question. The day was received positively from all staff

Transition Team

In February 2017, the Transition Team was developed in Halton. The team consists of 3.5 Social Workers from both Children and Adult services. with strong links with practitioners from child health and SEN. The Aim of the team is to have a joined-up approach to transition from education, health and social care with increased and targeted co-ordination and communication from all agencies from a younger age. The age range for referrals will be from age 14 years up to the age of 26 years or until appropriate to transfer into generic adult services, following the transition from long-term education/training. The creation of the team was following the, NICE guidance 'Transition from children's to adults' services for young people using health or social care services', stating, 'during and after a young person moves from children's to adults' services, It aims to help young people and their carers have a better experience of transition by improving the way it's planned and carried out. It covers both health and social care. The

overarching principles strategically and operationally is for Young people and their carers to be involved in transition service design, delivery and evaluation and taking a strengths-based and person-centred approach to the Assessment process, with detailed transitional planning, which changes alongside the young person's development.

PUBLIC HEALTH

There are a number of pilots that are proving very successful and need to be continued. Stress management techniques and a quit buddy has significantly increased the number of pregnant women who quit smoking. Similarly, the bowel screening follow up pilot is increasing the number of people who return their sample and are caught early when bowel cancer can be easily treated.

3.0 Emerging Issues

3.1 A number of emerging issues have been identified during the second quarter that will impact upon the work of the Directorate including:

ADULT SOCIAL CARE

Deprivation of Liberty Safeguards (DoLS)

The long awaited recommendations from the Law Commission in relation to the DoLS were published on the 13th of March 2017 the final can be found using the following link;
http://www.lawcom.gov.uk/project/mental-capacity-and-deprivation-of-liberty/

In total, there are 47 recommendations contained within the document. The main recommendation that may impact on the Local Authority that have been identified so far are;

- Authorisations will be determined by the Care Plans and Risk Assessments, and must include a Capacity Assessment and Best Interest Assessment/Decision. They can be Authorised up to 28 days before the placement is due to commence, so should be an automatic part of Advance Care Planning.
- Independent scrutiny is to be provided by somebody, employed by the Local Authority, that wasn't involved in arranging the placement or package of care .
- It will include People in the Community whose care is managed by the Local Authority, i.e. Supported Accommodation/Shared Living Arrangements or where somebody care package is so extensive that they are unable to access the community independently, but will not have to go to the Court of Protection.
- Will include 16 and 17 year olds. (CSC have been advised of this, and a link to the Recommendations has been provided to them).
- Hospital Managers will be responsible for authorising their own, as will the NHS for those receiving CHC funding.
- Two major changes in that it now allows for Transport arrangements to be part of the Authorisation, so if someone wanders away from a placement they can be transported back, and it allows for placements for the safety of other people.
- The role of the BIA will largely disappear, with a new role, that of the Approved Mental Capacity Professional (AMCP), being introduced. They will become involved only on the more contentious cases, potentially likely to go to Court.
- If a placement is made against the express known wishes of the person or their RPR/Donee of attorney, or Court Appointed Deputy, **OR** the placement is made for the protection of others, referrals to the AMCP **must** be made for overall assessment as to the appropriateness of the arrangements and final approval.

- Provision is made to allow for regular placements i.e. someone on rolling respite, so that new applications won't need to be made and approved.
- The first Authorisation can be for up to a period of twelve months, as can the first review, but thereafter can be for a period of up to 3 years, reducing the number of reviews required.
- Old assessments can be used, provided that there are no major changes in the person's presentation, or to the proposed arrangements.

The Government have yet to respond to these recommendations

Mental Health Services:

Mental Health Outreach Team: as a part of the review of the Acute Care Pathway, the role and function of the Mental Health Outreach Team (which is jointly funded by the Council and the CCG) has also been reviewed. It has been determined that the team will be moving towards delivering more time-limited work with people, clearly targeted at what they want to achieve, and designed to deliver clear and meaningful outcomes for those who use the service. This approach will be phased in over the next few months, and will allow the team to work with people who have complex mental health needs as well as those who are only known to primary care services. This will meet the need to work with people at an earlier stage in their mental health condition, as well as supporting people to regain independence after their involvement with the 5Boroughs.

Mental Health Resource Centre, Vine Street: for some time, this valuable resource has been underused, with the ground floor vacant since the previous tenants left. Work has been taking place with the CCG and 5Boroughs to scope the potential for the Trust's Assessment Team to move into these premises. This would allow for much closer working relationships between the Assessment Team, the Outreach Team and the Bridge Building Team (the two latter teams are already in the building), which will increase the opportunities for community support for people with mental health needs. It will also provide a more community-focused resource for the 5Boroughs, and importantly will support the delivery of crisis response services at all times. Capital funding has been obtained to make the necessary improvements to the building, and these works should take place through the summer of 2017.

5BoroughsPartnership new name: as from 1st April 2017, the 5boroughsPartnership will be changing its name to the North West Boroughs Healthcare NHS Trust.

Social Work for Better Mental Health: Halton, along with Sefton Borough Council, is an early implementer of this national programme to define the roles and functions of social work in mental health services. Halton's work was recently fed back into a national conference about this issue and was well received. The detailed self assessment has been completed and external facilitators are preparing a report to support service redesign. It has already been established in Halton that the nature of the social work service in mental health will have to change, to allow social workers to focus more on their core tasks, and this programme will completely support the redesign process.

People with complex mental health conditions who are placed out of borough: the council and CCG are working together to identify and review all the people with complex mental health needs who have been placed out of borough because of a lack of suitable local facilities. These placements are often at very high cost and have the added disadvantage that they remove people from their familiar home environments and networks. Some people have already been successfully brought back to more independent living much

nearer to Halton as a result of this work. Discussions are also taking place with neighbouring local authorities and the 5Boroughs to see whether additional resources can be developed to meet the needs of this group of people.

Mental Health Serious Incidents: in the summer of 2016, a number of tragic serious incidents relating to people with complex mental health problems took place in Halton. These types of incidents are always investigated internally to ensure that any possible lessons can be learned, but because of the unusual spike in such incidents, the Adult Safeguarding Board agreed that two of them should be subject to more independent scrutiny, and the rest should be examined to see if there were any predictable themes emerging. All these reviews will be reporting in Quarter 1 of 2017/ 18, and any implications for the delivery of social care services will be made the subject of an action plan which will be closely monitored.

The Network

The proposal is to introduce a pilot to assess the efficiency and impact of Waking Night staff.

As part of the assessment the service will use an electronic system known as 'Just Checking' (http://www.justchecking.co.uk/media-toolkit/) to assist with the evaluation. Simply it is:

- A series of small, wireless sensors which are triggered as a person moves around their home. The sensor data is sent by the controller, via the mobile phone network, to the Just Checking web-server.
- Users log on to the Just Checking website, to view the chart of the activity.
- The system needs no other input. There is nothing to wear and no buttons to push.
- Installation is simple. You don't need a phone line or broadband. There are instructions with the kit and a telephone helpline

The increased use of Assistive Technology, e.g. moisture alarms on beds for those who suffer incontinence, will be included in the pilot. The combination of the technology and the switch to Sleep-ins should generate an improved quality of life for services users in better sleep, less intrusion by staff, greater dignity and independence. This technology is already in place. We are testing to what extent Waking staff are required.

The advantages are:

- The study will helps to focus on the most effective combination of staff and technology to empower service users to be more independent.
- It is a powerful assessment tool for managers and care managers who are working together to model the best services.
- Activity monitoring gives you a better understanding of when support is required, and confirms the optimum level. It shows the effect of staff activity, encouraging them to focus on enablement.
- The data collected from the Just Checking system will help us make an informed decision as to how we can work smarter in the future.

Care Management

The working group looking at strengthen on our compliance with the Care Act are devising further tools and documentation to ensure that service user communication is consistent and transparent while remaining person-centred. The developed 'conversation

tool', a revised consent to share form and a refined version of the service user feedback questionnaire will be taken to SMT in the near future.

The 'conversation tool' in particular picks up on the notion of strengths-based working and is aimed at opening up dialogue through informal conversation as opposed to simply completing assessment paperwork. The concept of 'social pedagogy' (as a holistic and relationship-centred way of working with people who have care and support needs) is to be explored further with teams and talks with the University of Central Lancashire are progressing to look at dedicated care act learning input.

A stand-alone policy looking at: 'securing a person's property in emergency care situations' has been devised. This maps to changes under the Care Act and clarifies responsibilities. This is also to be brought to SMT shortly.

Following on from the endorsement of the OT progression policy the team are keen to looking at improvements in working practice. A report on single-handed care was brought to SMT and agreement was received to pilot some provision.

PUBLIC HEALTH

The number of people reporting a low level of happiness is increasing. We need to monitor this and ensure we market all our local assets that get people out and about and socialising. We are still missing our referral to treatment targets for cancer. A campaign should be developed to alert people to the dangers of missing appointments for cancer diagnosis.

4.0 Risk Control Measures

Risk control forms an integral part of the Council's Business Planning and performance monitoring arrangements. As such Directorate Risk Registers were updated in tandem with the development of the suite of 2016/17 Directorate Business Plans.

5.0 Progress against high priority equality actions

There have been no high priority equality actions identified in the quarter.

6.0 Performance Overview

The following information provides a synopsis of progress for both milestones and performance indicators across the key business areas that have been identified by the Communities Directorate. The way in which the Red, Amber and Green, (RAG), symbols have been used to reflect progress to date is explained at the end of this report.

"Rate per population" vs "Percentage" to express data

Four BCF KPIs are expressed as rates per population. "Rates per population" and "percentages" are both used to compare data but each expresses the same amount in a different way. A common guide used is that if a percent is less than 0.1 then a rate (e.g. per 100,000) is used. For example, permanent admissions to residential care expressed as a rate (50 admissions per or for every 100,000 people) makes more sense when

comparing performance with other authorities rather than as a percentage (0.05%) which is quite a small number and could be somewhat confusing. More examples below:

Location	Rate per 100,000 population	Percent
Region A	338.0	0.34%
Region B	170.5	0.17%
Region C	225.6	0.23%

Prevention and Assessment Services **Key Objectives / milestones**

Ref	Milestones	Q4 Progress
PA 1	Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target (**AOF 21, 25) March 2017**	✓
PA 1	Integrate frontline services with community nursing (AOF 2, 4, & 21) **March 2017**	✓

Supporting Commentary

PA 1 - Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target

PA 1 - Integrate frontline services with community nursing

Key Performance Indicators

Ref	Measure	15/16 Actual	16/17 Target	Q4 Actual	Q4 Progress	Direction of travel
PA 2	Percentage of VAA Assessments completed within 28 days	85% (estimated - further data quality work ongoing to confirm this)	85%	83.5%	✓	↓
PA 6a	Percentage of items of equipment and adaptations delivered within 7 working days	97%	95%	93%	✓	↓
PA 11	Permanent Admissions to residential and nursing care homes per 100,000 population,65+	541.7%	637.3	515.3	N/A as no target	↓

Ref	Measure	15/16 Actual	16/17 Target	Q4 Actual	Q4 Progress	Direction of travel
	(ASCOF 2A1) *Better Care Fund performance metric*					
PA 12	Delayed transfers of care (delayed days) from hospital (average per month) *Better Care Fund performance metric*	2475	236 per month	1104.9 per 100,000 pop Total for Aug/Sep/Oct 2016 1438 (Delayed Days)	?	
PA 14	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population *Better Care Fund performance metric*	15231 V plan 16668 (Feb 16)		3398 Per 100,000 figure (all ages)	?	
PA 15	Hospital re-admissions (within 28 days) where original admission was due to a fall (aged 65+) (directly standardised rate per 100,000 population aged 65+) *Better Care Fund performance metric*	685.1	TBC	N/A	N/A	N/A
PA 16	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF 2B1) *Better Care Fund performance metric*	63.3	Data published for 15/16, figures have remained stable from 14/15. This is an annual collection figures for 16/17 will be available late 2017			
PA 20	Do care and support services help to have a better quality of life? (ASC survey Q 2b) *Better Care Fund performance metric*	93.3	Data published for 15/16, figures have remained stable from previous years. This is an annual collection figures for 16/17 will be available late 2017			

Supporting Commentary

PA 2 - Percentage of VAA Assessments completed within 28 days

While this figure is below the target, this does not represent the final year end figure due to timings of running reports against loading of data. Updated figures will be provided once the year end returns have been submitted.

PA 6a - Percentage of items of equipment and adaptations delivered within 7 working days

While this figure is below the target, this does not represent the final year end figure due to timings of running reports against loading of data. Updated figures will be provided once the year end returns have been submitted.

PA 11 - Permanent Admissions to residential and nursing care homes per 100,000 population,65+

Figure are until the end of Dec placed 54 compared to 81 people as of last year we are coming in as red which is positive for this particular target.

PA 12 - Delayed transfers of care (delayed days) from hospital per 100,000 population

The target is the number of days per month not a rate per 100,000 per population.

The number of delayed days is only available until October so a Q3 position would be August, September and Octobers figure.

We are above target. This is due to a small number of very long delays patients at 5BP.

PA 14 - Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population

The Q3 figure reported here is the latest available and covers the period (Aug to Oct 16) this number is based on 4422 non-elective admissions and a population of 130147. Non-elective admissions are above plan for the year by 1.9%, this has been attributed to increased admissions at Warrington hospital following the opening of the new ambulatory care unit, however an increase in admissions at Whiston has also been seen. This increase in admissions appears to indicate an increase in acuity of patients rather than increased demand as the number of Halton residents actually attending A&E at Warrington and Whiston has fallen

PA 15 - Hospital re-admissions (within 28 days) where original admission was due to a fall (aged 65+) (directly standardised rate per 100,000 population aged 65+)

The performance data is only being collected on an annual basis, the next date that data will be available is May 2017.

PA 16 - Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services

Annual Collection

PA 20 - Do care and support services help to have a better quality of life?

Annual Collection

Commissioning and Complex Care Services

Key Objectives / milestones

Ref	Milestones	Q4 Progress
CCC 1	Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder. **March 2017** (AOF 4)	✓
CCC 1	Continue to implement the Local Dementia Strategy, to ensure effective services are in place. **March 2017** (AOF 4)	✓
CCC 1	Continue to work with the 5Boroughs NHS Foundation Trust proposals to redesign pathways for people with Acute Mental Health problems and services for older people with Mental Health problems. **March 2017** (AOF 4)	✓
CCC 1	The Homelessness strategy be kept under annual review to determine if any changes or updates are required. **March 2017** (AOF 4, AOF 18)	✓
CCC2	Ensure Healthwatch is established and consider working in partnership with other Councils to deliver this. **March 2017** (AOF 21)	✓
CCC3	Undertake on-going review and development of all commissioning strategies, aligning with Public Health and Clinical Commissioning Group, to enhance service delivery and continue cost effectiveness, and ensure appropriate governance controls are in place. **March 2017** (AOF 21 & 25)	✓

Supporting Commentary

CCC1 Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder

CCC1 - Continue to implement the Local Dementia Strategy, to ensure effective services are in place

During Q4 the Halton Dementia Delivery Group have initiated a review of the strategy delivery plan. The Halton Dementia Action Alliance event in March was used to bring together 60 stakeholders, including people living with dementia and carers, to identify priorities and potential actions for delivery. The Dementia delivery group will continue to refine the actions into deliverable and measurable outcomes to commence in Q1 17/18.

A carer resilience programme (START) was introduced during Q4, delivered by the Halton Carers' Centre. The impact of the intervention will be reported through the Dementia Delivery Group.
The Admiral Nurse Service continues to integrate into the the community pathway, reporting good outcomes from the most complex cases they support. Currently in the region of 90 cases are being supported by the team.

The post diagnosis community pathway continued to promote its single point of access, to prioritise an increase in referrals from Primary Care.

CCC1 - Continue to work with the 5Boroughs NHS Foundation Trust proposals to redesign pathways for people with Acute Mental Health problems and services for older people with Mental Health problems

NHS Halton CCG have been leading a multiagency process – fully supported by the council – to implement the recommendations from the Tony Ryan report, as described earlier in this Monitoring Report. The work in both areas continues to develop and borough council services are being redesigned to meet the desired aims.

CCC1 - The Homelessness Strategy be kept under annual review to determine if any changes or updates are required

The annual homelessness strategy review event took place in December 2016 and was well attended. The action plan is presently being reviewed and will be updated to reflect key priorities.

The homelessness strategy is due to be fully reviewed in July 2017 and consultation events with partners will be arranged. A five year action plan will be completed to determine the LA priorities and to ensure it reflects economical and legislative changes**.**

CCC2 – Ensure Healthwatch is established and consider working in partnership with other Councils to deliver this

In quarter 4, Healthwatch have undertaken 3 Enter and View visits at residential care homes; met with NHS Halton CCG to discuss the findings of 2 reports into local primary care services; carried out 5 outreach/engagement meetings; provided feedback at a range of meetings with the council and CCG; and distributed two e-bulletins to over 650 subscribers.

CCC3 - Undertake on-going review and development of all commissioning strategies, aligning with Public Health and Clinical Commissioning Group, to enhance service delivery and continue cost effectiveness, and ensure appropriate governance controls are in place.

Key Performance Indicators

Ref	Measure	15/16 Actual	16/17 Target	Q4 Actual	Q4 Progress	Direction of travel
CCC 3	Adults with mental health problems helped to live at home per 1,000 population	3.21	3.00	2.37	?	↑
CCC 4	The proportion of households who were accepted as statutorily homeless, who were accepted by the same LA within the last 2 years (Previously CCC 6).	0	0	0	✓	↑
CCC 5	Number of households living in Temporary Accommodation (Previously NI 156, CCC 7).	15	17	1	✓	↑
CCC 6	Households who considered themselves as homeless, who approached the LA housing advice service, and for whom housing advice casework intervention resolved their situation (the number divided by the number of thousand households in the Borough)	5.1	5.5	6.62	✓	↑

Supporting Commentary

CCC3 - Adults with mental health problems helped to live at home per 1,000 population

Although this target does not appear to have been achieved, this is attributable to changes in reporting and does not include short term services for Q4, revised figures will be provided once year end returns have been submitted.

CCC4 - The proportion of households who were accepted as statutorily homeless, who were accepted by the same LA within the last 2 years
The Authority places strong emphasis upon homelessness prevention and achieving sustainable outcomes for clients.

This target is no longer collected, therefore, the Authority will cease reporting on this

priority fromQ1 2017/18.

Additional priority targets will be added to reflect the true picture of homelessness within the Borough.

CCC5 - Number of households living in Temporary Accommodation

National and Local trends indicate a gradual Increase in homelessness, which will impact upon future service provision, including temporary accommodation placements.

The changes in the TA process and amended accommodation provider contracts, including the mainstay assessment, have had a positive impact upon the level of placements and positive move on process.

The Housing Solutions Team is community focused and promote a proactive approach to preventing homelessness. There are established prevention measures in place which are fully utilised by the Housing Solutions team to ensure vulnerable clients are fully aware of the services and options available.

The emphasis is focused on early intervention and empowerment to promote independent living and lifestyle change.

CCC6 - Households who considered themselves as homeless, who approached the LA housing advice service, and for whom housing advice casework intervention resolved their situation (the number divided by the number of thousand households in the Borough)

The Housing Solutions Team promotes a community focused service, with emphasis placed upon homeless prevention.

The officers now have a range of resources and options that are offered to vulnerable clients threatened with homelessness. The tea strives to improve service provision across the district. Due to the early intervention and proactive approach, the officers have continued to successfully reduce homelessness within the district.

Public Health

Key Objectives / milestones

Ref	Milestones	Q4 Progress
PH 01a	Work with PHE to ensure targets for HPV vaccinations are maintained in light of national immunisation Schedule Changes and Service reorganisations. **March 2017**	✓
PH 01b	Working with partners to identify opportunities to increase uptake across the Cancer Screening Programmes by 10%. **March 2017**	✓
PH 01c	Ensure Referral to treatment targets are achieved and minimise all avoidable breaches. **March 2017**	✗
PH 02a	Facilitate the Healthy Child Programme which focusses on a universal preventative service, providing families with a programme of screening, immunisation, health and development	✓

	reviews, and health, well-being and parenting advice for ages 2½ years and 5 years. **March 2017**	
PH 02b	Maintain the Family Nurse Partnership programme **March 2017**	✓
PH 02c	Facilitate the implementation of the infant feeding strategy action plan. **March 2017**	✓
PH 03a	Expansion of the Postural Stability Exercise Programme. **March 2017**	✓
PH 03b	Review and evaluate the performance of the integrated falls pathway. **March 2017**	✓
PH 04a	Work in partnership to reducing the number of young people (under 18) being admitted to hospital due to alcohol. **March 2017**	✓
PH 04b	Raise awareness within the local community of safe drinking recommendations and local alcohol support services through delivering alcohol awareness campaigns, alcohol health education events across the borough and ensuring key staff are trained in alcohol identification and brief advice (alcohol IBA). **March 2017**	✓
PH 04c	Ensure those identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support. **March 2017**	✓
PH 05a	Monitor and review the Mental Health Action plan under the Mental Health Governance structures (covering actions to promote mental health and wellbeing and the early detection and effective treatment of mental health conditions).**March 2017**	✓
PH 05b	Implementation of the Suicide Action Plan. **March 2017**	✓

PH 01a **Work with PHE to ensure targets for HPV vaccination are maintained in light of national immunisation Schedule Changes and Service reorganisations**.

The throughput of clients accessing Halton Stop Smoking Service between April 2016 to December 2016 (end of Q3) compared to the same period in 2015 is showing an increase from 568 to 672. This is against a national downward trend of most stop smoking services experiencing a reduction in throughput. The number of people quitting smoking in Halton in 2016 -2017 has also increased from 360 - 397 when compared to the same period in 2015 - 2016.

Halton's smoking prevalence at time of delivery for pregnant women has also reduced each quarter in 2016-2017 compared to the same quarters in 2015-2016. **This is a very significant improvement.**

SATOD (Smoking at time of Delivery)
2015-2016

Q1	Q2	Q3
19%	18.1%	18.5%

SATOD (Smoking at time of Delivery)
2016 -2017

Q1	Q2	Q3
15%	17.3%	16.4%

Halton CCG has received £75,000 of funding from NHS England for use in this financial year (2016/17) to reduce maternal smoking rates. An action plan with focussed outcomes has been developed outlineing joint proposals for the use of this funding for evidence based effective interventions to reduce maternal smoking.

PH 01b **Working with partners to identify opportunities to increase uptake across the Cancer Screening Programmes by 10%**.
We are working with partners to increase uptake of screening programmes. We are just below the national average for breast screening and cervical screening but significantly so for bowel screening. We are improving bowel screening uptake through piloting an innovative approah of following up patients with a telephone call who have not returned their sample. To date this has been very successful in the pilot GP Practices and provided we have sufficient funding we can roll this out across Halton.

We are working with an army of volunteers to spread the word on early signs and symptons of cancer. We are also working with the Halton Cancer Support Service to market signs and symptoms. Uptake in all screening areas is increasing.

Cancer Screening Coverage, 2016

Source: Public Health Outcomes Framework, 2017

Screening Programme	Halton	North West	England
Breast Coverage	74.1%	72.2%	75.5%
Bowel Coverage	53.3%	56.8%	57.9%
Cervical Coverage	71.8%	72.3%	72.7%

PH 01c **Ensure Referral to treatment targets are achieved and minimise all avoidable breaches.**
Referral to treatment targets were not met. The overarching reasons given are that patients defer appoinments or do not attend. Further work needs to be done to convince patients it is really important that they attend cancer diagnosis appoinments no matter what else is occuring.

PH 02a **Facilitate the Healthy Child Programme which focusses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, and health, well-being and parenting advice for ages 2½ years and 5 years.**
The health child programme is being combined under one specifiction for children aged 0-19, (25 with special educational needs). The procument process for this new programme is under way. The specification will include health visiting, Family Nurse partnership, School Nursing, NCMP, Vision and hearing screening, and immunisations. The vaccination and Immunisation component of the programme is commissioned by NHS England. The new integrated specification should improve consistancy of approach, streamline services and improve efficiencies.

Child development is a priority area for One Halton, and a working group is developing and refreshing an action plan. The commissioned independent report into child development and the outcomes from the themed Ofsted visit have been used to form the framework for the action plan. Recently published school readiness data for 2015/16 shows a 7% improvement in Halton, narrowing the gap with England.

The Health Visiting Service is delivering all the new components of the national Healthy Child Programme, including assessing mothers' emotional health at 6-8 weeks and completing an integrated developmental check at 2-21/2. The early years setting and health visitors share the findings from the development checks to identify any areas of concern, so that services can collaboratively put in place a support package as required. A group is working to further develop the integrated check, improve data sharing and consistency of plans following the check.

PH 02b Maintain the Family Nurse Partnership programme

Family Nurse Partnership is fully operational with a full caseload; it continues to work intensively with first time, teenage mothers and their families. The service works with some very complex cases and is building their multidisciplinary links across a wide range of agencies, to imrpove outcomes for these families.

PH 02c Facilitate the implementation of the infant feeding strategy action plan.

The implementation of the infant feeding action plan is underway, with oversight from the Halton Health in the Early Years group.

Breastfeeding support continues to be available across the borough in community and health settings. The infant feeding coordinator and children's centres are working towards achieving BFI (Unicef Baby Friendly Initiative) in the children's centres and are due to be inspected in the summer of 2017, alongside a Bridgewater inspection. This involves training children's centre staff, and auditing their practice.

The team continue to maintain baby welcome premises and are refreshing the Halton Early Years award, which encourages healthy living practices in early years settings, and includes breastfeeding. A Survey is underway to discuss dads attitudes towards breastfeeding, and what support they would like. Public health England has recently launched a national breastfeeding campaign, and the infant feeding team faciliated a Halton women to be in the press discussing her experiences, to try and raise the profile of breastfeeding locally.

PH 03a Expansion of the Postural Stability Exercise Programme.

Key activity this quarter:

- Currently delivering six Age Well exercise classes per week, three in both towns, level 1, 2 and 3 (level 1 being for most complex clients). Level 3 classes have become a maintenance class – 'Keep it Moving'. Classes work on a rolling programme with a review every 15 weeks up to 45 weeks in total.
- A total of 72 individual clients have attended and been supported through the service in quarter 4
- The service is building stronger links with Sure Start to Later Life in an attempt to raise awareness of events and helping people to stay in touch

with friends that they have made as part of the class.
The service has been rebranded and is now called “Age Well exercise”

PH 03b **Review and evaluate the performance of the integrated falls pathway**.
The review of the falls pathway has seen some changes within the service, this has included an improved telephone health initial assessment which hopefully will see a reduction in the number of assessment visits for clients and will help to improve the efficiency of the pathway.

PH 04a **Work in partnership to reducing the number of young people (under 18) being admitted to hospital due to alcohol**
Good progress continues to be made in reducing the number of young people being admitted to hospital due to alcohol. Key activity includes:

- Delivery of alcohol education within local school settings (Healthitude, R U Different, Amy Winehouse Foundation, Cheshire Police, Alcohol education Trust, wellbeing web magazine).
- Delivery of community based alcohol activity.
- Delivering early identification and brief advice (alcohol IBA) training and resources for staff who work with children and young people).
- Running the Halton Community Alcohol Partnership which brings together partners to reduce underage drinking and associated antisocial behaviour.

- Working closely with colleagues from Licensing, the Community Safety team, Trading Standards and Cheshire Police to ensure that the local licensing policy helps prevent underage sales and proxy purchasing.

PH 04b **Raise awareness within the local community of safe drinking recommendations and local alcohol support services through delivering alcohol awareness campaigns, alcohol health education events across the borough and ensuring key staff are trained in alcohol identification and brief advice (alcohol IBA)**
Work continues to raise awareness among the local community of safe drinking recommendations and to train staff in alcohol identification and brief advice (alcohol IBA).

PH 04c **Ensure those identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support**
CGL continue to support individuals with alcohol misuse problems in Halton and support their recovery. During the last 12 months to January 2017, a total of 291 individuals underwent alcohol treatment. A further 103 individuals underwent treatment for alcohol and drug misuse (alcohol and non-opiate drugs).

PH 05a **Monitor and review the Mental Health Action plan under the Mental Health Governance structures (covering actions to promote mental health and wellbeing and the early detection and effective treatment of mental health conditions).**
The action plan and activity reports from sub groups are reviewed at the Mental Health Oversight Board.

A review of the Mental Health Strategy and refresh of high level indicators based on new national policy drivers has been completed and approved by the Mental Health Oversight Group. This is currently being taken to the subgroups

for a refresh of the individual action plans required to achieve the objectives

PH 05b **Implementation of the Suicide Action Plan.**
The action plan continues to be overseen by the Halton Suicide Partnership group.

Activity towards becoming a Suicide Safer Community is underway and a series of training programmes have been rolled out to multiple partners and agencies across a multi disciplinary footprint.

Key Performance Indicators

Ref	Measure	15/16 Actual	16/17 Target	Q4	Current Progress	Direction of travel
PH LI 01	Mortality from all cancers at ages under 75 Directly Standardised Rate, per 100,000 population *Published data based on calendar year, please note year for targets.*	167.0 *(2015)*	176.0 *(2016)*	177.2 (2016)	✗	↓
PH LI 02	A good level of child development	54.7% *(2014/15)*	54.6% *(2015/16)*	61.9% *(2015/16)*	✓	↑
PH LI 03	Falls and injuries in the over 65s. Directly Standardised Rate, per 100,000 population (PHOF definition).	3360.0 *(2014/15)*	3294.1 *(2015/16)*	Annual data only	?	↑
PH LI 04	Alcohol related admission episodes - narrow definition Directly Standardised Rate, per 100,000 population	767.2 *(2014/15)*	808.4	834.85 *Q2 2015/16 – Q1 2016/17*	?	↑
PH LI 05	Under 18 alcohol-specific admissions Crude Rate, per 100,000 population	48.6 (12/13 - 14/15)	48.6 (2015/16)	Annual data only	?	N / A
PH LI 06	Self-reported wellbeing: % of people with a low happiness score	11.8% *(2014/15)*	12.7% (2015/16)	✗	↓	↑

Supporting Commentary

PH LI 01 Mortality from all cancers at ages under 75 Directly Standardised Rate, per 100,000 population
Q4 (Oct-Dec) 2016 increases in the number of deaths from cancer amongst residents aged under 75, has meant the 2016 target was not met.

PH LI 02 A good level of child development
This indicator has seen an improvement in 2015/16, narrowing the gap between Halton and England.

PH LI 03 Falls and injuries in the over 65s. Directly Standardised Rate, per 100,000 population (PHOF definition)

Data used is annual, published data.
2015/16 data is not yet available.
This will remain the case until a solid source of local data can be attained.

PH LI 04 Alcohol related admission episodes - narrow definition Directly Standardised Rate, per 100,000 population
Although an increase was seen between 2014/15 and 2015/16, the provisional quarterly rate to Q1 2016/17 shows a slight decrease.

PH LI 05 Under 18 alcohol-specific admissions Crude Rate, per 100,000 population
No update from previous quarter available

PH LI 06 Self-reported wellbeing: % of people with a low happiness score
Annual data reflects an increase in Halton of people who report feeling unhappy from 2014/15 to 2015/16, meaning we did not meet the target.

APPENDIX 1 – Financial Statements

ADULT SOCIAL SERVICES & PREVENTION AND ASSESSMENT DEPARTMENT

Revenue Budget as at 31st December 2016

Comments on the above figures:

Capital Projects as at 31st December 2016

Comments on the above figures:

COMPLEX CARE POOL

Revenue Budget as at 31st December 2016

Comments on the above figures:

Capital Projects as at 31st December 2016

Comments on the above figures:

COMMISSIONING & COMPLEX DEPARTMENT

Revenue Budget as at 31st December 2016

Comments on the above figures

Capital Projects as at 31st December 2016

Comments on the above figures.

PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT

Comments on the above figures:

Comments on the above figures.

APPENDIX 2 – Explanation of Symbols

Symbols are used in the following manner:

Progress		Objective	Performance Indicator
Green		Indicates that the objective is on course to be achieved within the appropriate timeframe.	*Indicates that the annual target is on course to be achieved.*
Amber		Indicates that it is uncertain or too early to say at this stage, whether the milestone/objective will be achieved within the appropriate timeframe.	*Indicates that it is uncertain or too early to say at this stage whether the annual target is on course to be achieved.*
Red		Indicates that it is highly likely or certain that the objective will not be achieved within the appropriate timeframe.	*Indicates that the target will not be achieved unless there is an intervention or remedial action taken.*

Direction of Travel Indicator

Where possible performance measures will also identify a direction of travel using the following convention

Green		*Indicates that* **performance is better** *as compared to the same period last year.*
Amber		*Indicates that* **performance is the same** *as compared to the same period last year.*
Red		*Indicates that* **performance is worse** *as compared to the same period last year.*
N/A		*Indicates that the measure cannot be compared to the same period last year.*

REPORT TO: Health Policy & Performance Board

DATE: 20th June 2017

REPORTING OFFICER: Strategic Director - People

PORTFOLIO: Health & Wellbeing

SUBJECT: North West Ambulance Service NHS Trust: Update

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To update Halton Health Policy and Performance Board in relation to the key issues arising from the Care Quality Commission's (CQC) inspection report published in January 2017, together with any specific issues for the Halton population when resources spend time out of area.

2.0 **RECOMMENDATION: That the Board:**

i) Note the contents of the report and presentation.

3.0 **SUPPORTING INFORMATION**

3.1 A presentation will be delivered on behalf of the North West Ambulance NHS Trust by:-

- Michael Huddart, Head of Regulatory Compliance; and
- Matthew Dunn, Consultant Paramedic

4.0 **POLICY IMPLICATIONS**

4.1 None identified.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 None associated with this report.

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

6.1 **Children & Young People in Halton**

None identified

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

None identified.

6.3 **A Healthy Halton**

The remit of the Health Policy and Performance Board is directly linked to this area.

6.4 **A Safer Halton**

None identified.

6.5 **Halton's Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 None associated with this report.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 An Equality Impact Assessment is not required for this report.

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

Document	Place of Inspection	Contact Officer
North West Ambulance Service (NWAS) NHS Trust: CQC Quality Report 19.1.17	Available via CQC's website; link below:- http://www.cqc.org.uk/sites/default/files/new_reports/AAAF7552.pdf	Julie Treharne Head of Communications - NWAS julie.treharne@nwas.nhs.uk

REPORT TO: Health Policy & Performance Board

DATE: 20th June 2017

REPORTING OFFICER: Strategic Director - People

PORTFOLIO: Health & Wellbeing

SUBJECT: Homelessness Service Update

WARD(S): Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 The purpose of the report is to inform the Board of recent developments within the homelessness service, and to advise of recent legislative changes that will affect future homelessness and the demand for the service.

2.0 RECOMMENDATION: That the report be noted..

3.0 SUPPORTING INFORMATION

3.1 Housing Solutions Team

The Housing Solutions Team has been proactively working with all client groups to reduce and prevent homelessness. Staff retention has been good; however, during the past 6 months there have been two vacant posts, due to maternity leave, which has placed additional pressure on staff and performance. The Team should be back to full capacity by mid-November 2017

The aim of the Housing Solutions Team is to assist and prevent people who are threatened with homelessness in Halton. To provide a community focussed and accessible service to ensure people know where and how they can seek help and assistance to prevent them becoming homeless and receive a quality and confidential housing options service. The priority aims for the Housing Solutions Team are to:

- Reduce homelessness presentations and acceptances; and
- Increase and improve homelessness prevention and access to housing services.

3.1.1

Displayed in the table below are some key statistics taken from the statutory data report. It is evident that although homelessness presentations are increasing (which is most likely due to prevailing economic conditions/welfare reform etc. and will be replicated in many local authority areas), actual acceptances are decreasing alongside a significant increase in homelessness prevention and

relief work (i.e. where households are assisted by the local authority to remain in their home or find alternative accommodation).

	2014/15	2015/16	2016/17
Homeless Presentations	197	202	319
Homeless Acceptances	32	49	34
Homeless Prevention/Relief	777	798	989
A&A Prevention	1525	1502	1616
B&B Usage	0	0	0

3.1.2 Youth Officer

The designated Youth Officer role has had a positive impact upon partnership working between the Housing Solutions Team and Children's Social Care. In line with the Southward Judgement, Halton has introduced a joint protocol which outlines clear service pathways, including, agency roles and responsibilities, which has improved the level of advice and assistance and accommodation provision for young people. The designated Youth Officer works across a number of statutory services and is based within Children's Services for part of the week.

The Youth Officer role deals specifically with young people aged 16/17 year olds who are at risk of homelessness. The officer also works directly with 18 – 25 year olds and makes full use of the service provision and resources across the Borough to prevent youth homelessness. The following table highlights the level of presentations by young people and the interventions delivered through the Youth Officer role:

Homeless Prevention Activity	**Total 2016/17**
Negotiated return home	21
Placed into LA temp accomm	12
Placed in other YP accomm	4
Remained at home	12
Move on through PPP	11
Homelessness Decision	6
TOTAL	**66**

The Youth officer has had a greater success rate with young people presenting to the service, supporting them to return home. The youth officer places great emphasis upon prevention and works closely with a number of statutory and voluntary services, to ensure the required support is in place to tackle both housing and social issues. The officer will visit the client's home and negotiate with both parent and the young person to establish and resolve the

issues, enabling the young person to remain within the family home. The officer will also refer into external support, mediation and accommodation services in order to address and meet the needs of the young person.

3.1.3 Each of the Housing Solutions officers has their own service specialisms. The officers are community focused and conduct a number of outreach advice services across the district.

One officer deals specifically with mental health and offender issues. The officer now works closely with health professionals and holds advice sessions within the Brooker centre. This initiative has proven highly successful, thus reduced the level of crisis presentations to the service and reduced hospital discharge. Due to the success of the early intervention, there is now a clear pathway plan in place to ensure vulnerable clients are advised accordingly of the options and services available and all professionals are involved in the move on process.

The Mortgage Rescue and Rent Repossessions Officer have made a big impact upon tenancy sustainment. The officer is actively involved with the courts and attends the court action group to raise awareness of the homelessness and prevention options available. The courts recognise the post and will adjourn possession orders to allow the client to work with HBC.

3.1.4 Halton forms part of the Merseyside and Cheshire Sub Regional groups and has been involved with a number of projects that are contributing towards homelessness prevention. A number of successful projects are;

- Pan Merseyside Bond Scheme - Vulnerable clients
- Complex Needs Team - Intense support service
- Cheshire Covenant - Armed Forces
- Mainstay - Data recording system
- Hospital Discharge - Improve Delayed discharge

3.1.5 <u>Homelessness Database</u>

A new in-house homelessness database system is due to be developed and implemented during this financial year. The system upgrade will prove to be more cost effective, offering additional efficiencies and accurate data recording.

3.2 <u>Homelessness Trends</u>

Nationally and locally there has been a gradual increase in homelessness presentations and statutory homelessness acceptances. The main causes of homelessness are due to family exclusions, relationship breakdown and the loss of private rented accommodation.

There are a number of client groups that do not meet the statutory homelessness criteria, but have a pressing housing need. Concerted efforts are being made by the Housing Solutions Team to assist these client groups, offering temporary accommodation for a limited period and facilitating a more efficient and accessible move on process

3.3 Health & Homelessness

The Homelessness Strategy review identifies the gaps in provision and the need to improve communication between partner agencies. An integrated approach has enabled the Authority to address both the social and health care issues, reduce homelessness and encourage lifestyle change.

Halton is fully committed and focused upon health care and service provision for vulnerable homelessness clients. The action plan identified that further integration between CCG, Public Health and Homelessness will enable the Authority to develop a holistic approach, thus offering a more flexible and accessible service to vulnerable clients to empower them to achieve positive and sustainable lifestyle choices.

The Housing Solutions Team is working closely with a number of health services to ensure they have a good understanding of homelessness. This has resulted in a local hospital discharge policy that gives a clear pathway plan of the agreed accommodation and support process.

3.4 Gypsy Travellers

There are a number of sites across Halton that offer accommodation pitches for gypsy travellers. Details below;

Site	Total Pitches	Status
Riverview, Widnes	**24**	Permanent
Warrington Road, Runcorn	**12**	Permanent
Warrington Road, Runcorn	**14**	Temporary

The new residential site officially opened November 2016, with occupancy now at 80%. The Local Authority administered a phased allocation process and a further round of interviews will be held July 2017

3.4.1 Illegal encampments are low within Halton, compared to other Cheshire and Merseyside Authorities. A clear procedural pathway has been completed to give guidance to both the Local Authority and Police when dealing with illegal encampments, this has proven successful.

3.4.2 Due to the service offered to gypsy travellers within Halton, the Authority has been identified as a lead for good practice. Many Authorities across the country have visited Halton to establish what service provision and resources have been put in place to successfully tackle the growing issues around travellers.

3.5 Syrian Refugee Programme

Halton forms part of the Merseyside Sub Region and committed to the Syrian Refugee Programme. Collectively the 6 Merseyside Authorities have agreed to accommodate 510 refugees, with Halton taking 100 individuals. . The required tender and procurement process was completed December 2016 and the support contract was awarded to Refugee Action. Each authority has agreed what services will be commissioned and the Buy in process.

The Sub Region has appointed a LCR coordinator, who will work directly with the Merseyside Authorities and oversee the Vulnerable Person programme. Liverpool is the lead Authority and therefore, responsible for the support contract and Financial constraints, whereby, the coordinator will draw down the finance for each Local Authority within the required time period.

To date, Halton has successfully settled 7 families within the Borough since January 2017. There is a schedule for pre-arranged arrivals agreed throughout the year. The support and professional approach demonstrated by both statutory and voluntary agencies has been excellent, which contributed towards the overall transition and community integration with the families.

3.6 Supported Housing Accommodation

The temporary accommodation provision within the Borough was deemed sufficient to meet the needs of future homelessness. However, the introduction of the Homelessness Reduction Act 2017 will have an impact upon future supported housing provision.

The temporary accommodation provision presently available;

Accommodation	Number of Units	Client Group
Halton Lodge, Runcorn	66	Single Homelessness
Grangeway Court, Runcorn	10	Homelessness Families
Brennan Lodge	39	Single Homelessness
DA Refuge	14	Domestic Abuse

3.6.1 Brennan Lodge supported housing scheme was recommissioned by the Local Authority and re-opened February 2017. The Building is owned by Halton Housing Trust and the support contract was awarded to Creative Support. The scheme provides 39 supported units for single vulnerable homeless clients, and there has been a

vast improvement in the service delivery and support provision.

The temporary accommodation provision is deemed suitable to meet the needs of homelessness clients. However, due to new legislation, this may need to be reviewed to ensure the provision fully meets future service demands.

3.7 Local Policy Reviews

3.7.1 Gypsy Travellers

The gypsy traveller policy is presently being reviewed to ensure it is fully compliant with the Mobile Homes Act and new legislation. The consultation process is underway and the draft allocations policy is due to be completed and presented to the relevant Management Boards for approval Mid-June 2017.

3.7.2 Youth Strategy

The Authority is looking to introduce a youth homelessness strategy and action plan, which will be led by young people and give them a voice around future service provision.

Halton is committed to working with all young people to ensure they are fully integrated and work alongside the Local Authority to develop future services. The consultation process is underway and a youth conference will be conducted late June 2017.

All agencies will be involved in the consultation process, whereby, the findings will be incorporated within the final policy document. It is anticipated that the policy and action plan will be completed July 2017 and submitted to the relevant Management Boards for approval.

3.7.3 Homelessness Strategy

In accordance with Homelessness Act 2002 the local authority is required to conduct a full Strategic Review of its Homelessness strategy within the area and formulate a five year Homelessness Strategy covering the period 2018 - 2023.

The present strategy is due to expire March 2018, whereby, arrangements are underway to review and formulate a new five year strategy.

Discussions are underway and It has been agreed that the Homelessness consultation will commence September 2017. A number of interactive consolation sessions will be held to ensure that all partner agencies, statutory and voluntary are involved and their participation and identified priorities are incorporated within the final strategic document report.

The Strategy review will aim to incorporate operational and service

provision changes, identifying clear direction for preventing and addressing Homelessness within Halton. The five year strategy will reflect the relevant factors known to affect future homelessness and outline the identified actions completed within the financial year and new tasks added to ensure the action plan remains current and reflect legislative and economic changes.

The final five year Homelessness Strategy report and action plan will be submitted to all the relevant management boards for approval January 2018.

3.8 Legislation

3.8.1 The Localism Act 2011 introduced many changes to homelessness and allocations legislation. The legislative changes have resulted in a change in how homelessness is administered, with further emphasis placed upon prevention. There has also been a gradual increase in homelessness both locally and nationally.

As part of the Localism Act, the bedroom tax subsidy was introduced; however, this has not had the anticipated impact upon homelessness. Registered Social Landlords have been affected by the tax subsidy, forcing many to revise their policies and housing stock. Many Registered Social Landlords have introduced local strategies to address the issue, resulting in additional building work to regrade and reduce property size.

3.8.2 Homelessness Reduction Bill

The Homelessness Reduction Bill received royal ascent April 2017. The Act will include a number of legislative clauses that will impact and change homelessness service provision and affect how it is administered in the future.

The Homelessness Reduction Bill places particular emphasis on homelessness relief and prevention. The revised statutory duty will be to assist those threatened with homelessness and the time period to work with clients will change from 28 days to 56 days, which will be very positive for all those facing homelessness. However, the legislation will place additional pressure upon the Local Authority, further extending the decision making process and duty to provide temporary accommodation for none priority clients.

The Homelessness Reduction Bill is due to be introduced April 2018, with further legislative guidance due to be issued mid/late 2017. Due to the identified changes, it is necessary for Local Authorities to start making changes to ensure they are fully equipped to administer and comply with legal statutory duty due to commence April 2018.

The changes in legislation cannot and will not be effective in

isolation. To be truly effective, these new duties need to be underpinned by a renewed, cross-departmental Government strategy and policies to ensure suitable accommodation is available in areas where it is needed to prevent homelessness and councils have the resources required to respond adequately and compassionately.

Failure to comply with the legislative changes could result in unintended consequences, such as 'gate-keeping' of services, unlawful decisions and repeat homelessness, with damaging consequences for children and other vulnerable applicants and a lack of meaningful outcomes for single adults.

The Housing Solutions Team will undergo a service review to ensure the necessary procedural and legislative changes can be applied and the Authority is fully compliant. It is also necessary to conduct a number of briefing sessions across the Borough, with both statutory and voluntary agencies, to ensure they are fully aware of the legal requirements and their role within the new administrative guidelines.

4.0 POLICY IMPLICATIONS

The homelessness service operates within a tightly regulated environment, dictated by the following statutes/orders.

- Housing Act 1996
- Homelessness Act 2002
- Localism Act 2011
- Equality Act 2010
- Suitability of Accommodation Order 2012
- Homelessness Code of Guidance 2006
- Localism Act 2011
- Homelessness Reduction Bill 2017

5.0 OTHER/FINANCIAL IMPLICATIONS

There are no immediate financial or resource implications. However, upon further clarity of the Homelessness Reduction Bill, this will affect future service delivery and financial budgets.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

Homelessness can have an adverse impact on the wellbeing of children and young people with educational attainment being affected by adverse residential mobility. The prevention focus of the Strategy will ensure that families with children are assisted swiftly to ensure minimal disruption. In addition, the Strategy recognises that

homelessness amongst young people in Halton is a particular problem and therefore includes priorities to strengthen joint working to ensure this group is provided with the most appropriate support by the relevant agencies.

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

The lack of a settled home can adversely impact an individual's ability to find and sustain employment – the Strategy's focus on homelessness prevention allows people to remain in their homes wherever possible.

6.3 **A Healthy Halton**

The Homelessness Strategy places emphasis on the links between health and homelessness and one of the strategy objectives is specifically focussed on this issue. Therefore, implementation of delegated actions contained within the strategy has had positive implications for the health and wellbeing of those experiencing homelessness.

6.4 **A Safer Halton**

Criminal activity can be both a cause and consequence of homelessness and homeless prisoners are more likely to re-offend following release than those who have settled accommodation. Therefore, the Strategy includes a priority to improve joint working with the police and probation service to address the growing housing need for offenders.

6.5 **Halton's Urban Renewal**

The presence of rough sleeping can have a negative impact on the environment and the Strategy seeks to continue to ensure that this does not pose an issue for Halton through the intensive support initiative scheme.

7.0 RISK ANALYSIS

7.1 None identified.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 The Strategy includes priorities targeted at providing support for those who are vulnerable or have complex needs and other marginalised groups such as young people and offenders.

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

9.1 None under the meaning of the Act.

REPORT TO: Health Policy & Performance Board

DATE: 20th June 2017

REPORTING OFFICER: Strategic Director, People

PORTFOLIO: Health and Wellbeing

SUBJECT: NHS Halton Clinical Commissioning Group's Quality Referral Programme: Implementation of a Referral Facilitation System in Halton

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 This report provides an update on the Halton Quality Referral Programme, namely the implementation of the Referral Facilitation System (RFS) as a key component of the programme.

2.0 RECOMMENDATION: That the Board:

i) Notes the update on the implementation of the RFS in Halton.

3.0 SUPPORTING INFORMATION

3.1 Background and progress to date

In October 2016, NHS Halton CCG Governing Body approved an invest-to-save approach for the implementation of a Referral Facilitation System (RFS) as part of the CCG Quality Referral Programme. This process facilitates the transfer of primary care referrals to secondary care via a secure electronic Integrated Care Gateway (IGC).

The patient is then offered choice of secondary care Provider via use of the national e-referral system. The administration associated with e-referral i.e. contacting the patient and booking them into an appropriate clinic electronically, is handled by the Referral Management Centre (RMC) which is provided by Midlands and Lancashire Commissioning Support Unit (MLCSU).

3.2 Phase 2 Implementation

Phase 2 of the RFS implementation is the introduction of a clinical triage process. The introduction of clinical triage serves two purposes:

- Ensuring that patients receive appropriate and timely care by fully utilising existing community services where appropriate.
- To provide intelligence to the CCG to support future commissioning, this will include robust data on volume of demand and type of demand for chosen specialties so we can deliver appropriate services to the residents of Halton.

It is anticipated that Phase 2 of the RFS implementation will 'go live' in Q2 2017/18 and following an internal prioritisation process will initially focus on the below 4 specialities:

- Ear, nose and Throat (ENT)
- Gynaecology
- Dermatology
- Gastroenterology

These specialities have been chosen due to availability of community services within that speciality (ENT) or as they have been identified as a commissioning priority as there is potential for the commissioning of community services in these areas going forward.

Clinical triage will provide the evidence and basis to commission and resource these services appropriately whilst clearly demonstrating both the anticipated improved quality from a patient perspective and ensuring that we are using local resources effectively.

This process will be completed as per the specified contract key performance indicator within 48 hours following the referral to provide assurance that this is not creating excessive delays for patients.

3.3 **Patient Communications and Monitoring**

On average, a GP will refer approx. 10 patients per week to secondary care, representing a relatively small proportion of their overall daily activity which on average is 15 x 10 minute clinic slots per session and up to two sessions per day.

Both the previous and current processes for referrals to secondary care can be seen in Appendix 1 & 2. Along with a full process flow including timescales in Appendix 2b.

The transition in process form Appendix 1 to Appendix 2 does not impact on the treatment received by Halton residents as part of their care pathway but aims to approve the flow of patients from primary to secondary care by managing this in a secure, electronic and standardised manner.

The new process ensures that all referrals are securely communicated to secondary care with all the correct information provided to avoid delays. It also ensures that patients are booked into a specific clinic slot and this information is available to both the patient and the GP surgery so they aware of where they are in the process providing much more control and oversight. Unlike other methods of referral where it is not possible to locate a booking until it has been processed in secondary care, the referral facilitation process provides a live status of each referral.

The new process also provides much more assurance for patients that they will be booked into the appropriate clinic as this is specified as part of the referral process via the standard referral form reducing the occurrence of inappropriate appointments and the potential for multiple clinic visits prior to getting the treatment they need. This is supported by the completion of a standard and appropriate referral form for all patients

which is linked to the patient record and automatically populates with the relevant information that is needed for the referral. The process in Appendix 1 highlights that there is currently varying methods and types of documentation currently being used for this process.

In order to support GP's to have discussions with patients when they are considering a referral to secondary care. The CCG in collaboration with the Referral Management Centre, have developed a patient leaflet and smaller information card to provide patients with a point of contact should they wish to check on the progress of their referral.

The ability for patients to track their referral within the system is a function that is only now available with the implementation of a formal referral management system as per the above and this would not have previously been possible via a central route and would have relied on contacting individual specialties. The leaflet also provides details of how to make a query/complaint in relation to the handling of their referral should they wish to do so.

In addition, the CCG will be closely monitoring the usage of the referral management process, including the numbers of incomplete referrals and the number of referrals recommended for an alternative community service where this is available. The use and standardisation of this referral method is aligned to the GP Incentive scheme in order to reduce variance and improve the security and safety of patient referrals.

The CCG has committed to a 12 month pilot of a formal referral facilitation process. Working with delivery partners and Provider organisations, the CCG will be utilising both qualitative and quantitative feedback to analyse the return on investment of the system and its continued investment going forward.

3.4 **Referral Facilitation System (RFS) – Case for Change**

There are a considerable number of drivers associated with the implementation of the RFS which supported the investment decision.

Secure and consistent method of communication

As a CCG our current e-referral rate is 26% which suggests that the majority of referrals to secondary care are being directed via another route e.g. fax, letter, telephone etc. demonstrating significant variance across primary care.

This variance creates a significant risk to the governance and security of referrals. For a fax machine to be deemed a secure method of communication it is required to be a safe haven fax which is often difficult in a hospital setting and along with a telephone communication, it is not possible to audit or track a referral in real time thus increasing risk of a referral becoming 'lost' in the system.

The security of referrals is particularly important in relation to 'Two Week Wait' cancer referrals. The referral management system ensures that all cancer referrals can be tracked and are processed through the system within an average of 21 minutes to ensure no delays to patient care.

Assurance of consistent quality of referrals
Due to the varying methods of referral outlined in Appendix 1, the quality and completeness of referrals is also variable. For faxed/letter referrals there is currently no quality check on both the demographic information and the referral information provided and no standard documentation utilised.

Via use of the electronic gateway there is a quality check at the Referral Management Centre point which includes a check for complete demographic data, a check that the referral is complete i.e. all relevant attachments have been included e.g. X-Ray reports etc. and where clinical triage is in place, that all relevant pathways and policies have been followed to ensure the most appropriate and timely treatment for the patient.

Consistency in the offering of choice (via e-referral) for all Halton residents
When being referred to secondary care it is mandatory for patients to be offered a choice of Provider. They should have access to relevant information to make this choice, such as hospitals available, proximity to residence and relevant waiting times where available. In order to ensure this is consistently and fairly applied it is essential to have an organisation responsible for ensuring this is undertaken for all referrals. This forms part if the contractual arrangement with the Referral Management Centre.

Managing secondary care demand
NHS Halton CCG and the national health economy is under significant pressure to manage demand and use the finite resources available to serve local populations. A significant proportion of CCG spend is on secondary care services.

Currently there is no mechanism to robustly monitor this demand or to establish if there are other alternatives, for example community services that are being under-utilised. Often community services will provide a much quicker access route for patients to get the care they need. By clinically triaging referrals this may significantly reduce the length of patient's pathway whilst ensuring we are using NHS resources most effectively to deliver a quality service.

Access to Robust & Timely Data to Support Commissioning
Via the implementation of clinical triage we will not only have access to reliable and timely data in relation to volume of referrals, we will also have detailed information about the volume of specific conditions related to the triaged speciality.

Historically due to the current methods of referral this has not been possible. Without access to this level of information, there is significant risk when commissioning new services that they will be incorrectly resourced to meet the demand, impacting on patient flow. Using clinical triage to model a 'virtual' clinic provides the CCG with the data to commission much more effectively going forward.

National Drivers
Due to the financial pressures referenced above, CCG's in England have been placed under significant national pressure to implement a formal method of referral management. This is supported by a number of related national targets aimed at both CCG's and secondary care providers which include CCG local quality premiums to increase the use of e-referral and a secondary care Commissioning for Quality and Innovation (CQUIN) to increase the number of clinics published to e-referral.

The implementation of a referral management system provides the mechanism for health economies to be able to achieve these national incentives.

4.0 POLICY IMPLICATIONS

4.1 The commissioning of a quality, safe, effective and equitable method of managing the referral process into secondary care is critical to ensure patients receive efficient care, via the use of the most appropriate pathways and the most effective use of NHS resources, whilst also reducing variation in the management of patients across Halton.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 Investment in Referral Facilitation System: £225,662.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

None

6.2 Employment, Learning & Skills in Halton

None

6.3 A Healthy Halton

The remit of the Health Policy and Performance Board is directly linked to this priority.

6.4 A Safer Halton

None

6.5 Halton's Urban Renewal

None

7.0 RISK ANALYSIS

7.1 The implementation of the Referral Facilitation Process in Halton as per Section 3 provides a fully auditable electronic method of managing the referral process into secondary care thus reducing the risks associated with paper/telephone methods of referral.

7.2 There is significant work still to be undertaken with the Trusts to transition fully away from the use of alternative methods of referral by ensuring more clinics are made available on e-referral. This is being nationally supported by NHS England via the implementation of national incentive schemes as outlined (CQUIN).

7.3 There is a risk that the pace of this transition will mean a prolonged period in the use of alternative methods outside of the use of e-referral as per the current state (Appendix 1). NHS Halton CCG are working with both Providers and neighbouring CCG's to

ensure a consistent and collaborative approach to this transition that is managed and controlled to ensure there is no impact on patients in the Borough.

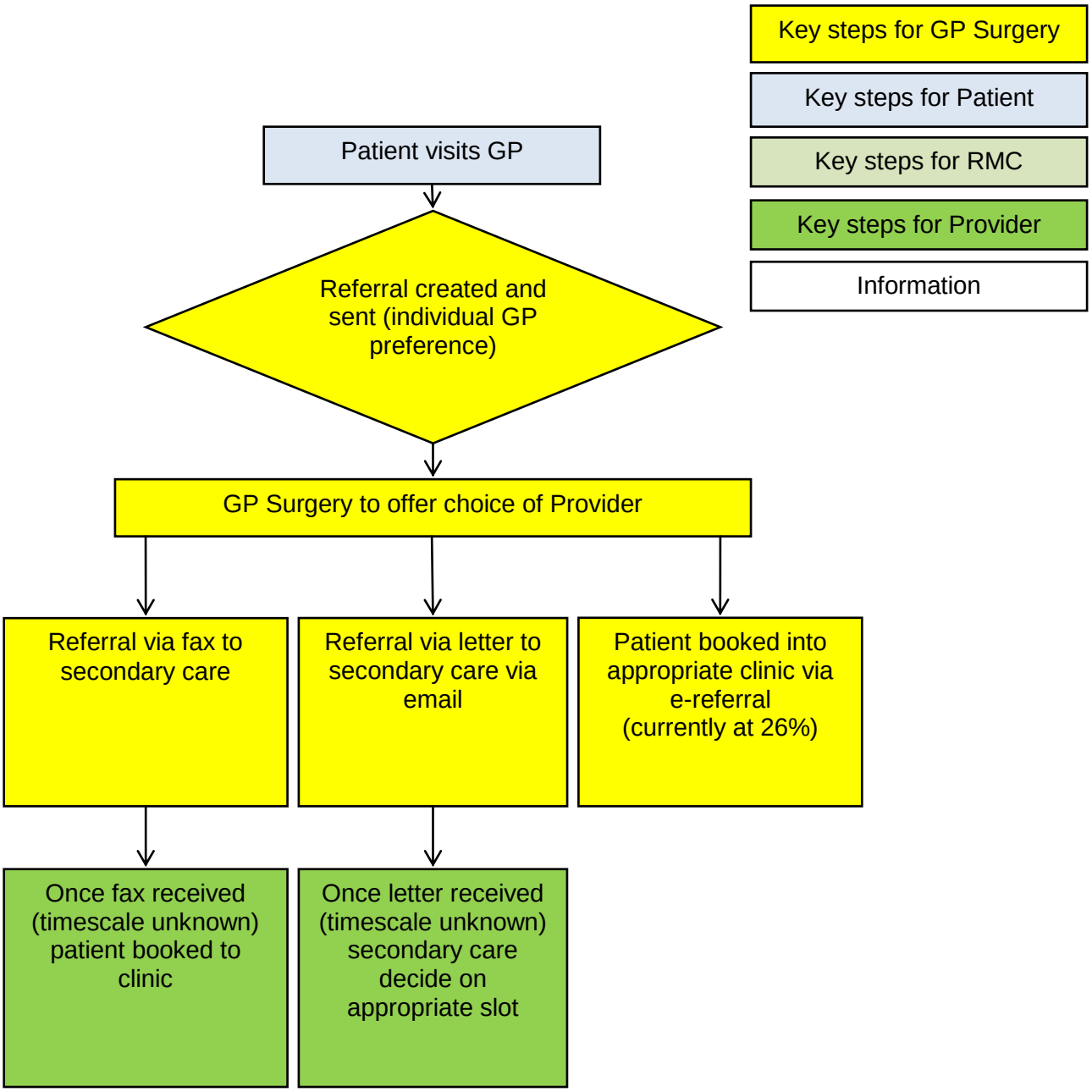
8.0 EQUALITY AND DIVERSITY ISSUES

8.1 This is in line with all equality and diversity issues in Halton.

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

9.1 None under the meaning of the Act.

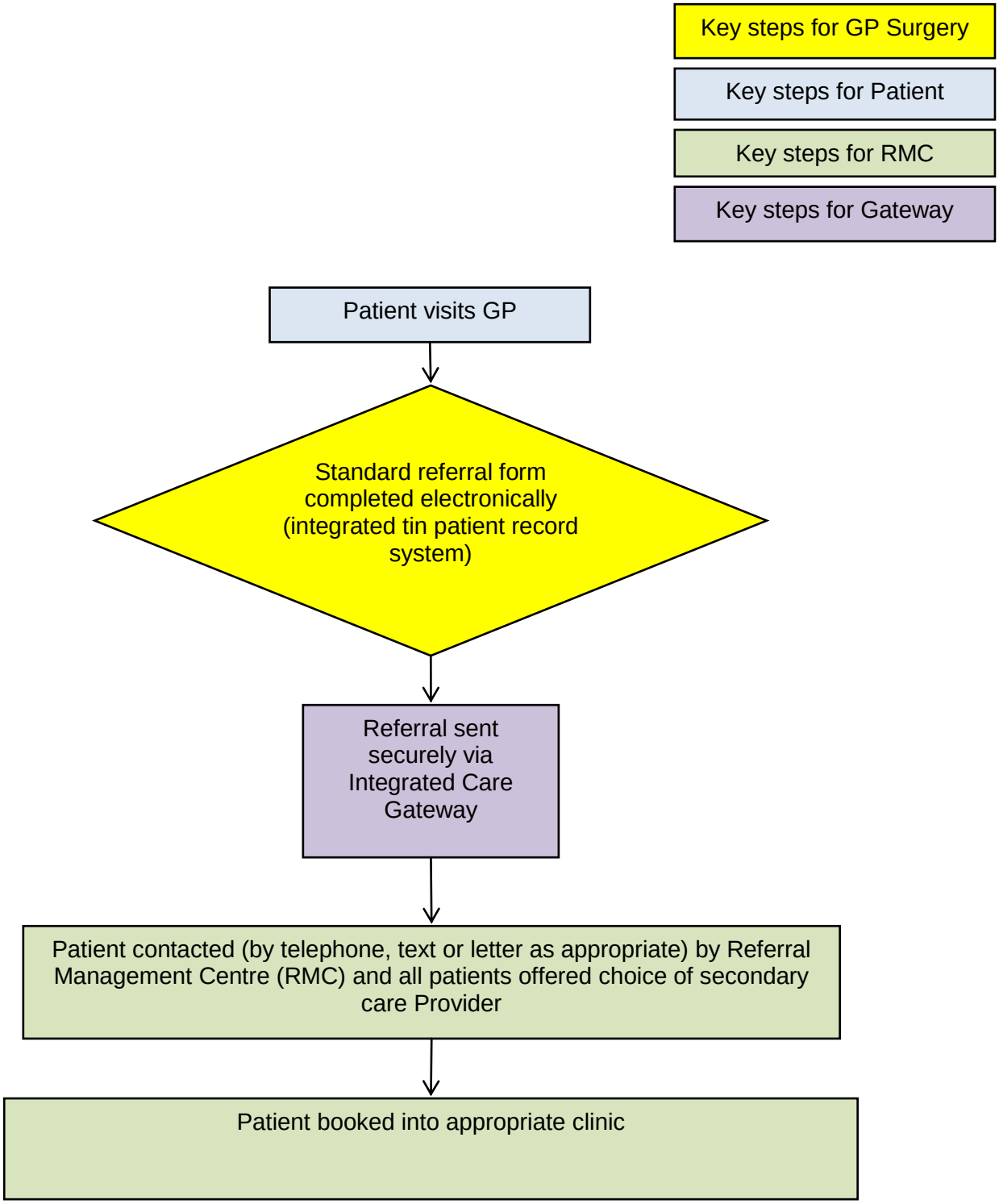
Appendix 1: Current referral process



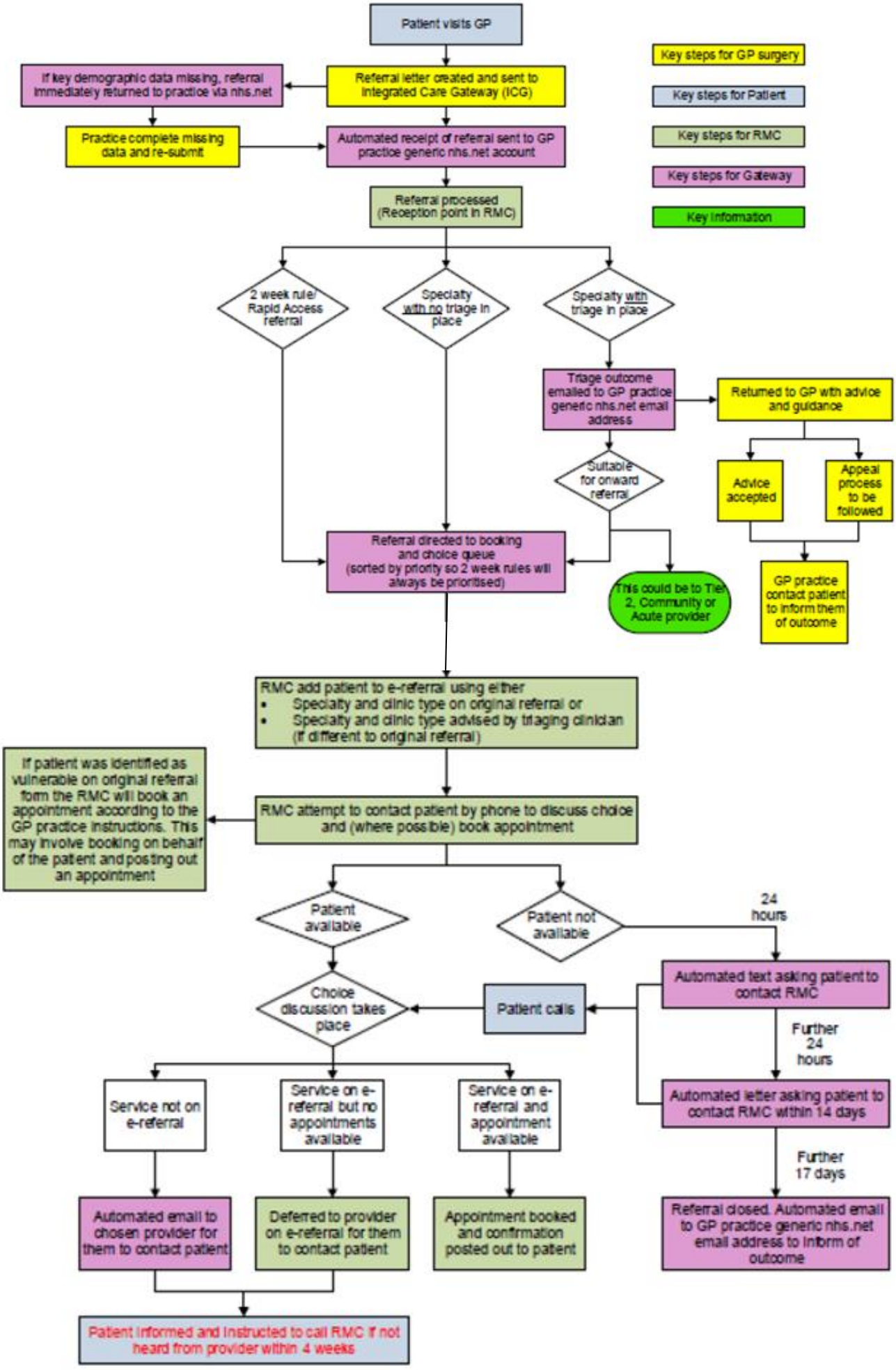
Risks associated with current referral process

- Varied methods of referral route to secondary care
- No quality check on standard of referral e.g. has complete and accurate demographic information been provided
- Potential confidentiality/data security breaches due to unsecure methods of communication (i.e. fax)
- Lack of auditability of referrals that have not been processed via e-referral and no overview of timescales
- Risk of patient being booked into inappropriate clinic if e-referral is not used.

Appendix 2a: Referral Facilitation Process



Appendix 2 – Full Referral Facilitation Process (including clinical triage and audit trail)



REPORT TO: Health Policy & Performance Board

DATE: 20th June 2017

REPORTING OFFICER: Strategic Director, People

PORTFOLIO: Health and Wellbeing

SUBJECT: General Practice Alignment to Older People's Care Homes

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To share with the Board the outcome of the public consultation on the proposal to align General Practice to Older People's Care Homes in Halton.

2.0 **RECOMMENDATION: That:**

i) The Board reviews the enclosed consultation document (Appendix 1) and supports the alignment of GP Practice to Older People's Care Homes in Halton.

3.0 **SUPPORTING INFORMATION**

3.1 Dr David Lyon, NHS Halton Clinical Commissioning Group (CCG) Clinical Chair and Leigh Thompson, Director of Commissioning for NHS Halton CCG attended the Health Policy and Performance Board (PPB) on 7th February 2017 to present the NHS Halton CCG's proposal to align GP Practice with Older People's Care Homes in Halton, supported by Halton Borough Council. The Board agreed at that time that the proposal amounted to substantial variation and supported the approach to consultation which was presented. The Board requested presentation of the outcome of consultation at the June 2017 Health PPB.

4.0 **POLICY IMPLICATIONS**

4.1 The commissioning of quality, safe and effective general medical services is critical to ensuring improved care and outcomes for residents and supports NHS Halton CCGs Sustainability and Recovery Plan.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 An Enhanced Service Specification to support a new model of delivery, over and above that within the Standard NHS Contract is

being developed. This Specification draws upon similar schemes nationally which have proven to show a reduction in emergency admissions and an improvement in health outcomes.

GP Practices will be remunerated for this enhanced level of provision at a rate yet to be agreed but benchmarked against other schemes nationally. This funding will be provided by NHS Halton CCG and reviewed in line with Service efficacy at defined intervals.

5.2 Previously anticipated funding from NHS England in association with Enhanced Health in Care Homes has not at this point been divested but it is expected that this funding, should it arrive, would support schemes that complement the alignment model of delivery.

IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children & Young People in Halton**
Not applicable.

6.2 **Employment, Learning & Skills in Halton**
The alignment of General Practice to Older People's Care Homes in Halton will help to support and maintain healthy and resilient workforces both within General Practice and within Care Homes.

The Board may wish to note that there is a separate programme of work underway led by Halton Borough Council's Assistant Director of Adults Social Care which seeks to address further, training and retention of staff within care homes.

6.3 **A Healthy Halton**
An alignment model is expected to support improved care and outcomes for residents as well as the alleviation in pressures for both workforces.

6.4 **A Safer Halton**
A closer working rapport between Older People's Care Homes and General Practice will strengthen relationships; reduce medication/prescribing issues and support early identification of issues that may require support or action from another agency, thus improving care.

6.5 **Halton's Urban Renewal**
None.

7.0 RISK ANALYSIS

7.1 It is anticipated that the previously noted risks around potential non-engagement of stakeholders have been mitigated through a comprehensive consultation period which will culminate in a final message to stakeholders being relayed in the coming weeks.

The national funding described in the previous report and under 5.2 above, has not been received and 100% of funding for the Enhanced Service Specification will be from Primary Care budget and the additional schemes hoped to bolster this project are on hold at this point in time. This does not affect service delivery.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 An initial Equality Impact Assessment has been carried out. This was reviewed and accepted by NHS Halton CCG Equality Lead. This will be reviewed again in line with consultation closure and updated as required.

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

9.1 None under the meaning of the Act.

NHS
Halton
Clinical Commissioning Group

Aligning GP's with Older People's Care Homes in Halton

Public Consultation

27th February 2017 – 22nd May 2017

Outcome of Consultation

1. Executive Summary

NHS Halton CCG has carried out a period of consultation in relation to the proposal to align GP Practice with Older People's Care Homes in the borough.

In addition to support locally within GP Practices, Care Homes and the Local Authority, the proposal to align was reinforced by the Local Medical Committee at a meeting on 6th February 2017. Subsequently the Health Policy and Performance Board (PPB) agreed that the proposal amounted to substantial variation and supported the CCGs approach to consultation at presentation on 7th February 2017.

This report will be shared with the June 2017 Health PPB, NHS Halton CCGs Governing Body and the Local Authority Care Home Project Development Group.

The aims and objectives of the consultation were to:

- Ensure interested parties have the opportunity to provide feedback on the proposals
- Ensure all those potentially impacted by the change are aware of and understand the proposals and have the opportunity to provide feedback
- To provide sufficient information to enable people to understand the implications of the proposals
- Support the CCG Governing Body to reach a final decision following the consultation

2. Methodology

The Project Team designed a flyer to support discussions with stakeholders about the project and developed a survey which could be completed online via Survey Monkey or by hard copy.

The flyer and link to survey was distributed by the CCG and through partners to key stakeholders which included but not exclusively:

- Care Home residents/families/carers
- Care Home Providers
- GP Practices
- Patient Participation Group (PPG) Plus
- General population
- Halton Borough Council
- HealthWatch Halton and Voluntary Community Action
- Halton OPEN (Older People's Empowerment Network)
- Age Concern
- Age UK
- Carers Network

- Carers Centre
- Warrington and Halton Hospitals NHS Foundation Trust
- Bridgewater Community Healthcare NHS Foundation Trust
- 5 Boroughs Partnership NHS Foundation Trust (*now North West Boroughs Healthcare NHS Foundation Trust*)
- St Helens & Knowsley Teaching Hospital NHS Trust

The Project Team have engaged through various routes including:

- Care Home Visits
- Patient Participation Group (PPG) Plus
- Joint CCG and Carers Centre Event
- Halton Community Radio
- NHS Halton CCG Website
- Twitter

There has been interest from one Care Home to have the Project Leads attend a Resident and Families meeting, this unfortunately could not be concluded during the consultation time period due to prior arrangements of the Home. The Project Leads will ensure that this visit is conducted as requested; it is anticipated this will be within June 2017.

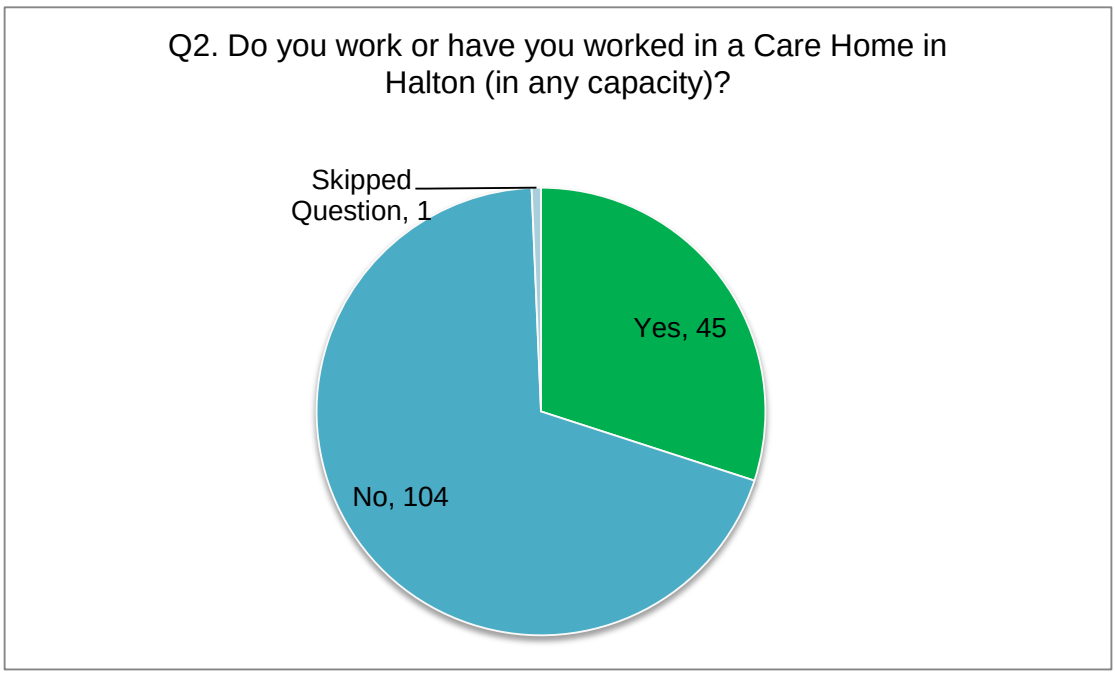
The Project Team have actively engaged with the appropriate Forums/Groups as required within the reporting structure of the CCG and the Local Authority.

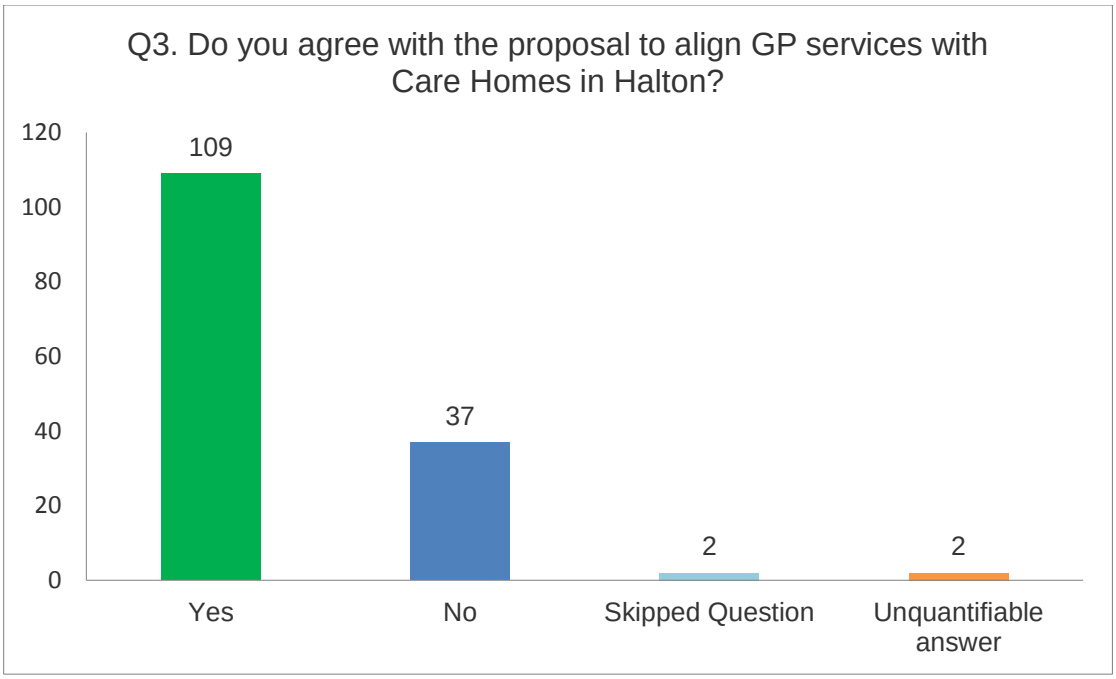
3. Analysis

In total 150 responses to the survey were received. The results of the survey can be seen below (*please note that answers are written as supplied*):

Q1.

Are you currently a resident in or visit family/friends in a Care Home in Halton?		
Answer Options	**Response Percent**	**Response Count**
Yes	41.6%	62
No	58.4%	87
answered question		149
skipped question		1





Q3 - **Please supply more information here if you wish**

Yes

Yes. I think it is a good idea but the care home should be allowed to choose their surgery
Yes. *Comment removed as it contained identifiable information.*
Yes. it would create a regular team for residents and staff. time beneficial for GP not moving from care home to care home
Yes. Provided that each patient have the chance to keep their choice of keeping own doctor - or use another doctor of their choice, so no regimentation
Yes. If patients could keep there own GP if they wanted

Yes. Would like to be kept informed of health issues and support provided. GP (*text ineligible*) family members
Yes. Personal supervision with eating for those who cannot and meals soon get cold. Volunteers to talk to them on a daily basis. They like to talk about there past.
Yes. Makes sense
Yes. Hopefully this would help to ensure care home standards are kept constant, and help patients receive a more regular and relevant contact with their GP
Yes. Think communication and care would improve this way.
Yes. In proposal and professionally I think it is a good idea, however speaking from personal experience my father in law, who has advanced vascular dementia and is resident in (*Home name removed*) has had a long relationship with his own GP who understands him and has years of experience managing him and his condition. I would be concerned if my father in law was suddenly allocated a new unfamiliar GP, his health may suffer.
Yes. It makes sense for provision of care. It would also mean that a practice could allocate time in a home looking at treatment , medication issues of a few rather than dashing from home to home. Consistency of care
Yes. It sounds a logical idea and if it saves money for the NHS and the Medical Practice, then it's the way ahead. However, we are dealing with the older generation and they may have been with one Doctor for many years and have complete confidence in that person. Change will not come easy.
Yes. I believe this proposal will save time and money (for both patient and GP) and provide a more person centred approach to the patient.
Yes. Logical step to centralise care home and GP services
Yes. Sensible Idea, but would it be a possibility to trial one central GP service in the town, such as from the Health Resource Centre - where MSK services etc are located (Salford Scheme)
Yes. Think its a good model
Yes. It will be a huge benefit to the residents as the surgery might be able to do a "ward round" and visit the care home more often. It should also improve the relationships between care home staff and surgery staff. It should be a safer and more time effective way of working for everybody involved. Where is has happened in other areas it has been positive outcomes
Yes. however, it MUST be a GP who is prepared to work with the home and visit. Some GPs in area sadly very reluctant to attend, and regularly prescribe anti-biotics and even repeat courses over the phone. This is not best practice and not what my residents deserve.
Yes. brilliant idea

No

No. I don't believe peoples choice of GP should be taken away from them + have a new GP forced onto them
No. Most people, my mum included have been with the same GP most of their lives, GP's who know them and their ways as well. Which is especially important to somebody suffering with dementia. I am very much against this proposed change.
No. I would not agree as I don't think residents would be given choices which would affect their long term care
No. People have the right to choose. I wish my father to remain with his long standing GP.
No. Services should be left as they are present
No. No choice of surgery for care home
No. *Comment withheld at responders request*
No. Don't think it would be right because the residents have been used to their surgery all their lives.
No. I cannot agree - my father is 94 and his trust in his surgery is most important as far as I am concerned. To change GP's would cause distress to him and I'm sure many other older people will feel the same. What guarantee is there a new GP would see the same people at all times - the doctors in our surgery travel all over the borough visiting patients. I see this 'aligning GP's' as a cost cutting exercise and not caring. Rember one size does not fit all.
No. *Comment removed as the information was patient identifiable*. However, it included an objection on the grounds of changing GP.
No. I think everyone should have the right to choose
No. My mother has had the same GP for over 50 years, and I know if she still had mental capacity she

would choose to stay with her own GP. That choice shouldn't be taken from her, her wishes should be respected. She shouldn't just become a number to a GP that doesn't know her or her family.
No. In some cases maybe,but not in our case. If mum had the capacity I feel she would say no
No. I don't think matching care homes with one nearby GP practice would improve care for residents. I believe residents should be cared for by the GP practice they know, that they are familiar with and that they would still choose to stay.
No. I believe residents should have choice to keep own GP and I believe future residents should be allowed to remain with their own GP if local. I do not believe residents should be forced to be with a new GP.
No. Very biased proposal - lack of citing of the evidence base. Targeting a dis empowered group of Halton residents. A 'done deal' it seems people (residents) exercised their choice when they chose their GP's in the first place
No. Happy with mums current GP
No. No I don't agree with the proposal as it should be discussed with the people concerned
No. Doctors get to know their patients and their medical history so the patient is confident that the doctor know what they are talking about.
No. Would not want my mother to move to a different doctor - especially if that practice is not as good as the current one
No. I think the continuation of allowing the patient to remain with the GP practice they have always known is more important
No. *Partial comment removed as it contained identifiable information. However, it contained the following remark* - A change of GP at this time would be detrimental to her wellbeing and I don't believe it is her 'patient choice' for this to take place.
No. NHS keep changing things and getting them wrong
No. It would depend on the persons illness. My mum has parkinsons/dementia and gets incredibly anxious with new people, so having a new GP that she has never met before could be upsetting for her
No. When an elderly person moves to a care home it can sometimes be bewildering in new surroundings. They have usually known. And trust their family GP for many years - to remove this familiarity and a person who they trust with their health can add to their distress. The Gp will also be familiar with them and their needs and a new GP will need to familiarise themselves. This would also remove the patient choice. A patient should be able to choose who provides their health care especially in their later years

Unquantifiable answer

H
I have carried out enter and view surveys for (*organisation removed*) at about 12 care homes in (*area removed)* during the last 4 years. One of the questions we usually ask is about the GP service. Firstly, no-one can keep his or her own GP if that GP was on the other side of the Mersey. Care home managers or deputies have consistently told us that when a GP practice has several registered residents at a care home, one doctor can make regular visits and see all those registered with the practice, if appropriate. In the past, people may have seen one individual doctor. I am (*age removed)* and fortunately rarely see a GP. I do not know which person is my doctor although I am told there is someone. It is only likely to be a problem if someone has seen an individual for many years. However that person could retire or move to another practice.

Q4. What would good healthcare to people living in Care Homes look like to you?

To have dynamic GP's who have a good understanding
Easy to access, 24 hour care which is free at the point of access
Liaising with doctors and health professionals who they know.
Access to a friendly / familiar GP / Health team, when you need it
I think people living in care homes would like to keep there existing GP as they will have had them for many years and will trust them.
Regular GP / nurse visits - People who are used to patients and parents who are used to them and rely and trust in them.
Happy shiny people
Well organised. Doctors working closer with nurses
More regular check ups. Shorter waiting times. More personnel care providers.
Regular check ups for residents and will reduce waiting time
Have regular check ups for residents No waiting times
Shorter waiting times for GP + DN visits. More regular checkups for residents
I feel a weekly in-house surgery would be beneficial to clients
The residents look clean, tidy & healthy in a calm, structured environment with no smell
Very helpful
Better trained care staff. More nurses.
Exactly what my dad gets as a resident of Trewan House This is home to my dad and he is treated with respect, care and a family feeling
Very good
That people are respected with dignity and have a choice
Listening to their opinions
For the residents to stay with their chosen GP. Not for the authorities to treat care home residents. As if they have no say in their medical care. Think of the residents not how convenient and money saving it is for the authorities.

Doctors who have a n understanding of dementia and experience of working with old people.
Treating residents as individuals. Respecting their choice of GP and not just aligning them to the nearest GP practice to save time and money. If these residents were happy to be with a certain practice that they choose before they were admitted into a care home I don't find it beneficial to anyone but the council to change their GP. The better service, the better communication between surgeries and care home staff, residents and family shouldn't be a benefit. This should be a standard that is met by every residents individual chosen GP surgery. Yes a person may become a resident of a care home but this shouldn't automatically change their GP.
Choice. Being listened to.
Everyone being treated right with the right care
happy, safe, well kempt, nice smell of food
active, happy residents
Happy staff. More activities.
More staff, especially at night
Continuity of care good communication between staff and health care providers Pro active care and anticipatory care before crisis point
Clean, fresh, bright place for people to live & lots of activities & things to do to keep their mind & bodies as active as physically possible. Welcoming & helpful, caring & patient staff.
Regular attention. Thinking on the future & planning
GP who has a wide knowledge and understanding of elderly patients and their needs. Don't need GPs who just *(text ineligible)* elderly population. They should have the same consideration as younger people.
Listening to what patients want from their care and having clear care plans reviewed every 6 months at least. All medicines to be reviewed when a patient goes into a care home as situation likely to be very different from home situation. PATIENT CHOICE IS MOST IMPORTANT HERE
Well I agree with this as the care would be within the same healthcare profession, which means clinical staff can then work with each other to give the best care.
Choice collaboration, co production and co-creation with people who use the service and families/significant others.And listening to the staff in the homes who also know the residents well. Good healthcare - autonomy verses risk and choice
Doctors who understand dementia, regular visits to residence, experience of work with people
To keep own Doctor
Understanding each persons problems and that each one has different needs according to their problem
Healthcare need treating as a priority, and prompt and efficient service given to the individual, whilst maintaining dignity and respect
To me its people who are happy with the environment and look happy in them selves.
A system that allowed a balance between personal continuous care for the people living in the care home and a rational use of resources that supported the care home and the residents
looked after properly
Ryancare is the best
Continuity of care
patients feeling well supported, clean environment and ability to access excellent nursing care.
Plenty of activities for the residents to participate in clean friendly environment, good food
Good medicine managment, effective treatment and easily accesible information for all staff to ensure changes are made quickly if required. Urgent attendance to the care home by a Medical professional if the care home staff or patient have any concerns. Stop using ambulances to take patients to hospital when it would be more appropriate to treat in the care home.
Compassion, Dignity, Confidentiality, Efficient
Friendly, kind, dignified
Not sure
More staff, more encouragement to mingle in the communal areas. There is an issue over continence pads with limits to the number that can be used.
Caring, compassionate staff
Streamlined working with GPs & nurses, all healthcare professionals together.
quick access via a visit to a GP when needed.

Understanding of the clients history Regular reviews: include nutrition, health y skin, maximum mobility
Timely medications. Clean surroundings. Efficient & well-trained staff. happy residents
Don't know
Regular visits by District Nurses. Easy access to GPs. Good carers
Healthy & active.
Don't know
being looked after properly with a good care plan & they are listened to. Wishes to be taken into consideration.
Communal spaces with plenty of activities. Respectful staff. Decent food.
Don't know
Caring environment.
Continuity of care is important.
I think doctors going in to (*Home name removed*) to look after my dad is a good thing
More proactive health care, reduction of unnecessary medication, good advanced care planning
For care home staff to undergo training as advised by GP practice staff to help them clarify areas of uncertainty and to work more closely with the practice to ensure care is delivered efficiently.
I think aligning GP practices would improve continuity for residents, improve communication between staff and GPs and improve the coordination and planning of palliative care (when required).
Regular check ups.
Compassionate care delivered in a timely and effective way.
I would like to see care homes have more responsibility and confidence to manage a person's condition in the home rather than call an ambulance or even a GP. Lots of people are being taken from care homes to hospital for minor things that could and should be treated at the care home.
Regular contact with the same GP/ practice. Regular medication reviews.
Consistent, responsive, caring, high quality, timely, accessible, joined-up, delivered in the care home. Residents will take more responsibility for their own care and will be healthier, live longer with a better quality of life. Residents will have a better experience of healthcare.
More clinical input, additional support, nutritional support, activities family engagement
To keep own doctor
Regular check ups from medical staff with plenty of staff available to take care of residents needs, compassion and understanding. qualities needed by all
A service that puts the patient at the centre and one where all different aspects of the service talk to each other
For patients with dementia who aren't always able to articulate when anything is wrong perhaps there should be more regular checks
My mother lives at (*Home name removed)* and has done for over 2 years, at the moment the healthcare is excellent. I dont want this to change. The staff are quick to notice any health problems and act accordingly
If it's not broken don't fix it. My mum is getting good medical care, I am happy with the beeches
comfortable environment for resident's regular faces spending time and knowing patient's
Well trained, caring staff. A team of professionals, including doctors, nurses & social care, around the home.
Attention regular updates and assesments
Peace of mind to know they are well cared for
Family
More accessiable
Patient, understanding
Seeing people clean and with a smile on their faces. Something to keep them occupied during the day if they are fit for it.
Good care
Regular check up on patients health (*text ineligible)*
To be fit and get around
That they after well and provided for
To look and feel healthy with good food. Someone to take them round the garden in home for exercise.
To see the same GP / Nurse each visit
Speed of service

The plan as above seems reasonable
Better service
Timely and comprehensive
Continuity of care, good communication between staff and relatives. Taking on board the thoughts and feelings of the family members who know the person best
Regular content facility with GP/Carer/Care home. Correctly qualified and regularly trained nurses, compassionate to peoples needs and requirements medically and mentally
Having the go they registered with before they went in the home.
Advanced Nurse Practitioner dedicated to care homes to work as a link between GPs. The role could have scheduled visits for reviews which could include staff education
team approach with dedicated staff.
Holistic approach with continuity
Care and medical support whenever needed.
I think that due to the nature and complexity of many peoples co-morbidities both within residential and nursing care homes in the borough, a GP who knows them and has developed a relationship with them, in lots of cases over many years is well placed to manage their ongoing care needs.
Regular visits from medics & other specialists. Lots of activities & stimulating events. A nice social buzz. Caring staff
GP's would have knowledge of their clients enabling them to build up a relationship with the clients and home staff
Having staff who treat you properly and with care who will respond to your requests and report illnesses immediately. Doctors who will treat cases without delay.
Choice, person centred approach, good pathways and information provided on where to go, who to see - this will all contribute to better and quicker diagnosis and hence, better health outcomes.
Firstly a review of health issues, medication, diet, allergies and suitable exercise regime of all new residents would take place on, or ideally before, arrival. In addition to relevant care home staff, a meeting should include the resident, a relative/ carer and the person in the GP practice who would have GP responsibility for the new resident. If the GP is not available, another GP in the practice. A member of the care home staff would be assigned take personal care of the resident. Although the actual care would be shared with others, that person would check the resident's activity and ensure that the diet is suitable and meets the resident's reasonable requirements. Mental and physical stimulation should be appropriate to their needs and wishes. When possible, this carer should meet the resident's friends and relatives to obtain their views on the wellbeing of the resident. The named GP should review medication on a regular basis and advise the resident if any long term medication is no longer needed.
Regular access to the same GP's who get to know the patients and their history. Regular health reviews and medication reviews. Regular ward rounds each week.
good support from Gp surgery. home visits when needed
One stop shop principal
Include wellbeing and assess quality of life and ensure a good geriatric consultant is involved at least once/year per patient
seam less system, improved communciations. access timely to care and resources.
Well trained front line carers in homes and appropriate calls from care staff to all other agencies
The GP knowing their residents The residents receiving medicine reviews MDT to discuss Best Interest when a resident lacks capacity to make decisions. Residents personal preferences respected Always being care for to a high standard for physical and mental health Being supported to remain independent for as long as possible Being supported to attend out of home activities and see friends and family Quality of life
drop in / ward round type visit each week for the none urgent bits and bobs. Regular health screening and checks by practice nurses or GPs Formal written medication reviews every six months.
consistent quality care from practice
Continuity of care with a GP that they know and trust

Safe and consistent across the borough

Q5. Is there anything that you would specifically like to see changed?

I would like to see care home involved in this decision making RE single alignment. As to date they haven't been asked their opinions and the impact this may have on their future survival.
To stop the alignment of GP's to car homes.
Beter paid & properly trained staff
More pay. Clean homes
Care homes given choice of preferred GP.
Don't know why you wish to change things when they are not broken
Shorter waiting times for residents.
Shorter waiting times for residents
Comment withheld at responders request
Less waiting for appointments
Needs to be more emphasis on support for dementia & better nursing care. Staff need more better long-term support & more of them.
Can't think of anything
Only an increase in salary to the staff in 'homes' and when problems do occur on major scale they are dealt with speedily - perhaps an 'ombudsman' type person checking ad-hoc - also a table of quality in each city/town showing standards - similar to stars awarded to hotels.
No
For GP's to come and see residents when ill instead of a telephone consultation
No, I am happy with leaving things as they are.
I would like regular checks for all patients
No I don't find the need to align a GP practice with care homes. GP's should still treat their patients not just discard them as they become a care home resident.
A regular person to visit
Proper food, pets. All carers should have qualifications & be better paid. Right type of people properly trained.
More activities
Better pay
Improved communication and as above
More time to be spend with residents which means more staff employed.
More better paid staff
I would like to see more consultation with care homes about how they would like to be aligned with not just information that powers that be. Very unfair and not in the residents best interest.
Just a better one to one service all round.
Yes a move away from old fashioned high-handed attitudes. Have a bottom up, evidence based approach
Yes care homes to be involved in choosing which GP to align with
Laundry facilities, clothes go missing or put in other residents rooms event though they are labelled. Sometimes clothes go missing or never seen again.
No not that I can think of
more support for the care home staff to deliver good health care in liaison with gps and other existing community services
more staffr
More staff senior enough to manage things like medications. More time for the residents & to listen to what the problems are.
the price should be a lot lower and subsidised by the government, it should be either free or cheaper
Stop unnecessary admissions to hospital. Reduction in pressure ulcers and falls.
More training for staff & support for them.
More trained & more staff
Better well-trained staff.
Staff better paid. They aren't respected enough
More communication between the care homes and GPs

Don't know
More staff. Better training.
Staff to be more organised. Cleaner homes.
More social activities. Better décor. More staff.
A lot more caring people. There's a lot that don't seem to care. Better pay. More activities for the residents to keep them stimulated.
I don't feel there are enough people looking after the residents. My relative just sits most of the day & those who have no family just look sad.
Better all round really.
Cheaper. Taken over by the government. Not-for-profit
More money should be put in for activities
They need to be a bit more organised.
No
No
For staff handover to be more efficient so that GO visits which may be needed are requested in a timely manner and not as urgent afternoon visits when in fact they could have been done earlier in an elective manner.
I would like more knowledgable staff, a closer more personal care.
Ward rounds. MDT's.
Yes care homes to be involved in choosing which GP to align with
Activities at the weekend to stimulate brain power would be a bonus
I would like people who do the work to be asked about changes before they are made.
Living alone old age problems. Help in the home with tablets etc
I think care homes should have music sessions and also pet visits, makes them feel hapier
Control the smell
A registered nurse in every care home. ensure tablets can be taken
No
remember ANPs they could be a real asset for this
staff retainment.
Regular checkups & not just doctors or nurses. More fun
In my opinion, the carers are not paid sufficient to attract quality people into their employment. There should be an immediate pay freeze and reduction in pay on the top cats in the NHS this would allow the workers at the lower end of the pay scale to be rewarded
Better information provided by GP's practices once a diagnosis has been made
(*Identifiable information withdrawn)* I am not a doctor, but I have a diploma in health and safety and learned about the dangers of many substances. I personally think that some people take too much medication. I raised this issue with the NICE Board when they visited (*area removed*) about 2 years ago. The people who responded doubted whether more that 4 or 5 drugs taken concurrently are helpful.
Consistent approach for all patients
all gp,s working and supporting care homes at the same level of good health care.
PPG presence in a care home if possible. e.g. surveys, complaints, problems, or how could a PPG help?
Reviews of social workers should be more frequent
Ensuring residents are reviewed regularly including GP and Pharmacist for medicines reviews to improve quality of life and reduce tablet burden.
formal medication reviews to evidence inline with NICE guidelines.
reg gp wardrounds
Weekly GP ward rounds - demonstrated better care, better out comes, reduced hospital admissions, reassurance for care staff that they can get their resident seen.

Q6. Thank you for your time, if there is anything else you would like to add, please comment below.

Older people like to keep to their own GP and practices as not many like change
I feel this will be a step back if this change occurs. I cannot see a way of it cut down being beneficial to the patient at all.
Only thanks to all the carers - be they in 'homes' or visiting peoples own homes. In my opinion worth their weight in gold and undervalued by present system.
Most residents no longer have a voice so you need to respect the decisions that they choose whilst they had mental capacity.
Please realise that this change is not beneficial to the main people that matter in this proposal, care home residents
I don't think the GP matters any more.
Employing the right people with the right attitude towards the elderly. After all one day it could be them on the receiving end!!
Read the mental capacity act (2005) about best interests, lasting powers of attorney and about who knows the patients best.
Residents must have a choice
When new resident come into our home they may require their own GP
My husband is in a local nursing home with excellent nursing care. The staff are excellent but feel the shifts are far too long for them. Laundry is the only problem
I personally think this is a very good idea. It will be time saving & a good opportunity for the family to speak to the doctors. Splendid.
Holistic treatments should be used more in care homes, to make the experience more enjoyable.
Should be free
They need more staff for a start.
Seems a very sensible, pragmatic approach which will enhance the lives of residents and support care homes and practices to deliver the best possible healthcare.
Is there any evidence for the alleged benefits outlined on the information sheet? people have doctors now so how will changing to another Dr bring about these supposed benefits?
I don't think the fact that the practice is near to the home means it will be better - where is the evidence for this statement? I strongly disagree with the bullet points on the info sheet provided apart from the last one! these statement seem like wild claims to me - this is purely about saving money
Someone supervising them while eating, to make make sure they finish their main mail and then a 10 minute walk a day. Supervised showers.
Not all GPs have a good bedside manner that needs work
Stop trying to cut costs with the elderly. They are the most vulnerable and cannot always voice their concerns
I just hope that I am never sent to a care home
Identify key workers for each care home resident
When speaking to other areas who have made the move to align care homes and surgeries I have heard very positive feedback/outcomes for residents, family/friends, surgery staff, pharmacy staff and care home staff.
just please ensure the 'allocated' GP is fully engaged and willing to be proactive and work with us. Doing it just for the money will not help.

4. Discussions

All but one respondent agreed to have their comments used for the purpose of service improvement. As described in section 1, this report will be shared with the Care Home Project Development Group which acts as the Programme Board for Care Homes in Halton, chaired by Halton Borough Council's Assistant Director of Adults Social Care and any resulting action will be directed by that Group.

22 of the respondents saying ‘no’ explained that the reason was to do with patient choice around registered GP. However, the proposal always maintained that patient choice is paramount. Existing residents in Care Homes will not have to change registered GP.

All 15 Practices are in agreement with the proposal, although one did query the Care Home they had been aligned to.

Of the 15 Care Homes, there have been 3 that have raised issues. One queried the capacity of the Practice they had been aligned to. The size of the Practice does match the aligned Care Home well and they have already recruited extra permanent staff. One Home had a relationship problem that the Practice concerned is addressing. The third had concerns about ordering repeat prescriptions which is exactly the sort of issue that the alignment is designed to solve.

This consultation has been very useful. It has helped us to plan out the introduction of the new arrangement and flesh out the details of the Enhanced Service for Practices. In particular, the practices will be expected to field a regular member of their clinical team to conduct ward rounds.

5. Conclusions

Overall there has been an overwhelming support for the project; it is therefore the Project Teams intention to ask NHS Halton CCGs Governing Body for support to progress to align General Practice to Older People’s Care Homes in the Borough.

Report compiled by:
Natalie Vinton
Commissioning Manager
25th May 2017

REPORT TO:	Health Policy & Performance Board
DATE:	20 June 2017
REPORTING OFFICER:	Strategic Director, People
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Closure of Windmill Hill Medical Centre
WARD(S)	Windmill Hill

1.0 **PURPOSE OF THE REPORT**

1.1 This report sets out the reasons for the closure and the actions taken.

2.0 **RECOMMENDATION: That:**

i) The Board notes the actions taken.

3.0 **SUPPORTING INFORMATION**

3.1 **Introduction and Background**

In March 2017 NHS Halton Clinical Commissioning Group's (HCCG) Governing Body took the decision to close down Windmill Medical Centre on 31st March 2017, and disperse the list. This follows the earlier decision to close the Windmill Hill branch surgery based in Widnes. The practice was originally developed as part of the Equitable Access to Primary Care programme and was being run by Liverpool Community Health (LCH) under a time limited Alternative Provider Medical Services (APMS) contract. The contract with LCH was due to end on 31 March 2017 and due to an organisational restructure at LCH, there was no opportunity to extend the contract beyond this date.

The decision to re-procure a GP practice at Windmill Hill had previously been taken by the CCG and the Primary Care Team had worked hard to try and find an alternative provider. Unfortunately, despite extensive efforts and advertising both nationally and locally, the CCG was unsuccessful in securing a new provider to take over the practice. Therefore with no provider to take over the service, the CCG was left with no other option than to close the practice.

Following the decision the priority was to ensure as smooth and safe a transfer as possible of patients to alternative practices, in the short timescale that was available.

3.2 **Communications**

A Communication Handling Plan was developed to ensure clear and consistent

messages for patients and the handling of all media activity. A media protocol was also developed to ensure all media statements were consistent and that the required sign off processes were in place. External stakeholders were identified and appropriate methods of communication documented. Early meetings were held with Halton Borough Council, Local Councillors and MP's and the LMC. All other external stakeholders were advised of the decision on 2 March 2017 by emailed letter.

3.2.1 **Communication with Patients and Patient Participation Group (PPG)**

The main aim of all communications with patients was to provide clear and consistent information to both inform, and provide reassurance. Two letters were sent to patients, the first on 6 March 2017 informing them of the decision and advising them on next steps. In hindsight it was agreed that this letter should have been sent at the same time as the letter to external stakeholders on 2 March, if not before. The second letter was sent over 16th and 17th March 2017 advising patients of their new GP.

Two drop-in sessions were held on 21st March 2017 at Windmill Hill Medical Centre, to give patients the opportunity to discuss any concerns or issues they might have. A total of 24 enquires were received. Most of these were in relation to patients wanting to register at an alternative practice to the one they had been assigned to, and appropriate advice was provided. An FAQ was also developed and circulated via the practice and various websites.

A meeting was held with the Windmill Hill PPG on 7 March 2017 to inform them of the decision and answer any questions. An open and frank discussion was held. The Group's main concerns included: why it had been decided to close the practice; what would be the impact on access to other local GP practices; how would the development of the Windmill Hill Community Hub be affected; how would patients be supported throughout the process; why had patients not been informed before the media had found out; and concerns regarding transport in the area. The group was provided with as much information and assurance as possible.

Once all patients were safely registered with a new GP the Group was advised that the CCG was keen to undertake a wide scale public engagement and listening exercise. The aim would be to debate the health needs of Windmill Hill and discuss future plans.

3.3 **Media Interest**

A media enquiry was received from the Runcorn Weekly News on 3 March 2017 and a media statement was issued. The reporter was also telephoned to ensure they were fully briefed. An on-line article was published on the same day. Another article was published in the Runcorn and Widnes World on 20 March 2017. To date it is felt that the amount of adverse media attention has been minimal and the published articles were felt to be balanced and accurate.

An article on the closure of the practice will be published in the next edition of the

Windmill Hill Big Local newsletter, advising any former patient who is not sure who their new GP is, on whom to contact.

3.4 Patient Assignment to Alternative GP Practices

Under normal circumstances patients would receive a letter asking them to register with the practice of their choice, but because of the short time-frame it was decided to assign patients. This was to ensure that every patient registered at the practice had a GP and was able to receive a smooth continuation of the care they needed. The CCG worked alongside NHSE to undertake the assignment. As far as possible patients were assigned to their nearest, alternative practice. Patients were advised that they were free to register at an alternative practice if they did not like the practice they had been assigned to.

At the start of the process there were 2143 patients on the register requiring dispersal. This number was monitored daily to ensure deductions occurred at an adequate rate. A very small number of patients still remain on the register and they will continue to be monitored until all patients are registered with an alternative GP.

The nearest two practices to Windmill Hill are Castlefields and Murdishaw and the majority of patients were assigned to these two practices – approximately 600 and 1000 respectively. The rest of the patients were allocated to other practices in Runcorn, dependent on where the patient's lived.

In line with the dispersal of the branch surgery in Widnes, practices were advised that they could claim £15 for each patient registered, in recognition of the extra resources required to register a sudden influx of patients. NHSE, as part of the GP resilience fund, contributed 30k towards the cost of this payment.

3.5 Practice Closedown

To ensure a smooth closedown of the practice weekly meetings were held between LCH and the CCG's Primary Care Team; an exit plan was agreed and regularly monitored.

3.5.1 Documentation and Records

All remaining Lloyd George patient records were collected by Primary Care Services England (PCSE) on 31 March 2017, to be redistributed to receiving practices. All unused FP10 prescriptions were destroyed in accordance with NHS Protect's 'Security of Prescription Forms Guidance' (August 2013). A member of the Medicine's Management Team reviewed all medicines management folders to determine which could be destroyed or retained as appropriate. One unused and one partly used book of Medical Certificates of Cause of Death were returned to the Halton Register Office. All other documentation was securely destroyed or retained by LCH as appropriate. Internal post has been re-directed to the CCG. All post is being monitored and acted upon accordingly.

3.5.2 **Access to Clinical System**

A local GP has been given access to Windmill Hill's clinical records to monitor any outstanding or incoming correspondence, results, notes etc. and to take appropriate action. A local Practice manager has also been given administrator rights to the records and will continue to monitor outstanding registrations.

3.5.3 **Pathology Results**

Systems have been put in place in both pathology laboratories in Warrington and St Helens to allow any late forms to be picked up by the safety net team.

3.5.4 **IM&T**

All IT equipment and telephony have been removed from the portacabin. A telephone message advising callers that the practice has closed has been activated. The message advises patients to contact PALS if they have any registration queries. National programmes such as Open Exeter and Primary Care Web Tool have been advised to remove the practice from their systems. The organisation code will be deactivated once the last patient is deducted.

3.5.5 **Staffing**

All practice staff were employed by LCH and have been managed in accordance with its policies and procedures. A number of the administration and reception staff have found alternative employment, either on a temporary or permanent basis, with other local practices.

The CCG would like to formally acknowledge the caring and professional manner in which the management, administration and reception staff supported the sensitive process of closing down the practice. Their dedication and hard work is to be commended.

3.5.6 **Estates**

On 31st March 2017 the CCG's Executive Management Team agreed that the portacabin in which the practice had been located should be removed as soon as possible. The contract is now running on a standard minimum 12 week notice period and NHS Property Services, acting on behalf of the CCG, has served notice on SIBCAS (provider of the portacabin) to terminate the contract. NHS Property Services will also:

- Arrange the de-commissioning of the building;
- Act as the key holder for the building until such time as it is removed;
- Arrange a security risk assessment;
- Serve notice on the lease for the land between Halton Borough Council and NHS Property Services;
- Liaise with Halton Borough Council and the Windmill Hill Primary School regarding the reinstatement of the land under the terms of the lease.

4.0 **POLICY IMPLICATIONS**

4.1 Although it is always unfortunate to see a practice close, consolidating primary care provision does support the CCG's Strategy for General Practice Services in Halton and nationally the General Practice Forward View, when NHS England is investing in a national sustainability and transformation package to support GP practices.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 The 30k contribution from NHSE towards the practice payments for registering the Windmill Hill patients has meant that the impact on the Primary Care delegated commissioning budget has been minimised.

5.2 Other costs associated with the de-commissioning of the service include communication and engagement costs; cover provided by UC24 for the agreed half day closure of the practice on Friday 31st March; making good of the land following removal of the portacabin; and any ICT contract termination costs which may be identified.

5.3 De-commissioning of the surgery as an APMS contract has the potential to realise long-term cost savings on the delegated primary care budget which could be re-invested into General Practice.

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

6.1 **Children & Young People in Halton**

This report will support the priority to improve the health and wellbeing of children and young people by ensuring they continue to have access to high quality primary care medical services.

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

The report will help to support maintaining a healthy workforce by ensuring they continue to have access to high quality primary care medical services.

6.3 **A Healthy Halton**

All issues outlined in this report focus directly on this priority.

6.4 **A Safer Halton**

None.

6.5 **Halton's Urban Renewal**

None.

7.0 **RISK ANALYSIS**

7.1 The risks/opportunities associated with the decision to close the practice were

considered by the CCG's Governing Body and all subsequent actions were designed to minimise any associated risks.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 An Equality Impact Assessment was undertaken and the key recommendations and responses are show below:

Recommendation	Response/Action
Clear and robust and inclusive communication over travel /parking / bus routes to alternative provision.	All patients were provided with information on alternative practices including practice contact details. They were also directed to the Choices website which gives further details on GP practices. Information on bus routes was provided at the two practice drop in sessions.
Data is updated to ensure no patients slip through the net.	Daily reports on number of patients remaining on practice registered list received. Primary Care Support England (PCSE) and receiving practices asked to process outstanding patients as a matter of urgency. Small number of patients remaining on list continue to be monitored regularly. Seventeen letters were returned as 'addressee gone away'. All patient records checked for address, current medications, child protection register etc. and appropriate actions taken. Receiving practices advised that may be an issue with patient's address.
A list of vulnerable patients or patients with high support needs across protected characteristics need to be identified and supported in their transition.	Vulnerable patients identified and highlighted to receiving practices.
Ensure capacity in other GP practices to cope with the influx of patients especially if they are older patients with Long term conditions.	A small amount of funding was identified to support receiving practices. Prior to assignment practices asked how many patients they could safely register.
Ensure alternative GP services can meet needs of additional patients and for those of working age (evening opening hours etc).	List of vulnerable patients supplied to practices. A small number of patient notes reviewed by Medicines Management team and practices advised accordingly.
Ensure current GP telephone number relays messages of alternative provision and process.	Telephone answer message at both sites updated advising of closure and providing information on alternative provision.

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

9.1 None under the meaning of the Act.

REPORT TO: Health Policy & Performance Board

DATE: 20th June 2017

REPORTING OFFICER: Strategic Director, People

PORTFOLIO: Health & Wellbeing

SUBJECT: Domiciliary Care/Care Homes – Quality: Update

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To update the Board and highlight key issues with respect to Domiciliary Care and Care Homes locally.

2.0 **RECOMMENDATION: That:**

i) The report be noted

3.0 **SUPPORTING INFORMATION**

3.1 It is a key priority for Halton Borough Council to ensure the provision of a range of good quality services to support Adults requiring commissioned care in the Borough. The Care Act 2014 has put this on a statutory footing through a choice of diverse high quality services that promote wellbeing.

3.2 The care home market in Halton consists of 26 registered care homes which provide 788 beds operated by 16 different providers. The capacity within the care homes ranges from homes with 66 beds to smaller independent providers with 6 beds.

3.3 The Care Quality Commission (CQC) is responsible for the registration, inspection and assessment of all registered providers. However, the Care Act 2014 places the duty of securing the quality of care in Halton on the Council itself.

3.4 The CQC assessment process enables all registered care providers to be classified into one of four categories following an appraisal which asks 5 key questions:

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well led?

3.5 The four award categories are:

- Inadequate
- Requires improvement
- Good
- Outstanding

The results of all CQC inspections are published, including the rating awarded.

3.6 All 26 care homes have now been rated by CQC. There are currently 7 homes within Halton that CQC have assessed as requiring improvement. The remaining 18 homes have been assessed as good. There is 1 home assessed as inadequate and is actively working towards addressing this.

3.7 Some common themes across Nursing Homes have been identified as:

- Poor leadership
- Low staffing levels and staff culture
- Poor quality assurance processes

3.8 The HBC Quality Assurance Team gather intelligence and information on Providers via quality and contract performance monitoring; this includes “soft intelligence” from key stakeholders, review of the latest CQC report, business plans and financial accounts. This information is then used during regular monitoring visits.

3.9 The team also operate an early warning system, which includes; Provider self-assessment, Quality Dashboard and Electronic Care Monitoring (Domiciliary Care)

Q1	Q2	Q3	Q4
13 Green	18 Green	19 Green	15 Green
10 Amber	5 Amber	3 Amber	6 Amber
5 Red	4 Red	5 Red	5 Red

For Quarter 4 the Quality Assurance Team has rated 15 Care Homes as green, 6 as amber and 5 as red.

Scope The Hollies closed during Q4.

3.10 **LIVERPOOL CITY REGION CARE HOMES OVERVIEW**

Location	Outstanding	Good	Requires improvement	Inadequate	% Inadequate or Requires Improvement
England	0.9%	63.7%	32.1%	3.3%	35%
North West	0.3%	58.4%	35.9%	5.3%	41%
Liverpool City Region	**0.4%**	**52.0%**	**40.6%**	**7.0%**	48%
Halton	0.0%	81.6%	17.0%	1.4%	18%
Knowsley	0.0%	77.8%	22.2%	0.0%	22%
Liverpool	1.4%	31.9%	58.5%	8.1%	67%
Sefton	0.0%	44.4%	38.8%	16.8%	56%
St. Helens	0.0%	85.6%	12.3%	2.1%	14%
Wirral	0.3%	46.9%	51.1%	1.7%	53%

The table above is a summary of percentage of care home beds in the Liverpool City Region, in relation to the rating of the homes (this is based on the latest overall rating by CQC under their new inspection methodology and only includes homes that have been inspected). What it indicates is that as a whole, the Liverpool City Region has a comparatively high volume of beds in care homes that are deemed as 'inadequate' or 'requires improvement'.

3.11 **DOMICILIARY CARE**

Dom Care 1617 Q3		Dom Care 1617 Q4		CQC Rating	
Green	5	Green	5	Good	6
Amber	3	Amber	3	Requires Improvement	2
Red	4	Red	3	Inadequate	0
Not Yet Rated	0	Not Yet Rated	0	Not Yet Visited	3
		1st Choice closure 26/03/17		1st Choice closure 26/03/17	

HBC currently have 11 contracted provider agencies who work across patches that cover the area. These agencies provide approximately 800 people with supportive packages of care. During this quarter First Choice have stopped providing business.

For Quarter 4, the Quality Assurance Team has rated 5 of the provider agencies as Green, 3 as Amber and 4 as Red. The 4 'Red' providers are being managed via contract meetings to ensure sustained improvements.

3.12 Some common pressures across the domiciliary care agencies:

- Difficulties in recruitment and retention
- Non-driving staff
- Medication management
- Rota management and continuity of care
- Re tendering exercise

The tender of domiciliary care will give a greater focus on the promotion of independence, reablement and a movement away from the traditional task based approach.

4.0 **POLICY IMPLICATIONS**

4.1 None identified

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 None identified

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

6.1 **Children & Young People in Halton**

Safeguarding Adults Board (SAB) membership includes a Manager from Children and Enterprise Directorate, as a link to the Local Safeguarding Children Board. Halton Safeguarding Children Board membership includes adult social care representation. Joint protocols exist between Council services for adults and children. The SAB chair and sub group chairs ensure a strong interface between, for example, Safeguarding Adults, Safeguarding Children, Domestic Abuse, Hate Crime, Community Safety, Personalisation, Mental Capacity & Deprivation of Liberty Safeguards.

6.2 **Employment, Learning & Skills in Halton**
None identified

6.3 **A Healthy Halton**
The safeguarding of adults whose circumstances make them vulnerable to abuse is fundamental to their health and wellbeing. People are likely to be more vulnerable when they experience ill health.

6.4 **A Safer Halton**
None identified

6.5 **Halton's Urban Renewal**
None identified

7.0 **RISK ANALYSIS**

7.1 Failure to consider and address the statutory duty of the Local Authority could expose individuals to abuse and the Council as the Statutory Body vulnerable to complaint, criticism and potential litigation.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 It is essential that the Council addresses issues of equality, in particular those regarding age, disability, gender, sexuality, race, culture and religious belief, when considering its safeguarding policies and plans. Policies and procedures relating to safeguarding adults are impact assessed with regard to equality.

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

None under the meaning of the Act.

REPORT TO: Health Policy & Performance Board

DATE: 20th June 2017

REPORTING OFFICER: Strategic Director - People

PORTFOLIO: Health and Wellbeing

SUBJECT: Halton Urgent Care Centres : Update

WARD(S): Borough-wide

1.0 **PURPOSE OF REPORT**

1.1 To present the Board with an update report in relation to Halton's Urgent Care Centres.

2.0 **RECOMMENDATION**

RECOMMENDED: That the Board

i) Note contents of the report and associated appendix.

3.0 **SUPPORTING INFORMATION**

3.1 **Background/Context**

The two Urgent Care Centres (UCCs) in Halton opened in February 2015 in Runcorn and in October 2015 in Widnes.

The overall aim/objectives of the UCCs include:-

- Making care easier to access and closer to home;
- Avoiding patients making unnecessary visits to A&E;
- Avoiding any unnecessary delays, transfers of care, and duplication in care; and
- Supporting patients to effectively manage their own health and wellbeing;

3.2 The Centres are staffed by a team of on-site integrated healthcare professional and operate 7 days a week from 7am – 10.30pm (accepting patients up until 10 pm), 365 days a year. Both UCCs are now 'Kite Marked' with the Ambulance Service and are able to accept patients (both chair and stretchered patients) in line with their Paramedic Pathfinder protocol from 8am – 8pm, 7 days a week.

3.3 In addition to being able to assess/treat minor illnesses and injuries the UCCs are able to provide care to those presenting at the Centres with a range of other conditions, through the development of the necessary competencies of the staff team and clinical pathways.

Attached at ***Appendix 1*** is a list of clinical pathways in use at the UCCs. Since the UCCs opened additional pathways have been developed and at the time of writing this report an additional 2 paediatric pathways are being progressed through appropriate governance arrangements, with a further adults pathway being in development.

3.4 Diagnostic facilities are available at both UCCs as outlined below:-

- Pathology – The UCCs have access to a range of tests (some at Point of Care) and arrangements are in place with Halton and Warrington Pathology labs to provide results of tests within 90 minutes of receipt, 365 days of the year.
- X-Ray – X-ray provision at both UCCs is available from 8am – 10pm, 365 days of the year.
- Ultrasound – The Ultrasound Service is available from 9am – 5pm, Monday to Friday. Saturday/Sunday/Bank Holidays cover is provided at either Warrington or Whiston Hospitals.

3.5 **Utilisation of the UCCs**

3.5.1 Runcorn UCC

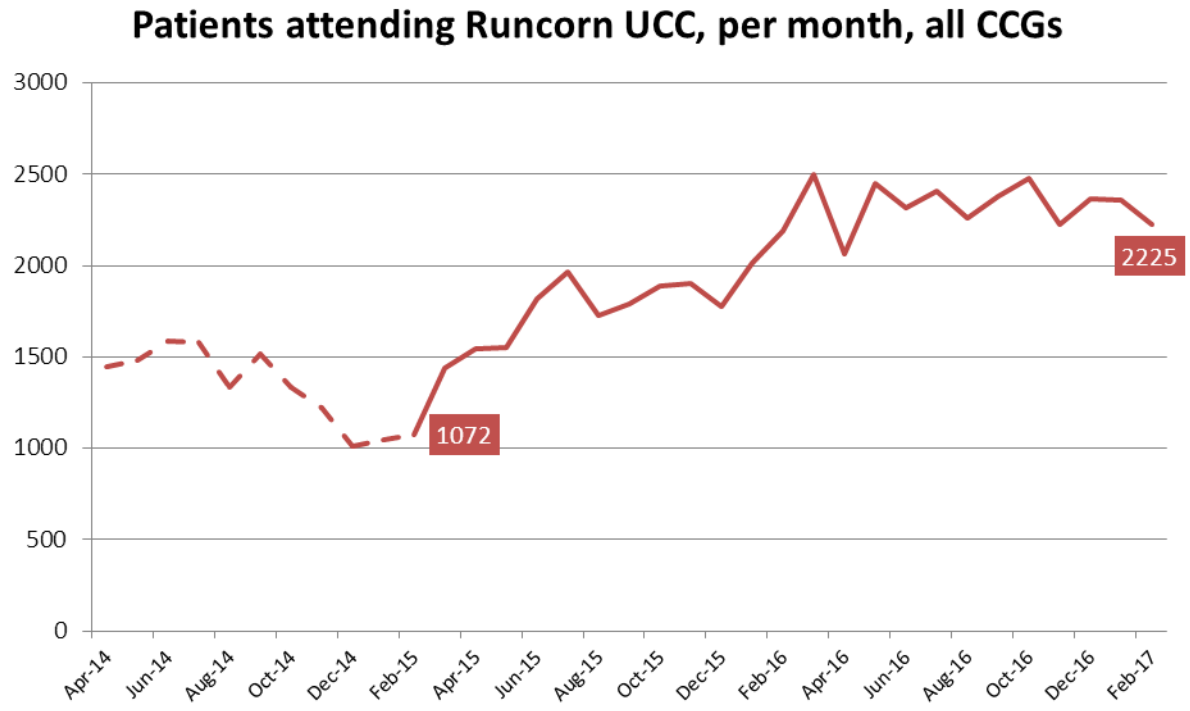


Figure One: Patients attending Runcorn UCC, April 2014 - February 2017

Figure One (above), shows the number of patients attending the Runcorn UCC each month from April 2014 to February 2017.

The graph demonstrates the increased utilisation of the UCC by local people over this time period, with a significant increase in the number of people attending the centre since it moved from a Minor Injuries Unit to an UCC in February 2015.

Using this data the total number of people who have attended the Runcorn UCC since February 2015 is **50,698.**

3.5.2 Widnes UCC

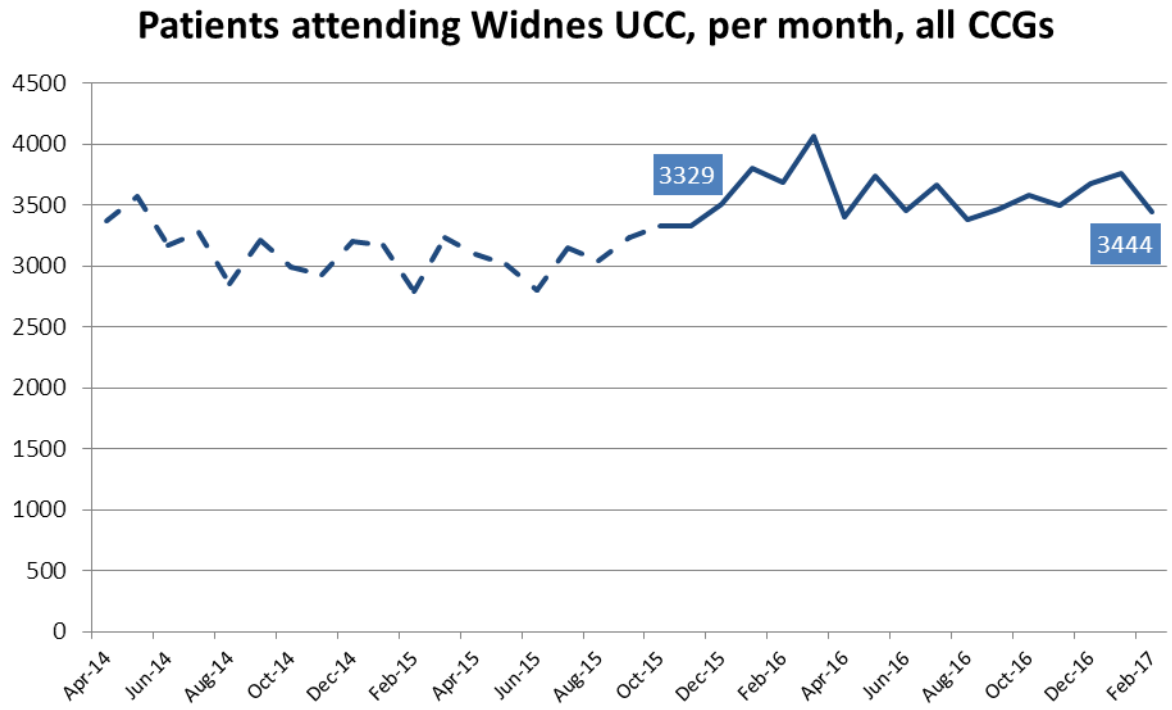


Figure Two: Patients attending Widnes UCC, April 2014-February 2017

Figure Two (above) shows the number of patients attending the Widnes UCC each month from April 2014 to February 2017.

The graph demonstrates an increased utilisation of the UCC by local people over this time period, although less significant that the increase experienced at the Runcorn UCC. This is potentially due to the fact the facility was already a Walk in Centre, the conversion to an UCC has increased the capacity and capability to treat people more locally.

Using this data the total number of people who have attended the Widnes UCC since October 2015 is **60,752.**

The total number of attendances at the UCCs since they opened in February 2015 and October 2015 is therefore **111,450.**

3.6 **Waiting Times to Commencement of Treatment**

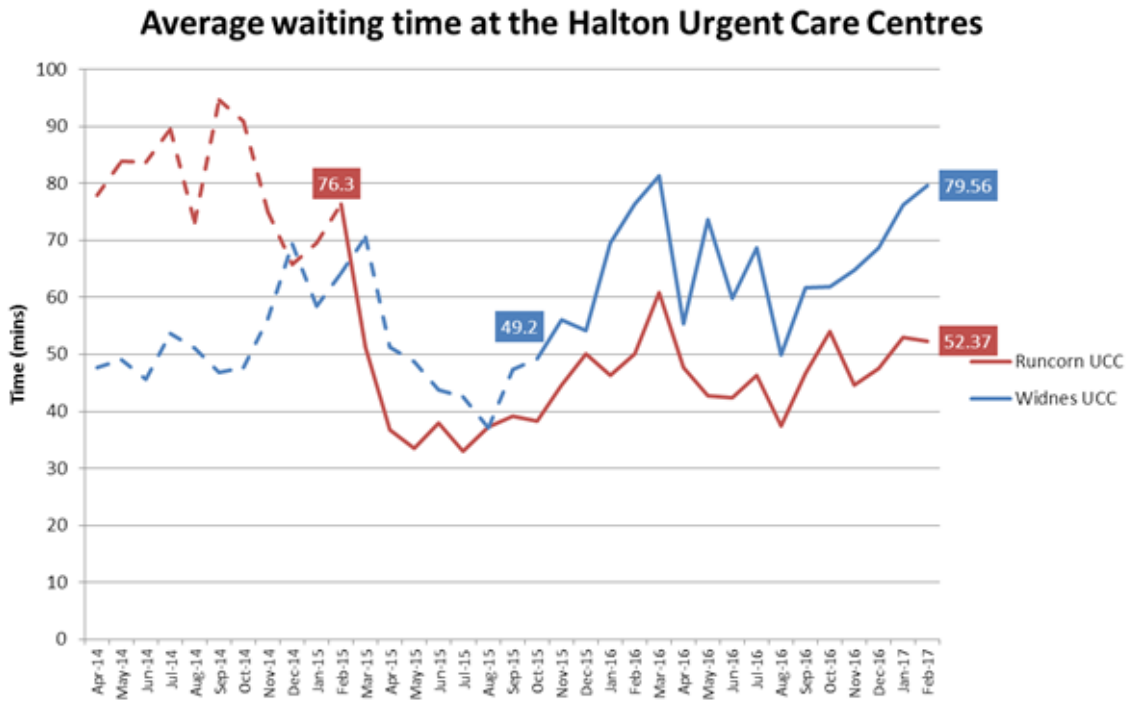


Figure Three: Average waiting times at the Halton UCCs to commencement of treatment, April 2014 – February 2017

The data in Figure Three (above) shows that the average wait at the Runcorn UCC is **52.4 minutes** compared with an average of 76.3 minutes at opening in February 2015.

The average wait at Widnes UCC is **79.6 minutes** compared with an average of 49.2 minutes at opening of the UCC in October 2015.

Both UCCs are well within the A&E 4 hour wait targets, with in excess of 99% of patients receiving treatment within 4 hours.

Note: The average time from arriving at the Runcorn UCC to departing (April 2016 – February 2017) was **107 minutes**, whilst the average time from arriving at the Widnes UCC to departing (April 2016 – February 2017) was **93 minutes.**

3.7 **Service User Satisfaction**

Each of the UCCs obtain feedback from Service Users via the completion of patient satisfaction questionnaire.

These questionnaires are then used to generate a Friends and Family score for each Centre. The score for both UCCs have been consistently above 90% since opening.

Between December 2015 and December 2016, the average Friends and Family score for the Widnes UCC was 96.8% and for Runcorn UCC was 96.1%.

3.8 **Impact on Local Hospitals**

An analysis on the number of Type 1 A&E attendances was completed which examined the attendance between April 2015 and February 2016, compared with those between April 2016 and February 2017.

Although the population in Halton has increased, Halton has seen a drop of **3%** in attendances compared with an increase in attendance in other Merseyside Clinical Commissioning Group areas.

Table One: A&E (Type 1 sites) attendances (April to February comparisons)

April to February (Year to Date)	**2014/15**	**2015/16**	**2016/17**
Population growth ONS forecast (+0.8%)	28825	29056	29288
Actual observed	28825	27998	27146
Difference from ONS growth forecast		-1058	-2142
Difference from previous year. Actual observed		-827	-852
% difference from actual observed		-2.9%	-3.0%
% cumulative difference (from 2014/15)			-5.8%

Over the last two years A&E attendances to the Type 1 sites, predominantly Warrington General and Whiston, have fallen by 5.8%.

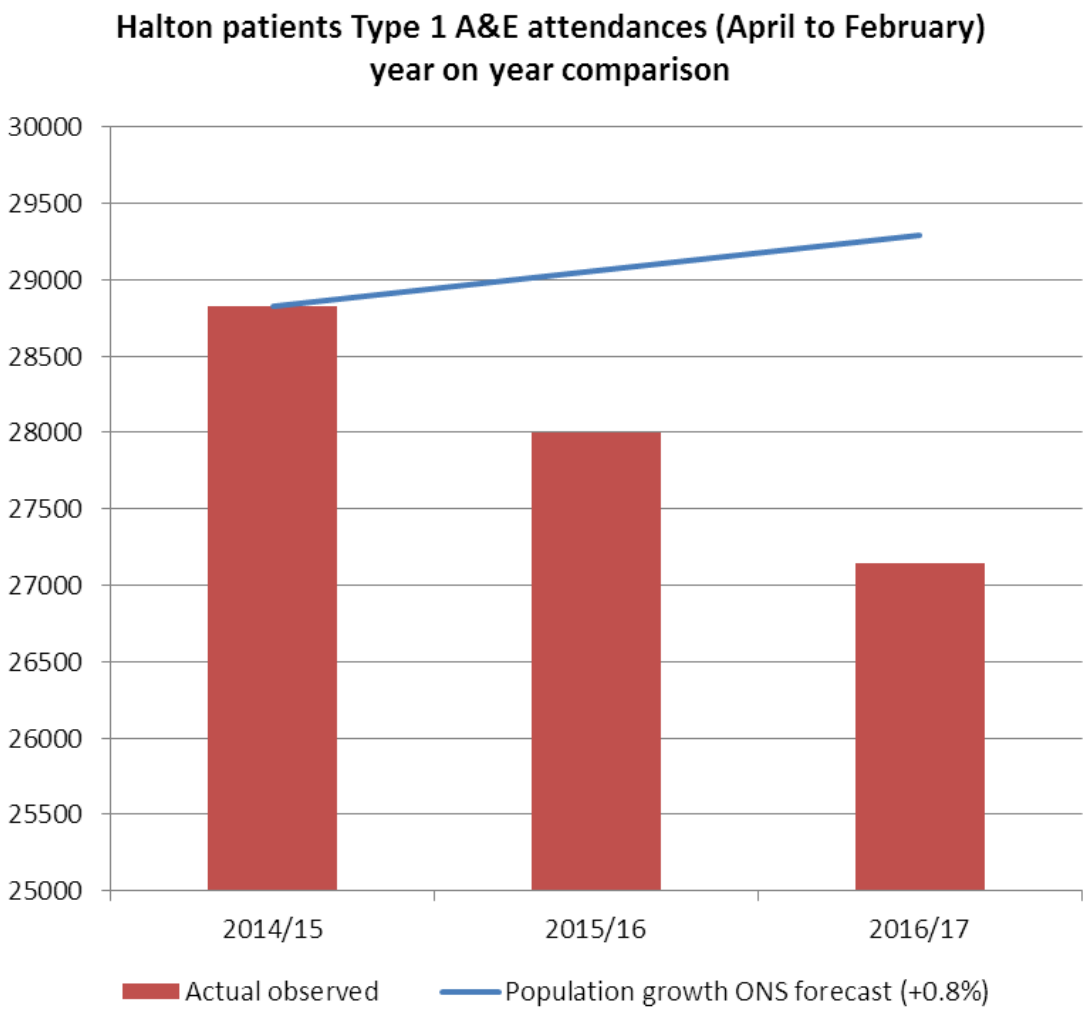


Figure Four: Year on Year Comparison on Type 1 Attendances, April 2014 – February 2017

3.9 **Future Developments**

The UCCs continue to develop for example through the development of additional clinical pathways as outlined earlier in this report.

Other developments include working with our two local Acute Trusts to develop further the paediatric provision currently provided at the UCCs.

4.0 **POLICY IMPLICATIONS**

4.1 As part of the UCC development, work has taken place to operationalise the agreed UCC Service Delivery Model which has meant the need to develop associated Standard Operating Procedures (SOPs) for use within both Centres.

4.2 One of these SOPs is an Escalation Procedure for use within both UCCs which the Centres have developed jointly.

The purpose of this procedure is to provide assurance in quality and consistency for the UCCs during times of increased patient acuity/demand.

The Nurse co-ordinator/senior nurse on shift is responsible for activating the escalation plan if deemed necessary. As part of the escalation procedures, the UCCs have various options open to them to help manage demand, for example contacting NWAS to temporarily suspend the accepting of patients from the Ambulance Service. Whenever the escalation policy is initiated, the situation is constantly monitored to ensure that patient safety and wellbeing is maintained at all times.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 None associated with this report.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

None identified.

6.2 Employment, Learning & Skills in Halton

None identified.

6.3 A Healthy Halton

The remit of the Health Policy and Performance Board is directly linked to this priority.

6.4 A Safer Halton

None identified.

6.5 Halton's Urban Renewal

None identified.

7.0 RISK ANALYSIS

7.1 None identified.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None identified.

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

9.1 None under the meaning of the Act.

Appendix 1

Halton Urgent Care Centres: Clinical Pathways

Below is a list of Clinical Pathways (Adults & Paediatric) in use at the Urgent Care Centres:-

Adult Pathways

- Suspected Deep Vein Thrombosis (DVT)
- Suspected Pulmonary Embolism (PE)
- Adult Asthma
- Exacerbation of Chronic Obstructive Pulmonary Disease (COPD)
- Rib Injury
- Diabetic Patients(Hyperglycaemic)
- Diabetic Patients (Hypoglycaemic)
- Headache in Adults
- Abdominal Pain
- Syncope (Collapse)
- Low Risk Cardiac Chest Pain (Non-Pleuritic & Non Traumatic)
- Head Injury

Paediatric Pathways

- Diarrhoea and/or Vomiting
- Asthma
- Febrile
- Urinary Tract Infections (UTI)
- Bronchiolitis
- Head Injury

REPORT TO: Health Policy and Performance Board

DATE: 20th June 2017

REPORTING OFFICER: Strategic Director - People

PORTFOLIO: Health and Wellbeing

SUBJECT: Scrutiny Topic 17/18: Health Improvement Team (HITs)

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To present the Board with details of the Health Improvement Team scrutiny topic as outlined in the attached topic brief.

2.0 **RECOMMENDATION: That:**

i) Not the contents of the report;
ii) Approve the Topic Brief outlined at Appendix 1; and
iii) Notify Members of the Board of Scrutiny Topic Working Group meeting dates (Appendix 2) and make a call to action for nominees.

3.0 **SUPPORTING INFORMATION**

3.1 The Health Improvement Team encompasses a divisional section within the Council's workforce which operate an integrated wellness service across health and social care priorities. Services offered cover wide remit of activity on a cradle to grave approach. They are encapsulated into three areas of provision: Start Well, Live Well and Age Well.

3.2 The HITs division is a relatively new undertaking to the Council, devolved as part of Public Health duties.

3.3 This topic will primarily focus on adults' services offered through the division. It will examine to scale and range of intervention available with a view to evaluating their effectiveness.

3.4 The Care Act 2014 has placed new focus on the concept of 'Wellbeing' and provides scope for opportunities to 'prevent' and 'delay' the need for care and support. The topic will assess HITs role in this proactive approach to health and social care.

4.0 **POLICY IMPLICATIONS**

4.1 The recommendations from the scrutiny topic review may result in a need to review associated polies and procedures.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 None identified

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

6.1 **Children & Young People in Halton**

None identified.

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

None identified.

6.3 **A Healthy Halton**

The remit of the Health Policy and Performance Board is directly linked to this priority.

6.4 **A Safer Halton**

None identified.

6.5 **Halton's Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 None identified.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None identified.

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

None under the meaning of the Act

Appendix 1

TOPIC BRIEF

Topic Title: Health Improvement Team

Officer Lead: Lisa Taylor – Divisional Manager – Health Improvement

Planned Start Date: June 2017

Target PPB Meeting: March 2018

Topic Description and Scope:

The Health Improvement Team service will be examined as the topic for this scrutiny. The study will look at the work of the division, its contribution to health and wellbeing outcomes, how priorities are determined, what performance measures are made and how success is celebrated. The Board will look to propose service improvements recommendations and evaluate the impact of the team's activities and interventions against the needs of the local population.

Why this topic was chosen:

The Health Policy and Performance Board wish to better understand the Health Improvement Team (HITs) and its role in improving health outcomes for the borough.

The division transferred (TUPE) from Bridgewater NHS Trust into Halton Borough Council in October 2014 as part of the Council's devolved Public Health remit. The work areas delivered upon by the division come under a ring-fenced budget as part of the Public Health grant.

The relocation of the division coincided with the implementation of the Care Act 2014 which put the concept of 'Wellbeing' into statute and entrusted local authorities with further responsibilities for the prevention and delay or care and support needs.

In 2015 Halton was 13th (out of 326 local authorities nationally) for Health Deprivation and Disability. The measure looks at risk of premature death and the impairment of quality of life through poor physical or mental health. (HBC Customer Intelligence Unit)

The Health Improvement Team deliver educational interventions, campaigns and tailored programmes designed to enable Halton residents to 'Start Well', 'Live Well' and 'Age Well'. The life-span approach adopted by the division sees workers deliver community-based provision aimed at improving outcomes related nutrition, exercise, lifestyle and wellbeing choices.

The division works in partnership with health and social care services across Halton to provide integrated health and wellbeing services. They have built collaborative relationships with key third sector partners enabling a cooperative approach to community engagement. Their work contributes to a multi-faceted approach to public health and is governed by national indicators.

The Board will examine areas of the adults' services provided by HITs focussing in on a number of areas of provision.

Key outputs and outcomes sought:

- To understand the range and scope of interventions, activities and campaigns delivered through the Health Improvement Team service (HITs), including pathways into service.
- To appreciate how service priorities are identified and analyse any gaps in service against the health and wellbeing concern across the borough.
- To examine current performance data and explore the impact measures the service utilises to measure success.
- To consider how services are promoted and celebrated, including how public engagement is achieved.
- To reflect on the contribution the service makes to the Council's Public Health remit.
- To observe how well the HITs interacts and compliments with other health and social care services across the borough, including partnership work with other agencies and the third sector.
- To consider the impact of changes in legislation (including the Care Act 2014) in shaping the service offer.
- To compare and benchmark the service offer with other best practice delivery models.
- To offer constructive input into the future direction of the service.

Which of Halton's 5 strategic priorities this topic addresses and the key objectives and improvement targets it will be help to achieve:

A Healthy Halton – To improve the health and wellbeing of Halton people so they live longer, healthier and happier lives

- To understand fully the causes of ill health in Halton and act together to improve the overall health and well-being of local people.
- To respond to the needs of an ageing population improving their quality of life and thus enabling them to lead longer, active and more fulfilled lives.
- To remove barriers that disabled people face and contribute to poor health by working across partnerships to address the wider determinants of health such as unemployment, education and skills, housing, crime and environment.
- To improve access to health services, including primary care.

Nature of expected/ desired PPB input:

Member-led scrutiny review of the Health Improvement Team service and the difference it makes to the health and wellbeing of local residents.

Preferred mode of operation:

- Meetings with/presentations from relevant officers from within the Council and partner agencies to examine current services.
- Visit to community-based intervention sessions.
- Interviews with those who have accessed services.
- Desk top research in relation to outcome measures and best practice delivery methods.

Agreed and signed by:

PPB chair ……. **Officer …….**

Date ……. **Date …….**

Appendix 2

Health PPB – Scrutiny Topic Group 2017/18

Health Improvement Team

Meetings
Wednesday 14th June – 5.30-7.30pm – Committee Room 1
Tuesday 20th June – Board Meeting
Tuesday 4th July – 5.30-7.30pm – Committee Room 1
Wednesday 2nd August – 5.30-7.30 – Committee Room 1
TBC – Sept – site visit – attendance to a class or session
Wednesday 13th September – 5.30-7.30pm – Committee Room 1
TBC – October – site visit – attendance to a class or session
Tuesday 3rd October – 5.30-7.30pm – Committee Room 1
Wednesday 8th November – 5.30-7.30pm – Committee Room 1
Wednesday 13th December – 5.30-7.30pm – Committee Room 1

REPORT TO:	Health Policy & Performance Board
DATE:	20th June 2017
REPORTING OFFICER:	Strategic Director – People
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Health Policy and Performance Board Annual Report : 2016/17
WARD(S)	Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To present the Health Policy and Performance Board's Annual Report for April 2016 - March 2017.

2.0 **RECOMMENDATION: That the Board:-**

i) note the contents of the report and associated Annual Report (Appendix 1).

3.0 **SUPPORTING INFORMATION**

3.1 During 2016/17, the Health Policy and Performance Board has examined in detail many of Halton's Health and Social Care priorities. Details of the work undertaken by the Board are outlined in the appended Annual Report.

3.2 The Board is asked to note that the section in the report associated with the General Practice Alignment to Care Homes will be updated following the Board meeting of 20th June 2017 to reflect the outcome of discussions associated with this subject which took place at the Board meeting.

4.0 **POLICY IMPLICATIONS**

4.1 There are no policy implications arising directly from the Annual Report. Any policy implications arising from issues included within the Annual Report will have been identified and addressed throughout the year via the relevant reporting process.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 As with the policy implications, there are no other implications arising directly from the report. Any finance implications arising from issues included within it would have been identified and addressed throughout the year via the relevant reporting process.

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

6.1 **Children & Young People in Halton**
There are no specific implications as a direct result of this report however the health needs of children and young people are an integral part of the Health priority.

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

None identified.

6.3 **A Healthy Halton**

The remit of the Health Policy and Performance Board is directly linked to this priority.

6.4 **A Safer Halton**

None identified.

6.5 **Halton's Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 None associated with this report.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None associated with this report.

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

9.1 None under the meaning of the Act.

Health Policy and Performance Board

Annual Report

April 2016 - March 2017

As Chair of the Health Policy and Performance Board I am very pleased to report on the work of the Board during 2016/17.

The remit of the Board is to scrutinise the Health and Social Care Services provided to the residents of Halton; we also have a responsibility to scrutinise Hospital Services, including Mental Health Services and as such it has been an extremely busy and challenging year.

I would firstly like to thank all Members of the Board for their valued contribution to the Board's work over the last 12 months, but in particular I would like to acknowledge the contribution of the Board's new Vice Chair, Cllr Shaun Osborne for his support and involvement, along with Cllr Mark Dennett who has continued to undertake the Council's role of Mental Health Champion.

I would also like to extend my thanks to Officers and Partners for their time and contributions to the Carers scrutiny topic and for providing performance and update reports.

During the course of the year the Board have been actively involved and consulted on a range of issues from proposed changes in services, such as those at the Brooker Centre, as outlined later in this report to policy and strategy developments as a result of national requirements, such as the development of the Cheshire & Merseyside Sustainability and Transformation Plan, which is designed to address the challenges of the region in terms of population health and wellbeing, quality of care and financial sustainability.

The Board have also had the opportunity to comment on a number of proposals and developments including the realignment of General Practice to Care Homes in Halton and the changes to Stroke Services which have the potential to impact on Halton residents.

I look forward to 2017/18 and the continued challenge of ensuring the quality of health and social care services within Halton are of the highest standard.

Cllr Joan Lowe, Chair

Health Policy and Performance Board Membership and Responsibility

The Board:

Councillor Joan Lowe (Chairman)
Councillor Shaun Osborne (Vice-Chairman)
Councillor Sandra Baker
Councillor Mark Dennett
Councillor Margaret Horabin
Councillor Charlotte Gerrard
Councillor Stan Parker
Councillor Martha Lloyd Jones
Councillor Ellen Cargill
Councillor Pauline Sinnott
Councillor Marjorie Bradshaw

During 2016/17, Tom Baker was Halton Healthwatch's co-opted representation on the Board and we would like to thank Tom for his valuable contribution.

The Lead Officer for the Board is Sue Wallace-Bonner, Director of Adult Social Services.

Responsibility:

The primary responsibility of the Board is to focus on the work of the Council and its Partners, in seeking to improve health in the Borough. This is achieved by scrutinising progress against the aims and objectives outlined in the Council's Corporate Plan in relation to the Health priority.

The Board have met five times in 2016/17. Minutes of the meetings can be found on the Halton Borough Council website. It should also be noted that the Board, at each of their meetings, receive and scrutinise the minutes from Halton's Health and Wellbeing Board and monitors work/progress within this area.

This report summarises some of the key pieces of work the Board have been involved in during 2016/17.

GOVERNMENT POLICY- NHS AND SOCIAL CARE REFORM

Sustainability & Transformation (STP) Plan – Inc. Alliance LDS

During 2016/17, Members were provided with details of the development and overview of the Cheshire and Merseyside Sustainability and Transformation Plan (STP).

Following the publication of the NHS Five Year Forward View in 2014, which set out strategic intentions to ensure the NHS remained clinically and financially sustainable, during 2015/16 NHS planning guidance set out the steps for local health systems to deliver the Forward View, backed up by a new Sustainability and Transformation Fund intended to support financial balance and to enable new investment in key priorities. As part of the planning process, health and care systems were asked to develop STPs to cover the period from 2016/17 and 2020/21. The Cheshire & Merseyside STP was published in November 2016.

Details of the four key priorities for the Cheshire and Merseyside STP were presented to Members:

- Support for people to live better quality lives by actively promoting health and wellbeing;
- The NHS working with partners in local government and the voluntary sector to develop joined up care;
- Designing hospital services to meet modern clinical standards and reducing variation in quality; and
- Becoming more efficient by reducing costs, maximising value and using the latest technology.

Members were advised that the Cheshire and Merseyside STP was designed to address the challenges of the region in terms of population health and wellbeing, quality of care and financial sustainability. The majority of delivery would be through the plans developed by the three local delivery systems. It was noted that Halton CCG was part of the Alliance Local Delivery System (LDS) which consisted of:

- Four CCG's (Warrington, St. Helens, Halton and Knowsley); and
- Five NHS providers (5 Boroughs Partnership NHS Foundation Trust; Bridgewater Community Healthcare NHS Foundation Trust; St. Helens and Knowsley Teaching Hospitals NHS Trust; Warrington and Halton Hospitals NHS Foundation Trust and Southport and Ormskirk Hospitals).

It was reported that the Alliance LDS was also engaging with local authorities covering the Boroughs of Halton, Knowsley, St Helens and Warrington. The Board were briefed on how the Alliance LDS was building upon the work already being done at a local level. The proposals submitted by Alliance LDS included options and

models of transformation for the local health system that aimed to address a funding shortfall of £202m, whilst at the same time improving health, wellbeing and outcomes.

It was noted that following formal publication of the Cheshire and Merseyside STP the proposals were now being developed into outline plans and a wide scale programme of engagement and communication would commence during 2017.

The Board will continue to scrutinise the development and content of the plans and the potential impact on Halton residents.

Transforming Care Programme

The Board received details of the Government's Transforming Care Programme and the local progress that had been made to date.

It was reported that further to the publication of the Government's response to Winterbourne View Hospital (2012) a concordat plan of action was developed. By the time of the report *Winterbourne View – time for change 2014*, it was evident that the intended reduction in the use of in-patient beds had not been achieved. The Board were keen to hear that the Government had therefore now set clear targets for the reduction of in-patient beds and there was to be a 50% reduction nationally over the next three years.

The Board noted that the Transforming Care Agenda encompassed both Children and Adults with Learning Disability and/or Autism, and in particular those who displayed behaviour that presented challenges.

The Board continue to fully support the key areas within the Transforming Care Programme, such as empowering individuals and having the right care in the right place.

National Living Wage

Information was provided to the Board of the latest known position with regards to the impact that the introduction of the National Living Wage (NLW) was having on Care Providers in Halton.

The NLW took effect from 1 April 2016 and increased the minimum hourly rate for all workers aged 25 and over from £6.70 to £7.20, affecting both part time and full time workers. This would reach more than £9 an hour by 2020. The National Minimum Wage would remain in place with the NLW being a top-up for workers aged 25 and over.

The Board were keen to hear about the support being given to businesses to help them afford the increases in wages. It was noted that a finance model had been developed and adopted across the North West Region, which provided some initial analysis of the potential increased costs involved and their impacts.

It was agreed that the impact of NLW would be kept under review.

Safeguarding - Deprivation of Liberty Safeguards (DoLS)
An update was provided to the Board with respect to the Deprivation of Liberty Safeguards (DoLS) and the refresh of the Mental Capacity Act 2005 Policy.

DoLS are one aspect of the Mental Capacity Act (2005). The Safeguards are to ensure that people in care homes and hospitals are cared for in a way that does not inappropriately restrict their freedom, and if necessary restrictions are only applied in a safe and correct way, and that this is only done when it is in the best interests of the person and there was no other way to provide appropriate care.

The Board were advised of the Supreme Court ruling on 19 March 2014 and its significance in the determination of whether arrangements made for the care and/or treatment of an individual lacking capacity to consent to those arrangements amounted to a deprivation of liberty; and the new acid test which was introduced in response to this. The implications of this for an individual and for the State were discussed along with the action plan developed to address and co-ordinate the Halton response to the judgement.

SERVICES

Older People's Mental Health and Dementia Care
The Board received a report advising them that the 5 Boroughs Partnership NHS Foundation Trust were seeking support for a revision of its inpatient services for older people and adults.

The proposal was set out in the context of the journey of the implementation of the new model of care so far and outlined the proposal around the 5 Boroughs footprint configuration of beds for adults and older adults.

The Board raised a number of concerns at their September 2016 meeting where the proposals were presented. As a result, it was felt at that time the Board could not support the bed based model being proposed and requested that the results of the 12 week public consultation be shared with them at a future meeting so these could be considered in the context of the proposals.

As a result, a Special Board meeting took place in December 2016 to explore in more detail the proposals.

Members were provided with assurances from the 5 Boroughs that:-

- The overall bed base at the Brooker Centre would remain and improvements would be made to the environment of the inpatient ward, which would be used for mental health patients with complex need,
- Patients, carers and their families would be supported with their transport requirements to Atherleigh Park from both Runcorn and Widnes; and

- The care navigator role would remain in place for the duration of the patient's intervention to support the multi-disciplinary professionals involved in the patients care, e.g. Social Workers.

At the conclusion of the meeting Members supported the proposed new bed based model, pending the result of the formal consultation process.

The 5 Boroughs Partnership NHS Foundation Trust were invited back in 12 months' time to present an update on progress made and outcomes to date.

General Practice Alignment to Care Homes

In February 2017, the Board received details of the work proposed by the Borough Council and NHS Halton CCG on aligning care homes within the Borough with identified General Practices. Care home residents have very complex and considerable health needs. In Halton, the average length of stay in a nursing home was 0.8 years and in residential home 1.2 years, and it was expected that care home numbers would rise significantly in response to our aging population. Currently, individuals remained with their existing GP when they move to a care home, resulting in care homes having to liaise with multiple GP practices; which impacts on developing close working arrangements which are essential in providing the care that these individuals required.

It was anticipated that an alignment of General Practice to care homes would result in releasing time currently being spent by practices visiting multiple care homes, and care homes liaising with several practices that could be converted into direct care.

The consensus of the Board was that this was a good idea and as the proposals would be subject to formal consultation, the results would need to be reported back to the Board in June 2017.

Implementation of Community Multi-Disciplinary Team (MDT)

The Board received a report advising them of the development and implementation plan of the Community MDT model for all adults over the age of 18.

The Board were told that there was a strong evidence base to suggest that a MDT approach was a cost effective way of delivering improved health and social care outcomes; increased participation and compliance with treatment; reduced length of stay and bed days in hospital; increased numbers of patients discharged home; reduced admission to residential and nursing care and acute hospitals, and improved patient / service user and carer satisfaction.

The Board welcomed the work that had been carried out on the development of a Halton model/approach and would be receiving further updates in the future on its progress.

Public Health
The Director of Public Health attended the Board who presented details on Public Health functions and activities within Halton.

Councils have assumed responsibility for the planning and commissioning of public health services within their areas. Local authorities were therefore expected to set their health priorities based on their Health and Wellbeing Strategies, with a robust understanding of local needs set out within a Joint Strategic Needs Assessment (JSNA) and take into account the indicators within the Public Health Outcomes Framework.

The Board was advised that Halton's Health and Wellbeing Strategy identified the following priority areas using evidence from the JSNA and extensive consultation with stakeholders and local people:

- Prevention and early detection of cancer;
- Improved child development;
- Reduction in the number of falls in adults;
- Reduction in the harm from alcohol; and
- Prevention and early detection of mental health conditions.

The theme of the Public Health Annual Report for 2015-16 which was presented was the development of needs assessments and how we use them. It included a range of facts and figures from across the life course of the Halton population.

Members took the opportunity to query the drop in numbers of MMR vaccinations at age two. The Board were advised that this had been referred to Public Health England and an action plan was being put together for presentation to the Health and Wellbeing Board, so that the situation could be monitored.

Transforming Domiciliary Care
The Board were keen to hear about the proposed developments in relation to Domiciliary Care delivered through the Council.

The current picture in Halton was there were currently 9 providers who worked in four different zones. The providers supported a total of 736 people and delivered in excess of 350,000 hours of care per year with an annual expenditure of more than £4.3 million.

It was reported to the Board that the amount of care and the overall expenditure was set to rise over the coming years at an estimated rate of between 2-3% per year and although there were some excellent examples of high level care within the sector, it was clear that improvements would be needed to meet the needs of an ageing population in the coming years. The current contract would run until June 2017 and Officers were currently in the process of conducting a review of the domiciliary service in Halton. It was noted that this review would support the development of a

new service specification and would form the basis of the tender process that would be undertaken towards the end of 2016.

Members were advised that the review had already started and details of the key principles that were at the heart of an outcome based domiciliary care service were also shared with the Board.

The Board were extremely keen to see how this work progresses and an update would be brought to a future meeting.

Improving Access to Psychological Therapies (IAPT)
In November 2016, the 5 Borough Partnership NHS Foundation Trust NHS Halton CCG, provided an update in respect of Improving Access to Psychological Therapies (IAPT) delivery and development of the service in Halton.

Details were shared in relation to the conditions that were treated; the numbers of people in Halton experiencing these disorders; their recovery rates; and patient feedback.

The Board were told that the onward plan for the IAPT was to increase productivity; maintain and improve clinical quality; and maintain high levels of client satisfaction.

Stroke Services
Details were shared with the Board on Stroke Reconfiguration in Mid Mersey.

Members were provided with background information on the situation over the over the past 3 years, with regards to stroke services, details of the National Stroke Direction and on the national shortage of stroke consultants, speech and language therapists and clinical psychologists.

Members were advised that Mid Mersey had created a Stroke Board, with representation from CCG's, primary care, local authorities and acute providers. This Board had agreed the vision that St Helens and Knowsley Trust (SHKT) would be a single stroke provider of acute services and that in a phased approach, all Warrington and Halton Hospital acute stroke patients would be transferred to SHKT for the first 72 hours of care, and then repatriated either through Early Supported Discharge (ESD) teams or back to the acute trust for longer more complex patients.

Windmill Hill General Medical Services
During 2016/17, the Board received two reports on the General Medical Services provided at Windmill Hill. Windmill Hill Medical Centre is located within the Ward of Windmill Hill and it had a branch surgery located in Widnes. The Board received a report which outlined that the current contract was held with Liverpool Community Health (LCH) NHS Trust and was due to end on 31st March 2017. It was noted that

due to the organisational restructure that was currently being undertaken at LCH there was no opportunity to extend the contract beyond 2017.

The Board heard information about the numbers of patients registered, the complement of staffing for the practice and the health and wellbeing of residents of Windmill Hill

Members where presented with two options for consideration; one being commission as a Branch Surgery and undertake a list dispersal of Widnes Patients (which could sit alongside Option One).

Members agreed that Windmill Hill needed its own surgery.

POLICY

One Halton – Health & Wellbeing Operational Plan 2016-17

As part of the annual planning round, the Board received details of the operational plan for 2016-17 and details of the further work that would be undertaken to develop the priorities for the five year STP and the Financial Recovery Plan, with the clear actions to be delivered during the year.

It was reported that NHSE issued their *Five Year Forward View* planning guidance in October 2014, with a set of priorities for the NHS up to 2020 and the direction of travel for new models of care and the improvement of care, quality and financial efficiencies. In October of the first year of the Five Year plan, NHSE published its revised planning guidance, '*Delivering the Forward View'*, that extended the planning period to 2021, with a continuation of the existing direction of travel but with a number of new challenges.

The new challenges were discussed by Members who debated the NHS Halton CCG's forecasted end of year £8.5m deficit. It was noted that better utilisation of budgets was needed and to achieve this all budget lines would be scrutinised.

Telehealthcare Strategy

In November 2016, the Board received an update on the Telehealthcare Strategy.

Members were pleased to hear how the development of technology was affecting and extending the way care could be delivered in the health and social care arena. As the population was ageing there is a growing strain on healthcare resources, with an increasing number of people affected by long term chronic conditions.

Members were informed as to the unsustainability of the situation and the potential use of hi-tech home healthcare solutions and how this would support people to live at home or in extra care housing schemes.

This type of technology will provide people with long term health conditions the security of knowing that they would be remotely monitored in their own homes.

Social Work Caseload Management

Members were advised that caseload management was an important part of overall workload management in the care management services, particularly in ensuring that social workers had a manageable workload; that they had a good mix of cases; and that peaks and troughs with individual workers are co-ordinated effectively across the whole team.

The Board was pleased to hear that caseloads were currently manageable and the Council had good staff retention of permanent social workers with no vacancies at present. Further due to a new progression route policy for social work staff, there was a good mix of experienced staff and newly qualified staff and regular placements were offered to social work students. Furthermore, the Council operates within the *National Employer Standard for Social Workers,* published by the Local Government Association which is in place to sustain high quality outcomes for service users and their families, carers and communities.

An invitation was made to Members and accepted to attend the *Social Work Matters Forum* where the Principal Social Worker meets quarterly with social workers to discuss professional and topical issues for social work.

NHS Halton CCG – Financial Recovery & Sustainability Plan

The Chief Officer of NHS Halton CCG outlined for the Board the actions being undertaken by the CCG to achieve financial recovery and sustainability.

Members were advised that although NHS Halton CCG had managed to deliver services with the business rules set out for the organisation by NHS England, the achievement of these business rules, which included a statutory requirement to deliver a balance year end budget and a 1% surplus, was challenging. The Board noted that the scale of this challenge for the next 5 years was immense; and to deliver financial recovery and sustainability would involve some difficult and potentially contentious decisions about which services NHS Halton CCG chooses to commission or decommission, and what partnerships and activities were invested in and dis-invested in.

The Board would continue to monitor progress against the CCG's plans.

SCRUTINY REVIEWS

Carers

The Board focused the review on the responsibilities of the Council to Carers under the Care Act, the role of Halton Carers' Centre and the role of NHS Halton CCG.

Evidence received by the Health Policy and Performance Board group came from a range of partners, in relation to services provided to carers in Halton. Participating organisations and services included: Carers, Halton Carers' Centre, Halton NHS CCG, Adult Social Care and Halton's Hospital Discharge Team based at Warrington Hospital. The Board also took the opportunity to meet with a group of carers at Halton Carers' Centre, and individual carers of people receiving support from mental health services.

The recommendations made by the Board as a result of the review were:

1) There should be a continued focus on provision of information and support at the right time for the carer, to avoid carer breakdown and use of high cost services.
2) Continued efforts from Stakeholders to engage with people currently hidden from carer services.
3) A renewed focus on relationships with health, in particular the Hospitals, to encourage identification and support of carers.
4) Assessment of long term carers needs at regular intervals.
5) Involving carers in coproduced service development.
6) Ensure that within carer provision there are a range of different interventions to meet diverse and changing needs of carers.
7) Consider how access to carers services can be improved.

The recommendations reflect the need to continually evaluate methods of identifying and supporting carers, in order to reach the most vulnerable, those 'hidden' from services or those who do not identify themselves as carers. Through a diverse provision offer, carers with differing needs can be supported.

PERFORMANCE

The Health Policy and Performance Board has a key role in monitoring and scrutinising the performance of the Council in delivering outcomes against its key health priorities. Therefore, in line with the Council's performance framework, during the year the Board has been provided with thematic reports which have included information on progress against key performance indicators, milestones and targets relating to Health.

The Board also received quality reports on Domiciliary and Care Homes provision within Halton and as part of this in February 2017, the Board welcomed Rebecca Davies from Victoria Community Care, a domiciliary care agency, to the Board to present details of how the currently system of Domiciliary Care provision worked in Halton, from the perspective of the providers. This included an overview of the challenges that were encountered and how the Council and providers worked together to maintain the delivery of high quality services to the local population. It

also outlined the rewards for providers, how the service had changed over the years and the views of what the future may hold.

INFORMATION BRIEFING

During 2016/17 the Board continued to receive an Information Briefing Bulletin in advance of each of the Board meetings.

The Information Briefing is a way of trying to manage the size of the agendas of the Board meetings better. Including information on topics which were previously presented to Board as reports only for the Board's information now into the Information Briefing bulletin allows the Board to focus more on areas where decisions etc. are needed.

Example of areas that have been included in the Information Briefing over the last 12 months have included:-

- Halton Adult Social Care Services - Workforce Development Strategy 2016-2018;
- Adult Social Care Complaints Annual Report: 2015/16;
- Unintentional Injuries Across the Life-course in Halton - Halton Joint Strategic Needs Assessment: Summary Document;
- Independent Living Fund (ILF) Update; and
- Homelessness: Update

WORK TOPICS FOR 2017/18:

The work of the Health Improvement Team service will be examined during 2017/18 by members of the Board.

This scrutiny topic will look at the work of the division, its contribution to health and wellbeing outcomes, how priorities are determined, what performance measures are made and how success is celebrated. The Board will aim to propose service improvement recommendations and evaluate the impact of the team's activities and interventions against the needs of the local population.

Report prepared by Louise Wilson, Development Manager – Urgent and Integrated Care, People Directorate
Email: louise.wilson@halton.gov.uk Tel: 0151 511 8861