

HEALTH POLICY AND PERFORMANCE BOARD

At a meeting of the Health Policy and Performance Board held on Tuesday, 10 January 2012 at Council Chamber, Runcorn Town Hall

Present: Councillors E. Cargill (Chairman), J. Lowe (Vice-Chairman), Austin, Baker, Dennett, Horabin, M Lloyd Jones, C. Loftus, Macmanus, C. Plumpton Walsh and Zygadlo

Apologies for Absence: None

Absence declared on Council business: None

Officers present: H. Coen, L. Derbyshire, M. Holt, P. McWade, H. Moir, M. Saville and L Wilson

Also in attendance: Ashley Baldwin, Mr J Chiocchi, Pauline McGrath, Mr Sam Oliver and Teresa Pattern, (5 Boroughs Partnership), E O'Meara (Primary Care Trust), Dr Anne Tennant (Halton CCG), Mel Pickup (CX Warrington & St Helens NHS Foundation Trust) and 1 member of the public.

ITEMS DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

	<i>Action</i>
HEA40 MINUTES	
The Minutes of the meeting held on 8 November 2011 having been printed and circulated were signed as a correct record.	
HEA41 PUBLIC QUESTION TIME	
The Board was advised that no public questions had been received.	
HEA42 SSP MINUTES	
The Minutes of the Health Strategic Partnership Board of its meeting held on 13 October 2011 were submitted to the Board for consideration.	
RESOLVED: That the minutes be noted.	

HEA43 SHADOW HEALTH & WELLBEING BOARD MINUTES

The Minutes of the Shadow Health and Wellbeing Board of its meeting held on 5 December 2011 were submitted to the Board for consideration.

RESOLVED: That the minutes be noted.

(Note: Councillor M Lloyd Jones declared a Personal Interest in the following item of business due to her husband being a Non Executive Director of Halton and St Helens Primary Care Trust.)

HEA44 WARRINGTON & HALTON HOSPITALS NHS FOUNDATION TRUST (PRESENTATION)

The Board received a presentation from Mel Pickup, Chief Executive, Warrington and Halton NHS Foundation Trust which:-

- Outlined the following developments that had taken place in 2011/12:-
 - A new political landscape – The Health Social Care Bill - the NHS Architecture had been reconfigured, the demise of the PCT's – advent of Clinical Commissioning Groups, PCT Clusters and SHA Clusters;
 - The economic pressures – a £13m improvement programme;
 - Business as usual – high quality, safe healthcare, targets and regulatory compliance;
 - Clinical and service developments – Elective work moves to Halton, the Vascular Services Review; Urgent Care Centre, the Repatriation of Cardiac Interventions and the accreditation of Endoscopy Services;
- Set out future developments in Warrington and Halton in 2012/13 as follows:-
 - A continuing emphasis on quality and safety as outlined in the quality report;
 - Preparing for the economic challenges ahead – doing things differently;

- Change programmes coming into place – rostering, remodelling of admin functions for greater efficiency;
- A continued investment in new and improved services;
- Working with GP commissioners;
- Highlighted the following key issues:-
 - The vascular services review outcome;
 - Musculoskeletal services development;
 - Halton campus development and the ISTC building;
 - Improvements to car parking, catering and other patient services; and
 - The development of community based outpatient services; and
- Set out the following conclusions:-
 - The changes were some of the most challenging times in NHS history;
 - A magnitude of financial savings would be required and would force difficult choices to be made;
 - There would be no compromise on service quality and safety;
 - Partner bodies were equally challenged – The Health Summit and Health and Wellbeing Board; and
 - Collaboration would need to take place with other health care providers.

The Chairman of the Board reported that they did not agree with the proposals for the vascular services review and that there should be three centres of excellence not two. In addition, she reported that a joint Overview and Scrutiny Board had been established with Warrington and St Helens to consider the proposals and the first meeting would take

place at 2 pm on 23 January 2012 in Warrington Town Hall. She indicated Manchester was establishing three centres and had a similar population. They and other areas had used a different criteria (75 not 100) and the same criteria should have been used.

The following comments arose from the discussion:-

- It was noted that endoscopy services would operate from the Warrington site as the Halton site did not meet the criteria. However, it was also noted that work on an elected basis, where clinically possible, would be undertaken at Halton Hospital as it was a much better environment for the patient;
- It was suggested that Halton Hospital could have been utilised more during the refurbishment of Warrington Hospital to minimise the disruption to patients;
- Clarity was sought on future services at Halton Hospital. In response, it was reported that Halton wards had more space, but in the current economic climate, any additional new build would not be viable. However, with the increasing pressures on the Warrington site, consideration was being given to transferring as many services to Halton as possible, providing it was safe to do so. This was being led by clinicians and it was hoped that more medical patients would be treated at Halton Hospital;
- Clarity was sought on how more use could be made of Halton Hospital and it be a made a more viable option and what the Members could do to support this process. It was also suggested that the target for waiting lists were being reduced because if a patient failed to attend, they would be taken off the waiting list and would have to start the referral process again via their GP. In response, it was reported that the target for waiting lists was being achieved and the time people had to wait had significantly reduced in comparison to a few years ago. It was reported that the hospital were also working closely with GP Commissioners to enable them to become the preferred health provider in the future;
- It was noted that if an operation was not funded by the NHS as it did not meet the criteria, the patient

could choose to pay for it. It was also noted that the patient would not be offered private facilities and would therefore be charged at the NHS tariff rate which was lower than the private sector as the patient would be treated as an NHS patient.

RESOLVED: That

- (1) the presentation and comments raised be noted; and
- (2) Mel Pickup be thanked for her attendance and informative presentation.

HEA45 RE-DESIGN OF THE ADULT ACUTE CARE PATHWAY AND THE LATER LIFE AND MEMORY SERVICES

The Board considered a report of the Strategic Director, Communities which gave information of the 5 Boroughs Partnership NHS Foundation Trust proposals to re-design the Adult Acute Care Pathway and the Later Life and Memory services for older people.

The Board was advised that during 2010/2011, 5 Boroughs Partnership NHS Foundation Trust, with the support of Commissioners, had examined the Acute Care Pathway. This process had been led in its initial stages by an expert group of 5 Boroughs clinicians and senior managers, mental health commissioners, social care leads and the GP Clinical Lead for Mental Health. This group reviewed current service configuration, utilisation, care pathways, service pressures and other demands to inform potential adjustments to care pathways across adult and older people services. The intention was to enable improvements in access, quality of care, recovery rates and increased avoidance of acute care bed use and out of area treatments.

The Board was further advised that the Acute Care Pathway re-design related to adult mental health services only. It would include services for older people with a functional illness who access adult services, but did not include services for older people and frail elderly people with mental illness.

It was reported that by re-designing acute care for adults and older people, there was a potential for a reduction in the need for beds across the 5 Boroughs Partnership localities. This may result in a need for estate rationalisation. The proposals, if agreed would lead to a joint Warrington

and Halton Assessment Team and Home Treatment, alongside six Recovery Services, which were set out in the report.

It was also reported that the Later Life and Memory Service re-design related to older adults mental health services. The model included a proposal to develop a single point of access, which would provide cognitive and functional screening for patients. It was envisaged that this function would considerably reduce the waiting time from referral to service delivery and greatly improve patient experience.

In this respect, the Board received a presentation from Trust Assistant Directors, Pauline McGrath and Sam Oliver which:-

- Explained the reasons for change of the Later Life and Memory Services (LLAMS);
- Outlined the LLAMS current services;
- Set out LLAMS proposed services in Halton in the future;
- Highlighted why the changes to LLAMS would benefit the residents of Halton;
- Set out the LLAMS current and proposed structure;
- Detailed the conclusions to the proposals – that it would be clinically led, local project groups would involve all local key players, there would be user and carer involvement throughout and GP and Commissioners were now fully signed up; and
- Detailed the business activities to support the change.

In conclusion, it was reported that it had been agreed that there was some additional evidence required to support the model's assertion that Community services would be of sufficient quality to deliver the required levels at the same time as reducing the bed levels. Therefore the 5 Boroughs Partnership would be carrying out a pilot of the changes in Wigan commencing in January 2012.

The following comments arose from the discussion:-

- Concern was raised that patients would have to travel to Wigan and Warrington to access these services. Concern was also raised re the proposal to reduce the number of beds. In response, it was reported that currently 70% of services were provided in the community. The average time an individual spent as an 'in patient' was 24 days. It was reported that families wanted treatment and to go home as soon as possible. The proposals would provide daily contact in the home and intervention would be at a much earlier stage, which would result in few hospital placements and therefore fewer beds would be required in the future. The scheme was being piloted in Wigan and would be closely monitored and scrutinised. In addition, it was highlighted that a further report on the outcome of the pilot and proposals for a way forward would be presented to a future meeting of the Board;
- It was suggested that there was still a stigma related to mental health and people could become isolated in the community because of this. In addition, there were young carers in the Borough who would require a break from their caring duties;
- Concern was raised that a lot of older people had no family in the Borough. In response, it was reported that older people would be part of an assessment whereby relevant questions would be asked. It was reported that a lot of work was being undertaken with carers. There was also some very complex people accessing the service who were stressed and who required suitable/appropriate interventions. In addition, it was reported that the Community Mental Health Team were very proactive with service users who required transport. These users were transported to their venues. It was also reported that a lot of people over 65 years of age functioned very well but had anxiety issues and were suffering from depression and needed to be signposting to the correct service;
- Clarity was sought on the reduction of medication in patients with mental health problems. In response, it was reported that because of the restraints medication could put on people and the side effects of such medication, the Government had developed Mental Health policies reducing the use of such medication. However, it was reported that over the last few years with early intervention, patients with

dementia had successfully used medication when appropriate;

- The importance of a good initial assessment, treatment and diagnosis for mental health problems was noted. It was also noted that there would be a 24 hour assessment service;
- It was noted that home treatment was a low qualified clinician who visited a patient 2/3/4 times a day and supported that individual in the home. It was also noted that there were no proposals to close The Brooker Centre or St Johns and they would continue to be used for community services. It was also anticipated that these services would be improved and would remain to provide local services to local residents in Halton to keep patients out of the hospital;
- It was noted that GPs were not trained to recognise dementia and this could lead to it being undiagnosed;
- It was noted that there was a significant number of people with dementia and it was anticipated that 1 in 10/15 people over the age of 65 would have dementia as the population ages. Research was being undertaken and discussions taking place to ensure that the service would meet the need of Halton residents in 2/3 years time. In addition, it was reported that 2/3rds of older people drank alcohol in excess and there was a conference taking place on 27 January 2012, to discuss how the service would deal with this increase;
- It was reported that as a result of the Mersey Gateway, there was a predicted increase in employment and housing developments in the area over the next two years and clarity was sought on whether this had been taken into account. In response, it was reported that the service would need to be flexible enough to deal with the demand and be a 'needs led service'; and
- Clarity was sought on patient choice and the number of people accessing services in Halton from outside the Borough and the impact it would have on the residents of Halton. In response, it was reported that there was flexibility and sensitivities relating to patient choice. It was also reported that

there would be incentives to place local people in local services and protocols drawn up. However, there were some people who preferred to access services outside of their Borough.

RESOLVED: That

- (1) the report and comments made be noted;
- (2) the presentation be received; and
- (3) Pauline McGrath, Sam Oliver, John Chiocchi, Eileen O'Meara, Theresa Patten, Ashley Baldwin and Dr Anne Tennant be thanked for their attendance and informative presentation.

HEA46 ADULT SOCIAL CARE ANNUAL REPORT

The Board considered a report of the Strategic Director, Communities which presented the Adult Social Care Local Account.

The Board was advised that in past years all Local Authorities had a duty to report Adult Social Care performance to the Care Quality Commission (CQC) on an annual basis. The annual performance assessment consisted of both performance data and a contextual document which centred on seven outcome areas – detailing achievements in the current year and priorities for the forthcoming year.

The Board was further advised that CQC's focus had recently changed to an increasingly regulatory role. In light of this, the role of the Department of Health (DoH) had strengthened in relation to the performance management of Councils.

It was reported that to replace the CQC annual performance assessment, the DoH now required Councils to produce a 'Local Account' which reflected annual performance in Adult Social Care, where local residents were the audience, as opposed to a regulatory body. This represented a shift in terms of accountability whereby Councils would become increasingly accountable to their local population, rather than to Central Government.

In addition, it was reported that, in order to reduce the possibility for confusion, it had been agreed that the 'Local Account' be named as the 'Adult Social Care Annual Report'. This followed discussions with other Local

Authorities who had steered away from naming the document as a 'Local Account', in case the intended audience may not know what a 'Local Account' was. It was perceived that 'Adult Social Care Annual Report' may be more self-explanatory.

It was reported that Appendix 2 to the report set out how the Adult Social Care Annual Report would be published. It would be circulated to all partners and published electronically in line with other Local Authorities.

The Board congratulated Officers on the excellent structure and design of the report.

RESOLVED: That the report be noted.

HEA47 HEALTH & WELLBEING STRATEGY

The Board considered a report of the Strategic Director, Communities which informed Members of the requirement to produce a local Joint Health and Wellbeing Strategy and the process involved.

The Board was advised that one of the functions of the new Health and Wellbeing Board (HWB) was to produce a Joint Health and Wellbeing Strategy. It was reported that the strategy should provide the overarching framework within which commissioning plans for the NHS, Social Care, Public Health and other services which the HWB had agreed were relevant, would be developed.

The Board was further advised that HWB would be required to produce the strategy as part of its statutory responsibilities. In addition, it was reported that the HWB Board would be able to consider whether the commissioning arrangements for social care, public health and the NHS, developed by the local authority and Clinical Commissioning Group respectively, were in line with the Joint Health and Well Being Strategy; and if not, the HWB Board would be able to write formally to the NHS Commissioning Board & the Clinical Commissioning Group or Local Authority leadership.

It was reported that in developing the strategy a range of views would need to be gathered from a wide range of partner organisations especially given the scope and remit of the strategy. It would also be essential to develop ways of involving members of the public in the preparation of the strategy. Members would also have a vital role to play in helping to develop the strategy in conjunction with identifying

the priorities for action.

In conclusion, it was reported that at a local level Halton had recently updated its Joint Strategic Needs Assessment for Health and Wellbeing and was currently in the process of developing locality needs analyses. Both of these would be used to underpin the Joint Health and Wellbeing Strategy. In addition, some initial scoping work had begun in terms of gathering the evidence base, determining the outline of the strategy and collating best practice (where available) from other areas.

The Board noted the Strategy would be required by the end of July 2012. It was suggested and agreed that the document 'Peeling the Onion' be circulated to all Members of the Board.

RESOLVED: That the report and comment raised be noted.

HEA48 SAFEGUARDING ADULTS

The Board considered a report of the Strategic Director, Communities which gave Members an update on the key issues and progression of the agenda for Safeguarding Vulnerable Adults.

The Board was advised that discussion had began, aimed at developing a pilot project in Halton based on the 'Safe Around Town' scheme which was currently running in St Helens. The scheme's purpose was to provide a safe sanctuary for people with learning disabilities in St Helens town centre.

The working group were considering widening the proposed scope of the scheme in Halton to include vulnerable people of all ages and needs in the wider community rather than limiting it to shopping areas.

Halton Speak Out also had a lead role in the project and it was hoped that collaboration could also be achieved with other voluntary groups, community centres and employers.

The report highlighted that a range of issues surrounding dignity had been developed and were attached at Appendix 1 to the report. A report would also be presented to the Safer Policy and Performance Board on 17 January 2012.

The Board noted the various activities that had taken place and were set out in paragraphs 3.2 to 3.7 of the report.

RESOLVED: That the contents of the report be noted.

HEA49 PERFORMANCE MONITORING REPORTS

The Board considered a report of the Strategic Director, Policy and Resources regarding the Quarter Monitoring Reports for the second quarter of 2011/12 to September 2011. The report detailed progress against service objectives / milestones and performance targets and described factors affecting the service for:

- Prevention and Assessment; and
- Commissioning & Complex Care.

The Board received and noted a number of questions relating to the performance monitoring reports. It was reported that the questions and responses would be appended to the minutes.

A Member of the Board thanked Officers for the performance on CCC9 – that the Authority had sustained a zero repeat homelessness status.

RESOLVED: That the reports, questions and responses be noted.

HEA50 POSITIVE BEHAVIOUR SUPPORT SERVICE

The Board considered a report of the Strategic Director, Communities which gave Members information on the work of the Positive Behaviour Support Service (PBSS).

The Board was advised that the report set out the development, current activities and future direction for the Positive Behaviour Support Service (PBSS). This was a new service with the primary purpose of supporting and improving the lives of children and adults with learning disabilities and/or autism, and who exhibit 'challenging behaviour'. It was reported that such behaviour could include: stereotypical behaviour, self-injury, disengagement or aggression.

The Board was further advised that the consequence of such behaviour could place carers and parents under considerable stress and there tended to be limited opportunities for an ordinary life for the individuals

concerned. The PBSS had been established to counter such consequences. It was reported that the service was staffed by Board Certified Behaviour Analysts, who held an internationally recognised qualification requiring intensive training and continuous supervision.

It was reported that recruitment for the team had commenced in late 2010 and the full team of 13 had been established in November 2011. The service was funded by St Helens Council (Adults), Knowsley Metropolitan Borough Council, NHS St Helens and Halton Primary Care Trust and Halton Borough Council. The service worked with children and adults in four areas, early intervention, crisis prevention and management, technical support and placement development. Examples of case studies were set out in the report.

In conclusion it was reported that a key issue was related to future funding in that the Primary Care Trust would cease to exist and alternative funding was being explored.

The Board noted the excellent work that was being undertaken by the team.

RESOLVED: That the report be noted.

HEA51 STANDING ORDER 51

The Board was reminded that Standing Order 51 of the Council's constitution stated that meetings should not continue beyond 9 pm

RESOLVED: That Standing Order 51 be waived to allow the meeting to continue beyond 9 pm.

HEA52 HEALTH POLICY AND PERFORMANCE BOARD WORK PROGRAMME 2012/13

The Board considered a report of the Strategic Director, Communities which represented the first step in developing a work programme of Topics for the Board to examine during 2012/13.

The Board was advised that the autism review was near completion and a report would be presented to the 6 March 2012 meeting. It was reported that the Homelessness review would not be completed until March 2012 and a report would be presented to the Board in June 2012.

After discussion, the Board agreed that a Topic

Group be established on Falls Prevention. Members were encouraged to email their interest in becoming part of this group to the committee officer as soon as possible. In addition, it was agreed that a topic brief would be presented to the next meeting of the Board.

RESOLVED: That

- (1) a Falls Prevention Topic Group be established;
- (2) Members indicate their interest in becoming part of this Topic Group via email to the Committee Officer; and
- (3) A Topic Brief be presented to the next meeting of the Board.

Strategic Director
- Communities

Meeting ended at 9.35 pm

HEALTH PPB – 10 JANUARY 2012**PERFORMANCE MONITORING QUESTIONS AND RESPONSES****Questions submitted by Councillor MacManus****Prevention and Assessment Services**

- 1 Page 191 – Milestone to develop Air Quality Action Plan – Is this a new milestone, it does not appear in the Q1 performance report?

Response

The Environmental, Public Health & Health Protection Division transferred into the Prevention & Assessment Department in April 2011. This Division previously reported for performance monitoring purposes to the Environment & Urban Renewal PPB.

This has now been reported to Elected Members of Health PPB in Quarter 2. This could be additionally reported to Members of the Environment and Urban Renewal PPB, if Members so wish in future?

- 2 Page 192 – First Milestone. Milestone says recommendations of QIPP Review to be implemented by September 2011. Commentary says ‘work continues’ – Have the recommendations been fully implemented?

Response

Yes final report due to Mersey Cluster shortly

- 3 Page 192 – Third Milestone – Initial scoping done in April 2011 – What progress since then?

Response

In order to transform social care in line with Putting People First and fully implement Self Directed Support (SDS) the current way in which services are delivered in adult social care is being reviewed. The new model of working incorporates HHLS. A Reconfiguration Board and supportive working groups have been established in order to drive this agenda forward.

- 4 Page 198 – PA7 - Are the values percentages?

Response

The values stated are per 10,000 population not percentages

5 Page 198 – PA10 – Is there any data now available?

Response

The data is not available at this point in time. An updated figure will be reported in the Quarter 3 report at the Health PPB on 6th March 2012.

6 Page 201 – PA26 – Why is the direction of travel downward if the commentary says the service is meeting targets?

Response

The Performance is marginally worse (357) compared to the same period Qtr2 2010/11, as 376 smokers quit last year. The Direction of travel indicator is thus red. The Department though expects to met the targets set for the year.

7 Appendix 3 – Measures PA8 and PA28 are not reported on this time. Reason please. PA18 has been added this time – again reason please?

Response

These have been reported to Safer PPB only in Qtr2.

For PA18 – Local Air Pollution Control audits carried out, please refer to response for question 1 as stated above, now included for Health PPB in Quarter 2.

8 Page 206 – Commentary on Accounts:-

(a) 'In Older People the increase this financial year is 8%' – No explanation of why this is included in the commentary, is it an increase in numbers or spend? The percentage on its own does not help explain the adverse variance.

Response

8% increase relates to an increase in numbers at the end of September 2011. Further details will be reported in Quarter 3.

(b) The Recovery Plan – details needed. Remedial action was referred to in the September PPB report, Page 27. Do the November monthly accounts show if it is having an impact? What are the variances at the end of November?

Response

- i) **Recovery plan has been implemented to support an overall reduction in the predicted overspend of the community care budget. In addition individual team plans have been put in place, to support the Care Management Teams to realise the target reduction in spend. Work is ongoing and it is proposed that this process would need to be continued over the next couple of years to ensure that budgets are brought back in line with available budget.**
- ii) **Community Care projected overspend has reduced by £530k since Q2.**
- iii) **A full analysis is being prepared for Q3 and will be available next week.**
- (c) In the September report the annual budget was £21,390k. In this report it is £220,00k – What is the reason for this?

Response

Corporate Finance confirmed, information on budget virements will be collated as soon as possible.

9 I am looking for updates on 3 items in the Key Developments reported at the September PPB as follows:-

- (a) Page 30 – Housing Options for Disabled Adults – A feasibility study was underway – Has it been completed, if so what were the results?

Response

Work on the feasibility study is ongoing and officers aim to present a report to Communities Senior Management Team by May 2012.

- (b) Page 31 – Housing Solution Service – The Homeless Strategy Action Plan had a recommendation to develop a Strategic Partnership Group. What progress has been made?

Response

At the Homelessness Forum held in September 2011, Members agreed that the format of the Commissioning Framework for Homelessness Prevention in Halton needed to change. It was agreed that a Strategic Partnership Group would be established, supported by two sub groups. The sub groups, Temporary Accommodation and Evidence and Good Practice are established and have been involved in discussions to agree

the membership of the Strategic Partnership Group. The first meeting of the Partnership Group is due to be held at the end of January 2012.

- (c) Page 32 – Older People’s Mental Health Service – Pathways into social care were to be considered in Q2. What progress has been made?

Response

This is now part of workstream related to 5Borough’s reconfiguration. The Council is fully involved in the process.

Commissioning and Complex Care

- 10 Page 213 – First milestone – What is the updated position?

Response

Funding identified for advisors, links also to 5borough's proposals for older people's mental health services. Dementia care advisors are to be in place by March 2012.

- 11 Page 213 – Second Milestone – At the PPB in September it was reported that the Council had agreed funding to March 2012 – What is the position post March?

Response

The Joint partnership bid was unsuccessful. Halton Carers Centre (HCC) have now submitted a single bid to the Big Lottery. Meanwhile work is being done with the PCT re:- joint partnership agreement to fund HCC

- 12 Page 216 – First Milestone – Has any contact been made with other Local Authorities?

Response

In November, along with a number of other local authorities, Halton was contacted by Liverpool to see if we would be interested in developing a cross boundary HealthWatch. We are in contact with Liverpool on an on-going basis as even though each LA has to have its own HealthWatch service and representation on the HWB Board, if we were to have a 'shared' host, or back office/support arrangement that may well provide some savings.

The Department for Health have announced (3.1.12) that the implementation date for Local HealthWatch has been put back to April 2013, from October 2012, subject to Parliamentary approval. The implementation date for HealthWatch England, the body that will provide leadership, advice and support to local HealthWatch organisations, remains the same – October 2012.

Prior to this announcement, Halton had already made contingency plans to ensure that the existing LINK Host contract was secure until such time that Local Health Watch was established, anticipating that the implementation date may be set back until April 2013. Executive Board Sub Group approved the extension of the LINK Host contract for up to an additional 12 months (from April 2012- March 2013) in November 2011.

- 13 Page 221 – Second Milestone – Will the target for carer’s breaks be a performance indicator in future PPB reports?

Response

No – The new Communities Directorate Business Plan from April 2012 no longer has carers breaks as a specific milestone within it and therefore will not be subject to reporting back to PPB.

- 14 Page 221 – Third Milestone – How do we find hidden carers?

Response

Examples of actions by the Council to identify hidden carers:-

- **On-going publicity, face to face events during carers week and carers rights day**
- **Electronic signage in Halton Hospital, currently also exploring use within GP surgeries**
- **Newspaper advertisements**
- **Leaflet distribution**
- **Via the GP Liaison Worker**
- **Radio programmes/advertising – raising the profile of carers.**

- 15 Page 222 – Last Milestone – What were the results of the mystery shopping project?

Response

The mystery shopping consultation took place in conjunction with the review of the contact centre. There were a total of 4 focus groups and in excess of 50 people who participated and the recommendations for changes to the service were made and agreed through Senior Management Team. These changes included the reduction of opening hours and relocation of the service.

16	Page 230 – CCC22 -	Actual	Target
		2010/11	2011/12
	Reported at Q1	2773	2309
	Reported at Q2	2809	2916

What is the reason for these changes?

Response

Updated information became available between Q1 and Q2 from NHS Halton & St Helens, through work undertaken by the Health Strategic Partnership. The target for 2011/12 was set in 2010/11 using previously reported data available at that time. Targets were thus revised for

2011/12. Reducing Alcohol related hospital admissions is a key priority for the Council and PCT and included in the Sustainable Community Strategy for Health and Safer SSPs.

- 17 Page 233 – Accounts – The budget has changed from that reported in Q1. From £17495k to £18105k. What is the reason for this?
(Comment – remedial action from Q1 seems to be working from £(29)k to £119k underspend)

Response

Corporate Finance confirmed information on budget virements will be collated as soon as possible.

- 18 Page 234 – Income from Community Centres – How much is this comparing to budget now? How much is budgeted for 2011/12?

Response

The income target to date is £141k, actual income to date is £158k.

The full-year income target is £276k. There are a lot of year-end recharges (which are correctly included in the budget), which account for the significant difference between the target to date (as at 31 December), and the full-year target.

- 19 In the report at September PPB there was a milestone to continue to negotiate with housing providers, Page 42. It does not appear in the report this time. What progress has been made since then?

Response

This has been reported to the Environment & Urban Renewal PPB in Quarter 2 falling within the remit of this PPB as regards Housing Strategy. Should Members wish this to be reported to Health PPB this can be included for quarter 3.

Commentary Update

With support from Halton Borough Council, Registered Providers in Halton have successfully secured funding through the Homes and Communities Agency to develop two new and additional extra care housing schemes.

The first scheme is Naughton Fields on Liverpool Road, Ditton and is due for completion in July 2012. This is being developed by Halton Housing Trust and will consist of 47 units. The second scheme is at the Boardwalks, West Bank and is being developed by Cosmopolitan Housing Association and will incorporate 90 units and will be complete by early 2014.

20 There are a number of measures with no data because of changes of recording carer services in the Carefirst database system.

In Prevention & Assessment there are three: PA15, PA16 and PA29.
In Commissioning there are four: CCC4, CCC6, CCC14 and CCC15.

When the CCS ones were reported at Q1 all had a downward direction of travel. What are the changes in the recording? When will values for these measures be available?

Response

All of the above measures were affected by a system change to the way Service Package details are recorded in the Carefirst system (to match the way service packages are billed in the Agresso system).

As a result of the change, some data cleansing was required following the change. Some of the data cleansing has been completed and this means that estimated data will be available for reporting all of these measures in Q3. It is envisaged that all data cleansing will be completed to enable reporting of actual data for all of these measures in Q4.