

## APPENDIX 1

### **Extract of Executive Board and Executive Board Sub Committee Minutes Relevant to the Healthy Halton Policy and Performance Board**

#### **EXECUTIVE BOARD MEETING HELD ON 22<sup>nd</sup> JUNE 2006**

##### **EXB14 INDEPENDENT LIVING FUND**

The Board considered a report of the Strategic Director – Health and Community outlining the development of a new policy relating to the Independent Living Fund (ILF). It was noted that the ILF had been introduced in 1993 and was designed to provide financial support to disabled people (people with a learning disability, physical disability, sensory impairment or with mental health problems) to enable them to choose to live independently in the community rather than in residential or nursing care. Details of how the fund could be used were outlined.

Existing practice meant that where a service user was eligible to apply for support and chose not to do so, the Council funded the full cost of their community based package. This practice gave an open-ended commitment which, in certain cases, could cost significantly more than traditional care packages. Within existing budgetary constraints this was not sustainable.

The Policy promoted new practices to encourage an increased take-up of the ILF by service users. The Policy would not impact on existing support packages in place but should ensure that the cost of future packages was shared between the ILF and Council contributions where relevant. The aim was to support those service users who were eligible for ILF to apply, thereby releasing Council funds for those not eligible.

RESOLVED: That

- (1) the report and policy documents on the Independent Living Fund (Appendix 1) be received; and
- (2) the implementation of the Policy be approved.

*(NB Councillor Massey declared a personal and prejudicial interest in the following item of business due to being Chairman of the Halton Hospital Trust and left the meeting for the duration of its consideration.)*

## EXB15 BETTER CARE, SUSTAINABLE SERVICES, NORTH CHESHIRE HOSPITALS NHS TRUST PROPOSALS

The Board considered a report of the Strategic Director – Health and Community which contained an independent consultant's report regarding North Cheshire Hospitals NHS Trust's proposed changes to the delivery of services to Halton and Warrington Hospitals.

A background to the proposal was outlined for information together with confirmation that an independent consultant, Mr. Geoff Hammond, had been commissioned by the Council to critically assess the proposal in accordance with the terms of reference contained in Appendix 2 of the report. The report from Mr. Hammond was now complete and it was noted that the conclusions were broadly similar to those contained within the formal response from the Primary Care Trust (PCT).

The report concluded that the proposed model of service had some advantages including improved organisation for elective surgery, and a reduction of duplication of staff and facilities with consequent resource benefits, but detailed the requirements of the Council to be fully assured that the proposals would be successfully implemented. In particular, the report noted that transport issues needed to be resolved prior to any changes being implemented, and recommended and concluded that a joint Strategy involving all the health bodies and the Council should be developed addressing the many health issues placed on the population in Halton.

In addition, Mr. Hammond attended the meeting in order to present his report and respond to Members' questions. The following points were noted/discussed:

- the Trust could not stay as it was;
- the Plan did not make any reference to inflation;
- the inevitability of a problem occurring at some point in respect of the stabilising and transferring of patients to Warrington; and
- the fact that a walk-in centre was not part of the Trust's proposals but rather something the PCT had said it would like to see.

It was noted that a preliminary meeting had been held with the PCT and the Hospital Trust where it was indicated that the Council should be invited to future meetings.

The Chairman thanked Mr. Hammond for his input and for attending the meeting.

RESOLVED: That

- (1) on the basis of the information currently available to the Council and the continuing uncertainty in respect of transport issues and the ability of the Trust to finance its proposals, the Council supports in principle the clinical model proposed by the Trust provided that:
  - (a) the Trust secures from the Health Commissioners or other appropriate funders guarantees that the funding and additional activity data will be available in the sums and amounts required to deliver the clinical model proposed by the Trust and within a reasonable timescale; and
  - (b) the Trust guarantees that transport services will be put in place and funded to support patients without the means or ability to get to and from Halton and Warrington Hospitals prior to the introduction of the clinical model proposed;and if these guarantees are not secured the Council is not able to support the proposals; and
- (2) the Chief Executive, Halton Borough Council, approach the Chief Executive of the Strategic Health Authority to bring together all interested parties to begin to develop a co-ordinated and flexible long-term plan for managing health care provision for the population of Halton.

## **EXECUTIVE BOARD MEETING HELD ON 20 JULY 2006**

### **EXB22 WIDNES PRIMARY CARE ESTATES STRATEGY**

The Board considered a report of the Strategic Director – Health and Community which provided details of a response to the consultation on proposed changes to primary care practices in Widnes as detailed in the strategy “Improving Local Health Services”.

The key aspects of Halton Primary Care Trusts’ preferred options were outlined for the Board’s consideration.

The Board raised a number of issues in relation to accessibility, parking facilities, nearest pharmacy locations, and the

need for a more local service. It was noted that the principles of accessibility, equity and the reduction of inequalities needed be more clearly evidenced in the proposals and there would be potential difficulties should the proposals go ahead in their current form.

RESOLVED: That

- (1) the proposals set out in the report be noted; and
- (2) reassurances be sought from St. Helens and Halton PCT on the issues identified within the conclusions set out at section 4.0 of the report.

#### EXB23 5 BOROUGH PARTNERSHIP NHS TRUST MODEL OF CARE

The Board received a report providing Members with an assessment of the 5Boroughs Partnership Model of Care proposals, which highlighted the key issues for the Council to consider. The report outlined the proposals from “The Model of Care” including the key features of the proposals as follows:

- a change in emphasis of service delivery from treatment and maintenance to recovery and social inclusion;
- the development of Resource and Recovery Centres in each locality, which combined inpatient services with the new Crisis Resolution/Home Treatment service. This more intensive approach was intended to be much more flexible and needs-led;
- delivery of a reduced but more focused range of day therapies which would provide Access and Advice Teams to act as gatekeepers to the new service. Tighter and more focused eligibility criteria would be developed which would determine the people who would be accepted by the service.

It was noted that there had been a meeting with the 5Boroughs partnership, however it was felt that little progress had been made and a lot of work had to be done over the next six weeks in order to clarify and fully understand the proposals.

Members discussed the need for service users to be able return to the community to recover rather than having to live in hospitals and centres; what would be needed to make the model work; what resources we would have as a Council; and the possibility of training staff in order to look after clients from their homes.

RESOLVED: That

- (1) the Council commission an independent person suitably qualified to review the 5Boroughs proposals; and
- (2) a further report be presented to Executive Board on 7<sup>th</sup> September 2006.

## **EXECUTIVE BOARD SUB COMMITTEE HELD ON 12 JUNE 2006**

### **ES9 PROVISION OF CARE AND SUPPORT IN EXTRA CARE HOUSING SCHEME - DORSET GARDENS**

The Sub-Committee considered a report which sought authority to provide care and support services at the Dorset Gardens Extra Care Housing Scheme in-house within the Intermediate Care Division – Home Care Service for up to 2 years as a Service Development Opportunity, prior to undertaking a tender process.

Dorset Gardens Extra Care Housing Scheme in Charlton Close, Palacefields had been developed in partnership with Riverside Housing Association and was scheduled for completion in November/December 2006. As Dorset Gardens was a new build scheme, tenants had not yet been identified, and therefore it was not possible to anticipate their levels of need for care and support at this stage. This may require a 24-hour on-site service, or not dependant upon need.

Provision of a service in-house would enable the local model of care and support to develop flexibly over the first two years of the scheme, and provide a definitive model for this scheme to emerge.

After two years a tender process could be undertaken that would have the benefit of the two-year development period and enable clear definition of requirements of a care and support provider, a more accurate calculation of the expected cost for the agreed model of care, therefore obtaining better value for money for the Council.

The Sub-Committee was advised that tendering for the service at this stage would be very difficult as individual levels of need were currently undefined, and may therefore disadvantage the Council in terms of cost and over provision, as previously stated to contract for 24 hour on-site service that may not be required would seriously financially disadvantage the Council.

Therefore, it was reported that compliance with Standing Orders was not practicable, as compliance would result in a clear financial or commercial detriment to the Council and potentially to the Council having to forego a clear financial or commercial benefit.

RESOLVED: That

- (1) in the exceptional circumstances outlined above, for the purpose of Standing Order 1.6, Standing Orders 2.2 to 2.6 and, 2.8 to 2.13 be waived on this occasion because compliance would result in a clear financial detriment to the Council in relation to the service. The Council, therefore, has to establish local model of care and support on an exploratory basis to avoid the Council potentially having to forego a clear financial benefit (SO 1.6c). That a service level agreement for care and support services for the period from November/December 2006 for two years be agreed with the Intermediate Care Division – Home Care Service, Health and Community Directorate;
- (2) it is anticipated that staff employed to provide this service under a contract with an independent provider would transfer to that provider on commencement of the contract;
- (3) authority to tender for a care and support service be undertaken after a two year period of in-house provision, and that delegated power be approved to enable the Operational Director, Older People and Physical and Sensory Disability Services to award a contract for this provision following a competitive tendering process; and
- (4) the Strategic Director, Health and Community be authorised to take such action as may be necessary to implement the above recommendations.

## **EXECUTIVE BOARD SUB COMMITTEE HELD ON 20 JULY 2006**

### **ES22 INTERMEDIATE CARE CRISIS BEDS**

The Sub-Committee considered a report which sought authority to continue with the contract for two Intermediate Care Crisis beds with Southern Cross/Highfield Health Care (Beechcroft Care Home), for a period ending in December 2006, to suspend contract standing orders 2.2 – 2.6, 2.8 – 2.13 and approve delegated powers to enter into a contract without going out to competitive

tender.

The Beechcroft crisis beds were opened on the 12<sup>th</sup> August 2005, these beds were an essential part of the service and enabled the Authority to manage more complex risk issues, negating the need to admit unnecessarily to more intensive services. During the past six months, an intensive level of training and support had been provided to the staff supporting this bed provision and a network of relationships with the Intermediate Care Team has been forged. The outcome for service users had been positive and supported the overall aims of Intermediate Care.

It was noted that compliance with Standing Orders was not practicable for reasons of commercial detriment to the Council in line with the level of training and support that had been provided with this setting.

The request for the waiving of Standing Orders was made retrospectively, 12<sup>th</sup> February 2006, due to the need to continue to keep these beds operational. The waiver request would allow sufficient time to tender for the provision of this service and ensure that the Council could provide any additional training required to a new provider, and complete the review of the overall service provision, within the framework of Standing Orders.

If the waiving of Standing Orders was not agreed, this would result in a real decrease in service provision, particularly in Runcorn. This could result in an increase in admissions both to long-term care and hospital, due to the lack of services in the community. This would also result in inequity in provision across the Borough, as Widnes residents could access Oak Meadow intermediate care beds. Local services were important to supporting people in returning home.

RESOLVED: That

- (1) for the compliances of Standing Order 1.6c, standing orders be waived as compliance was not practicable for the reason of the level of training and support that had been provided within this environment, and the need to continue to operate the service; two Intermediate Care crisis beds in Runcorn; and

- (2) Contract Standing Orders 2.2 – 2.6, 2.8 – 2.13 be waived on this occasion and the contract for Intermediate Care Crisis Beds Services for the period 31<sup>st</sup> March until December 2006 be awarded to the Southern Cross/Highfield Health Care (Beechroft Care Home).