

# Health Policy and Performance Board

## Annual Report

April 2015 - March 2016



I have been a member of the Health Policy and Performance Board since 2007, but I am very pleased to report on the work of the Board during 2015/16 in my new capacity as Chair of the Board.

Firstly I would like to acknowledge the work of Councillor Ellen Cargill, the previous Chair of the Board, for her mentorship over the years which has certainly equipped me with the skills in undertaking this challenging role.

In addition to thanking all members of the Board, I would particularly like to take this opportunity to thank my new Vice Chair, Councillor Stan Hill, who has provided valuable support to me over the past 12 months and also Councillor Mark Dennett, Halton's Mental Health Champion, who has worked very hard in driving forward with improvements in Mental Health provision over the past 12 months.

I would also like to acknowledge the work of Simon Banks, Chief Officer and his team at the NHS Halton Clinical Commissioning Group (CCG) and Sue Wallace Bonner, Director of Adult Social Services for all the help and support given to the Board over the past year too.

The remit of the Board is to scrutinise the Health and Social Care Services provided to the residents of the Borough; we also have a responsibility to scrutinise Hospital Services, including Mental Health Services and the Board take these responsibilities very seriously.

One area that has been a particular focus for the Board this year are the issues that have been raised by Halton residents regarding the issuing of Car Parking Fixed Penalty Notices at Halton and Warrington Hospitals.

This has resulted in the Board meeting with representatives from Warrington and Halton Hospitals NHS Foundation Trust on a number of occasions to address and try and resolve residents' concerns.

This year, the Board were extremely pleased to see the opening of two new Urgent Care Centres in Halton providing easier access to urgent care for local residents. Members have taken the opportunity to visit the new Centres in addition to visiting Learning Disability Day Services.

As usual, 2015/16 has proved to have been a very busy, challenging and interesting time for us all and I'm sure 2016/17 will be no different!

*Cllr Joan Lowe, Chair*

## **Health Policy and Performance Board Membership and Responsibility**

### **The Board:**

Councillor Joan Lowe (Chair)  
Councillor Stan Hill (Vice-Chair)  
Councillor Sandra Baker  
Councillor Mark Dennett  
Councillor Margaret Horabin  
Councillor Charlotte Gerrard  
Councillor Shaun Osborne  
Councillor Martha Lloyd Jones  
Councillor Carol Plumpton Walsh  
Councillor Pauline Sinnott  
Councillor Pamela Wallace

During 2015/16, 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 six times in 2015/16. 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 2015/16.

## **GOVERNMENT POLICY- NHS AND SOCIAL CARE REFORM**

### **Care Act**

Throughout the year the Board have received updates on the implementation of the Care Act; Phase 1 of the Care Act came into force on 1<sup>st</sup> April 2015 which included elements such as the duty to provide prevention, information and advice services, including independent advocacy and Carers being entitled to an assessment and support, with the same rights as any adult service user.

Significant levels of assurance have been provided to the Board that Halton is fully compliant with its legal obligations and as a result of the implementation of the Act there has been an increase in demand for services and assessments; some of this increase in demand has been managed with improvements in sign posting and prevention services. Significantly more individuals are now provided with information and signposted with positive results.

The Board will continue to watch with interest the development of the work nationally taking place on the cap on care costs and the means test which were due to be introduced in April 2016 and the Department of Health has decided to postpone this until April 2020.

### **Deprivation of Liberty Safeguards**

The Deprivation of Liberty Safeguards (DoLS) is one aspect of the Mental Capacity Act (2005). The Safeguards are there 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 is no other way to provide appropriate care.

Following a Supreme Court judgement in 2014, a DoL can occur in a domestic setting where the State is responsible for imposing those arrangements. This will include a placement in a supported living accommodation in the community. Hence, where there is, or is likely to be, a DOL in such placements must be authorised by the Court of Protection.

As such the Board received a report outlining the impact that this ruling has had within Halton; basically within Halton and across the Country there has been a significant increase since April 2014 on the number of DOLs. There has been mounting criticism of DoLS and as a result the Government requested the Law Commission to undertake a review. The Law Commission has subsequently developed proposals to replace DoLS and following consultation will publish its recommendations in 2016 with a view to achieving legislative reform by 2017 – 18.

### **Closure of the Independent Living Fund**

After an independent review in 2007, the Government acknowledged that the Independent Living Fund (ILF) system was inequitable for people and operated outside of care systems operated by the Local Authority. The Government subsequently decided to close the ILF on 30<sup>th</sup> June 2015 with the ILF users transferring to the management of the local authority. Although the funding of ILF was to transfer to the local authority an attrition rate of 5% was to be applied to the overall costs that the local authority would receive.

The Board received a report on the work undertaken by the ILF Project Team which was established to review the 51 ILF recipients in Halton and produce support plans to reflect any changes that may be made once the national eligibility criteria was applied. It was noted by the Board that this option reduced the financial risks to the Council whilst reassuring ILF recipients that their needs will be met once ILF ceased its function. The Board were pleased to hear that all the reviews were completed prior to the transfer date.

## **SERVICES**

### **Urgent Care Centres**

The Board were extremely pleased to see the significant progress made in the development of Halton's Urgent Care Centres, with both the Runcorn and Widnes UCCs opening during 2015, which are on the sites of the old Minor Injuries Unit at Halton Hospital and the Widnes Walk in Centre. Staffed by a team of on-site integrated healthcare professionals and with a range of diagnostic facilities, our UCCs are community-based primary care facilities providing access to urgent care to our local population.

The UCCs in Halton are:-

- [Widnes NHS Urgent Care Centre](#) – located at the Health Care Resource Centre, Caldwell Road, Widnes WA8 7GD.
- [Runcorn NHS Urgent Care Centre](#) – located at Halton Hospital, Hospital Way, Runcorn WA7 2DA.

The Centres operate from 7am until 10.30pm (accepting patients up until 10pm), 365 days a year. NOTE: Radiology operates from 8am until 10pm, 365 days a year.

In addition to being able to assess/treat minor illnesses and injuries, the Centres 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 staff teams and agreed pathways of care.

The UCCs can also receive patients from the ambulance service within agreed protocols and pathways of care.

### **Mental Health**

It should be noted that Mental Health services in Halton are under huge pressure. Nationally the wait times and need for Mental Health services have risen to an all-time high. Halton is no different and we have a significant challenge to ensure our services (both preventative and treatment) meet National standards.

As such the Board have received regular reports from Councillor Mark Dennett, Halton's Mental Health Champion, over the past 12 months outlining improvements in Mental Health provision within Halton.

One such improvement is the commissioning of Admiral Nurses for Dementia, which commenced in February 2016. Admiral Nurses provide families with the knowledge to understand the condition and its effects, the skills and tools to improve communication, and provide emotional and psychological support to help family carers carry on caring for their family member.

### **Men's Health**

In January 2016, the Board received an update from Halton's Director of Public Health in respect of Men's Health in Halton.

Local analysis shows that average male life expectancy in Halton is lower than women, a pattern seen regionally and nationally. National research has shown that men seek advice and help from preventative and medical services less than women. Thus whilst it remains vital that we have high quality universal services, we need to understand when it is also appropriate to have targeted services. There are a range of preventative and support services available in the borough which have been developed to provide specific advice and support to men, such as those detailed in the attached report. These should continue to address the needs of men and provide advice and support in a way that appeal to men.

In July 2015 the Centre for Public Scrutiny and the Men's Health Forum produced a guide designed to help scrutiny of local actions to promote men's health and tackle health inequalities. The report presented to the Board outlined the actions taking place in Halton to address the issues raised in the guide and progress to date.

## **Homeless Service**

Councillor Ron Hignett, Executive Board Portfolio Holder for Physical Environment attended the Board to provide an update on developments in respect of Homelessness and the work of the Housing Solutions Team.

Following the full Strategic Review of Homelessness which took place during 2012 which resulted in the development of the current Homelessness Strategy 2013/18, the associated strategic action plan has continued to be implemented. The Strategy provides clear direction for preventing and addressing Homelessness within Halton and reflects the relevant factors known to affect future homelessness.

The Housing Solutions Team play a key role in addressing homelessness in Halton by proactively working with all client groups to reduce and prevent homelessness.

The Board also received information regarding a Supreme Court Judgement in May 2015 which will impact on future homelessness assessments. The case marks an important change to how Authorities assess homeless people's 'vulnerability' when deciding on whether they have a statutory duty to house them. In effect it will require more applicants to be deemed vulnerable and so have a priority need. It will place additional pressure upon homelessness services and place further pressure upon temporary and long term housing accommodation providers. Authorities will have to widen the criteria for deciding who gets housed as a result of the Supreme Court decision.

The Board noted that for Halton this will likely lead to increased homeless acceptances but it was felt that that the temporary accommodation provision in place within Halton is sufficient to meet these potential demands.

## **Adult Safeguarding**

The Board have received regular reports/updates on Adults Safeguarding issues, including DoLs as referenced earlier in this report, throughout the year.

An example of this includes the Adult Safeguarding report presented to the Board in March which provided the Board with details of the Safeguarding Adults Board (SAB) Annual Report for 2014/15. Although Halton have been producing SAB Annual Reports for a number of years now, the Care Act 2014 has now made it a statutory requirement for SABs to produce Annual Reports.

The Annual Report summarises all of the key achievements and priorities the SAB has been working towards over the last twelve months. The report also sets out the national and local developments on safeguarding adults at risk.

The Board heard with interest the work that had taken place which was associated with the four key priorities, as outlined below:

1. Promote awareness of abuse and the right to a safe and dignified life – particularly among the “vulnerable” and “at risk”, but also among staff, volunteers and the wider community
2. Increase the contribution from service users and carers, ensuring their views and experience inform the Board’s work and service developments. Provide individualised services that keep people safe, but permit informed decisions about risk
3. Ensure there is a strong multi-agency approach to the safety, wellbeing and dignity of all adults at risk
4. Equip employees with the necessary tools and training to safeguard adults at risk and ensure their dignity is respected.

The Board also were interested to hear about the work Halton had recently become involved in, with regards to the Anti - Slavery Network, a multi-agency group that is committed to working together to prevent modern slavery and human trafficking. Nationally, it is a very disturbing and complex problem. Breaking the lives of the vulnerable and voiceless, it represents a grave abuse of human rights and basic dignity.

## **POLICY**

### **Care Management Strategy**

In June 2015, the Board received ‘Making a difference: A strategy for transforming Care Management in Halton 2015-2020, which was developed within a range of national and local policies and themes including the Care Act 2014. As referenced earlier in the Annual Report the Act places additional responsibilities on the Council, one of which being the ‘wellbeing principle’ and the wider focus on the whole population in need of care rather than just those with eligible needs or who are funded by the state.

The implementation of the Care Act has significant implications for the roles of the Adult Social Care workforce as the way people access the care and support system changes and demand increases for assessments and support plans from self-funders and carers.

The strategy presented sets out a framework to build on Halton’s existing care management model and construct a professional, skilled care management service that is fit for purpose and responsive to this future demand.

### **Respiratory Strategy for Halton 2015 – 2020**

Respiratory disease is one of the key contributing factors to reduced life expectancy in Halton and is the third leading cause of death after circulatory disease and cancer.

There are significant health inequalities in Halton concerning respiratory diseases where the mortality rate in our most deprived areas is double that of Halton as a whole.

During 2015 the Board were pleased to receive the new Respiratory Strategy to address respiratory health for Halton from Halton's Director of Public Health. The Strategy identifies key factors influencing respiratory health and provides recommendations for action to prevent respiratory illness, improve identification, treatments and outcomes and ensure provision of appropriate, high quality, primary, secondary and community health and social care services for all ages.

### **Service Closure Policies and Procedures**

From April 2015 the Care Act required local authorities to help develop a social care market that delivers a wide range of sustainable high-quality care and support services, and places responsibility on local authorities to deliver a duty to ensure that needs are met, including when there is a planned or emergency disruption to services. In particular, the Act is explicit in the local authority's responsibility to use market intelligence to have sound market oversight in order to develop a suitable local care and support market, foresee potential risks to disruption to services (i.e. through business failure, withdrawal from market, regulatory compliance etc.) and undertake preventive action to avoid and/or minimise disruption in the event of a care service closure.

In line with the new requirements on the local authority, the Board were presented with three policies and procedure documents that make up the 'Service Closure Policies':

- **An overarching policy in relation to market oversight:** Intelligence gathering, contract monitoring, identifying risks in service continuity, responding to risks, preventing service closure
- **A policy and procedure for responding to a planned service closure:** Covering domiciliary, residential and supported living services. Planned closures may occur for a number of reasons, including business failure, decommissioning or contract default.
- **A policy and procedure for responding to an unplanned service closure:** Covering domiciliary, residential and supported living services, where there is little or no warning of disruption to, or closure of, a service. This may be due to a number of reasons, including fire, flood, disease outbreak, immediate and significant risk of safety.

It is unfortunate that during 2015 these policies had to be used with the closure of a local home.



## **NHS Halton Clinical Commissioning Group (CCG): Information Management & Technology (IM&T) Strategy 2015-18**

NHS Halton CCG has a clearly stated intention to use transformational technologies to meet the needs of Halton's patient population, users and staff and as such in June 2015 the Board received details of NHS Halton CCG's IM&T Strategy.

The Board was advised that the Strategy had been developed in conjunction with a number of key stakeholders. The Strategy identifies what both local priorities were in relation to IM&T and also the wider healthcare economy priorities which spanned a number of organisations and which were likely to span the life of the strategy.

A number of work streams have been identified within the Strategy which had been based on areas that were not currently being met and then identifying the possible solutions that could meet this need; their potential impact on outcomes and also their ease of implementation had also been mapped. As a result it was reported to Board that a number of detailed project plans were now being developed in collaboration with the relevant stakeholders to progress developments and implementation of the Strategy.

### **'Top Up' Policy**

In January 2016, the Board received information regarding Additional Payments (for accommodation), commonly referred to 'Top ups'. Under the Care Act 2014 an individual can choose care home accommodation best suited to their needs. This may be more expensive than the 'going rate' for the type of accommodation that Halton has negotiated with the provider for a person with such needs. In such cases, a 3rd party, usually a nominated family member, will agree to pay the additional amount the provider is asking. Dealing with these 'additional payments', monitoring them and agreeing liability when the 3rd party can no longer continue to make such payments is what the policy presented to the Board sets out.

Because responsibility for top-ups has historically been between the 3<sup>rd</sup> party and the provider, Halton has never previously required an Additional Payments policy. However, in the light of the changes stemming from the Care Act and advice from Halton's legal department, this approach was no longer regarded as best practice. It could result in a greater risk of litigation in situations where the 3<sup>rd</sup> party is no longer able to maintain payments. The Act recommends that each Local Authority should have a level of oversight of the Top-Up payments between 3<sup>rd</sup> party and provider.

As such it was decided that the most appropriate way to achieve this was to have a policy and a tripartite agreement which clearly states that liability lies with the 3<sup>rd</sup> party if Top-Up payments can no longer be met. Failure to do so could result in prolonged and expensive legal cases involving not only the provider, but also the 3<sup>rd</sup> party or the person in need of care.

## **SCRUTINY REVIEWS**

### **Discharge from Hospital**

The Discharge from Hospital scrutiny review focused on the quality of the Discharge planning process and associated pathways to those Halton residents who have been admitted to the local Acute Trusts for both elective or emergency care. It examined the services that are already in place and evaluated their effectiveness in meeting the needs of the local population.

The group sought national and local evidence and undertook a range of site visits to understand best practice in and the systems and issues with ensuring timely, safe and effective discharge of people from hospital. Contributors were made by Hospital Discharge Teams, the voluntary sector, Warrington and Halton Hospitals NHS Foundation Trust, St Helens and Knowsley Teaching Hospitals NHS Trust, Care Home support teams, NHS Halton CCG; 2 local GP's and their surgeries and the North West Ambulance Service.

As a result of the review the Board has made a number of recommendations, including that:-

- The Voluntary Sector need to develop a plan with the Acute Hospitals to map out how they will work collaboratively in respect of supporting people through hospital discharge;
- A Community Care Matron with the capacity and skills to prescribe and undertake medication reviews would enhance the Care Home Support Team;
- A review of patients repeatedly re-admitted for treatment of the same condition should consider coding such re-admissions in a different way such as open access. The use of the urgent care centres to deliver a broader range of treatments should be considered;
- Acute Hospitals should continue to ensure the maximum use of their discharges lounges which support a more timely discharge process; and
- Effective communication and timely access to clinical information is key to ensure safe and effective discharge and systems should continue to develop to improve this.

## **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.

## **INFORMATION BRIEFING**

During 2015/16 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.

Areas that have been included in the Information Briefing over the last 12 months have included:-

- Halton's Learning Disability Nursing Team;
- Care Home Support Team;
- Adult Safeguarding;
- People and Economy Directorate Business Plan 2016/19 - Adult Social Care Key Developments;
- Summary of Care Quality Commission GP Inspection Reports;
- Update on implementation of the Loneliness Strategy; and
- Accident and Emergency Attendances.

## **WORK TOPICS FOR 2016/17:**

The Board recognise and value the essential role that carers play in supporting some of the most vulnerable people in our community and with the introduction of the Care Act 2014, Carers are now recognised in law in the same way as those they care for; this means they have the right to an assessment of their needs. As a consequence, the Act has resulted in an unprecedented focus on Carers and their own health and for the first time sets out a set of national criteria to establish whether the Carer is eligible for support.

As such in March 2016, the Board chose Carers as the scrutiny topic to be examined during 2016/17.

The topic will focus on the type and quality of Carers Services provided in Halton and the associated pathways in place to support Carers' ability to access those Services. It will examine these services and associated pathways, with a view to evaluating their effectiveness in meeting the needs of the local population.

*Report prepared by Louise Wilson, Development Manager – Urgent and Integrated Care, Policy & Economy Directorate*

*Email: [louise.wilson@halton.gov.uk](mailto:louise.wilson@halton.gov.uk) Tel: 0151 511 8861*