

## HEALTH POLICY AND PERFORMANCE BOARD

*At a meeting of the Health Policy and Performance Board held on Tuesday, 6 March 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: L. Derbyshire, J. Hatton, J. Hunt, A. Lewis, A. McNamara, S. Wallace-Bonner and P. McWade

Also in attendance: Leoni Beavers – NHS Merseyside / Liverpool PCT, Dr Kate Fallon and Mr Harry Holden – Bridgewater NHS Trust and Eileen O'Meara – Primary Care Trust

In accordance with Standing Order 33, Councillor Wright Portfolio Holder – Health and Adults

### ITEMS DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

HEA53 COUNCILLOR JOHN SWAIN

The Board stood in silence as a mark of respect for the sad passing of Councillor John Swain.

HEA54 MINUTES

The Minutes of the meeting held on 10 January 2012 having been printed and circulated were signed as a correct record.

HEA55 PUBLIC QUESTION TIME

The Board was advised that no public questions had been received.

HEA56 HEALTH & WELL BEING BOARD MINUTES

*Action*

The Board was advised that there were no minutes available relating to the Health and Social Care Portfolio which had been considered by the Health & Well Being Board since the last meeting of the Board.

#### HEA57 PRESENTATION: HEALTH & WELLBEING STRATEGY

The Board considered a report of the Strategic Director, Communities which provided Members with an update on the Joint Health and Wellbeing Strategy.

The Board was advised that the Strategy provided the overarching framework within which commissioning plans for the NHS, Social Care, Public Health and other services which the Health and Wellbeing Board (HWBB) had agreed were relevant for development.

The Board was further advised that Halton HWBB had set up a Joint Health and Wellbeing Strategy group which was led by the Director of Public Health. This group had held its first meeting in January 2012. It had agreed the Terms of Reference, membership, a timeline and project plan. It had also developed a draft outline framework and had started to populate it with information. This had been presented to the Health Strategy sub group.

The key points outlined in the guidance and set out in paragraph 3.6 of the report was noted.

It was reported that it was essential that all members of the HWBB, Council Members, Clinical Commissioning Groups, Policy and Performance Boards and members of the public were engaged in setting health priorities. Priorities, it was highlighted should be based on information from the JSNA with a clear audit trail.

In addition, it was reported that agreement on the Health and Well Being Strategy priorities and alignment of a number of CCG priorities against these must be reached by early June 2012 to enable Clinical Commissioning Groups (CCG) to sign off commissioning intentions by the end of June.

Clarity was sought on what consultation had been undertaken with young people aged 19+. In response, it was reported that there were lots of different opportunities for people to engage in the consultation process. An interactive event had been organised at the Stobart Stadium, Widnes, (date to be determined), the Youth

Parliament would be consulted, a website was available and there would be numerous press releases highlighting the consultation activities

It was suggested that data on health should include the impact of working and the working environment as well as lifestyles. It was highlighted that unemployment and shift patterns could be stressful and this was a contributing factor on an individuals health.

RESOLVED: That the report and comments raised be noted.

HEA58 BRIDGEWATER COMMUNITY HEALTHCARE NHS TRUST

The Board received a report and presentation from Dr Kate Fallon, Chief Executive Bridgewater NHS Trust regarding their application to become a Foundation Trust. Mr Harry Holden, Chairman of Bridgewater Community Healthcare NHS Trust was also in attendance at the meeting. The consultation document was appended to the report.

The Board was advised that Bridgewater provided healthcare services in Ashton, Leigh and Wigan, Halton and St Helens, Trafford, Warrington and Community Dental Services in all of the above areas plus Bolton, Stockport, Tameside and Glossop and West Cheshire.

The Board was further advised that Bridgewater was currently seeking views from patients and the public on its plans for becoming a Foundation Trust. The Foundation Trust would have unique governance arrangements which included members (public, patients and staff) and governors (elected by members or nominated by partner organisations).

The presentation:-

- Explained the range of services that the NHS was responsible for and highlighted that it was about people and the population and that the services would be delivered locally;
- Outlined the Bridgewater footprint;
- Set out their mission and vision and the challenges that they currently faced in respect of significant social deprivation and the numerous

health issues in the Borough such as heart disease, obesity, diabetes and smoking etc;

- Reflected on the changes and challenges in 2006/07 and 2010/11 in strengthening care closer to home;
- Looked forward to the changes and challenges in the future 2016/17 and highlighted the reasons for becoming a Foundation Trust;
- Outlined the integrated services around practice populations;
- Explained that they were working in partnerships with patients and providers to deliver best value, high quality integrated care, delivering systems savings, providing more care out of hospital, delivering specialist services to vulnerable people and delivering universal services to improve the well-being of populations; and
- highlighted the potential mutual benefits from partnership and the rationale for seeking Foundation status.

A booklet, 'Your community healthcare services, your chance to get involved' was circulated at the meeting.

The following comments arose from the discussion:-

- It was highlighted that Runcorn had been omitted from the consultation document. In response, an apology was given and the Board were informed that this matter would be rectified;
- The role and structure of the Council of Governors was noted. It was also noted that there would be Public, Staff and Partner-appointed Governors elected;
- It was noted that the NHS were not a profit making organisation and any profits made would be re-invested back into the services;
- It was noted that as a result of the health reforms, private companies would be looking to provide some of the services in the future. However, it was also noted that there was a

likelihood that as they were a business they would want to 'cherry pick' services and only deliver services that would be profitable; and

- Clarity was sought on whether there would be consultation events in Widnes and Runcorn. In response, it was reported that consultation would take place with Runcorn and Widnes residents.

RESOLVED: That

- (1) The presentation and comments raised be noted; and
- (2) Dr Kate Fallon be thanked for her informative presentation.

*(Note: Councillor M Lloyd Jones declared and Personal Interest in the following item of business due to her husband being a member of Halton Clinical Commissioning Group and a lay advisor to NHS Merseyside and Halton / St Helens Primary Care Trust).*

#### HEA59 COMPREHENSIVE CANCER CENTRE FOR CHESHIRE & MERSEYSIDE

The Board considered a report of the Strategic Director, Communities which sought to provide information on the work that had been taking place in Cheshire and Merseyside to consider and bring forward proposals for the development of World Class Cancer Services in Cheshire and Merseyside through the establishment of a new Cancer Centre in Liverpool and the further development of services across the area.

The Board was advised that the report was requesting Members support for the delivery of a wide-ranging communication and involvement exercise designed to share the proposals with a wide range of stakeholders across Cheshire and Merseyside and further afield where appropriate.

Leoni Beavers, MD Liverpool Primary Care gave a verbal update at the meeting. It was reported that in autumn 2010, Pricewaterhouse Coopers (PwC) had been engaged by Liverpool PCT to undertake a high level affordability study to review the cost and affordability of building a new comprehensive Cancer Centre co-located with a redeveloped at Royal Liverpool Hospital. The final report had been published in March 2011. The study had reviewed

two options – a Standalone Cancer Centre and a Cancer Centre with an element of shared services with the RLBUH. The capital cost of both options (based on 80 inpatient beds) was £116.5m and £105.2m respectively (both excluding VAT).

The Board was further advised that both Trust Boards had worked together to consider and bring forward an affordable proposal which incorporated:-

- A new build Clatterbridge Cancer Centre adjacent to the proposed new build Royal Liverpool Hospital (RLH);
- A separate dedicated entrance for the Cancer Centre;
- The majority of cancer inpatient services provided by Clatterbridge Cancer Centre, to be accommodated within the RLH scheme with flexibility within the cancer centre to provide additional, flexible inpatient/day care services;
- Radiotherapy, chemotherapy, dedicated imaging and outpatient services to be provided within the Cancer Centre;
- Appropriate, dedicated patient and staff access links between the Cancer Centre and RLH buildings with required clinical adjacencies conducive to effective and efficient delivery of patient care and clinical trials;
- A dedicated adjacent free car parking facility for cancer patients;
- A Clinical Trials unit to be provided in collaboration with RLH and the University assuming essential laboratory support of the Cancer Centre;
- Cytotoxic pharmacy to remain on the CCO Wirral site; and
- A satellite facility to remain on the CCO Wirral site comprising of ambulatory, radiotherapy and chemotherapy, outpatients services and proton therapy.

In making the above recommendations it was

recognised that certain patients would have to travel further for certain elements of their care. However, it was emphasised that radiotherapy and chemotherapy services would continue to be provided on the original Clatterbridge site. Outpatient chemotherapy services and radiotherapy services for patients with more common cancers such as breast, prostate and lung would also continue to be provided on the site for local patients. Only those patients who required more complex treatment, or required inpatient facilities, would be required to travel to the new centre in Liverpool.

The impact assessment was circulated prior to the meeting for information.

It was reported that when the Business Case had been approved in approximately 6 – 12 months time there would be a formal consultation process.

The following comments arose from the discussion:-

- Concern was raised that placing all the specialist centres on one location could create difficulties. In addition, it was reported that a meeting of the Joint Health Overview and Scrutiny Board had taken place today to consider the vascular proposals. Senior highways officers from the three authorities had confirmed that they had not been consulted about the proposals. It was reported that this was not acceptable;
- Concern was raised at the future of Halton and Warrington Hospitals as services were being removed and centralised in another location. There was a fear that they would become 'minor' hospitals and this would result in closure;
- It was highlighted that the points being raised to encourage people to support the cancer proposals were the same arguments the three authorities were using to reject the vascular services proposals;
- It was suggested that the Board receive a report on the 'bigger picture' in respect of services in the future and the consequences of all the proposed changes. In response, it was reported that the Board could request the Clusters to report on what the proposed changes would mean for Halton. However, it was highlighted

that what was currently provided at Halton Hospital re local cancer services would remain unchanged. Services that currently went to Clatterbridge would be re-located to the Royal in Liverpool for the reasons set out in the report. In addition, it was reported that it needed to be the best journey possible for most people and then any issues/difficulties would be considered;

- It was noted that the centre would be the equivalent of 'Christies Hospital' in the area;
- The Board supported the idea of centres of excellence. However, it was highlighted that because of the location, Halton was vulnerable and a specialism / centre should be sited in the local area. Concern was also raised that private patients may be allowed to buy a better service and go to the top of the waiting list. In response, it was reported that the Clinical Commissioning Groups (CCGs) were emerging and GP's worked closely with the community and they were best placed to balance clinical need and what was best for patients. It was highlighted that CCGs would not allow residents to receive a worse service which would include going to the top of the waiting list;
- It was reported that Merseyside was not attracting funding for cancer services like other parts of the country because of the way they were currently being provided and would not do so until improvements were implemented;
- Concern was raised that currently 13 hospitals provided cancer treatment and this would be removed. It was suggested that the same could happen with chemotherapy treatment in the future. In response, it was reported that the only change in services would be at Clatterbridge Hospital;
- It was noted that there were so many changes emerging in a short timescale as a result of the health reforms that it was impossible to understand the wider picture and the significant implications for residents of the Borough. It was suggested that the Board consider arranging a Special meeting to try to ascertain an overview of the impact of the changes for the residents of



Halton. In response, it was reported that this would be difficult as the CCGs were not as yet accountable for the investment of services and the wider picture was unclear at the present time;

- It was noted that premature deaths from cancer was reducing due to screening, early diagnosis and more effective treatments. However, it was also noted that in deprived communities, cancer tended to be presented very late because of a wide range of complex issues; and
- Concern was raised that the whole of the health service was being compromised, People were losing their jobs in the Primary Care Trust and the service would still need to be delivered. It was noted that the cancer proposals and the changes to the Primary Care Trust had been developed before 2008. However, it was reported that the Members concerns would be raised with the Clusters.

RESOLVED: That

- (1) The report and comments made be noted; and
- (2) Leoni Beavers be thanked for her attendance at the meeting.

HEA60 SUSTAINABLE COMMUNITY STRATEGY  
PERFORMANCE FRAMEWORK 2011 – 16 AND MID-  
YEAR PROGRESS REPORT 2011/12

The Board considered a report of the Strategic Director, Policy and Resources which provided information on the progress in achieving targets contained within the 2011- 2016 Sustainable Community Strategy for Halton.

The Board was advised that selected measures and targets for Health in Halton's strategic community priorities were summarised in Appendix 1 to the report, using the Halton Corporate template, designed for the purpose of bringing together all relevant items of performance information. The template also provided a clear evidence based rationale for measure selection, which would further evidence and support value for money judgements by the Audit Commission and ensure outward accountability.

The Board noted the performance indicators relating to

obesity and alcohol related admissions and the steps being taken to address these issues.

Clarity was sought on Page 83 – the mortality rates and why the trend line increased for 2011/12. It was reported that a written response would be circulated to all Members of the Board.

RESOLVED: That the report and comment raised be noted.

#### HEA61 PERFORMANCE MONITORING REPORTS - QUARTER 3

The Board considered a report of the Strategic Director, Policy and Resources regarding the Quarter Monitoring Reports for the third quarter of 2011/12 to December 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.

Information was requested on the numerous items with amber question marks, on whether performance indicators would be achieved or not by year end i.e. Page 120, paragraph 5.2 and Page 136, paragraphs 5.1 and 5.2. It was reported that a written response would be circulated to all Members of the Board.

Information on the details of the objectives on Page 136, paragraphs 4.1 and 4.2 – progress against 'key and other' objectives / milestones was requested. It was reported that this information would be circulated to all Members of the Board.

RESOLVED: That the report, questions and comments received be noted.

#### HEA62 SAFEGUARDING ADULTS

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

safeguarding 'vulnerable adults' (i.e. adults at risk of abuse) in Halton.

The Board was advised that the Safeguarding Adults Board's priorities, structure, reporting arrangements, membership and work plan had been reviewed, taking into account the establishment of the Health and Well-Being Board in shadow form, and the need to look creatively at mechanisms for engaging as partner agencies and individuals at a time of reducing resources and major change. The revised work plan would demonstrate a greater focus on prevention, aim to strengthen links with Dignity and Domestic Abuse agendas, and examine Safeguarding provision in self-directed support and Personalisation.

The Board noted the various activities that had taken place and were set out in paragraphs 3.2 to 3.6 of the report.

The Chairman, Councillor E Cargill informed the Members that Julie Hunt was leaving the Authority and was consequently attending her last meeting of the Board. She took the opportunity to thank Julie for the support she had given to the Board during her time in Halton.

RESOLVED: That

- (1) the report and comment raised be noted; and
- (2) the Board place on record a vote of thanks to Julie Hunt for the work undertaken by her during her time with the Council and also gave their best wishes to her for the future.

#### HEA63 DRAFT SPORTS STRATEGY

The Board considered a report of the Strategic Director, Communities which sought Members views on the Draft Sports Strategy. The report had been referred by the Employment, Learning, Skills and Community Policy and Performance Board.

The Board was advised that this year a key objective of the Council was to produce a new sports strategy for Halton. Consultation, which was essential for the success of the strategy, had already begun with sports forums and others with an interest in sport.

An outline draft copy of the Halton Sports Strategy 2012 -15 was attached at Appendix 1 to the report.

The Board was further advised that the strategy took into account Government policy, the Sport England Strategy, National policies from other relevant bodies; relevant regional policies, sports specific policies and local plans, strategies and priorities.

It was reported that the strategy identified the following six key themes:-

- Increase Participation and Widening Access;
- Club Development;
- Coach Education and Volunteering;
- Sporting Excellence;
- Finance and Funding for Sport; and
- Sports Facilities.

It would be underpinned by the need for Partnership working with local and national key partners and active promotion and publicity to raise the profile of sport.

It was also reported that a key outcome was to increase participation in which Halton had made excellent progress. This had been evidenced within the strategy. Many successes, set out in paragraph 3.5 of the report and initiatives of Halton Borough Council had contributed to the rise in performance since 2005.

In conclusion, it was reported that the council had maximised external funding that was available for Sport. The ability to secure grants and work with partners, to assist with future delivery, would be essential. In addition, it was reported that investment in School Sport had also significantly reduced since the Government's withdrawal of funding to the School Sports Partnership. As a consequence of this, provision and policy for School sport was solely within the Children and Enterprise Directorate and would be reported independently by that Directorate.

The following comments arose from the discussion:-

- Clarity was sought on what Runcorn Football Club did in the community. It was reported that this information would be circulated to all Members of the Board.
- Clarity was sought on whether all different types of sports would be developed i.e. cricket and how much funding would be committed to such sports. It was reported that there was already a

lot of facilities for football and rugby. Furthermore, it was reported that in 2005 the Authority had received lottery and Council funding in which artificial pitches and training facilities had been established. There were so many different sports and the Authority was committed to ensuring that everybody had the opportunity to play their preferred sport;

- The comprehensive school sports programme was noted. In addition, it was also noted that the Government had cut funding for sport and after a very high profile campaign some funding had been re-established for sports in schools. However, there remained a very large deficit in this area and the Authority were trying to link school sports and clubs; and
- It was suggested that the Leisure Card could be more widely advertised, particularly as free swimming was no longer an option and this was having an impact on people in deprived areas. It was reported that juniors and people over 18 years of age could obtain a discounted swimming rate which equated to the same price as the Leisure Card.

RESOLVED: That the report and comments raised be noted.

*(Note: Councillor M Dennett declared and Personal Interest in the following item of business due being a Halton Housing Trust Board Member).*

#### HEA64 DRAFT TENANCY STRATEGY

The Board considered a report of the Strategic Director, Communities which sought Members views on Halton's Tenancy Strategy as a draft document for further consultation.

The Board was advised under the terms of the Localism Act local authorities had to develop a Tenancy Strategy setting out recommendations for the type of tenancies that should be offered in the local area, the length of those tenancies (if fixed term tenancies were proposed) and the circumstances in which they should be offered and renewed.

The Board was further advised that the timescale for

local authorities to develop their tenancy strategies was proposed to be within 12 months following enactment of the Localism Act (November 2011). Consequently, Registered Providers (RPs) were able to start offering the new tenancies seven months before the local authority must develop an approach recommending whether and, if so, how they were used. For this reason, officers had started to develop a Tenancy Strategy, on the understanding that it may need to be revised as a result of any guidance published following enactment of the Act.

It was reported that Officers had met with RPs in September 2011 to discuss their respective positions with regard to the use of fixed term tenancies. It was clear that RPs were at different stages in terms of developing their own approaches, some more advanced than others, and in some respects were looking to the Council for a steer.

After much discussion, including the role of Affordable Rents and the proposed Welfare Reforms in the equation, it was agreed that RPs would provide examples, together with copies of early drafts of any Board reports on affordable rent and tenancy policies. The Council would then endeavour to pull together common themes with a view to developing a permissive rather than a prescribing strategy e.g. describing circumstances where it may be appropriate to use flexible tenancies.

In addition, it was reported that a Strategy had been drafted which allowed RPs to make use of the new fixed term tenancies should they wish to do so whilst at the same time making it clear that the Council's preference was to maintain the status quo. The Strategy, set out in Appendix A to the report, set the parameters for their use. The minimum term for fixed term tenancies was proposed to be five years (in line with current Government thinking) but RPs could extend this period if they wished.

The Board noted the details of the Strategy set out in paragraphs 3.3.3 to 3.3.7 of the report.

The following comments arose from the discussion:-

- It was noted that there was a lack of 1 and 2 bedroom properties to rent in the area. In addition, it was also noted that a lot of the ageing population were currently living in 3 / 4 bedroom properties and were not in a financial position to downsize. It was highlighted that any housing that was built should offer affordable

rent;

- It was noted that there was no funding for new developments and alternative options would have to be explored to increase the number of 1 / 2 bedroom properties in the area;
- It was noted that Halton Housing Trusts rent had increased and it was now costing £95 per week to rent a three bedroom house, which was almost equivalent to a mortgage payment;
- Concern was raised that Housing Benefit would be paid directly to the applicant in the future which could lead to rent arrears; and
- It was suggested that conditions could be placed on future planning applications for the development of houses to ensure that they had a number of 1 and 2 bedroom houses and offered affordable rent.

RESOLVED: That the report and comments be noted.

#### HEA65 SCRUTINY REVIEW OF AUTISM

The Board considered a report of the Strategic Director, Communities which presented the draft Scrutiny Review of Autism report for endorsement and to be subsequently referred to the Executive Board for approval.

The Board was advised that the scrutiny review and resulting report attached as Appendix 1 had been commissioned by the Board. A scrutiny review working group had been established comprising of:-

- Six Members from the Board;
- A Principal Policy Officer from the People and Communities Policy team;
- A Practice Manager for Autism;
- Principal and Practice Managers from the Positive Behaviour Support Service (PBSS); and
- An Operational Director (Complex and Commissioning).

The Board was further advised that the review had

been conducted in the following ways:-

- Monthly meetings of the scrutiny review topic group;
- Presentations by various key members of staff;
- Provision of information;
- A Carer consultation;
- A Site visit to Day Services; and
- A National Autistic Society speaker.

The Board was further advised that it had been a very successful review and sixteen realistic recommendations would be considered by the Executive Board for approval. In addition, it was reported that Shopmobility in Runcorn was very successful and they were currently developing a shop in Widnes which would create more employment opportunities for people with autism. The source funding for the new batteries for the shopmobility scooters had also been secured and purchased.

It was reported that the Leader of the Council and the Chief Executive had commissioned the National Autistic Society to review adults and young people and this had been completed and the report was imminent. It was suggested that the National Autism Review be presented to the Executive Board at the same time as the topic review.

RESOLVED: That

- (1) the report and comments raised be noted; and
- (2) the report be presented to the Executive Board for approval at the same time as the National Autistic Review.

#### HEA66 FALLS PREVENTION TOPIC BRIEF

The Board considered a report of the Strategic Director, Communities which presented details of the Falls Prevention Scrutiny topic, attached as Appendix A to the report.

The Board was advised that falls were a leading cause of mortality due to injury amongst older people aged 65 years of age and over. They also contributed to the life



expectancy gap between Halton and England. It was reported that people who had been admitted to hospital following a fall were at an increased risk of falling again in the next 12 months, experiencing loss of confidence and fear of falling, and of losing their independence through entering a residential care home.

The Board was further advised that nationally the number of people aged over 65 was due to rise by a third by 2025, which was associated with the increased incidents of falls of 2% per year. It was reported that in Halton the number of people aged 85 plus was projected to increase, and this was the most vulnerable age group.

Furthermore, it was reported that it was good practice to periodically assess the effectiveness of services provided and the report sought approval to carry out a scrutiny review of the Falls Prevention Service. In addition, the report, subject to agreement by the Board to accept the topic brief; sought nominations from members to form a Member led scrutiny working group

RESOLVED: That

- (1) The report be noted;
- (2) The Topic Brief set out in Appendix A to the report be approved: and
- (3) The following Members be nominated to form part of the working group:-

S Baker;  
E Cargill;  
Horabin;  
J Lowe;  
M Lloyd-Jones; and  
Zygadlo.

*Meeting ended at 9.00 p.m.*

HEALTH PPB –6 MARCH 2012PERFORMANCE MONITORING QUESTIONS AND RESPONSESPrevention and Assessment Services

1. Page 130, Financial Statement  
Community Care costs are showing an adverse variance of £1482K, up £564 from Q2.  
In response to my question 8 at the last PPB I was told that the projected overspend has reduced.

What has happened in Q3?

Response

The overspend on the Community Care budget within the Prevention and Assessments Dept as at Q2 was £912k net. This is the overspend for 2 quarters only, if expenditure & income remained the same during the following 3 months the overspend would have risen to approx £1,368k net.

The overspend reported at Q3 was £927k net which is a reduction in net terms of £441k against Q2.

The reduction in the forecast overspend of £530k reported in the response to Members questions on 10<sup>th</sup> January 2012 was based on full year projections with figures available as at the end of November. The actual overspend reported as at Q3 was actual income & expenditure incurred to the end of December.

NB: The projected overspend does not account for any new clients who may require Adult Social Care Services during Q4 (January to March 2012), or clients already receiving Adult Social Care services who may have died during Q4 (January to March 2012) i.e. turnover of client base.

2. Page 131, Commentary  
In the 3rd paragraph which starts by saying the Community Care budget is currently £927K overspent.  
The total of this overspend is £1482K on P130.

Where does the 927 value come from?

Response

For quarter 3, £1,482k is the gross overspend and £927k is the net overspend on Community care budget for the Prevention and Assessment Department only.

## Commissioning and Complex Care

3. Page 144, 2nd item  
The supporting commentary is the same as in Q2, is this intentional?

### Response

At the time of reporting in quarter it was anticipated that further activities would be undertaken in quarter 4. However, in the light of the issue you have raised additional information, has been obtained from the service, providing a fuller explanation of the current position. This is shown below:

Gateway to be developed and implemented in line with Choice Based Lettings and the introduction of a new homelessness system. It was proposed to use a single system, Abris, to provide a common database for everyone requiring housing and/or support services and a draft report has been prepared detailing the proposed structure and costing of the Gateway service. However, an alternative IT system is being introduced in a neighbouring local authority and Halton may benefit financially by working in partnership with them. A meeting and IT demonstration has been arranged for 16<sup>th</sup> March 2012 and a recommendation will be made giving consideration to the functionality and cost of the alternative system.

4. Page 147, CCC9  
Direction of travel was green in Q2 and is now amber.  
As the values are unchanged from Q2 why has the direction of travel changed?

### Response

This measure relates to the proportion of households who were accepted as statutory homeless, who were accepted by the same Local Authority within the last two years. At September 2010 the proportion of people considered statutory homeless was 1%, who had been accepted by the local authority within the past two years. This had reduced to zero by September 2011 - hence a green upward direction of travel indicator was used as performance had improved compared to the same period in the previous year.

For Quarter 3, comparing Dec 2011 with December 2010, the Authority has sustained a zero repeat homelessness status. An amber direction of travel indicator was used to show that performance is the same as compared to the same period last year.

By refocusing the work of the Housing Solutions team, who proactively work with external agencies to ensure that the required support plans are in place to assist and empower clients to sustain tenancies, repeat homeless presentations have been reduced to zero.

### Both reports

5. General question. In Q2 a number of measures could not be reported due to changes in the Carefirst database.

In response to my question 20 at the last PPB I was told that actuals would be reported in Q4 for:

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

Is this still the case?

#### Response

This is still the case and will be reported to Elected Members in June 2012, when the year end position is reported.

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. Data has been estimated in quarter 3 (based on the proportion of data which had already been cleansed by the end of quarter 3), which are reported on by exception. The Department is still working towards the cleansing of the remaining data with the Social Care IT Development team to enable reporting of actual data for quarter 4.