

## **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 26<sup>th</sup> JUNE 2008**

#### **HEALTH AND SOCIAL CARE PORTFOLIO**

##### **25. Award of Contract for the Host Body for Local Involvement Networks (LINKs)**

The Board considered a report of the Strategic Director – Health and Community regarding the outcome of the open tender process carried out to secure a host body for LINKs (Local Involvement Networks).

It was noted that the establishment of LINKs had arisen from the White Paper “Our health, Our care, Our say: a new direction for community services” and subsequently “A stronger local voice”, which set out government policy on the future development of the patient, user and public involvement system. Originally to come into place by April 2008, the Government had since announced amendments to the timetable permitting “transitional” arrangements to be established if contractual arrangements for LINKs were not in place by March 2008. This enabled the relevant powers to be transferred to a local authority until September 2008.

The report outlined the form and function of LINKs and it was noted that this was extensive. Monies allocated to the Council for its establishment amounted to £111,000 and an open tender process had been followed resulting in two organisations submitting full tenders. The results of the full evaluation process for the two organisations invited to interview were outlined for the Board’s consideration, and Members noted that permission was sought to award the contract to St Helens CVS on the basis that this organisation offered value for money in terms of both cost and quality.

The Board considered the reporting arrangements for this contract and was advised that any concerns would be communicated to the Portfolio Holder in the first instance followed by the Executive Board if so required. In addition, there would be a reporting mechanism to the Healthy Halton Policy and Performance Board (PPB) and consideration could be given to co-opting a

member of the new LINKs onto that PPB.

RESOLVED: That the Strategic Director – Health and Community be authorised to award the three year contract to St Helens CVS.

## **EXECUTIVE BOARD MEETING HELD ON 24<sup>TH</sup> JULY 2008**

### **HEALTH AND SOCIAL CARE PORTFOLIO**

#### **31. Healthier Horizons for the North West**

The Board considered a report of the Strategic Director - Health and Community, outlining the contents and implications of “Healthier Horizons for the North West”.

It was noted that Healthier Horizons for the North West had been launched on 20<sup>th</sup> May 2008. It had been produced by the Strategic Health Authority (SHA) for the North West and was the formal response to “Our NHS, Our Future”, the National Review of the Health Service led by Lord Darzi. The report set out an ambitious 10 year vision for the future of health care in the region, reflecting Lord Darzi’s concern for a fairer, more personalised, effective, safe and accountable Health Service.

The backdrop to the report was familiar based on the issues facing people in the region. The report recognised the considerable achievements in the region, including the excellent performance on elective treatment and the consistently high scores on “use of resources” (Audit Commission) across the region.

The report included 3 overarching aims, 10 strategic objectives and 7 enablers, which were described for Members’ information. The overarching themes were an emphasis on prevention, public health and the linking of initiatives with Local Government. It was axiomatic that all of these themes overlaid the strategic objectives of the Council and that “impactful” partnerships were necessary to deliver the objectives set out in the report.

The following three areas were highlighted:

- 1) personalisation;
- 2) commitment to the mental well being of the population being embedded in all services and the impact of issues such as

homelessness and worklessness upon mental health being recognised and acted upon by Health and Social Care; and

3) partnership working.

All of these areas required resourcing and strong leadership with effective governance arrangements across agencies.

There was an opportunity to comment on the report up until 31<sup>st</sup> August 2008 and the proposed response was outlined for the Board's consideration. In addition, the Board received a presentation from Mr. Eugene Lavan, Acting Director of Strategic Planning and Development at the PCT, outlining:

- the national context of the Darzi review pledges;
- the SHA context in terms of the Healthier Horizons report;
- the Ambition for health, which was the strategic plan, and how clinical pathways would feed into this;
- expectations - for example the requirement that prevention and health promotion be at the core;
- emerging themes of alcohol, obesity, early detection and screening, and prevention;
- the intended impact on health outcomes for Halton and St. Helens;
- changes to the current approach; and
- Halton Borough Council's contribution.

Mr. Lavan advised that there was to be a "Health Summit" on 3<sup>rd</sup> September 2008, to which all Members of the Board were invited, to share the process to date; to interactively evaluate delivery options for each key area; and to identify preferred options. It was anticipated that this session would enable the moving forward of the agenda.

In considering the presentation, the Board noted:

- the need for the sporting sector to be included in the Health Summit event;
- the opportunities currently available to improve life expectancy, for example around older people; and
- the need for a difficult shift in resources and for the Government to allow time for the reforms to be embedded prior to further reorganisation.

The Chairman thanked Mr. Lavan for an informative presentation.

RESOLVED: That

- 1) as described in 5.3 of the report, the vision and objectives as set out in Healthier Horizons for the North West be supported; and
- 2) as described in 5.2 of the report, local health services be engaged with to develop programmes of work that aligned with Council objectives.

## **EXECUTIVE BOARD SUB COMMITTEE MEETING HELD ON 19 JULY 2007**

### **HEALTH AND SOCIAL CARE PORTFOLIO**

#### **7. Integration of Adults with Learning Disabilities' Services**

Adults with Learning Disabilities' (ALD) Services were guided by "Valuing People" the Government National Guidance published in 2001, which set out the priorities for the delivery of services for Adults with Learning Disabilities. The Guidance recognised the need to work in partnership both across agencies and with service users and carers. In Halton the Primary Care Trust (PCT) and Halton Borough Council (HBC) had worked closely together, this had been achieved by:

- the establishment of a pooled budget since 2002, managed by HBC. The budget stood at £12.8m 2007/2008 and included most ALD services and the Community Care budget.
- co-location of the PCT's Health Team and HBC's Care Management Team.

It was proposed that the partnership between the PCT and the Council could now be further strengthened to offer a fully integrated service. The PCT was seeking to transfer 13 posts to the Council and place them under the management of HBC. The transfer would take place on 1<sup>st</sup> July 2008. There were a number of advantages for this proposal which were set out below:

- the service would improve as People with Learning Disabilities would only have one point of access and assessment, currently there were two systems for service users and carers to navigate;
- nurses and social workers would have one management system, thus avoiding duplication and inefficiencies and would be based in

one location at John Briggs House, Widnes;

- the “person centred planning” approach would be strengthened in line with national guidance “Valuing People 2001”.

The proposal to transfer NHS staff into Halton had been subject to widespread consultation with staff and undertaken in partnership between the Council and the PCT. The proposals did not set out the delivery of a new model of service therefore formal consultation with service users and carers was not required.

The Sub Committee was advised that the integration of services for People with Learning Disabilities offered the Council the opportunity to be more efficient in its delivery of services. There would be an increased ability to be flexible and a decrease in duplication improving the experience of people with learning disabilities assessed to be in need of services. It was planned that the existing agreement of a pooled budget and joint management between the PCT and the Council would be amended to reflect the new arrangements which would result in the Council providing all care and budget management. This would be undertaken by agreement between the Council and the PCT and subject to formal notification by both parties.

It was noted that the transfer of NHS staff would be subject to TUPE protection and a contract between the PCT and the Council that would cover all financial implications. In addition, the PCT would provide funding to the Council for the staff and it was proposed this would be a five-year agreement subject to a mid review at 3 years. There would not be any additional costs to the Council with this proposal.

**RESOLVED:** That the Sub-Committee agree the arrangements for a five-year contract between Halton Council and Halton and St. Helens Primary Care Trust (PCT) to transfer 13 posts (of which 6 were vacant), to the Council including a requirement for the PCT to meet the costs of these posts during the five-year term.

## **EXECUTIVE BOARD SUB COMMITTEE MEETING HELD ON 19 JULY 2007**

### **HEALTH AND SOCIAL CARE PORTFOLIO**

#### **16. Review of Direct Payment Hourly Rates**

The Sub Committee received a report of the Strategic Director, Health and Community which sought approval to the proposed

changes to the Direct Payments (DP) Policy and Procedure.

In 2007/8 Halton Borough Council's DP rates were reviewed for new and existing service users and benchmarked against neighbouring Local Authorities.

Options were considered and recommendations proposed to Executive Board Sub Committee on 20<sup>th</sup> March 2008, to consolidate and simplify the DP rates paid by the Council to an agency or a personal assistant (PA), for new and existing service users. The report outlined the approved rates for 2008/9.

Currently there was no criteria for assessing which level of hourly rate Service Users should be receiving, therefore a review had been carried out and a report produced, which outlined a number of proposed amendments to the DP Policy and Procedure, which included: -

- introducing eligibility criteria to determine the rate at which DPs would be set, based on current good practice, these were outlined in detail within the policy;
- reflecting the changes introduced by the Mental Capacity Act 2005, with additional detail on capacity; and
- reflecting the growth in PA's and, if required, include payroll charges in the set-up costs, and annually thereafter as a supplement to be paid to the service user if required, when employing a PAs from 1 April 2008.

RESOLVED: That

- (1) the changes detailed above, and as set out in the DP Policy and Procedure be approved for public consultation; and
- (2) the findings of the consultation be incorporated into the report, and submitted to a future meeting of the Sub Committee.

## **17. Review of Travel Policy & Procedure relating to Social Care Services**

The Sub Committee received a report of the Strategic Director, Health and Community which sought approval for the proposed changes to the Travel Policy & Procedure for the Health & Community Directorate.

A review of operational practice in 2007 revealed high usage of sole occupancy contracts. The annual cost of sole occupancy

contracts at the time was £76,375 for 19 in-borough and 5 out-of-borough services. As a consequence of these high costs, criteria had been developed (Appendix 1) to ensure that a Panel subjected the costs of sole occupancy transport to approval as part of the care assessment process.

Given increased transport usage per day with day centre modernisation, demonstrable improvements in service quality, previous consultation responses and the need to cover a greater proportion of the service/petrol costs and assumed budgetary savings targets, increases to transport charges were approved by full Council on 5<sup>th</sup> March 2008 and Executive Board Sub Committee on 20<sup>th</sup> March 2008. The charge for a single journey increased from 50p to £1.00. Executive Board Sub Committee also approved an amendment to the maximum weekly charge, irrespective of the number of journeys undertaken, as follows, to charge a maximum weekly charge of:-

- £10.00, to those not in receipt of the higher rate mobility component of Disability Living Allowance
- 50% of the higher rate mobility component of Disability Living Allowance (£46.75/week), ie £23.00 per week to those in receipt of it.

On average, 520 service users currently receive transport services from Transport Co-ordination each month. The service continues to change and expand due to the redesign of the provision of day services, which has led to wider dispersal of daytime activities including gardening, catering, crafts and drama across 14 centres.

A number of changes to the Travel Policy and Procedure had been proposed and covered the following areas, to: -

- promote a range of travel options available to adults over the age of 18 who access social care services:-
  - o with an update on the concessionary travel pass which can now be used nationwide,
  - o with information on the Blue Badge Scheme,
- introduce a criteria for the single occupancy use of taxis or other LA provided transport,
- place emphasis on reducing air pollution and encourage

the use of sustainable resources by promoting the use of public transport,

- Include an Eligibility Quick Practice Guide as appendix 1 to this report, which professionals may detach and take with them on visits.

RESOLVED: That the Board approves the changes above and as outlined in detail in the Policy & Procedure document.

## **18. Review of Volunteer Driver Mileage Rates**

The Sub Committee received a report of the Strategic Director, Health and Community which set out the current position and the options to amend Volunteer Driver mileage rates.

The Volunteer Driver scheme was a long-running, person-centred service managed by Transport Co-ordination for Adult Social Care and Children's Services. There were 15 volunteer drivers, who drove 177,919 miles in 2007/08. The average number of miles per driver was 11,861.

Following an internal audit of operational practice of the volunteer driver scheme in 2006/7 and to ensure payments were in line with 'Volunteering England's' guidelines for tax-free mileage allowance payments, the mileage rate for all volunteers was reduced from 44.8p to 40p for the first 10,000 miles and 25p per mile thereafter.

In December 2007, the Council's volunteer mileage rate for driving above 10,000 miles was increased from the Inland Revenue approved mileage rate of 25p to 33.5p. The volunteer, if driving above 10,000 miles, should now declare payments made by the Council and their expenses to the Inland Revenue, who would then determine the volunteer's tax liability. Eleven volunteers stopped driving in 2007/08, 6 because of the rising cost of fuel/combined mileage rates and 5 for personal reasons.

Using information from the AA, the present rates of 40p for less than 10,000 miles and 33.5p above 10,000 miles, would allow the driver to recover their costs of motoring for a car costing under £10,000. However, if a volunteer drove a car costing more than £10,000 when new, the costs of motoring would not be recovered.

Any increase above these rates would lead to a "taxable profit"



in the Inland Revenue's eyes with tax potentially being paid by the driver or the driver having to confirm their true cost of motoring.

By comparing Halton's rates against neighbouring local authorities responses to an email survey conducted by Transport Co-ordination, this revealed that the proposed option 2, as set out below, would be in line with payment rates of neighbouring and other Local Authorities.

The following options were considered:-

#### Option 1

Continue paying all volunteers the present mileage rates of 40p up to 10,000 miles and 33.5p above 10,000 miles or revert to the Inland Revenue Mileage approved rate of 25p above 10,000 miles.

This could lead to a loss of volunteers but would reduce costs

#### Option 2

Pay volunteers a flat mileage rate of 40p.

Volunteers would be more inclined to drive over 10,000 miles as their costs would be covered, although they would have to submit details of the income and all motoring expenses to the Inland Revenue. Volunteer Drivers would need to be advised of their obligations in respect of a tax with a letter issued, as for the APS service.

The cost would be an additional £5550 if 7 of the existing drivers continued to drive above 10,000 miles.

#### Option 3

Pay volunteers a rate above 40p per mile or a salary for driving their own car on a casual basis.

If volunteers received payments which attracted income tax, they might need to licence their cars as a private hire vehicle. They would have to declare all earnings as a self-employed person and could no longer claim that they were "volunteer" drivers.

#### Option 4

Employ volunteers as casual drivers using HBC fleet vehicles.

It may be necessary to purchase additional vehicles if the current fleet could not meet demand. The volunteer would become an employee of HBC. This would be at a considerable additional cost and, on a value for money basis, more costly than current arrangements.

Of the above, option 2 struck the best balance between appropriate remuneration, retaining volunteers and ease of process. In addition, the volunteer driver mileage rate would be subject to quarterly review, given that the current price of fuel would fluctuate. Benchmark information from the AA or Inland Revenue would be used to set the rate.

RESOLVED: That

- (1) Option 2, mileage rates for volunteer drivers be increased from 33.5p to 40p per mile, when driving in excess of 10,000 miles be approved; and
- (2) the Strategic Director - Health & Community, in consultation with the Portfolio Holder for Health & Social Care, be authorised to review and amend the volunteer driver mileage rate and arrangements having regard to the actual costs of motoring.