

REPORT TO: Healthy Halton Policy and Performance Board
DATE: 13 January 2009
REPORTING OFFICER: Strategic Director, Corporate and Policy
SUBJECT: Executive Board Minutes
WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

- 1.1 The Minutes relating to the Health Portfolio which have been considered by the Executive Board and Executive Board Sub are attached at Appendix 1 for information.
- 1.2 The Minutes are submitted to inform the Policy and Performance Board of decisions taken in their area.

2.0 RECOMMENDATION: That the Minutes be noted.

3.0 POLICY IMPLICATIONS

None.

4.0 OTHER IMPLICATIONS

None.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 Children and Young People in Halton

None

5.2 Employment, Learning and Skills in Halton

None

5.3 A Healthy Halton

None

5.4 A Safer Halton

None

5.5 Halton's Urban Renewal

None

6.0 RISK ANALYSIS

6.1 None.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

8.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

8.1 There are no background papers under the meaning of the Act.

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 16 OCTOBER 2009

HEALTH AND SOCIAL CARE PORTFOLIO

EXB62 The Relationship between Healthy Halton Policy and Performance Board and Halton's Local Involvement Network (LINK)

The Board considered a report of the Strategic Director – Health and Community outlining the proposal to establish formal links between the Healthy Halton Policy and Performance Board (PPB) and the newly established Local Involvement Network (LINK).

A report had been presented to the Healthy Halton PPB on 16th September 2008, outlining the expectation that there would be a formal relationship between the Healthy Halton PPB and LINKs as set out in Government guidance. In particular, it was noted that the PPB had a duty to acknowledge any referral from LINK within 20 days on areas that could warrant scrutiny. The PPB had also noted it would be beneficial for both bodies that the PPB and LINK worked in parallel to avoid duplication of work streams.

It was proposed that, to ensure that the PPB and LINK worked closely, a LINK representative should be appointed as a non-voting co-optee for a period of one year. The Board was advised that Halton Voluntary Action would decide who this person would be.

RESOLVED: That Full Council be recommended that a LINK representative (name to be confirmed once LINK formalised) be appointed as a non-voting co-optee on the Healthy Halton Policy and Performance Board for a period of one year, commencing from the date of approval.

EXB63 Home Care Services

The Board considered a report of the Strategic Director – Health and Community outlining a proposal to develop a re-ablement service.

It was advised that Adult Social Care Services were increasingly establishing re-ablement services as part of their range of home care provision. Typically, home care re-ablement was a short-term intervention, provided free of charge, that aimed to maximise independent living skills.

The evidence suggested that the use of short-term re-ablement care had achieved an overall 28% reduction in the number of long-term

domiciliary hours subsequently commissioned, which equated to financial savings on the number of long-term hours commissioned. In addition, qualitative evidence from service users suggested that re-ablement care could make a significant difference to their lives.

The current in-house home care service consisted of two teams, one in Runcorn and one in Widnes, delivering care and support to approximately 80 service users at any one time. Further details about the existing service were provided for the Board's information. It was advised that the in-house home care service in its current format was not viable; unit costs were too high and the staff rota was too inflexible to meet the needs of the service users.

It was advised that the Authority needed to modernise quickly to keep pace with change but also to be more efficient, and an options appraisal had therefore been completed to consider the potential future provision of services. Details of the consultation were outlined for the Board's consideration and it was noted that five options had arisen from this:

- Option 1 – continue as now;
- Option 2 – amendments to the rota;
- Option 3 – to merge the two teams at Runcorn and Widnes;
- Option 4 – re-ablement Service; and
- Option 5 – contract with the independent sector.

It was recommended that the Council implement Option 4.

The Board noted that the views and suggestions identified by the teams had been taken into consideration and amendments had been made to the initial option and service specification. A number of staff working groups would be established to ensure full staff involvement in the changes required.

Members were advised that the new service would enable the Council to deliver a more intensive approach to re-ablement with the quality of the existing service being retained, if not improved in the future.

An implementation plan had been completed in respect of Option 4. It was estimated that approximately £450,000 worth of savings could be delivered, although in the absence of the true costs of premium pay, which had yet to be resolved, the Board noted that the costs identified were estimates.

RESOLVED: That the outcome of the consultation be agreed and Option 4 and the next steps be approved.

EXB64 Valuing People Now

The Board considered a report of the Strategic Director – Health and Community regarding the recently issued Government Guidance on the transfer of responsibility for commissioning social care services from the Primary Care Trust (PCT) to the local authority (LA) and the implications for Halton.

It was noted that, in August 2008, the Department of Health had issued guidance on the transfer of responsibility for commissioning social care for adults with a learning disability from NHS to local government and the transfer of appropriate funding. Halton and St. Helens PCT and the LA were now required to:

- a) reach agreement via PCT and LA respective governance arrangements on the amounts to be transferred for 2009/10 and inform the Department of Health by 1st December, 2008; and
- b) put arrangements in place (if they did not already exist) so that the transfer was effective from April 2009 and local transfers of the amount agreed could be made for 2009/10 (and 2010/11).

It was expected that the transfer would include an appropriate allowance to meet commissioning and planning costs previously incurred by the PCT and that the transfer would be based on the actual spend in 2007/08 and amended by any other changes locally agreed to reflect necessary investment decisions. The amount transferred would be agreed locally and not by a national formula.

The Board was advised that this transfer of funding would be made locally for two years and would include an uplift for inflation beyond 2011. Once agreements had been reached and results analysed at a national level, the Department of Health would consult on determination of allocations for the future.

Halton PCT and the Council had already entered into a Section 75 Agreement on all service areas. For learning disabilities this meant that the LA was the lead commissioner. A pooled budget arrangement had been in place since 2003 and was currently subject to a three-year financial plan. This pooled budget stood at £12.5m but had been subject to pressure, which was likely to continue giving growing need and cost. However, the Council and the PCT had agreed a number of issues which would facilitate this current negotiation and these were outlined for Members' information.

The Board noted that a working group made up of Directorate and Corporate representatives had been established to drive forward the agreement with the PCT and it was anticipated that the work would be completed by the end of November 2008. It was advised that there were a number of issues which remained to be resolved which would

need to be considered as integral to the negotiations including:

- a) retraction of Supporting People funding;
- b) infrastructure costs; and
- c) current contributions by the PCT.

RESOLVED: That

- (1) the requirements to reach agreement by 1st December 2008 be noted; and
- (2) powers be delegated to the Portfolio Holder, Health and Social Care and the Strategic Director - Health and Community to settle and submit the Council's submission to the Department of Health in response to the Valuing People Now consultation document.

EXECUTIVE BOARD MEETING HELD ON 18 DECEMBER 2008

EXB87 Independent Living Services

The Board considered a report of the Strategic Director – Health and Community regarding issues surrounding the Independent Living Services.

It was noted that Halton had high levels of disability and a population profile that was aging relatively more than the UK as a whole. One of the key areas of work that was essential to support people remained living either in their own homes or a more suitable house was the ability to make improvements or adaptations to the properties. The report described the improvement in the amount of work being delivered by the Halton Home Improvement and Independent Living Service and the current expenditure.

The tenure of people also affected the sorts of services they could access. Registered Social Landlords had a considerable waiting list for adaptation work and the type of tenure should not determine whether people got the adaptations they needed. The Council had provided additional funding to improve this. There were many factors that indicated the level and type of work required. Some of the changes made in the service over the last year as well as economic factors meant the Council needed to respond differently. These factors and solutions were outlined within the report covering issues surrounding service transformation; contingency plans; anticipated total expenditure in 2008/09; and further developments in services.

It was noted that the Disabled Facilities grants was a mandatory grant for adaptations to the homes of disabled people. For a number of reasons, as outlined in the report, it appeared that demand for major adaptations in the private housing sector may be levelling out at the present time. However, it was likely that this would create sufficient

demand to fully spend the Disabled Facilities grants allocation funded by the Government together with some Council match funding. It was unlikely however that all of the growth funding provided this year would be used for Disabled Facilities grants but some contingencies linked to the major adaptations process had been identified. This factor had previously been reported to the Executive on 10th April 2008 and it was acknowledged that this funding would probably need to be phased over a two-year period.

Investment in the provision of adaptations enable people to continue to live at home, reduce the level of personal care support required and avoided admission to residential care. National research had also demonstrated the value of the provision of adaptations in reducing risk of falls and consequent hospital admissions and in supporting prompt hospital discharge. It was noted that Halton remained one of only two Councils in England not to have reported any delayed discharges since the guidelines had been introduced.

It was noted that the recommendations within the report were part of comprehensive plans to modernise the adaptations service. They represented innovative and efficient ways of using resources and would ultimately improve provision for service users in Halton. Failure to implement at least some of these contingencies could result in budget underspend and lead to delays in service provision.

RESOLVED: That

- (1) the contingency plans outlined in the report be approved; and
- (2) the planned carry forward into the 2009/10 budget, as described in 3.8.1 within the report, be approved.

EXECUTIVE BOARD SUB- COMMITTEE 23 DECEMBER 2008

ES63 Domiciliary and Personal Care Tender April 2008 – March 2009 Award of Tender.

The Sub Committee considered a report of the Strategic Director, Health and Community which sought approval of the award of contracts for the domiciliary and personal care services within the Borough.

It was noted that the report had been considered at the Executive Board Sub Committee meeting on 18th December 2008, however, the meeting had been adjourned to allow Members time to give full consideration to the final report.

Members requested that performance reports be submitted to the Healthy Halton Policy and Performance Board (PPB) on an annual basis.

RESOLVED: That

- (1) the Strategic Director Health and Community be authorised to award the 3yr contract (with an option to extend for a further 1 year), in conjunction with the portfolio holder for Health;
- (2) the Strategic Director Health and Community, in conjunction with the portfolio holder for Health, be authorised to extend the existing Domiciliary and Personal Care contracts to 27th April 2009; and
- (3) that annual reports be submitted to the Healthy Halton PPB on performance against the contract.