

HEALTHY HALTON POLICY AND PERFORMANCE BOARD

At a meeting of the Healthy Halton Policy and Performance Board held on Tuesday, 9 June 2009 at Civic Suite, Town Hall, Runcorn

Present: Councillors E. Cargill (Chairman), J. Lowe (Vice-Chairman), Austin, Higginson, Horabin, Lloyd Jones, Philbin, E. Ratcliffe, Swift and Wallace

Apologies for Absence: Councillor Gilligan

Absence declared on Council business:None

Officers present: A. Villiers, A. Williamson, C. Halpin, A. McNamara, L. Smith, R. Mackenzie, E. Bragger, J. Johnson and S. Toner

Also in attendance: Councillor Gerrard (in accordance with Standing Order No. 33) and two members of the public.

ITEMS DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

		<i>Action</i>
HEA1	MINUTES The Minutes of the meeting held on 10 th March 2009 were taken as read and signed as a correct record.	
HEA2	PUBLIC QUESTION TIME It was confirmed that no public questions had been received.	
HEA3	EXECUTIVE BOARD MINUTES The Board considered the Minutes of the meetings of the Executive Board and the Executive Board Sub Committee relevant to the Healthy Halton Policy and Performance Board. A member raised a query relating to ES81 and if this would affect the budget process for the next financial year and it was agreed that a written response would be provided.	

RESOLVED: That the minutes be noted and the action outlined above be undertaken.

Strategic Director
- Health and
Community

HEA4 SSP MINUTES

It was confirmed that there were no SSP Minutes to be submitted at present.

HEA5 ANNUAL REPORT APRIL 2009 - MARCH 10

The Board received their Annual Report which covered the period April 2008 to March 2009.

The Chairman thanked Officers and Councillors for their work throughout the year.

RESOLVED: That the Annual Report for 2008/09 be received.

HEA6 HALTON HOSPITAL PROJECT PHASE 4

The Board received a report of the Strategic Director, Health and Community which informed Members of the conclusions reached during phase 4 of the review on Halton Hospital.

It was noted that in November 2007, Halton and St. Helens PCT, North Cheshire Hospitals NHS Trust and Halton Borough Council agreed to deliver a "Strategic Vision and Mission Project" for Halton Hospital.

It was noted that the report reflected on the findings from earlier stages of the project and summarised the key findings of phase 4. Members were advised that the key messages from the initial stages of the project included:

- Uptake and utilisation of existing services was good and had increased over the last 12 months;
- Overall, the current site was under-utilised;
- The financial impact of working time directives, meant that it was not financially viable to provide 24 hour clinical care on the Halton site;
- Any future model would focus on meeting local health needs and providing services that fit with community services and met a medical need for the wider geographical area not met at neighbouring hospitals;

- and
- That there was scope for capital redevelopment on the site.

It was noted that the object of phase 4 of the project was to prioritise a number of service areas for potential development on the Halton Hospital Campus. Proposals put forward were for additional services over and above what was already being provided on site, details of which were outlined in the appendix to the report.

Members were advised that using the seven priorities identified in the Halton and St. Helens PCT Commissioning Strategic Plan, views were sought from key stakeholders and members of the public on which additional services would best address local health care needs and whether these services should be developed in the community or on the Halton Hospital Campus site. As a result of this consultation, the additional services identified for potential development on the Halton:

- Healthy lifestyle promotion/interventions;
- Early detection screening for major illness;
- Short stay rehabilitation/re-enablement;
- Maternity (not including delivery); and
- Lifestyle and leisure facilities linked to health improvement rehabilitation and re-enablement.

Members were advised that the size and scope of the additional services had not yet been established. This would be determined during the final phase, through the development and evaluation of detailed business proposals on each of the prioritised areas listed above.

Halton Borough Council would contribute to the development of all business cases and would take a lead on developing a case for services to enhance the site as a Health Improving Hospital. At this stage, the location and size of land available for development remained unclear, as did the availability of health capital/revenue funding. It therefore seemed likely that the initial business proposal would be subject to review following the completion of a detailed feasibility study of the site and the surrounding area.

Members were advised the full report "Halton Health Campus Development – The Case for Change", set out in detail the key health needs in Halton and how the PCT and its partners were addressing those needs. In addition to noting the areas for development on the Halton Hospital

Campus site, it was also worth noting that there was a number of planned service developments for urgent care, as set out in the report.

Members were further advised that the potential financial implications to the Council arising out of the development of additional services on the Halton Hospital campus site would be dependent on the type of facility developed and the extent of any subsidy forthcoming from Health. Any resultant business case would be considered subject to discussion with the Executive Board and Council and considered in the context of the overall Council budgetary position.

The Board was further advised that the report referenced a number of PCT investment and projected benefit gains which had been committed to deliver the seven priorities identified in the Commissioning Strategic Plan and which were set out in the report.

Members requested additional information in relation to the operation of the district nurses service and it was agreed that further information would be sought and circulated to the Board.

The Board expressed concern that the Burns Unit at Whiston was under threat of closure and reiterated the importance of having such a facility nearby due to the type of industries in Halton.

RESOLVED: That the report be noted and the action outlined above be undertaken.

Strategic Director
- Health and
Community

HEA7 SUSTAINABLE COMMUNITY STRATEGY MID TERM REVIEW

The Board received a report of the Strategic Director, Corporate and Policy which provided Members with an amended version of the Sustainable Community Strategy.

Members were advised that Local Authorities were required to prepare and implement a Sustainable Community Strategy. Local Authorities were expected to work with partners through the Local Strategic Partnership to

agree priorities and to engage and involve local communities. The current Sustainable Community Strategy was adopted in 2006. It contained a long-term vision and objectives with delivery targets for the period 2006 – 2011.

It was noted that since the strategy had been prepared, a number of changes had taken place making it necessary to conduct a mid-term review. This was an update, not a complete revision. Recent perceptions surveys and the revised State of the Borough Report (2009) confirmed that the underlying vision and priorities from 2006 remained relevant. Widespread engagement had therefore not been undertaken for this mid-term review. However, in 2010/11 work would commence on a full review and roll forward of the strategy with wide engagement, linking up with work being done on the Local Development Framework Core Strategy.

Members were advised of the main objectives of the mid-term review which were set out in detail the report.

Members were further advised that the attached draft of the mid-term review had been drawn up following consultation with partners and would be considered by the Halton Strategic Partnership Board on 20th May 2009. The revised Sustainable Community Strategy had to be adopted by full Council (Local Government Act 2000) and following consultation with the Policy and Performance Boards, it was planned to take the final draft to full Council meeting on 22nd July 2009 with a recommendation from the Executive Board for final adoption.

Members noted the improvement in GCSE results and increasing population figures for the Borough.

A request was made for a presentation from the Director of Public Health on the intervention work being undertaken to reduce the gap in health inequalities in the Borough.

RESOLVED: That the Sustainable Community Strategy be noted and the Board receive a presentation from the Director of Public Health, as set out above.

Strategic Director
- Health and
Community

HEA8 SURE START TO LATER LIFE EVALUATION REPORT

The Board received a report of the Strategic Director, Health and Community which informed Members of the Sure Start to Later Life Evaluation Report which was appended to the report.

Members were advised that the rationale for the Sure Start to Later Life service had two main strands when it was established in August 2007. Firstly, the service was a response to older people who voiced the need for more information about activities and services to be made accessible to them. Secondly, the project was HBC's first major step on the path to establishing a more strategic approach to early intervention and prevention in older people's services. It was envisaged that if the project proved its worth to older people and partner agencies it would pave the way for a broader robust prevention strategy.

Members were advised that the evaluation of the Sure Start to Later Life service had taken place over the last five months and had been conducted by the National Development Team. Overall, the evaluation was positive and demonstrated that the service was delivering positive outcomes for service users.

The Board noted that a number of key issues from the evaluation were mostly around the further development of partnership work with associated services, agencies and for older people.

It was further recommended that:

- The service's main stream funding was confirmed and the service expanded as the strategic shift from crisis orientated to preventative provision took place;
- Partnerships in Prevention continued and was expanded to include a wider group or organisations involved in preventative work;
- PIP be developed into a formalised preventative partnership with established pathways; and
- SCIP/SS2LL partnership should continue.

Members were advised that the policy framework was set out in the Appendix to the report and identified the importance of access to information and preventative services as a key element within a number of national policy strands.

Members noted the importance of providing

accessible services for the Public and how only having one centre in Halton for the carers service had affected users. It was agreed that this would be investigated further.

RESOLVED: That the report be noted and the action outlined above be undertaken.

Strategic Director
- Health and
Community

HEA9 YOUNGER ADULTS WITH DEMENTIA

The Board received a report of the Strategic Director, Health and Community which put forward the final report of the Work Topic on younger adults with dementia. It described the process that the Work Topic Group took in its investigations, considered key national and local issues for younger adults with dementia, and made a number of strategic recommendations which were contained in the body of the final Report.

Members were advised that dementia was a destructive condition which left a person increasingly disabled. Although there were good measures that could be taken to slow its effects and prolong a good quality of life, there were currently no medical interventions which would cure this condition. The Work Topic heard that, for younger adults (that is, those under the age of 65), there were potentially additional implications and these were set out in detail in the report.

Members were further advised that there were only small numbers of younger adults with dementia – the initial figures suggested between 30 and 35 people, although more work needed to be done on this. There was, however, a considerable amount of social care and health funding attached to these people. It was also clear that there was a planning gap for this group of people, who did not necessarily fall into standard eligibility criteria for services.

It was noted that there were few examples nationally of known good practice against which Halton could benchmark, a number of areas were setting up services but with little effective evaluation. As a result, the Work Topic Group had made a number of recommendations which were less about the specifics of service provision and more about the strategic approach to this problem.

Members were advised that the report addressed and

considered some of the recommendations which arose from the National Dementia Strategy, and made proposals for changes or additions to local strategies so as to fully meet the needs of younger adults with dementia. The Topic also specifically addressed issues about the health of Halton residents. It would be beneficial if the Topic Group recommendations and the local Dementia Strategy, planned for completion in the Autumn 2009, be submitted to the Executive Board at the same time.

The Topic Group thanked sufferers, carers, professionals and volunteers for their help and input into the review.

RESOLVED: That the report and recommendations be considered at a future meeting of the Executive Board.

Strategic Director
- Health and
Community

HEA10 VALUING PEOPLE NOW : A NEW THREE-YEAR STRATEGY FOR PEOPLE WITH LEARNING DISABILITIES

The Board received a report of the Strategic Director, Health and Community which informed Members of Valuing People Now (VPN), the accompanying Delivery Plan and the implications for Halton.

VPN was published in January 2009 and launched through a series of regional events in the following months. It was noted that there was good representation from the Halton Partnership Board at the North West Launch on 9th March 2009 in Bolton.

Members were advised that the VPN, whilst led by the Department of Health was supported by all government departments who had signed up to the strategy. The messages set out in VPN were clear and started from the principle that people with learning disabilities were people first with the right to lead their lives like any others with the same opportunities, responsibilities and to be treated with the same dignity and respect. There was particular reference to people with complex needs, people with Autistic Spectrum Disorder and a recognition of the importance of health in response to the July 2008 report, Health Care for All.

The Board was advised that the Strategy was accompanied with a Delivery Plan which would set out key priorities for the next three years. For 2009/10 the priorities were:

- To raise awareness of VPN across national and local government, private and voluntary sectors, and within wider society;
- To have an effective learning Disability Partnership Board operating in every Local Authority area;
- To secure access to, and improvements in, healthcare, with Strategic Health Authorities and Primary Care Trusts responsible for, and leading, this work;
- To increase the range of housing options for people with learning disabilities and their families, including closure of NHS campuses;
- To ensure that the Personalisation agenda was embedded within all local authority services and developments for people with learning disabilities and their family carers, and was underpinned by person centred planning; and
- To increase employment opportunities for people with learning disabilities.

Members were advised that for Halton there was existing activity in each of these areas, however further work was required particularly on developing the Learning Disability Partnership Board. The Partnership Board would require additional capacity to make it truly effective and to have meaningful representation from people with a learning disability on the Board. It was planned to develop a Shadow Board to address this.

Members were further advised that the Partnership Board would require additional capacity to improve accessibility. The Customer Care Service within the Directorate ensured minutes of the Board were made into an accessible format, however, there was no capacity for any further work on accessibility such as reports and presentations, which came to the Board. A request had been made that a provider was commissioned to translate complex information into formats that were accessible to people with learning difficulties, which would enable them to appreciate, participate and influence development in design of the services in Halton.

It was further noted that health care issues were currently being addressed by the Primary Care Trust and

this was to be welcomed. A sub-group had been chaired by Dave Sweeney from the PCT to cover both Halton and St. Helens. Additional capacity had been agreed and the Health Performance Framework for people with learning disabilities would sit within this group, which would be accountable to the two Partnership Boards.

Members were advised that the development of a Shadow Board and meaningful inclusion of people with learning disabilities required additional resources. This had been costed at £9,000 per annum. The commissioning of a service to improve accessible formats had not yet been costed but was unlikely to be more than £10,000 per annum. Funding had been identified within the pooled budget following the transfer of funding agreement with the Primary Care Trust.

RESOLVED: That the report be noted.

HEA11 QUARTERLY MONITORING REPORTS

The Board considered a report of the Strategic Director, Corporate and Policy regarding the Fourth Quarter Monitoring Report for:

- Older People and Physical and Sensory Impairment Services;
- Adults of a working age; and
- Health and Partnerships.

Members discussed the provision of services for Autism and the work being undertaken in this area. It was suggested that it may be useful to have this as topic for inclusion on next years scrutiny programme.

RESOLVED: That the Fourth Quarter Monitoring Reports be received and Autism be considered as a topic when agreeing next year's Scrutiny Work Programme.

HEA12 LOCAL AREA AGREEMENT REFRESH & 2008/09 PERFORMANCE REPORT

The Board received a report of the Strategic Director, Corporate and Policy which reported on progress towards meeting Local Area Agreement (LAA) targets at the end of the first year of the Agreement.

Members were advised that the revised LAA was

signed off by the Secretary of State in June 2008. The purpose of the LAA was to agree a set of targets for Halton with Government and local partners. Named partners had a duty to co-operate in striving to achieve these targets. There were 34 indicators in the LAA, together with statutory education and early years targets. The agreement covered the period April 2008 to March 2011.

Members were advised that the Agreement was refreshed in March 2009. The indicators and targets were reviewed with Government Office. There were a number of gaps and estimates in the original agreement, and the principle changes were to fill these gaps using information that had become available between June 2008 and March 2009, such as the results of the Places Survey. A summary of the changes was attached as appendix 1. It was not expected that there would be many further changes, except in one area. The economic downturn would inevitably have an impact on the likelihood of achieving some targets relating to the economy and house building, and the Government had identified a list of indicators for which targets would be reviewed before the end of March 2010, by which time the impact of the downturn would be clearer.

Members were further advised that progress over the first year of the Agreement was attached at Appendix 2, covering those indicators which fell within the responsibilities of this particular Policy and Performance Board. This was based on the targets in the refreshed Agreement.

Members were advised to bear in mind that all the national indicators were built into the quarterly service plan monitoring reports and the intention of this report was to pick out the LAA indicators from the different service plans so that it was possible to see a clearer picture of progress overall. Members were also asked to bear in mind that certain indicators were only reported some time after year end so, in those cases, no progress report was yet available. There were also some survey-based indicators for which no further data would be available until the survey was repeated in 2010.

Members discussed a number of issues identified within the LAA, in particular it was noted that encouraging young people into sport was positive. It was further noted that although there was a lot of work happening to reduce alcohol misuse in the Borough that there was little impact on outcomes within the LAA. Members were advised that Halton had committed to taking part in a number of interventions which would enable the Council to look at

methods of maintaining the night time economy while
reducing levels of hazardous drinking in the Borough.

RESOLVED: That the report be noted.

Meeting ended at 8.00 p.m.