### **HEALTHY HALTON POLICY AND PERFORMANCE BOARD**

At a meeting of the Healthy Halton Policy and Performance Board held on Tuesday, 15 September 2009 in the Civic Suite, Town Hall, Runcorn

Present: Councillors E. Cargill (Chairman), J. Lowe (Vice-Chairman), Austin, Gilligan, Lloyd Jones, Philbin, Swift, Wallace and P. Cooke

Apologies for Absence: Councillor Higginson, Horabin and E. Ratcliffe

Absence declared on Council business: None

Officers present: L. Derbyshire, M. Holt, S. O'Sullibhan, D. Sweeney, A. Williamson, L Wilson and A. Villiers

Also in attendance: None

# ITEMS DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

Action

#### HEA14 MINUTES

The Minutes of the meeting held 9 June 2009 having been printed and circulated were signed as a correct record.

# HEA15 PUBLIC QUESTION TIME

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

### HEA16 EXECUTIVE BOARD MINUTES

The Board considered the Minutes of the meetings of the Executive Board relevant to the Healthy Halton Policy and Performance Board.

RESOLVED: That the minutes be noted.

### HEA17 SSP MINUTES

The Minutes of the meeting of the Halton Health Partnership Board from 19 March 2009 were submitted for information.

RESOLVED: That the Halton Health Partnership Board Minutes be noted.

### HEA18 PRESENTATION: THE AMBULANCE SERVICE

The Board was advised that consideration of this item had been deferred to a future meeting by the North West Ambulance Service NHS Trust. This was as a result their formal consultation process on the Foundation Trust being postponed.

(NB: Councillor Lloyd Jones declared a personal interest in the following three items due to her husband being a Non-Executive Director of Halton and St Helen's Primary Care Trust).

# HEA19 DRAFT JOINT CARERS COMMISSIONING STRATEGY 2009/12

The Board considered a report of the Strategic Director, Health and Community which outlined the draft Joint Carers Commissioning Strategy 2009/12.

The Board was advised that the Strategy built upon the aims, objectives and activities outlined in the 2008/9 Carers Strategy, but had been written as a practical document, including an action plan, to support services in Halton to move toward a more focused way of commissioning services for Carers over the next three years.

It was reported that it had been developed as a result of research carried out in terms of other Local Authority plans and ongoing consultations and contributions from all stakeholders, including: -

- Local Implementation Team (LIT) Carer Sub Groups;
- Carers (via a consultation event held on 12.2.09);
- Halton & St Helens NHS Trust;
- Halton Carers Centre:
- Voluntary Sector organisations; and
- Staff and managers from the Health & Community and Children & Young People's Directorate.

The Board was further advised that the format of the commissioning strategy followed a similar one adopted with other Joint Commissioning Strategies within the Directorate and also took account of the contents of the National Carers Strategy published in June 2008, by focusing commissioning intentions on: -

- Integrated and Personalised Services;
- A Life of Their Own;
- Income & Employment;
- Health & Wellbeing; and
- · Young Carers.

In addition, it was reported that the main objectives of the Commissioning Strategy was not only to move towards a process for the commissioning of services but to continue to assist in the identification of hidden carers and improve information and access to support services. A balance would need to be achieved between the commissioning and the work that continued to take place in supporting voluntary sector organisations e.g. Parkinson's Society, Connect etc to develop their services.

It was noted that as part of the National Carers Strategy, the Department of Health (DoH) had allocated £150m to PCT's to support carers breaks in 2009/10 and 2010/2011. Halton and St Helens PCT had ensured that these funds would be utilised to support carers and had ring fenced funds during 2001/10 and 2010/11. Discussions were taking place with the PCT as to how the funds would be best utilised.

The Board was further advised that the LIT Carer Sub Groups and the multi agency Carers Strategy Group would undertake monitoring of the implementation of the Commissioning Strategy and associated action plan.

The following points arose from the discussion:

- Page 71 3.7 Continue to target 'Hidden Carers –
  point c) to develop presentation to be delivered in
  schools and colleges clarity was sought on how
  schools would be involved;
  - In response it was reported that the Carer Development Officer in the Children & Young People's Directorate developed linkages with schools and colleges, However, it was reported that it was not clear presently what impact this would have and further work may need to be undertaken to identify young carers.
- Clarity was sought on whether there were any plans to establish a carers centre in Widnes with the allocated grant. It was also suggested that carers would benefit from a drop in facility as it would

enable them to have some periods of respite;

In response it was reported that there were no plans to establish a carers centre in Widnes presently. However, the Halton Carer Centre aimed to look at a base to be provided in Widnes in the future.

In reply, Members of the Board suggested that officers contact the Halton Carer Centre and ask that the feasibility of establishing a Carer Centre in Widnes be progressed as soon as possible.

**RESOLVED: That** 

- (1) the report and comments made be noted; and
- (2) Officers contact the Halton Carer Centre with a view to progressing the establishment of a Carer Centre in Widnes.

HEA20 OLDER PEOPLE'S JOINT COMMISSIONING STRATEGY

The Board considered a report of the Strategic Director, Health and Community which outlined the Older People's Commissioning Strategy.

The Board was advised that the new Older People's Commissioning Strategy built on a previous strategy that covered 2004-2008. The new strategy aimed to bring the plans for older people's services up to date and clearly identify the commissioning priorities for the next five years.

The Board was further advised that the commissioning strategy was important for two main reasons; it gave context to what the Council were intending in relation to commissioning and it also acted as a performance measure. This would enable the Authority to monitor progress against the actions and targets.

In addition, it was reported that two main consultation events had taken place. The events involved a range of commissioning staff, providers, voluntary sector representatives, independent providers, service users and carers. A number of one-to-one meetings were also carried out to ensure that a wide range of views were collected. The main themes of the commissioning strategy reflected the consultation that was completed.

The following points arose from the discussion:-

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- The difficulties and the reasons for the difficulties in diagnosing the actual number of people with dementia in Halton was noted. However the authority were working with multi disciplinary clinical teams to achieve an early diagnosis of dementia which would probably result in a significant rise in the figures over the next 2/3 years;
- The connection between alcohol and drug abuse, dementia was noted; and

In response, it was reported that Halton and St Helens Primary Care Trust took the lead in respect of mental health. However, they were working together with Older People's Services and Mental Health Services to improve services.

 In respect of Intergenerational Work – it was suggested that Grangeway Youth Centre and Connexions obtain young people as volunteers to teach older people ICT.

In response, it was reported that an Intergenerational Conference had taken place in April 2009 in which 200 people of all ages had attended. This had given the authority the base to start developing local engagement in planning future workstreams. The event had been a huge success and ICT had been popular with younger people teaching ICT to older people and older people teaching geneology to younger people. This had helped to close the generation gap.

RESOLVED: That the report and comments made be noted.

# HEA21 DEVELOPING A COMPREHENSIVE COMMUNITY LEARNING DISABILITIES SERVICES INFRASTRUCTURE

The Board considered a report of the Strategic Director, Health and Community which outlined that the four Boroughs of Halton, Knowsley, St Helens and Warrington, together with the NHS Knowsley, NHS Halton and St Helens and NHS Warrington, wished to develop a Model of Care to support the development of a comprehensive community based service infrastructure for adults with learning disabilities.

The Board was advised that the objective was to

transform the quality of care, service model and configuration of services for people with learning disabilities across the four boroughs. This, it was reported, was to be achieved through the development of a more effective range of community support services which enabled people to remain at home and avoid hospital admissions and, where this was not possible, to provide a fair, personal, effective and safe in-patient service.

The Board was further advised that Commissioners wished to engage and consult with service users, carers, Learning Disability Partnership Boards and key stakeholders on this proposed model of care. The consultation process would occur through the months of August and September 2009.

In this respect, a summary of Developing a Comprehensive Community Learning Disability Services Infrastructure was circulated at the meeting.

The following points arose from the discussion:-

- It was noted that the proposal was for three beds available for intensive support in Halton. These beds were for people with learning disabilities who were seriously ill. It was also noted that Halton were only using two beds currently, but the two patients were due to go home in the near future;
- It was noted that once implemented, the provider of the services would have robust performance management systems in place to ensure efficient and quality services were being provided; and
- It was noted that Local Authorities were working closely with GP's in comprising a list of people with learning disabilities to ensure that they received regular health checks. It was also noted that eight out of nine GP's in Widnes and five out of seven GP's in Runcorn had signed up to this new direct enhanced service.

**RESOLVED: That** 

- (1) the report and comments made be noted; and
- (2) the development of a Comprehensive Community Learning Disabilities Services Infrastructure be supported.

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#### HEA22 MODERNISATION OF DAY SERVICES

The Board considered a report of the Strategic Director, Health and Community which informed Members of the progress on the modernisation of Day Services and the outcome of recent consultation events.

The Board was advised that a report had been considered by the Executive Board on 4 June 2009 proposing a modernisation of Day Services and had requested permission to consult with all stakeholders about the future of these services. A comprehensive consultation plan had been prepared and had since been updated and was attached at Appendix 1 to the report.

The Board was further advised that the modernisation of day services would enable people to be more actively involved in community activities and would promote independence and confidence. In addition, it was reported that longer term the developments would help some users to participate fully in mainstream services bringing benefits for them and the wider community.

The satellite sites, activities offered and venues set out in Box 1 Page 175 of the report was noted. The success of the Independent Living Centre, Runcorn's Cup Cake Project was also noted.

The following points arose from the discussion:-

 Clarity was sought on whether there would be any improvements made to Priory View;

In response it was reported that although Priory View was very small it complied with the Disability Discrimination Act 2005 (DDA). In addition, it was reported that Council venues within the remit of the service were being reviewed as part of an improvement schedule.

 It was suggested that services had been run down prior to the decision to provide satellite units for day activities and to close the Bridgewater Centre;

In response, it was reported that this had been a continuing process since 2001 as services were not flexible or creative enough and this had been undertaken to provide a better service.

Clarity was sought on options for the future use of

the Centre;

In response, it was reported that it was a Local Authority building and it would be considered as part of a wider agenda. However, to date, no decision had been made. It was also reported that no savings had been identified from the changes as there were additional smaller local groups which needed support workers.

**RESOLVED: That** 

(1) the report and comments made be noted; and

(2) the Board support the plan to continue to modernise the service.

HEA23 HALTON AND ST HELENS SOCIAL SERVICES EMERGENCY DUTY TEAM

The Board considered a report of the Strategic Director, Health and Community which gave an update on the Partnership arrangements for the delivery of the Emergency Duty Team (EDT) service across St Helens and Halton Councils and sought agreement to review and update the Partnership Agreement in line with the recommendations of a recent Audit report.

The Board was advised that following approval by both St Helens and Halton Executive Committees, a joint Emergency Duty Team had become operational in October 2007 under a three year Partnership Arrangement. The EDT provided an emergency social care service for adults and children who were deemed vulnerable and were at immediate risk or require immediate statutory support.

The Board was further advised that The EDT was located in Halton Borough Council's Contact Centre at Catalyst House, Widnes. The team consisted of an EDT Manager, six full time social workers and a part time Administrative Officer. It operated outside normal working hours. Under the terms of the Partnership Agreement, all staff were directly employed by St Helens Council, whilst the infrastructure for the service was supplied by Halton Borough Council.

In addition, before the EDT service had been in place, a Steering Group had been set up, consisting of senior officers from both Councils, to drive forward all developments, and a full Partnership Agreement was

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developed. At the point that the new service began, the Steering Group had become the full Partnership Board.

It was reported that the Partnership Board had met regularly in line with the Partnership Agreement, with responsibility for chairing the Board being shared between Senior Officers from both Councils on an annual rota. The Board reviewed management information, the budget, service delivery, areas for development and any issues that impacted on the service. A Performance Management Framework had been also developed and the Board considered statistical information at each meeting. This framework was to be taken forward through 2009/10 with the development and piloting of an outcomes-based framework, which would build on pure statistical information to give a fuller picture of the effectiveness of the service.

It was noted that the budget for 2008/09 was £391,499 and was funded on a 50:50 shared basis between St Helens Council and Halton Borough Council.

The Board was advised that they could undertake a visit to Catalyst House and meet the staff in the Emergency Duty Team. The operating hours were from 4.30 pm and any Member interested in visiting the team should contact the Lead Officer of the Board.

The following points arose from the discussion:-

- It was noted that various agencies used the service such as the Police, Health and A&E etc. It was also noted that it was well publicised, all agencies were aware of the service and the quality of the service had significantly improved;
- Clarity was sought on whether the drop in Centre in Moor Lane was closed at the weekend;

In response, it was reported that officers would look into this matter.

- In respect of the statistical data regarding the numbers of referrals in any area not reflecting the workload for the team it was suggested that this could be changed to give a clearer picture of the actual number of referrals; and
- it was acknowledged that Halton and St Helens Social Services Duty Team represented an excellent example of partnership working.

**RESOLVED: That** 

(1)

the report and comments made be noted;

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  Community
- (2) a visit to Catalyst House to meet the Emergency Duty Team be arranged for Members of the Board; and
- (3) information on the opening hours of the drop in centre at Moor Lane be circulated to Members of the Board.

### HEA24 QUARTERLY MONITORING REPORTS

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

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

The Board was advised that the Shadow Partnership Board had been established and comprised of people with learning disabilities. The Board met a week before the Partnership Board meeting to consider the agenda and raise issues/comments. It was suggested that consideration be given to a representative from the Partnership Board attending a future meeting.

The following points/comments arose from the discussion:-

# Adults of Working Age

- (1) Page 220 AWA 2 (4) It was noted that a proposal had been agreed and a project manager appointed to develop a business case to secure three year funding for a specialist challenging the behaviour support service was noted; and
- (2) The update in respect of the review of the restaurant provision, Dorset Gardens was noted.

Older People's Services

(3) Page 231 (2.0) - Clarity was sought on the Virtual Ward model agreed in partnership with the PCT, to be in place by January 2010 and whether a doctor would be available on the ward and whether it was permanent and funded by the PCT;

In reply, it was reported that a range of staff would identify that a person was 'at risk' and that the model was based on best practice and would be more efficient and cost effective and better for individuals.

- (4) It was suggested that the evacuation procedure on the top floor of Oak Meadow be assessed;
- (5) Page 239 OPL10 Percentage of items of equipment delivered within 7 working days – Clarity was sought on why this was under target;

In response, it was reported that this information would be circulated to Members of the Board.

(6) Page 238 – OPL18 – Clarity was sought on the commentary – Q1 figure is higher than expected in relation to cumulative performance and was expected to exceed target; and

In response, it was reported that this represented a 12 month. However, the Board was advised that future monitoring reports would contain less jargon.

(7) It was noted that in respect of Page 243 - OP LP14 – ethnicity of older people receiving assessment - no requests had been made by black minority ethnic groups.

# Health and Partnerships

(8) Page 255 – Commissioning Floating support for vulnerable groups Mar 2011 (AOF 6,30 and 31) - Clarity was sought on the work ongoing to review floating support services – tender to be prepared to procure services within 12 months of the commencement of the Gateway Service: and

In response, it was reported that this information would be circulated to Members of the Board.

(9) Page 266 – Housing Strategy & Support Services – Capital Projects as at 30 June 2009 – Clarity was sought on there being no spend on Home Link and Energy Promotion and whether the funding could be transferred if it was not used.

In response, it was reported that this information would be circulated to all Members of the Board.

**RESOLVED: That** 

- (1) the report be noted; and
- (2) clarification on points 5, 8 and 9 above be circulated to all Members of the Board for information.

### HEA25 CHAIRMAN'S ANNOUNCEMENT

The Board was advised of a free information event 'Fact or Fiction' taking place at the Stobart Stadium, Widnes at 1.00 pm - 3.15 pm on 2 October 2009 by the Halton LINk (Local Involvement Network).

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Meeting ended at 8.30 p.m.