HEALTH POLICY AND PERFORMANCE BOARD

At a meeting of the Health Policy and Performance Board held on Tuesday, 13 September 2011 in the Council Chamber, Runcorn Town Hall

Present: Councillors E. Cargill (Chairman), J. Lowe (Vice-Chairman), Austin, S. Baker, Dennett, M Lloyd Jones, C. Loftus, Macmanus, C. Plumpton Walsh, G.Zygadllo and P. Cooke

Apologies for Absence: Councillor Horabin

Absence declared on Council business: None

Officers present: L. Derbyshire, L Gladwyn, J. Hunt, A. McNamara, Y. Sung and S. Wallace-Bonner

Also in attendance: In accordance with Standing Order 33, Councillor Wright Portfolio Holder – Health and Adults, Councillors: Fraser, Howard, P Lloyd Jones, A Lowe, Parker, Shepherd and Wallace, Mr D Campbell, Chief Executive Merseyside NHS Cluster and Mr S Spoerry, Chief Executive – Primary Care Trust, Mr C Bean and Ms T Baynton Primary Care Trust.

ITEMS DEALT WITH
UNDER DUTIES
EXERCISABLE BY THE BOARD

Action

HEA18 MINUTES

The Minutes of the meetings held 7 June 2011 and 28 June 2011 having been printed and circulated were signed as a correct record.

HEA19 PUBLIC QUESTION TIME

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

HEA20 SSP MINUTES

The Minutes of the Health Strategic Partnership Board of its meeting held on 12 May 2011 were submitted to the Board for consideration

RESOLVED: That the minutes be noted.

Note: (Councillor M Lloyd Jones declared a Personal Interest in the following item of business due to her husband being a Non Executive Director of Halton & St Helens Primary Care Trust.)

HEA21 MERSEYSIDE NHS CLUSTER

The Board received a presentation from Mr Derek Campbell, Chief Executive, Merseyside NHS Cluster on the role and function of the cluster and how it operated within the context of the emerging NHS reforms.

The presentation, which was circulated at the meeting:-

- Gave an overview of the proposed NHS reforms;
- Outlined the Strategic Health Authority and Primary Care Trust roles in transition;
- Detailed the Milestones;
- Demonstrated the current geographic footprint;
- Set out the clinical commissioning groups – phases of authorisation; and
- Detailed the Merseyside cluster priorities during transition.

Mr Campbell introduced himself and Mr Steve Spoerry, Chief Executive of Halton and St Helens Primary Care Trust and reported that as he covered the four Primary Care Trusts he could not be fully involved and had therefore, appointed a managing director in each PCT. Mr Spoerry would be based in Widnes and would help address issues in the Halton area.

Mr Campbell reported that since being in the post he had developed a clear understanding of the relationship between Runcorn and Warrington and the boundaries. The cluster, he added, was a temporary arrangement and would cease to exist in 18½ months. The reasons the cluster had been established was to ensure resources and service delivery was maintained during the transition and support the development of the new system, working to a shared operating model. He added that it was crucial that the boundaries did not have an impact on future joined up arrangements.

Mr Campbell advised the Board that the Clinical Commissioning Groups would lead commissioning and be responsible for 60% of the NHS budget. The National Commissioning Board would allocate resources, set commissioning standards, commission specialised and primary

care services and hold commissioners to account. The local Health and Wellbeing Boards would oversee, scrutinise and co-ordinate commissioning plan.

In conclusion, Mr Campbell reported that the NHS Commissioning Board would be in shadow form as a Special Health Authority in October 2011. Local Clinical Commissioning Groups were in the process of undertaking risk assessments and the Group's authorisation process and 'dry run' would begin in October 2011. Delegated budgets would also be in place by 2011 and he emphasised the importance of the Local Authority establishing the Health and Wellbeing Board (HWBB) on the same timeline as the Clinical Commissioning Group obtaining the delegated budgets.

Mr Spoerry advised the Board that it would be advantageous if the new system emerged rapidly. GP's, he reported, had taken positive steps and were ahead of the timescale.

The Chairman reported that the Shadow Health and Wellbeing Board would be in operation by the end of 2011.

The following comments arose from the discussion:-

- Concern was raised that expertise would be lost during the transition period and clarity was sought on whether there would be enough expertise remaining in the new shared system. In response, it was reported that employees from public health would TUPE across and local expertise would remain in the new system. The importance of ensuring that there was a reduction in operational costs, whilst retaining the skills and expertise required in the future was noted;

- Clarity was sought on whether the Health and Wellbeing Board (HWBB) would be able to make decisions or recommendations. In response, it was reported that the HWBB under the Local Authority, would be responsible for the health of the population. The public health budget would be transferred and the Authority would be responsible for the strategy and have a lead role working with clinical commissioners;

- It was noted that the size of the clinical commissioning groups had not been specified by the Government. It was also noted that it was important for Merseyside to work together, with good local working relationships and connections;

- Clarity was sought on whether the reforms would result in

centres of excellence being located further away. In response, it was reported that Merseyside health services were underpinned by very strong localism. There was a need to change and work together better than previously across the Merseyside area. Standards were also rising constantly. However, the financial situation would need to be recognised and Warrington and Whiston would be required to work closer together sharing services ensuring that there were no duplications. In addition, it was highlighted that difficult decisions would have to be made in the future as the transition progressed;

- Members of the Board emphasised the levels of deprivation and the increase in the elderly population in Halton. Members noted the Cheshire and Merseyside vascular review and the impact it would have on Halton should the current proposal be accepted. It was also noted that the Board felt that there should be three arterial centres and that this issue should be reconsidered and looked at with the health reforms. In response, it was reported that a decision had not been taken as yet and it would be considered in November 2011. In addition, it was reported that Mr Speorry was looking for solutions on how Halton Hospital could be utilised and consideration was also being given to moving some services from Liverpool to Halton.

- Clarity was sought on whether waiting lists would increase as a result of the transition. In response, it was reported that early intervention and prevention was vital. In addition, it was reported that it was important that the HWBB foster and develop a relationship with the clinical commissioners who would be responsible for waiting lists;

- Clarity was sought on the risks associated with the fast pace of the reforms. In response, it was reported that the changes could have an impact on the priorities i.e. improving life expectancy in Halton, retaining the delivery and quality of services and to continue to improve services. There was also a risk of losing the experience and corporate memory;

- It was noted that there was a provision in the Bill that if the HWBB was not satisfied with the overall performance and it did not meet with the Joint Strategic Needs Assessment then there would be an option to make a referral to the Commissioning Board and the Secretary of State;

- Clarity was sought on how GP's would manage their patients if 30% of their time would be used for

commissioning. In response, it was reported that funding would be available from the downsizing to pay for additional GP's to cover the commissioning time; and

- It was noted that the Health Visiting and Child development 0-5 years services would not be transferred to the Local Authority in 2015.

The following questions had been submitted prior to the meeting and the responses circulated at the meeting:-

1 In light of the recent poor showing of a major Care Home owner and the Care Quality Commission (CQC) to look after the residents of those homes, do you feel that the Care Home Inspection and Registration Units should be taken back under the control of the Local Authorities who had a great deal of success prior to CQC?

Response

It is not the role of the PCT to take a view on the remit or performance of the Care Quality Commission or Registration Units.

2 I feel that the PALS system of overseeing patients complaints has been inferior to the Local CHC system which was PALS predecessor. What will the NHS Cluster do to improve the inferior system?

Response

Subject to the passage of the Health and Social Care Bill, Local HealthWatch organisations would be established in October 2012, and continue the functions currently provided by Local Involvement Networks (LINks).

From October 2012, subject to parliamentary approval, Local HealthWatch would also signpost people to information regarding health and social care services. This was one of a range of services currently provided by the PCT Patient Advice and Liaison Services (PALS).

HealthWatch would be the independent consumer champion for the public i.e. service users, citizens, carers and patients – locally and nationally – to promote better outcomes in health for all and in social care for adults.

At local authority level, Local HealthWatch would act as a point of contact for individuals, community groups and voluntary organisations when dealing with health and social care. Local HealthWatch would also have a seat on local HWBB's to influence commissioning decisions by representing the views of local stakeholders. The information that Local HealthWatch gathers on patients' and the public's views and experiences of the NHS would inform HealthWatch England's role in influencing health and social care services at the national level.

The Department of Health was currently asking for views from stakeholders on options for distributing the additional funding to local authorities for local HealthWatch. The consultation on Allocation Options for distribution of additional funding to local authorities for Local HealthWatch, NHS Complaints Advocacy, PCT Deprivation of Liberty Safeguards could be accessed from the Department of Health website: http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_128429

This consultation would be open until 24th October.

RESOLVED: That

(1) Mr Derek Campbell be thanked for his informative presentation; and

(2) The comments raised be noted.

Note: (Councillor M Lloyd Jones declared a Personal Interest in the following item of business due to her husband being a Non Executive Director of Halton & St Helens Primary Care Trust.)

HEA22 PERFORMANCE MANAGEMENT REPORTS FOR QUARTER 1 OF 2011/12

The Board considered a report of the Strategic Director, Policy and Resources regarding the 1st Quarter Monitoring Report for:

- Prevention and Commissioning Services; and
- Complex Needs.

The following points arose from the discussion:-

- Page 46 – CCC14 – Clarity was sought on the performance being slightly less in comparison to the

same period last year.

The Board was advised that the carers figure was reported in the monthly team report and exceptions were also reported to the operational teams. The figure reported carers who had received either an assessment or a review and had received services. A large number of carers would already be in receipt of a service (i.e. DP) and to count against the Performance Indicator they had to have been reviewed in the same financial year. This ensured that the teams conducted timely reviews/ reassessments, ensured that all relevant carers could be counted against the performance indicator and also had their care/support package reviewed in line with their needs. A member of performance also met monthly with the operational teams, in order to monitor that regular reviews were taking place for carers and this in turn, increased the figure for CCC14.

- Page 47 – CCC4 – Clarity was sought on performance relating to 581 clients, there being twelve less than the previous year.

  In response, it was reported that between one year and the next, a number of clients' packages closed and new clients came on the system to receive services. Between Q1 2010 and Q1 2011, there were 12 less clients. There may be many reasons for this fluctuation. After checking some of the client records it was found that a client had died in one case and in another the professional support that they received in one year had been closed and therefore they did not appear in the 2011 statistics. It was suggested that the figures were monitored closely in Q2 and if there appeared to be a decline, further investigation would be required in conjunction with the operational team.

- Page 27 – Second Paragraph – Clarity was sought on the £256,000. Information was also sought on the 12 monthly spend/budget profile for the community care budget and what remedial actions were being taken.

  In response, it was reported that if the spend remained static for the remainder of the year the projected overspend within community care would be £1.4m. However, it was reported that a recovery

plan was in place to dampen the increase in community care and spend in certain areas had started to decrease.

In reply, further details were requested and it was reported that additional information would be circulated to Members of the Board.

- Page 41 – Health Watch – clarity was sought on how partnerships would be undertaken with other Councils.

  In response, it was reported that under current arrangements for the Link, the Host organisation was jointly commissioned with St Helens Borough Council. In moving forward with the development of Health watch, commissioners, along with stakeholders, would consider the advantages and disadvantages of working in partnership with other Local Authorities.

- Page 49 – Employees Expenditure – Clarity was sought on the 12 month budget / spend profile and what remedial action was being considered.

  In response, it was reported that the main area of staffing overspend in Commissioning and Complex related to the Housing Solutions Team. This was due to sickness and vacant posts and that agency staff had to be recruited to ensure the service continued. However, the vacant posts had now been filled and all agency staff would be finished by 1st October 2011. In addition, this accompanied with stopping non essential spend in all areas would stop the overspend from rising.

  In reply, further details were requested and it was reported that additional information would be circulated to Members of the Board.

RESOLVED: That the report and comments made be noted.

Note: (Councillor M Lloyd Jones declared a Personal Interest in the following item of business due to her husband being a Non Executive Director of Halton & St Helens Primary Care Trust.)

HEA23 UPDATE ON THE DEVELOPMENT OF A HEALTH AND WELLBEING BOARD

The Board considered a report of the Strategic Director, Communities which gave an update on the development of a Shadow Health and Wellbeing Board for Halton and presented the Draft terms of Reference for comment and discussion.

The Board was advised that the Halton Health Partnership (HHP) currently acted as the thematic partnership for the Healthy Halton priority. The Partnership reported into the Halton Strategic Partnership Board as one of the five Specialist Strategic Partnerships (SSPs).

The Board was further advised that the HHP had a strategic responsibility for the Healthy Halton priority and for those elements of work that contributed to the objectives of the Sustainable Community Strategy (SCS) and Local Area Agreement (LAA). The Halton Health Partnership was currently chaired by the Acting Director of Public Health.

It was reported that health priorities were also addressed by the Health Policy and Performance Board and children's health issues were included in the work of the Children's Trust and the Children and Young People's PPB.

It was reported that safeguarding was addressed by the Safeguarding Adults Board (SAB) which reported directly into the Safer Halton Partnership and was a non statutory board. Children's Safeguarding issues were addressed by the Halton Safeguarding Children's Board (HSCB) which was a statutory board that sat alongside Halton's Children's Trust, with each reporting into and providing challenge to the other. The HSCB, in addition also provided an annual report to the Council's Executive Board.

Following an extensive consultation regarding the Terms of Reference set out in Appendix 1 to the report, it seemed appropriate to set up a Shadow Health and Wellbeing Board in Halton.

The Shadow Health and Wellbeing Board would be responsible for guiding and overseeing the implementation of the ambitions outlined in the Health White Paper as well as providing the strategic direction for the Health priority in Halton.

Formal decision making responsibility would continue to rest with the Council's Executive and the relevant governance bodies of the local health services until new legislation was enacted. Transitional governance arrangements were key in establishing the Shadow HWBB,

given that Health and Wellbeing Boards would assume their statutory responsibilities from April 2013. In addition, overview and scrutiny issues would remain an integral independent arrangement within the Health Policy & Performance Board.

In conclusion, it was reported that it was proposed that a Shadow Health & Wellbeing Board would be established in October 2011. This would operate in shadow form and a review would be undertaken 12 months after its commencement and a further report would be presented to the Executive on its progress. The current Health SSP would be disbanded and many of their actions embedded into the new Shadow Board.

The following comments arose from the discussion:-

- It was noted that it was possible that there would be some duplication of roles between the Health PPB and the Health and Wellbeing Board. However, it was also noted that in light of the significant changes this would strengthen the scrutiny process;

- It was noted that elected Members of Halton Borough Council had a corporate responsibility for the people in the Borough;

- Clarity was sought on whether the Health and Wellbeing Board would be subject to the Council's 'Call In' procedure. In reply, it was reported that this information would be circulated to all Members of the Board;

- It was noted that the Health and Wellbeing Board would be responsible for overseeing the Joint Strategic Needs Assessment (JSNA) and the transfer of public health. It was also noted that the formal transfer of public health would be in 2013 and that the JSNA was a web based document which was refreshed annually; and

- It was suggested that an awareness training seminar on the JSNA be arranged for Members of the Board.

RESOLVED: That

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

(2) a JSNA awareness seminar be arranged for

Strategic Director - Communities

Members of the Board.

HEA24 SAFEGUARDING ADULTS

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

The Board was advised that Halton's Learning Disabilities Partnership Board had held a Business Planning Event where 'Keeping Safe' had been a key theme. The resulting Business Plan included priorities and actions drawn up during the event around safeguarding vulnerable adults and hate crime/hate incidents, including the following, some of which were already being progressed:

- Help people to understand the danger signs;
- Support for people and staff to understand how to keep safe; and
- Talk to more people who may have been a victim of abuse or hate crime.

The Board was further advised that the following priorities had been drawn up during the event around personalisation and which also had the potential to impact on the way in which we support people to stay safe from abuse and exploitation:-

- Train personal assistants;
- Check that support plans are making a difference to people's lives;
- Look at how we can check how good support plans are; and
- Check that people are being supported to become more independent.

It was reported that Safeguarding Adults and Safeguarding Children brief presentations had been incorporated into Halton Borough Council's Corporate Induction Programme from September 2011.

The Board noted the key issues and progressions of the safeguarding agenda set out in paragraphs 3.2 – 3.14 of the report.

The following points arose from the discussion:-

- Concern was raised regarding short term agency staff not having a current CRB. In response, it was

reported that this issue would be raised and considered at the Task Group Meeting;

- The mechanisms in place to ensure the safety of individuals who were living independently but were deemed to be vulnerable but did not consider themselves to be so was noted; and

- It was noted that CRB checks were not being abandoned, but the organisation would merge with the vetting and barring system.

RESOLVED: That the report and comments raised be noted.

HEA25 SMOKE FREE PLAY AREAS

The Board considered a report of the Strategic Director, Communities which informed Members of the proposal to make public play areas in Halton Smoke Free and provide Members with an opportunity to comment on the proposal.

The Board was advised that the report set out a proposal to implement a voluntary code to make children's play areas smoke free. The initiative aimed to de-normalise smoking amongst young children and reduce the likelihood of them becoming smokers in the future.

The Board was further advised that 26% of adults in the Borough smoked. Whilst this level had decreased over recent years the level was still above the national average. Halton's rate of early deaths caused by smoking remained significantly higher then the national average. Reducing the rates of illness and death caused by smoking was one of Halton's key public health priorities. To achieve this objective there was a need to reduce the number of people who smoked. This includeed initiatives that helped prevent Halton's children from becoming the next generation of smokers.

It was reported that internationally, smoking in public play areas and parks was already prohibited in Spain, Hong Kong, Latvia, Singapore and in cities in Australia, New Zealand, Canada and the USA, including New York and San Francisco.

In the UK Inverclyde Council in Scotland had made all of their play areas smoke free with 90% of residents supporting the initiative. Pendle Council in Lancashire had

prohibited smoking in its 57 outdoor play areas and skate parks in 2010.

Furthermore, the Halton Smoke Free Play areas initiative was being undertaken as a partnership between Halton BC, Halton and St Helens PCT, the Heart of Cheshire and the Cheshire & Merseyside Tobacco Alliance (CMTA). Liverpool, Sefton and Knowsley Councils were currently consulting residents with a view to implementing a similar voluntary scheme in their areas.

In conclusion, it was reported that children from Oakfield primary school in Widnes had designed signs and slogans that would be used for the smoke free play areas in Halton. It was intended that the design for these signs would eventually be used across Merseyside by authorities who adopt the scheme.

The following points arose from the discussion:-

- Concern was raised that employees could be at risk when giving advice and guidance to people smoking in play areas as it could create a confrontational situation. In response, it was reported that the survey had indicated a lot of public support for the proposal and the signs would be erected in play areas where children and young people congregated. It was also reported that it would not create conflict as the Wardens would only be highlighting the signs and passing on child friendly literature. In addition, the Wardens had been issuing Fixed Penalty Notices for a considerable time and were trained with the necessary skills to give advice and deal with aggressive people. It was also reported that Senior Managers had indicated that they would be happy for their employees to take on the additional task;

- It was suggested and agreed that Trade Unions be consulted on the proposal;

- It was noted that the proposal formed part of a comprehensive approach about the dangers of smoking around children i.e the Take Seven Steps Campaign on television; and

- The Members of the Board supported the proposal, in particular the signs in play areas.

RESOLVED: That the Board support the proposal for

a voluntary code to make children's play areas in Halton smoke free.

HEA26 PROPOSED SCRUTINY REVIEW OF HOMELESSNESS SERVICES

The Board considered a report of the Strategic Director, Communities which sought support to carry out a scrutiny review of Homelessness Services as outlined in Appendix 1 to the report.

The Board was advised that Councils had a range of duties to those who were homeless or threatened with homelessness in 28 days and at the very least they were obliged to provide advice and assistance on housing options. In addition, it was reported that some households were owed the main homelessness duty, which was the provision of settled accommodation. Local authorities were also expected to implement services to prevent homelessness.

The Board was further advised that to respond to the housing needs of those who were homeless, it was necessary to provide a range of preventative support services. In addition should temporary accommodation should be provided that could be accessed in emergencies until settled accommodation could be found.

It was reported that it was good practice to periodically assess the effectiveness of the services provided and the report sought approval to carry out a scrutiny review of the Councils duty in respect to homelessness and the services provided in response to that duty.

The Chairman sought nominations from Members of the Board to form a Member led scrutiny working group.

RESOLVED: That

Strategic Director - Communities

(1) a working group be established to review the Homelessness Service; and

(2) the following Members be nominated onto the Working Group:-

- Councillor E Cargill;
- Councillor Baker
- Councillor C Loftus;
- Councillor M Lloyd-Jones;
- Councillor J Lowe; and

- Councillor Wright

Note: (Councillor M Lloyd Jones declared a Personal Interest in the following item of business due to her husband being a Non Executive Director of Halton & St Helens Primary Care Trust.)

HEA27 STANDING ORDER 51

The Board was reminded that Standing Order 51 of the Council's constitution stated that meetings should not continue beyond 9 pm

RESOLVED: That Standing Order 51 be waived to allow the meeting to continue beyond 9 pm.

HEA28 MODEL OF CARE TO DEVELOP A COMPREHENSIVE COMMUNITY LEARNING DISABILITY SERVICES INFRASTRUCTURE FOR ADULTS WITH LEARNING DISABILITIES

The Board considered a joint report of the Strategic Director, Communities and the Primary Care Trust which advised Members of the progress of the implementation of the Model of Care and outlined the next steps.

The Board was advised that in 2008 a review on in-patient and community based learning disability services in the boroughs of Halton, Knowsley, St Helens and Warrington had been undertaken.

It was reported that the review had recommended the following:-

- That the four boroughs and the PCTs agree to adopt a joint strategy of phased change to locally determine models of service that further enhance community focused support and reduce reliance on specialist learning disability in-patient services and out of area placements;

- That Commissioners ensure that admissions to in-patients units conformed to the admission process set out in Section 14 of the recently agreed service specification;

- That the four boroughs and the PCT agree to a reduction in the number of commissioned in-patient beds, and that these should be placed together for reasons of efficiency, effectiveness and economy, with consideration for the most appropriate location

to be subject of further discussion at the Alliance Board;

- That, subject to local resource availability, and based on joint work between the PCT's and the boroughs, early progress be made on the expansion of community services through pump-priming investment;

- That a project was commissioned to review best practice, and provide detailed recommendations, by Autumn 2009 for the further development of community focused services, in relation to the anticipated release of £2m from current in-patient investment; and

- That Commissioners gave consideration to the in-patient bed requirement beyond 2010, in light of the planned expansion of community services, and secure appropriate approvals for decisions in relation to the renewal of the current contract.

Members noted the progress in Appendix 1 and the following recommendations set out in the report:-

- 1 – develop 'model of care';
- 2 – in-patient admissions;
- 3 – reduction of in-patient beds;
- 4 – community services (pump priming);
- 5 – best practice/pathway; and
- 6 – in-patient contractual requirements.

Mr C Bean, Primary Care Trust circulated a copy of the Stakeholder Engagement on the Redesign of Inpatient and Community Health Services for adults with learning disabilities at the meeting.

The following comments arose from the discussion:-

- It was noted that in the current economic climate and the changes in the NHS Reforms that services would need to be shared. However, the importance of ensuring there was adequate services for the people of Halton was also noted;

- Clarity was sought on the reduction of beds and the impact it would have on the people in the Borough. In response, it was reported that beds were being reduced as they were not being utilised. In addition, people were being supported in the community and

there was a commitment to ensure that what was commissioned for Halton would meet the needs of the community. It was also reported that the monitoring framework would be more robust;

- The reasons for some young people choosing to go to distant residential colleges and the actions being taken to address this was noted; and

- Clarity was sought on the amber light on Halton's Education Work and Day Opportunities set out on Page 98 of the agenda. It was also suggested that the Board receive an update report on the Employment Practices for Disabled People Scrutiny Review from March 2010. In response, it was reported that this was know green and information on this would be circulated to Members of the Board.

RESOLVED: That

(1) the progress and the next steps of the implementation of the Model of Care be noted;

(2) the comments raised be noted.; and

(3) a progress report on the Employment Practices for Disabled People be presented to a future meeting of the Board. — Strategic Director - Communities

Meeting ended at 9.25 p.m.