HEALTH POLICY AND PERFORMANCE BOARD

At a meeting of the Health Policy and Performance Board held on Tuesday, 8 January 2013 at Council Chamber, Runcorn Town Hall

Present: Councillors E. Cargill (Chairman), J. Lowe (Vice-Chairman), Baker, Dennett, Hodge, Horabin, C. Loftus, Sinnott, Wallace and Zygadllo

Apologies for Absence: Councillor V. Hill and Mr J Chiocchi

Absence declared on Council business: None

Officers present: H. Coen, L. Derbyshire, P. Ventre, S. Wallace Bonner and L. Wilson

Also in attendance: J. Brown and L. Taylor (Health Improvement Team), M. Swift (Wellbeing Enterprise CIC), S. Banks, J. Owen and D. Sweeney (Halton CCG) and one member of the public.

ITEMS DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

Action

HEA42 MINUTES

The Minutes of the meeting held 6 November 2012 having been printed and circulated were signed as a correct record.

HEA43 PUBLIC QUESTION TIME

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

HEA44 HEALTH AND WELLBEING MINUTES

The Minutes of the Shadow Health and Wellbeing Board of its meeting held on 14 November 2012 were submitted to the Board for consideration.

RESOLVED: That the minutes be noted.

HEA45 PRESENTATION: LIVE LIFE WELL

The Board received a presentation from Jen Brown, Health Improvement Specialist, Bridgewater which:-

- Explained that www.live-lifewell.net was a complete all you need website which supported social prescribing and had been designed to improve mental health;

- Set out a picture of the website's home page and the various sections; eat well; exercise well; socialise well; manage well; think well and medication;

- Demonstrated how easy it was to use the website and highlighted the social subscribing links for people to non-clinical services within the community;

- Highlighted the suicide prevention section of the website;

- Explained that the self-help section had been based on CBT principles;

- Demonstrated the interactivity of the website; and

- Explained that the website contained the following; online step by step self help section for depression; anxiety and sleep; a suicide prevention section which could be filled in by the public or a health professional; a resources section for all downloadable leaflets for local/national services; a medication section; a signposting section and referral forms for services to be printed off.

The Board was advised that the website had been established over a twelve month period and held all relevant information that an individual or clinician would require if they had been affected by mental health issues. There was also a clinician section on the website for referral forms which was password protected. The site supported social prescribing GPs and members of the public. Leaflets and business cards with details of the website was circulated at the meeting.

The following points arose from the discussion:-

- Concern was raised that people who did not have access to a computer or who were computer illiterate would not be able to access the site. In response, it was reported that the library service provided free access to computers and free computer courses were also available;

- Clarity was sought on how the site would be monitored and whether details would be available on whether the site was delivering what it was intended and who was using the site. In response, it was reported that the site would be monitored via Google analytics. However, as it was an anonymous site, user information would not be available;

- The Board agreed that the site was very easy to use; understandable and gave clear guidance and access to relevant information and telephone numbers;

- It was noted that the site was being developed to make it fully accessible to people with disabilities i.e blind and partially sighted people;

- It was noted that the model was being considered for information on diabetes and Parkinsons disease;

- It was suggested that the website could be available via an APP as many people accessed the internet via their phone or ipad / tablet; and

- Concern was raised that as it was a self help site, it may result in individuals self medicating and this could have a detrimental effect. In response, it was reported that the medication section stated that medication was undertaken in partnership with a clinician. In addition it was reported that all the information on the site had been taken from the guidance and individuals were advised to seek help.

RESOLVED: That

(1) the presentation be received:

(2) the comments raised be noted; and

(3) Jen Brown be thanked for her informative presentation.

Note: Councillor Dennett declared a Disclosable Other Interest in the following item of business in relation to the bungalows at Halton Lodge, as he is on the HHT Board.

HEA46 PERFORMANCE MONITORING REPORT - QUARTER 2

The Board considered a report of the Strategic Director, Policy and Resources regarding the Quarter 2 Monitoring Reports for the second quarter of 2012/13 to June 2012. The report detailed progress against service objectives / milestones and performance targets and described factors affecting the service for:

- Prevention and Assessment; and
- Commissioning & Complex Care.

The Board was advised that after consultation with Members, and in line with the revised Council's Performance Framework for 2012/13 (approved by the Executive Board), the reports had been simplified with an overview report provided for the Health Priority. This identified key developments, emerging issues and the key objectives / milestones and performance indicators. However, the full departmental quarterly reports were available in the Members Information Bulletin to allow Members to access the reports as soon as they were available and within six weeks of the quarter end. The Departmental quarterly monitoring reports were also available via the link in the report.

It was reported that on Page 28 – PA 18 – Repeat incidents of domestic violence should have been recorded as a question mark.

The Board was further advised that a number of questions had been submitted prior to the meeting. The questions and responses were as follows:-

1. Page 18, Commissioning and complex care services: It states that a new Mental Health Strategic Commissioning Board has been set up. It is also going to be supported by a Mental Health Partnership Board? When is this Partnership Board likely to be operating considering that the PCT Mental Health Partnership Board ceased to do business if I recall in early 2012.

Response

It is now being decided to combine the roles of Commissioning Board and Partnership Board so that all major decisions will involve service users and carers and other partners (e.g. the

5Boroughs NHS Foundation Trust). This meeting is the Mental Health Strategic Board meeting and the next meeting is scheduled to take place on Monday, 14 January, 2013.

2. Page 19, Safe around Town: The scheme will offer telephone facilities to vulnerable people who are in trouble or distress around town. What does this entail?

Response

There has never been any intention and/or discussions about making the Safe in Town scheme available via telephone facilities. The way the scheme works is that when a person registers, they are given a small laminated card that has on it a dedicated phone number of a family member or carer – it is up to the individual and those supporting them to decide what number to use. When the individual is out and about and feels unsafe, they walk into one of the shops displaying the Safe in Town logo sticker. The staff within those premises know to ask for the card and ring the person who's number is on it – to come and collect the individual concerned.

3. Page 20, Mental Health Services: Section 136 of the Mental Health Act is applied when a member of the public may be a danger to themselves or other people. It concerns me when police say there has been an increase in the number of detentions, that changes in police practice, have meant that there are operational difficulties arising from this. I am extremely worried by these statements, as surely the police have a duty to protect all citizens, and people who are sectioned under the 136 (MHA) are in a very unstable frame of mind so it is imperative that they are taken to a place of safety as quick as possible. What are the options Cheshire Police are looking at to resolve this situation?

Response

In the North West region all authorities are reporting the same issues. The solution is to get an agreed and refreshed policy and procedure,

which all partners are signed up to. This is not as simple as it seems: Cheshire police are keen to have a single agreed process across the whole county, as they cover four local authority areas and at least three NHS Mental health Trusts, and they want their officers to work to a consistent approach. However the 5Boroughs – which is the Trust which covers Warrington and Halton – covers five local authority areas (three of which are not covered by Cheshire police) and three police forces, each of which also want their own policy. The 5Boroughs is keen to have a single unified policy to ensure that its own staff operate to a consistent policy.

Cheshire police have initiated a series of meetings at very senior level – chaired by an Assistant Chief Constable, and involving the four local authorities, all the CCGs and all the Mental Health Trusts – so it is clear that they are both taking the matter seriously and wanting to develop a partnership approach.

Similar work is going on in at least two other parts of the region – Cumbria and Greater Manchester – and we are also looking at developing a workshop to see if a regional approach can be developed.

The following comments arose from the discussion:-

- Page 25 – CCC 11 – clarity was sought on when the action plan would be completed. In response, it was reported that an action plan had been put in place to ensure the target was met by the end of March. In addition, it was reported that the assessments had been completed but were waiting to be entered onto the Care First System from which performance statistics were produced;

- Page 31 – Capital Project, An update on the bungalows at Halton Lodge was requested. In response, it was reported that this information would be circulated to Members of the Board.

- It was noted that an update report on the reconfiguration of Assessment and Care would be presented to the 5 March 2013 meeting of the Board;

- Clarity was sought on whether there was any Members on the Halton Public Health Transition Group. In response, it was reported that it was an Officer operational group that was led by Eileen O'Meara and therefore, there were no Elected Members on the Group; and

- It was noted that a seminar for Members on Public Health was being arranged by Eileen O'Meara.

RESOLVED: That the report and comments raised be noted.

HEA47 SUSTAINABLE COMMUNITY STRATEGY MID-YEAR UPDATE 2012/13

The Board considered a report of the Strategic Director, Policy and Resources which provided information on the progress in achieving targets contained within the 2011 - 2016 Sustainable Community Strategy for Halton, and highlight the annual "light touch" review of targets and measures.

The Board was advised that a new SCS (2011 – 26) had been approved by the Council on 20 April 2011. The new Sustainable Community Strategy and its associated "living" 5 year delivery plan (2011-16), identified five community priorities that would form the basis of collective partnership intervention and action over the coming five years. The strategy was informed by and brought together national and local priorities and was aligned to other local delivery plans such as that of the Halton Children's Trust. By being a "living" document it would provide sufficient flexibility to evolve as continuing changes within the public sector continued to emerge.

The Board was further advised that in response to legislative changes, Placeholder measures had also been included where new services were to be developed or new performance information was to be captured. Baselines for this would also be established in 2012/13, against which future services would be monitored. The availability of information was currently being reviewed with partners.

It was reported that progress for the six month period April - September 2012, which included a summary of all indicators for the Health Priority within the SCS was set out in Appendix 1 of the report.

Furthermore, an annual 'light touch review' of targets

contained within the SCS, had also been conducted to ensure that targets remained realistic over the 5 year plan to 'close the gaps' in performance against regional and statistical neighbours. This review had been conducted through the Safer Halton Partnership with all Lead Officers being requested to review targets for 2013/14, 2014/15 and 2015/16. Targets, were appropriate had been updated. All SCS measures had been included in the medium term draft Communities Directorate Business Plan 2013-16.

The Board were also asked to consider the inclusion of any additional measures to the above set to "narrow gaps" in performance where appropriate or respond to legislative/ policy changes; thereby ensuring that all measures remain "fit for purpose".

The following comments arose from the discussion:-

- Page 43 - percentage of prevalence of breastfeeding at 6-8 weeks - Clarity was sought on whether the staff had been retained from Kings Cross when the service had transferred to Bridgewater. In response, it was reported that Kings Cross staff had been on a contract and some issues had remained unresolved as a result of the transfer;

- Page 63 – HH11 – To increase the percentage of successful completions (drugs) as a proportion of all in treatment (18+), clarity was sought on how many completers had successfully stopped taking drugs. In response, it was reported that the target only monitored the six months after completion of the course and if they went back onto drugs after this time period they would not be counted;

- Concern was raised regarding the increase in alcohol repeaters and it was suggested that alternative ways to address this problem be sought. It was also highlighted that prevention was better than a cure. In response, it was reported that the current provider was looking at behavioural change and why individuals were taking drugs and looking at ways of solving the problem; and

- The significant costs incurred from drugs and alcohol abuse was noted.

RESOLVED: That the report and comments raised be noted.

HEA48 DIRECTORATE BUSINESS PLAN 2013-16

The Board considered a report of the Strategic Director, Policy and Resources which provided an update on Business Planning for the period 2013-16 and the Directorate priorities, objectives and targets for services for this period that fell within the remit of the Board.

The Board was advised that each Directorate was required to develop a medium term business plan, in parallel with the budget, that was subject to annual review and refresh. Draft Service Objectives and Performance Indicators and targets had been developed by each department and the information had been included in the Appendices to the report. These objectives and measures would form the basis of the quarterly performance monitoring received by the Board during the future year.

The Board was further advised key priorities for development or improvement in 2013-16 had been agreed by Members at a briefing meeting on 31 October 2012 as follows:-

- Early Intervention and Prevention;
- Integration;
- Mental Health; and
- Public Health.

It was reported that comments could also be made to the relevant Operational Director by no later than 18 January 2013 to allow inclusion in the Draft Business Plan.

It addition, the draft Directorate Business Plan would be revised given proposed reconfiguration of Directorates during January and would be presented to the Executive Board for approval on 7 February 2013, at the same time as the draft budget. This would ensure that decisions on Business Planning were linked to resource allocation. All Directorate plans will be considered by full Council at its 6 March 2013 meeting.

Clarity was sought on Page 102 – CE3 and it was suggested that the target should measure the standard of children when they commence school as some children had not been potty trained. It was also suggested that children should not be able to attend school until they have been potty trained. In response, it was reported that this issue would be discussed with Children's Services.

RESOLVED: That

(1) The report and the comment made be noted; and

(2) Members of the Board pass any detailed comments that they may have on the information in the report to the relevant Operational Director by 18 January 2013.

HEA49 NHS 111 CHESHIRE & MERSEYSIDE

The Board considered a report of the Strategic Director, Communities which gave Members an update on the national initiative, NHS 111 and its local implementation. In this respect, Mr Dave Sweeney and Jenny Owen from Halton CCG attended the meeting to present the report.

The Board was advised that research had made clear that the public found it difficult to access NHS services when they developed unplanned/unexpected healthcare needs. Changes in the way services were delivered, in particular the introduction of new services like NHS walk in centres, had increased the complexity of the urgent care system. NHS reviews had also found that patients wanted better information and more help to understand how to access the best care; especially urgent care.

The Board was further advised that The Department of Health had started work in 2008 which looked at introducing a single number to access NHS urgent healthcare services. This work included research with the public that found there was overwhelming support for such a service, in particular with a 999 style memorable number.

It was reported that the Government had stated its commitment to the National rollout of the new NHS 111 service as part of an integrated 24/7 system. The Government's longstanding view was to 'develop a coherent 24/7 urgent care service in every area of England.

Furthermore it was reported that the Callers to NHS 111 would be put through to a team of highly trained call advisors, who were supported by nurses and paramedics. They would use a clinical assessment system and ask questions to assess the caller's needs and determine the most appropriate course of action, including:-

- Callers facing an emergency would have an ambulance dispatched to them without delay;

- Callers who could care for themselves would have information, advice and reassurance provided;

- Callers requiring further care were signposted to the most appropriate service; and

- Callers providing details of services outside the NHS would be provided with details of an alternative service.

It was highlighted that eventually the service would be professional facing which would assist agencies in identifying services within their local area. Each Clinical Commissioning Group (CCG) would be responsible for ensuring that all relevant services were uploaded onto the Directory of Services (electronic database) and internally verified by the service provider and clinicians. NHS Direct had been awarded the NHS 111 contract in October 2012

In conclusion, the following key deadlines were highlighted:-

- Local Services would be uploaded onto the Directory of Services - end of November 2012;

- The Pilot would operate from the end of November 12 to 20th March 2013;

- The Department of Health would 'sign off' the project between 11th and 12th February 2013;

- NHS 111 'Go live date' was 21st March 2013; and

- A Local marketing campaign was to be devised during January – March 2013, with a national marketing campaign being held in September 2013.

A comprehensive 'mobilisation' plan had also been developed to ensure the effective implementation of NHS 111 across Cheshire and Merseyside.

The Board congratulated Jenny Owen and Dave Sweeney on the work they had undertaken to date and wished them success with the initiative.

It was noted that other Local Authorities did not have the same level of partnership arrangements as Halton Borough Council and had therefore not been able to progress the initiative as quickly.

RESOLVED: That the report and comments raised be noted.

HEA50 HEALTH & WELLBEING SERVICE

The Board considered a report of the Strategic Director, Communities which gave the Members an update on the work being progressed to enhance Health and Wellbeing Services across Halton. In this respect Lisa Taylor (Health Improvement) and Mark Swift (Wellbeing Enterprise CIC) attended the meeting to present the report.

The Board was advised that The Partnership Agreement set out a two phased approach to implementation and the report provided Members with an update on progress in terms of Phase one of the implementation. Phase one of implementation focused on the three following areas:-

- the development of older peoples' services and pathways;
- a review of falls prevention services and associated pathways; and
- the development of the Community Wellbeing Practice model.

In addition, it was reported that attached at Appendix 1 to the report was an operational summary outlining the delivery of the CWP initiative.

Phase Two of the implementation would include the wider determinants of public health and influences on health inequalities. This development would take a 'Life Course' approach and work was therefore taking place across adult social care, health, children and young people's services.

It was reported that work had already commenced on the mapping of service provision and identification of opportunities for the alignment of services and gaps in provision. In addition, it was reported that work would be progressed on the development of a 'model' for the future delivery of Health Improvement Services across the Borough and further update reports would be provided to the Board on the progress.

The following comments arose from the discussion:-

- The positive work that had been undertaken at Windmill Hill and the Castlefields practice was

noted;

- The Board noted the Community Wellbeing Practice Summary set out in Appendix 1 of the report and the Fruit on Prescription - a free six week course to learn about healthy eating and improving your wellbeing;

- It was noted that there would be a continuation of the pilot which was operating from November to March;

- Clarity was sought on how the Prevention of Falls Topic Group was being linked with the prevention of falls work being undertaken by HBC, CCG and Bridgewater NHS trust. In response, it was reported that they were running parallel to each other so that recommendations would address the two areas;

- Concern was raised at the increase in falls as a result of leaves from trees and that many elderly people would not go out when leaves were falling off the trees. It was suggested that the Community Payback Scheme could be used to address this matter; and

- Clarity was sought on whether Registered Providers (RP's) (Housing) had been involved in the initiative. In response, it was reported that it was hoped that RP's would be engaged via the Health and Wellbeing Board and through a wider engagement,

RESOLVED: That the report and comments raised be noted.

HEA51 CARING FOR OUR FUTURE: REFORMING CARE & SUPPORT - SELF ASSESSMENT

The Board considered a report of the Strategic Director, Communities which gave details of the Self-Assessment conducted against the recommendations outlined in the White Paper 'Caring for our Future: Reforming Care and Support' published in July 2012.

The Board was advised that on 11 July 2012, the Department of Health published the 'Caring for our future: reforming care and support' White Paper, which set out the vision for a reformed care and support system, by:-

- focusing on people's wellbeing and support them to stay independent for as long as possible;

- introducing greater national consistency in access to care and support;

- providing better information to help people make choices about their care;

- giving people more control over their care;

- improving support for carers;

- improving the quality of care and support; and

- improving integration of different services.

The Board was further advised that as outlined in the report to the Board on 11 September 2012, there had been a number of recommendations outlined in the White Paper that required to be implemented at both a national and local level and as such a 'task and finish' group had been established from across the Local Authority and Health to analyse how Halton were positioned in respect of being able to respond to these national/local developments when implemented.

It was reported that the Self-Assessment outlined that Halton were in a strong position to respond effectively to the development/requirements of the White Paper and identified a number of actions to be taken forward to further strengthen Halton's position in this respect.

The following comments arose from the discussion:-

- Page 86(9) – clarity was sought on where the funding came from and whether it was new capital funding. In response it was reported that although it had been published as 'new' funding it was unclear whether it was actually new funds or whether the Government had moved it from elsewhere. The Board noted that a report was being presented to the next meeting of the Health and Wellbeing Board regarding an application for funding within Halton;

- It was noted that a ban on age discrimination in health, care and support had come into effect in October 2012; and

- It was noted that a new shared measure for social isolation had been established. It was also noted that social isolation was a key component to whether an individual with mental health problems became well or not.

RESOLVED: That

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

(2) the Self-Assessment set out in Appendix 1 to the report be noted.

HEA52 HEALTH POLICY AND PERFORMANCE BOARD WORK PROGRAMME 2013/14 – SCRUTINY TOPIC

The Board considered a report of the Strategic Director, Communities which sought Members consideration of developing a work programme for 2013/14.

After discussion, the Board agreed that a Topic Group be established on Mental Health – Intervention, Prevention and Promotion.

RESOLVED: That

(1) a Mental Health – Intervention, Prevention and Promotion Topic Group be established; and

(2) a topic brief be presented to the 5 March 2013 meeting for consideration.

Meeting ended at 8.50 p.m.