

HEALTH POLICY AND PERFORMANCE BOARD

At a meeting of the Health Policy and Performance Board held on Tuesday, 27 February 2018 at Council Chamber, Runcorn Town Hall

Present: Councillors J. Lowe (Chair), S. Baker, M. Bradshaw, E. Cargill, Dennett, C. Gerrard, Horabin, M. Lloyd Jones and Sinnott

Apologies for Absence: Councillors Osborne, Parker and Mr T. Baker (Co-optee)

Absence declared on Council business: None

Officers present: A. Jones, D. Nolan, L Wilson, D. Parr, P. Frost, B. Kay, and L. Taylor

Also in attendance: J. Regan – Premier Care, L. Thompson, S. McHale and A. Davies – NHS Halton Clinical Commissioning Group (CCG) and Councillors G. Stockton, Wall, Wright, N. Plumpton Walsh and C. Plumpton Walsh, P. Lloyd Jones, Gilligan, Howard, R. Hignett, C. Loftus, K. Loftus, Logan, J. Bradshaw and Rowe.

ITEMS DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

Action

HEA32 MINUTES

The Minutes of the meeting held on 28 November 2017 having been circulated were signed as a correct record.

HEA33 PUBLIC QUESTION TIME

It was confirmed that a statement had been received from a member of the public for Members' attention. A response would be sent to the sender.

The Chair declared a Disclosable Other Interest in the following item as her son's partner works for Premier Care so she did not take part in the debate following the presentation.

HEA34 DOMICILIARY CARE IN HALTON

The Board received a presentation from John Regan, the Director of *Premier Care Limited*, Halton Borough Council's lead contracted domiciliary care agency, regarding domiciliary care provision in Halton.

Members were aware that one of the main drives over the past decade both locally and nationally had been to offer support to people in their own home for as long a period as was possible. One of the most effective ways to do this had been through offering care and support to people in their own home through a domiciliary care agency.

It was noted that over the past 12 months Halton had undertaken the re-procurement of domiciliary care provision within the Borough which had led to there being one main provider, Premier Care, delivering provision where there had previously been 9 providers. Although there was one main provider, the existing contract with Premier Care, along with 3 other incumbent providers, had been extended until 31 March 2018, to allow those agencies to work together to establish a robust sub-contracting arrangement and support and strengthen local market providers.

The presentation provided Members with details of how the current system of Domiciliary Care provision worked in Halton; an overview of implementation of the new contract arrangements; challenges being faced and how Premier Care and the Council were working together to maintain the delivery of high quality services.

Following the presentation the following responses were provided to Member's queries:

- The total number of care hours delivered was approximately 1500 in Runcorn and 2000 in Widnes;
- The same carers visited the same clients on most occasions; however there could be instances where this was not always possible;
- The Premier Care office was situated in Ashley House, Widnes;
- An in-house recruitment officer was available in Ashley House and recent recruitment of staff had taken place;
- The total number of staff TUPE'd was 81 and these staff received refresher training prior to starting their jobs; and
- Training within the branch took place each week and all staff received an induction as part of the training.

RESOLVED: That the Board note the report and presentation.

HEA35 PRESENTATION FROM CHIEF EXECUTIVE ON ONE HALTON PLACE BASED CARE

The Board received a presentation from the Chief Executive, David Parr, on '*One Halton Place Based Care*'.

The Board was advised that the aim of *One Halton* was to deliver a single fully integrated place based health, wellbeing and social care system for the people of Halton, that had wellness at its heart but also addressed the health and social care needs of the local community of Halton, wherever possible from within Halton, and was easy to access, cost effective, high quality and clinically robust.

It was announced that the plan was in its development phase and would build on the health and social care expertise that already existed in Halton. The delivery and support of the plan was discussed and it was noted that the Health and Wellbeing Board would be the Governing Body of the plan, responsible for scrutinising all consultation responses.

Also included in the presentation to Members was the *Healthy New Town Wellness Centre*. This was one of 10 demonstrator sites selected by NHS England but was unique, as it was the only site with a hospital at its centre. This opportunity was highlighted, in that it would enable Halton to create a Health and Wellbeing Campus at the very heart of Halton Lea.

Finally, the Board was informed of the arrangements that had been in place within NHS Halton CCG since 4 February 2018, following the departure of NHS Halton CCG's Interim Accountable Officer.

Following the presentation the Chair invited comments from Board Members and the following points were clarified:

- There would be four multi-discipline GP 'hubs', two in Runcorn and two in Widnes. No health centres would be closed or moved;
- The staff who will work in the hubs were already there, it would be a more efficient use of resources as they would be working differently;
- Although people may want to be seen by their GP when they were unwell, in most cases (after hearing GP feedback) they could be seen by other professionals, thus freeing up GP resources;
- Patient consultation and engagement sessions had

taken place which were documented and would continue to take place through 2018 in conjunction with Members and partners within the local health economy;

- Halton Council had submitted a £40m bid to improve Halton Hospital into the 2020's;
- The development of the Healthy New Town masterplan would take into consideration shops and services already available in the area;
- Halton General Hospital would only be demolished after the state-of-the-art Cheshire and Merseyside Treatment Centre had been extended to accommodate all services currently delivered in the Hospital.

Members were invited to discuss the One Halton Place Based Care plan further with the Chief Executive and the CCG and it was agreed that the presentation be sent to all 56 Members of the Council.

RESOLVED: That the Board notes the report and receives the presentation.

HEA36 SCRUTINY REVIEW REPORT – HEALTH IMPROVEMENT TEAM

The Board received the draft Scrutiny Review report of the Health Improvement Team (HIT).

Members were advised that the report was commissioned by the Health Policy and Performance Board and was considered a suitable topic considering the HIT had transferred to Council services in 2014, so they had time to evolve and embed the service over this time. A scrutiny review working group was established and support was given by a Principal Policy Officer from the policy team and the Divisional Manager – Integrated Wellbeing Services.

The report provided details of the participation and the activity of the group undertaken between June and November 2017. It was reported that six recommendations had been identified as a result of the topic group and approval for these was now sought so that they could be forwarded to the Executive Board. The recommendations were listed on page 31 of the agenda, which was paragraph 7 of the *Health Policy and Performance Board – Scrutiny Review of The Health Improvement Team (HIT)*, as attached at Appendix 1. Members agreed to endorse these recommendations going forward to Executive Board.

As part of Member involvement in the current business planning process Members were presented with a range of topic areas identified for consideration for scrutiny for the municipal year 2018/19, as described in paragraph 3.3.1 of the report. The Chair also invited suggestions from Members that were not listed in the report.

After discussion, the Board agreed that *Care Homes – Funding and Sustainability* would be the subject of the scrutiny topic group during 2018/19.

RESOLVED: That the Board

- 1) endorses the Scrutiny Review of the Health Improvement Team and its recommendations going forward to the Executive Board; and
- 2) agrees that the scrutiny topic group for 2018/19 is Care Homes – Funding and Sustainability.

HEA37 INTRODUCTION OF THE REFERRAL FACILITATION SYSTEM (RFS): UPDATE

The Board received an update on the introduction of the referral facilitation system in Halton, in light of the national digital programme.

It was reported that in October 2016, NHS Halton Clinical Commissioning Group's (CCGs) Governing Body approved an invest-to-save approach for the implementation of a Referral Facilitation System (RFS) as part of the CCG Quality Referral Programme. The process was to facilitate the transfer of primary care referrals to secondary care via a secure electronic Integrated Care Gateway (ICG).

A patient would then be offered a choice of secondary Care Provider via use of the national e-referral system (where it was available). The administration associated with e-referral i.e. contacting the patient and booking them into an appropriate clinic electronically, was then handled by the centralised Referral Management Centre (RMC) which was currently provided by Midlands and Lancashire Commissioning Support Unit (MLCSU).

The report discussed the national programme developments, since the implementation of the referral system in Halton. Further it discussed the implications for Primary Care and the RFS locally.

In response to Member's queries regarding proof of

referral and patient notification, it was noted that the referral would be recorded with the relevant GP's records and that the patient would still receive a letter as they did now, containing details of the appointment.

RESOLVED: That the report is noted.

HEA38 OLDER PEOPLE'S MENTAL HEALTH AND DEMENTIA CARE

The Board received an update on the impact of the reconfiguration of the older people's bed base within North West Boroughs Healthcare NHS Foundation Trust (NWBFT), following the closure of Grange Ward in the Brooker Centre.

It was noted that the model of care was implemented in 2012 for Older People with Dementia and Memory loss which was a high quality community service pathway, designed to support people in their own home for as long as possible. The objective was to re-design services for people in later life in order to ensure that effective, timely and personalised services were available, to support the growing number of people who would experience memory and cognitive loss and the onset of dementia.

Members were reminded of the proposals regarding the closure of the beds at Grange Ward, as explained in paragraph 3.7 of the report. The Ward closed in December 2016 and the existing patients within Grange Ward (3 at that time) were moved to other wards within the NWBFT footprint. It was reported that mitigations were put in place to support the transport needs of families to ensure access for visitors, and patient navigators were instigated to support the families. Additionally an Admiral Nurse Service and a Care Home Liaison Service was also commissioned, as described in the report.

The Board received the in-patient data for January 2017 to March 2017, and from April 2017 to September 2017. It was noted that the latest Delayed Transfers of Care lists (as at 18 January 2018) showed that there were no Halton in-patients currently delayed.

Following the update Members requested to know the total number of psychiatrists in Halton and whether support was still available for carers etc, who were having difficulties with travel arrangements; this information would be made available to Members following the meeting as it was not known.

Members reminded Officers that it was agreed previously, at the special meeting held in December 2016 to discuss this matter, that apart from patients, carers and their families being supported with their transport requirements, that the care navigator role would remain in place for the duration of the patient's intervention to support the multi-disciplinary professionals involved in the patients care including Social Workers; so they queried if this was still in place. A response would be sought and Members informed.

RESOLVED: That the report be noted.

HEA39 ALL-AGE AUTISM STRATEGY

Members received an update on the Halton *All-Age Autism Strategy*, which was appended to the report in its current draft version.

It was reported that this was developed in 2012 and since this there had been a number of national publications relating to Autism that needed to be taken into consideration. Also Halton took part in the Autism Self-Assessment Framework (SAF) which was completed at the end of 2016. Following this, a working group was established in July 2017 to move forward with planning a new All Age Autism Strategy; the work carried out by the group was discussed in the report.

Appended to the Strategy was the Delivery Plan for 2018-2019, together with the following 4 Appendices:

1. The Voice of Autism – Ashley High School;
2. Consultation with Schools;
3. Summary of Sims Cross Resource Base questionnaire to parents; and
4. Children's Services Diagnostic Pathway.

Members welcomed the strategy and discussed instances where people had gone undiagnosed up to adulthood in the past, which had caused them varying problems. In response it was noted that the development of the All-age Autism Strategy aimed to take a more joined up and holistic approach to developing opportunities and realising potential for people with Autism at every stage of their lives.

Members commented that some children could miss out on a diagnosis as the Strategy would only be implemented in the Borough's maintained schools. Further, there were no timescales with regards to referrals and

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parents would want to know this type of information.

The Board asked for clarity on the position with regards to the Youth Justice Service and speech and language therapy not being available in Halton. This information would be made available to Members following the meeting as it was not known.

RESOLVED: That the Board notes the contents of the report and associated appendices and the comments made regarding this.

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HEA40 TOP-UP FEES

The Board was introduced to the new Policy for '*Additional Payments for Accommodation in Residential Care*' (Top-Up Fees); this was appended to the report.

The Board was advised that the Care Act now included a framework for the implementation of Care Home top-up fees. A 'top-up fee' was described as being the difference between what the local authority would usually expect to pay (depending on a person's care needs) and the extra cost of a specific care home. The additional cost was reflected in an additional service or added value. The top-up fees could apply if a person chose a care home that was more expensive than the Council agreed rate, including circumstances where a person had been paying for their own care under a private arrangement.

The report outlined the procedures relating to top-up fees and a person's right to choose between providers. It also advised of the 9 providers in the Borough who had implemented top-up fees so far.

It was noted that the Policy would be reviewed in the Summer of 2018 in light of the expected Government Green Paper on care and support for older people.

Following presentation of the paper, the following points were made in response to Member's queries:

- The amounts referred to in the table in paragraph 3.7 were weekly payments;
- The top-up payments could be made by a third party, e.g. a family member;
- There were 15 care homes for older people in Halton and 7 specialist care homes with individually agreed fees;
- The care homes could increase their fees on a yearly

- basis, following consultation with the Council;
- Before a person's funding reduced to £23,500, relatives were encouraged to request a review of care of the resident; and
 - Out of Borough placements were still funded by the Council as they were the responsible authority.

Members also requested to know whether the funding available affected the accommodation choices the Council made; and whether there were any interest and administration charges applied and if so, at what point were they applied. Officers would respond once this information was available.

RESOLVED: That the Board notes the report and appendix.

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HEA41 PERFORMANCE MANAGEMENT REPORTS, QUARTER 3
2017/18

The Board received the Performance Management Reports for Quarter 3 of 2017/18.

Members were advised that the report introduced, through the submission of a structured thematic performance report, the progress of key performance indicators, milestones and targets relating to health in Quarter 3, which included a description of factors which were affecting the service.

The Board was requested to consider the progress and performance information and raise any questions or points for clarification and highlight any areas of interest or concern for reporting at future meetings of the Board.

It was noted that the financial information presented in the reports was Quarter 3 so was not up to date. Officers advised that the financial recovery plan was in place to ensure the budget came out on target. The Board asked for more up to date information on the budget position and year end projection.

The Chair advised that more detailed commentary under the 'key observations/milestones' headings of the report was required in the future.

RESOLVED: That the Quarter 3 priority based reports be received.

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Meeting ended at 9.00 p.m.