

## APPENDIX 1

### **Extract of Executive Board and Executive Board Sub Committee Minutes Relevant to the Health Policy and Performance Board**

#### **EXECUTIVE BOARD MEETING HELD ON 11 FEBRUARY 2010**

#### **EXB87 LOCAL DEMENTIA STRATEGY – KEY DECISION**

The Board considered a report of the Strategic Director, Health and Community presenting a joint Halton Borough Council, St Helens Metropolitan Borough Council and NHS Halton and St Helens Dementia Strategy.

The Board were reminded that the National Dementia Strategy – Living Well with Dementia – was published in February 2009 and outlined 17 objectives designed to deliver three overarching aims:

- Improved public and professional awareness of dementia;
- Early diagnosis and intervention; and
- High quality care and support

The joint commissioning strategy outlined a clear shift from long-term care, residential and acute care to low-level community support. By changing the focus of service provision, the main objective was to improve outcomes for people and carers and reduce the need for continuing health care, residential beds and nursing care. It was noted that by improving efficiency as described in the strategy, a planned approach to service delivery would be achieved.

Financial support for the Strategy from Halton Borough Council would be required of £125,000, to support the development of low-level dementia services. The contribution would be met from the re-design of existing services through the review of the Community Mental Health Team and reducing the number of residential care placements. Members were advised that this was an invest to save proposal and would require no additional funding but would support the future sustainability of dementia services with the projected increase in diagnosis described in the report.

Members were provided with an additional summary of the consultation process, which took the form of a range of methods and elements to ensure that as many parts of the final document were covered by the wider sector and local population.

RESOLVED: That

(1) the report be noted; and

(2) the Local Dementia Strategy be approved.

## **EXECUTIVE BOARD MEETING HELD ON 8 APRIL 2010**

### **EXB108 PREVENTION & EARLY INTERVENTION STRATEGY**

The Board received a report of the Strategic Director, Adult and Community which set out the Prevention and Early Intervention Strategy.

It was reported that the Prevention and Early Intervention Strategy was important as it aimed to address some of the challenges that Health and Social Care would face in the future. The Strategy was appended to the report for information.

It was further noted that a number of National documents had been identified to support the shift towards prevention services and the Local Prevention and Early Intervention Strategy aimed to identify the direction of travel in Halton. Members were advised that a series of consultation events had already been undertaken details of which were outlined in the report. In addition to these events a number of one to one meetings and a multi-agency steering group were carried out to ensure that a wide range of views were covered.

It was further noted that the Prevention and Early Intervention Strategy complemented a range of other policy documents, both nationally and locally to help shape services. Therefore, the main elements of this Strategy were reflected in the documents appended to the report.

RESOLVED: That the Prevention and Early Intervention Strategy be received.

### **EXB109 HEALTH AND SOCIAL CARE INTEGRATION**

The Board considered a report of the Strategic Director, Adult and Community and the Strategic Director, Children and Young People which advised members of the Department of Health's announcements surrounding the modernisation of the NHS and put forward proposals that the Council, in conjunction with St. Helens Council could deliver community health and social care services currently provided by NHS Halton and St. Helens.

It was reported that in 2009 the NHS publicised how it intended to develop and modernise its NHS services. This set out a five-year vision for

the NHS and on 16<sup>th</sup> December 2009, the Department of Health (DH) published the “NHS Operational Framework” guidance for PCTs which described the National priorities, system requirements and a timetable for delivery. The five National key priorities were set out in the report.

It was reported that DH had identified a number of “vital signs” that was a range of system leavers and enablers as well as mechanisms to ensure delivery of National priorities. This had been produced in a tiered approach which was detailed in the report for information.

The DH had also outlined their approach to workforce described their reforms for commissioning and provided details of how this would be achieved.

The process to partner and options was detailed in the report in that the Strategic Health Authority and DH had issued some broad guidelines for PCTs to adopt when considering partner arrangements and contact management. In addition, the PCT had produced detailed guidance on the selection criteria and processes and invited organisations to bid for their services.

It was further reported that after preliminary discussions with the Council and with St. Helens, three options were possible and were detailed in the report for information. The report outlined that Option 2 appeared the most viable as it presented less risk, could yield greater efficiency and, if delivered effectively, could provide a greater range of health improvements within the Borough.

Members were advised that initial expressions of interest had been invited by the PCT, and the Council recently presented proposals to the PCT outlining the benefits of Option 2. The PCT had now invited the Council to develop a full specification for the delivery of:

- Services for Children and Families (excluding Midwifery)
- Health and Well Being Services
- Rehabilitation and Long Term Neurological Services

RESOLVED: That the Executive Board

- 1) note the current position report;
- 2) agree to pursue Option 2 to a worked up specification ; and

that a more detailed and comprehensive report be submitted to a future Executive Board for approval.

## **EXECUTIVE BOARD SUB COMMITTEE MEETING HELD ON 11 FEBRUARY 2010**

### **ES55 BUSINESS CONTINUITY MANAGEMENT**

The Civil Contingencies Act requires the Council to maintain plans to ensure that they can continue to exercise their functions in the event of an emergency so far as is reasonably practicable. The Directorate Business Continuity Plan (BCP) had been developed to support delivery of the Directorate Emergency Plan and the Cheshire, Halton and Warrington Rest Centre Plan. The aim of the BCP was to ensure that the Council was in a position to maintain critical services during and after any major, disruption and promote recovery. The BCP had recently been updated in response to the threat posed by major pandemics and to respond to current threat to services should there be a marked increase in the incidence of swine flu.

It was noted that during the last few months Senior Council Officers had been working closely with colleagues in Health to develop robust contingency plans to mitigate the effects of a potential outbreak.

The Sub Committee considered a request which sought approval to waive standing orders and to obtain delegated powers for the Chief Executive, to ensure the Council has robust contingency measures in place in the event of an emergency.

In the unfortunate event that the Directorates BCP plan was triggered the independent care providers would face extreme pressure once the local hospitals activated their rapid hospital discharge protocol. In view of this, the Directorate would need to increase its supply of domiciliary & residential care. Under current arrangements, social care was purchased through a select list of providers. However, in the event of an emergency, such as a flu pandemic, there was a risk that contracted services would not be able to meet demand.

In order to mitigate that risk, it was proposed that the Council increases its potential supply by establishing a list of emergency suppliers of Social Care. Expressions of interest would be sought from registered providers interested in delivering Social Care in Halton, at a rate in line with existing domiciliary and residential care contracts. Providers selected through this process would only be used if the BCP were triggered.

In addition it was noted that under existing contractual arrangements, Reed was the preferred supplier of agency staff to the Council. Again, in an emergency situation, it was possible that the contracted agency would not be able to meet demand for social care staff. In order to mitigate that risk, it was proposed that the Council increases its potential supply of agency staff by establishing a list of emergency

suppliers of social care agency workers. Agencies selected through this process would only be used if the BCP were triggered.

During the emergency period it was anticipated that staff in the Quality Assurance Team, whose current work plan included responsibility for the re-tendering of services, would be deployed to provide support to critical services throughout Halton. Consequently contracts, which were due to end and were timetabled for re-tendering, would need to be extended by a number of months and work on new tenders would need to be suspended. Approval to extend individual contracts beyond their expiry date was normally approved by the Executive Board Sub Committee, however in an emergency this would not be practicable. Standing Orders does however allow for the Chief Executive to use delegated power in limited circumstances should the situation warrant it.

Therefore, in the event that the Health & Communities Directorate BCP was triggered, the report sought approval for the Chief Executive to use delegated power to extend care and support contracts as may be necessary.

It was also noted that any potential increase in costs for agency staff within social work teams and in-house provider services and for additional Domiciliary and Residential Care would be met from existing Community Care budgets.

RESOLVED: That

- (1) In the exceptional circumstances detailed below, for the purpose of standing order 1.6, procurement orders 3.1-3.7 be waived on during an emergency period for contracts for the provision of care or support to vulnerable adults; and
- (2) Delegated Powers by the Chief Executive (or in the absence of the Chief Executive the nominated deputy) to waive standing orders under Emergency Procedures 1.7 be authorised, to take such action as may be necessary to implement the recommendations set out above.

## **EXECUTIVE BOARD SUB COMMITTEE MEETING HELD ON 4 MARCH 2010**

### **ES59 COMMISSIONING AN ABSTINENCE/RECOVERY SERVICE**

The Sub-Committee received a report of the Strategic Director, Health and Community which advised of the decision to award a contract to Trust The Process Counselling (TPPC) for the provision of an abstinence/recovery service until March 31<sup>st</sup> 2010 as only one tender was received.

It was noted that Halton, Warrington and St. Helens were currently developing a collaborative approach to commissioning substance misuse services. The projected start date for new services commissioned through this collaboration was April 2010. Therefore the commissioning of the Abstinence/Recovery service would be on a pilot basis until 31<sup>st</sup> March 2010.

At the first stage of the tender process four service providers were invited to tender for the contract. The Drug Action Team (DAT) received three expressions of interest. However, of these only one provider submitted a final tender document. TTPC were interviewed by a panel of DAT Officers and the Crime Manager from Cheshire Constabulary, who was a member of the DAT Joint Commissioning Group.

The cost of the Contract was £250,000 which would be met through existing resources. As only one provider put forward a tender, a value for money assessment was made by comparing the cost and delivery of this contract against those of similar contracts within the North West.

RESOLVED: That the award of a contract to Trust The Process Counselling be noted.

#### ES60 ONE YEAR EXTENSION TO CURRENT DRUG & INDEPENDENT SEXUAL VIOLENCE ADVISOR SERVICE CONTRACTS

The Sub-Committee considered a report which sought authority to extend the contracts of ARCH Initiatives, Trust The Process Counselling and Rape and Sexual Abuse Support Centre (Merseyside and Cheshire) until 31<sup>st</sup> March 2011. Also to extend the Addaction contract until 31<sup>st</sup> March 2011 and increase its value to £50,000 to allow for the addition of an Alcohol Arrest Referral Scheme.

It was noted that under the leadership of the Chief Executive, a group of senior managers from Halton, St. Helens and Warrington Local Authorities and Primary Care Trusts had been meeting to discuss the option of commissioning substance misuse services across the three areas. Therefore to prevent any gaps in service provision it was necessary to extend contracts for a further year for ARCH Initiatives, Addaction and Trust The Process Counselling.

In addition, one of the service areas that Addaction was currently commissioned to provide was that of an arrest referral scheme for drug users. The Safer Halton Partnership had made available £50,000 from Working Neighbourhood Funds to commission a similar service for those adults arrested as a result of their alcohol abuse.

Therefore with discussions between the three Local Authority areas around drug service provision still on-going, there was insufficient time to undertake a new tender process and award contracts to commence on 1<sup>st</sup> April 2010. Also to tender and award a one year contract from 1<sup>st</sup> April 2010 to 31<sup>st</sup> March 2011 would cause significant disruption to service delivery, service users and staff in provider services.

With regard to the provision of support service to victims of sexual violence, this was highly specialised and there was no market in this area of delivery. Rape and Sexual Abuse Support Centre (Merseyside and Cheshire) currently provided the support services for the Merseyside Sexual Assault Referral Service and would undertake the same role for the Cheshire equivalent when it opened shortly. The contract to provide these services in 2010/11 was expected to be £20,000, however this would be subject to future budget considerations as part of a report assessing the needs of the service.

The service delivered by ARCH Initiatives, Addaction and Trust The Process Counselling through these three contracts would be subject to open, competitive tendering in 2010/11 when the Council, in partnership with other Local Authorities and PCTs tendered for a combined drug service.

RESOLVED: That

- (1) for the purpose of Standing Order 1.6b, authority be delegated to the Operational Director, Culture and Leisure Services to extend the contracts of ARCH Initiatives, Trust The Process Counselling and Rape and Support Centre (Merseyside and Cheshire) until March 31<sup>st</sup> 2011 without competitive tendering; and
- (3) for the purpose of Standing Order 1.6b, authority be delegated to the Operational Director, Culture and Leisure Services to extend the contract of Addaction and increase the contract value by £50,000 in order that they can provide an Alcohol Arrest Referral Service until March 31<sup>st</sup> 2011 without competitive tendering.

## **EXECUTIVE BOARD SUB COMMITTEE MEETING HELD ON 18 MARCH 2010**

### **ES69 FEES & CHARGES (ADULT SOCIAL CARE)**

The Board received a report of the Strategic Director – Health and Community which outlined proposals for increasing fees and charges for Health and Community Care Services.

It was noted that the fees and charges for Social Care Services listed had been inflated by 2% for 2010 – 2011 for residential services and non-residential services where a standard charge was applied.

Members were advised that fees and charges for Home Care, Daycare, and Direct Payments had been frozen. These charges were affected by the changes to the Fairer Charging for Non-residential Services Policy already agreed.

With regard to direct payments, hourly rates have been uplifted by 2% in accordance with the approved inflation allowances allocated by the Council. The Fees and Charges for Health and Community will be increased with effect from 12<sup>th</sup> April 2010 to coincide with the date of the annual increase in benefit rates.

RESOLVED: That the proposed changes in fees and charges outlined in the report be approved.

#### ES70 2010-11 INFLATIONARY UPLIFT FOR THE JOINT SUPPORTING PEOPLE & ADULT SOCIAL CARE CONTRACTS

The Sub-Committee considered a report of the Strategic Director, Health and Community which sought approval for the inflationary uplift of the Supporting People Contract for the financial year 2010/11.

The suggested inflationary uplift for all Supporting People Contracts was 2% inflationary uplift.

RESOLVED: That the proposed 2% Inflationary Uplift be approved.

#### ES71 2010-11 INFLATIONARY INCREASES FOR ADULT SOCIAL CARE

The Sub-Committee considered a report of the Strategic Director Health and Community which sought approval for the inflationary increases for the Adult Social Care Contract. The Council had approved a 2% Inflationary Uplift on Social Care Budgets for 2010-11, therefore it was proposed that contracts for the provision of domiciliary care, residential and nursing placements were awarded an equivalent inflationary uplift of 2%.

With regard to Out of Borough Placements, it was proposed that the inflationary increase applied to Out of Borough Placements be decided on a case by case basis as follows:

- providers to be informed that inflationary increase would be subject to submission of a written request to HBC Contracts Department within a specific timeframe; and



- any increase within the agreed HBC rate of 2% to be approved and applied.

Any increase above 2% would be approved by a relevant Operational Director, based on the information submitted by the provider, confirmation of the host authority's approved inflationary rate and the knowledge of the on-going need for the specific service.

RESOLVED: That the Sub Committee approve in:-

- (1) an inflationary uplift for providers of Domiciliary, Residential and Nursing contracts of 2%, which is within the inflationary allowance allocated by the Council to Social Services for 2010/11; and
- (2) inflationary uplifts for out of borough placements on a case by case basis, limited to the 2% HBC inflationary increase or the prevailing Local Authority rate.