

APPENDIX 1

Extract of Executive Board and Executive Board Sub Committee Minutes Relevant to the Healthy Halton Policy and Performance Board

EXECUTIVE BOARD MEETING HELD ON 21ST SEPTEMBER 2006

EXB34 HEALTHY EATING

The Board considered a report which outlined the findings of the Healthy Eating Topic Team and sought adoption of and action upon a number of recommendations. The Topic Team was jointly chaired by the Chairs of the Health and Life Chances Policy and Performance Boards.

The aim of the Topic Team was to draw on evidence and advice from experts consulted by the Team and to concentrate on children and their families, and as a special case to include young people about to set up their own home for the first time.

The report set out a description of the Topic Team and other contributors, the approach taken and a list of recommendations.

Although there was a significant amount of information made available to the Team it became clear that there was no one overview or perspective on the current state of healthy eating in Halton. Many agencies, individuals and groups were involved in work to improve the diet of the Borough, particularly in relation to young people. However, no one group appeared to have the whole picture. As a result what should have been fairly easy questions to formulate answers to often proved more complex.

RESOLVED: That the recommendations be agreed and that progress with implementing the plan and its impact be monitored periodically by the Health PPB subject to funding being identified from the Council's budget setting process.

(N.B Councillor Mcdermott declared a personal and prejudicial interest in the following item as a member of the 5 Borough Partnership Trust and left the room during its consideration)

EXB35 5 BOROUGH PARTNERSHIP NHS TRUST MODEL

At its meeting held on 20th July 2006 the Board considered a report which examined the model of care proposed and the early analysis undertaken by the Council and Halton PCT.

In general terms the view was that the model provided a sound platform to modernise mental health services based upon the model. However, the report highlighted significant concerns about the lack of information, quality of data supplied and uncertainties about the funding issues and invited the 5 Boroughs to respond to these issues. In addition, the Council agreed to commission an independent analysis of the proposals.

It was reported that Halton, Warrington and St. Helens Councils agreed to form a Statutory Joint Scrutiny Committee to scrutinise the proposals and had met on three occasions listening to the views of the 5 Boroughs and the 3 PCTs. A copy of the draft findings of the Joint Scrutiny Committee was circulated to Members of the Board. The concerns raised by the Joint Scrutiny Committee in essence were similar to those contained in the report undertaken by the independent consultant.

Since the report was presented, the 5 Boroughs had continued with their public consultation but at the same time extended the deadline for responses from key stakeholders to the 15th September 2006. The Chief Executive from the 5 Boroughs had agreed that Halton could formally respond after the meeting of the Executive Board on 21st September 2006. During the last two months a number of meetings had occurred with officers from the Council, representatives from Halton and St. Helens PCT and the 5 Boroughs Partnership. The report highlighted the processes and identified the responses to the Council's issues and concerns. In addition, a visit to Norfolk was undertaken by officers and PCT staff to compare the services.

Whilst the Council believed that the principles behind the proposed Model of Care were consistent with the commissioning strategies for Adults and Older People, which were agreed by the Council earlier in the year, there were some substantial risks in the transition from the current model to the new model proposed. The consultant recommended that the Council supported the proposal on a conditional approval basis and explained why the alternative options were not supported.

In addition, the Joint Scrutiny Commission had made three recommendations, the key one being the model, in its present form, was not in the interest of health services in Halton, St. Helens, and Warrington. Also the Joint Scrutiny Committee had identified 12 factors which required addressing and invited the 5 Boroughs to respond to the issues raised in the report. The guidance on Joint Scrutiny required a response from the 5 Boroughs Partnership Trust within 28 days, a further meeting was therefore scheduled for 19th October.

Subsequently, it was reported that the 5 Boroughs had made some concessions during the consultation process and had now written to the Council's Chief Executive committing to a variety of issues, details of which were set out in the report. These concessions and commitments did move the partners closer together, however, the whole systems review may throw up a range of finer issues which would need to be resolved. St. Helens Council Executive Board had also discussed the proposals and their response was detailed in the report.

It was clear that the Trust needed to identify £7m to balance their budget and avoid over-trading in future years. As the whole system's review had not been undertaken, it was not possible to be entirely explicit of financial impact upon the Council. However, based upon our own analysis and through further clarification, the following financial implications were confirmed:

- Housing and Flotation Support – Halton currently had 35 supported placements to meet the minimum supporting people requirements require an additional 10 units was required at an estimated cost of £210,000 per annum; and
- Community Teams – to meet the NHS policy guidance the assertive outreach team would need to fund two additional social workers at an estimated cost of £70,000 per year.

It was not possible to estimate anticipated costs upon:

- (i) residential and nursing care costs;
- (ii) out of area placements;
- (iii) rehabilitation placements;
- (iv) respite care;
- (v) crisis houses (there were none in Halton);

(vi) other community care costs.

The conclusion, therefore, was that there would be significant financial implications for the Council, some of which were known, others which would require a more detailed financial analysis.

RESOLVED: That the Executive Board:

In principle, conditionally support the model subject to the recommendations made within the Council's Independent Consultant Report and the Joint Scrutiny Committee report being fully met and implemented.

EXECUTIVE BOARD SUB COMMITTEE HELD ON 21ST SEPTEMBER 2006

ES28 APPOINTEE & RECEIVERSHIP POLICY

The Appointee and Receivership Service was set up to assist those Council Service users who were unable or found it difficult to manage their own finances on a day to day basis, and those who had been assessed under the Vulnerable Adults criteria. It was believed that by removing the worry of dealing with their own finances, this would aid the recovery of the service user.

It was noted that at present the Council applied a 50% charge against interest to off set the running of the service. The existing arrangements within the Appointee and Receivership Policy had been formally reviewed, to include an increase in fee income to 100% of interest receivable.

In order to promote independence, as outlined in the White Paper, Our Health, Our Care, Our Say, the Appointee and Receivership Section was currently undertaking a research exercise to identify alternative ways for service users to be assisted with financial management through benchmarking against other neighbouring local authorities and incorporating the principles of activities across other North West support services.

It was recommended that a further report be brought back to the Sub-Committee in February 2007 for approval of any revisions to the policy for 2007/08 in the light of changes as outlined in the review, White Paper and Office of Public Guardian.

RESOLVED: That

- (1) the revision of charges against interest within the Appointee and Receivership policy be approved; and
- (2) a further report be submitted to the Sub-Committee in February 2007.