HEALTH POLICY AND PERFORMANCE BOARD

At a meeting of the Health Policy and Performance Board held on Tuesday, 29 May 2012 at Council Chamber, Runcorn Town Hall

Present: Councillors E. Cargill (Chairman), J. Lowe (Vice-Chairman), Dennett, V. Hill, Hodge, Horabin, C. Loftus, P. Sinnott, Wallace, Zygadllo and Mr J Chiocchi

Apologies for Absence: Councillor Baker

Absence declared on Council business: None

Officers present: L. Derbyshire, H. Coen, M. Holt, A. McNamara, H. Moir, D. Sweeney, M. Swift, S. Wallace Bonner and L Wilson

Also in attendance: Simon Banks - Halton Clinical Commissioning Group and Derek Rothwell – NHS Merseyside

ITEMS DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

Action

HEA1 MINUTES

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

HEA2 PUBLIC QUESTION TIME

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

HEA3 HEALTH & WELLBEING SHADOW BOARD MINUTES

The Minutes of the Shadow Health and Wellbeing Board of its meetings held on 22 February 2012, 21 March 2012 and 29 May 2012, were submitted to the Board for consideration.

RESOLVED: That the minutes be noted.

HEA4 PERFORMANCE MONITORING REPORTS

The Board considered a report of the Strategic

Director, Policy and Resources regarding the Quarter Monitoring Reports for the fourth quarter of 2011/12 to March 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.

Following discussion with the Chair, the Board received an Overview report which identified the key issues arising from the performance in Quarter 4. Members also received extract reports electronically from Democratic Services (as previously presented to the Boards) for these two Departments covering all areas within the remit of this Board.

The following questions arose from the discussion:-

- Page 26 – Commissioning – Clarity was sought on the types of service Plus Dane provided. In response, it was reported that it was a tendered service for floating support and they provided low level needs support such as accommodation, to service users suffering from domestic violence, mental health issues and also provided range of services that enabled the individual to stay in their home. In reply it was suggested that the Board monitor the service;

- Page 37 – Third paragraph – It was noted that the Independent Sector Provider of the Community Enablement Service – Gleneig, supporting adults with learning disabilities had been given three months notice to end the contract in June 2012. The service would not be re-commissioned and alternative support was being identified for the small number of people currently accessing the service. The Board also noted that the reason for the de-commissioning was that the demand for the service was much lower than had been anticipated;

- Page 28 - The Board noted and welcomed the nutrition pilot; and

  Page 30 – Service User Evaluation – Following on from Members question and response in Appendix 1 to the report, clarity was sought on

the response rate of the survey and how the Local Authority would be aware of any problems with a low response rate. In reply, it was reported that the national Adult Social Care Survey was very detailed and had been undertaken by every Local Authority in the country on behalf of the Department of Health. The expected completion rate of the survey was 40- 50%, which was very good in the North West. In addition, it was reported that the Local Authority had approached residential and nursing homes to explain the purpose of the survey who then provided assistance in completing the questionnaire if required. The Board agreed that a report on the survey be presented to the next meeting.

The Board was further advised that a number of questions had been submitted prior to the meeting. The questions and responses where circulated at the meeting and are attached to the minutes as Appendix 1.

RESOLVED: That

(1) the report and questions raised be noted;

(2) the Board receive a report on the Survey Users Evaluation at the next meeting on 11 September 2012.

HEA5 COMMUNITY WELLBEING MODEL IN GENERAL PRACTICE

The Board considered a report of the Strategic Director, Communities which outlined the community wellbeing model in general practice.

The Board was advised that The English Review 'Fair Society, Healthy Lives' had brought together the best available global evidence on health inequalities. That evidence highlighted that health inequalities arose from social inequalities in the conditions in which people were born, grew, lived, worked and their age. The review highlighted that action to address health inequalities would require action across all the social determinants of health by central and local government, the NHS, the third and private sectors and community groups.

The Board was further advised that the report presented a new way of operating general practice in the

Borough and the proposal was to look beyond disease management and that the new model would pursue health and wellbeing. It was reported that being healthy was feeling good and functioning well and if a person was not ill, it didn't necessarily mean that they were healthy.

The Board received a presentation from Mr Mark Swift, Managing Director of the Well-Being Project and Mr Dave Sweeney, Operational Director of Integration which:-

- Gave an explanation of Well-Being and highlighted the benefits;
- Outlined the results of research regarding well-being;
- Set out the role, function and fundamental principles of the Community Wellbeing Practice;
- Highlighted how the well-being practice promoted, protected and supported individuals and the community;
- Set out the Wellbeing Practice Model; and
- Detailed where more information could be obtained.

The following points arose from the discussion:-

- Clarity was sought on how individuals would be encouraged to take better care of themselves and how the project would be rolled out to the 17 practices. In response, it was reported that officers had been employed to engage with the community and deliver the message. Existing resources in surgeries etc would also be utilised to ensure that hard to reach groups in the working population were engaged in the process. It was also reported, that it was anticipated that at the end of 2/3 years fifteen of the seventeen practices would have been engaged in the project;
- It was noted that engaging the community was vital to the success of the project. It was also noted that a lot of individuals in the community, under the current economic climate were already stressed and required a significant amount of support and it would be a challenge to motivate them in order to enable them to engage in the

project;

- It was noted that many people wanted to make a difference and health and wellbeing involved everyone. It was also noted that it was the first time such an approach had been taken;

- It was agreed that information on the seven practices taking part in the project would be circulated to all Members of the Board;

- The importance of the project having stability and an exit strategy was noted;

- It was noted that people in the community would be equipped with the skills / knowledge that would help them through difficult times. It was also noted that funding would be available for the project;

- It was suggested that the Board receive a regular update report on progress that was being made;

- It was highlighted that through the Commissioning Group, GPs had committed a considerable amount of their time to enable the project to succeed and that evidence suggested that a happy patient resulted in a happier GP and Practice etc. It was noted that in the short term it would increase a GPs workload, but in the long term it would result in there being less work for the GP; and

- It was suggested that the Board should form part of the Reference Group.

RESOLVED: That

(1) the presentation and comments raised be noted;

(2) Mr Swift and Mr Sweeney be thanked for their informative presentation; and

(3) the Board receive regular update reports on the progress of the Community Wellbeing Practice Model.

HEA6 ANNUAL REPORT 2011/12

The Board considered a report of the Strategic

Director, Communities which presented the Annual Report for the Health Policy and Performance Board for April 2011-March 2012 attached as Appendix 1 to the report**.**

It was reported that during 2011 -12 the Board had looked in detail at many of Halton's Health and Social Care priorities. Further details of these were outlined within the Annual Report set out in Appendix 1 to the report.

The Chairman took the opportunity to thank Officers and Members for their contribution to the Board and Working Groups during the last municipal year.

RESOLVED: That the report be noted.

HEA7 SUSTAINABLE COMMUNITY STRATEGY YEAR END PROGRESS REPORT

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.

The Board was advised that the Sustainable Community Strategy for Halton, and the performance measures and targets contained within it would remain central to the delivery of community outcomes. It was therefore important that progress was monitored and that Members were satisfied that adequate plans were in place to ensure that the Council and its partners achieved the improvement targets that had been agreed.

The Board was also advised that Appendix 1 to the report outlined the progress to the 2011-12 year end position which included a summary of all indicators within the new Sustainable Community Strategy and additional information for those specific indicators and targets that fell within the remit of the Board.

The following points arose from the discussion:-

- Clarity was sought on whether bowel cancer screening could be offered to anyone over the age of 55 rather that 60 – 74 year olds. In response, it was reported that a written update would be circulated to Members of the Board; and

- It was noted that the Sustainable Community Strategy was a 'living' document and it was suggested that discussions take place with the

Shadow Health and Wellbeing Board regarding indicators that could be included in the Strategy in respect of community wellbeing in general practice. In response, it was reported that this would be discussed and built into the Strategy.

RESOLVED: That the report and comments raised be noted.

HEA8 SAFEGUARDING UNIT

The Board considered a report of the Strategic Director, Communities which outlined details relating to the establishment of a 12 month pilot for an Integrated Adults Safeguarding Unit within Halton.

The Board was advised that the Unit would provide a hub and spoke model which was a multi-agency efficient, flexible and responsive service to the local population. The Unit would lead on adults safeguarding and dignity work across the health and social care economy. The Board noted the unit structure and the advantages of having a new unit.

The Board was further advised that the costs associated with the new Adults Safeguarding Unit were £284,596 per annum. The unit would be funded 50/50 across Health and Social Care. The 50% Health contribution (£142,298) had already been committed by NHS Merseyside/CCG. In terms of associated Council funding, appropriate funds were already in the budget and it had therefore not been necessary to invest any additional resources to establish the Unit.

It was reported that the Unit would comprise of the following posts:-

- Principal Manager (Safeguarding);
- Safeguarding / Dignity Officer;
- 2 x Social Workers;
- 2 x Registered General Nurses; and
- 1 BCBA (Board Certified Behaviour Analyst).

It was also reported that there were a number of issues that were in the process of being resolved as part of the establishment of the Safeguarding Unit, including:-

- HR Processes;
- Referral pathways;

- Policies & Procedures;
- IT processes;
- Accommodation Issues;
- Marketing & Communications; and
- Home Office clarification (re: Priory).

Furthermore, it was reported that the Unit's Principal Manager had been appointed and work continued on the development/delivery of the implementation plan for the Unit. Following the 12 month pilot, an evaluation of the effectiveness of the Unit would take place to ensure that it provided an efficient and effective service to Health & Social Care Economy.

The following comments arose from the discussion:-

- Clarity was sought on the safeguarding issues. In response, it was reported that support would be given to identify issues i.e. dignity;
- It was noted that the posts identified above were from existing staff, with the exception of the BCBA who was being funded via the Clinical Commissioning Group; and

- The Board welcomed the report as it strengthened safeguarding in the Borough.

RESOLVED: That the report and comments raised be noted.

HEA9 INTIMATE RELATIONSHIPS AND SEXUAL HEALTH NEEDS FOR ADULTS POLICY, PROCEDURE AND PRACTICE

The Board considered a report of the Strategic Director, Communities which detailed the revised Intimate Relationships and Sexual Health Needs for Adults Policy, Procedure and Practice, for information.

The Board was advised that the original policy "Sexual Health Policy, Strategy and Guidelines" had been developed in 2003, with subsequent reviews undertaken in 2009 and 2010.

The Board was further advised that following this consultation, the amendments made to the policy included:

- More detail added to the Mental Capacity Act sections to provide clarity and include reference to Independent Mental Capacity Advocates; and

- Legal references checked and updated were necessary following consultation with Legal Services.

It was reported that the policy would be reviewed again in 2014.

A Member of the Board sought clarity on Page 90 Paragraph 3.8 – what was being done / action taken in Children's Services regarding 'consent'. In response, it was reported that information on this matter would be circulated to Members of the Board;

RESOLVED: That the report, comment raised and associated documents be noted.

HEA10 POSITIVE BEHAVIOUR SUPPORT SERVICE POLICY, PROCEDURE AND PRACTICE

The Board considered a report of the Strategic Director, Communities which gave details of the Positive Behaviour Policy, Procedure and Practice document for information.

The Board was advised that the Positive Behaviour Support Service (PBSS) was aimed at those service users who had a learning disability and who also presented with behaviour that challenges services. The service was available to service users of all ages and there was a specialist children and adult's arm of the service.

The Board was further advised that The PBSS existed to :-

- Support mainstream services working with people with learning disabilities, whose behaviour was a significant challenge;

- Work directly with people whose behaviour presented the greatest level; and

- Become a model of excellence at the forefront of evidence-based practice in this service area.

It was reported that Halton Borough Council was the service provider of the PBSS. A number of stakeholders had also provided funding in order to access the service.

It was also reported that the policy, procedure and

practice document had been developed in order to provide information and guidance to stakeholders on how to access the service, who would be eligible to receive support from the PBSS and how referrals and assessments would be dealt with by the team.

Clarity was sought on the timescales regarding Page 140 – paragraph 2.7 – last paragraph relating to Please note that during such periods when a team is working to full capacity, a response may not be received for a significant amount of time. In response, it was reported that this information would be circulated to Members of the Board.

RESOLVED: That the report be noted.

HEA11 CLOSE TO HOME – AN INQUIRY INTO OLDER PEOPLE AND HUMAN RIGHTS IN HOME CARE

The Board considered a report of the Strategic Director, Communities which gave a summary of the findings and recommendations from the Equality and Human Rights Commission's inquiry into Older People and Human Rights in Home Care. The report also provided details of a self – assessment conducted within Halton Borough Council (HBC), against the recommendations generated from the inquiry.

The Board was advised that as a result of wanting to find out whether the human rights of older people wanting or receiving care in their own homes was being fully promoted and protected, the Equality and Human Rights Commission had undertaken a systematic inquiry into the issue and the results of the inquiry had been published in November 2011. A link to the inquiry was provided in the report.

The Board was further advised that the inquiry concluded that of the 500,000 older people who received essential care in their own home paid for wholly or partly by their local authority, for too many, this care delivered behind closed doors was not supporting the dignity, autonomy and family life which their human rights should guarantee.

Halton Borough Council had contributed to the inquiry and were highlighted a couple of times within the report by the Commission as having best practice within this area, for example via use of the 'Dignity Challenge' approach.

It was reported that there were a total of 25 recommendations within the report. In addition, as a result of the inquiry it had been decided to undertake an 'in house'

self-assessment exercise against the recommendations made by the Commission. Contributions were made to the assessment from Quality Assurance, Commissioning, Safeguarding, Dignity, Direct Payments and Policy and the resulting self- assessment was attached at Appendix 1 to the report.

A report and the appended self-assessment had been presented to the Safeguarding Adults Board on 5 April 2012. The Board acknowledged that most of the recommendations were already in place within Halton and it was confirmed that the associated action plan would be monitored through the Dignity Network.

The Board noted that Elected Members undertook visits to some care homes and it was agreed that a report be presented to the Board on the outcome of these visits.

RESOLVED: That

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

(2) the completed HBC self-assessment document, resulting actions and progress to date as set out in Appendix 1 to the report be noted.

HEA12 ANY QUALIFIED PROVIDER PROCESS

The Board considered a report of the Strategic Director, Communities which outlined details relating to the Any Qualified Provider (AQP) process within NHS Merseyside and details of three associated service specifications for :-

- Podiatry;
- Muscular-skeletal services for neck and back pain; and
- Adult Hearing Aids.

The report also sought feedback on the three service specifications attached at Appendix 1 to the report.

In addition, the Board received a presentation from Mr Derek Rothwell, NHS Merseyside which:-

- Explained the rationale on why they wished to extend a patient's choice of provider and how it might improve services;

- Highlighted that AQP was one model of competition and the key principles of any qualified provider;

- Set out the key actions for extending patient choice for April 2012;

- Explained and set out the services and that it would be a phased, managed roll out;

- Explained what would happen to services that were not on the current national list;

- Detailed the governing principles of qualification for a provider; and

- Set out a summary / timetable of expectations.

The following comments arose from the discussion:-

- Clarity was sought on how the providers would be inspected and monitored to ensure they remained at the acceptable level? In response, it was reported that a contract was in place with the providers, who were monitored and visits were undertaken;

- It was highlighted that there would be no guarantee of business. A Plan would be provided and the service advertised. It was noted that it would take time for GP's and the community to be aware of the extended patient choices and that it was anticipated that only 20% of the services would be via other providers;

- It was noted that the services would be evaluated by a patient survey; and

- Concern was raised that it could result in there being more providers than people available for the service. This could have a knock on effect on the NHS service and it could result in there being only private provision available. In response, it was reported that market research had shown that there was only a small number of people providing such services in the area.

RESOLVED: That

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

(2) the three service specifications attached at Appendix 1 to the report be noted; and

(3) Mr Derek Rothwell be thanked for his attendance and informative presentation.

HEA13 RECONFIGURATION OF CARE MANAGEMENT SERVICES

The Board considered a report of the Strategic Director, Communities, which informed the Members of changes to the delivery of Adult Social Care in Halton by the reconfiguring of assessment and care management services and a newly enhanced service for developing improved Safeguarding arrangements.

The Board was advised that the model would have the potential to facilitate integrated care partnerships with health partners locally. In addition, it was reported that as there was an increasing requirement for joint working between health and social care to be facilitated to ensure the population's health inequalities and needs were being addressed. Growing research, data and evidence supported the establishment of multi-professional health and social care teams to address the needs of high risk people within the community. As shown in Appendix 1 to the report, the reconfiguration provided an opportunity to develop a new model of service delivery, that built on the strengths of the existing system.

The Board noted that there were two teams, one in Runcorn and one in Widnes and that only an initial assessment took place via the telephone i.e. the individual's needs were ascertained.

RESOLVED: That the report and comment raised be noted.

HEA14 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.

HEA15 INTERGENERATIONAL STRATEGY

The Board considered a report of the Strategic Director, Communities which presented the draft copy of the Halton Intergenerational Framework and Action Plan.

The Board was advised the framework aimed to begin the process of developing and implementing a co-ordinated approach towards intergenerational activity in the Borough. It was reported that there was already a range of examples of intergenerational work in Halton within the framework, however, this had often been carried out in isolation and not as an overall strategic approach.

The Board was further advised that interest in intergenerational practice and what it could achieve was growing amongst practitioners and policymakers. In 2009, the Government allocated £5.5 million to promoting intergenerational practices and although Halton was unsuccessful in the bidding process it opened a number of opportunities that had successfully developed since then. The Halloween projects, Halton Community Radio event, Moorfields Bowling club, Hallwood Park Canal Boat project were a selection of the many projects that had already been well supported and the aim of the document was to do more.

April 2010 saw Halton host the first Intergenerational conference that was attended by 200 members of the public of all ages. Activities on the day were wide-ranging, but, the lasting message that came from the day was that people in Halton no matter what age wanted to be involved.

The action plan would initially look at the setting up of an intergenerational group who would have responsibility for the implementation of the action plan, including the mapping of existing activity, financial planning and identification of gaps.

It was reported that by working across directorates and organisations it was envisaged that the implementation group would be able to deliver a coherent and clear range of services, supported by Community Development. This would provide a strong foundation to help communication, breaking stereotypes and joint working across the age groups.

The following comments arose from the discussion:-

- The Board noted the Grange Community Forum Initiative which had cooked a meal for people to mark the opening of the kitchen;

- The importance of promoting activities and a wider engagement of people being involved was noted. The challenges facing the Council in ensuring people were involved was also noted;

- The benefits and value of younger and older people making films of their own experiences and sharing them with the wider community was noted; and

- It was noted that a lot of voluntary groups received area forum funding to undertake such projects. It was also noted that in the current economic climate, and the uncertainty of budgets, exit strategies would have to be considered.

RESOLVED: That the report, Strategy and comments raised be noted.

HEA16 GYPSY & TRAVELLER SITES PITCH ALLOCATIONS POLICY, PROCEDURE & PRACTICE

The Board considered a report of the Strategic Director, Communities which presented the Members with the revised policy, procedure and practice for the allocation of pitches on the Council's Gypsy & Traveller sites, which included the permanent site, known as Riverview, located in Widnes and the transit site located in Astmoor, Runcorn.

The Board was advised that a revised Policy, Procedure & Practice (PPP) had been developed with regard to the Gypsy & Traveller Site Management Good Practice Guide published by Communities & Local Government (CLG) in July 2009. A number of officers had contributed to the development of the revised PPP, including, the Gypsy & Traveller Liaison Officer, the Principal Manager Housing Solutions and the Divisional Manager Policy & Development Services.

The Board was further advised that the revised PPP complemented the service provided to Halton's Gypsy & Traveller community by the Gypsy & Traveller Liaison Officers, the Site Wardens and the Gypsy & Traveller Education Consultant. These members of staff also worked closely with the Gypsy & Traveller Police Liaison Officer and partners from the health sector.

It was reported that the overall result of this co-ordinated service was that Halton's Gypsy & Traveller

residents had the same opportunity as the settled community to access health, education and other services.

The Board noted that the Widnes site was an excellent facility.

RESOLVED: That

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

(2) the Policy, Procedure & Practice (PPP) attached as Appendix 1 to the report be supported.

Meeting ended at 9.30 p.m.

APPENDIX 1

HEALTH PPB –29 MAY 2012

PERFORMANCE MONITORING QUESTIONS AND RESPONSES

The following questions have been submitted:-

1 Page 30 – Service User Evaluation

We have information saying approximately 750 questionnaires were sent out, about the social care survey but no information how many were received back to base their evaluations on? Because we have to be very careful with statistics, we could have different people having different experiences, and those with positive ones are more likely to respond, that is not saying that it is a bad thing, but I think we need to encapsulate the other side as well, what can be done to improve people's lives.

Response

We sent out 752 questionnaires and we received 343 completed questionnaires. This equates to a 45.6% response rate.

2 Page 41 – Paragraph 7.3

What was the reason from the other GP practices not to register interest? Because GP's are first point of contact around 'wellbeing'?

Response

The 8 practices that have come forward are merely first wave, these we class are the practices more involved with wellbeing with more scope to progress. In short the inspired. Following the first wave we will then widen out across all 17 practices with an aim to influence 14 out of the 17 practices. Taking into account a few single handed etc.

3 Page 68 – Bowel Cancer

If Bowel cancer is one of the most commonest cancers and screening is from 60 to 74 (saves a small number of lives) should screening be carried out at an earlier age?

Response

The current programme age range is chosen based on research about effectiveness and harm in bowel screening. In order to have an effective screening programme we need to screen the age group most likely to develop bowel cancer i.e. those aged 60 to 74. Bowel cancer is unlikely in a younger age group. We don’t screen people in other age groups as all screening

programmes carry a risk of giving the wrong results. This causes harm to people in terms of worry and distress. Therefore we only screen where the cancer is most common and it is worth the risk of sometimes giving the wrong result. If a patient has been diagnosed as having cancer they are called back for further checks to make absolutely sure the diagnosis is right. This is done by a consultant with specialist expertise in that field.