

# Health Policy and Performance Board

## Annual Report

April 2012 - March 2013



As Chair of the Health Policy and Performance Board I would like to thank all Members of the Board for their valued contribution to the Board's work over the last 12 months. I would particularly like to thank Cllr Joan Lowe as Vice Chair of the Board and Cllr Sandra Baker for their massive contribution, help and support whilst undertaking one of the most challenging scrutiny topics we have ever done in terms of the Vascular Services review.

I would also like to extend my thanks to Officers and Partners for their time and contributions to the scrutiny topics and for providing performance and update reports.

As usual, 2012/13 proved to be a very busy year taking on scrutiny of our own social care and health services plus Homelessness and Women's Aid accommodation along with NHS plans to move Vascular Surgery away from our immediate area.

During the course of the year the Board have been actively involved and consulted on a range of issues from policy developments and scrutiny reviews to being kept informed and offering views on the many changes taking place locally as a result of national changes.

The Board have had the opportunity to comment on a number of proposals and developments including the establishment of a Health and Wellbeing Service, the re-configuration of Care Management Services and the establishment of an Integrated Adults Safeguarding Unit.

*Cllr Ellen Cargill, Chair*

### **Health Policy and Performance Board Membership and Responsibility**

#### **The Board:**

Councillor Ellen Cargill (Chairman)

Councillor Joan Lowe (Vice-Chairman)

Councillor Sandra Baker

Councillor Mark Dennett

Councillor Margaret Horabin

Councillor Chris Loftus

Councillor Geoff Zygadlo

Councillor Valerie Hill

Councillor Miriam Hodge

Councillor Pauline Sinnott

Councillor Pamela Wallace

Local Involvement Network (LINK) representation is through co-optee John Chiocchi

The primary responsibility of the Board is to focus on the work of the Council and its Partners, in seeking to improve health in the Borough. This is achieved by scrutinising progress against the aims and objectives outlined in the Council's Corporate Plan in relation to the Health priority.

The Board have met five times in 2012/13. Minutes of the meetings can be found on the [Halton Borough Council website](#)

This report summarises some of the key pieces of work the Board have been involved in during 2012/13.

## **GOVERNMENT POLICY- NHS AND SOCIAL CARE REFORM**

### **NHS Halton Clinical Commissioning Group (HCCG) - Progress on Authorisation**

During the year, Simon Banks, Chief Officer of HCCG, became a regular attendee at the Board, keeping Members informed of progress with CCG Authorisation as well as information about recruitment to the Executive Team and Lay Member appointments.

### **Close to Home – An inquiry into Human Rights in Home Care**

In May, the Board considered a report which gave a summary of the findings and recommendations from the Equality and Human Rights Commission Inquiry into Older People and Human Rights in Home Care. Halton Borough Council contributed to the Inquiry and were highlighted a couple of times within the report by the Commission as having best practice within this area e.g. via use of the "Dignity Challenge" approach.

There were a total of 25 recommendations within the report. As a result, it was decided that an in-house self-assessment exercise should be conducted. The results of the self-assessment were presented to the Safeguarding Adults Board where it was acknowledged that many of the recommendations were already in place in Halton. However further developments were progressed to further strengthen Halton's approach to dignity and human rights.

### **Shadow Health and Wellbeing Board**

During the course of 2012/13 the Health PPB received regular updates on developments from the Shadow Health and Wellbeing Board including the minutes of Board meetings. Over the last twelve months the Shadow Board, which will become statutory as from 1<sup>st</sup> April 2013, has dealt with a wide range of topics including; the development of the Joint Strategic Needs Assessment and Health and Wellbeing Strategy, Children and Young People's Plan Review, Welfare Reform, HCCG Authorisation and the development of local Wellbeing Areas.

### **Caring for our Future: Reforming Care and Support**

In September, the Board considered a report which gave a summary of the White Paper "Caring for our Future: Reforming Care and Support" which sets 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.

Following this report to the Board it was decided that a Self-Assessment should be conducted against the recommendations outlined in the White Paper. It was reported that the Self-Assessment showed that Halton was in a strong position to respond to these recommendations and a number of actions were identified to strengthen Halton's position.

### **Public Health Update**

As from April 2013, Public Health will transfer from the NHS into Local Authorities. During the year a lot of work has taken place to ensure a smooth transition. In March the Board received a report from the Director of Public Health on the latest

developments including the transfer of staff, contracts and budgets as well as looking at some of the projects that the Public Health team have been working on during the transition year.

## **SERVICES**

### **Community Wellbeing Model in General Practice**

The Board received a report regarding the Community Wellbeing Model in General Practice (CWP). Members were advised that a CWP model looks beyond traditional disease models in health care in order to include the factors that have been shown to generate health and wellbeing in individuals and communities. The CWP model has been underpinned by the ongoing research in the areas of salutogenesis, health assets, resilience and capability all of which focus on creating positive adaptation, protective factors and assets that moderate risk factors and promote wellbeing in individuals and communities.

### **Integrated Adults Safeguarding Unit**

In May a report was provided to the Board relating to the establishment of a 12 month pilot for an Integrated Adults Safeguarding Unit. It was reported that the Unit would be developed using a hub and spoke model. It would be multi-agency, efficient, flexible and responsive to the needs of the local population. The Unit would lead on adults safeguarding and dignity work across the health and social care economy.

### **Re-configuration of Care Management Services**

Members of the Board were informed of changes to the delivery of Adult Social Care in Halton by the reconfiguration of assessment and care management services.

The reconfiguration involved the restructure of the current care management teams to create a dedicated multi-disciplinary duty function team. An Initial Assessment Team (IAT) is now responsible for all referrals, screening, signposting and initial assessments. There are two Operational teams dealing with complex work, (one in Widnes and one in Runcorn) which are locality based care management teams with workers aligned to GP practices. The new model was launched in June 2012.

### **Health and Wellbeing Service**

In January 2013, the Board considered a report which gave details of the work being undertaken to establish a Health and Wellbeing Service via partnership working

arrangements between the Local Authority, HCCG and Bridgewater Community NHS Trust. The new system would embody localism, with new responsibilities and resources for the Borough Council to improve the health and wellbeing of our population, within a broad policy framework set by the Government.

The Partnership Agreement set out a two phased approach to implementation as set out below:

Phase 1 of implementation focused on three areas, as follows:-

- 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.

Phase 2 of implementation involved examining the wider determinants of public health and influences on health inequalities. This development took a 'Life Course' approach and work took place across adult social care, health, children and young people's services to develop a new Health and Wellbeing Service model. This new model is due for implementation from April 2013.

### **Reconfiguration of Domestic Abuse Accommodation Services**

In November, Members were given an update on the progress of the Homelessness Scrutiny Topic Group and the recommendations for the reconfiguration of Domestic Abuse accommodation services. Following discussion, it was resolved that a further report be submitted to the Executive Board recommending the development and implementation of the preferred Hub and Spoke service delivery option, providing accommodation within a 24 hour hostel and additional move-on accommodation with floating support.

## **POLICY**

### **Intimate Relationships and Sexual Health Needs Policy, Procedure and Practice**

The Board considered a report which detailed the revised Intimate Relationships and Sexual Health Policy, Procedure and Practice. The original policy "Sexual Health Policy, Strategy and Guidelines" was developed in 2003, with subsequent reviews undertaken in 2009 and 2010.

The policy review was undertaken to ensure that all managers, staff and volunteers within the Communities Directorate had current and concise procedures, for

addressing a range of sexual health issues that staff members may encounter with service users.

### **Positive Behaviour Support Service Policy, Procedure and Practice**

At its May meeting, Members received a report which gave details of the Positive Behaviour Support Service Policy Procedure and Practice document. This had been developed in order to provide information and guidance to stakeholders on how to access the service, eligibility and how referrals and assessments would be dealt with by the team.

### **Gypsy and Traveller sites - Pitch Allocations Policy, Procedure and Practice**

The Board received a report setting out the revised policy, procedure and practice for the allocation of pitches on the Council's Gypsy and Traveller sites, which included the permanent site, known as Riverview, located in Widnes and the transit site located in Astmoor, Runcorn.

### **Adult Social Care User Survey 11/12**

In September the results of the Adult Social Care User Survey were presented to the Board. This was the second year that the statutory survey had been undertaken. Some of the highlights included:

- Overall satisfaction levels (Q1) for respondents extremely satisfied or very satisfied (67.7%) with the care and support they receive has increased in comparison to 2010/11 (61.7%).
- Quality of life also demonstrates a positive movement with more individuals reporting a better quality of life in general, compared to 2010/11.

### **Intergenerational Strategy**

The Board considered a draft copy of the Halton Intergenerational Strategy and Action Plan. The Board was advised that 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 were 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.

## **Revised Subject Access requests Policy, Procedure and Practice**

In September, the Board received a report detailing the revised subject access requests Policy, Procedure and Practice. The Data Protection Act gives individuals rights to have access to their own personal information. Individuals can send a subject access request (SAR) which requires the authority to tell them about the personal information we hold about them, and to provide them with a copy of that information. In most cases, you must respond to a valid subject access request within 40 calendar days of receiving it. Following a detailed review there is now one streamlined policy and procedure instead of two separate policies for Children and Enterprise and the Communities Directorates. The policy and procedure document has been written to reflect the revised process.

It was reported that by having a more streamlined process in place, responses to SARs would be dealt with more efficiently, and therefore give an improved service to both children and adults who were requesting information.

## **Health and Wellbeing Strategy**

In November 2012, the Board received a report on the emerging Health and Wellbeing Strategy. The Strategy, which is based on robust evidence and the views of local residents and service users, identifies five priorities for action. These are:

- Prevention and early detection of cancer;
- Improved child development;
- Reduction in the number of falls from adults;
- Reduction in the harm from alcohol; and
- Prevention and early detection of mental health conditions.

## **SCRUTINY REVIEWS**

### **Homelessness Service**

During 2011/12 a scrutiny review of homelessness services had taken place.

Following the review, the Working Group made a number of recommendations which were presented to the PPB in September 2012. These are outlined below:

- Deliver on the actions arising from the visits to temporary accommodation schemes;
- Secure efficiency savings through new contracts with Halton YMCA for the YMCA hostel and Nightstop and de-commissioning of Y's Up advice and guidance;

- Secure efficiency savings through a new contract with Plus Dane for floating support services;
- Achieve efficiencies through the reconfiguration of remaining hostel provision for single people in order to improve the distribution of services across the Borough, prioritise access to services for individuals to whom the Council has a statutory duty, increase focus on homelessness prevention to assist individuals to resolve housing issues;
- Consider moving to a crisis intervention model for young homeless people in order to maximise the potential for young people to return home to their family; and
- Consider benefits of alternative models of provision for those escaping domestic violence.

### **Falls Prevention**

During 2011/12 a scrutiny review of falls prevention also took place. The review was a successful and a worthwhile exercise in terms of covering all the outputs and outcomes from the initial topic brief and gaining a thorough knowledge of Falls Prevention in Halton.

It was recognised that although the scrutiny review of Falls Prevention was very positive, improvements could be made in certain areas. Therefore, as a result of the review, an action plan consisting of 19 recommendations have been developed and these will be presented to Board in June 2013.

### **Vascular Services**

A response was received from the Secretary of State (SoS) for Health following a formal referral made to him in October 2012 regarding the proposals for the future development of vascular services across Cheshire and Merseyside not being in the interests of the health service in the area.

The SoS had asked the Independent Reconfiguration Panel (IRP) to undertake an initial review of the referral made and on the advice of the IRP decided not to agree a full review.

The implication of this decision is that the proposal for an arterial centre based at the Countess of Chester will now proceed. However there is some acknowledgement that there will be some considerable challenges to be met prior to implementation and it has been acknowledged that the Board should be fully involved and informed of developments throughout the design phase.

The Board will certainly keep a close eye on developments moving forward.



## **PERFORMANCE**

During the course of the year the Board received information on quarterly monitoring reports and were provided with information on progress in achieving targets contained within the Sustainable Community Strategy for Halton. Other examples of Performance related information reported to the Board included:

- Quality Accounts;
- Performance Monitoring for the Learning Disability Partnership Board; and
- Environmental Health Annual Report.

## **WORK TOPICS FOR 2013/14:**

### **Mental Health**

Significant numbers of people suffer mental health problems such as depression.

Mental Health problems account for the single largest cause of ill health and disability in the Borough and can have a significant impact on a person's ability to lead a full and rewarding life.

The current economic climate and welfare reforms are likely to increase the levels of people suffering from mental distress. However, through a range of evidence based interventions to promote mental and emotional wellbeing this is amenable to change.

Therefore a scrutiny review of Mental Health provision in terms of prevention and promotion will be undertaken during 2013/14. It will examine interventions and materials that are already in place to address this key area and will look at their effectiveness in meeting the needs of the local population.

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