

## HEALTHY HALTON POLICY AND PERFORMANCE BOARD

*At a meeting of the Healthy Halton Policy and Performance Board on Tuesday, 13 November 2007 in the Civic Suite, Town Hall, Runcorn*

Present: Councillors E. Cargill (Chairman), Loftus, Gilligan, Higginson, Horabin, C. Inch, Lloyd Jones and Wallace

Apologies for Absence: Councillors J. Lowe, Swift and Gerrard (in accordance with Standing Order No. 33)

Absence declared on Council business: None

Officers present: M. Loughna, A. Villiers, A. Williamson, C. Halpin and J. Gibbon

Also in attendance: Mr D. Kitchin, Ms A. Jelani and Ms. J. Harvey from North West Ambulance Service and 1 Member of the Public.

### ITEM DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

	<i>Action</i>
HEA23 MINUTES	
The minutes of the meeting held on 11 <sup>th</sup> September 2007 having been circulated were taken as read and signed as a correct record.	
HEA24 PUBLIC QUESTION TIME	
It was confirmed that no public questions had been received.	
HEA25 EXECUTIVE BOARD MINUTES	
The Board considered the Minutes of the meetings of the Executive Board and the Executive Board Sub Committee relevant to the Healthy Halton Policy and Performance Board.	
RESOLVED: That the minutes be noted.	
HEA26 NORTH WEST AMBULANCE SERVICE	
The Board received a presentation from Mr. D.	

Kitchin and Ms. J. Harvey of the North West Ambulance Service (NWAS), which set out;

- the NWAS Service Profile;
- Performance;
- Improvement Plans;
- National Strategy; and
- NWAS Service Strategy and Vision.

Arising from the discussion reference was made to the increase in Category A8 calls, problems with the numbering of houses in the new town area, the reasons for age limits for the administering of medications and what had been implemented to ensure the protection of staff from violent incidents.

The Chairman thanked the officers from NWAS for attending the meeting and giving an informative presentation.

RESOLVED: That the presentation be received.

#### HEA27 PROCUREMENT OF HOST BODY FOR LOCAL INVOLVEMENT NETWORKS (LINKS)

The Board received a report of the Strategic Director, Health and Community which informed Members of the main activities that needed to be undertaken to ensure effective and appropriate procurement of a host body for LINKs.

The report set out the history to LINKs, how LINKs would operate and when they were expected to come into effect. It also detailed the expected level of funding, the need to change the structures for patient and public involvement and what LINKs would do. It also detailed the differences between LINKs and Patient and Public Involvement forum's (PPIFs), the issues that would need further examination and the key actions required.

Members were informed of changes to the Bill, which had occurred since publication of the report, namely that responsibility for the LINKs would pass to Local Authorities for a temporary 6-month period and that each LINK would receive a basic sum of £60,000 for running costs, topped up with additional funding for areas with a high index of deprivation.

Arising from the discussion reference was made to how LINKs would fit with the Council's existing scrutiny arrangements, whether the level of funding was adequate

and the need for more innovative ways to engage with hard to reach groups.

RESOLVED: That the proposals, principles and actions to be undertaken be noted.

#### HEA28 ADULT SOCIAL CARE COMMENTS, COMPLIMENTS & COMPLAINTS

The Board received a report of the Strategic Director, Health and Community which provided an analysis on complaints processed under the statutory Social Services Complaints Procedure for Adults during 2006/7.

The report set out the context of the New Social Care complaints regulations, the stages and timescales, improving the process and types of complaint and outcomes, along with what has been learnt from complaints and satisfaction with complaints handling.

Arising from the discussion reference was made to there being a small percentage of complaints from service users who had sight or hearing impairments and the steps that had been put in place to ensure equal access to the complaints procedure.

The Board requested that information relating to the number of cases completed at each stage of the process be included in future reports.

RESOLVED: That

(1) the report be accepted; and

(2) the proposals for the development of the complaints procedures (nationally and locally) be noted.

#### HEA29 STRATEGIC HEALTH NEEDS ASSESSMENT

The Board considered a report which provided an overview of the requirement to produce a Joint Strategic Needs Assessment (JSNA) in line with Department of Health guidance. The process and subsequent JSNA documentation would be managed jointly by the Local Authority and the PCT and would describe the future health, care and well-being needs of local populations and the strategic direction of service delivery to meet those needs, over 3 – 5 years. A strong and effective JSNA would:-

- Show health status of the local community;
- Define what inequalities exist;
- Contain social and healthcare data that was well analysed and presented effectively;
- Define improvements and equality for the community;
- Send signals to current or potential providers, who could have other relevant information or proposals for meeting needs;
- Supporting better health and well-being outcomes; and
- Aid decision-making and stages of the commissioning cycle, esp. to use resources to maximise outcomes at minimum cost.

The process of producing and subsequently utilising the JSNA was a systematic one and was outlined in the report. A three phase process was proposed with Phase 1 – Information Gathering, Phase 2 – Secondary Analysis and JSNA Production; and Phase 3 – Outputs and Commissioning Improvement.

The guidance from the Department of Health stipulated that the Director of Adult Social Services, Director of Children and Young People Services, Director of Public Health and Director of Commissioning from the PCT had a responsibility for co-ordinating the production of the document. Discussions had already commenced with a range of key stakeholders and the timetable and process for completion was outlined in the report.

In addition, the Department of Health had stressed the importance of the direct links with Elected Members, Local Strategic Partnerships and key people including Local Authority Chief Executives, Environmental Health staff and staff involved in Research and Intelligence.

Consequently, the Local Strategic Partnership had already received a similar report to own and understand the requirement to produce a JSNA. The Health Specialist Strategic Partnership would thereafter be the responsible and accountable group to ensure that the JSNA was produced. As the Health Specialised Strategic Partnership (SSP) already had key people on its membership, it was suggested that a small working group would be tasked with producing a draft JSNA in the timescales identified.

Regular update reports to the Executive Board, Local Strategic Partnership, PCT Board and the Healthy Halton Policy and Performance Board (PPB) would be produced which appraised individuals and groups of progress. The

Healthy Halton PPB would scrutinise the process and ensure that effective community consultation was undertaken. However, a similar report to every PPB would be presented to ensure they were aware of this matter and provided them with an opportunity to be engaged.

It was noted that some financial costs to cover public consultation may be required and these would be determined at a later date.

RESOLVED: That the process as outlined in the proposed co-ordination section be supported and a draft Joint Strategic Needs Assessment be received in 2008.

Strategic Director,  
Health and  
Community

### HEA30 QUARTERLY MONITORING REPORTS

The Board considered a report which outlined the progress of performance management second quarter against the service plan objectives, performance targets, performance trends/comparisons, factors affecting the services etc. for:

- Older People's Services
- Adults of Working Age
- Health and Partnerships

Arising from the discussion reference was made to the process for tendering for services where there was a lack of suitable services available from the private sector and the need to continually assess services for possible efficiency savings.

RESOLVED: That the second quarter performance management reports be received.

*Meeting ended at 8.28 p.m.*