

HEALTH POLICY AND PERFORMANCE BOARD

At a meeting of the Health Policy and Performance Board held on Tuesday, 29 November 2022 at the Council Chamber - Town Hall, Runcorn

Present: Councillors P. Lloyd Jones (Chair), Baker (Vice-Chair), Ball, Bevan, J. Bradshaw, Goodall, Leck and Nolan

Apologies for Absence: Councillor McDermott

Absence declared on Council business: None

Officers present: E. Bragger, S. Wallace-Bonner, A. Jones, D. Nolan, L Wilson and M. Lynch

Also in attendance: Councillor J. Lowe (in accordance with Standing Order 33), J. Horsefall – Halton Housing Trust, S. Vickers and P. Thomas – Cheshire and Merseyside ICB (Halton Place)

ITEMS DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

	<i>Action</i>
HEA12 MINUTES	
The Minutes of the meeting held 27 September 2022 having been printed and circulated were signed as a correct record.	
HEA13 PUBLIC QUESTION TIME	
In accordance with Standing Order No.34 (9), the following public questions were submitted to the Board:	
<u>Question</u>	
<i>“It is noted that as part of the Performance Priority Based Report (Page 4 of 21, Supporting Commentary) there is an underspend in the Pooled Fund for joint delivery of Integrated Care. It is understood that in Greater Manchester, Local Authorities and local NHS Trusts have used the pooled fund for Integrated Care to increase the rate paid to providers for commissioned Social Care. The increased rate has been to paid to providers agreeing to pay Care Workers the Foundation Living Wage.</i>	

The Foundation Living Wage – independently calculated by the Resolution Foundation – is the minimum amount that workers need to earn to make ends meet, yet a substantial proportion of care workers across Halton receive below Foundation Living Wage. This forces Care workers to work excessive hours to make ends meet, which has an impact on the quality of care as workers are burnt out.

Further, the low pay in the sector is leading to a shortage of care workers, experienced care workers are leaving the sector to work in better paid sectors, and providers are finding it more difficult to attract new staff to the sector as the level of responsibility is not reflected in the pay.

I understand Halton Council has been awarded over £500,000 for the discharge fund, this fund is to support recruitment and retention of staff in the care sector. Using this fund to support the Foundation Living Wage to care workers across Halton will aid recruitment and retention of care workers”.

As a resident of Halton can you confirm the value of the stated underspend in the pooled funding?

Response

As outlined in the Performance Report, the Pooled budget was shown to be underspent at the end of quarter two (September 2022) of 2022/23; this figure was £0.848m.

Supplementary Question

It is noted that Halton has received over £500,000 for the Discharge Fund. This Fund is to be used to recruit and retain social care workers across Halton. Low wages in the Social Care Sector is a fundamental issue of retaining and recruiting staff in the sector.

Will you commit to using the Discharge Fund to ensure the Foundation Living Wage as a minimum is paid to all care workers across Halton?

Response

The function of the Health Policy and Performance Board is scrutiny; it is not a decision making body, so it is not permitted to commit to any budget spend.

HEA14 HEALTH AND WELLBEING BOARD MINUTES

The minutes from the Health and Wellbeing Board meeting held on 6 July 2022 were submitted for the information of the Board.

HEA15 SUPPORT TO AN AGEING POPULATION: HALTON HOUSING

The Board received an update on Halton Housing Trust's (HHT) support for the needs of Halton's older customers from Jonathan Horsfall from Halton Housing.

HHT provide a range of housing options with appropriate levels of support to enable customers to maintain an independent and healthy lifestyle within their own home.

It was reported that HHT manage and maintain 7500 homes predominantly within the Borough of Halton. Most were for social rent, with 220 for shared ownership. The report described the services provided by them to their tenants and the types of housing available specifically for older customers. The report also gave profile information of the ages of customers; the types of accommodation they lived in; the numbers of older customers assisted over the past 6 months; and details of the work and support provided by the Halton Housing Independent Living Team.

The development of extra care schemes (Barkla Fields, Naughton Fields and Hazelhurst) were welcomed. These provided customers with care and support services, personal care and domestic services, emergency alarms and 24-hour help lines, as well as communal facilities such as lounges and bistros. Information on the newest example of this, Hazelhurst, was appended to the report.

The Board thanked Mr Horsfall for his attendance and he provided the following additional information in response to Members questions:

- Hazelhurst in Sandymoor was now open and residents had begun to move in;
- Transport links were discussed; these were getting better as the area developed;
- Applications for homes in Hazelhurst and other properties were made through the Trust's Property Pool Plus (PPP) service;
- Customers placed bids on properties using the PPP service, which placed them in a category, with Band

A (homeless) being the highest. The winning bidder was then allocated the property based on need;

- There was less demand in Band A from older people;
- IT support was available to those residents who were unable to use PPP to submit their application and it was possible to arrange for 'auto bids' to be set up;
- The service did not arrange swaps as such, but mutual exchanges were allowed between tenants in agreement with each other;
- The market was very buoyant for shared ownership properties, so those properties within Hazelhurst were expected to sell; and
- Right to Buy still existed for rented homes only.

RESOLVED: That the report is noted.

HEA16 WIDNES URGENT TREATMENT CENTRE UPDATE

This item was deferred due to the non-attendance of the presenting officers from Bridgewater Community Healthcare NHS Foundation Trust.

HEA17 PRIMARY CARE NETWORKS – ADDITIONAL ROLES

The Board considered a report of the Strategic Director – People, which described the additional staff roles Primary Care Networks (PCNs) may recruit to, and the plans in place to implement this in Halton.

Members were advised that PCNs were groups of GP practices and other healthcare staff and organisations who worked together to provide integrated services to the local population. In Halton there were two PCNs, one in Runcorn and one in Widnes, aligning to the geography of the Borough.

The national PCN contract included an Additional Roles Reimbursement Scheme (ARRS), which provides funding to create bespoke multi-disciplinary teams. PCNs assess the needs of their local population and working with local health services, recruit additional staff to make support available to people where it was most needed.

The report presented details of the roles which may be recruited to in Runcorn and Widnes. It was noted however that whilst the scheme would facilitate a greater range of staff available to care for patients in the GP setting, there were several challenges that would affect the ability to implement the scheme; examples of these challenges were presented in the report. Information was provided to

Members on how these challenges would and are being addressed by the PCNs.

Members understood the challenges being faced in recruiting to the additional roles for Halton and questioned its achievability, particularly considering the lack of current resources. They also discussed the fact that there was a high demand for these roles throughout the Country, so there would be competition in the market. The 'First Contact Physiotherapist' role was used as an example, where it was stated the PCN were working with Warrington and Halton Teaching Hospitals to assist with recruitment of these.

In response to queries on communicating this information to the public, it was recognised that this would be a slow process as patients were not used to receiving care from these roles in a GP setting. It would be a case of educating patients over time of the existence of these additional roles, so that they felt confident in receiving care from them.

RESOLVED: That the Board notes the additional staff roles being employed by the PCNs to support General Practice in Halton.

HEA18 UPDATE ON ONE HALTON PLACE BASED PARTNERSHIP

The Board received an update and presentation from the NHS Cheshire and Merseyside ICB's Director of Strategy and Transformation, Philip Thomas, on arrangements for NHS Cheshire and Merseyside delivery in Halton, incorporating One Halton, the place based integrated partnership.

The Board has received regular updates and presentations on One Halton during the transition from Clinical Commissioning Groups (CCGs) to the commencement and embedding of Integrated Care Systems (ICSs). Today's update included the following:

- An overview of the Integrated Care System (ICS);
- An overview of the Cheshire and Merseyside Integrated Care Board (ICB);
- The vision of the Cheshire and Merseyside ICB;
- The functions of the Place Based Partnerships;
- The key priorities of the ICB;
- The alignment of the ICB to Halton Place priorities;
- An overview of Halton – life course approach; and
- Halton Place priorities.

In response to the Board's questions, the following information was provided:

- Funding of £4.3b that the Cheshire and Merseyside ICB received this year, was allocated to each area using an historical formula used when the CCGs were in existence;
- It was recognised that there were health inequalities in Halton that needed to be addressed;
- The NHS Cheshire and Merseyside budget was mainly committed to large contracts;
- It was important to prioritise the wellbeing of the population to keep them healthy; and
- The 'Halton Place' structure and staff roles were described; it was noted that the Halton Place team had worked well together so far and were ready for the winter period.

It was suggested that a structure chart of the ICB and the Halton Place staff be provided to the Board – this would be sent by Halton Place staff following the meeting.

RESOLVED: That

- 1) the presentation be received; and
- 2) future reporting be provided by agreed thematic agenda items.

Director of Adult
Social Services

HEA19 DEMENTIA FRIENDLY HALTON BOROUGH COUNCIL

The Board received a report of the Strategic Director – People, which presented the Dementia Friendly Halton Borough Council (HBC) Plan for information.

Dementia Friendly Communities was a Programme from the national Alzheimer's Society that encouraged everyone to share responsibility for ensuring that people with dementia felt understood, valued and able to contribute to their community. The Programme focussed on improving inclusion and quality of life for people with dementia and encouraged organisations to develop and implement local action plans.

It was reported that Executive Board gave approval in June 2022 for the development of a dementia friendly cross Council approach. The action plan, appended to the report, was grouped into three priorities:

- Priority One Actions – Organisational support and

infrastructure to support development of a Dementia Friendly HBC;

- Priority Two Actions – Raising Dementia awareness across the Council and beyond; and
- Priority Three Actions – Service Area Specific Actions.

Members were advised that monitoring of progress against the plan would be done initially via the quarterly update report to Adult Social Care Senior Management Team as this sat alongside the wider One Halton Dementia Delivery Plan, that was being led by Adult Social Care.

The Board welcomed the Plan and provided positive feedback regarding the seminars that had taken place across the Council so far. It was suggested that these awareness raising events could be beneficial to other organisations and bodies in the Borough – this would be fed back.

RESOLVED: That the report and action plan be noted.

HEA20 RESPITE PROVISION UPDATE

The Board considered a report of the Strategic Director – People, which gave an update on the position in relation to respite care provision, in particular shared care vouchers, and the course of action now being pursued in this area.

It was noted that in June 2019, a report was presented to the Board providing information on respite provision, specifically the shared care voucher process. The need for respite is identified by social workers as part of the assessment process and depending on the nature of the person's condition, shared care vouchers were identified as a way of meeting the assessed need.

The report gave a recap of the shared care voucher process and outlined the areas identified for improvement previously. It was reported that the onset of the pandemic soon after the previous report was presented had affected the level of progress that could be made with the improvements outlined in the 2019 report. Since the easing of the pandemic the respite offer had been revisited to ensure that the necessary improvements were made and there were options available that met people's needs.

The Board was presented with new improvement

actions and the rationale behind these, after taking into consideration the two main client groups requiring access to respite – adults with learning disabilities and older people.

The following information was provided following Members questions:

- Clients were either referred to the service or they could apply directly themselves;
- Respite provision was provided based on the needs of the individual following an assessment;
- Most clients were referred to the service and their carers were able to receive an assessment as well;
- As well as care home respite, there were other respite services on offer such as Shared Lives, Direct Payments and Crossroads (Home Based Respite Care Service); and
- Adults with learning disabilities did have the support of social workers to assist them with accessing respite provision.

RESOLVED: That the Board notes the report.

HEA21 PERFORMANCE MANAGEMENT REPORTS, QUARTER 2 2022/23

The Board received the Performance Management Reports for quarter two of 2022/23.

Members were advised that the report introduced, through the submission of a structured thematic performance report, the progress of key performance indicators, milestones and targets relating to Health in quarter two of 2022-23. This included a description of factors, which were affecting the service.

The Board was requested to consider the progress and performance information and raise any questions or points for clarification and highlight any areas of interest or concern for reporting at future meetings of the Board.

Page 91 – ASC03 – it was noted that quarter 2 data was missing as it was only a snapshot of information that was presented once a year in quarter one.

RESOLVED: That the Performance Management reports for quarter two of 2022/23 be received.

Meeting ended at 8.25 p.m.