

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 19TH MARCH 2009

EXB118 AMENDMENTS TO STANDING ORDERS RELATING TO CHANGES IN MENTAL HEALTH LEGISLATION

The Board received a report of the Strategic Director, Health and Community which described changes to mental health law that required amendments to delegated powers contained within the Council's Constitution.

The report set out a number of amendments that had been made to the Mental Health Act 1983, the implementation of the Deprivation of Liberty Standards Safeguards (DoLS) which would act as an amendment to the 2005 Mental Capacity Act and which were to be implemented from 1st April 2009.

Members were advised that the DoLS were introduced to fill a gap in the legislation, which had been highlighted by a number of significant cases, some of which went to the European Court of Human Rights. The DoLS applied to people who lacked capacity to make their own decisions about their care and treatment, who were either in hospital or in residential or nursing care.

Members were further advised that, on occasion, there was a need to provide a level of care and protection to people which amounted to a restriction on their liberty. This might involve preventing somebody who had abused them from visiting them, or providing a security system on the entrance door of an establishment which prevented people from leaving.

Members were further advised that caselaw decided that, if these restrictions of liberty were added together in individual cases, this might amount to an actual deprivation of their liberty, without any scope for appeal to an external authority who could oversee this. This was deemed to be against their Human Rights and contracted with the position of people who were detained under the 1983 Mental Health Act, who could appeal for a review of their case to a legal Tribunal.

It was noted that a new, and very complex legal process had been established which required Local Authorities to consider any potential Deprivation of Liberty under these circumstances, and to issue a time-limited authorisation for this as appropriate. In addition, a new staff role was established, known as Bests Interests Assessor, who was required to

complete at least one of the six assessments required as part of the authorisation process.

These two new levels of decision-making – authorising the Deprivation of Liberty and Best Interests Assessor – would need to be included in the Scheme of Delegation. Along with the approval of Approved Mental Health Professionals (AMHP's), it was recommended that this was delegated to the Operational Director level, with the expectation that the roles themselves would be further delegated on as appropriate.

RESOLVED: That

(1) the content of the report be noted and approved; and

(2) the additions and amendments to the Scheme of Delegation, as proposed in paragraphs 3.1.4 and 3.2.6, be agreed.

EXB137 CONSULTATION ON APPLICATION FOR NHS FOUNDATION TRUST STATUS

The Board received a report of the Strategic Director Health and Community which provided an update on the Five Borough's Partnership NHS Trust's consultation regarding its application for Foundation Trust status and its organisational proposals.

It was reported that the NHS Foundation Trusts were established under the Health and Social Care (Community Health and Standards Act) 2003 ("the 2003 Act"). It was noted that they had grown out of the wider NHS reform programme, offering greater autonomy and freedoms for NHS organisations within a national framework of standards and inspections.

The Board was advised that all NHS Provider Trusts had been tasked with achieving the position at which they could be considered as potential Foundation Trusts. A Foundation Trust was an NHS organisation that operated on the principle of working with its members for public benefit. It was noted that a Foundation Trust remained part of the NHS and maintained the principles and standards of the NHS such as delivering services without charge.

It was further advised that Foundation Trusts were subject to NHS standards, performance measures and inspection processes. Foundation Trusts were overseen by an independent regulator, Monitor and inspected by the Healthcare Commission (to be replaced by the Care Quality Commission in April 2009), which was the body that ensured that Foundation Trusts met their obligations. Detailed in the report was a description of what NHS Foundation Trusts were and what they must be able to demonstrate.

It was reported that the Trust's consultation document described its proposals for the future organisational arrangements for governance and comprised of three main components which were set out in the report for Members' consideration. A copy of the consultation document was appended to the report for information.

RESOLVED: That the Executive Board support the application for Foundation Status and the opportunities this would bring to the people of Halton.

EXB138 HEALTH & COMMUNITY CAPITAL PROGRAMME 2009-10

The Board considered a report of the Strategic Director, Health and Community which advised the likely provisional carry forward to 2009/210 and sought approval for the draft 2009/10 capital programme.

Detailed in the report was the provisional outturn for Health and Community's 2008/9 capital programme, the provisional carry forward to 2009/10 and the draft programme for 2009/10. The below provided details of the 2009/10 allocations from grants.

	£
Provisional Housing Grant	622,000
Disabled Facilities Grant	453,000
Mental Health SCP	101,000
Social Care SCP	60,000
Total	1,236,000

The provisional outturn for Health and Community's 2008/09 capital programme was appended to the report for Members' consideration. It was noted that a further report would be presented to the Board when the final outturn was available.

It was further reported that the carry figures were subject to variations and would not be finalised until year end. In addition, at the time of writing there had been no formal announcement of the 2009/10 housing capital allocation and therefore, an estimated figure had been used in order to get a budget approved in time for the new financial year.

RESOLVED: That the Board recommend that the Council approve the proposed capital programme for 2009/10 as set out in Appendix 1 to the report.

EXB139 SCRUTINY REVIEW OF SAFEGUARDING VULNERABLE ADULTS SERVICE

The Board considered a report of the Strategic Director, Health and Community which advised the follow up recommendations of the Scrutiny Review of the Safeguarding Vulnerable Adults service, carried out in 2008.

It was advised that a review of Halton's Safeguarding Vulnerable Adults Service was commissioned as a joint scrutiny topic between the Safer Halton and Health Halton PPB. It was carried out during 2008. The full report with recommendations highlighted was appended to the report for Members' consideration.

The Board was advised that the report was commissioned because referrals of alleged abuse of vulnerable adults in the category of "older people" received by Halton Borough Council had risen year on year, with Halton having the highest levels of referrals in the North West. The PPBs wished to understand the reasons for this and consider if appropriate procedures were in place to safeguard vulnerable adults.

It was further noted that the scrutiny review addressed a comprehensive range of safeguarding arrangements, addressing policies, systems and processes and both Policy and Performance Board had endorsed the recommendations of the scrutiny review.

It was reported that the group concluded that although the Halton figure for referrals seemed high in comparison to other local authorities, this could not be relied upon as a true like-with-like comparison and therefore could not be validated. No evidence was found to suggest that levels of abuse were higher in Halton than other areas.

Members were advised that currently there were no provisions within the existing residential and nursing care contracts for Elected Members to undertake lay assessments of residential and nursing care homes. It was reported that the Council was currently reviewing its residential and nursing care contracts and it was anticipated that this would provide an opportunity to consider recommendation 5.4.3.

The Board was informed that since the final scrutiny report was presented to the Policy and Performance Boards, a number of National reviews and investigations had been undertaken. Council anticipated changes to existing guidelines and, in this context, it was recommended that recommendation 5.6.1 would be put on hold. It was further noted that Halton Borough Council officers were responsible for the Safeguarding service and had followed up on other recommendations made in the report and progress would be reported within the Annual Report of the

Safeguarding Adults Board and updates to the Safer Halton Partnership, as well as the two Policy and Performance Boards would be provided.

The Chair of Safer Halton PPB addressed the Board and reported that an adult abuse awareness day had taken place which was well attended with 21 Councillors who attended and there would be another one scheduled in the near future.

RESOLVED: That

- 1) the Executive Board endorse the recommendations of the Scrutiny Board, with the exception of 5.4.3 and 5.6.1 of the appendix to the report; and
- 2) the Board receives a further report on the two recommendations identified above.

EXB140 NATIONAL SUPPORT TEAM FOR HEALTH INEQUALITIES

The Board received a report of the Strategic Director of Health and Community which provided information on the key messages arising from the visit by the National Support Team (NST) for Health Inequalities during the week beginning 9th February 2009. The report also outlined the proposals for the next steps that the PCT and its partners needed to take in response to the recommendations arising from the visit.

It was reported that NSTs had, in the past, provided tailored support to local NHS organisations facing the greatest challenge to achieve key deliver areas. The Department of Health determined that such a process may be beneficial for public health and had set up 7 public health NSTs as follows, sexual health, tobacco control, health inequalities, teenage pregnancy, childhood obesity, alcohol harm reduction and infant mortality.

It was advised that the NST for Health Inequalities was one of a number of support teams established by the Department of Health to help PCTs and Local Authorities designated as spearhead areas deliver on public health priorities and targets. It was noted that the NST for Health Inequalities focused on the public service agreement (PSA) targets aimed at reducing the gap in life expectancy and mortality from the major causes of death. The Board was informed that the visit was not an audit nor was it part of performance management but it was designed to support the local health economy to improve performance.

The NST had provided a report based on the findings of the interviews and the workshops. The report outlined the key strengths of the local health economy and other areas with potential for improvement. It was noted that the NST had also identified areas where support could be provided.

The Board was advised that the visit focused on the Halton and St. Helens Primary Care Trust and local authority areas and took place over four days. A team of reviewing officers conducted a series of one to one interviews with selected individuals and various agencies. It was reported that in addition to the Community Engagement Focus Group, six workshops were also facilitated which covered various diseases detailed in the report. It was noted these workshop themes were areas that had been identified nationally as they offered the greatest opportunity for change and positive impact on health and life expectancy in the short term. The Board was advised that feedback was provided at a plenary session and a follow-up meeting was scheduled for June 2009 for reflection and a discussion of proposed actions in response to the findings.

The Board were informed that the NST had commented that they had found the visit to be a very positive experience and some of the strengths highlighted were set out in the report for Members' consideration.

In addition, detailed within the report were the main recommendations and implementation of the recommendations plus next steps.

RESOLVED: That

- 1) the Executive Board receive the feedback reports from the NST Health Inequalities Team;
- 2) the Executive Board approve the next steps in responding to the recommendations as outlined in section 7; and
- 3) the Board receive a further report in July 2009.

EXECUTIVE BOARD SUB-COMMITTEE MEETING HELD ON 12TH FEBRUARY 2009

ES81 ONE YEAR EXTENSION TO CURRENT DRUG SERVICE CONTRACT

The Sub-Committee received a report of the Strategic Director, Health and Community, which sought authority to increase and extend the contracts of ARCH Initiatives and Addaction until 31st March 2010.

It was noted in May 2008, the Strategic Director, Health and Community was authorised to proceed with the open tendering and procurement of a community based Drug Service. The planned start date for this service was April 2009. As a consequence current service providers

were issued with notices of termination of contracts. The notice was to expire on 31st March 2009.

It was further noted that following discussions in November 2008 with the Chief Executive, Strategic Director Health and Community, Deputy Director of Public Health and Operational Director for Partnership Commissioning (Halton and St. Helens Primary Care Trust (PCT)) the decision was taken to halt this tender process.

During this process, Halton and St. Helens PCT indicated that significant additional resources would be made available for the provision of alcohol treatment from April 2009. In the interests of economy, efficiency and effectiveness, the Council and the PCT were now discussing how the alcohol and drugs resources could be combined with a view to tendering for a combined substance misuse service, commencing April 2010. Therefore to prevent any gaps in service it was necessary to withdraw termination notices and extend contracts for a further year with both ARCH Initiatives and Addaction.

Members were advised that ARCH Initiatives currently provided the screening and assessment functions for the single point of access at Ashley House. They also provided time-limited support to individuals that used stimulant drugs. The contract value to provide these services in 2009/10 would be £144,000. However, it was the intention of the Drug Action Team to invest a further £80,000 to also provide an improved service for Carers and increase referrals from local hospitals. The total contract value for 2009/10 would therefore be £224,000.

Members were further advised that Addaction currently provided the Outreach Service and Drug Intervention Programme targeted at drug using offenders. The contract for 2009/10 would be £304,000. However, in order to provide additional capacity to support the Prolific Offender team and establish an increased presence at the police custody suite at Manor Park, the Drug Action Team intended to invest a further £36,000. Therefore the total contract value for 2009/10 would be £340,000.

RESOLVED: That for the purposes of Standing Order 1.6b, authority be delegated to the Operational Director, Culture and Leisure Services in consultation with the Executive Board Member for Health and Social Care to extend the contracts of ARCH initiatives and Addaction until 31st March 2010 without competitive tendering and at the additional cost of £80,000 and £36,000 respectively.

ES83 REVIEW OF FEES & CHARGES 2009-10 FOR HEALTH & COMMUNITY SERVICES

The Sub-Committee were presented with a report which proposed increases in fees and charges for Health and Community Care services.

Members' attention was drawn to Appendix 1 which showed the current charges for social care services and the proposed charges for 2009/10. The recommended increased fees and charges for social care services listed for 2009/10 had been inflated by 3%.

Members were advised that fees and charges for Health and Community Care would be increased with effect from 6th April 2009 to coincide with the annual increase in Welfare Benefit rates.

It was noted that current 08/09 Direct Payment rates were detailed within the report. It was proposed that these remained unchanged pending the outcome of consultation with key stakeholders about how resources should be calculated and allocated to Individual Budget holders. The results of the consultation and proposed outcomes would be reported to the Executive Board Sub-Committee for approval.

RESOLVED: That

- (1) the proposed changes in fees and charges outlined in Appendix 1, be approved with effect from 6th April 2009 which was the date on which Welfare Benefits were increased; and
- (2) that Direct Payment rates remain unchanged until the outcome of the impending consultation with key stakeholders on the new resource allocation system for Direct Payments/Individual Budgets was completed. Any new resource allocated proposals would be submitted to the Executive Board Sub-Committee for approval.