

HEALTH POLICY AND PERFORMANCE BOARD

At a meeting of the Health Policy and Performance Board held on Tuesday, 17 September 2019 at Council Chamber - Town Hall, Runcorn

Present: Councillors J. Lowe (Chair), Baker (Vice-Chair), Cassidy, Dennett, P. Hignett, Ratcliffe, Sinnott and Zygadlo

Apologies for Absence: Councillor Dourley, C. Loftus and June Roberts

Absence declared on Council business: None

Officers present: S. Wallace-Bonner, M. Vasic, D. Nolan, L Wilson, M. Lynch, D. Parr and G. Ferguson

Also in attendance: Councillor T. McInerney under Standing Order 33. M. Austin - Halton CCG, Dr Davies - Halton CCG, M Pickup - Warrington and Halton Hospitals, C. Scales - Bridgewater, J. Regan – Premier Care and L. Thompson – Halton CCG.

ITEMS DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

	<i>Action</i>
HEA1 MINUTES	<p>The Minutes of the meeting held on 18 June 2019 were signed as a correct record.</p>
HEA2 PUBLIC QUESTION TIME	<p>It was confirmed that no public questions had been received.</p>
HEA3 HEALTH AND WELLBEING MINUTES	<p>The minutes relating to the Health and Wellbeing Board from its meeting on 27 March 2019 were presented to the Board for information.</p>
	<p>RESOLVED: That the minutes be noted.</p>
HEA4 BRIDGEWATER COMMUNITY HEALTHCARE AND WARRINGTON & HALTON HOSPITALS COLLABORATION UPDATE	

The Board was provided with an overview of the collaboration between Bridgewater Community Healthcare (BCH) NHSFT and Warrington and Halton Hospitals (WHH) NHSFT, including progress to date and the key next steps.

The collaboration was described as an equitable partnership of two foundation trusts intended to support and accelerate the delivery of *One Halton and Warrington Together* priorities, with system partners to improve the health and wellbeing outcomes of both populations.

It was noted that the NHS Long Term Plan, published in January 2019, promoted models of collaboration with the 'breaking down' of barriers between primary and community and acute care, with out of hospital provision of care prioritised and the development of integrated community teams and primary care networks. It was explained that BCH and WHH operated across the Warrington and Halton health economy footprints, and like many health and care organisations, both faced increasing pressures from increased demand for services due to population health trends, service delivery pressures due to workforce availability and need to address challenges at an organisation and system level.

Therefore in line with the direction of the NHS Long Term Plan, both organisations shared an ambition to develop true sustainable integrated care and shared the belief that there were opportunities to collaborate in developing place based models of care in both Halton and Warrington, which would not only remove the barriers between acute and community but also primary care, social care and voluntary/charity sector services.

The report continued, discussing system aims, progress made to date and the key next steps with regards to governance, workforce, clinical service sustainability and reducing costs in the system.

It was highlighted by a Board Member that the governance arrangements were not yet clearly defined. The Board requested that an update report should be circulated to Members once the governance arrangements had been confirmed.

In addition, the Board discussed the interface between the Local Authority and the Programme Managers, the proposal for a new hospital in Warrington and engagement with Whiston Hospital and the collaboration.

On behalf of the Board, the Chair thanked Mel Pickup for her contribution to Board meetings and wished her every success in the future.

RESOLVED: That the Board noted the contents of the report.

HEA5 COMMUNITY CONNECTORS

The Board considered a report from the Strategic Director – People, which provided an evaluation of the Halton Community Connectors pilot.

It was reported that the Community Connector pilot was a 12 month funded initiative which adopted the evidence based ‘Local Area Coordination’ approach to supporting people as valued citizens in their communities. The approach was an assets/strength based one, which protected the individual’s independence, resilience, ability to make choices and wellbeing utilising personal, social, community and environmental assets. Further, supporting the person’s strengths and using assets in the community could help address their needs for support in a way that allowed the person to lead, and be in control of, an ordinary and independent day to day life as much as possible; and may also help delay the development of further needs.

The report described the role of the two Community Connectors appointed and how they operated during 2018-19. Members also heard the outcomes of the pilot, the links with care management, what was learnt and the next steps to be taken. Members were also referred to ‘Jenni’s Journey’, a case study which was appended to the report.

The Board discussed how the pilot worked alongside Sure Start services and other similar projects such as Bridge Builders and how it enhanced Social Workers’ knowledge of these types of services.

RESOLVED: That the report be noted.

The Chair declared a Disclosable Other Interest in the following item as her son’s partner works for Premier Care so she did not take part in the debate following the presentation.

HEA6 TRANSFORMING DOMICILIARY CARE (TDC) PROGRAMME

The Board received a report from the Strategic

Director – People, which gave an update on the progress of the Transforming Domiciliary Care Programme and information on Premier Care – Lead Provider for commissioned domiciliary care in the Borough.

It was reported that Halton Borough Council had been working with a range of partners to develop how domiciliary care was delivered in the Borough; known as the Transforming Domiciliary Care Programme. The term *Domiciliary Care* was used to describe the help some adults need to live as well as possible when coping with an illness or disability they may have.

Members were presented with information about the Programme with the help of a presentation given by Mr Regan on behalf of Premier Care. The report also discussed the Programme's capacity and demand, service user assessment and management and workforce development.

Board Members raised concerns around retention of staff, workforce development, administering medication and the proposed apprenticeship scheme. In response the Board was advised that staff turnover at Premier Care was similar to the national average in this area of employment. With regard to a proposed apprenticeship scheme, Mr Regan confirmed that if the apprentice was providing domiciliary care then the rate of pay would be the same as other employees in a similar role. In response to the concerns around administering medication, Premier Care was looking at an electronic system that would provide an improved and more robust medication administering system.

RESOLVED: That the report be noted and Premier Care be invited to attend a future Board meeting to provide an update on apprenticeships and the medication administering system.

HEA7 URGENT TREATMENT CENTRES UPDATE

The Board received a presentation from Dr Andrew Davies, Clinical Chief Officer, NHS Halton CCG, on the outcome of the Urgent Treatment Centre (UTC) procurement.

Members were advised on the future UTC model and received information on how it would improve the current Urgent Care Centres by providing:

- access to appropriately skilled practitioner to meet

- patient needs and diagnostics where required;
- an improved model of care encompassing health and social care;
- clear outcomes demonstrating system working; and
- improved patient experience.

The UTC contract open tender process would commence during October and was expected to be completed by December 2019. The new UTC contract would be effective from April 2020. A public consultation exercise would take place throughout the process.

A member requested that the Board be kept up to date on any proposed service improvements at the UTC. In addition, if there were plans for more GP hours at the UTC, these should be clearly signposted.

RESOLVED: That the Board note the report and accompanying presentation.

HEA8 NHS HALTON & NHS WARRINGTON CCG FUTURE COMMISSIONING/GOVERNANCE ARRANGEMENTS

The Board received a presentation from Dr Andrew Davies, Clinical Chief Officer, NHS Halton CCG, on the future commissioning arrangements.

Members were advised that there was a national requirement for CCGs to reduce the already stretched running costs by 20% by 2020/21. In addition, the ambition of the NHS Long Term Plan placed great focus on the streamlining of commissioning and place based integration.

It was noted that over the last few months, the Halton and Warrington CCG Integrated Management Team had been working to identify actions to reduce running costs and had already exhausted all internal actions in terms of reducing spend. Taking into consideration the 20% reduction requirement for both NHS Halton CCG and NHS Warrington CCG, a formal options appraisal was being undertaken to consider what could be done to reduce costs, streamline commissioning and make best use of resources and expertise. The following three options had been considered by the CCGs and details of each were outlined to the Board:

- Do nothing;
- CCGs integrate with their respective Local Authorities; and
- Merger of the two CCGs.

It was noted that following an appraisal of the three options, which included a financial report, it had been decided to progress with the preferred option to merge the two CCGs. Members were provided with information on the latest feedback on the public consultation exercise that was taking place around the proposed merger, the engagement process with stakeholders and details on the next steps of the process.

The following was discussed/noted in response to Members' queries:

- the appropriateness of merging Halton and Warrington CCGs;
- dilution of the Halton Place agenda;
- the closure of Halton Haven, although it was not part of this process;
- the timescales involved and the very short period of consultation;
- the lack of inclusivity in the process with the Council and other stakeholders;
- bias towards the merger model;
- failure to properly consider and evaluate all options;
- the implications the merge will have on the medium and long term financial funding for health in Halton;
- the dilution of the Halton GP voice as Warrington had more GPs than Halton and the wider implications of Halton GPs representation on the new Board;
- the future impact on One Halton; and
- the lack of financial information provided.

Members also expressed concern that although Dr Andrew Davies offered a number of guarantees he could not provide absolute guarantees to the Local Authority around future funding or governance arrangements.

In response to Members' concerns around the financial information that had been appraised, Dr Andrew Davies agreed to share the financial documents with the Board.

RESOLVED: That the Board notes the report and accompanying presentation.

HEA9 ONE HALTON PLAN

The Board considered a report of the Chief Executive that shared with Members the current working draft of the

One Halton Plan. This was a Five Year Strategy document required by Cheshire & Merseyside Healthcare Partnership in response to the NHS Long Term Plan.

Members were advised that the draft document would be reviewed at the Health and Wellbeing Board (HWB) at its meeting on 2nd October 2019. Any comments on the One Halton Plan should be forwarded to the Chief Executive prior to the HWB meeting.

RESOLVED: That

1. The draft report is noted; and
2. Any comments on the One Halton Plan be forwarded to the Chief Executive.

HEA10 PERFORMANCE MANAGEMENT REPORTS, QUARTER 1 2019/20

The Board received the Performance Management Reports for quarter 1 of 2019-20.

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 1 of 2019-20. This included a description of factors which were affecting the services.

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.

Arising from the discussion, it was reported that Halton had recently contributed to a successful bid through the Cheshire and Mersey Cancer Prevention Group, a subgroup of the Cancer Alliance and had been awarded over £1.2million to implement activities to improve uptake of cancer screening programmes. The Board requested additional information on how the Group would roll out this programme.

RESOLVED: That the Performance Management Reports for quarter 1 be received.

Meeting ended at 9.00 p.m.