

## HEALTH POLICY AND PERFORMANCE BOARD

*At a meeting of the Health Policy and Performance Board held on Tuesday, 19 June 2018 at Council Chamber, Runcorn Town Hall*

Present: Councillors J. Lowe (Chair), Baker (Vice-Chair), Cassidy, Dennett, Horabin, C. Loftus, June Roberts, Sinnott and D. Wilson - Co-optee Healthwatch Halton

Apologies for Absence: Councillor Osborne

Absence declared on Council business: Councillor M. Bradshaw

Officers present: S. Wallace-Bonner, M. Vasic, A. Jones and H. Moir

Also in attendance: Dr Andrew Davies – Clinical Chief Officer, NHS Halton CCG & NHS Warrington CCG and Maria Austin – NHS Halton CCG

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

		<i>Action</i>
HEA1	MINUTES	
	The Minutes of the meeting held on 27 February 2018 having been and circulated were signed as a correct record.	
HEA2	PUBLIC QUESTION TIME	
	It was confirmed that one public question had been received. The Member of the public was not at the meeting to present the question, so a response would be provided from Dr Andrew Davies, Clinical Chief Officer, NHS Halton CCG & NHS Warrington CCG.	
HEA3	HEALTH AND WELLBEING MINUTES	
	The minutes of the Health and Wellbeing Board from its meeting on 17 January 2018 were presented to the Board for information.	
	RESOLVED: That the minutes be noted.	
HEA4	HEALTH POLICY AND PERFORMANCE BOARD ANNUAL REPORT : 2017/18	
	The Board received the Health Policy and	

Performance Board's Annual Report for April 2017 to March 2018.

The Chair conveyed her thanks to all Members of the Board and Officers, for their commitment and support throughout the year.

RESOLVED: That the Annual Report for April 2017 to March 2018 be noted.

HEA5 BRIDGEWATER COMMUNITY HEALTHCARE NHS FOUNDATION TRUST

The Board received a presentation from Dr Andrew Davies, Clinical Chief Officer, NHS Halton Clinical Commissioning Group (CCG), which provided an update on Bridgewater Community Healthcare NHS Foundation Trust.

It was reported that during 2017-18 NHS Halton CCG had a contract in place with Bridgewater Community Foundation Trust and during that period a number of clinical quality concerns had been raised with the Trust, specifically around leadership, workforce and sustainability. The CCG had been working with other commissioners in a collaborative commissioning forum to agree arrangements that would reinforce and continue to build upon the services provided by Bridgewater by addressing the issues associated with the health and well-being of the residents of Halton.

The update outlined the quality surveillance timelines, escalating quality concerns, and the quality risk profile tool used by commissioners. It was noted that a follow up Quality Risk Profile (QRP) meeting with commissioners, regulators, NHS England and Bridgewater was planned in August 2018, to assess progress.

Members were pleased to hear that the surveillance was being carried out on Bridgewater following the CQC inspection outcome last year. They requested the presentation detailed above be emailed to them for further scrutiny. The Chair requested that a further update be brought to the Board for the September 2018 meeting.

RESOLVED: That the Board note the contents of the report and associated presentation.

Director of Adult Social Services

HEA6 EVERYONE EARLY HELP STRATEGY 2018-2021

The Board received a report from the Strategic

Director – People, which presented the new *Everyone Early Help Strategy* that combined children, adults and public health. The draft document was appended to the report.

It was reported that services to support children, families and vulnerable adults were facing unprecedented challenges. It was clear that early help and prevention services should make up the cornerstone of any delivery model. If low-level needs could be prevented from developing into more serious or acute needs, then this was advantageous to both the provider and service user. It was noted that effective early help and prevention could not only increase independence, improve outcomes and the quality of life for individuals, but also provide a financial return to the Local Authority in the form of cost avoidance and a reduction in the use of more expensive, acute resources.

Members were advised that this transformation in thinking was about undertaking a whole system review of the approach to early help and prevention, with a focus on increasing the resilience of communities and their potential to help themselves, supported by a planned prioritisation of resources, integration, collaboration and understanding the benefits that early help could have on a wide range of longer term outcomes for everyone involved.

The report advised of Halton's approach to early help and prevention where there had been a long standing commitment across all agencies and strategic partners. It was noted that the Council had restructured in 2016-17 to combine the adult and children directorates to create the People Directorate. Following this it was agreed to create a new joint early help strategy that would sit across the new People Directorate. The report continued discussing the five key aims of the Strategy, and then the three priorities within the Strategy that all agencies would work towards to help further embed early help principles.

Overall Members agreed that help in the early years was important and they would like the Strategy to develop and be a success. They had some reservations with the priorities outlined in paragraph 3.7, requesting more clarity. They also questioned the framework of the Strategy and how would success be measured. In response it was commented that outcomes would be detailed in the delivery plan, which would be included as the document developed. Members discussed the importance of communities, schools, public health, the voluntary sector organisations and community organisations all being involved and brought together to ensure the success of the Strategy. Further, it

was suggested that a seminar be arranged to present the Strategy to all Members of the Council.

RESOLVED: That the Strategy be received and comments made noted.

Strategic Director  
- People

## HEA7 PROCEDURES OF LOWER CLINICAL PRIORITY

The Board received an update from Dr Andrew Davies, following the public consultation and NHS Clinical commissioning Group's (CCG's) Governing Board decision on the Merseyside review of the Cheshire and Merseyside Procedures of Lower Clinical Priority.

By way of a reminder, in September 2017 the Board was informed of the Merseyside wide review of the existing Procedures of Lower Clinical Priority and the process being undertaken for the stakeholder and public engagement. The consultation lasted 12 weeks and was undertaken in Autumn 2017, with feedback being collated in November. Following this the policy development steering group reviewed the consultation feedback and made any final amendments where it was appropriate. The final set of policies were prepared and presented to each of the CCG's governing bodies in January 2018 (except Knowsley CCG when it was March). Following this all CCG Governing bodies approved the review and the proposed policies and had adopted them from the beginning of April 2018.

The following documents were appended to the report:

- Collaborative Policy Development Project: Governing Body paper seeking sign off of all policies reviewed to date, ahead of implementation with providers;
- Appendix 1 – Rationale for decisions tracker – suites 1 and 2 policies December 2017;
- Appendix 2 – Comparison document demonstrating the proposed changes for PLCP Policy 2018-19 against the current PLCP Commissioning Policy 2014-15 – December 2017;
- Policy Development Project Working Group Meeting 12 – Minutes 14 November 2017;
- Collaborative Policy Development Project: Governing Body paper seeking sign off of all policies reviewed to date, ahead of implementation with providers;
- Procedures of Lower Clinical Priorities – Reviewing Local Health Policies – supporting evidence; and
- Criteria Based Clinical Treatments.

It was commented that it was important to note that the existing policies had been in place for many years so the review was to bring them up to date with new procedures etc, and to bring consistency amongst them all.

The Chair suggested that a summary / table of changes would be helpful to the Board. Also the comments regarding the availability of mental health services for children under 16 years old and difficulties with funding requests being followed up were noted by Dr Davies. He advised that a follow up report could be submitted to the Board.

RESOLVED: That the Board

- 1) notes that NHS Halton CCG's Governing Body approved the review of the revisions to the policies in January 2018, following a presentation of the policy review to Halton's Health PPB which became operational on 18 April 2018; and
- 2) notes that the policies have adopted the current relevant national guidelines for care and comply with the general equity duties set within the national regulations.

*The Chair, Councillor J. Lowe declared a Disclosable Other Interest in the following item, as her son's partner works for a domiciliary care provider, so she did not take part in any discussion.*

#### HEA8 DOMICILIARY CARE & CARE HOMES – QUALITY UPDATE

Members received a report from the Strategic Director – People, updating them on key issues with respect to Domiciliary Care and Care Homes locally.

It was reported that it was a key priority for the Council to ensure the provision of a range of good quality services to support adults requiring commissioned care in the Borough. The Care Act 2014 had made this statutory through a choice of diverse high quality services that promoted wellbeing. It was noted that the Care Quality Commission (CQC) was responsible for the registration, inspection and assessment of all registered providers. However, the Care Act 2014 placed the duty of securing the quality of care in Halton on the Council itself.

In Halton it was noted that there were 26 registered care homes which provided 781 beds operated by 15

different providers. The capacity ranged from independent to large providers, with from 4 to 66 beds. The report went on to discuss the CQC ratings and comments made by them and discussed the functions of the Council's Quality Assurance Team. Appendix 1 provided performance data relating to the care homes.

It was noted that with regards to domiciliary care, there were 4 contracted provider agencies that covered the area providing 700 people with supportive packages of care delivering 22,000 care hours per month. Appendix 2 provided performance data relating to domiciliary care.

Members discussed the performance data provided and the capacity of care homes in Halton, which was presently extremely high at about 98%. The following was also discussed and noted:

- The difficulties faced by domiciliary care agencies and their staff who have to use public transport, as some areas had poor transport links or none at all;
- The difficulties faced in recruitment and retention of staff;
- The Council had recently purchased two care homes that were struggling;
- The Council had a statutory duty to work with private care homes to help sustain them;
- The Council worked in partnership with Care Home providers, ensuring that they were accountable for the services being provided.

RESOLVED: That the Board notes the contents of the report and its associated appendices.

#### HEA9 NHS HALTON CCG CONSULTATION & ENGAGEMENT

The Board received a report from the Strategic Director – People, presented by Dr Andrew Davies, which informed them of the NHS Halton CCG engagement and consultation requests from the following three GP practices:

- 1) Appleton Village Surgery: requesting consideration of a new build;
- 2) Beeches Medical Centre: requesting being relocated to another site;
- 3) Upton Rocks Practice: proposing the closure of Hale Village branch site.

The report provided details of the reasons for the requests made by the GP practices which were discussed in

detail by the Board. It was noted that the website links to the consultations would be shared with the Board, as would the outcomes of the consultations when they were over.

RESOLVED: That

- 1) A robust programme of consultation and engagement is undertaken with all relevant stakeholders;
- 2) Responses to the concerns regarding the Appleton Village new build be noted;
- 3) A 12 week consultation is undertaken with Beeches Medical Centre patients to understand any patient concerns and aid the decision making process regarding the proposed location; and
- 4) A 12 week consultation is undertaken with Upton Rocks Hale Village patients to understand any patient concerns and aid the decision making process regarding the proposed closure of Hale Village branch site.

Director of Adult  
Social Services

#### HEA10 DRAFT TOPIC BRIEF FOR SCRUTINY REVIEW OF CARE HOMES – FUTURE SUSTAINABILITY

The Board received the draft Topic Brief for the Scrutiny Review of the Care Homes – Future Sustainability.

It was noted that further to a meeting held on 13 December 2017 with Members of the Board, the following priorities were agreed for Adult Social Care for 2018-19:

- Care Homes – Future Sustainability;
- Supported Housing / Accommodation Review;
- Acute Trust / Acute Mental Health – National pressures and how these translated into local pressures; and
- Accountable Care System.

Following the Health PPB in February 2018 and following discussion, Members chose the *Care Home – Future Sustainability* as the area for the scrutiny review during 2018-19. The draft Topic Group brief had been prepared and was attached with the report for approval.

It was noted that the scrutiny would start in June 2018 with a visit to Millbrow Care Home on 28 June 2018 at 3pm for the official opening. The final report and

recommendations would be presented at the February 2019 meeting of the Health PPB.

RESOLVED: That the Board

- 1) approve the draft Topic Brief for the Scrutiny Review of the Care Homes – Future Sustainability; and
- 2) agrees that the membership of the Topic Group be open to all Members of the Board.

HEA11 PERFORMANCE MANAGEMENT REPORTS, QUARTER 4 2017/18

The Board received the Performance Management Reports for Quarter 4 of 2017/18.

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 4, which 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.

It was noted that the Council had recently joined *Ripfa*, organisation which offered a research engine to promote evidence based practice and provided training opportunities. Officers had received positive feedback on them from social workers.

RESOLVED: That the Quarter 4 priority based reports be received.

*Meeting ended at 8.25 p.m.*