

## HEALTHY HALTON POLICY AND PERFORMANCE BOARD

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

Present: Councillors E. Cargill (Chairman), Loftus (Vice-Chairman), Blackmore, Hodgkinson, Horabin, Howard, D Inch, Jones, Lloyd Jones, Swift and Wallace

Apologies for Absence: Councillor Gerrard (in accordance with Standing Order No. 33)

Absence declared on Council business: (none)

Officers present: P. Barron, L. Cairns, D. Gill, M. Loughna, A. Villiers and A. Williamson

Also in attendance: 11 public

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

	<i>Action</i>
HEA42 MINUTES	
The Minutes of the meeting held on 16 January 2007, having been printed and circulated, were taken as read and signed as a correct record.	
HEA43 PUBLIC QUESTION TIME	
It was confirmed that no public questions had been received.	
HEA44 EXECUTIVE BOARD MINUTES	
The Board considered the Minutes of the meetings of the Executive Board and Executive Board Sub Committee relevant to the Healthy Halton Policy and Performance Board.	
RESOLVED: That the minutes be received.	
HEA45 THE HEALTHCARE COMMISSION ANNUAL HEALTH CHECK 2007: 5 BOROUGH PARTNERSHIP NHS TRUST	

The Board considered a report of the Strategic Director – Health and Community providing an update of progress made in the 5 Boroughs' Self Assessment against The Standards for Better Health during the period April 2006 to March 2007.

Information was provided about the self-assessment against the standards, which had been nominated by the Board in February 2007. In addition, Ms. Hooton - Assistant Director for Clinical Governance attended the meeting to give a presentation and to respond to the Board's questions on this issue.

Ms. Hooton confirmed that the 5 Boroughs Partnership could evidence that it was compliant with each of the Standards highlighted by the Board. However, it was anticipated that it would be weak in one area with regards to record keeping. This was largely due to there being several electronic systems, some of which were not compatible.

RESOLVED: That the report be noted.

HEA46 UPDATE ON IMPLEMENTATION OF 'CHANGE FOR THE BETTER' IN HALTON

The Board considered a report of the Strategic Director – Health and Community providing an update on the implementation of 'Change for the Better' in Halton.

It was noted that, at the previous meeting of the Board on 10<sup>th</sup> July 2006, it was concluded that the proposals regarding the modernisation and redesign of Mental Health Services for Adults for people in Halton, Knowsley, St. Helens and Warrington was a substantial variation in the provision of mental health services and, as such, subject to joint scrutiny by Halton, Warrington and St. Helens Borough Councils. Consequently, a number of joint meetings had taken place between July and November 2006 with a final meeting scheduled for 19<sup>th</sup> April 2007. An appendix to the report gave an update on the successes and achievements to date and Mr. Ray Walker attended the meeting to give a presentation on the items listed in the appendix.

The Board considered the following issues:

- builders were on site at the Brooker Centre – they were expected off-site at the end of the month at which time there would be two single sex wards;
- day hospital closures had been part of the original consultation - it was intended that more appropriate

- care be provided in appropriate settings;
- people aged over 65 who required care would receive this on single sex wards;
  - older and younger people had been located together in some wards and no problems had been experienced with this to date;
  - services were now open to people irrespective of age; for example, “Crisis Resolution”;
  - a joint working group was looking at the provision of medication by GPs - this was expected to be in place within the next three to six months with GPs managing 8 – 10 patients each;
  - the majority of people would be treated within the Borough; however, some services were so specialist that patients would have to travel elsewhere, for example people who had offended and required a medium secure unit would need to be located at St Helens as this was the nearest facility;
  - staffing had been enhanced to allow training and practice to take place in a structured way;
  - there had been a change in respect of psychologists so that there was a change of focus in line with national evidence;
  - there were two types of eating disorders – one was managed at GP level and the other, when at specialist level, outside of the Borough;
  - evidence around psychosis showed that early intervention meant a better outcome in the long term;
  - work would be taking place to improve the Crisis Intervention Home Service to avoid having to admit patients to hospital; however, if it was felt that non-admittance was not safe, the patient would be admitted and the team would then work with that person with the aim of discharging them.

The Chairman thanked Mr. Walker for attending the meeting and outlined her concerns about the pace of change in respect of the provision of medication, which was considered to be too fast. Mr. Walker confirmed that he would ensure that this point was addressed in detail in the report.

RESOLVED: That the update be received.

HEA47 THE HEALTHCARE COMMISSION ANNUAL HEALTH CHECK 2007: NORTH CHESHIRE HOSPITALS NHS TRUST

The Board received a report from Ms. Liz Craig, Director of Governance at North Cheshire NHS Trust,

providing information about the Trust's position at the end of 2006/07 in relation to the Health Care Commission Annual Health Check.

Attached to the report was the Annual Health Check Declaration 2006/07 including an overview of the self assessment process requested by the Health Care Commission and those standards to be included within this year's assessment in order for the Health Care Commission to define its final rating for the Trust. The report focused on areas of partnership working across the health economy and those criteria identified as relevant to the Healthy Halton Policy and Performance Board so that the Board could comment on the Trust's performance against the standards should it wish to do so.

Ms. Catherine Beardsall, Chief Executive of the Trust, attended the meeting to provide an overview of these standards and results together with Ms. Liz Craig - Director of Governance, Jane Downey - Head of Risk Management, and Anna Alexander - Deputy Director of Nursing

The Board considered the following issues:

- the Trust was in a situation of financial turnaround to establish a system by which it could sustain services into the future - over the next 14 months, savings of £18m had to be achieved;
- there was non-compliance with the MRSA and decontamination targets;
- processes had been examined to maximise capacity as part of the financial recovery plan;
- bad behaviour to staff was on a downward trend - the Trust had a pro-active security team and offered conflict resolution training to all front line staff;
- the number waiting four hours or longer for beds had reduced, with only 20 patients waiting longer than the 4 hour period in February;
- there had been publicity about consultants refusing to transfer to Halton. Ms Beardsall confirmed that consultants had been cautious about what work could be transferred; however, good progress had been made with 16% transferring successfully, demonstrating to those who were nervous that this could work. It was intended that the transfer be completed by June with 25% of activity taking place at Warrington and 75% at Halton: the number of beds at Warrington's site would be reduced so the default had to be at Halton; and
- the hours of opening would be the same.

In addition, the Board considered the non-compliance of the MRSA and decontamination targets in detail and noted the following:

#### Decontamination

- the hospital did not comply with regulations coming into force this year with respect to decontamination as the hospital did not have a wall between clean and dirty instruments – this was not unusual and, had the licence not been up for renewal, the Trust would have met the standard until arrangements were in place to comply with the new regulations;
- the licence was time limited and up for renewal intermittently – this was outside the Trust's control;
- following a national initiative, the Trust had been working with a Consortium to provide a new building off-site at Trafford Park – once this was ready, full compliance could be declared;
- this had been a lengthy process due to the necessary steps that had had to be taken including setting up the Consortium, the tendering procedure and carrying out the building work.

#### MRSA

- information was provided in respect of MRSA and how it was carried and contracted;
- the Trust advised that it was working hard to reduce the figures in this respect but had been unsuccessful so far with 33 incidents to date this year;
- 9 of the 33 cases had been community acquired, which meant that the patients had come into hospital with MRSA – unfortunately, this still counted against the target;
- all the action plan objectives had been achieved apart from one, which was to screen patients before they came into hospital - it was intended that elective surgery be targeted for this as it was a high-risk group: thought was also being given to checking those people who had vascular surgery;
- screening was costly and the Trust was liaising with its colleagues in the PCTs to try and arrange for the Trust to do the screening side with the GPs carrying out the necessary treatment; however, this would not stop all of the cases and, even those hospitals that screened all patients still had incidents of MRSA;
- a 'root cause analysis' was being carried out on every patient who contracted MRSA to see if the reason

- why they had contracted it could be pinpointed;
- visitor guidelines were also in place;
  - a Patient Environmental Action Team Inspection had been carried out regarding cleanliness, which had classified Halton as 'excellent' and Warrington as 'very good';
  - the cleaners were the hospital's own staff;
  - the same regimes were operated in both Warrington and Halton and all staff were trained by the same infection control team;
  - the Trust would be working closely with the Health and Safety Executive over the next twelve months in accordance with the Action Plan.

The Chairman thanked Ms. Beardsall and her colleagues for attending the meeting and invited them to return in the near future.

RESOLVED: That the contents of the report be noted.

*(NB Councillor Lloyd-Jones declared a personal interest in the following item of business as her husband was a non-executive director of Halton and St Helens' Primary Care Trust.)*

HEA48 THE HEALTHCARE COMMISSION ANNUAL HEALTH CHECK 2007: HALTON AND ST. HELENS PRIMARY CARE TRUST (PCT)

The Board considered a report of the Strategic Director – Health and Community regarding progress made in the Halton and St. Helens Primary Care Trust's self assessment against the 'Standards for Better Health' during the period April 2006 – March 2007.

It was noted that the PCT was aspiring to make a declaration of compliance against all of the core standards but had a responsibility to invite third parties to comment on performance. A timetable for receipt of comments had to be agreed and it was requested that this be 13<sup>th</sup> April in order that a full declaration could be made to the PCT's Board on 17<sup>th</sup> April 2007.

It was noted that there had been some confusion with regards to the information presented and the Board considered holding a special meeting in order that more information could be provided.

RESOLVED: That a special meeting be held in order that the Board may comment on the submission of the Annual Health Check Declaration to the Halton and St.

Helens Primary Care Trust Board if considered appropriate.

#### HEA49 STANDING ORDER 51

The Board was reminded that Standing Order 51 of the Council's Constitution stated that meetings should not continue beyond 9.00 pm.

RESOLVED: That Standing Order 51 be waived.

#### HEA50 TRAVEL POLICY AND PROCEDURE

The Board considered a report of the Strategic Director - Health and Community outlining a draft Travel Policy and Procedure for the Health and Community Directorate.

It was noted that the Policy and Procedure had been developed to:

- promote a range of travel options available to adults over the age of 18 who accessed social care services;
- promote the independence of people by encouraging and supporting independent travel;
- provide clear guidelines to staff and managers on the provision of transport; and
- provide clear guidelines to staff and managers regarding the production of charges associated with the provision of transport.

The Board was advised that the Policy and Procedures supported, and had been developed in line with, the draft Transport Service Level Agreement between the Health and Community Directorate and the Environment Directorate. Consultation on the policy had been undertaken with operational staff, and service users and carers were to be consulted during February as part of a wider exercise being undertaken on proposed revisions to Social Care charges. It was therefore anticipated that the charge to service users would come into effect on the first working Monday in April in line with other revised Social Care charges.

The Board considered the implications and noted that there was a maximum charge of £2.00 per day and £8.00 per week. In addition, officers were complimented on the travel training that was provided at Riverside College: this training was provided for as long as was necessary, which varied from service user to service user.

RESOLVED: That the draft Travel Policy and Procedure be noted and welcomed.

HEA51 PERFORMANCE MONITORING REPORTS FOR THE 3RD QUARTER (2006/07)

The Board considered a report regarding the third quarter monitoring reports for the services within the remit of the Board as follows:

- Older People's and Physical and Sensory Impairment Services;
- Adults of Working Age; and
- Health and Partnerships.

A number of performance considerations were outlined for Members' assistance and the Board considered the following issues:

- An emergency duty team would start with St. Helens in six months' time. In the meantime, Cheshire would continue to provide Halton with a service. It was suggested that a further report be presented to the Board on this issue 12 months after the new team had started to see if there had been a benefit.
- A working group of Health and Social Care had been established to pilot people having access to individualised budgets. This would be a challenge and rested on a market being there. It was confirmed that a presentation could be provided for the Board at a future meeting.

RESOLVED: That the third quarter performance monitoring reports be noted.

*Meeting ended at 9.25 p.m.*