

HEALTH POLICY AND PERFORMANCE BOARD

At a meeting of the Health Policy and Performance Board held on Tuesday, 4 March 2014 at Council Chamber, Runcorn Town Hall

Present: Councillors E. Cargill (Chairman), J. Lowe (Vice-Chairman), Baker, Dennett, V. Hill, Hodge, C. Loftus, Sinnott, Wallace, Zygadlo and Mr T. Baker

Apologies for Absence: Councillor Horabin

Absence declared on Council business: None

Officers present: L. Derbyshire, P. McWade, P. Preston, L. Wilson and S. Wallace-Bonner

Also in attendance: S. Banks and D. Sweeney (Halton CCG), J. Treharne and S. Savage (NW Ambulance Service) and H. Yarker (Cheshire & Merseyside Commissioning Support Unit)

ITEMS DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

	<i>Action</i>
HEA57 CHAIRMAN'S ANNOUNCEMENT	
<p>The Chairman welcomed Mr Tom Baker, the newly appointed co-optee, who was attending his first meeting of the Board in that capacity and extended the Board's best wishes to him in his new role.</p>	
HEA58 MINUTES	
<p>The Minutes of the meeting held on 7 January 2014 having been printed and circulated were signed as a correct record.</p>	
HEA59 PUBLIC QUESTION TIME	
<p>The Board was advised that the following question had been received:-</p> <p>We have an ambulance station within one minute from our address. WHY did it take an ambulance and paramedic car 25 minutes to reach my grandson when he had a heart attack. His brain was starved for 1 hr</p>	

17 minutes and despite the efforts of the ambulance and 1st response crew and hospital, he died 2 days later.

If the ambulance had come from **OUR** ambulance station instead of one 25 minutes away, he may have had a better chance of survival and would not be leaving his young children without a daddy.

I am not blaming the ambulance or 1st response crew as they worked as hard as they could to keep him with us but the question still is:-

WHAT PURPOSE DOES OUR LOCAL AMBULANCE STATION ACHIEVE FOR ITS LOCAL COMMUNITY WHEN IT CAN'T SEND AN AMBULANCE TO A PATIENT 1 MINUTE AWAY FROM WHERE IT IS.

Response

The North West Ambulance Service would like to offer its sincere condolences to the member of the public concerned and her family and is very sorry that she was not happy with the service received from the Trust.

We are unable to comment on individual incidents in a public forum however, we would like to reassure the member of the public concerned that we take all complaints very seriously and if she would like to pass on her details to us, we will look into the incident and provide some personal feedback.

With regard to the question about ambulance stations, we can give a general response about how ambulances are despatched. Our ambulance stations act as a base for staff and vehicles, and shifts start and end at these locations, however, due to the high activity, staff rarely return to their base once they have taken a patient to hospital.

When a patient calls '999' the control centres despatch the nearest resource to the incident, no matter where that resource started its shift from. For example if an ambulance based at Widnes station took a child to Alder Hey Hospital, while on its way back to the Widnes area, if it was the nearest ambulance to an incident in Liverpool, it could be sent to that incident.

Other than for scheduled rest breaks, vehicles are continually mobile and are despatched from the road. It

is unlikely that an ambulance will return to its base station during the shift, going from patient to hospital, straight to the next patient and so on.

RESOLVED: That the question and the response be noted.

HEA60 HEALTH AND WELLBEING MINUTES

The Minutes of the Health and Wellbeing Board of its meetings held on 13 November 2013 and 15 January 2014 were submitted to the Board for consideration.

RESOLVED: That the minutes be noted.

Note: Mr Tom Baker (co-optee) declared a Discosable Other Interest in the following items of business as a Trustee of Halton Disability Partnership.

HEA61 PRESENTATION: NORTH WEST AMBULANCE SERVICE

The Board received a presentation from Julie Treharne, Senior Communications Manager and Stephen Savage, Operations Manager, North West Ambulance Service (NWAS). The presentation:-

- Detailed the services that they provided; the 999 Paramedic Emergency Service; Urgent Care; Patient Transport; Major Incident Management and the provision of the 111 services in the North West from October 2013;
- Set out the facts and figures in relation to the service; i.e. they serviced a 7m population covering over 5,4000 square miles; they employed approximately 5,000 staff with an annual income of £260m, there were three emergency control rooms; 1.1m 999 calls were received each year of which 900,000 had been emergency patient episodes, 2m PTS journeys had been undertaken and they covered the North West footprint (5 LATs with 33 CCGs and 28 provider trusts); and
- Outlined the key achievements; the headline performance; information relating to Halton; the Estates review; complaints and compliments and information on the Foundation Trust status.

The following comments arose from the presentation:-

- It was noted that R1 and R2 were acronyms for Red 1 and Red 2 relating to the priority criteria;
- The Board noted that patients making 999 calls may not always get an ambulance or be taken to hospital, as they could be taken directly to appropriate care services or a Walk in Centre rather than A&E;
- Clarity was sought on whether ambulance crews had received any training in mental health. In response, it was reported that the university programme included mental health. All crews were aware of how to deal with mental health issues but had not been specifically trained in mental health;
- The Board noted the excellent service that the ambulance service provided;
- It was noted that Widnes was a COMAH site and that there was sufficient provision available if a major incident occurred;
- It was noted that complaints varied and were generally related to response times and how the staff deal with the patient. This was due to perceptions and expectations from watching TV drama's on casualty departments i.e. unlike the TV programme, they remained calm and they may take time to stabilise the patient in the ambulance before transporting them to the hospital; and
- Clarity was sought on whether there were any issues relating to ambulances being delayed as a result of queuing at A&E because it was full. In response, it was reported that there were no incidents of queuing in Halton. However, ambulances transport to Whiston and Warrington hospitals and deployment patterns may result in an ambulance being deployed from Warrington to service the Widnes area. In addition, it was reported that overall, ambulance activity had decreased and contracts were being negotiated currently to re-invest in the Pathfinder and Urgent Care services.

RESOLVED: That

- (1) The presentation be received and the comments raised noted; and
- (2) Julie Treharne and Stephen Savage be thanked for their informative presentation.

HEA62 PRESENTATION: CHESHIRE & MERSEYSIDE
COMMISSIONING POLICY REVIEW

The Board received a presentation from Hilda Yarker, Cheshire and Merseyside Commissioning Support Unit on the Cheshire and Merseyside Commissioning Policy review. The presentation:-

- detailed and explained the Commissioning Policy and why it was required;
- set out the main Commissioning Policy Changes;
- detailed the important policy change i.e. new statements on varicose veins, infertility, penile implants and continuous glucose monitoring;
- outlined the communication and engagement strategy;
- explained how patients and members of the public could leave feedback on the service; and
- detailed the next steps in the process.

The Board noted that a review was required due to changes in services as some of them had moved to NHS England. The review would also ensure clinical policies were up to date and enable patients to have equal access to healthcare services across Cheshire and Merseyside. The Board requested that the outcome of the review and any decisions the CCG made as a result of the review be circulated to all Members of the Board.

RESOLVED: That

- (1) The presentation be received and comments raised noted; and
- (2) Hilda Yarker be thanked for her informative presentation.

HEA63 SCRUTINY REVIEW OF MENTAL HEALTH PROMOTION

REPORT 2013-14

The Board considered a report of the Strategic Director, Communities, which presented the mental health promotion scrutiny review report and recommendations.

The Board was advised that the report outlined the key findings of the review and made a number of recommendations for consideration set out in Appendix 1 to the report.

The Board was further advised that the scrutiny review had been commissioned by the Health PPB review group, with representatives from the Children, Young People and Families PPB, with a view to developing a joint intergenerational prevention and promotion campaign to tackle mental health stigma locally.

It was reported that the group had looked at how mental health was being promoted and a range of services and interventions that were in place to prevent further escalation of mental health problems. The Review Group had sought input from a number of Council and external providers through presentations, including the CCG, Public Health and Whiston Hospital, and site visits to Ashley House and Thorn Road CAMHS.

The recommendations of the Joint Review Group were as follows:-

- A review of waiting times from time of assessment to accessing 1-2-1 Therapies, including Cognitive Behaviour Therapy. Review staffing levels against demand and current waiting times and make proposals of how, where waiting times were unacceptably long, this could be overcome by reconfiguration of current staff or service planning;
- Mental Health Promotion, Anti Stigma and Awareness across the life course. Consideration should be given to consistent key messages of optimism and connecting with others to help build resilience in any future public campaigns, as reflected in the Like Minds Campaign. This was in line with the 5 Ways to Mental Wellbeing. There should be greater emphasis on mental health awareness and promotion within schools. Monitor the MHAPS Pilot in Warrington and consider implementing in Halton schools, using the Like

Minds resources and resources developed by CAMHS 5 Star Forum. Awareness raising activities to be coordinated through the Mental Health Promotion Sub Group of the CAMHS Board and the Mental Health Board;

- Consider Elected Member involvement in the Local Authority Mental Health Challenge. Further information from Public Health to be provided to the Health PPB for consideration regarding potential 'sign up' to The Local Authority Mental Health Challenge. The challenge set out ten actions that would enable Councils to promote mental health across all of their business, led by Elected Member champion/s;
- Assess the impact of welfare reform on mental health locally. Public Health to report on work undertaken to establish any correlation of reform on impact on increased demand on mental health services locally. This would provide an evidence base and insight into the changing mental health needs of the population and would assist future commissioning and service development;
- Educational and Child Psychology Service to offer its support to a multi-agency ADHD pathway, in line with NICE guidelines;
- Mental Health Liaison Teams within Whiston and Warrington Hospitals - This service should be continued beyond the pilot period to improve the experience of people with mental health conditions in a hospital environment, and increasing access to services; and
- Circulation of the Scrutiny Review report. The report, with its recommendations, should be presented to the Executive Board, Halton Clinical Commissioning Group, Bridgewater Community NHS Trust and 5 Boroughs Partnership.

Furthermore, the report would also be considered by the Children, Young People and Families PPB and Halton CCG. 5Boroughs Partnership would also receive the report for information. In addition, it was reported that each recommendation would be formulated into action plans during the next 12 months.

At the end of the debate, the Chairman reported that a

Mental Health Champion was required. She indicated that Members of the Board should register their interest via the Lead Officer, Sue Wallace-Bonner.

RESOLVED: That the

- (1) report and the recommendations set out in Appendix 1 to the report be endorsed;
- (2) comments raised be noted; and
- (3) recommendations be presented to the Executive Board for approval.

HEA64 CQC INSPECTION OF MENTAL HEALTH ADMISSIONS

The Board considered a report of the Strategic Director, Communities, which informed Members that in November 2013, the Care Quality Commission (CQC) had visited the 5Boroughs Partnership NHS Foundation Trust, to examine the operation and use of the Mental Health Act 1983. The report detailed the findings of the visit and the actions that would be subsequently put in place. However, it was reported that a lot of good comments had been received and the Authority had been aware of the issues that had been raised and had been working to address these issues prior to the inspection.

The Board was advised that the CQC had focussed solely on assessment and application for detention. They were not therefore looking at the experience of the patient whilst on the ward, or at the arrangements and planning for discharge. This would be the subject of future visits.

The Board was further advised that there had been some positive overall findings from service users and carers, advocacy services; AMHPs; the Police and the ambulance service.

It was reported that the following areas had been raised as issues for consideration/action; crisis services; access to beds; data collection; the use of Section 136 Mental Health Act; Partnership Agreements; Information and Knowledge sharing and the Timeliness of referrals. The Board noted the actions being taken to address these issues.

In conclusion, it was reported that there were two processes that would be taking place to deliver the improvements recommended by CQC:-

- The delivery of an overall action plan to address overarching and system-wide issues. This would be monitored through the development of a local steering group which would report to the Trust Board and to all local areas; and
- A local action plan had been developed to address specific issues. This would be monitored by the Halton Mental Health Strategic Partnership Board.

The Board noted that there were 26 beds available which comprised of a ward for men and a ward for women. There was also an additional ward for older people with mental health problems. It was also noted that the beds were for adult patients.

RESOLVED: That the report and comments raised be noted.

Note: Councillor J Lowe declared a Disclosable Other Interest in the following item of business as a Member of the YMCA Board in Halton.

HEA65 HALTON HOMELESSNESS STRATEGY 2013 - 2018

The Board considered a report of the Strategic Director, Communities, which presented Halton's Homelessness Strategy 2013-2018.

The Board was advised that in accordance with the Homelessness Act 2002 the Local Authority had conducted a full Strategic Review of Homelessness within the area and formulated a Homelessness Strategy for the next five year period.

The Board was further advised that the Homelessness Strategy 2013-2018 was based upon the findings and recommendations of two other documents, one being a comprehensive review of the current homelessness services which was conducted over a nine month period during 2012 -2013. The other being the previous Homelessness Strategy 2009-2013, which involved active engagement with service users, providers and Members.

It was reported that the Strategic Review of Homelessness had involved active engagement with service users, service providers, all partner agencies and Elected Members. The draft findings had also been discussed and agreed with all key stakeholders prior to the report being

finalised

The Board noted that Halton was experiencing a gradual increase in homelessness presentations and statutory homelessness acceptances had been the main causes of the increase. The Board also noted that there were a number of client groups that did not meet the statutory homelessness criteria, but had a pressing housing need. However, it was reported that concerted efforts were being made by the Housing Solutions Team to assist these client groups, offering temporary accommodation for a limited period and facilitating a more efficient and accessible 'move on' process.

Furthermore, it was reported that the Localism Act 2011 had introduced many changes to homelessness and allocations legislation. In November 2012, the Localism Act 2011 had brought into force provisions that allowed local authorities to end the main housing duty to a homeless applicant by means of a private rented sector offer, i.e. a fixed term assured shorthold tenancy for a minimum of 12 months. The authority should consider the new allocated powers, which would impact upon future homelessness and service delivery.

In conclusion, it was also reported that it had been determined that the Council would be able to reduce the length of stay for households in temporary accommodation and the associated costs. Additionally, it would help the Council to avoid future use of B&B accommodation.

The following comments arose from the discussion:-

- The Board congratulated Officers on the Strategy and the work they had undertaken to reduce homelessness in the Borough;
- It was suggested that due to the reduction in homelessness in Halton, the project in Widnes for a new establishment should be reviewed as it may result in providing provision for homeless people outside of the Borough. In response, it was reported that options for utilising the accommodation for people presenting complex needs was being explored;
- It was highlighted that with the new welfare reforms, many families could be evicted and it was suggested that options for the future of the Grangeway establishment could be explored,

including whether it was retained via Council ownership or a Registered Social Landlord;

- It was noted that in the Castlefields area, Halton Housing Trust had properties available that they had been unable to let as a result of the bedroom tax;
- A discussion took place on the accreditation of landlords and it was suggested that the property should be accredited not the landlord. In response, it was reported that it was very difficult to accredit the property due to a lack of resources and budgetary restraints. However, regular random visits were undertaken; and
- The Board noted that environmental restrictions could be used to address difficulties with landlords who were not maintaining their properties to an acceptable standard. The Board also noted the activities/interventions taking place to ensure landlords complied with property standards and the advice given to clients when considering renting a property. The Board agreed that they would monitor the situation.

RESOLVED: That the report and comments raised be noted.

HEA66 BUSINESS PLANNING 2014 -17

The Board considered a report of the Strategic Director, Communities, which provided Members with the initial draft of the Communities Directorate Business Plan 2014 – 2017 for approval.

The Board was advised that each Directorate of the Council was required to develop a medium-term business plan, in parallel with the budget, that was subject to annual review and refresh.

The Board was further advised that key priorities for development or improvement in 2014 – 2017 had been agreed by Members at a briefing meeting on 2nd December 2013 and were now reflected in the draft plans as follows:-

- Prevention;
- Access to Care Services; and
- Quality.

It was reported that Directorate Business Plans would be subject to annual review and refresh in order that they remained fit for purpose taking account of any future change in circumstances, including any future funding announcements that may emerge.

The Board noted that plans could only be finalised when budget decisions had been confirmed in March and that some target information may need to be reviewed as a result of final outturn data becoming available post March 2014.

It was suggested that work should take place in respect of the housing stock because of the proposed changes from the Government to the Right to Buy Scheme, as it could affect Halton residents.

The Board noted the significant implications in relation to the new Social Care Bill.

RESOLVED: That the report, associated appendices and comments raised be noted.

HEA67 SECTOR LED IMPROVEMENT LOCAL AUTHORITY ANALYSIS

The Board considered a report of the Strategic Director, Communities, which informed the Members of the Sector Led Improvement Report Local Authority Analysis undertaken across the North West region.

The Board was advised that a desktop review of various information sources that had been included in the Sector Led Improvement Trigger Dashboard had been undertaken and had been completed for each of the 23 Local Authorities in the North West.

The Board was further advised that the review had identified specific risks to Halton and general risks across the region. The report highlighted the possible actions to be undertaken and the types of support available to address the possible risks that had been identified.

It was reported that although no risks had been identified for Halton, certain challenges that may be faced in the future had been highlighted. These challenges had been included in an action plan for Halton and were attached as Appendix 2, to the report.

The Board noted the two possible challenges;

Recruitment and Retention (due to high numbers of managers in the authority being aged 55 and over) and Financial Concerns (relating to the proportion of spend between older people and learning disabilities which did not follow the North West average).

RESOLVED: That the report, and associated appendices raised be noted.

HEA68 SOCIAL CARE BILL

The Board considered a report of the Strategic Director, Communities, which informed Members of the proposed changes to the Council's Adult Social Care responsibilities arising from the Care Bill and sought agreement on an outline approach to managing anticipated changes, opportunities and risks associated with the implementation of the Care Bill.

The Board was advised that the new requirements, duties and responsibilities of the proposed changes to the Social Care Bill would be implemented from April 2015 with full implementation planned for April 2016.

The Board was further advised that the Care Bill currently going through Parliament aimed to establish a new legal framework for Adult Social Care, putting the wellbeing of individuals at the heart of care and support service. The Government believed that the Bill marked the biggest transformation to care and support law in over 60 years. It was intended to replace over a dozen separate pieces of legislation relating to Adult Social Care with a single modern law. It aimed to put people more in control of their own lives and to reform the funding of care and support.

It was reported that a number of features of the proposed legislation were subject to consultation and provision of greater detail, the breadth and complexity of the associated issues and the proposed timescales for implementation indicated that the Council needed to begin to carefully consider the financial and other implications, opportunities and associated risks. They also needed to begin to prepare to manage these in the context of reductions in funding for Local Government services and a raft of other social care initiatives. Key elements of the Care Bill could be broken down into separate but related key areas with varying implications for the Council. Changes for each area were outlined in the report and a brief initial audit of the Council's position and key issues was attached in Appendix 1 to the report.

Furthermore, it was reported that in order to ensure effective implementation of the actions and the requirements arising from the Care Bill, it was proposed to develop a programme management approach with several underpinning themes which would cross all of the main work streams. It was proposed that a task and finish group be established with representation from Adult Social Care, Corporate Finance and other representation which may be required on an adhoc basis. Regular reports would be presented to the Portfolio Holder for Health and Wellbeing, Chief Officers, the Executive Board and the Health PPB.

The following comments arose from the discussion:-

- Concern was raised in respect of the changes to the entitlement to Public Care and Support and the Board noted the importance of accessibility to services;
- The Board agreed that they would need to monitor any cuts in concessions for senior citizens i.e. a cut in fuel allowance or bus passes etc as it would be very detrimental to individuals, it would prevent them from living on their own longer and increase the number of people experiencing loneliness in the Borough; and
- The Board requested that any resource or financial implications from the Care Bill be presented to the Board as soon as possible as they would have an impact on the 2015/16 budget which was currently being considered.

RESOLVED: That

- (1) the report and comments raised be noted; and
- (2) the Board receive update reports on the progress of the Bill through Parliament.

HEA69 CARE QUALITY COMMISSION

The Board considered a report of the Strategic Director, Communities, which provided Members with a brief overview in respect of the guidance provided by CQC in relation to how overview and scrutiny committees could effectively work with CQC. It also provided a brief summary of the new proposals announced by CQC in October 2013 for a new system of monitoring, inspecting and regulating

social care services and for monitoring performance ratings.

The Board was advised that nationally, the Centre for Public Scrutiny (CfPS) had been supporting joint learning between the Council scrutiny and CQC assessment staff for a number of years and this would continue through 2014.

It was reported that in 2011, working with some Local Authority Officers and Councillors, the CfPS had produced two practical guides for use by local Councillors and Overview and Scrutiny Committees (attached as Appendix 1 and 2 to the report). These guides outlined details in relation to the role of CQC and what overview and scrutiny committees could expect from CQC locally to improve care. They also explained what information could be shared with them to help check on services.

The Board noted that in June 2013, the CQC had introduced a bi monthly e-bulletin for Overview and Scrutiny Committees which included updates and findings from their work, including details of CQC's strategy, national reports and information on the ways that Committees could work with them. The latest e-bulletin (November 2013) was attached as Appendix 3 to the report.

The Board was advised that further details in relation to the proposals in terms of ratings, registration and inspection etc was attached as Appendix 4, to the report. The Board noted that some of the proposals would only become clear when more 'flesh was put on their bones'.

Furthermore, it was reported that CQC would be carrying out formal consultation on the proposals in Spring 2014, some changes would be introduced from April 2014 and tested in Summer 2014. All the changes, including new ratings of care providers would be in place from October 2014 (subject to enactment of the Care Bill). Advance publication of the proposal provided an opportunity for Local Authorities to develop their thinking and consult their local community, including service users, carers and service providers on the proposals and on ethical issues arising from them.

The following comments arose from the discussion:-

- It was noted that previously the Local Authority had owned the care homes and had been able to visit them on an adhoc basis and if the establishment did not meet the requirement standards, the Local Authority were able to close

them down. However, it was noted that as they were now private establishments this was no longer possible. It was reported that the Quality Assurance Team closely monitored the establishments and Local Inspectors undertook regular visits to ensure that the care service met the required standards;

- It was noted that the CQC produced monthly bulletins and that local area profiles were available. It was suggested that Officers obtained a copy of the profiles;
- It was agreed that a Topic Group be established to look at care intervention – to review homecare, what access individuals had to their GP, to identify what services they received at home and whether any providers were hired on a zero contract or were paid below the minimum wage; and
- It was agreed that the lead officer would commence a dialogue with the CQC and invite them to attend a future meeting of the Board.

RESOLVED: That the report, associated appendices and comments raised be noted.

HEA70 HEALTH POLICY AND PERFORMANCE BOARD WORK PROGRAMME 2014/15 – SCRUTINY TOPIC

The Board considered a report of the Strategic Director, Communities, which sought Members' consideration of developing a work programme for 2014/15.

After discussion, the Board agreed that they would undertake a review of Homecare and Access to GPs and medical care (including the salary and terms of conditions of the employees). It was agreed that a report be presented to the next meeting of the Board.

RESOLVED: That

- (1) homecare and access to GP's and medical care Topic Groups be established; and
- (2) a Topic Brief be presented to the next meeting of the Board for consideration.

HEA71 JOINT HEALTH SCRUTINY

The Board considered a report of the Strategic Director, Communities, which gave Members an update with regards to the development of a protocol for the establishment of Joint Health Scrutiny arrangements across Cheshire and Merseyside, since the last meeting of the Board on 7th January 2014.

The Board was advised that the aim of the joint protocol was that it would be used for all future joint scrutiny committees and would help support a more structured approach to joint scrutiny being undertaken.

The Board was further advised that each Local Authority had been asked to consider the revised draft protocol via their appropriate political channels/structure with a view to getting it formally agreed across the Cheshire and Merseyside region.

In conclusion, it was reported that it was hoped that the protocol could be agreed in advance of when there would be a requirement to establish another joint scrutiny committee. In terms of the current regional context this was likely to be when the cancer services proposals were made available and there would be a need for formal consultation to take place.

The Board noted the challenges when organising a Joint Scrutiny meeting comprising of Members from numerous Authorities.

The Board also noted that a report would be presented to the June meeting in respect of the Clatterbridge cancer proposals for the Board to agree it as a substantial change so that a joint scrutiny board could be formulated. Members raised concern at the increase in workload for employees who would be required to attend the joint meetings.

RESOLVED: That

- (1) the report and comments raised be noted; and
- (2) the Board endorse the revised draft protocol, attached at Appendix 1 of the report, and agree that it be presented to the Executive Board and subsequently the Council for approval.

Meeting ended at 8.50 p.m.