

HEALTH POLICY AND PERFORMANCE BOARD

At a meeting of the Health Policy and Performance Board held on Tuesday, 9 September 2014 at Council Chamber, Runcorn Town Hall

Present: Councillors J. Lowe (Vice-Chairman), S. Baker, Dennett, Horabin, M. Lloyd Jones, C. Loftus, Sinnott and Wallace

Apologies for Absence: Councillor E. Cargill, M. Bradshaw and Gerrard

Absence declared on Council business: None

Officers present: L. Derbyshire, L. Gladwyn, S. Wallace-Bonner and L Wilson

Also in attendance: C. Croft (Warwick Business School), G. Hales (NHS England), M. Swift (Wellbeing Enterprise), S. Banks and D. Sweeney (NHS Halton CCG).

ITEMS DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

	<i>Action</i>
HEA12 APPOINTMENT OF CHAIRMAN	
The Board was advised that Councillor J Lowe, Vice Chairman, would be Chairing the meeting.	
RESOLVED: That Councillor J Lowe be appointed Chairman for the duration of the meeting.	
HEA13 MINUTES	
The Minutes of the meeting held 17 June 2014 having been printed and circulated were signed as a correct record.	
HEA14 PUBLIC QUESTION TIME	
The Board was advised that no public questions had been received.	
HEA15 HEALTH AND WELLBEING MINUTES	
The Minutes of the Health and Wellbeing Board of its meeting held on 7 May 2014 were submitted to the Board for consideration.	

RESOLVED: That the minutes be noted.

HEA16 PRESENTATION: CRITICAL REVIEW OF INTEGRATED WORKING IN HALTON

The Board considered a report of the Strategic Director, Communities, which provided Members with details of the on-going evaluation of Halton's integrated approach to Health and Social Care.

The Board was advised that aligned with the 2014/15 NHS Halton Clinical Commissioning Group (CCG) and Halton Borough Council's plans were a number of integrated/aligned schemes to improve community services and support people to stay well at home, for longer.

The Board was further advised that NHS Halton CCG's 5 year strategic plan had been through a number of high level reviews and had been closely scrutinised by NHS England (NHSE). The draft plan had recently received support from NHSE and was due for final submission in September 2014.

It was reported the key component of the integrated approach is the development of two Urgent Care Centres in Halton, one in Runcorn and one in Widnes. In addition to being able to assess/treat minor illnesses and injuries, the Centres would be able to provide care to those presenting at the Centres with a range of other conditions, through the development of the necessary competencies of staff teams. The Centres would be staffed by a multidisciplinary, multiagency team of professionals.

The Board also received a presentation from Mr D Sweeney and Charlotte Croft on improving the critical review capacity to reduce needless admissions of older people into acute hospitals.

It was reported that when the centres were in operation a further report would be presented to the Board. It was also reported that there was a need for a more in-depth exploration of how the information was transformed into service delivery within the Urgent Care Centre's (UCCs) and the way in which co-ordination capabilities of the CCG could be enhanced to facilitate the alignment of multiple stakeholders, exploiting the potential of the UCC's. There were four options available. The Board preferred option four - the way the CCG harnessed and exploited information that was fed back from UCCs to continually develop services.

The Board agreed that this option be explored in greater detail.

The importance of having a robust and effective system in place to receive feedback from stakeholders and staff on a regular basis in order to continually review and improve the services was noted. It was also noted that it was vital to take action on feedback that had been received.

RESOLVED: That

- (1) the presentation be received;
- (2) Charlotte Croft be thanked for her informative presentation;
- (3) the report and comments raised be noted; and
- (4) the Board support Halton's integrated approach to the delivery of local Health and Social Care Services.

HEA17 PRESENTATION: NORTH WEST SPECIALISED COMMISSIONING, PLANNING AND ENGAGEMENT

The Board received a presentation from Gaynor Hales, NHS England in relation to specialised commissioning in the North West.

The presentation:-

- Outlined the general principles of commissioning;
- Explained the patient centred commissioning and commissioning across pathways of care;
- Highlighted that integration was vital to achieve world class patient outcomes and experience in specialised services, strong working relationships and shared decision making;
- Detailed the guiding principles for planning;
- Explained the categories of specialised services;
- Outlined the current commissioning arrangements and what it meant for Halton;
- Set out the national consistency in prescribed specialised services;

- Outlined how specialised services were currently commissioned and why changes were required;
- Highlighted that currently 272 providers offered 200 specialised services; and
- Set out the commissioning integrated care across the obesity patient pathway.

The following comments arose from the presentation:-

- An update was requested on the numbers of people accessing the vascular service at Chester hospital and how many of these patients were from Wales. In response, it was reported that this information would be circulated to Members of the Board. However, it was reported that there were no concerns in respect of the quality of the service;
- Concern was raised that more services were being taken out of Warrington hospital and centralised in a location that was further away from Halton. This resulted in the residents of Halton having to travel further to access such services. Clarity was sought on whether there would be enough services delivered centrally to be sufficient for the population's requirements. In response, it was reported that specialised services operated the same waiting list and the decision had been made based on population. In the future vision, it was recognised that more decisions would be made on high level specialised services. However, it was highlighted that in respect of the whole pathway for patients, outpatients and follow up appointments would be accessed locally. It was reported that by working with the CCG Members would be involved in any future proposals;
- Concern was raised at the constant change over the last few years in health services and clarity was sought on whether these changes would affect current proposals. In response, it was reported that the vascular services was ongoing but other proposals such as the cancer services could be affected by the changes. The Board noted the negative 'knock on' effect on other services these changes could have i.e. the new

Urgent Care Centre's. It was noted that the Joint Health Overview and Scrutiny Committee to consider the Clatterbridge Cancer proposals was currently being organised;

- The Board raised concern that Halton was a deprived area and would experience financial difficulties travelling further away to access care services; and
- The Board agreed that an update report be presented to the Board in the near future.

RESOLVED: That

- (1) the presentation and comments raised be noted;
- (2) Gaynor Hales be thanked for her informative presentation; and
- (3) an update report be presented to the Board in the near future.

HEA18 HALTON COMMUNITY WELLBEING PRACTICES UPDATE

The Board considered a report of the Strategic Director, Communities, which informed the Members on the progress and key developments for the Community Wellbeing Practices Initiative (CWPI).

The Board was advised that the Community Wellbeing Practices (CWP) initiative provided a wraparound service for all 17 GP practices in the Borough to ensure patients whose needs were predominantly psychosocial in origin were identified and provided with effective community based interventions. Wellbeing Enterprises CIC, an established, local social enterprise, had been commissioned to design and deliver the service in collaboration with patients, partner agencies and professionals working in health and social care.

The Board was further advised that a team of nine Community Wellbeing Officers served as a link between the GP Practice setting and the wider community. The CWPI provided essentially three core services for patients and the public, the provision of psychosocial support; a community navigation service and asset based community projects.

The Board noted the patients journey; the outcomes

and achievements set out in the report and the feedback that had been received from members of the public and professionals.

It was reported that the next steps and the main priorities were as follows:-

- Integrate the CWP initiative into new clinical and social care pathways to ensure patients whose needs were predominately psychosocial in origin were able to receive timely, effective community based support;
- Increase the referral rates for patients coming into the CWP service from newly established referral sources;
- Provide support to enable community members to develop their own wellbeing projects;
- Continue to collaborate with partners in the VCSE sector on community led projects and to raise the profile of VCSE partner agencies in health and social care; and
- Expand the social prescribing service to provide additional out of hours provision.

The following comments arose from the discussion:-

- Information was requested on the pilot in West Bank. In response, it was reported that information on the pilot would be circulated to all Members of the Board;
- It was noted that the Facetime project would support people with modern day technology and reduce isolation in the community;
- Clarity was sought on whether the interventions were time limited and what happened when the interventions ceased. In response, it was reported that a one to one meeting would take place initially and then an action plan for structured support would take place over several weeks in order to enable individuals to achieve their targets. Further meetings also took place to monitor progress and patients were able to come in and out of the service as they wished. The support was built around the patient and if

specialised services were required they would be referred to an appropriate organisation for additional support;

- Clarity was sought on the plans to ensure that the project was sustainable in the current economic climate and that there would be a continuity of preventative support for the residents of Halton. In response, it was reported that it was a commissioned service and represented the national thinking in respect of sustainability and building communities. The Chairman of the Health and Wellbeing Board was also adopting this approach and it had been endorsed by the National Association of Primary Care. In addition, it was reported that there was a commitment to embed and continue this project in the community as it was far more beneficial than acute care in respect of prevention. It was noted that sustainability was an essential part of the project moving forward, The importance of how support could be given to the infrastructure and for all other organisations to be involved in the work was also noted; and
- The Board noted the excellent work that had been undertaken for many years by various organisations such as The Lets Go Club, The Canal Project and 4Estates etc in the Borough. The Board also noted the importance of integrating such organisations fully into the project to avoid duplication, enhance the project and to ensure that their experience was not lost.

RESOLVED: That the report and comments raised be noted.

(Note: Councillor P Sinnott declared a Disclosable Other Interest in items 5D and 5E below as a Trustee of the Halton Disability Partnership)

(Note: Mr Tom Baker declared a Disclosable Other Interest in items 5D, 5E and 5F below as Chair of the Halton Disability Partnership.)

HEA19 HALTON RESPIRATORY HEALTH PROFILE 2014

The Board considered a report of the Director of Public Health, which presented information relating to Halton's Respiratory Health Profile 2014 and provided an analysis regarding the findings from a local perspective.

The Board was advised that the Halton Respiratory Health Profile 2014 showed that for both COPD and asthma the proportion of Halton's population who had these conditions was higher than the England average. Some of this may be accounted for by local efforts to increase case finding. However, as the Borough had high levels of deprivation and many respiratory diseases were linked to this, it was likely Halton had higher levels than the national average.

The Board was further advised that Halton's profile was set out in the Appendix to the report which showed that there was a mixed picture. Levels of disease were thought to be higher than the England average but after diagnosis the majority were managed in line with the best clinical evidence. However, high levels of emergency (unplanned) hospital admissions continued to place a significant burden on the local population and healthcare system.

The data for Halton showed that:

- It was estimated about 3,916 people aged 16+ living in Halton had Chronic Obstructive Pulmonary disease (COPD) in 2010. By 2020 this figure maybe as many as 4,420;
- There had been improvements in case finding since 2009/10 closing the gap between the estimated number of people with COPD and those on GP disease registers. However, the number of people on the asthma register remained lower than the expected number;
- The management of patients with COPD and asthma were similar or slightly better than the North West and England averages;
- There was a significant ward level variation in emergency hospital admission rates and at GP practice level. There was also a relationship with temperature, with a greater percentage of admissions seen in the winter months; and
- Death rates for COPD have been falling but were above the North West and England rates. Death rates from respiratory causes in those aged under

75 years and pneumonia were also higher than England but similar to the North West. COPD was also a significant cause of excess winter deaths.

The Board noted the programmes to address the areas of concern set out in the report.

The following comments arose from the discussion:-

- Page 96 – It was noted that the statistics in Halton relating to Chronic Obstructive Pulmonary disease (COPD) could be related to Halton's industrial legacy and the number of people who had previously smoked. It was also noted that there were changes in the classifying of COPD within contracts and that it would need to be monitored;
- It was suggested that more information could be available on asthma services in order to ensure the residents of Halton had a greater understanding of the condition i.e. patients being made aware that prescriptions could be collected from pharmacies outside of the Borough. This enabled individuals to have greater control over the day to day management of their condition. It was noted that the number of people on the asthma register in Halton was relatively low. The impact that asthma could have on other diseases/illnesses was also noted. It was reported that these wider issues would be incorporated within the Strategy; and
- It was agreed that the Strategy be presented to a future meeting of the Board.

RESOLVED: That the contents of the report, comments raised and the programmes to address the areas of concern be noted.

HEA20 CHOICE, CONTROL, INCLUSION - COMMISSIONING STRATEGY FOR ADULTS OF WORKING AGE LIVING WITH PHYSICAL DISABILITY IN HALTON 2014-2019

The Board considered a report of the Strategic Director, Communities, which presented the draft integrated Commissioning Strategy for Adults of Working Age living with physical disability in Halton 2014-2019 and supporting evidence paper.

The Board was advised that the Choice, Control and Inclusion Strategy was an integrated approach to improving the health and wellbeing of disabled adults aged 18-64 in the Borough. The strategy brought together commissioning intentions of Public Health, the Clinical Commissioning Group, and Adult Social Care. It was reported that the holistic approach would strengthen informal support and through effective prevention and early intervention minimise the need for more formal care. However, it was highlighted that the strategy did not include the needs of disabled children or those aged 65+.

The Board was further advised that Choice, Control and Inclusion' had been informed by feedback at public engagement events, open consultation with the public and key stakeholders through a recent survey. Discussions had also taken place with local disabled people and Halton Disability Partnership.

It was reported that Choice, Control and Inclusion' and the included action plan adopted the three national themes of; Early Intervention; Choice and Control and Inclusive Communities. The priorities for 2014-19 had also been developed with disabled people as follows:

Priority 1 - Promote the social model of disability to overcome the barriers faced by disabled people and build responsive, inclusive communities;

Priority 2 - Support disabled people to have choice and control in their lives;

Priority 3 - Improve outcomes for people living with disabilities and their carers through high quality, personalised services;

Priority 4 - Recognise the expertise and assets of disabled people and use these to improve services; and

Priority 5 - Ensure efficient and effective use of resources.

RESOLVED: That the content of the draft integrated Commissioning Strategy for Adults of Working Age living with a physical disability in Halton 2014-19 and supporting evidence paper be noted.

HEA21 SEEHEAR - COMMISSIONING STRATEGY FOR THOSE LIVING WITH SENSORY IMPAIRMENT IN HALTON 2014-2019

The Board considered a report of the Strategic Director, Communities, which presented the draft integrated Commissioning Strategy for those living with sensory impairment in Halton 2014-19 and supporting evidence paper.

The Board was advised that 'SeeHear' was Halton's first stand-alone commissioning strategy focusing only on sight and hearing impairment for adults and older people. It represented an integrated approach to improve the quality of life for Halton residents living with sensory impairment and brought together commissioning intentions of Public Health, the Clinical Commissioning Group, and Adult Social Care.

The Board was also advised that 'SeeHear' incorporated the three strategic outcomes of the UK Vision Strategy:

1. Everyone looks after their eyes and their sight;
2. Everyone with an eye condition receives timely treatment and, if permanent sight loss occurs, early and appropriate services and support were available and accessible to all; and
3. A society in which people with sight loss would fully participate.

It was reported that the strategic priorities set out in 'SeeHear' for 2014-19 had been informed by feedback at public engagement events, open consultation with the public and key stakeholders through a recent survey. Discussions had also taken place with Vision Support and Deafness Resource Centre to gather their experience of local needs:

1. Priority 1 – Raise awareness of avoidable sight and hearing loss and encourage early action

when it does occur;

2. Priority 2 - Maximise independence and wellbeing of those living with sensory impairment through rehabilitation and technology;
3. Priority 3 - Recognise the expertise and assets of people living with sensory impairment and use these to improve services;
4. Priority 4 - Raise awareness of the barriers to social inclusion faced by people living with sensory impairment to build responsive, inclusive communities; and
5. Priority 5 – Ensure efficient and effective use of resources.

The following comments arose from the discussion:-

- It was noted that there had only been a 20% return on the national questionnaire. It was also noted that the national questionnaire was too long and not fit for purpose. However, it was reported that Halton used alternative ways of obtaining the relevant information, and the questionnaire was a national requirement; and
- The Board noted the excellent service the Independent Living Centre bus provided within the boundaries of Halton.

RESOLVED: That the draft integrated Commissioning Strategy for those living with sensory impairment in Halton 2014-19 and supporting evidence and comments raised be noted.

HEA22 PRESENTATION: DEVELOPING A STRATEGY FOR GENERAL PRACTICE SERVICES IN HALTON

The Board considered a report of the Chief Officer, NHS Halton Clinical Commissioning Group, which informed the Members of the programme to develop a strategy for general practice services in Halton.

The Board was advised that General Practice faced challenges from:-

- An ageing population, growing co-morbidities and increasing patient expectations;

- Increasing pressure on NHS financial resources and increased regulation;
- Persistent inequalities in access and quality of general practice;
- Growing reports of workforce pressures, including recruitment and retention problems; and
- Political pressure to change.

The Board was further advised that NHS Halton CCG and NHS England were discussing the development of formalised co-commissioning arrangements for general practice services in the Borough, following an expression of interest process. This meant that NHS England may, over the next few months, be delegating more responsibility for the commissioning of general practice services in the Borough to NHS Halton CCG. NHS Halton CCG and NHS England agreed that strong sustainable general practice was required in Halton to support commissioning and service provision. This required a co-ordinated and engaged approach to deliver.

The Board also received a presentation from Mr Simon Banks, Chief Officer, NHS Halton CCG regarding developing the Strategy for GP services in Halton. The presentation provided more information on the approach and rationale behind the programme to develop the Strategy.

The following comments arose from the presentation:-

- The challenge for Halton in respect of the number of GP's reaching retirement age was noted. It was also noted that the satisfaction rates of access to GPs could be improved. It was reported that a Strategy and action plan was being established to identify a clear direction of travel for GP practices over the next five years. It was suggested that if the access to GPs was not resolved it could impact on the Urgent Care Centres. After discussion, it was agreed that the Strategy be presented to the Board in the near future; and
- Concern was raised at the number of surgeries that were not fit for purpose. It was noted that NHS England had made a decision to re-locate the Appleton Surgery to Fir Park without

consulting with patients.

RESOLVED: That

- (1) the presentation be received and comments raised noted; and
- (2) Mr S Banks be thanked for his informative presentation.

HEA23 END TO END ASSESSMENT

The Board considered a report of the Chief Officer, NHS Halton Clinical Commissioning Group (CCG), which informed the Members of the outcomes of the End to End Assessment Project, commissioned by NHS Halton CCG with NHS Knowsley, St Helens and Warrington CCGs and NHS England.

The Board was advised that NHS Halton, Knowsley, St Helens and Warrington CCGs and NHS England had commissioned work to deliver:

- A high level retrospective review of health care activity, spend and patient flows by commissioner and by location per quarter in the past three years;
- A review of all current health care activity, spend and patient flows by commissioner and by location; and
- Projected activity, spend and patient flows by commissioner and by setting for the next 3, 5 and 10 years assuming current cost and payment arrangements.

The Chief Officer of NHS Halton CCG had acted as co-sponsor of the project with David Cooper, Acting Chief Finance Officer - NHS Warrington CCG. They co-chaired a steering group working with Capita, who had been selected following a procurement process to deliver the project.

The Board was further advised that the outcomes of the End to End Assessment work had been factored into the 5 Year Strategy for NHS Halton CCG.

The following points arose from the discussion:-

- Page 277 – clarity was sought on the risk aligning wider issues in respect of changes in other hospitals. It was reported that the Clinical

Commissioning Group (CCG) could not determine how the provider landscape progressed. It was also reported that the CCG wished to avoid procurement as much as possible and all providers would have a role to play. There would also be a potential challenge unless system changes were aligned. In addition, it was reported that the CCG intended to establish as many resources in the Borough as possible. It was agreed that this issue would need to be closely monitored by the Board

RESOLVED: That the report and comments raised be noted.

HEA24 STANDING ORDER 51

The Board was reminded that Standing Order 51 of the Council's constitution stated that meetings should not continue beyond 9 pm.

RESOLVED: That Standing Order 51 be waived to allow the meeting continue beyond 9 pm.

HEA25 PRIORITY BASED REPORT 2014/15 (QUARTER 1)

The Board considered a report of the Strategic Director, Policy and Resources, regarding the Quarter Monitoring Reports for the first quarter of 2014-15. The report detailed progress of key performance milestones and performance targets relating to Healthy Halton and described factors affecting the service.

The Board was advised that the Alcohol Strategy would be presented to the Board in the near future. There would also be an update on the Social Care Act presented to the November meeting of the Board.

The Board was further advised that there had been improvement in the direction of travel in the Quarter 1 performance and most of the targets would be achieved.

The following comments arose from the discussion:-

- Page 283 – Commissioning Complex Care Services – clarity was sought on the outcome of the bid to the Homes and Communities Agency. In response, it was reported that information on this matter would be circulated to the Board;

- Since Changing Lives had become the new Halton Domestic Abuse provider had anyone gone back in to check on the quality of service. In response it was reported that information on this matter would be circulated to the Members of the Board;
- Page 293 – Independent Living Fund (ILF) – clarity was sought on the impact on Halton. In response, it was reported that ILF was a national requirement and it would have a big impact on Halton. Work was taking place to address the issues and a prioritisation system would be required. However, there was insufficient information currently to present a report to the Board on this matter. An update report would be presented to the Board as soon as the information was available; and
- Page 307 – an update was sought on the refurbishment of Grangeway Court and the funding for the Adult Learning bungalows. In response, it was reported that the funding for the ALD bungalows would remain as an allocation for that project. It was also reported that an update on the refurbishment of Grangeway Court would be circulated to all Members of the Board.

RESOLVED: That the report and comments raised be noted.

Meeting ended at 9.15 p.m.