

HEALTH POLICY AND PERFORMANCE BOARD

At a meeting of the Health Policy and Performance Board held on Tuesday, 20 September 2016 at Council Chamber, Runcorn Town Hall

Present: Councillors J. Lowe (Chair), Osborne (Vice-Chair), S. Baker, M. Bradshaw, E. Cargill, Dennett, Parker and Sinnott

Apologies for Absence: Councillors C. Gerrard, Horabin and M. Lloyd Jones

Absence declared on Council business: None

Officers present: S. Shepherd, S. Wallace-Bonner, A. Jones, D. Nolan, L Wilson, M. Holt, H. Moir and E. O'Meara

Also in attendance: S. Banks – Chief Officer, NHS Halton CCG; G. Briers and A. Ryan – 5 Boroughs Partnership NHS Foundation Trust and Mr Dyanne – Brooker Centre, Runcorn

ITEMS DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

Action

HEA11 MINUTES

The Minutes of the meeting held on 21 June 2016 were signed as a correct record.

HEA12 PUBLIC QUESTION TIME

It was confirmed that no public questions had been received.

HEA13 PUBLIC HEALTH UPDATE

The Board received a report from the Director of Public Health, informing and updating them on the Public Health functions and activities within Halton; and the impact of the reduction in Public Health funding.

It was reported that since the NHS reforms, Councils had assumed responsibility for the planning and commissioning of public health services within their areas. A list of these responsibilities was listed in the report. Local authorities were therefore expected to set their health priorities based on their Health and Wellbeing Strategies, with a robust understanding of local needs set out within a

Joint Strategic Needs Assessment (JSNA) and take into account the indicators within the Public Health Outcomes Framework.

The Board was advised that Halton's Health and Wellbeing Strategy identified the following priority areas using evidence from the JSNA and extensive consultation with stakeholders and local people:

- Prevention and early detection of cancer;
- Improved child development;
- Reduction in the number of falls in adults;
- Reduction in the harm from alcohol; and
- Prevention and early detection of mental health conditions.

Appended to the report was the Public Health Annual Report for 2015-16; an independent report written by the Director of Public Health. This year's theme was the development of needs assessments and how we use them. It included a range of facts and figures from across the life course of the Halton population.

Members queried the drop in numbers of MMR vaccinations at age two. Officers advised that this had been referred to Public Health England (PHE) and an action plan was being put together for presentation to the Health and Wellbeing Board, so that the situation could be monitored.

On behalf of the Board the Chair thanked the Public Health Director for an excellent Public Health Annual Report.

RESOLVED: That the Board notes the update and receives the Public Health Annual Report for 2015/16.

HEA14 OLDER PEOPLES MENTAL HEALTH AND DEMENTIA CARE

The Board received a report from the Strategic Director, People, advising them that the 5 Boroughs Partnership NHS Foundation Trust was seeking support for a revision of its inpatient services for older people and adults. The item was presented by Simon Banks from NHS Halton CCG, Gail Briers, Chief Nurse at 5 Boroughs Partnership NHS Foundation Trust and Angela Ryan, Assistant Director for Halton at 5 Boroughs Partnership NHS Foundation Trust. Also in attendance was Mr Dyanne, a psychiatrist from the Brooker Centre in Runcorn.

The report set out the review in the context of the

journey of the implementation of the new model of care, and recommended the 5 Borough footprint configuration of beds for adults and older adults. As discussed, to support the community provision, the model proposed the redesign of inpatient care to provide specialist assessment and care where this could not be safely supported within a community setting.

It was noted that there would be a public consultation, for a 12 week period, due to commence early September 2016, led by NHS Halton Clinical Commissioning Group and supported by all key stakeholders and supported by Halton Healthwatch.

Members wished to note their objections to the proposals for the following reasons:

- Beds at the Brooker Centre would be taken away;
- How would Halton patients and their families get to Leigh;
- There were a high number of mental health patients in Halton who needed this service;
- Halton's Social Services staff would have to travel to Leigh to attend patients appointments;
- Halton's patients would be scattered in various locations;
- We have a responsibility to the carers of mental health patients just like any other carers, this would affect them; and
- Beds have not been reduced in other authorities.

In response to the Members' concerns it was explained that the review was about providing specialty care in order to get the best outcomes for patients. One of the ways of managing patients' best interests was to review the best use of beds to achieve better care and better outcomes.

Members' comments were noted and these would be included in the consultation responses. Members of the Board felt that at this stage they could not support the bed based model being proposed and requested that the results of the consultation be shared with them at a future meeting of the Board, so that further consideration can be given to the proposals.

RESOLVED: That the Board

- 1) notes the report;
- 2) that the findings from the 12 week consultation period

be presented to the Board at a future meeting; so that further consideration could be given to the proposals.

HEA15 TRANSFORMING DOMICILIARY CARE

The Board received a report from the Director of Adult Services, outlining the proposed developments in relation to Domiciliary Care delivered through the Council.

With regards to the current picture it was noted that in Halton there were currently 9 providers who worked in four different zones as agreed through the last tender process carried out in 2014. The providers supported a total of 736 people and delivered in excess of 350,000 hours of care per year with an annual expenditure of more than £4.3 million.

It was reported that the amount of care and the overall expenditure was set to rise over the coming years at an estimated rate of between 2-3% per year and although there were some excellent examples of high level care within the sector, it was clear that improvements would be needed to meet the needs of an ageing population in the coming years. The current contract would run until June 2017 and Officers were currently in the process of conducting a review of the domiciliary service in Halton. It was noted that this review would support the development of a new service specification and would form the basis of the tender process that would be undertaken towards the end of 2016.

Members were advised that the review had already started and the report went on to highlight some of the key principles that were at the heart of an outcome based domiciliary care service. The report also provided details of: the consultation so far undertaken; the new model of care; and opportunities for new ways of working.

It was noted that there were significant changes that would need to happen in relation to full implementation, however the design, action plans and overall implementation plan would be completed as part of the National Lottery funding bid.

Members were advised that further information would be brought back to the Board at a future meeting with, as requested by Members, case studies included.

RESOLVED: That the Board notes the report.

HEA16 NHS HALTON CLINICAL COMMISSIONING GROUP
(CCG) - FINANCIAL RECOVERY AND SUSTAINABILITY
PLAN

The Board received a report from the Director of Adult Social Services, informing them of the actions being undertaken by NHS Halton CCG to achieve financial recovery and sustainability.

Members were advised that although NHS Halton CCG had managed to deliver services with the business rules set out for the organisation by NHS England, the achievement of these business rules, which included a statutory requirement to deliver a balance year end budget and a 1% surplus, was challenging. It was noted that the scale of this challenge for the next 5 years was immense; and to deliver financial recovery and sustainability would involve some difficult and potentially contentious decisions about which services NHS Halton CCG chooses to commission or decommission, and what partnerships and activities were invested in and dis-invested in.

Members were referred to Table 1 at point 3.3, which showed the NHS CCG's allocations and projected expenditure through to 2020-21. It suggested that over the next 5 years, NHS Halton CCG would need to find a cumulative total of £55.6m in savings.

The report explained the NHS Halton CCG's Financial Recovery and Sustainability Plan's four areas of action and the areas to be focussed upon.

Following the presentation of the report Members queried and discussed the following:

- The wastage of prescribed medicines – there was a large quantity of medication being prescribed to patients that were not being taken. National figures stated that between 30% and 40% were wasted, at huge expense to the NHS. This could be due to them being inappropriately prescribed. It was noted that this was being reviewed with GP's and care homes for example;
- Some patients were being over prescribed – the Medicine Management Teams were working to reduce this.
- Over the counter versus prescription – pain killers such as paracetamol were cheaper if bought over the

counter instead of paying an £8.40 prescription charge. However patients who were entitled to free prescriptions still used the prescription despite this, as it would cost them more to obtain over the counter.

- Black Drugs – these should not be prescribed as in most cases they were ineffective. Prescribers should use clinically appropriate and cost effective drugs.
- Reducing planned (elective) and unplanned (non-elective) surgery was explained – it was better to have planned intervention instead of being referred straight to surgery.

RESOLVED: That the report be noted.

HEA17 THE NATIONAL LIVING WAGE – CARE PROVIDER CONTRACTS

The Policy and Performance Board was provided with details of the latest known position with regards to the impact that the introduction of the National Living Wage (NLW) was having on Care Providers in Halton.

It was noted that the NLW took effect from 1 April 2016 and increased the minimum hourly rate for all workers aged 25 and over from £6.70 to £7.20, affecting both part time and full time workers. This would reach more than £9 an hour by 2020. It was noted that the national minimum wage (NMW) would remain in place with the NLW being a top-up for workers aged 25 and over.

The report explained the help given to businesses to help them afford the increases in wages. It was noted that a finance model had been developed and adopted across the North West Region, which provided some initial analysis of the potential increased costs involved and their impacts, as described in the report.

RESOLVED: That the Board notes the report.

HEA18 DEPRIVATION OF LIBERTY SAFEGUARDS

The Director of Adult Social Services updated the Board with respect to the Deprivation of Liberty Safeguards (DoLS) and the refresh of the Mental Capacity Act 2005 Policy.

It was noted that the Deprivation of Liberty (DoLS) were one aspect of the Mental Capacity Act (2005). The

Safeguards were to ensure that people in care homes and hospitals were cared for in a way that did not inappropriately restrict their freedom, and if necessary restrictions were only applied in a safe and correct way, and that this was only done when it was in the best interests of the person and there was no other way to provide appropriate care.

The report advised of the Supreme Court ruling on 19 March 2014 and its significance in the determination of whether arrangements made for the care and/or treatment of an individual lacking capacity to consent to those arrangements amounted to a deprivation of liberty; and the new acid test which was introduced in response to this. The report discussed the implications of this for an individual and for the State. It also discussed the action plan developed to address and co-ordinate the Halton response to the judgement.

Members were referred to paragraph 3.5 which stated the number of applications received since 1 April 2016 were 203; and it was predicted that this could increase to 500 by the end of the year.

With regards to the Mental Capacity Act 2005, Members were advised of a number of changes made to the Policy as part of a scheduled review of the document.

RESOLVED: That the Board

- 1) notes the report; and
- 2) notes the refresh of the Mental Capacity Act 2005 Policy, Procedure and Practice document.

Councillor Sinnott declared a Disclosable Other Interest in the following item (point 2.0 Key Developments) as she was a Trustee of Halton Disability Partnership.

HEA19 PERFORMANCE MANAGEMENT REPORTS, QUARTER 1 2016/17

The Board received the Performance Management Reports for Quarter 1 of 2016-17. Members were advised that the report included, 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 2016-17.

This included a description of factors which were affecting the service and identified key issues in

performance arising in Quarter 1 of 2016/17.

PH LI 06 – Self reported wellbeing – Members queried how the data for this was collected. This would be sent to Members following the meeting.

RESOLVED: That the Quarter 1 reports be received.

Meeting ended at 8.20 p.m.