

## HEALTH POLICY AND PERFORMANCE BOARD

*At a meeting of the Health Policy and Performance Board held on Tuesday, 15 November 2016 at Council Chamber, Runcorn Town Hall*

Present: Councillors J. Lowe (Chair), S. Baker, M. Bradshaw, E. Cargill, Dennett, C. Gerrard, M. Lloyd Jones, Osborne, Parker and Sinnott

Apologies for Absence: None

Absence declared on Council business: None

Officers present: S. Shepherd, S. Wallace-Bonner, A. Jones, D. Nolan, L Wilson and M. Vasic

Also in attendance: D. Sweeney, Dr M. O'Connor, L. Thompson-Greatrex, L. McHale – NHS Halton CCG and A. Ryan – 5 Boroughs Partnership NHS Trust

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

#### HEA20 MINUTES

The Minutes of the meeting held on 20 September 2016 having been circulated were signed as a correct record.

#### HEA21 PUBLIC QUESTION TIME

It was confirmed that no public questions had been received.

#### HEA22 HEALTH AND WELLBEING MINUTES

The Health and Wellbeing Board minutes dated 6 July 2016 were submitted to the Board for information.

With reference to minute HWB8 – Well North Programme – the Chair requested a report be submitted to this Board with an update.

*Action*

*Councillor Charlotte Gerrard declared a Disclosable Other Interest in the following item as her stepmother works for 5 Boroughs Partnership.*

## HEA23 IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES

The Board received a report from the Director of Adult Services, and an accompanying presentation from Angela Ryan, Assistant Director for Halton 5 Borough Partnership NHS Foundation Trust and Sheila McHale, Head of Children and Families, Adult Mental Health, NHS Halton CCG, that provided an update in respect of Improving Access to Psychological Therapies (IAPT) delivery and development of the service in Halton.

The presentation included information such as the conditions that were treated; the numbers of people in Halton experiencing these disorders; their recovery rates; and patient feedback. Members requested a copy of the presentation which would be emailed following the meeting.

It was noted that the onward plan for the IAPT was to increase productivity; maintain and improve clinical quality; and maintain high levels of client satisfaction.

Following the presentation Members' queries provided the following additional points of clarification or information:

- Clients were monitored closely as they progressed through Steps 2 and 3 of IAPT services and would be referred to Step 4 if no recovery was made;
- Re-referrals did occur and although they were re-admitted to the service, other interventions could be looked at and provided alongside the IAPT to support the client;
- Comparisons with other areas were requested – these could be provided for the other two Boroughs, as the service was only offered in 3 out of the 5 Boroughs;
- E-therapy was now provided to clients through 'Silvercloud' and was being accessed by people of all ages. Clients decide themselves to go on the review and the information they provided was constantly analysed. This service had only been offered since August so an analysis was still to be made; this would be shared with the Board once available;

- Each Cognitive Behaviour Therapy (CBT) trainee worked alongside a supervisor in a team for 3 months; they also had to pass their exams to qualify, these would be at the end of this year.

RESOLVED: That the Board notes the report and comments made.

Director of Adult  
Social Services

#### HEA24 TELEHEALTHCARE STRATEGY

The Board received an update on the Telehealthcare Strategy, which was attached to the report as an appendix.

By way of introduction Members were advised that the development of technology was affecting and extending the way care could be delivered in the health and social care arena. As the population was ageing there was a significant strain on healthcare resources, with an increasing number of people affected by long term chronic conditions.

The report discussed the unsustainability of the situation and the potential use of hi-tech home healthcare solutions which would support people to live at home or in extra care housing schemes.

Members commented that this type of technology would provide people with long term health conditions the security of knowing that they would be remotely monitored in their own homes. It was noted that patients' health issues differed and therefore individuals could access certain parts on the Telehealthcare service to suit their illness. It was commented that there were pockets of deprivation that existed in Halton and this may hinder the availability of the technology to some people.

RESOLVED: That the Board notes the contents of the report and Telehealthcare Strategy.

*Councillor M Lloyd Jones declared a Disclosable Other Interest in the following item as her husband was a Governor of Warrington and Halton Hospital.*

#### HEA25 STROKE UPDATE

The Director of Transformation NHS Halton CCG and Dr Mike O'Connor – Clinical Lead for Long Term Conditions NHS Halton CCG, updated the Board on Stroke Reconfiguration in Mid Mersey.

Members were provided with some background information on the situation at Warrington and Halton Hospitals over the past 3 years, with regards to stroke patients. The report also discussed the National Stroke Direction and explained that there was a national shortage of stroke consultants, speech and language therapists and clinical psychologists.

Members were advised that Mid Mersey had created a Stroke Board, with representation from CCG's, primary care, local authorities and acute providers. This Board had agreed the vision that St Helens and Knowsley Trust (SHKT) would be a single stroke provider of acute services and that in a phased approach, all Warrington and Halton Hospital acute stroke patients would be transferred to SHKT for the first 72 hours of care, and then repatriated either through Early Supported Discharge (ESD) teams or back to the acute trust for longer more complex patients.

Dr O'Connor explained the Sentinel Stroke National Audit Programme (SSNAP) ratings; mimic strokes; and how an 'A' rated hospital was important when recruiting consultants in the stroke field. It was commented that with regards to the 16 extra beds needed for SHKT, the Stroke Board would be meeting to discuss the process of obtaining these.

RESOLVED: That

- 1) Members understood the current clinical discussions and solutions to ensure Halton patients received high quality stroke services;
- 2) agreed with the development of Telemedicine service across both sites for out of hours provision;
- 3) a Quality Impact Assessment be undertaken by Warrington Trust; and
- 4) Early Supported Discharge (ESD) and community provision across the patch be reviewed and uplifted as part of the discharge process and repatriation process from Whiston Hospital.

#### HEA26 WINDMILL HILL GENERAL MEDICAL SERVICES

The Director of Adult Services provided an update to the Board on the commissioning of a general practice service at Windmill Hill from April 2017.

It was reported that before a final decision could be made on the options for Windmill Hill Medical Centre being presented to the Board in June, the CCG's Primary Care Commissioning Committee (PCCC) requested that the following actions be undertaken: an Equality Impact Assessment (EIA); patient engagement; and market testing. The results of these actions were discussed in the report and the Chair of the PCCC subsequently approved the recommendation to procure a branch surgery at the Windmill Hill site; to carry out a mini procurement amongst existing providers in Halton; and to disperse the smaller element of the contract at the Widnes site.

Members were reassured that Runcorn patients would see no difference in the service they received and would continue as is; Widnes patients would be dispersed to practices in Widnes and extra support would be provided for any patients that had a particular concern with this.

RESOLVED: That the Board noted the update on the contracting of general medical services at Windmill Hill.

*Councillor J Lowe declared a Disclosable Other Interest in the following item as her son's partner works for a Care Home in Halton; and Councillor Osborne declared a Disclosable Other Interest in the following item as his wife was an employee of Halton Borough Council.*

*The Chair was taken by the Vice Chair, Councillor Osborne, for the following item at the request of the Chair, Councillor J Lowe.*

## HEA27 DOMICILIARY AND CARE HOMES QUALITY REPORT

The Board received an update on the quality of provision within the care home and domiciliary care market in Halton.

It was reported that it was a key priority for Halton Borough Council to ensure the provision of a range of good quality services to support adults requiring support in the Borough. The Care Act had put this on a statutory footing through new duties regarding the promotion of effective and efficient operation of the care market in which there must be a choice of diverse high quality services that promoted wellbeing.

It was noted that in Halton there were 27 registered care homes that provided 788 beds operated by 16 different providers. The capacity within the care homes ranged from homes with 66 beds to small independent providers with 6

beds. There were 9 domiciliary care providers within this number supporting 610 service users across the Borough.

The report went on to discuss quality monitoring and assurance and the quarter one position. Additionally, appended to the report were the key challenges within care homes in Halton, which were noted by Members.

Following the update and Members' queries, the following points were made:

- The category of the care home mentioned by Councillor Parker which was in his Ward would be confirmed;
- With regard to the CQC's definition of 'harm' this was usually relating to falls and missing of a dose of medication;
- With regard to the CQC's definition of 'other' this was varied and could relate to for example environmental issues, safety procedures, fire certificates etc;
- Care home providers were encouraged to report any incident no matter how small.

RESOLVED: That the Board notes the report and the challenges identified in Appendix 1.

*Councillor Sinnott declared a Disclosable Other Interest in the following item as she was a Trustee of Halton Disability Partnership who is commissioned to deliver support to the take up of Direct Payments.*

#### HEA28 PERFORMANCE MANAGEMENT REPORTS QUARTER 2 2016/17

The Board received the Performance Management Reports for Quarter 2 of 2016-17. 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 2, which included a description of factors which were affecting the service.

Members were 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.

Members queried the annual review of the Homeless Strategy in June 2017 as commented on page 54 of the

report and it was confirmed that a paper would come to this Board with an update on the February 2017 agenda.

RESOLVED: That the Board receives the Quarter 2 Priority Based report.

*Meeting ended at 7.55 p.m.*