

## HEALTH POLICY AND PERFORMANCE BOARD

*At a meeting of the Health Policy and Performance Board held on Tuesday, 20 June 2017 at the Council Chamber, Runcorn Town Hall*

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

Apologies for Absence: Councillor Horabin

Absence declared on Council business: None

Officers present: S. Wallace-Bonner, A. Jones, D. Nolan, L. Wilson, H. Moir and P. Preston

Also in attendance: Councillor R. Hignett (in accordance with Standing Order no. 34), Dr. D. Lyon; L. Thompson; D. Sweeney; E. Alcock and G. O'Hare – NHS Halton CCG; and M. Huddart and M. Dunn – North West Ambulance Service

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

		<i>Action</i>
HEA1	MINUTES  The Minutes of the meeting held on 7 February 2017 having been circulated were signed as a correct record.	
HEA2	PUBLIC QUESTION TIME  It was confirmed that no public questions had been received.	
HEA3	HEALTH AND WELLBEING BOARD MINUTES  The draft Health and Wellbeing Board minutes of the meeting held on 29 March 2017 were submitted to the Board for information.	
HEA4	PERFORMANCE MANAGEMENT REPORTS, QUARTER 4 2016/17  The Board received the Performance Management Reports for Quarter 4 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 4, 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.

RESOLVED: That the Quarter 4 priority based reports be received.

#### HEA5 NORTH WEST AMBULANCE SERVICE NHS TRUST: UPDATE

The Board received a presentation from North West Ambulance Service (NWAS) NHS Trust, updating them on the key issues arising from the Care Quality Commission's (CQC) inspection report published in January 2017, together with any specific issues for the Halton population when resources spent time out of area.

Members welcomed Michael Huddart, Head of Regulatory Compliance; and Matthew Dunn, Consultant Paramedic, who delivered the presentation on behalf of the Trust.

Resulting from the presentation the following points were made in response to Members' questions:

- Part of the recruitment procedure of Polish and Finnish paramedics included English Language testing; so all those recruited from these countries were fluent in the English Language;
- The difficulties in recruiting paramedics was a national issue and not unique to NWAS;
- The effect on recruitment from abroad following Brexit was unknown. It was noted that the recruitment of foreign nationals would not be long term and that the service needed to focus on the encouragement of a skilled workforce in this Country;
- Links with universities had been established to promote the need for paramedics and it was important that existing staff were supported with training and gaining qualifications as well;
- Within the recommendations there were 31 in the 'must do' category and these were being dealt with;

they were very complex however and it was difficult at this point to say how far along they were at the moment;

- The CQC would be carrying out another inspection in the future which would be unannounced;
- There was no improvement in Halton's emergency response times and the number of calls had increased.

RESOLVED: That the Board welcomes the presentation and notes the contents of the report.

## HEA6 HOMELESSNESS SERVICE UPDATE

The Board received a report informing of the recent developments within the homelessness service, and to advise of recent legislative changes that would affect future homelessness and the demand for the service.

It was reported that the Housing Solutions Team had been proactively working with all client groups to reduce and prevent homelessness. The recent staffing issues were explained and it was noted that the Team would be back to full capacity by mid-November 2017.

Members were advised that the aim of the Housing Solutions Team was to assist and prevent people from becoming homeless in Halton. They also provided a community focussed and accessible service to ensure people knew where and how help could be sought if they were threatened with homelessness.

Members were referred to the table in paragraph 3.1.1 of the report which presented some key statistics taken from the statutory data report.

The report also included commentary on the following subjects:

- The Youth Officer;
- Homelessness database;
- Homelessness trends;
- Health and homelessness;
- Gypsy travellers;
- Syrian Refugee Programme;
- Supported Housing Accommodation;
- Local Policy Reviews (Gypsy Travellers; Youth Strategy; and the Homelessness Strategy; and

- Legislation (The Localism Act 2011 and the Homelessness Reduction Bill);

Following Members debate, the following responses to queries were made:

- Funding for the Syrian refugees was provided by the Home Office and support for refugees was provided by Refugee Action;
- The Board would receive further updates once the Homelessness Reduction Bill was introduced, which would be April 2018; however in the meantime further legislative guidance was expected in mid / late 2017, which would be provided to Members via updates;
- Councillor Ron Hignett, in attendance as the Portfolio Holder for Homelessness, wished to convey his thanks to the Housing Solutions Team for their hard work and dedication to the service; and
- Homelessness affected single people, couples and complete families for a variety of reasons.

RESOLVED: That Members note the report.

HEA7 NHS HALTON CLINICAL COMMISSIONING GROUP'S QUALITY REFERRAL PROGRAMME: IMPLEMENTATION OF A REFERRAL FACILITATION SYSTEM IN HALTON

The Board received a report that provided an update on the Halton Quality Referral Programme; namely the implementation of the Referral Facilitation System (RFS) as a key component of the programme. The report was presented by Dr David Lyon – Chair of the NHS Halton Clinical Commissioning Group (CCG).

It was reported that in October 2016, NHS Halton CCG's Governing Body approved an invest-to-save approach for the implementation of a RFS as part of the CCG Quality Referral Programme. This process facilitated the transfer of primary care referrals to secondary care via a secure electronic Integrated Care Gateway (ICG). The patient was then offered a choice of secondary care provision via use of the national e-referral system. The administration associated with e-referral was handled by the Referral Management Centre (RMC) which was provided by Midlands and Lancashire commissioning Support Unit (MLCSU).

The report went on to discuss phase 2 of the RFS implementation which was the introduction of a clinical triage process. Further it discussed patient communications and monitoring of the system and Members were referred to the diagrams in Appendices 1, 2 and 2 (a), which explained the current referral process, the referral facilitation process and the full referral facilitation process (including clinical triage and audit trail).

There were a number of drivers associated with the implementation of the RFS and these were also presented in the report and discussed by the Board.

Members queried the security of the IT systems in the NHS to be able to cope with the RFS. It was noted that all GP's would use the same system and all information would be stored in a 'cloud' so could not be lost. The *securenhs.net* system was robust and used nationally.

An update would be provided to the Board in approximately 6 months' time.

RESOLVED: The Board noted the update on the implementation of the RFS in Halton.

#### HEA8 GENERAL PRACTICE ALIGNMENT TO OLDER PEOPLE'S CARE HOMES

The Board received the outcome of the public consultation on the proposal to align General Practice to Older People's care Homes in Halton.

Members were reminded that at the Health Policy and Performance Board on 7 February 2017, the NHS Halton CCG's proposals to *Align GP's with Older People's Care Homes in Halton* were presented at the meeting, supported by Halton Borough Council. It was agreed at the meeting that the proposal amounted to substantial variation and Members therefore supported the consultation approach.

The consultation took place from 27 February 2017 to 22 May 2017 and the outcome of the consultation was appended to the report for Members information.

RESOLVED: The Board supports the alignment of GP Practice to Older People's Care homes in Halton.

#### HEA9 CLOSURE OF WINDMILL HILL MEDICAL CENTRE

The Policy and Performance Board was presented

with the reasons for the closure of Windmill Hill Medical Centre and the actions taken. The report was presented by Leigh Thompson – Director of Commissioning, NHS Halton CCG.

It was reported that in March 2017 NHS Halton Clinical Commissioning Group's (HCCG) Governing Body took the decision to close down Windmill Medical Centre on 31 March 2017, and to disperse the list. This followed the earlier decision to close the Windmill Hill branch surgery based in Widnes. It was noted that the practice was originally developed as part of the Equitable Access to Primary Care Programme and was being run by Liverpool Community Health (LHC), under a time limited Alternative Provider Medical Services (APMS) contract. Due to an organisational restructure at LCH there was no opportunity to extend the contract beyond its expiry date of 31 March 2017.

Members were advised that despite the decision to re-procure a GP practice at Windmill Hill, the CCG and Primary Care Team were unsuccessful in securing a new provider to take over the practice, despite extensive efforts and advertising both nationally and locally. This resulted in the CCG being left with no option other than to close the practice.

The report went on to discuss how the transfer of patients to alternative practices was managed using a Communication Handling Plan; setting a media protocol; and working with external stakeholders.

The Board was advised that the transfer of patients was a success with no problems reported. Mrs Thompson wished to convey her thanks, on behalf of the CCG, to the residents of Windmill Hill and others affected, as they had completely embraced the changes, which contributed to the success of this process.

The Board welcomed the report and the positive outcome for residents of Windmill Hill.

RESOLVED: That the Board noted the actions taken.

*The Chair declared a Disclosable Other Interest in the following item as her son's partner works for a domiciliary care provider in Halton. She did not take part in the debate on this item.*

## HEA10 DOMICILIARY CARE/CARE HOMES – QUALITY: UPDATE

Members received an update which highlighted key issues with respect to Domiciliary Care and Care Homes locally.

By way of background it was stated that one of Halton Borough Council's priority was to ensure the provision of a range of good quality services to support adults requiring commissioned care in the Borough. The Care Act 2014 had put this on a statutory footing through a choice of diverse high quality services that promoted wellbeing.

As previously mentioned the care home market in Halton consisted of 26 registered care homes which provided 788 beds operated by 16 different providers. The capacity of these ranged from homes with 66 beds to smaller independent providers with 6 beds.

Members were advised that all care homes in Halton had now been rated by the Care Quality Commission (CQC) and the results of these were discussed in the report.

It was highlighted that the Council's Quality Assurance Team gathered intelligence and information on providers via quality and contract performance monitoring. They also operated an early warning system and Members were referred to the table in paragraph 3.9, which presented the Team's Care Home ratings for quarter 4 of 2016-17.

RESOLVED: That the report is noted.

## HEA11 HALTON URGENT CARE CENTRES : UPDATE

The Board received an update on Halton's Urgent Care Centres (UCCs). Appended to the report was a list of clinical pathways in use at the UCCs.

The report presented information relating to:

- The utilisation of the UCCs for Runcorn and Widnes per month, from April 2014 to February 2017;
- The average waiting time at both Centres, from April 2014 to February 2017;
- Service user satisfaction;
- The impact of the UCCs on local hospitals; and
- Future developments.

Members wished to provide the following feedback on the UCCs :

- The reception areas, in some instances, were letting the service down;
- Patient confidentiality, perhaps due to the location of the receptions, was an issue;
- Patients were getting lost in the Health Care Resource Centre and missing their names being called; and
- Some patients had been turned away as early as 8pm with no alternative options provided to them.

It was confirmed that there was an out of hours GP (via booked appointment) at Halton Hospital in operation when the UCC was closed.

RESOLVED: That the Board notes the contents of the report and associated appendix.

#### HEA12 SCRUTINY TOPIC 17/18: HEALTH IMPROVEMENT TEAM (HITS)

The Board was provided with the details of the Health Improvement Team (HIT) Scrutiny Topic, as outlined in Appendix 1. Appendix 2 showed the schedule of meetings.

RESOLVED: That

- 1) the Board notes the report;
- 2) approves the Topic Brief outlined in Appendix 1; and
- 3) notes the Scrutiny Topic Working Group meeting schedule, with the invitation extended to all Members of the Board to attend.

#### HEA13 HEALTH POLICY AND PERFORMANCE BOARD ANNUAL REPORT : 2016/17

The Board received the Health Policy and Performance Board's Annual Report for April 2016 to March 2017.

It was noted that Members comments on the General Practice Alignment to Care homes paper presented at today's meeting, would be incorporated in the annual report.

The Chair wished to thank her Vice Chair and all Board Members and officers for their contributions over the past year.

RESOLVED: The Annual Report be noted.

*Meeting ended at 8.25 p.m.*