

HEALTH POLICY AND PERFORMANCE BOARD

At a meeting of the Health Policy and Performance Board held on Tuesday, 18 June 2019 at Council Chamber - Town Hall, Runcorn

Present: Councillors J. Lowe (Chair), Baker (Vice-Chair), Cassidy, Dennett, Dourley, P. Hignett, C. Loftus, Ratcliffe and Sinnott

Apologies for Absence: Councillors June Roberts and Zygadllo

Absence declared on Council business: None

Officers present: S. Wallace-Bonner, A. Jones, L Wilson, H. Moir and S. Semoff

Also in attendance: D. Johnson – Chief Executive NHS Knowsley CCG; Dr E. Marshall – Clatterbridge Oncology; L. Thompson, M. Stanley & M. Austine – NHS Halton CCG; J. English – HBC Care Homes and Councillor R. Hignett

ITEMS DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

		<i>Action</i>
HEA1	MINUTES The Minutes of the meeting held on 26 February 2019 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 POLICY AND PERFORMANCE BOARD ANNUAL REPORT : 2018/19 The Board received the Health Policy and Performance Board's Annual Report for April 2018 to March 2019. The Chair conveyed her thanks to all Members of the Board and Officers, for their commitment and support throughout the year. RESOLVED: That the Annual Report for April 2018 to March 2019 be noted.	

The Chair made a statement addressing the Senior Responsible Officer (Transforming Cancer Care) on behalf of the Board, on their disappointment on the lack of participation and inclusion of Elected Members of the Board and the lack of contact and liaison with Council officers, in respect of the public consultation for the Transformation of Cancer Care. It was noted that the presentation being made today would not be considered part of the consultation process.

HEA4 TRANSFORMING CANCER CARE

The Board received a report and accompanying presentation from the Chief Executive, Knowsley CCG, on the current state of the programme to redesign the provision of non-surgical oncology across the Eastern Sector, Mid Mersey, to be more efficient and effective within a specialist hub, with the potential for future radiotherapy development.

It was noted that presently the programme was in the pre-consultation engagement phase, and that formal consultation would start in July 2019 for 3 months.

The following was discussed / noted in response to Members' queries:

- Early stage cancer screening was outside the scope of this project. However, it was commented that screening rates for cervical, breast, bowel and lung cancer had improved;
- Public Health promotions were taking place to encourage cancer screening so it was hoped that these rates would be increased in the future;
- An obstacle to screening was a fear of diagnosis;
- Support groups were encouraging people to go for screening when invited, even if they had no symptoms;
- The pre-consultation exercise was being completed to identify areas to be included in the formal public consultation; such as equality and diversity issues and travel / transport issues;
- A space was being identified for a radiotherapy machine in the area – so a review was taking place on this. Nationally, reviews were constantly being carried out to determine the best locations for them.

RESOLVED: That the Board

- 1) recognises the problems being experienced in the current provision of non-surgical oncology services and the requirement to make changes to ensure

patients receive appropriate care in a timely manner;
and

- 2) notes the current position of the programme and the intention to undertake public consultation from July to September 2019.

HEA5 DELAYED TRANSFERS OF CARE

The Board received a report and accompanying presentation which provided background information in respect to *Delayed Transfers of Care* (DTC's) and gave details of Halton's latest position with regards to these.

Members were advised that a DTC occurred when a patient was ready to leave a hospital or similar care provider but was still occupying a bed. Delays could occur when patients were being discharged home or to a supported care facility, such as a residential or nursing home, or were awaiting transfer to a community hospital or hospice.

The report outlined how delayed transfers of care were measured and how they occurred; Halton's performance for the months of January 2019 and February 2019 were used as an example to explain this in paragraph 3.5.

Appended to the report was Appendix 1: *Halton's DTC's since January 2018* and Appendix 2: *the Monthly Delayed Transfers of Care Update from the North West Association of Directors of Adult Social Services (ADASS)*; this outlined how Halton benchmarked against other local authorities in the North West.

In response to Members' queries the following was noted:

- The retention of staff in the care sector was a national as well as a local concern – the Council was continuing to work with care providers on this issue;
- Premier Care (the Council's Lead Care Provider) would visit the Board at the next meeting;
- Delays in people leaving hospital after discharge occurred due to problems with care packages being arranged for afterwards;
- Delays in people leaving hospital after discharge occurred for a variety of reasons, for example where the family choose a care home where there are no vacancies and they join a waiting list; this then results

in the relative staying in hospital until a bed is available.

RESOLVED: That the Board notes the report contents and associated appendices.

HEA6 UPDATE ON ASYLUM SEEKERS AND REFUGEES - HEALTH IMPACTS

The Board received an update on Halton's involvement with asylum seeker and refugee dispersal and resettlement programme; highlighting health and wellbeing issues.

By way of background, Members were reminded that following a request in late 2015 from Central government, the Council's Executive Board agreed to support the national dispersal programmes for asylum seekers, Syrian refugees, Vulnerable Children Resettlement Scheme (VCRS) and unaccompanied asylum seeker children (National Transfer Scheme).

It was noted that 42 out of 44 local authorities in the North West were participating in the dispersal programmes, including all 6 in the Liverpool City Region (LCR) and all four Cheshire Authorities. Halton's initial commitment to the Syrian Resettlement Programme (SRP) and VCRS was 100 individuals, with a further 60 agreed in 2018. Currently, 112 individuals had resettled in Halton; it was not clear how many asylum seekers were placed in Halton but it was estimated to be between 10 – 20.

The report discussed local issues around asylum seekers and refugees; health considerations; impacts on social care; and the 'Safe Surgeries' initiative, the investigation of which was supported by Members.

RESOLVED: That the Board

- 1) notes the report; and
- 2) supports investigating whether the Safe Surgeries initiative is suitable for promotion in Halton.

HEA7 CRITERIA BASED CLINICAL TREATMENTS

The Board received a report from the Chief Commissioner, NHS Halton CCG, that informed on the current state of the programme to review the existing clinical policies maintained by the Clinical Commissioning Group; a

paper was attached to the report explaining this.

It was noted that the next phase of the review was Phase 3, the policies to be included were outlined in the appendix. The public engagement would take place between 25 February and 7 July 2019 and a report would come back to the Board with the outcome of this.

RESOLVED: That the Board

- 1) recognise the Phase 3 policies that were currently being reviewed; and
- 2) notes the public engagement process was during the period of Purdah for the local elections and no decisions could be made during this period.

HEA8 RESPITE PROVISION

The Board received a report from the Strategic Director, People, on respite provision, with a particular focus on Shared Care Vouchers.

The report advised Members of a recent incident that had occurred involving a carer who had a Shared Care Voucher for 28 days residential respite and the difficulties she encountered when trying to use it.

The report set out to explain the Shared Care Voucher process and investigated whether issues such as these were a common occurrence. The aim was to help to identify where improvements could be made going forward in order to help avoid carers experiencing issues such as the one described in the report.

Following the presentation of the item Members commented:

- That they agreed there were flaws in the system if people were being let down last minute, as in the example presented;
- It was very important that carers had respite from their caring responsibilities for many reasons;
- Families taking respite needed to meet the person going in their place, so they could feel confident leaving them in the care of that person; and
- The Council should look to offer respite care in their care homes.

RESOLVED: That the Board notes the possible

improvements highlighted at 3.16 and 3.18 and agrees that these be reviewed with a further update be submitted at a future meeting.

HEA9 SCRUTINY TOPIC – 2019/20

The Board received the draft Topic Brief for the Scrutiny Review – Deprivation of Liberty Safeguards; this was attached to the report as Appendix 1.

RESOLVED: That the Board

- 1) approves the draft Topic Brief as being reflective of the lines of enquiry the Board wishes to pursue; and
- 2) agrees that all Members of the Board be included in the Scrutiny Group.

HEA10 ADULT SOCIAL CARE PERFORMANCE IN THE NORTH WEST

The Board received an overview of the North West Annual Performance Report for Adult Social Care (attached at appendix 1) which highlighted comparisons and key areas for focus for Halton.

In summary, the report provided an overview of key performance areas for adult social care, pulled together into a single dashboard; this data was also reported on a quarterly basis to the NWADASS sector led improvement board. Members were advised that the use of the dashboard had been developed over the last two years, and provided the sector led improvement board with data and intelligence to challenge performance of individual authorities and enabled resources to be targeted, to support improvement according to what the data was saying.

Members noted that the Report was the year end benchmarking dashboard, and used only publically available data; but did include some locally developed indicators. Also, it was noted that it was important that Halton not only monitored its own performance, but benchmarked against other North West local authorities, to ensure continued improvement in all service areas.

The report discussed the North West's key performance areas, and Halton's performance. Members were pleased to see some improvements. One Member requested to know the outcome of the task and finish group on direct payments; this would be forwarded.

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

Director of Adult Social Services

HEA11 PERFORMANCE MANAGEMENT REPORTS, QUARTER 4 2018/19

The Board received the Performance Management Reports for quarter 4 of 2018-19.

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 of 2018-19. This included a description of factors which were affecting the services.

The Board was 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 Performance Management Reports for quarter 4 be received.

Meeting ended at 8.15 p.m.