

HEALTHY HALTON POLICY AND PERFORMANCE BOARD

At a meeting of the Healthy Halton Policy and Performance Board on Tuesday, 3 April 2007 at the Civic Suite, Town Hall, Runcorn

Present: Councillors E. Cargill (Chairman), Loftus (Vice-Chairman), Blackmore, Horabin, Swift and Wallace

Apologies for Absence: Councillor Hodgkinson, D Inch, Howard, Lloyd Jones and Gerrard (in accordance with Standing Order No. 33)

Absence declared on Council business: Councillor Jones

Officers present: A. Villiers, A. Williamson and C. Halpin

Also in attendance: Mr C. Powner and Mrs K. Heeley, Halton and St Helens Primary Care Trust, and 1 member of the public

ITEM DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

HEA51 THE HEALTHCARE COMMISSION ANNUAL HEALTH CHECK 2007: HALTON AND ST HELENS PRIMARY CARE TRUST

Action

The Board received a presentation from Mr C Powner of Halton and St Helens Primary Care Trust (PCT) on the Annual Health Check results for 2006/07. The presentation set out:

- the background of the PCT and its mission statement;
- the PCT's main providers;
- the private practices involved with the PCT i.e. GP practices, Dentists, Pharmacies etc;
- the standards which the PCT were tested against and the conclusions of this testing, namely that due to the reasons set out below the PCT was expected to declare compliance with each standard:
 - C14 – Complaints: robust complaints procedure in line with regulations and comprehensive staff training programme
 - C16 – Patient Information: patient information leaflets produced in line with guidance, PCT

Annual Report highlights the range of services and information leaflets are available in a range of formats

- C17 – Patient and Public Involvement: robust Patients and Public Involvement (PPI) strategy, processes for consulting with patients and public and patients are well represented on PPI Forum/LITs
- C18 – Access to Services: published race equality scheme, PCT premises are DDA compliant and Choose & Book awareness raising publicity campaign
- C22 a & c – Partnership Working: robust plans to promote, protect and demonstrably improve health, Local Area Agreements on health and well being include shared outcomes and implementation of Choosing Health has been jointly planned and wide range of programmes to cover health protection
- C22b - Director of Public Health Annual Report: recommendations in the DPH's annual report, services for alcohol, obesity, sexual health and smoking and implementation of numerous interventions.

The Board raised a number of issues in relation to the presentation, as detailed below:

- how the budgets for each consortium would be set, prioritised, monitored and reviewed;
- whether the priorities would be national or local in relation to each consortium;
- whether the change to practice based commissioning would create additional jobs and if so how these would be funded;
- heating problems with the new Health Care Resource Centre in Widnes;
- how Halton and St Helens PCT was linking with the North Cheshire Hospitals NHS Trust, as this was particularly relevant to Halton; and
- whether there were any plans to set up walk-in centres in Halton.

In response the representatives present from Halton and St Helens PCT, Mr C. Powner and Mrs K. Harrison, gave the following answers:

- budgets were set based on historical spend and a mix of weighted capitation; each practice had own governance arrangements and business plan which

- linked back to the PCT;
- priorities would be set based on both national and local priorities and would be agreed with the PCT;
 - each consortium was being provided with a business manager by the PCT, however these posts had been transferred directly from the PCT so incurred no additional funding and would not effect front line funding;
 - the issues reported in relation to the Health Care Resource Centre would be reported back;
 - new contracting arrangements meant that one PCT acted as the lead in negotiations with North Cheshire Hospitals NHS Trust, this was Warrington PCT at present. This meant that Halton and St Helens PCT was an associate PCT; however, it was noted that it was still a significant partner providing 30% of the hospital trust's income and, as such, it did still have opportunity to input into any negotiations.

In addition it was noted that a roadshow had been developed in relation to Practice Based Commissioning which Members may find useful if invited to a future meeting.

The Board thanked the PCT representatives for an informative presentation.

The Board discussed two areas where it had worked with the PCT on the implementation of Choosing Health and on the development of the consultation protocol, along with individual members' experience of the availability of patient information within Halton. The Board agreed that there was sufficient evidence to enable a 3rd Party Commentary to be made in relation to two of the standards; C16 – Patient Information and C22 a & c – Partnership Working.

RESOLVED: That

- (1) the content of the report be noted;
- (2) a 3rd party commentary on the performance of the PCT, in relation to Standards C16 and C22 a & c, to accompany the Annual Health Check declaration, be submitted by the deadline of 1st May 2007; and
- (3) authority be delegated to the Operational Director - Adults of Working Age, in consultation with the Chairman, to agree the final wording of the 3rd Party Commentary.

Strategic Director
- Health and
Community

Meeting ended at 8.00 p.m.