

HEALTH POLICY AND PERFORMANCE BOARD

At a meeting of the Health Policy and Performance Board held on Tuesday, 13 January 2015 in the Council Chamber, Runcorn Town Hall

Present: Councillors E. Cargill (Chairman), J. Lowe (Vice-Chairman), S. Baker, M. Bradshaw, Dennett, Horabin, M. Lloyd Jones, C. Loftus, C. Plumpton Walsh and Sinnott

Apologies for Absence: Councillor Wallace

Absence declared on Council business: None

Officers present: L. Derbyshire, M. Holt, E. O'Meara, S. Wallace-Bonner and L Wilson

Also in attendance: Mr P Cooke, Mr R Page and Ms S Ellison (Healthwatch Halton), Mr S Banks and Mr D Sweeney (Halton CCG), Ms M Pickup (Warrington & Halton Hospital) and three members of the public.

ITEMS DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

	<i>Action</i>
HEA33 MINUTES	
The Minutes of the meeting held on 4 November 2014 having been printed and circulated were signed as a correct record.	
HEA34 PUBLIC QUESTION TIME	
The Board was advised that no public questions had been received.	
HEA35 HEALTH AND WELLBEING MINUTES	
The Minutes of the Health and Wellbeing Board of its meeting held on 12 November 2014 were submitted to the Board for information.	
RESOLVED: That the minutes be received.	

(Note: Councillor M Lloyd-Jones declared a Disclosable Other Interest in the following item of business as her husband was a Governor of

Warrington & Halton Hospital Board).

HEA36 CREATING TOMORROW'S HEALTHCARE TODAY – WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST FIVE YEAR STRATEGY

The Board considered a report of the Strategic Director, Communities, which outlined Warrington and Halton Hospitals NHS Foundation Trust five years Strategy, 'Creating Tomorrow's Healthcare Today'. The Chief Executive of the Trust attended the meeting to present the report and a presentation.

The Board was advised that over the last five years massive changes had been made to NHS services at Warrington and Halton Hospitals - modernising hospitals, investing in staff and, most importantly, delivering quality and safety improvements for the local population. Creating tomorrow's healthcare today was a way of setting out the strategy for the next five years. It set out the overall vision for the hospitals. It detailed the plans that would be delivered and other improvements in line with the local and national picture and changes taking place in the wider NHS.

It was reported that the strategy had been the result of work with NHS governors, Members and the public over the last few months as well as being informed by commissioning intentions and national mapping work across the health and social care sector.

The presentation Creating Tomorrow's Healthcare Today:-

- Outlined the national and local forces affecting healthcare and the commissioner response;
- Set out the Vision;
- Detailed the route to sustainability over five years;
- Gave details of the transformational and modernisation programmes;
- Highlighted that quality would be improved today to ensure they were here tomorrow;
- Explained the estate and facilities, creating a new environment for tomorrow's healthcare needs;
- Highlighted that technology was being developed

to support future healthcare requirements;

- Gave details of the workforce – investing in staff and skills to enable the workforce to be ready for the future; and
- Set out a summary of tomorrow's healthcare today in respect of quality, people and sustainability.

The following comments arose from the discussion:-

- Members raised concern at the proposals for car parking charges at the Urgent Care Centre on the hospital site which would be used by Runcorn residents. It was reported there were no car parking charges in Halton and Members requested that this matter be reconsidered with a view to removing the charges. It was also suggested that if removing the charges was not an option on this particular site then alternative sites should be considered i.e Halton Lea Shopping Centre. It was also highlighted that charges would result in cars being parked in residential areas to avoid the charges. In reply, it was reported that negotiations were taking place and a meeting had been arranged next week to find a solution to this issue;
- It was noted that the Strategy would bring care closer to home for patients by supporting the local health community in providing care for patients in Warrington, Halton and neighbouring areas. This would be achieved by looking at different models of provision; the use of technology and enabling the capitalisation of the knowledge and skills of staff;
- It was noted that the vision was to develop a health delivery model which would keep people in their environment, mobilising expertise so that they would not require a stay in hospital; and
- It was noted that although additional car parking had been provided for the Walk In Centre, there were still significant problems for residents in that area with cars parking outside their homes and in front of their drives. Concern was raised that a bigger footfall also created health and safety issues for young people using the park in that

area.

RESOLVED: That

- (1) the report and comments raised be noted; and
- (2) Mel Pickup be thanked for her informative presentation.

HEA37 GP ACCESS & OUT OF HOURS PROVISION

The Board considered a report of the Strategic Director, Communities, which detailed the Healthwatch report on GP Access and Out of Hours Provision.

The Board was advised that Healthwatch Halton was the consumer champion for health and social care in Halton. Its purpose was to understand the needs, experiences and concerns of people who used health and social care services and to ensure their voices were heard and responded to.

The Board was further advised that from the launch of Healthwatch in April 2013 one of the main issues raised by local people were the difficulties accessing local GP services. Having made a note of the findings from the local feedback and from national surveys it had been decided that a Healthwatch Task and Finish group should be set up to look at 'Access to GP Services and Out of Hours GP Provision' across Halton.

A public survey had been launched by Healthwatch Halton at the end of March 2014 to the end of June 2014. In total 491 surveys had been completed with received responses covering all GP practices in Halton. A number of recommendations had been put forward in the report which had been produced by the Healthwatch Halton Task & Finish group. The report attached as Appendix 1, had been sent to Halton CCG for a formal response to the recommendations, and the response was due in January 2015.

Mr Paul Cooke, Mr Roy Page, Mr Dave Wilson and Ms Susan Ellison, Healthwatch Halton, attended the meeting and presented the report and the recommendations.

It was reported that the Clinical Commissioning Group (CCG) had endorsed the recommendations and an action plan had been developed. It was also reported that Healthwatch Halton would be working with the CCG on this

matter. In addition, the Healthwatch Halton “Have your voice heard today” leaflet was circulated at the meeting.

The Board welcomed the report, supported the recommendations and thanked Healthwatch Halton for the excellent work they had undertaken to date.

The following comments arose from the discussion:-

- It was suggested that an information campaign be established to raise awareness of the numerous services that were available i.e. online repeat prescriptions and prescriptions that could be ordered to pick up at a local pharmacy;
- It was suggested that GP practices could be tested on a regular basis by a scheme similar to the mystery shopper which would enable the practice to monitor the services they were delivering;
- It was reported that the survey had highlighted patients’ resistance to new ways of providing health services by GP’s and the Board noted the challenges this presented;
- The inconsistency of delivery of customer care in GP practices was noted. It was reported that GP’s were working towards a consistent approach and a report on this would be presented to a future meeting of the Board;
- Page 67 – Recommendation 6 – ensuring information on the new centres was made widely available across the Borough and in both local hospital A&E, Whiston and Warrington in time for their opening - it was suggested that a presentation could be undertaken at the Council’s Area Forum. It was agreed that this be presented to the next Area Forum pre agenda’s for consideration; and
- The importance of good communication and understanding of systems of health care that were in place for patients was noted.

RESOLVED: That

- (1) the report and comments raised be noted; and

- (2) Mr P Cooke, Mr R Page, Mr D Wilson and Ms S Ellison be thanked for their informative verbal presentation.

HEA38 PERFORMANCE MANAGEMENT REPORT 2014-15
QUARTER 2

The Board considered a report of the Strategic Director, Communities, which presented the progress of key performance indicators, milestones and targets relating to Health in Quarter 2 of 2014-15. Appendix 1 to the report contained a progress update regarding the implementation of all Directorate high-risk mitigation measures that were relevant to the remit of the Board.

The Lead Officer of the Board gave a verbal update on the performance monitoring targets highlighting that the majority would be achieved by the end of the year.

The Board noted the ICT issue in respect of the Adult Social Care target regarding Safeguarding.

The following comments arose from the discussion:-

- Information was requested on Personal Budgets and how they could be assessed and monitored. In reply, it was reported that this task was undertaken externally, with the Council having an administration role with two reports being received to date. It was reported that the reports had been very positive and that they could be presented to the next meeting of the Board;
- An update was requested on the Widnes Homeless Hostel and it was reported that this information would be circulated to Members of the Board;
- PA1 – Integrated provision of frontline services – the additional resources that had been released from central government to support increased demand during the winter period was welcomed and it was commented that it would be beneficial for these resources to be available all the time. The Board had a discussion on the provision of residential and nursing care, private vs previous Council provision;

- PH 01 – reduce obesity rates in the local population, March 2015 – it was agreed that the review, when completed, would be presented to the Board for consideration; and
- The Board noted the significant success of operation emblem and that it had reduced the number of Section 136 interventions by 90% to date and made a saving of approximately £320,000 - £360,000. The Board also noted that the next stage would be to commission the service for a longer period and that Cheshire had also adopted the project enabling consistency across Cheshire.

RESOLVED: That the report and comments raised be noted.

HEA39 SUSTAINABLE COMMUNITY STRATEGY PROGRESS REPORT APRIL- SEPTEMBER 2014

The Board considered a report of the Director of Public Health which provided a summary of progress on the health and wellbeing priority for Halton's Sustainable Community Strategy (SCS) from April – September 2014.

The Board was advised that the current SCS for Halton was from 2011- 2026 and addressed five key priorities for the Council and its partners as follows:-

- A Healthy Halton;
- Employment, Learning and Skills in Halton;
- A Safer Halton;
- Children and Young People in Halton; and
- Environment and Regeneration in Halton.

The Board was advised that Appendix 1 to the report set out progress for April 2014- September 2014 for the Healthy Halton priority.

The Board welcomed the improved breastfeeding rate and the under 18 conception rates and that in Halton obesity in Year 6 children was reducing year on year, which was the opposite of the national trend. However, the Board also noted the challenges in respect of increased obesity in children of reception age and the number of children who were not ready for school.

RESOLVED: That the report and comments raised be noted.

(Note: Councillor Sinnott declared a Disclosable Other Interest in the following item of business as a Trustee of Halton Disability Partnership).

HEA40 UPDATE ON THE CARE ACT

The Board considered a report of the Strategic Director, Communities, which informed Members of the changes involved with the new Care Act and on local progress.

The Board was advised that the changes coming into effect in April 2015 which impact directly on the Council included:-

- A duty to provide prevention, information and advice services;
- A national minimum threshold for eligibility for both service users and carers;
- The entitlement for carers to assessment, support services and review equal to that of the service user;
- The right for people who pay for their own care to receive advice and support planning; and
- A universal system for deferred payments for residential care.

The Board was further advised that the changes coming into effect from April 2016 which impact directly on the Council included:-

- A cap on the costs that people have to pay to meet their eligible needs;-
- A 'care account' giving people with eligible social care needs an annual statement of their progress towards reaching the cap, whether their care was organised by the local authority or not; and
- Extending the financial support provided by the local authority by raising the means test threshold for people with eligible needs.

It was reported that to oversee the implementation of

the Care Act in Halton, an overarching Care Act Strategic Group chaired by the Operational Director, Prevention and Assessment, had been established. The strategic group in turn would oversee six sub-groups each working to their own implementation plan that included working towards completion of reviewing relevant documents, policies, considering training and workforce development, charging and cost implications as well as understanding and identifying potential risks. A brief summary of each of the subgroups was included in the report.

Furthermore, it was reported that to support the implementation a grant of £125,000 had been provided and had been used in the following three ways:-

- A full-time policy officer had been recruited;
- A full-time post in finance to support all financial implementation of the changes in the Care Act; and
- £25K to support joint working with Liverpool City region.

The Board were reminded of the Members' seminar on the Care Act that would be taking place on Thursday 15 January 2015 at 5.30 pm. It was reported that all Members of the Council would receive a copy of the slides. It was also reported that a follow up event was being considered and an update report would be presented to the next meeting of the Board.

The Board noted that two regional groups had been established and noted the updates from the sub-groups contained within the report.

Clarity was sought on whether additional staff had been recruited to deal with the additional workload. In response, it was reported that a Policy Officer had been recruited and some existing Policy Officers had been allocated additional work. The Board noted that the full time posts were temporary secondment posts for a period of 12 months. A report outlining the resource requirements would be presented to the Executive Board. However, it was highlighted that funding received would not be sufficient to address the changes, and the Council would do whatever it could to communicate and support people within the budget.

RESOLVED: That the report and comments raised be

noted.

HEA41 MENTAL HEALTH CHAMPION QUARTERLY REPORT

The Board considered a report of the Strategic Director, Communities, which provided Members with an update on mental health related activity undertaken by the Council and NHS Halton Clinical Commissioning Group (CCG).

The Board was advised of activities in the following areas:-

- Award Winning Innovation – Haltons Wellbeing Practice approach had gained national interest winning a National Association of Primary Care (NAPC) award;
- Mental Health in GP Practices – Training was being provided to clinicians to enable them to manage mental health within their practice;
- Mental Health Wellbeing Nurse – Halton CCG had commissioned a Mental Health Wellbeing Nurse Team to work primarily with the most vulnerable patients with complex issues;
- Halton CCG Service Provision – Appendix 1 to the report set out a summary of some of the service provision across the age ranges;
- New Governance Structure – A revised Governance Structure had been established to ensure robust oversight of delivery of mental health;
- Dementia Friendly Communities – The Council and Halton and the CCG had established a Halton Dementia Action Alliance (Halton DAA) in October 2014;
- Admiral Nurses for Dementia - The Halton Dementia Partnership Board had recently met with the Chief Admiral Nurse in England (Oct 2014) to explore the potential for investment in the Admiral Nurse service in Halton. A Business Case for investment was being developed;
- In Patient Redesign Project – 5 Borough Partnership Community Foundation Trust had developed a revised improved clinical model for

inpatient services;

- Emotional Wellbeing Services for Children - NHS Halton GCCG and Public Health in the Local Authority had worked together to deliver a revised specification for a Tier 2 level service to support young people with emerging emotional wellbeing and lower level mental health issues. The service was currently out to tender on The Chest and interviews for bidders would be held on 6th February 2015;
- System Resilience Funding - NHS Halton CCG had secured £81k of additional funding from a recent bid for additional system resilience funding for mental health specifically;
- The Mental Health Crisis Care Concordat - The Mental Health Crisis Care Concordat had been published by Central Government in late 2013. Locally, Halton had been working closely with partners across the Cheshire footprint. A declaration had been developed and agreed across the partners, and an action plan was being developed. Regular meetings were also taking place to monitor progress;
- Operation Emblem/Street Triage - Operation Emblem had been piloted across Halton and Warrington for 12 months and had been commissioned by NHS Halton and Warrington CCGs. The pilot had been very successful and reduced Section 136 by approximately 90% across the two Boroughs;
- Liaison Psychiatry Service - The extended Liaison Psychiatry Service had been launched within Warrington and Halton Hospitals NHS Foundation Trust in August 2014;
- IAPT – Halton Psychological Therapies Service - The Halton Psychological Therapies service was now provided by the 5 Boroughs Partnership NHS Foundation Trust and went live on 1st August 2014;
- Mental Health Services Reviews - It had been highlighted that there may be a need to review the service provided around mental health, and understand the current pathways, and patient

experience. A small task group had been established and preliminary work had commenced;

- Suicide Prevention Strategy - The final draft of the Suicide Prevention Strategy would shortly be presented for Board level approval; and
- Support 4 Change - In September 2014, additional funding from NHS England had been successfully sought/awarded to expand the Support 4 Change service to cover Halton and Warrington.

The Mental Health Champion, Councillor Dennett reported that the first meeting of the Mental Health Oversight Group had taken place today. He reported that there were a considerable number of operational groups across the Borough dealing with various aspects of mental health and which were managed by various organisations. The Mental Health Oversight Group, he reported, would be taking a strategic approach to mental health issues. The Group had also considered the Elderly Adults and Children's Delivery Plans. In addition, he added that part of his role was to promote mental health services and that the Oversight Group would meet on a quarterly basis and would report back to the Board periodically. It was reported that Healthwatch Halton would also be part of the Oversight Group.

Clarity was sought on how much money was wasted on numerous providers undertaking memory tests and not actually resolving the problem. In reply, it was reported that an early diagnosis was vital and after a memory test and blood tests, very often patients were left without a diagnosis, which meant that they slipped through the gap and were not supported. However, it was reported, that these patients would now be dealt with by the Memory Service and this would resolve this problem. GP's, it was reported were also better at recognising mental health problems and as a result the diagnosis rates had increased.

RESOLVED: That the report and comments raised be noted.

HEA42 DEVELOPING A HALTON RESPONSE TO THE NHS FIVE YEAR FORWARD VIEW

The Board considered a report of Halton's CCG which informed Members that on 23 October 2014 NHS England, in partnership with five other national organisations involved in setting the strategic direction and regulatory framework for the NHS, had published *Five Year Forward View*.

The Board was advised that on 4 December 2014 NHS Halton Clinical Commissioning Group (CCG) had commenced a two month dialogue with local people and partners in regard to a Halton response to *Five Year Forward View*. Strategic decisions would need to be made by NHS Halton CCG Governing Body following the publication, particularly in regard to new models of care.

The Board was further advised that the purpose of the *Five Year Forward View* was to articulate why change was required, what that change might look like and how it could be achieved. It described various models of care which could be provided in the future, defining the actions required at local and national level to support delivery. Everyone would need to play their part – system leaders, NHS staff, patients and the public – to realise the potential benefits to all. It covered areas such as disease prevention; new, flexible models of service delivery tailored to local populations and needs; integration between services; and consistent leadership across the health and care system.

The Board noted the importance of integration between services provided by the Council, the NHS, GPs and CCG's etc. The Board also noted that there was a need to engage with the public to raise awareness of their responsibilities in taking care of their health rather than relying on the NHS.

RESOLVED: That the report and comments raised be noted.

HEA43 DEVELOPING A NHS HALTON CCG RESPONSE TO NEXT STEPS TOWARDS PRIMARY CARE CO-COMMISSIONING

The Board considered a report of Halton's CCG which aimed to provide clarity and transparency around co-commissioning options, providing CCG's and area teams with information and tools they need to choose and implement the right form of co-commissioning for their local health economy. NHS Halton CCG was required to decide by 9 January 2015, the level of primary care co-commissioning the organisation wished to undertake with NHS England.

The Board noted the Joint Commissioning model and the details set out in paragraphs 4.2 of the report. It was highlighted that the area teams and the CCG's would agree the full membership of their joint committees and that a local Healthwatch Halton representative and a Local Authority

representative would have the right to join the joint committee. The Board discussed the Membership of the Committee and Sub-Committee and it was noted that Councillors who were not a member of the Health PPB could be a member of the Sub Committee.

The Board was advised that the document had been submitted on 9 January 2015 and the Strategy would be presented to the Board in March 2015.

RESOLVED: That the report and comments raised be noted.

HEA44 STANDING ORDER 51

The Board was reminded that Standing Order 51 of the Council's constitution stated that meetings should not continue beyond 9 pm

RESOLVED: That Standing Order 51 be waived to allow the meeting to continue beyond 9 pm.

HEA45 MATERNITY SERVICES

The Board considered a report of the Halton's CCG which informed Members of work that was progressing across Cheshire and Merseyside to sustain and develop maternity services.

The Board was advised that Cheshire and Merseyside Clinical Commissioning Groups (CCGs) had agreed to undertake a review of maternity services across the sub-region. This review was being undertaken with the support of provider organisations and the Cheshire and Merseyside Strategic Clinical Network (SCN). It was reported that the involvement of the SCN was crucial as it ensured that clinicians were engaged in and leading this work.

It was reported that work was currently underway to develop a baseline understanding of the nature and shape of maternity services in Cheshire and Merseyside. Using all available data this was specifically looking at:-

- Clinical outcomes;
- Patient experience and choice;
- Education and training of the current and future workforce;
- Co-dependencies with other services including neonatal intensive care, co-surgical support, critical care, A&E and other specialist services

- Safeguarding;
- Capacity and size of current provision;
- Current and future demographics and geographical access;
- Epidemiology of the population; and
- Current commissioning and financial arrangements.

The Board was further advised that the next phase of the work would involve developing options for improvement, using evidence of national and international best practice. Any options for change would be subject to engagement and consultation with patients and the public in Cheshire and Merseyside.

The importance of getting the pathway correct for the child and mother was noted. It was also noted that there were a lot of public health messages regarding anti-natal services but more was required to identify post natal depression and support young single women with their new born child.

The Board raised concern that historically after giving birth the mother would stay in hospital for a week and receive support from health visitors when they returned home, whereas now they were discharged after four hours with no aftercare. In reply, it was reported that standards of care across pathways would be considered and creative ways to address these issues would be identified.

The Board welcomed the report and acknowledged that the new services would enable children to be born in the Borough rather than in Warrington or Whiston Hospital.

After discussion, it was agreed that an update report be presented to a future meeting of the Board.

RESOLVED: That the report and comments raised be noted.

Meeting ended at 9.15 p.m.