

HEALTH POLICY AND PERFORMANCE BOARD

At a meeting of the Health Policy and Performance Board held on Tuesday, 21 June 2016 at Council Chamber, Runcorn Town Hall

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

Apologies for Absence: Councillor Parker

Absence declared on Council business: None

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

Also in attendance: professor Steve Cox – Clinical Chief Executive, NHS St Helens CCG; Ann Marr – Chief Executive, St Helens & Knowsley Teaching Hospitals NHS Trust; Mel Pickup – Chief Executive, Warrington & Halton Hospitals NHS Foundation Trust and Simon Banks – Chief Officer, NHS Halton CCG.

ITEMS DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

		<i>Action</i>
HEA1	MINUTES	
	The Minutes of the meeting held on 22 February 2016 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 MINUTES	
	The draft minutes of the Health and Wellbeing Board meeting dated 9 March 2016 were submitted to the Board for information.	
	<i>Councillor Martha Lloyd Jones declared a Disclosable Other Interest in the following item as her husband was a Governor of Halton and Warrington Hospitals which was referred to in the report.</i>	

HEA4 HEALTH POLICY AND PERFORMANCE BOARD ANNUAL REPORT : 2015/16

The Board received the Health Policy and Performance Board's Annual Report for April 2015 to March 2016. It was noted that the Board had examined in detail many of Halton's Health and Social Care priorities and details of the work undertaken was outlined in the Annual Report.

RESOLVED: That Annual Report for April 2015 to March 2016 be noted.

HEA5 TRANSFORMING CARE PROGRAMME

The Board received a report from the Strategic Director, People and Economy, which provided details of the purpose and associated processes of the Government's Transforming Care Programme and the local progress for Halton residents.

It was reported that further to the publication of the Government's response to Winterbourne View Hospital (2012) a concordat plan of action was developed. By the time of the report *Winterbourne View – time for change 2014*, it was evident that the intended reduction in the use of in-patient beds had not been achieved. The Government had therefore, now set clear targets for the reduction of in-patient beds and this was to be a 50% reduction nationally over the next three years.

It was noted that the Transforming Care Agenda encompassed both Children and Adults with Learning Disability and/or Autism, and in particular those who displayed behaviour that presented challenges. The key areas of the Transforming Care Programme were noted as:

- Empowering individuals;
- Right care in the right place;
- Regulation and inspection;
- Workforce; and
- Data and information.

The report discussed where Halton fitted in to the Programme and Members were referred to:

- the *National Service Model* at Appendix 1;
- the Governance Structure of the Cheshire and Merseyside Transforming Care Board at Appendix 2;

- The latest version of the Mid-Mersey Plan at Appendix 3.

Following Members' queries it was confirmed that there were mechanisms in place to receive feedback from young people with disabilities so that services could be improved and developed. The Chair suggested that a glossary would be useful if abbreviations are to be used in the reports.

RESOLVED: That the Board notes the report.

Councillor Osborne declared a Discloseable Other Interest in the following item as his wife works for the Council.

HEA6 SOCIAL WORK CASELOAD MANAGEMENT

The Board received a report from the Director of Adult Services apprising them of the Adult Social Care's approach to caseload management. The report was requested by Councillor Dennett, as it linked to the Children, Young People and Families Policy and Performance Board and he wished to raise awareness of the subject with Members in light of the 'Climbie' case.

Members were advised that caseload management was an important part of overall workload management in the care management services, particularly in ensuring that social workers had a manageable workload; that they had a good mix of cases; and that peaks and troughs with individual workers are co-ordinated effectively across the whole team. It was noted that an average caseload was 25; however this could vary depending on complexity of cases.

It was reported that currently caseloads were manageable and the Council had good staff retention of permanent social workers with no vacancies at present. Further due to a new progression route policy for social work staff, there was a good mix of experienced staff and newly qualified staff and regular placements were offered to social work students. Further, the Council operated within the *National Employer Standard for Social Workers*, published by the Local Government Association (LGA), which was in place to sustain high quality outcomes for service users and their families, carers and communities.

The report continued to discuss the approach to caseload management in Halton making reference to the *Professional Capability Forum*; the *Caseload Management Framework for Adult Social Care teams*; and the revised

Supervision Policy, Procedure and Practice.

An invitation was made to Members to attend the *Social Work Matters Forum* where the Principal Social Worker met quarterly with social workers to discuss professional and topical issues for social work. This was noted by Members and Officers would forward the dates of the Forum to them.

RESOLVED: That the Board

- 1) notes the report and comments made; and
- 2) notes the invitation to attend a future Social Work Matters Forum.

Director of Adult Services

HEA7 ONE HALTON - HEALTH & WELLBEING OPERATIONAL PLAN 2016-17

The Board received a report from the Strategic Director, People and Economy, informing them of the initial operational plan for 2016-17, submitted to NHS England (NHSE) as part of the annual planning around and to identify further work that would be undertaken to develop the priorities for the five year Sustainability and Transformation Plan and the Financial Recovery Plan, with the clear actions to be delivered during the year.

It was reported that NHSE issued their *Five Year Forward View* planning guidance in October 2014, with a set of priorities for the NHS up to 2020 and the direction of travel for new models of care and the improvement of care, quality and financial efficiencies. In October of the first year of the Five Year plan, NHSE published its revised planning guidance, '*Delivering the Forward View*', that extended the planning period to 2021, with a continuation of the existing direction of travel but with a number of new challenges.

The '*One Halton Health and Wellbeing Operational Plan 2016-17*' was attached to the report and acted as Halton's response to NHSE with details of the assumptions and trajectories to evidence the values submitted.

The new challenges were discussed in the report and Members debated the NHS Halton CCG's forecasted end of year £8.5m deficit. It was noted that better utilisation of budgets was needed and to achieve this all budget lines would be scrutinised. Members referred to the stock piling of medication by GP's pharmacies and care homes etc, and that money could be saved by eradicating this. In response it was noted that this was being looked at presently.

A paper would be prepared with further detail for a future meeting of the Health and Wellbeing Board and this Board, for September.

RESOLVED: That the Board

- 1) Notes the report and appendix; and
- 2) Supports the commissioning teams(s) in identifying the priorities and delivering the subsequent actions.

HEA8 WINDMILL HILL - CONTRACTING GENERAL MEDICAL SERVICES

The Board received a report from the Strategic Director, People and Economy, which set out the background and options for commissioning a General Practice Service at Windmill Hill from April 2017.

Officers reported that Windmill Hill Medical Centre was located within the Ward of Windmill Hill and it had a branch surgery located in Widnes. Originally it was two separate practices, both developed as part of the Equitable Access to Primary Medical Care (EAPMC) Programme. In 2011-12 it was agreed to reorganise the Widnes service as a branch of the Windmill Hill site. The current contract was held with Liverpool Community Health NHS Trust (LCH) which ends on 31 March 2017. It was noted that due to the organisational restructure that was currently being undertaken at LCH there was no opportunity to extend the contract beyond 2017.

The report provided information on the numbers of patients registered and the complement of staffing for the practice. It further presented details of the health and wellbeing of residents of Windmill Hill and the health concerns within the Ward such as long term sickness and disability.

Two options were presented to Members for comment and were discussed in the report:

- Option One: Commission as a Branch Surgery; and
- Option Two: List Dispersal of Widnes Patients (which could sit alongside Option One).

Members agreed that Windmill Hill needed its own surgery and discussed the *Windmill Hill Big Local* joining Halton CCG as part of the Big Local Partnership to deliver health services. It was noted that negotiations were

continuing with the School regarding the land and the Board would be kept updated with any progress on this.

RESOLVED: That the Board notes the update on the contracting of General Medical Services at Windmill Hill.

HEA9 ALLIANCE LOCAL DELIVERY SYSTEM (LDS)

The Board received a report from the Strategic Director, People and Economy, which provided the Board with some background to the development of the Alliance Local Delivery System (LDS) and progression to date. To accompany the report Members received a presentation from Professor Steve Cox: Clinical Chief Executive, NHS St Helens CCG and Mel Pickup, Chief Executive Warrington and Halton Hospitals NHS Foundation Trust, titled *Cheshire and Merseyside Sustainability and Transformation Plans* for the Alliance Local Delivery Systems.

It was reported that the NHS shared planning guidance 2016-17 to 2020-21 outlined a new approach to help ensure that health and care services were planned by place rather than around individual institutions. As in previous years NHS organisations were required to produce individual operational plans for 2016-17. In addition, every health and care system was expected to work together to produce a multi-year *Sustainability and Transformation Plan (STP)* showing how local services would evolve and become sustainable over the next five years, ultimately delivering the *Five Year Forward View* vision.

The report explained to Members how local health and care systems and organisations had come together to do this. It was noted that the Cheshire and Merseyside (C&M) STP was formed in January 2016 and the report went on to explain how this would be delivered through three levels.

The presentation included details of the organisations included in the Alliance and provided some details of the underlying proposition which included three main areas that would be focussed upon:

- Out of Hospital New Models of Care;
- Secondary Care Transformation; and
- Wellbeing, Prevention and Self Care.

Following the presentation, Members raised concerns regarding:

- Financial implications and who would spend what;
- Accountability;
- Would experiences of service users being listened to;
- Whether the prevention agenda would be included;
- The future of the urgent care centres considering the rise in attendance figures;
- That this would split up the NHS; and
- The continuation of mental health services for children and adolescents.

On behalf of the Board the Chair advised the presenters of the disappointment with the way Halton Council had not been advised of the Alliance LDS much earlier in the process. Further, to expect the plans to be signed off by the end of the week was unreasonable and unacceptable to the Board and to the Officers of the Council. No consultation had been made prior to this request for sign off and it was the consensus that the Council and other partners had been put in a difficult position by this expectation.

Members wished to have their concerns noted and suggested the Board sought collaboration with the other Local Authorities to write to NHS England in response to this.

The Chair thanked Professor Cox and his colleagues for their attendance.

RESOLVED: That the Board notes the update.

HEA10 PERFORMANCE MANAGEMENT REPORTS - QUARTER 4 2015-16

The Board received the Performance Management Reports for quarter 4 of 2015-16. 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 2015-16. This included a description of factors which were affecting the service and identified key issues in performance.

It was noted that the data for Key Performance Indicators PA16 and PA20 was collected annually, so would be included on the next meeting's report.

RESOLVED: That the quarter 4 reports be received.

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Meeting ended at 8.20 p.m.