

HEALTH POLICY AND PERFORMANCE BOARD

At a meeting of the Health Policy and Performance Board held on Tuesday, 29 September 2020 via remote access

Present: Councillors J. Lowe (Chair), Baker (Vice-Chair), Dennett, Dourley, P. Hignett, C. Loftus, Ratcliffe, June Roberts, Sinnott, Zygodllo and Co-optee D. Wilson

Apologies for Absence: None

Absence declared on Council business: None

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

Also in attendance: Dr A. Davies – NHS Halton CCG & NHS Warrington CCG, S. Garratt – NHS Warrington CCG, L. Thompson NHS Halton CCG and one member of the press.

ITEMS DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

	<i>Action</i>
HEA10 MINUTES	
The Minutes of the meeting held on 11 August 2020 were signed as a correct record.	
HEA11 PUBLIC QUESTION TIME	
It was confirmed that no public questions had been received.	
HEA12 COVID-19 RESPONSE UPDATE	
The Board received a report and supporting presentation from the Public Health Department, on the most recent data on COVID-19 Coronavirus for Halton.	
This included the latest update on Halton's outbreak support team and how it was working within the contain framework to successfully identify and manage local outbreaks using information from NHS Test and Trace and how this worked with the Cheshire Hub. Information was also provided on the most recent information on Halton's testing approach in the community and for schools.	

Following Members questions the following was noted:

- The virus was very easy to transmit so the rise in cases in Halton was not a surprise but it did happen a couple of weeks earlier than expected;
- Increased testing had contributed to the rise in numbers as more cases were now identified than before;
- The rise in cases in Halton could not be attributed to young people alone – the data suggested that the spread was even across Widnes and Runcorn and between males and females;
- Those experiencing and struggling with the loss of a loved one due to Covid-19 could be signposted to the usual mental health services available via their GP;
- The fact that a private company delivered the *Test and Trace* service was irrespective – it was a national system and it was recognised that the scope and scale of the task would be huge for any organisation; and
- Halton had been undertaking its own localised contact tracing for a number of weeks and this had provided additional intelligence of where cases were, so that a local picture could be formed.

RESOLVED: That the presentation be received and content noted.

HEA13 NHS 111 FIRST

The Board received an update on the progress of the NHS First Project from the Chief Clinical Officer, NHS Halton CCG.

It was reported that the *NHS 111 First* was a National Programme that would be rolled out in all systems by December 2020. This was the point of contact, as well as GP practices, that people went to when experiencing a health issue that was not immediately life threatening. Members were advised that with COVID-19 still being a real threat the adapted responses to delivery of the Programme must be maintained.

The report discussed the national expectations of the Programme and it was noted that Warrington was one of two 'early mover' sites in the North West, which went live with *NHS 111 First* on 8 September 2020. Warrington would cover the Warrington CCG population and the Runcorn part of Halton's population and the St Helens system would

include Halton's Widnes population when it goes live by December 2020.

The following additional information was provided following Members queries:

- The Project had gone live with only a soft launch so far, as it was not yet available in all North West areas, this included press releases and contact with engagement groups for example;
- A structured communications plan would be prepared in time for when the wider North West area was live with the Project and would include raising awareness across all areas; this plan would be shared with LA colleagues and Members;
- The modelling for the Project was based on demand and capacity and managing demand differently, so patients should be treated in less time although very ill patients would still be prioritised; and
- North West Ambulance Service (NWAS) had been consulted on this and the Chief Executive was the lead officer; it was noted that it would cause no ambulances to be deflected when the Project started.

RESOLVED: That the update and progress be noted.

HEA14 HALTON URGENT TREATMENT CENTRES

The Board received a report from the Chief Commissioner, NHS Halton CCG, which updated them on the designation and mobilisation of the Urgent Treatment Centres (UTC's).

It was reported that the recovery, restoration and reset plans were well underway and it was critical that both Urgent Care Centres were fully operational and designated as Urgent Treatment Centres (UTC's) by the beginning of October 2020.

Members received the progress made to date of both UTC's and information was provided on the core set of standards for urgent treatment centres and the areas they covered. Details were also provided on the clinical system developments, where it was explained that Runcorn and Widnes UTC's used different types.

Members welcomed the update and the Commissioner stated that performance data would be submitted to a future meeting of the Board.

RESOLVED: That the Board notes:

- 1) the progress towards re-classifying both Urgent Care Centres to become Urgent Treatment Centres as of October 2020;
- 2) the risks identified with the national contracting arrangements and the contract variations as noted in the body of the report; and
- 3) the progress made to date and support the Chief Commissioner in advancing the UTC specification and national requirements.

Director of Adult
Social Services

HEA15 ADULT ADHD SERVICE

The Board received an update on the Adult ADHD Service following the closure of the service by North West Boroughs Community Health Foundation Trust in November 2019.

The report provided the background to the service and advised Members that unfortunately the primary option for the future delivery of the service was no longer viable, due to some difficulties in securing investment from the partner CCGs. Consequently, a secondary option was being explored with an alternative provider. It was noted that once feasibility and costs had been clarified, a proposal would be made to the Integrated Management Team of NHS Halton CCG for a decision on supporting the proposal.

A further update on the progression of this would be provided to the Board at a future meeting and in the meantime, the Board requested to be kept informed of any update via email.

RESOLVED: That the update is noted.

Director of Adult
Social Services

HEA16 STROKE SERVICE

The Board received an update from the Chief Commissioner NHS Halton CCG, on the status of the realignment of stroke services across the Mid-Mersey health economy.

It was reported that in 2018 the reconfiguration of stroke services between St Helens and Warrington Hospitals began and was completed by the end of the same year. The report outlined the pathways and processes of the service since the realignment. It was noted that these were

working well and the relationship between the two acute trusts and the community stroke service remained strong.

Members welcomed the report and news that the reconfiguration of the Stroke Services was now complete.

RESOLVED: That the Board

- 1) note that the reconfiguration of Stroke Services between St Helens and Knowsley Hospitals and Warrington and Halton Hospitals was complete; and
- 2) note that Whiston Hospital site had been designated as the hyper acute unit, receiving all stroke patients requiring acute care and has ring fenced beds for both the acute and rehabilitation phase; Warrington Hospital has a dedicated stroke rehabilitation unit.

HEA17 HOME ASSISTANCE POLICY 2020-2023 AND HOME ADAPTATIONS FOR DISABLED PEOPLE POLICY & PROCEDURE

The Board received a report from the Strategic Director – People, which presented the following draft Policies:

- Home Assistance Policy 2020-2023 (public facing document); and
- Home Adaptations for Disabled People Policy and Procedure (for staff).

It was reported that both documents were concerned with the Council's provision of housing adaptations to assist disabled people to continue living independently at home when appropriate.

Members were advised of some minor changes to practice, to be brought in by these updated Policies, as described in paragraph 4 (pages 52 and 53 of the *Home Adaptations for Disabled People Policy and Procedures*). These would align all adaptations with the successful extended warranty approach already in place for stair lifts. Information regarding this approach was provided at appendix 1 with a draft copy of the *Home Adaptations for Disabled People Policy and Procedure – February 2020*.

RESOLVED: That the Board notes the report, revised policies and changes to practice.

HEA18 UPDATE ON THE TRANSFORMING DOMICILIARY CARE PROGRAMME AND RESPONSE TO THE HEALTHWATCH SURVEY OF DOMICILIARY CARE USERS OCTOBER 2019

The Board received a report from the Strategic Director – People, which provided an overview of the Transforming Domiciliary Care Programme and Adult Social Care response to the Healthwatch Survey undertaken in October 2019.

The Transforming Domiciliary Care Programme commenced in 2016 with the aim of improving the provision and quality of care commissioned by Halton Borough Council. A Programme Board was established in 2018 and in 2019 the original programme of work was reviewed and updated following consultation with key stakeholders.

It was noted that the overall purpose of the Programme remained the same, to provide a modern and sustainable domiciliary care service across Halton. There were five Programme aims that had been identified; these were listed in paragraph 3.3 of the report.

Members were advised that following development of a Work Programme a series of workstreams were established (paragraph 3.4) and each workstream reported into the Transforming Domiciliary Care Programme Board. Officers advised Members that these workstreams had to be paused due to the Pandemic, but would be resumed as soon as possible. The Board's Co-opted Member from *Healthwatch* offered their assistance with the Outcomes workstream.

Further to the publication of *Healthwatch Halton's* survey of people in receipt of domiciliary care in October 2019, the Board was referred to the 9 key areas for consideration that emerged from this. These were outlined in the report together with the Council's responses.

RESOLVED: That the report is noted.

HEA19 PERFORMANCE MANAGEMENT REPORTS, QUARTER 1 2020/21

The Board received the Performance Management Reports for quarter 1 of 2020-21.

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 1 of 2020-21. This included a description of factors, which were affecting the service.

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.

It was reported and noted by Members that the Public Health data (pages 92-98) was unavailable, due to the Covid-19 response.

RESOLVED: That the Performance Management Reports for quarter 1 be received.

Meeting ended at 7.55 p.m.