

HEALTH POLICY AND PERFORMANCE BOARD

At a meeting of the Health Policy and Performance Board held on Tuesday, 8 March 2011 at Council Chamber, Runcorn Town Hall

Present: Councillors E. Cargill (Chairman), J. Lowe (Vice-Chairman), Austin, M. Bradshaw, Dennett, Fry, Gilligan, Horabin, M Lloyd Jones and Mr P. Cooke

Apologies for Absence: Councillor E. Ratcliffe and In accordance with Standing Order 33, Councillor Gerrard – Portfolio Holder – Health and Adults

Absence declared on Council business: None

Officers present: L. Derbyshire, M. Holt, J. Sutton, A Villiers, S Wallace-Bonner and A. Williamson

Also in attendance: Mr S Banks, NHS Halton & St Helens, Mr S Griffiths – Halton & St Helens PCT, Ms J Phillips – CX NHS Halton & St Helens, Mr A Rice – Halton & St Helens PCT and Councillor M Ratcliffe – Scrutiny Co-ordinator.

ITEMS DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

	<i>Action</i>
HEA51 MINUTES	
The Minutes of the meeting held on 11 January 2011 having been printed and circulated were signed as a correct record.	
HEA52 PUBLIC QUESTION TIME	
The Board was advised that no public questions had been received.	
HEA53 EXECUTIVE BOARD MINUTES	
The Board considered the Minutes of the meetings of the Executive Board Sub Committee relevant to the Health Policy and Performance Board.	
RESOLVED: That the minutes be noted.	
HEA54 SSP MINUTES	

The Minutes of the Health Strategic Partnership Board of its meeting held on 4 November 2010 were submitted to the Board for consideration

RESOLVED: That the minutes be noted.

(Note: Councillor M Lloyd Jones declared a Personal Interest in Minute No's 55, 56, 58 and 59 below due to her husband being a Non Executive Director of Halton & St Helens Primary Care Trust.)

HEA55 THE CHESHIRE & MERSEYSIDE TREATMENT CENTRE

The Board considered a report of the Strategic Director – Adults and Community which informed Members of the future options for the Cheshire and Merseyside Treatment Centre.

The Board was advised that since June 2006 InterHealth Care Services (UK) Ltd (part of the InterHealth Canada group) had been providing orthopaedic surgery from The Cheshire and Merseyside Treatment Centre on the Halton Hospital site in Runcorn. These services had been delivered as part of a five year fixed term contract, known as the GC5W contract. These services had been used by all eight Primary Care Trusts (PCTs) in Cheshire and Merseyside.

The Board was further advised that this contract would come to an end on 31 May 2011. During the last 15 months under the guidance and supervision of NHS Western Cheshire and the Department of Health, NHS Halton and St Helens and other Cheshire and Merseyside PCTs had been preparing for the closure of this contract, whilst seeking to minimise service disruptions and ensure patient continuity of care.

It was reported that the CMTC currently had 44 inpatients beds, 12 day case beds, 4 theatres, outpatient facilities, therapy facilities and a diagnostics suite that included CT, MRI and ultrasound. This equipment would be retained as part of the transfer of the asset to NHS Halton and St Helens and the premises must be retained as a health care facility. In addition, the land on which the asset was located was the property of Warrington and Halton NHS Foundation Trust and the building had 55 years remaining on a 60 year lease.

In addition, on 1 June 2011 the ownership of the building and the physical assets therein would transfer to NHS Halton and St Helens from the Secretary of State for

Health. NHS Halton and St Helens had three options in regard to the CMTC:

- Divest – sell the building on the open market;
- Lease – seek through a procurement process an organisation that was willing to take on a lease for the building; and
- Utilise –if costs including capital charges, depreciation and running costs could be recouped - use the asset for local health care provision.

In conclusion, it was reported that working with Runcorn Practice Based Commissioning Consortium, NHS Halton and St Helens would be engaging an independent commissioning support organisation that, within no more than 28 working days, would be able to review the viability of these three options. A business case to support an options appraisal for the NHS Halton and St Helens Board would be delivered from this work. The intention was to engage with Halton Borough Council as part of this process. A decision from the NHS Halton and St Helens Board was expected in April 2011.

The following comments arose from the discussion:-

- It was noted that when the ownership of the building transferred to NHS Halton and St Helens the physical assets would remain in the building. It was also noted that the land on which the building was located was owned by Warrington Hospital Foundation Trust and the building would be unoccupied on 1st June 2011. The implications of this in respect of the equipment requiring maintenance and security in the building was also noted;
- Clarity was sought on whether there had been many expressions of interest for the building. In response it was reported that there had not been any interest presently as the building had not been placed on the market. However, it was highlighted that it was important to ensure that the building was used for local people so that there was an affordable legacy for the community. It was also reported that it was believed that it would be sustainable through a surgery delivery element and other outpatient activity such as dermatology services. In addition, it would serve Halton and

surrounding areas such as Warrington and Frodsham and if it would be fit for purpose in respect of the Government's proposal of having Community Based Services; and

- The Members of the Board agreed that they were disappointed that Warrington and Halton Foundation Trust had not taken over the facility and the building. It was highlighted that it was a large, modern and clean building with a range of facilities and it was felt that it would be taken over and used to provide a health service for Halton and the surrounding areas.

RESOLVED: That the contents of the report and the work that is ongoing in regard to the options appraisal for the Cheshire and Merseyside Treatment Centre building be noted.

HEA56 WIDNES GP HEALTH CENTRE, HEALTH CARE RESOURCE CENTRE, WIDNES

The Board considered a report of the Strategic Director, Adults and Community which informed the Members of the proposed reorganisation of the Widnes GP Health Centre located at the Health Care Resource Centre (HCRC) in Widnes, and an associate internal restructuring of the GP out of hours service.

The Board was advised that Halton Health Limited (HH) provided a number of services locally including the Widnes GP Health Centre based at the Health Care Resource Centre and the GP Out of Hours Service (OOH) for Halton Borough. HH also had the contract for the Windmill Hill GP surgery, the intermediate care beds at Halton Hospital, Halton Single Point of Access service plus some services in Warrington.

The Board was further advised that the contract with Halton Health in April 2011 would become funded on a capitation basis. The contractor had expressed concern to the PCT that it would not be financially viable to continue to deliver the service under this arrangement and may need to terminate the contract.

It was reported that the Primary Care team had been discussing with the provider how a service could be maintained and as part of the cost improvement programme deliver efficiencies. As a result two proposals have been put to the NHS Halton & St Helens Board:

- reorganise the GP Led; and
- extend the OOH contract for 2 years but at a reduced contract price.

The Health Centre provided GP appointments to non registered patients who required a planned appointment plus a 'traditional' GP surgery for people who wished to register.

Over the last 11 months the practice had seen 4207 non registered patients, an average of 382 per month. It had a registered list of 417 patients.(Jan 1st 2011). Many of the non registered patients were presenting themselves as they could not get an immediate appointment with their own GP. It was highlighted that this had not been the intention of the scheme.

It was reported that the Out of Hours service providers were expected to meet nationally agreed quality standards and HH was an experienced provider of OOH services and met the contract quality standards.

A combined proposal had been developed as follows:-

- No longer see non registered patients;
- The existing registered patients to be given the choice of transferring to another practice which could include Runcorn and therefore Windmill Hill. If the latter, HH would continue to operate a daily surgery for booked appointments, 7 days a week at the HCRC (this would be at no extra cost and was additional to the current 5 day service and subject to demand). Home visits would continue as present i.e. according to clinical need;
- Walk-in / unregistered would still be able to be seen by the nurse led walk in centre at the HCRC;
- Reorganise the OOH and extend the contract to 2013;
- Face to face patients at Widnes would be by appointment only. This would be achieved by bringing the visiting GP over to Widnes 7 days per week. In addition 8 hours of further GP time would be provided at Widnes for OOH's appointments for Saturday, Sunday and Bank Holidays; and
- The treatment centre GP's at Runcorn and the

nurse triage would remain unchanged.

In conclusion, it was reported that the proposals provided an opportunity to improve the efficiency, organisation and a more economic service. The impact for patients would be minimal as the nurse led walk in centre would be available and the provider would continue to provide a service to registered patients at the HCRC.

The following points arose from the discussion:-

- Page 19 – Paragraph 4.1 – clarity was sought on the profile of the 417 registered patients. In response it was reported that it was predominantly people between the ages of 17 – 54. However, there were six people over 65 years.
- Page 21 – Paragraph 13.1 – Clarity was sought on the words ‘protected characteristics’ and how were they not going to be disadvantaged. In response it was reported that this quote was taken from the Equality Act 2010 which covered a multitude of groups such as, age, carers and disabilities etc. In addition, it was reported that the Out of Hours Service would be clinically assessed i.e. 1) telephone advice, 2) a visit to a centre either in Widnes or Runcorn and 3) a Home Visit would be undertaken;
- It was noted that all registered patients had received notification of the changes and two further meetings were taking place with residents this week;
- It was noted that the Nurse Led Walk In System would continue and that a significant number of patients used this facility. It was also noted that patients could still register with a GP at the centre;
- It was reported that the service was not intended to be used as a substitute for patients who had been unable to get an appointment with their own GP. In addition, it was noted that GP practices were monitored, with a particular focus on patient access as they were awarded for good access;
- It was reported that disabled people in wheelchairs had difficulties using the lift as it was not big enough and it resulted in them having to go in forwards and exit the lift backwards. In response, it was reported

that this matter would be looked into;

- It was reported that it was extremely cold when the two doors were open and it was suggested that some form of heater be installed. In response, it was reported that this matter would be looked into;
- It was noted that not many homeless people had registered or had used the centre and in particular young people. It was also noted that the centre had been well publicised in homeless centres such as the YMC and the Women's Refuge etc, but the majority of homeless people were treated in casualty. However, it was reported that there would continue to be a focus on encouraging homeless people of all ages to register with a GP;
- The difficulty with parking at the centre was noted; and
- It was noted that the facility would be open 7 days a week until 6.30 pm and patients who were not happy with their GP had the choice of registering with an alternative GP.

RESOLVED: That

- (1) Mr Simon Griffiths be thanked for his informative verbal presentation;
- (2) the proposed reconfiguration to the practice be supported;
- (3) the report and comments made be noted; and
- (4) a report on oral health in young people be presented to a future meeting of the Board.

Strategic Director
– Adults and
Community

HEA57 MODERNISATION AND INTEGRATION OF DAY SERVICES AND OPPORTUNITIES FOR ALL ADULTS

The Board considered a report of the Strategic Director, Adults and Community which outlined the key issues and development plan and sought Members views on the modernisation and redesign of Day Opportunities for Older People and adults.

The report advised that the change in the structure of the population presented a significant challenge to health and social care services. Life expectancy had increased

considerably with a doubling of the number of older people since 1931. Between 2006 and 2036, the number of people over 85 in England would rise from 1.055 to 2.959 million, an increase of approximately 180%. In addition, ill health and disability had increased with age and this was reflected in the forecast that the number of people over 65 with a limiting long term illness in England would increase from 3.9 million in 2009 to 6.1 million in 2030 which was likely to be accompanied by an increase in the demand for support across the continuum of need.

The Board was advised that a number of alternative approaches to traditional Day Services had been developed over the past couple of years; with a key focus on Early Intervention and Prevention, meaningful activities, employment and volunteering. However Older Peoples day services continued to be delivered based on a traditional building based model, and in isolation to other developments. In addition, older people do not always have the same access to services which were available to younger adults.

It was reported that the current services that had been identified within the redesign model were:-

- Sure Start To Later Life for Adults;
- Community Bridgebuilders;
- Older Peoples Community Day Care;
- Oakmeadow Day Centre;
- Adult Placement;
- PSD Day Services;
- Specialist Day Services for Adults with a Learning Disability; and
- Pingot Day Centre.

In conclusion, it was reported that all staff and managers involved with these services would be consulted and views sought. In addition all Service Users and carers who were directly involved with the services would be consulted on the options. It was highlighted that the key individual issues and areas of concern discussed would include individual visits to the homes of users and carers of day services where required. The collated responses would be considered by the Executive Board at its 31 March 2011 meeting.

The following comments arose from the discussion:-

- It was noted that there were numerous activities in the Borough for older people and the Authority were

working with groups to ensure that they had access to activities they wished to do;

- It was noted that there was less than a 50% take up of traditional community day care services which was funded to full capacity. It was also noted that this was as a result of alternative services in the community that older people preferred to access;
- It was noted that Sure Start To Later Life for Adults gave information and advice and worked with the client to identify activities available in the community;
- It was noted that Oakmeadow Day Centre had been part of the Business Plan and had been remodelled. It provided meaningful activities for older people and they were also engaging with people in the community;
- It was agreed that when the consultation had been completed and the report had been considered by the Executive Board at its meeting on 31 March 2011 an update report be presented to the Board; and
- The excellent service Country Garden provided was noted.

RESOLVED: That

- (1) the report and comments made be noted; and
- (2) a further update report be presented to a future meeting of the Board.

Strategic Director
– Adults &
Community

HEA58 OLDER PEOPLE'S LOCAL IMPLEMENTATION TEAM ANNUAL REVIEW

The Board considered a report of the Strategic Director, Adults and Community which presented the first annual review from the Older People's Local Implementation Team.

The Board was advised that the Older People's Local Implementation Team (OP LIT) had been developed as a direct response to The National Service Framework (NSF) for Older People (2001). The OP LIT had operated for almost ten years through a strong Multi-agency team chaired by the Local Authority and vice chaired by the

Primary Care Trust. Members included the chair of Halton Older People's Empowerment Network (OPEN), Councillor Ellen Cargill, Chair of the Health Policy & Performance Board, two older people representatives; the Dignity Network Chair and a carer's representative.

The Board was further advised that the Board was currently overseeing the implementation of three important strategies:-

- Older People's Commissioning Strategy (2009-2014);
- Local Dementia Strategy (2010-2015); and
- Prevention and Early Intervention Strategy (2010-2015).

It was reported that this was the first time the Older People's LIT had attempted to outline the work that they had been involved in and the positive impact they have had in the community as a multi-agency group. It was envisaged that this would become a regular activity to illustrate the work of the Board. It was also highlighted that the report had been written specifically to be circulated to professional bodies. However, it was due to be discussed by Halton OPEN in March with a separate public version to be completed.

It was noted that the Alzheimer's Society had received an amber rating. It was reported that this was a very small service with minimum staff and volunteers. Funding had been invested into the service and it had improved. They were also being supported by voluntary sector partners and had recently started working with Age UK which would result in a benefit to both organisations. It was also reported that the Council were committed to supporting the Society.

Clarity was sought on why there were some delays in the housing services due to waiting for the decision in relation to Extra Care Funding. In response, it was reported that this information would be circulated to Members of the Board.

RESOLVED: That

- (1) the report and comments raised be noted; and
- (2) the Board receive an update report on an annual basis

HEA59 AFFORDABLE WARMTH STRATEGY

The Board considered a report of the Strategic Director, Adults and Community which introduced the recently developed Affordable Warmth Strategy set out in Appendix 1 to the report. The strategy described the causes and consequences of and solutions to fuel poverty and related these specifically to the impact on people in Halton.

The report advised that fuel poverty was a problem that affected approximately 600,000 households in the North West and 4,900 (12.2%) of households in Halton. Although this figure was lower than the national average of 13.2 per cent it still represented a substantial number of households. Fuel poverty was a problem that had become worse in recent years due to the rise in fuel prices and given the current financial climate it was likely to become an even greater issue for a wider number of households.

The Board was further advised that households in fuel poverty, many of which included vulnerable people, were unable to heat their homes adequately in order to maintain comfort and health. Living in cold homes could lead to an increase in cold related illnesses, affecting quality of life, increasing the risk of hospitalisation and/or dependence on informal carers or care services.

The report also advised that since 2000 Halton had directed significant resources towards improving the energy efficiency of private sector housing through the Energy Zone Scheme which had provided cavity wall and loft insulation to homeowners at significantly reduced costs. Additionally, in recognition of the health inequalities prevalent in the Borough the HEARTH programme had been launched in 2005 to install adequate heating in the homes of people with heart and respiratory conditions. Complementing the HEARTH programme, npower Health through Warmth (HtW) operated in Halton as part of the Merseyside HtW programme.

In addition, it was reported that many eligible residents of Halton had accessed the government Warm Front Scheme which also provided more efficient heating systems and insulation measures. However, it was likely to come to an end in the next two years and be replaced by a new Green Deal which was designed to off set the upfront cost of installing energy efficiency measures through households paying back as they made energy savings on their utility

bills. The utility companies had also been tasked in recent years with providing funding to make dwellings more energy efficient and demonstrating the carbon savings they had made to the Government through the Carbon Emissions Reduction Target (CERT).

It was also reported that the key aims of the Affordable Warmth Strategy were to:

- Raise awareness and understanding of fuel poverty;
- Establish effective referral systems amongst agencies;
- Improve the housing stock so it is affordably warm;
- Maximise incomes and improve access to affordable fuel; and
- Ensure coordination and monitoring of the strategy.

It was reported that each aim had a corresponding list of associated actions contained in the Action Plan.

The following comments arose from the discussion:-

- It was noted that on cold days many older people visit the library and it was suggested that the strategy incorporate the library in respect of the marketing campaign;
- It was noted that a saving could be made by changing energy providers and having a dual bill. It was suggested that the Council could consider establishing a list of the best energy providers in the area, highlighting deals etc which could be published to make people in the Borough aware of their options. It was also noted that ex armed services people could access information via the British Legion;
- It was noted that it was unlikely there would be any subsidised double glazing schemes available because of the cost implications and that it would take a considerable time to pay it back via a pay back scheme;
- It was noted that many subsidised schemes were subject to being on specific benefits and it was highlighted that many people were unaware that

they were entitled to some benefits resulting in billions of benefits being unclaimed; and

- It was acknowledged that there were problems with private landlords whose properties were not up to standard. The Council, it was reported had an accreditation scheme for private landlords but this was on a voluntary basis. However, if it was found that a property was not meeting the required standard the Enforcement Officer could take appropriate action.

RESOLVED: That

- (1) the report and comments raised be noted; and
- (2) an update report be presented to a future meeting of the Board.

Strategic Director
– Adults &
Community

HEA60 SAFEGUARDING ADULTS

The Board considered a report of the Strategic Director, Adults and Community which gave the Members an update on the key issues and progression of the agenda for Safeguarding Vulnerable Adults

The Board was advised that an action plan had been progressed in response to recommendations made after the Care Quality Commission's inspection of Adult Social Care. In addition, the following activities had taken place:-

- An email had been distributed by the Chair of the SAB/Strategic Director, to all Adults & Community Directorate staff, to remind them of their responsibilities in relation to safeguarding children;
- Steps had been taken to strengthen links between Safeguarding Adults and Safeguarding Children training;
- A Safeguarding Adults E-learning course had been developed and was now available via the HBC Internet website and intranet;
- Three brief follow up courses on Domestic Abuse, Stalking and Harassment (DASH) risk assessment and referral processes had taken place recently, for assessment/care management staff and managers;
- Safeguarding Adults had been incorporated into the

Sexual Assault Referral Centre (SARC) procedures recently agreed;

- A number of initiatives had been introduced to support the personalisation agenda and to ensure appropriate safeguards were in place for service users;
- The Council's Confidential Reporting Policy had been reviewed using the Safeguarding Adults policies & procedures audit tool and was subsequently updated, making specific reference to Safeguarding;
- Cheshire Fire & Rescue Service had devised a written guidance document and policy for their staff and Worked closely with Safeguarding Adults and Domestic Abuse leads to streamline the service's internal referral procedures;
- The Marketing Plan had been reviewed and updated, after analysis of surveys, referral data and other intelligence. Dignity would also be incorporated into the plan;
- A Serious Case Review (SCR) had been carried out during 2010. The independent chair of the review had briefed the Safeguarding Adults Board (SAB) on key findings and learning points arising from individual agency management reviews that contributed to the SCR. The Executive Summary of the SCR report would be shared with local organisations and published on the Internet; and
- The SAB's priorities and Work Plan had been reviewed and updated, incorporating recommendations arising from the SCR and the Adult Social Care Inspection.

RESOLVED: That report be noted.

HEA61 PERFORMANCE MONITORING REPORTS

The Board considered a report of the Strategic Director, Resources regarding the Third Quarter Monitoring Report for:

- Prevention and Commissioning Services;
- Complex Needs; and

- Enablement Services.

Prevention and Commissioning Services

Page 92 – PCS2 – Clarity was sought on whether there was any news on the success of the planning application and any further developments.

In response, it was reported that the planning application and funding had been approved

Page 96 – PCS15 – Clarity was sought on the reason for the dip and if there would be an improvement to reach previous levels.

In response, it was reported that it was only a small dip and the target remained in the top quartile.

Page 97 – PCS6 – Clarity was sought on the lower performance.

In response, it was reported that the data had been retrospectively loaded and the correct questions had not been asked. It had also been the first year following a restructure where admin support and care management had been separated and this had resulted in an imbalance. However, there was now an Action Plan in place and data inputting would take place and there would be an improvement in the performance.

Page 102 – Clarity was sought on the reference in respect of Extra Care Housing Budget - £1329k, why the decision was delayed by the Home & Communities Agency and whether the funding would be lost.

In response it was reported that the Extra Care Housing scheme in Halton was one of a number of proposed capital projects across the region submitted to the HCA for consideration. The issue was not that the HCA delayed the decision to fund, rather that the decision making process itself was protracted. The Homes & Communities Agency agreed provisional allocations of funding against a number of capital funding proposals across the region. However, in order to maximise the number of schemes that could start the building work within the set timeframes, the provisional allocations were only confirmed once the Homes & Communities Agency had carried out a number of checks on progress with each development. Once the HCA had been assured that a scheme would be able to

start on site before March and that the scheme costs offered value for money, the allocation was confirmed. The development of Extra Care Housing in Widnes had passed all of the HCA's due diligence tests and funding had been confirmed.

An update was requested on the sharp increase in the number of patients being discharged from hospital directly into residential/nursing care. It was reported that this had been significantly improved due to the commencement of the Hospital Discharge Team.

Complex Care Services

Page 112 – CCS6 – Clarity was sought on how the trend was going to be reversed.

In response, it was reported that there were only small numbers involved; that there had been some deaths and also some service users now received a service from older people care management.

RESOLVED: That the report and comments made be noted.

HEA62 CHAIRMAN'S ANNOUNCEMENT

The Chairman reported that Audrey Williamson (Operational Director – Prevention and Commissioning) was attending her last meeting prior to retiring from the Authority.

The Chairman took the opportunity to place on record the Board's appreciation of the work undertaken by Audrey during her time with the Authority.

RESOLVED: That the Board place on record its thanks to Audrey Williamson and extend its best wishes to her for the future.

Meeting ended at 8.15 p.m.