

HEALTH POLICY AND PERFORMANCE BOARD

At a meeting of the Health Policy and Performance Board held on Tuesday, 4 June 2013 at Council Chamber, Runcorn Town Hall

Present: Councillors E. Cargill (Chairman), J. Lowe (Vice-Chairman), Baker, Dennett, V. Hill, Hodge, C. Loftus, Sinnott, Wallace and Zygadllo

Apologies for Absence: Councillor Horabin and Mr J Chiochi

Absence declared on Council business: None

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

Also in attendance: Tony Chambers (Countess of Chester), Angela Delea (NHS Halton CCG), Jenny Owen (HCCG), Jan Snodden (NHS Halton CCG), Dave Sweeney (HBC/CCG), Alison Tonge (NHS England) and Simon Wright (Warrington & Halton Hospital).

ITEMS DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

		<i>Action</i>
HEA1	MINUTES	
	The Minutes of the meeting held 4 March 2013 having been printed and circulated were signed as a correct record.	
HEA2	PUBLIC QUESTION TIME	
	The Board was advised that no public questions had been received.	
HEA3	HEALTH & WELLBEING MINUTES	
	The Minutes of the Shadow Health and Wellbeing Board of its meetings held on 12 December 2012 and 16 January 2013 were submitted to the Board for consideration.	
	RESOLVED: That the minutes be noted.	
HEA4	PUBLIC HEALTH ANNUAL REPORT 2012	

The Board considered a report of the Director of Public Health which provided an overview and presentation of the Halton and St Helens Public Health Annual Report 2012.

The Board was advised that the report provided an update on last year's recommendations and included details of the improvements, challenges and new structures that had been established to address these challenges. It also highlighted the improvements in health, including:-

- Cardio-vascular Disease and recommendations on future action;
- Tobacco Control and recommendations on future action; and
- Dental Health and recommendations on future action.

It was reported that the Key challenges included:-

- Cancers and recommendations on future action;
- Early Years development and recommendations on future action; and
- Alcohol and recommendations on future action.

The Board also received a presentation from Eileen O'Meara, Director of Public Health which highlighted the Public Health Annual Report 2012 key messages and recommendations.

The Board noted that smoking had been reduced in the Borough. However, concern was raised regarding the impact of the incinerator and it was suggested that this could be monitored via public health. In response, it was reported that it had been recommended that it be monitored at source. However, after discussion, it was agreed that consideration be given to monitoring the impact of the incinerator throughout the Borough.

The Board noted that there had been a number of initiatives established to address alcohol abuse in the Borough and that a considerable amount of funding had been made available for these initiatives. It was also noted that Trading Standards monitored off licenses for illegal trading and used mystery shoppers on a regular basis.

It was reported that supermarket retailers were not

participating in initiatives to reduce alcohol abuse in the Borough and Members of the Board were encouraged to help with this matter.

RESOLVED: That

- (1) the report and comments raised be noted;
- (2) the presentation be received; and
- (3) Eileen O'Meara be thanked for her informative presentation.

HEA5 SMOKEFREE PLAYGROUNDS

The Board considered a film on the initiative Play Smokefree, a voluntary scheme which keeps children's play areas in Cheshire and Merseyside smoke free. It was reported that Halton Borough Council was the first to implement the successful scheme in Cheshire and Merseyside. The film outlined how the initiative had been established.

RESOLVED: That the film be noted.

HEA6 VASCULAR SERVICES ACROSS CHESHIRE & MERSEYSIDE

The Board considered a report and presentation of the Strategic Director, Communities which gave an update, from Alison Tonge, Director of Commissioning - Cheshire, Warrington & Wirral Area Team, NHS England, on the development of Vascular Services across Cheshire and Merseyside following the National Clinical Advisory Team's (NCAT's) further review conducted in February 2013.

The presentation:-

- Highlighted the reasons for the service being reviewed;
- Explained that reviews were underway across England, many had been completed; progress was good locally with an implementation in October 2013;
- Gave details of the system before and after the review in respect of leg ulcer treatment, the access and the quality for Halton residents; and

- The future role of Warrington Hospital.

The following comments arose from the discussion:-

- The Board agreed with having a Centre of Excellence for Vascular Services. However, the Board unanimously agreed that the Centre of Excellence being located at the Countess of Chester had failed to take account of the significant social and economic deprivation in Halton and the ageing population. They highlighted that Chester was inaccessible via public transport from Halton, it entailed 2 or 3 changes and these patients would not be able to have any visitors during their stay as it would not be financially viable. In response, it was reported that there was a direct route from Runcorn. In reply, the Members highlighted that this was via Runcorn East Train Station which was on the periphery of Runcorn and was not accessible to residents in the Borough. It was also highlighted that the evening service was very limited with no bus service supporting it, which could result in residents being stranded at the station. It was emphasised that Halton had the lowest car ownership in the North West and a high percentage of people were also not able to drive;
- It was acknowledged that other clinical and medical services would create centres of excellence in the future. However, it was suggested that a number of vulnerable people in the Borough, who were part of the poverty trap, would be severely disadvantaged because they would not have sufficient money to access the services. In response, it was reported that commissioners and hospitals delivering care would work together to find solutions to problems such as transport and the accessibility of services. They would be looking at improving outcomes and ensuring that there were no local barriers to accessing services. It was reported that Councillors would be involved in the transport options/solutions. The Board highlighted that the Council did not provide transport to hospital and did not have any funding in the budget to establish such a service;
- It was highlighted that Warrington Hospital would not have required a new build if it had been

selected as the Centre of Excellence. In response, it was reported that all hospitals required some changes to make them fit for purpose;

- The importance of early intervention and access to services such as cancer was noted;
- It was noted that the ambition was to keep care as local as possible and only the specialist treatment would be undertaken at the centre; and
- It was noted that the Abdominal Aortic Aneurysm Screening would be rolled out across the Borough this year. It was also noted that further information on this would be circulated to all Members of the Board.

RESOLVED: That

- (1) the report, presentation and comments raised be noted; and
- (2) Alison Tonge be thanked for her informative presentation.

HEA7 CCG INTEGRATED COMMISSIONING STRATEGY 2013-15 & INTEGRATED DELIVERY PLAN 2013/14

The Board considered a report of the Strategic Director, Communities which highlighted that as part of its authorisation requirements, NHS Halton Clinical Commissioning Group (CCG) was required to produce an integrated commissioning strategy for 2013-15 and an operational delivery plan for 2013-14.

The Board was advised that The NHS Commissioning Board (now known as NHS England) required all CCGs to produce clear and credible commissioning plans. These must take into account the planning guidance published by NHS England in Everyone Counts: Planning for Patients 2013/14 (December 2012), the NHS Outcomes Framework and the Mandate as well as the CCG's local priorities.

It was reported that the commissioning strategy and operational delivery plan were required as part of the CCG's authorisation processes. It was also reported that they had been produced with support from NHS England's Merseyside team. In addition, it was also reported that the CCG had developed its commissioning plans via engagement with local people and member practices.

The following comments arose from the discussion:-

- Page 64 - Strategic Objectives (7) – It was noted that the authorisation process tested a number of action points;
- Page 78 (3) – Friends and Family Test – It was noted that this was a national requirement for all providers and patients would be contacted via phone or a company and asked five questions, i.e. would you recommend our service to family and friends etc;
- Page 88 PC 2 (e) – It was noted that this was a North West wide policy that ensured when a patient was at the end of their life, if they chose not to be subject to the resuscitation process, their choice would be respected;
- The importance of ensuring that nothing was overlooked when transferring the services from the PCT to the CCG and the measures and funding that had been put in place to minimise the risk was noted;
- The Board noted the mens shed service, which was a project operated by Halton Haven to help men access services when their spouse/partner had died; and
- Page 87 – PC1 4 and 5 – Redesign of integrated discharge teams and develop wellbeing practice model and extend to all practices – It was noted that there would be no additional funding and that existing funding would be utilised more efficiently.

RESOLVED: That

- (1) the report, comments raised and the appended Strategy and Delivery Plan be noted;
- (2) the commissioning intentions for the coming year be noted; and
- (3) the next steps as outlined in paragraph 3.4 of the report be noted.

The Board considered a report of the Strategic Director, Communities which gave the Members an update regarding the provider Quality Accounts 2012/13 that had been received and commented on.

The Board was advised that Organisations providing healthcare arranged and funded by the NHS produced an annual Quality Account. Healthcare providers publishing Quality Accounts had a legal duty to send their Quality Account to the Overview and Scrutiny Committee (OSC) in the Local Authority area, inviting comments on the report prior to publication. The OSC would then have the opportunity to read over the Quality Accounts, review the information that was included and produce a statement covering their view of the content of the document.

The Board was further advised that a Joint Quality Accounts event had taken place on Tuesday 30 April 2013. Healthcare providers had been invited to present a summary of their Quality Accounts and a briefing note regarding the event was attached as Appendix 1 to the report.

It was reported that comments and views from the Board on the Quality Accounts would be in the form of a written letter to each provider. Halton Clinical Commissioning Group would be sent separate comments.

Furthermore, the Board was advised that the GPs had been critical of the mental health services and the CCG had arranged a Board meeting with the 5 Boroughs Partnership NHS Foundation Trust.

It was reported that an email account had been established which enabled GPs to raise their issues directly with the CCG if they had any problems with any provider.

It was reported that St Helens and Knowsley Quality Accounts had been presented Mersey wide on 9 May 2013. There had been a number of issues / concerns raised and the Quality Accounts would be re-written to reflect these issues and concerns. The Accounts would be re-submitted to the CCG for review and would also be shared with this Board.

RESOLVED: That the report, Appendix 1 and comments raised be noted.

The Board considered a report of the Strategic Director, Communities which presented the Annual Report for the Health Policy and Performance Board for April 2012-March 2013 attached as Appendix 1 to the report.

It was reported that during 2012 -13 the Board had looked in detail at many of Halton's Health and Social Care priorities. Further details of these were outlined within the Annual Report set out in Appendix 1 to the report.

The Chairman took the opportunity to thank Officers and Members for their contribution to the Board and Working Groups during the last municipal year.

RESOLVED: That the report be noted.

Note: Councillor J Lowe Declared a Disclosable Other Interest in the following item of business in respect of Homelessness as a Member of the YMCA Board.

HEA10 PERFORMANCE MANAGEMENT REPORT 2012/13 - QUARTER 4

The Board considered a report of the Strategic Director, Policy and Resources, regarding the Quarter 3 Monitoring Reports for the fourth quarter of 2012/13 to 31 March 2013. The report detailed progress against service objectives / milestones and performance targets and described factors affecting the service for:-

- Prevention and Assessment; and
- Commissioning & Complex Care.

The Board was advised that after consultation with Members, and in line with the revised Council's Performance Framework for 2012/13 (approved by the Executive Board), the reports had been simplified with an overview report provided for the Health Priority. This identified key developments, emerging issues and the key objectives / milestones and performance indicators for quarter three. However, the full departmental quarterly reports were available in the Members Information Bulletin to allow Members to access the reports as soon as they were available and within six weeks of the quarter end. The Departmental quarterly monitoring reports were also available via the link in the report.

The following points arose from the discussion:-

- Page 157 – Domestic Abuse – Clarity was sought

on where the homeless hostel would be located in Widnes. It was suggested that in the current economic climate and with the new Welfare Reforms, it was important to consider establishments for homeless families. In response, it was reported that information on the location would be circulated to all Members of the Board. The Board also requested that a report on homelessness services be presented to a future meeting of the Board;

- Page 154 – Integrated Care Homes Support Team – clarity was sought on the funding. In response, it was reported that this had been an agreement with the PCT and the team would prevent some hospital admissions in the future. There had been a delay because it had proved difficult to recruit but the funding had been allocated and the team would be established in the near future;
- Page 157 – The Board requested a copy of the plans for Lugsdale Road, Widnes;
- Page 163 – CCC 11 – It was noted that an update report would be presented to the Board in the near future;
- Page 168/169 – Adult Social Care Outcomes Framework Indicators – Officers were congratulated on the performance on these indicators; and
- The Board receive an update report on domestic violence.

RESOLVED: That the report and comments raised be noted.

HEA11 URGENT CARE - OPTIONS APPRAISAL

The Board considered a report of the Strategic Director, Communities which gave Members details of the options being considered to develop a local response to Urgent Care as part of the consultation process.

The Board was advised that a Business Case had been prepared for the development of an Urgent Care Centre on the Halton Hospital site, and had been submitted to the Clinical Commissioning Committee in September

2010. It was anticipated that the development of an Urgent Care Centre at Halton would provide the following benefits:-

- Equity of access across Runcorn and Widnes;
- More clinically appropriate services available within the community; and
- Reduce the overall admission rates through the development of alternative local provision.

The Board was further advised that three options had been considered for the delivery of an urgent care model within Halton, which are summarised below, with details in terms of each option's associated pathways being outlined in Appendix 1 to the report :-

- Option 1- Creation of an additional Walk in Centre plus a Clinical Decision Unit at Halton Hospital Site; Maintain Walk in Centre at Widnes;
- Option 2 - Creation of an additional Walk in Centre at Halton Hospital Site; and
- Option 3 - Development of a Clinical Decision Unit at Halton Hospital Site – plus extended primary care hours to provide Walk in provision within primary care localities.

It was reported that the options had been presented to both Halton's Urgent Care Partnership Board and HCCG's Governing Body and the preferred option supported by both Groups for further consideration was Option 1. It was therefore proposed that business cases were developed for Option 1 to ensure its financial viability. These business cases along with the results of public consultation would be presented to the following forums for further consideration :-

- Urgent Care Partnership Board;
- HCCG Senior Management Team (SMT);
- HCCG Governing Body;
- HBC's Executive Board;
- Relevant Trust Executive Directors: Bridgewater, St Helens & Knowsley Teaching; and
- Hospital and Warrington Halton Hospital Foundation Trust.

The Board noted the current activities as set out in paragraph 3.8 of the report.

The Board supported Option 1 - the creation of an additional Walk in Centre plus a Clinical Decision Unit being established on the Halton Hospital Site and the Walk in Centre in Widnes being maintained.

RESOLVED: That

- (1) the report be noted;
- (2) the Board support business plans being developed for Option 1 to ensure its financial viability; and
- (3) a progress report be presented to the Board in the near future.

HEA12 DRAFT FALLS PREVENTION SCRUTINY REVIEW

The Board considered a report of the Strategic Director, Communities which gave Members details of the draft Scrutiny Review of Falls Prevention report for approval to go forward to Executive Board.

The Board was advised that a scrutiny review working group had been established with seven Members from the Board, a Principal Policy Officer from the policy team and the Divisional Manager Intermediate Care. The report had been commissioned because falls were a leading cause of mortality due to injury amongst older people aged 65 and over. They also contributed to the life expectancy gap between Halton and England.

The Board was further advised that the scrutiny review had been conducted between April 2012 and January 2013. A copy of the presentations that the group had received were set out in Appendix 2 to the report. It was reported that Appendix 1 of the report set out the recommendations to be approved by the Executive Board.

The Chairman, took the opportunity to thank Officers and Members for taking part in the review and congratulated them on the excellent work.

RESOLVED: That

- (1) the report and comment raised be noted; and
- (2) the Board endorse the Scrutiny Review and that its recommendations be presented to the Executive Board for approval.

HEA13 SCRUTINY TOPIC 2013/14: MENTAL HEALTH

The Board considered a report of the Strategic Director, Communities which gave Members an update on the mental health scrutiny topic group following the report presented to the Board on 5 March 2013.

The Board was advised that in March 2013 the Board had approved the topic brief to review mental health prevention and promotion provision in Halton. The following Members had been nominated onto the group:-

Councillors: Ellen Cargill, Joan Lowe, Sandra Baker, Mark Dennett, Miriam Hodge, Margaret Horabin, Kath Loftus, Geoff Logan, Pamela Wallace and Geoff Zygadlo.

The Board was further advised that discussions at that meeting examined the feasibility of establishing a joint Health / Children, Young People and Families topic group to consider mental health provision across Adult and Children's services including the development of an intergenerational campaign to address discrimination and stigma and promote mental health.

It was reported that it was proposed that the Health PPB topic group, and representatives from the Children, Young People and Families PPB, focus activity on the mapping of mental health prevention and promotion, in addition to the development of a joint intergenerational prevention and promotion campaign.

The Board received a presentation which suggested establishing Halton's own life size art exhibition of 16 stories all through the generations, using local people, local stories in order to raise awareness of mental wellbeing and help reduce the stigma surrounding mental health.

The Board supported the art exhibition and agreed that it should include a transition group of people of 15/16 years of age. It was noted that it would not be possible to solve the issue, but the campaign could make it easier for Halton residents to talk about their problems and be signposted to people who could help.

The Board noted that mental health problems were also linked to drug and alcohol abuse

RESOLVED: That

- (1) the report and comments raised be noted;
- (2) the focus of the mental health scrutiny review be the joint mapping of mental health prevention services across Children and Adult services; and
- (3) an intergenerational anti stigma campaign be developed.

HEA14 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.

HEA15 FRANCIS REPORT

The Board considered a report of the Strategic Director, Communities which provided Members with an overview of the key findings and recommendations of the second Francis Inquiry and the actions to be delivered locally to ensure the quality and safety of health care provision for the population of Halton.

The Board was advised that The Francis 2 High Level Enquiry (following on from the first published 2009) detailed the appalling suffering of many patients at the Mid Staffordshire Hospital. This was caused by a serious failure on the part of the Provider Trust Board who did not listen sufficiently to its patients and staff or ensure the correction of deficiencies brought to the Trust's attention.

The Board was further advised that the findings of the Inquiry outlined the key areas as set out in paragraph 3.3 of the report.

It was reported that all NHS Provider Trusts were now required to review this High level Enquiry and assess and have an action plan in place for monitoring by the Governance Committee on behalf of the Board of Directors. This was a requirement within the Quality Contract for 13/14 for submission to the Commissioners during early 2013.

The Board noted the nine areas of action for commissioners set out in paragraph 3.5 of the report.

After discussion, it was agreed that an update report

be presented to the Board when the full review had been completed.

It was reported that the CCG had established an email account to support people with complaints. The email account would be widely advertised in the near future and since it had been established in September 20 complainants had been supported.

RESOLVED: That

- (1) the report, the findings of the Inquiry and comments raised be noted; and
- (2) the actions planned locally be noted.

HEA16 DRAFT ADULT SOCIAL CARE ANNUAL REPORT 2012/13

The Board considered a report of the Strategic Director, Communities which presented the Members with the Draft Adult Social Care Annual Report 2012/13 for approval.

The Board was advised that the report was the second Adult Social Care Annual Report that the Directorate had produced since they had been introduced in 2011. Although not a mandatory requirement, the Association of Directors of Adult Social Services (ADASS) supported the Council producing annual reports as good practice.

The Board was advised that the draft would be shared with Service Users and Carers by Commissioning Managers through community groups such as Halton Speak Out, Halton Disability Partnership, Healthwatch, Halton Open, etc, to enable their views and comments to be considered.

The Board was further advised that the final draft would be formatted by Communications and Marketing at the beginning of June, and publication of the Annual Report would be during July.

The Board welcomed the report and noted the importance of retaining the mortgage rescue Officers. The Board also noted that Windmill Hill had obtained Big Lottery funding.

RESOLVED: That the draft Adult Social Care Annual Report 2012/13 at Appendix 1 be noted.

HEA17 SUSTAINABLE COMMUNITY STRATEGY YEAR END

PROGRESS REPORT 2012/13

The Board considered a report of the Strategic Director, Policy and Resources which provided information on the progress in achieving targets contained within the 2011- 2016 Sustainable Community Strategy for Halton.

The Board was advised that the Sustainable Community Strategy for Halton, and the performance measures and targets contained within it would remain central to the delivery of community outcomes. It was therefore important that progress was monitored and that Members were satisfied that adequate plans were in place to ensure that the Council and its partners achieved the improvement targets that had been agreed.

The Board was also advised that Appendix 1 to the report outlined the progress for the period to year end 31 March 2013 which included a summary of all indicators for the Health priority within the new Sustainable Community Strategy.

RESOLVED: That the report be noted.

Meeting ended at 9.30 p.m.