

HEALTHY HALTON POLICY AND PERFORMANCE BOARD

At a meeting of the Healthy Halton Policy and Performance Board on Monday, 22 May 2006 at the Town Hall, Runcorn

Present: Councillors E. Cargill (Chairman), Loftus (Vice-Chairman), Fraser, Blackmore, M Hodgkinson, Horabin, D Inch, Lloyd-Jones, Wallace and Swift

Apologies for Absence: Councillor Jones

Absence declared on Council business: (none)

Officers present: A. Villiers, A. Williamson, C. Halpin and M. Loughna

Also in attendance: (none)

ITEMS DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

		<i>Action</i>
HEA1	<p>PUBLIC QUESTION TIME</p> <p>It was confirmed that no public questions had been received.</p>	
HEA2	<p>ST HELENS & KNOWSLEY HOSPITALS NHS TRUST APPLICATION FOR FOUNDATION STATUS</p> <p>The Board received a presentation from Mr. Chris Knights from St Helens and Knowsley Hospitals Trust regarding its application for Foundation Status. The presentation outlined:</p> <ul style="list-style-type: none">• how foundation trusts were different;• the benefits and risks;• the reporting arrangements;• the governance arrangements; and• the next steps. <p>Under the Health & Social Care Act 2003, St Helens and Knowsley Hospitals NHS Trust had applied to become an NHS Foundation Trust (often called Foundation Hospitals). The consultation period of 12 weeks commenced Monday, 27 February 2006 and ended on Monday, 22 May 2006, with a decision to be taken by the Summer 2006.</p>	

St Helens and Knowsley Hospitals NHS Trust provided the full range of general treatments to its local population covering St Helens, Knowsley, Halton and South Liverpool. The Trust also operated Regional Burns and Plastic services across the North West of England and the Isle of Man. There were two principle sites, Whiston Hospital, comprising 724 beds, and St. Helens Hospital comprising 232.

As part of being controlled and run locally, governance and accountability would be improved by the establishment of:

- a Board of Governors made up of elected patient/public governors (14), representatives from key stakeholders/partner organisations such as Local Authorities, PCTs and Universities (9) and staff (4); and
- a membership community made up of local people. It these members who elect the patient/public governors.

The Board of governors would be able to influence decisions about spending and service development as well as ensuring the Trust carried out its duties in line with NHS values and principles. The proposal in the consultation document was to have the 9 stakeholder/partner organisations evenly split between:

- St Helens PCT
- Knowsley PCT
- Halton/South Liverpool PCT
- St Helens MBC
- Knowsley MBC
- Halton Borough Council/South Liverpool
- Mersey Regional Ambulance Service
- Strategic Health Authority
- University of Liverpool/Edge Hill/JMU

This would mean that Halton Borough Council and Liverpool City Council would share a place on the Governing Body, however, it did not describe how the two councils would identify one Elected Member to represent the two Councils. Given South Liverpool (4%) constituted less than half the income of Halton (9%), there was a strong argument that HBC should have a dedicated governor position. The case for this was all the greater given the proposed creation of St Helen's and Halton PCT which would serve to strengthen the links in the public sector economy across the

two boroughs.

The Trust believed that flexibility and freedoms arising from Foundation Status would enhance their ability to shape healthcare services in response to the above average levels of chronic diseases arising from the severe health inequalities, social disadvantage and social exclusion evident in the population it serves. The Trust was also committed to strengthening its links with the local community through the introduction of members and governors. There was also a financial benefit in being able to retain or build up surpluses as well as borrow monies to develop services.

Arising from the discussion the Board made reference to a number of issues in relation to:

- linkages with Warrington Hospital;
- how services would be split between Whiston and St. Helens Hospitals;
- how the selection processes for choosing the Executive and Non-Executive Directors would work;
- transportation and access problems, which were especially important to Halton due to the difficulties in crossing the Silver Jubilee Bridge during peak times;
- the lack of public knowledge regarding the consultation, how this could be improved and engagement problems; and
- what type of services would be provided within the local community in particular the new Health Care Resource Centre.

The Board requested that the Transport Team from the Trust be invited to submit a report to a future meeting to give an outline of the Transport Strategy in relation to Halton.

RESOLVED: That

- i) the application for Foundation Status and the opportunities this will bring for the people of Halton and the issues surrounding poor transport links for patients and visitors be noted;
- ii) support be given to the Council's proposal to have a dedicated Elected Member from Halton Borough Council;
- iii) a report on transportation issues be submitted, by

the Transport Strategy Team from St Helens and Knowsley NHS Trust, to a future meeting of the Board; and

iv) updates on the application for foundation status be submitted to the Board.

Strategic Director
– Health and
Community

HEA3 PUBLIC CONSULTATION ON THE FUTURE DEVELOPMENT PRIMARY CARE ESTATES, ESPECIALLY GP PRACTICES IN WIDNES

The Board received a presentation from Mr. Simon Griffiths on the proposals put forward for public consultation by Halton Primary Care Trust on the re-configuration of some GP services currently provided in Widnes, in line with the PCT's Widnes Estates Strategy.

Halton Primary Care Trust had developed an Estates Strategy for Widnes in response to a number of issues as outlined within the report. The Primary Care Trust was reviewing the premises and consulting with patients and the public, over a 12 week period from 8th May to 31st July 2006, to decide what changes would be made to improve the buildings that this care would be delivered in. The Executive Summary also outlined which practices would be involved, options for each practice, the preferred option and the next steps.

In particular it was noted that there were 9 Widnes GP practices working from 11 buildings. Approximately 61,000 patients were registered with them and there were 6 PCT-owned community centres which provided patient care.

The range of solutions took into account a number factors such as that the changes needed to be affordable, to support delivery of modern, high quality services, to improve premises safety and accessibility, to be achievable, and must take into account the Department of Health paper "Our Health, Our Care, Our Say". It was felt that making no changes would not be not an option. In addition there would be a limited amount of funding available to spend on buildings.

The PCT preferred solution was outlined as:

- Beaconsfield practice and Upton Rocks practice to move to a new building opposite Fairfield High School (either as separate practices within 1 building or as a merged practice).
- Hale branch surgery to move to Halebank Methodist

Church.

- Upton Medical centre to remain at its current site.
- Ditton Medical Centre to move into the Health Care Resource centre.
- Consider improving Beeches current building; and
- Halebank Primary Care access centre to move to the Health Care resource Centre.

As these proposals involved significant changes to services, the public consultation would include a mail drop to all the households primarily affected by the proposals, this would include an insert summarising the specific proposals affecting that patients practice.

However as the proposals may have a knock on effect on other practices it was felt that all patients should be given an opportunity to express an opinion. Therefore copies of summary document and the full Estates Strategy would be available in each practice and other public areas, would be mailed out on request and would also be posted on the PCT's website.

In addition a notice in the local press would supplement the distribution of the summary documents. The next stage would be to provide the opportunity for people to respond and to ask questions. The summary document would include a feedback form which would also allow people to make their own suggestions and comments. Drop in sessions would be arranged at each of the affected practices in Widnes. At a designated time and date people would be given an opportunity to meet representatives from the PCT/Practice to raise any questions and pass comment. It was also proposed that presentations would be given to the Patient & Public Involvement Forum and to the Health & Community Care Forum.

It was noted that the Trust had received a letter from David Parr on behalf of the Council requesting that Halton have a dedicated Governor position.

The Board raised a number of issues in relation to:

- the practices with Disability Discrimination (DDA) non-compliance issues;
- the importance of public transport;
- the expectation that the majority of patients registered at the Hale practice, although low in numbers, would be elderly and have difficulty

- accessing another service;
- the proposed changes not going far enough to provide an effective GP service for Widnes;
- single practices being outdated and that expectations were that GP's should be encouraged to move towards having group practices;
- the number of practices relocating to the Health Care Resource Centre and whether this may cause overcrowding or reduce the number of day clinics available; and
- what the timescales for the changes, as outlined in the report, would be.

In response Mr. Griffiths responded to each of the above issues raised, giving further information to support the re-configuration where available.

RESOLVED: That the consultation document and comments on the consultation document be noted.

Meeting ended at 8.15 p.m.