

Public Document Pack



Healthy Halton Policy and Performance Board

Monday, 22 May 2006 6.30 p.m.
Town Hall, Runcorn

A handwritten signature in black ink that reads 'David W R'.

Chief Executive

COMMITTEE MEMBERSHIP

Councillor Trevor Higginson

Liberal Democrat

Councillor Linda Redhead

Liberal Democrat

*Please contact Caroline Halpin on 0151 471 7394 or e-mail caroline.halpin@halton.gov.uk for further information.
The next meeting of the Committee is on Tuesday, 13 June 2006*

**ITEMS TO BE DEALT WITH
IN THE PRESENCE OF THE PRESS AND PUBLIC**

Part I

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1. MINUTES	
2. DECLARATION OF INTERESTS	
Members are reminded of their responsibility to declare any personal or personal and prejudicial interest which they have in any item of business on the agenda, no later than when that item is reached and (subject to certain exceptions in the Code of Conduct for Members) to leave the meeting prior to discussion and voting on the item.	
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In accordance with the Health and Safety at Work Act the Council is required to notify those attending meetings of the fire evacuation procedures. A copy has previously been circulated to Members and instructions are located in all rooms within the Civic block.

REPORT TO: Health Policy & Performance Board

DATE: 22 May 2006

REPORTING OFFICER: Strategic Director, Corporate and Policy

SUBJECT: Public Question Time

WARD(s): Borough-wide

1.0 PURPOSE OF REPORT

1.1 To consider any questions submitted by the Public in accordance with Standing Order 33(5).

1.2 Details of any questions received will be circulated at the meeting.

2.0 RECOMMENDED: That any questions received be dealt with.

3.0 SUPPORTING INFORMATION

3.1 Standing Order 34(11) states that Public Questions shall be dealt with as follows:-

- (i) A total of 30 minutes will be allocated for members of the public who are residents of the Borough, to ask questions at meetings of the Policy and Performance Boards.
- (ii) Members of the public can ask questions on any matter relating to the agenda.
- (iii) Members of the public can ask questions. Written notice of questions must be submitted by 4.00 pm on the day prior to the meeting. At any meeting no person/organisation may submit more than one question.
- (iv) One supplementary question (relating to the original question) may be asked by the questioner, which may or may not be answered at the meeting.
- (v) The Chair or proper officer may reject a question if it:-
 - Is not about a matter for which the local authority has a responsibility or which affects the Borough;
 - Is defamatory, frivolous, offensive, abusive or racist;
 - Is substantially the same as a question which has been put at a meeting of the Council in the past six months; or
 - Requires the disclosure of confidential or exempt information.

- (vi) In the interests of natural justice, public questions cannot relate to a planning or licensing application or to any matter, which is not dealt with in the public part of a meeting.
- (vii) The Chairperson will ask for people to indicate that they wish to ask a question.
- (viii) **PLEASE NOTE** that the maximum amount of time each questioner will be allowed is 3 minutes.
- (ix) If you do not receive a response at the meeting, a Council Officer will ask for your name and address and make sure that you receive a written response.

Please bear in mind that public question time lasts for a maximum of 30 minutes. To help in making the most of this opportunity to speak:-

- Please keep questions as concise as possible.
- Please do not repeat or make statements on earlier questions as this reduces the time available for other issues to be raised.
- Please note that public question time is not intended for debate – issues raised will be responded to either at the meeting or in writing at a later date.

4.0 POLICY IMPLICATIONS

None.

5.0 OTHER IMPLICATIONS

None.

6.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

There are no background papers under the meaning of the Act.

REPORT TO: Healthy Halton Policy and Performance Board

DATE: 22 May 2006

REPORTING OFFICER: Strategic Director, Health & Community

SUBJECT: St Helens & Knowsley Hospitals NHS Trust
Application for Foundation Status

WARD(S) Boroughwide

1.0 **PURPOSE OF REPORT**

1.1 To provide an overview of the application for Foundation Status by St Helens & Knowsley Hospitals NHS Trust.

2.0 **RECOMMENDATION: That**

- i) **The Policy and Performance Board notes and comments on 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.**
- ii) **The Policy and Performance Board notes and comments on the Council's proposal to have a dedicated Elected Member from Halton Borough Council rather than share a place on the Governing Body with Liverpool City Council.**

3.0 **SUPPORTING INFORMATION**

3.1 Under the Health & Social Care Act 2003, St Helens and Knowsley Hospitals NHS Trust has applied to become an NHS Foundation Trust (often called Foundation Hospitals). The consultation period of 12 weeks commenced Monday, 27 February 2006 and ends on Monday, 22 May 2006; with a decision to be taken by the Summer 2006. In addition to the detailed consultation document, the consultation process is supported by an Executive Summary available in large print and Braille, and a number of road shows (one of which was at Halton stadium) with staff and partner organisations.

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

3.3 St Helens and Knowsley Hospitals NHS Trust is a three star Trust.

The overall operating budget is £170 million of which 9% is provided by Halton PCT. The Trust is also planning a £358 million capital re-development project.

4.0 **WHAT DOES FOUNDATION STATUS MEAN?**

4.1 When an organisation becomes a Foundation Trust, this means it will:

- Have more autonomy in making decisions about services provided.
- Be accountable to members (staff, patients and local people) rather than directly to the Secretary of State.
- Remain part of the NHS.
- Be accountable to NHS Commissioners through legally binding contracts.
- Be approved by the Independent Regulator 'Monitor' (which authorises and monitors NHS Foundation Trusts).

5.0 **RATIONALE FOR APPLYING FOUNDATION STATUS**

5.1 The Trust believes that flexibility and freedoms arising from Foundation Status will 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 is also committed to strengthening their links with the local community through the introduction of members and governors. There is also a financial benefit in being able to retain or build up surpluses as well as borrow monies to develop services.

6.0 **IMPLICATIONS OF ACHIEVING FOUNDATION STATUS FOR THE PEOPLE OF HALTON**

6.1 The additional flexibility and autonomy will enhance the Trust's ability to:

- Improve outcomes and experiences for patients
- Engage patients and the public and increase ownership.
- Respond to patient choice.
- Exceed national targets.
- Work in partnership with key stakeholders.
- Create a motivated workforce.
- Maintain a sound financial position.

7.0 **IMPLICATIONS FOR HALTON BOROUGH COUNCIL**

7.1 As part of being controlled and run locally, governance and accountability will 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). None of the governors will be remunerated
- A membership community made up of local people. It these members who elect the patient/public governors.

7.2 The Board of governors will be able to influence decisions about spending and service development as well as ensuring the Trust carries out its duties in line with NHS values and principles. The proposal in the consultation document is 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

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

8.0 **POLICY IMPLICATIONS**

8.1 Over a significant period of time representation has been made to the local health organisations which have expressed concerns about poor transport links to all local hospitals outside the Borough Council's boundaries. This is further evidence based by low car ownership in the Borough. This process provides a further formal opportunity to express the Council's concerns about the poor transport links to and from Whiston and St Helens and to reinforce that investment is required to support patients and visitors.

8.2 The Halton Health Policy and Partnership Board will also consider the application.

9.0 **RISK ANALYSIS**

9.1 Foundation status will increase the exposure of the Trust to a competitive market.

9.2 The lead up to applying for Foundation status and a successful outcome may lead to a distraction from the delivery patient care.

10.0 **EQUALITY AND DIVERSITY ISSUES**

10.1 The proposals to formulate a Foundation Trust would not mean any changes to the current policies.

11.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

11.1 There are no background documents under the meaning of this Act.

REPORT TO: Health Policy and Performance Board

DATE: 22 May 2006

REPORTING OFFICER: Strategic Director, Health and Community

SUBJECT: 'Improving Local Health Services '. Public Consultation on the future location of GP services in Widnes

WARD(S) All Widnes

1.0 PURPOSE OF REPORT

1.1 To appraise Members of the Board of 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.

2.0 RECOMMENDATION: That Members note and comment on the consultation document.

3.0 SUPPORTING INFORMATION

3.1 Halton Primary Care Trust has developed an Estates Strategy for Widnes. It is proposed that the options it contains will be subject to public consultation.

3.2 There are 9 Widnes GP practices working from 11 buildings. Approximately 61,000 patients are registered with them.

3.3 There are 6 PCT-owned community centres which provide patient care.

3.4 The Primary Care Trust is reviewing the premises and will consult with patients and the public to decide what changes will be made to improve the buildings that this care is delivered in.

3.5 A range of solutions has been suggested. The changes must be affordable, support delivery of modern, high quality services, improve premises safety and accessibility, be achievable, and must take into account the DoH paper "Our Health, Our Care, Our Say". No change is not an option.

3.6 There is a limited amount of funding available to spend on buildings.

- 3.7 Beaconsfield Road Surgery, Ditton Medical Centre, Highfield Medical Centre, Hale Village branch surgery and Upton Medical Centre premises are not compliant with the Disability Discrimination Act.
- 3.8 Upton Rocks uses a modular building on a temporary site at Widnes Rugby Union Football club and the PCT cannot afford to move it to the site being developed on Queensbury drive by Peel Holdings developers. The uncertainty of the future location has made it difficult to recruit a GP to the practice.
- 3.9 Beeches practice is looking at adapting its building to accommodate the number of patients registered at the practice.
- 3.10 Appleton Village practice will be moved to a new building that will start to be built in February 2006.
- 3.11 Peelhouse Medical Plaza and West Bank Medical Centre buildings are suitable and comply with the Disability Discrimination Act.
- 3.12 Widnes Health Care Resource Centre has been purpose built. Newtown practice and Ditton Medical Centre branch surgery will move into this building. Kingsway and Highfield clinic will also move into this building. The services provided at Halebank Access centre will be reviewed.
- 3.13 The size of the Widnes population is not expected to increase significantly, but there are plans to build more houses in Upton Rocks and North Widnes Development Area.
- 3.14 A significant number of patients live more than a mile from their GP practice.
- 3.15 In some parts of Widnes very few households own a car, while in other parts many households own 1 or more cars.
- 3.16 In future more services will be provided in the community instead of in hospital.
- 3.17 The PCT preferred solution would be for:
- 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.

- Halebank primary Care access centre to move to the Health Care resource Centre.

3.18 The move of the main Beaconsfield Rd surgery to a new site at land adjacent to Fairfield school has been approved by the PCT.

4.0 PUBLIC CONSULTATION

4.1 As these proposals involve significant change to services, it is proposed to carry out a period of public consultation, commencing on 8th May 2006.

- 4.2
- a) A summary document will be posted to all households primarily affected by the proposals. An insert will be included summarising the specific proposals affecting that patient's practice.
 - b) However as the proposals may have a knock on effect on other practices it is felt that all patients should be given an opportunity to express an opinion.
 - c) Copies of the summary document and the full Estates Strategy will be available in each practice and other public areas, will be mailed out on request and will also be posted on the PCT's website.
 - d) A notice in the local press will supplement the distribution of the summary documents.
 - e) The next stage will be to provide the opportunity for people to respond and to ask questions. The summary document will include a feedback form which will also allow people to make their own suggestions and comments. Drop in sessions will be arranged at each of the affected practices in Widnes. At a designated time and date people will be given an opportunity to meet representatives from the PCT/Practice to raise any questions and pass comment.
 - f) It is proposed that presentations will be given to the Patient & Public Involvement Forum and to the Health & Community Care Forum.

5.0 POLICY IMPLICATIONS

5.1 To be considered further.

6.0 OTHER IMPLICATIONS AND RISK ANALYSIS

6.1 To be considered further.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 The health needs of all Widnes residents will continue to be met.

**8.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF
THE LOCAL GOVERNMENT ACT 1972**

8.1 None identified at this stage.