

HEALTHY HALTON POLICY AND PERFORMANCE BOARD

At a meeting of the Healthy Halton Policy and Performance Board held on Tuesday, 10 November 2009 in the Council Chamber, Town Hall, Runcorn

Present: Councillors E. Cargill (Chairman), J. Lowe (Vice-Chairman), Austin, Gilligan, Horabin, Lloyd Jones, Philbin, Swift, Wallace and P. Cooke

Apologies for Absence: Councillor Higginson and E. Ratcliffe

Absence declared on Council business: None

Officers present: L. Derbyshire, D. Bowie, S. Wallace-Bonner, A. Williamson, A. Villiers, E. Crisp, J. Dunn, J. Gibbon, E. Lavan, D. Nolan and D. Tanner

Also in attendance: Councillor Gerard, Portfolio Holder, Health and Community and Councillor Bryant

ITEMS DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

	<i>Action</i>
HEA26 MINUTES	
The Minutes of the meetings held 3 September 2009 and 15 September 2009 and having been printed and circulated were signed as a correct record.	
HEA27 PUBLIC QUESTION TIME	
The Board was advised that no public questions had been received.	
HEA28 EXECUTIVE BOARD MINUTES	
The Board considered the Minutes of the meetings of the Executive Board and Executive Board Sub Committee relevant to the Healthy Halton Policy and Performance Board.	
In respect of EXB24 – Norton Priory Business Case, the Board noted the success of the scheme, particularly during the economic downturn.	
HEA29 SSP MINUTES	
RESOLVED: That the minutes be noted.	

The Minutes of the meeting of the Halton Health Partnership Board from 9 July 2009 were submitted for information.

RESOLVED: That the Halton Health Partnership Board Minutes be noted.

(NB: Councillor Lloyd Jones declared a personal interest in Minute No's: 30, 31, 32, 34 and 36 below due to her husband being a Non-Executive Director of Halton and St Helen's Primary Care Trust).

HEA30 TRANSFORMING COMMUNITY SERVICES

The Board considered a report of the Strategic Director, Health and Community which presented the Community Services Programme.

The Board was advised that the Draft Community Services Commissioning Strategy contained a number of important pointers to the future commissioning intentions of the Primary Care Trust (PCT) as follows:-

- A focus on delivering outcomes rather than organisational form;
- A focus on Patient Pathways rather than services or organisations;
- A subsequent desire to see greater integration (either functional or organisational) along those pathways;
- The development of local clinical networks to support the development and delivery of best practice; and
- A greater focus on partnerships in commissioning and service delivery.

The Board was further advised that these themes had been developed further in the individual sections for each of the seven core service groups, which also contained the high level, outcome based specifications and some detailed commissioning intentions for existing schemes

In this respect, the Board received a presentation from Mr Dave Tanner, Primary Care Trust which:-

- Explained the change in context in respect of the

financial situation, the Quality, Innovation, Prevention and Productivity (QIPP);

- Outlined the different way of describing Community Services, the patient/person approach under seven core service groups;
- Gave a general update on the programme in respect of the revised SHA Requirements, separation Declaration, the market analysis, progress on the strategy and the infrastructure (Estates) workstream in partnership with the Council;
- Set out the Community Services Commissioning Strategy Plan;
- Gave examples of outcomes for people with Long Term Conditions;
- Outlined the overarching Principles within the Strategy;
- Gave an example of one of the models of care re long term conditions; and
- Outlined the next steps in the Transforming Community Services Programme.

The following points arose from the discussion:-

- Clarity was sought on the period of consultation;

In reply, it was reported that there had been no formal consultation on the strategy, but during the implementation phase appropriate consultation would be undertaken.

- Clarity was sought on the process for benchmarking the services;

In reply, it was reported that the Department of Health were setting up national target outcomes and measures that when available would be used to benchmark the service. In the interim, performance outcomes had been refined which would measure the benefits of the improved service.

- The importance of ICT, and having the right people with the right skills in the job was noted. The Board

also noted that the pilot had been successful in increasing clinicians face to face patient time by 35 – 70% as a result of reducing their paperwork; and

- The importance of signposting patients to appropriate pathways after hospital discharge was noted. It was also noted that patients would have a care co-ordinator and a personalised care plan when they were discharged from hospital.

RESOLVED: That

- (1) the presentation be received;
- (2) Mr Dave Tanner be thanked for his informative presentation; and
- (3) The content of the report and comments made be noted.

HEA31 HALTON HEALTH CAMPUS

The Board considered a report of the Strategic Director, Health and Community which gave information on the progress of Halton Health Campus.

In this respect the Board received a presentation from Eugene Lavan, Director of Strategic Development, Halton and St Helens Primary Care Trust and Chris Knights, Director of Business Development, Warrington and Halton NHS Foundation Trust which:-

- Explained the background to the project and that it was set up in five stages, Project Mobilisation, the current site mobilisation, strategic principles for change, the case for change (all completed) and the Outline Business Case (to be confirmed);
- Highlighted that since the project had been set up two key changes had taken place, the hospital was near to full capacity and there had been a major economic down turn which had resulted in the NHS and its partners reviewing major commitments. However, it had been agreed by the project group that its focus should be more on improving the health of Halton people and what services they needed rather than on buildings and services which had to be on the hospital site;
- Outlined the current position and the key themes

from Phase 4;

- Explained themes, 1, 2 and 4 – the health improving hospital, detecting illness earlier and improving rehabilitation and rehabilitation and that a five tier system would be developed;
- Demonstrated the five tier pyramid and what Tier Five (Local Authority and Third Sector) might look like and the principles and range of services that would be provided;
- Detailed the issues for discussion and the outcomes for the services;
- Set out the data in respect of Theme Three, Developing Planned Care Services, the Outpatient attendance at Halton Hospital, day case and elective activity at Halton Hospital from 2006/7 and the activity in the minor injuries unit at Halton Hospital from 2006/7;
- Highlighted the recent developments – the new Renal Unit, the CANTREAT cancer unit, the CT Scanner and the Intermediate Care Unit; and
- Set out the future strategy.

The following points arose from the discussion:-

- Clarity was sought on how the hospital site would develop itself as an early detection and screening centre with possible on-site leisure and lifestyle services. It was also suggested that voluntary sector organisations could provide advice/courses on healthy cooking and this would contribute to the healthy lifestyle agenda. In addition, the intergeneration gap could be addressed via such courses.

It was reported that patients, when attending outpatient appointments would be given the opportunity to access the health screening service on the Warrington site and if it was identified that further investigation was required this information would be fed back to the GP for action. It was also reported that patients would be encouraged to use the lifestyle services and the challenge was to ensure the services were accessible.

- It was noted that the Renal Unit was excellent. In addition, it was noted that in the current economic climate, directing people to the gym in respect of the healthy lifestyle agenda would prove challenging as services has already been cut. It was suggested that the removal of car parking fees would be beneficial to people and clarity was sought on whether a parking ticket purchased at Halton Hospital could be used on the Warrington site.

It was reported that there were a range of issues relating to access and how to increase footfall and centralise services. All such issues were being considered. In addition, it was reported that car parking tickets purchased in Halton would not be valid on the Warrington site.

- Clarity was sought on how people without a motor vehicle would be targeted for the Health screening services as they were very often the most vulnerable people in the community.

It was reported that a significant number of health screening sessions would be accessed via the GP who would invite patients to have health screening checks. The hospital sites would also give outpatients the opportunity to have health screening checks. There would also be a range of options for local people to access such services i.e. in the Pharmacy, via the Roving Teams, the Widnes mobile bus which would give people the opportunity to be checked on the bus.

- The importance of 'following up' on lifestyle rehabilitation programmes was noted;
- It was noted that the mobile bus could be developed as a drop in service with the option to book appointments if required. It was also noted that it could be possible for a community to arrange for the bus to visit their particular street on a specific date; and
- It was noted that the Health Campus launch would be sometime in 2010. It was also noted that the project group, once established, would present the Board with a progress report.

RESOLVED: That

- (1) the presentation be received;
- (2) Eugene Lavan and Chris Knights be thanked for their informative presentation; and
- (3) The update on Halton Health Campus be noted.

HEA32 STROKE STRATEGY

The Board considered a report of the Strategic Director, Health and Community which briefed the Members on the current status of services for people who are at risk of suffering a stroke and for those who had suffered a stroke.

The Board was advised that people who have had a stroke were a high priority for Halton and St Helens NHS and as a result the draft Stroke Commissioning Plan (attached to the report at Appendix 1) had been developed but required further consultation.

The Board was further advised that there were currently approximately 280 people in Halton who had suffered a stroke and across Halton approximately 2600 on the stroke register.

It was reported that the plan had been developed by the Halton and St Helens Stroke Strategy Implementation Group and the group comprised of a wide stakeholder membership. The group had identified a number of priorities for early implementation of the local stroke plan as follows:-

- Extend Thrombolysis for stroke;
- Reduce the incidence of stroke through a prevention and targeted early intervention and social marketing/public awareness raising;
- Extend access for patients experiencing symptoms of TIA/Stroke to high quality rapid access assessment and treatment services;
- The development of community stroke rehabilitation to include early supported discharge, communication support and psychological support; and
- Develop and improve peer support for individuals recovering and resuming their lives after stroke.

The following points arose from the discussion:-

- It was noted that the thrombolysis for stroke service and CT scans were only available on Monday – Friday – 9 am – 5 pm. Clarity was sought on how this compared to other areas;

It was reported that this information would be circulated to all Members of the Board. It was also reported that it was hoped that local hospitals in Halton would provide a thrombolysis for stroke service and this had been addressed in the Business Plan which would be considered by the Primary Care Trust.

- It was noted that some stroke services were accessed via the GP and some on hospital discharge. The importance of the pathway to support people who have had a stroke was also noted;
- The excellent stroke awareness campaign (FAST) in the media recently was noted. In addition, it was reported that there would be a further national campaign in the near future;
- The importance of people accessing the right lifesaving treatment and the measures that would need to be taken to contribute to saving lives was noted; and
- Clarity was sought on whether there would be an Acute Stroke Unit available in Halton.

It was reported that there were Acute Stroke Units in Warrington, Knowsley and St Helens hospitals and people could access a service there. However, there were no plans to have such a unit in Halton.

RESOLVED: That the information contained in the draft Stroke Commissioning Plan be noted.

HEA33 STANDING ORDER 51

The Board was reminded that Standing Order No. 51 of the Council's Constitution stated that meetings should not continue beyond 9.00 pm.

RESOLVED: That Standing Order No. 51 be waived.

HEA34 PRESENTATION: INTERMEDIATE CARE

The Board received a presentation from Sue Wallace Bonner, Health and Community and Damian Nolan, Clinical Facilitator, Primary Care Trust (PCT), on the current service provision, review and improvements in Halton Intermediate Care Services. The presentation:-

- Set out the definition for Intermediate Care;
- Gave an overview of the development of Intermediate care and the key issues in relation to Partnership working, funding, the range of services, the number of people receiving a service and the outcomes;
- Detailed the service review that was undertaken in 2008 and the outcome of the review;
- Highlighted and detailed the Gold Standard Service;
- Explained the process leading to the Business Case - the gap analysis that had been undertaken;
- Detailed the service development from the findings of the gap analysis, i.e. the age criteria has been reduced to 18+, an assessment team had been established, a 22 bed unit had been established on the Halton site and a performance management framework had been put in place;
- Highlighted future plans i.e. an out of hours service, Halton Hospital Unit – community admissions and bedding in changes; and
- Explained the initial outcomes in respect of referrals, the increase in services available and service user feedback.

Arising from the presentation it was suggested that there would need to be an exit strategy added to the Gold Standard Service to ensure a seamless service. The importance of bridging the generation gap and the possible use of mentoring was noted.

An Information Pack was tabled and circulated at the meeting.

The Board took the opportunity to thank everyone concerned for the excellent work that had been undertaken in the last twelve months.

RESOLVED: That

- (1) the presentation be received;
- (2) Sue Wallace Bonner and Damian Nolan be thanked for their informative presentation; and
- (3) the comments raised be noted.

HEA35 SOCIAL CARE IN PRACTICE SERVICE

The Board considered a report of the Strategic Director, Health and Community which gave information on the progress and developments made in the Social Care in Practice (SCIP) pilot.

The Board was advised that the Social Care in Practice (SCIP) service had been commissioned by Runcorn PBC Consortium to establish formal links between primary care and social services, so that people with long-term conditions and decreased functional ability could access social care assessments and have a personalised care plan devised to support them within their own home / community wherever possible. It was also envisaged that earlier interventions and signposting to other services and agencies would support primary care patients more effectively and reduce the need for more intensive health interventions.

The Board was further advised that it was also anticipated that the proposal would not only facilitate enhanced quality of life for those older people with access to social care in general practice, but would also increase understanding within health and social care of each other's culture, services, access and priorities, including safeguarding issues.

The next steps of the process were reported as follows:-

- A PBC consultant had been identified by the PBC to support the further development of the project. David Bowie (Acting Practice Manager SCIP) would also contribute to the PBC work stream;
- Qualitative data collection/collation would be developed to evidence the outcomes of the project

for the target group;

- Further work would be required to proactively identify people who were at risk of hospital admission.
- A new referral form had been developed to provide easier access to the service. It would also further identify the long-term conditions of people being referred and evidence that people with complex conditions were being targeted. It had not been taken up by all the surgeries but workers were still able to capture the information that had been requested from the surgeries; and
- To further develop the evaluation framework to provide sufficient information to support decision making on the sustainability of the service.

RESOLVED: That the report be noted.

HEA36 DUAL DIAGNOSIS STRATEGY

The Board considered a report of the Strategic Director, Health and Community which gave information on the development of a Joint Dual Diagnosis Commissioning Strategy 2009 – 2012 for Halton and St Helens.

The Board was advised that the strategy documents for the current services were already in place for people with both substance misuse and mental health problems, with a view to identifying and analysing the gaps in services and any blockages to delivering a more integrated care pathway.

The Board was further advised that early in 2009, Mental Health Strategies conducted a number of consultation meetings with all stakeholders in both mental health and substance misuse services. They also arranged a number of one to one interviews to gain views on current services and to discuss how services could be improved.

In response to the analysis and consultation, the Dual Diagnosis Commissioning Strategy stated that the commissioning intentions over the next 3 years in improving services for people with a dual diagnosis of substance misuse and mental health problems. It identified the actions and resources required to improve services, in line with Dual Diagnosis Good Practice Guide (Department of Health, 2002).

The Strategy recommended a more integrated working between substance misuse and mental health services, with earlier identification and treatment of dual diagnosis problems in primary care and an increase in skills and knowledge in both mental health and substance misuse staff, to enable them to provide care to people with dual diagnosis problems

RESOLVED: That the report be noted.

HEA37 SHAPING THE FUTURE OF CARE TOGETHER (GREEN PAPER)

The Board considered a report of the Strategic Director, Health and Community which presented a summary of the Green Paper's key points and potential impact on the Authority and the Authority's response to the consultation questions.

The Board was further advised that the Green Paper listed six things that people would be able to expect from a National Care Services as follows:-

- The right support to help people stay independent and well for as long as possible and not deteriorate. Those leaving hospital should have a right to 6 weeks re-enablement;
- Wherever you live in England, the assessments and the funding should be equal;
- All services would work together smoothly and be joined up, particularly when needs were assessed;
- The system would be simplified to enable people to find their way round it;
- Care and support would be based on people's individual circumstances and need; and
- Money would be spent wisely and everyone who qualifies would receive some financial support.

The Board was also informed that there were five funding options spelled out for the National Care Service, Pay for Yourself, Partnership, Insurance, Comprehensive and Funded from general taxation.

RESOLVED: That

- (1) the report be noted; and
- (2) the Chairman, in consultation with the Lead Officer collate the comments on the Green Paper made by Members at the briefing meeting for consideration when preparing the Authority's response to the consultation questions.

Strategic Director
– Health &
Community

HEA38 ANNUAL REPORT FOR SAFEGUARDING

The Board considered a report of the Strategic Director, Health and Community which presented the Annual Report of Halton's Safeguarding Adults Board for the year 2008/09 and briefed Members on key issues and progression of the agenda for safeguarding vulnerable adults.

The Board was advised that The Annual Report outlined the strategic framework and operation of the multi-agency arrangements for safeguarding adults in Halton who were vulnerable to abuse. The report provided details of work that had been undertaken from April 2008 to March 2009 and summarised priorities and planned activity for the year April 2009 to March 2010.

The Board was also advised that the report was available on Halton Borough Council's website and had been sent to lead officers and senior managers in partner agencies in all sectors.

It was reported that there would be an inspection on Adult Safeguarding in the next financial year. A Working Group had been set up to ensure a successful inspection. The Authority would receive three months notice of the inspection and it was anticipated anytime after April 2010.

RESOLVED: That the content of the Annual Report of the Safeguarding Adults Board 2008/09 be noted.

HEA39 CUSTOMER CARE 2008/09 YEAR END REPORT

The Board considered a report of the Strategic Director, Health and Community which provided an analysis on complaints processed under the statutory Social Services Complaints Procedure for Adults during 2008/09.

The Board was advised that the aim of the Social Care complaints regulations were for people to have their complaints resolved swiftly, and wherever possible, by the

people who provided the service.

The Board was further advised that from 1 April 2009 a new Department of Health complaints process was introduced for dealing with complaints within both Health and Social Care services.

It was reported that there was more emphasis placed on getting the response to a complaint right the first time by; understanding the complaint, selecting the most appropriate method of investigation and response, setting out a plan of how to respond to the complaint and keeping the complainant informed throughout.

The Board was also advised that for the purpose of the report the old 2008/09 complaints process had been applied. This complaints procedure had a process of up to 3 stages as follows:-

- Stage 1: Aimed to resolve the problem as quickly as possible (within 10 working days, or 20 if complex) at the point of service delivery;
- Stage 2: If people were unhappy with the response at stage 1 they could ask for the complaint to be investigated by someone independent of the service area involved; and
- Stage 3: If still dissatisfied, people could ask for a Review Board to consider whether the local authority dealt with the complaint adequately.

RESOLVED: That the proposals for the development of the complaints procedures (nationally and locally) be noted.

HEA40 PREPARATION FOR SERVICE PLANS 2010

The Board considered a report of the Strategic Director, Health and Community which gave Members the opportunity to contribute to the development of Business Plans for the coming financial year.

The Board was advised that the Directorate expected that next year would be both challenging and busy, particularly in the light of the impact of the Efficiency Review. The following areas would be a priority for the Directorate during the next twelve months and Members of the Board were requested to email Audrey Williamson a list of their priorities within the next month for consideration by the Senior Management Team:-

- Transformation/Personalisation;
- Long-Term Conditions;
- Autistic Spectrum Disorder Strategy;
- Re-tendering of Contracts, particularly for Mental Health and Learning Disability services;
- Valuing People Now;
- Extra Care;
- Inter-generation Activities;
- Preparation for Inspection on Adult Safeguarding; and
- Increased involvement of service users/carers.

It was also reported that there would be a great deal of work following the Efficiency Review to ensure that the restructure was a success and good performance was maintained.

RESOLVED: That

- (1) the report and areas of priority for the Directorate be noted; and
- (2) Members of the Board email Audrey Williamson, their priorities within the next month.

Strategic Director
– Health &
Community

Meeting ended at 9.35 p.m.