

HEALTH POLICY AND PERFORMANCE BOARD

At a meeting of the Health Policy and Performance Board held on Tuesday, 17 June 2014 at Council Chamber, Runcorn Town Hall

Present: Councillors E. Cargill (Chairman), J. Lowe, Baker, Dennett, J. Gerrard, Horabin, M Lloyd Jones, C. Loftus, Sinnott and Wallace

Apologies for Absence: Councillor M. Bradshaw

Absence declared on Council business: None

Officers present: L. Derbyshire, D. Nolan, S. Wallace-Bonner and L Wilson

Also in attendance: In accordance with Standing Order 33, Councillor D Cargill, Portfolio Holder – Community Safety, Jackie Robinson (Cheshire & Merseyside CSU), Fiona Jones (Clatterbridge Cancer Centre), Sue Elves (STHK NHS Trust), Simon Banks (NHS Halton CCG) and Simon Wright (Warrington & Halton Hospital NHS Trust)

ITEMS DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

		<i>Action</i>
HEA1	MINUTES	
	The Minutes of the meeting held 4 March 2014 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 AND WELLBEING MINUTES	
	The Minutes of the Health and Wellbeing Board of its meeting held on 12 March 2014 were submitted to the Board for consideration.	
	RESOLVED: That the minutes be noted.	
HEA4	PRESENTATION: URGENT CARE – PROGRESS, INCLUDING URGENT CARE CENTRE DEVELOPMENT	

The Board considered a report of the Strategic Director, Communities which gave Members an update in relation to the current projects/areas of work associated with improvements in Urgent Care.

The Board also received a presentation from Mr Simon Wright, Chief Operating Officer/Deputy Chief Executive of Warrington and Halton Hospitals NHS Foundation Trust, in respect of the progress towards the development of Urgent Care Centres in Runcorn and Widnes.

The Board was advised that demand on NHS hospital resources had increased dramatically over the past 10 years, with a 35% increase in emergency hospital admissions and a 65% increase in secondary care episodes for those over 75 years.

It was reported that the Governance Structure associated with the Urgent Care system in Halton was attached at Appendix 1 to the report. It was reported that the Urgent Care agenda was a complex and challenging, which required high quality and accessible primary, community and social care services to be in place to provide alternatives to A&E attendance and admittance to hospital for the local population. The Board noted the local activity in Halton in respect of NHS services set out in paragraph 3.9 of the report. The Board also noted the areas that were improving but were presenting a challenge and the areas that remained a significant challenge.

The Board discussed and noted the local developments currently having an impact on the urgent care system within Halton, set out in paragraphs 3.17 to 3.23 of the report.

The following points arose from the presentation:-

- The Board welcomed the proposals as it would reduce the number of people attending A&E as they could be treated locally;
- Clarity was sought on the timetable for phase two of the project and whether it would result in patients attending the Urgent Care Centres rather than their GPs. In response, it was reported that some people would use the Centre rather than their GP but this would release time for GPs to develop other services which they are currently unable to do because of time constraints. It was

reported that there were no formal timelines for Phase 2 of the project. However, it was anticipated that Phase 2 would be completed by summer 2015;

- Concern was raised on the following points in relation to the building in Widnes: access was limited; there was already a massive car parking issue and increased usage of the building would exacerbate this issue; the lift was not suitable for wheelchair access and because of the design of the building it was very cold in the winter. In response, it was reported that 175 car parking spaces would be made available across from the Unit. (Patients would be encouraged to park at the unit and staff on the car park which would also create additional parking for patients). The situation was being monitored and it was anticipated that it would eventually alleviate parking problems in that area. It was also reported that the ground floor services would be moved to the first floor during the refurbishment and this would minimise the impact on services currently operating from the building. It was also noted that the second floor space in Widnes would be utilised for care services rather than office space;
- It was agreed that a copy of the Plans would be circulated to Members of the Board;
- It was noted that the opening times had not been confirmed as yet, but it was anticipated that the Centres would be open until 10 pm and consideration was being given to open 24 hours a day, for some services. The out of hours services was currently being considered and when the details had been finalised they would be reported back to the Members; and
- The Board welcomed the anti natal services that would be available in the Centres enabling children to be born in the Borough.

RESOLVED: That:

- (1) The report, presentation and comments raised be noted; and
- (2) Mr Simon Wright be thanked for his informative

presentation.

Note: (Councillor Gerrard declared a Disclosable Pecuniary Interest in the following items of business 5C, 5D, 6A, 6B and 6D and a Disclosable Other Interest in Item 6C due to a close relative holding positions including management of 5Boroughs and Halton and Warrington Partnerships and left the meeting)

HEA5 CLATTERBRIDGE CANCER PROPOSALS

The Board considered a report of the Strategic Director, Communities which presented Members with details of the proposals for change and expansion of the Clatterbridge Cancer Centre Services, the rationale for these changes and the implications. The following representatives from Clatterbridge Hospital attended the meeting to present the proposals: Fiona Jones - Project Director, Dr. Nicky Thorp - Assistant Medical Director, Emer Scott - Associate Director of Strategic Communications and Ms Jacqueline Robinson, NHS Cheshire and Merseyside Commissioning Support Unit.

The Board was advised that formal notification had been received from NHS England (NHSE) Cheshire, Warrington and Wirral Area Team Specialised Commissioning, as the accountable commissioners, and Clatterbridge Cancer Centre (CCC) NHS Foundation Trust, as the providers of cancer care for the people in Halton, of the proposed changes to the services provided by CCC. The details of the proposals, the background and consultation plan were attached at Appendix 1-6 of the report.

It was reported that the Board would need to consider the proposals and agree that they constituted a significant variation to the services provided to the residents of Halton. If this was agreed then the proposals would be subject to joint scrutiny as determined by the protocol for establishment of joint health scrutiny arrangements for Cheshire and Merseyside. The protocol had been agreed by full Council in April 2014. Following the agreed protocol, it was likely that the lead Authority would be Liverpool or Wirral.

The following comments arose from the discussion:-

- The Board raised concern at the transport issue and the cost of car parking for residents indicating that Halton was a deprived area and there would be a substantial cost for the residents. It was also reported that to get to The Royal in Liverpool,

Halton residents would have to take three buses, which resulted in a long journey and a significant cost to the resident. Concern was also raised that numerous services were being placed in The Royal Hospital, Liverpool, and the footfall would significantly increase. In response, it was reported that car parking on the Liverpool and Clatterbridge sites would be free. It was also reported that discussions would take place with Merseytravel to enhance the bus services. In addition, it was reported that the proposals would give patients greater options and some of those patients would be treated more locally than at the present time. An assurance was given that Members would receive more detailed information on transport via the patient journeys that will be developed in the future;

- Clarity was sought on waiting times and whether they would be affected or improved. In response, it was reported that the waiting times at Clatterbridge were very good. However, patients only attended the services provided by Clatterbridge further down the patients pathway as they had already been diagnosed or had surgery. However, it was reported that the increased capacity would make treatments more accessible;
- It was suggested that Fazakerley would have been the ideal location for such services as it was easily accessible and was not affected by traffic congestion;
- The Board noted the plans for consultation on the proposals i.e. 47 road shows (14 in Halton), 103 charities and shops would be involved. Healthwatch had been working closely with the Trust on this matter and a number of libraries, Community Centres and GP surgeries would also be involved;
- It was agreed that the pre consultation report be circulated to all Members of the Board; and
- The importance of the Trust working with the private sector companies and pharmaceutical companies to undertake drug research was noted. It was also noted that the development of new drugs was very expensive and required a

significant number of patients to be involved, very often without achieving a successful outcome as the drug had been too toxic or not effective. It was reported that it was hoped that the proposals would put Clatterbridge on the map. It was noted that drug development required oncology working together with access to professionalism and intensive care and that was not currently available at the site. However, the proposals for the new site would result in being able to take up early stage trials and to start to develop new treatments.

RESOLVED: That

- (1) The report and comments raised be noted; and
- (2) The Board agree that these that these proposals constitute a significant variation to services provided to the residents of Halton and as such agree to a joint scrutiny of the proposals as outlined in paragraph 3.3 and 3.4 of the report.

HEA6 PERFORMANCE MANAGEMENT REPORTS, QUARTER 4 2013-14

The Board considered a report of the Strategic Director, Policy and Resources, regarding the Quarter Monitoring Reports for the fourth quarter of 2013-14. The report detailed progress of key performance milestones and performance targets relating to Healthy Halton and described factors affecting the service.

The following comments arose from the discussion:-

- Respiratory Health and the development of the Action Plan - the Board requested that this be reported to the Board;
- Public Health targets, amber indicators, it was highlighted that as it was the end of year, these indicators should be amber or red. It was agreed that information on this matter would be circulated to all Members of the Board; and
- Raising awareness of bowel, breast and lung cancer - Clarity was sought on why data was not available. In response, it was reported that information on this matter would be circulated to all Members of the Board.

RESOLVED: That the report and comments raised be noted.

HEA7 SUSTAINABLE COMMUNITY STRATEGY QUARTER 4 YEAR-END PROGRESS REPORT 2013-14

The Board considered a report of the Strategic Director, Communities, which information to the Health Policy and Performance Board on the progress in achieving targets contained within the 2011 – 2016 Sustainable Community Strategy for Halton.

The Board was advised the Sustainable Community Strategy for Halton, and the performance measures and targets contained within the report 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 2014, which included a summary of all indicators for a Healthy Halton.

The Board complimented Officers on the report and requested that in future reports could include a commentary on the yellow indicators.

RESOLVED: That the report and comment raised be noted.

HEA8 SAFEGUARDING ADULTS UPDATE

The Board considered a report of the Strategic Director, Communities which gave Members an update on key issues and the progression of the agenda for safeguarding 'vulnerable adults' (i.e. adults at risk of abuse) in Halton.

The Board was advised that The Deprivation of Liberty Safeguards (DoLS) was one aspect of the Mental Capacity Act (2005). The Safeguards were to ensure that people in care homes and hospitals were cared for in a way that did not inappropriately restrict their freedom, and if necessary restrictions would only be applied in a safe and correct way, and that this was only done when it was in the best interests of the person and there was no other way to provide

appropriate care.

The Board was further advised that the recent Supreme Court ruling was significant in the determination of whether arrangements made for the care and/or treatment of an individual lacking capacity to consent to those arrangements amounted to a deprivation of liberty. The ruling clarified that there be a revised test for a deprivation of liberty and the two key questions should be asked; Was the person subject to continuous supervision and control? And was the person free to leave?

It was reported that the judgment was important as it holds that a DoL could occur in a domestic setting where the State was responsible for imposing those arrangements. This would include a placement in a supported living arrangement in the community. Therefore, where there was, or was likely to be, a deprivation of liberty in such placements that must be authorised by the Court of Protection. An action plan was currently being developed to fully scope and address the implications of this judgement.

The Board noted the various activities that had taken place that were set out in paragraph 3.7 to 3.9 of the report.

It was noted that Halton's level of participation was at bronze level due to it being the point that all Councils had to start.

RESOLVED: That the report and comments raised be noted.

HEA9 CARE HOME PROJECT : INTERIM REPORT

The Board considered a report of the Strategic Director, Communities, which provided Members with an update on the work of the Care Homes Project. The Appendix to the report contained the Interim Report of the Halton Care Home Project undertaken in March 2014.

The Board was advised that Halton Care Homes project had been in operation since July 2013. The project aimed to improve the quality of care within homes in the Borough through: review of current care practices; analysis of the range and ease of access residents have to health and social care services and identify sustainable ways to improve treatment, care and support.

The Board was further advised that the project had identified that the care provided by homes they have worked

with had been of a high standard. The project had worked closely with the full range of Halton's community health and social care services. A clinical reference group had been supporting the aims of the project and some immediate solutions to issues had been implemented. The project had also grouped some of the key issues into seven areas: communication; end of life care; physical care; pharmacy; equipment; primary care utilisation and activities. It was reported that further work was ongoing to identify an appropriate level of clinical support to continue the work of the project.

The following comments arose from the discussion:-

- Clarity was sought on who made the decision on whether to call out a GP or not in a care home. It was reported that people in care homes were being admitted into hospital as a result of the GP not being called at an earlier stage. In response, it was reported that this training and development would help to address this matter i.e. staff could be trained to test for such things as a urine infection and if the test proved to show an infection, the GP could be called in at an early stage;
- Concern was raised that GPs had different preferred methods for communication and some GPs would not accept telephone calls. In response, it was reported that the report would be presented to the GPs next month with clear recommendations for communication practices with care homes to ensure there was a consistent approach across all GP practices with the care homes. It was also reported that GPs were keen to adopt a consistent approach to this issue;
- It was highlighted that in some care homes, individuality was lost as they were treated as patients and not as a 'person'. In response, it was reported that work was taking place on leadership and management within care homes with good practices being shared and consideration given to how they could be adopted in their care home setting e.g. a TV room made to look like a theatre and activities taking place during the day that residents can dip in and out of. This would create a culture where they would challenge each other. The importance of activities in the care home setting was noted;

- It was noted that the local Quality Assurance Team and the Quality Care Commission (CQC) monitored care services, including Council staff;
- Concern was raised regarding the end of life plans, indicating that they were not updated regularly and people go through different phases in their life which necessitates that they should be updated on a regular basis;
- It was noted that the Authority had ceased some activities in Dorset Gardens and the community recently due to a lack of participation. It was reported that the CQC had recently looked at Dorset Gardens and it was agreed that a copy of the report be circulated to all Members of the Board; and
- It was agreed that a further report on the care homes be presented to a future meeting of the Board.

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

HEA10 HEALTH POLICY AND PERFORMANCE BOARD ANNUAL REPORT : 2013/14

The Board considered a report of the Strategic Director, Communities, which presented the Annual Report for the Health Policy and Performance Board for April 2013-March 2014 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.

HEA11 SCRUTINY TOPIC 2014/15 : CARE AT HOME PROVISION IN HALTON

The Board considered a report of the Strategic Director, Communities, which presented Members with

details of the Care at Home Provision Scrutiny topic as outlined in the Topic Brief attached as Appendix 1 to the report.

RESOLVED: That

- (1) the report and comments raised be noted;
- (2) the Topic Brief outlined in Appendix 1 to the report be approved; and
- (3) the following Councillors be nominated as Members of the Care at Home Provision Topic Group; Councillors: Baker, E Cargill, Horabin, M Lloyd-Jones, C Loftus, Sinnott, Wallace and Mr T Baker.

Meeting ended at 8.40 p.m.