

## HEALTH POLICY AND PERFORMANCE BOARD

*At a meeting of the Health Policy and Performance Board held on Tuesday, 8 September 2015 at Council Chamber, Runcorn Town Hall*

Present: Councillors J. Lowe (Chairman), S. Hill (Vice-Chairman), S. Baker, Dennett, C. Gerrard, Horabin, M. Lloyd Jones, Sinnott and Wallace

Apologies for Absence: Councillor C. Plumpton Walsh

Absence declared on Council business: None

Officers present: S. Wallace-Bonner, A. Jones, L Wilson, H. Moir, D. Nolan, E. O'Meara, L. Smith and D. Sweeney

Also in attendance: Co-optee Mr Tom Baker

### ITEMS DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

	<i>Action</i>
HEA11 MINUTES	
The Minutes of the meetings held on 9 June and 28 July 2015 were signed as a correct record.	
HEA12 PUBLIC QUESTION TIME	
The Board was advised that no public questions had been received.	
<i>Councillor Martha Lloyd Jones declared an Interest in items 4, 5a and 6a (Minute numbers HEA13, HEA14 and HEA15 respectively) as her husband is a nominated Governor of Warrington and Halton NHS Foundation Trust and Bridgewater Foundation Trust.</i>	
HEA13 HEALTH AND WELLBEING MINUTES	
The minutes of the Health and Wellbeing Board meeting on 13 May 2015 were submitted to the Board for information.	
HEA14 PERFORMANCE MONITORING REPORT - QUARTER 1 2015 - 16	
The Board received the performance management	

reports which introduced the progress of key performance indicators, milestones and targets relating to health in quarter 1 of 2015-16.

Members were provided with a thematic report which identified the key issues in performance arising in quarter one, which allowed them to scrutinise and monitor the performance of the Council in delivering outcomes against its key health priorities.

Further to a query regarding housing and accommodation, it was reported that an in-depth report on housing would be included on the next agenda, with the relevant Portfolio Holder in attendance at the meeting.

The Chairman advised Members on the success of the Urgent Care Centre in Runcorn, since its opening. It was announced that there had been a reduction of 20% in attendance at Warrington A & E Department due to people being diverted there. Officers advised that the public response had been excellent with positive comments being fed back. It was noted that a marketing campaign would soon take place to raise awareness of the Centre.

RESOLVED: That the quarter 1 2015-16 priority based performance management reports be received and comments made be noted.

Strategic Director  
Community &  
Resources

#### HEA15 MENTAL HEALTH CHAMPION QUARTERLY REPORT

The Board received a report from the Strategic Director, Communities, on mental health related activity undertaken by Halton Borough Council (HBC) and NHS Halton Clinical Commissioning Group (CCG). Councillor Dennett, who was the Council's Mental Health Champion, provided Members with some background information relating to the report.

Members noted that Mental Health services in Halton were under huge pressure and that nationally the wait times and need for Mental Health Services had risen to an all-time high. Halton was no different and there was a significant challenge to ensure that services met National standards.

It was reported that work was underway to fully review all the adult and older people's provision in line with parity of esteem. This review would be completed in March 2016 and would set the scene for the creation of a more effective, responsive service. Further, the ongoing consultation and co-production of services would continue to

help shape service provision in partnership with service users. The report provided an update of changes and current innovation underway under the following areas:

- Award Winning Innovation;
- Mental Health in GP Practices;
- Mental Health Wellbeing Nurse;
- Service Provision examples (explained in appendix 1);
- New Governance Structure;
- Dementia Friendly Communities;
- Admiral Nurses for Dementia;
- In-patient redesign project;
- Emotional Wellbeing services for children;
- The 'Future in Mind' report and Transformational plans for CAMHS, including eating disorders;
- System Resilience Funding;
- The Mental Health Crisis Care Concordat;
- Operation Emblem/Street Triage;
- Liaison Psychiatry Service;
- IAPT – Halton Psychological Therapies Service;
- Mental Health Service Reviews;
- Suicide Prevention Strategy;
- Support 4 Change; and
- Access targets for Early Intervention in Psychosis for first episode of psychosis.

Members were pleased to note that following a bid made by Halton to the Younger People's Transformational Allocation Fund, Halton was successful in obtaining £50,000 to help support mental health Services in this area.

Members discussed the report and commented that they had recent contact with organisations from the voluntary sector that had expressed a keen interest in helping with mental health patients.

RESOLVED: That the contents of the report are noted.

#### HEA16 RESPIRATORY STRATEGY FOR HALTON 2015 - 2020

The Director of Public Health presented the Board with a new expanded strategy to address respiratory health for Halton.

The strategy identified key factors influencing respiratory health and provided recommendations for action to prevent respiratory illness, improve identification,

treatments and outcomes and ensure provision of appropriate high quality primary, secondary and community health and social care services for all ages.

The Board was advised that respiratory disease was one of the key contributing factors to reduced life expectancy in Halton and was the third leading cause of death after circulatory disease and cancer. Further, there were also significant health inequalities in Halton concerning respiratory diseases where the mortality rate in the most deprived areas was double that of Halton as a whole. It was noted that whilst most respiratory illnesses were associated with smoking or exposure to tobacco smoke in the environment, smoking was not the only risk factor to explain the relationship between deprivation and respiratory illness; as work related conditions, housing conditions, fuel poverty and exposure to outdoor air pollution were all associated with respiratory disease.

The report provided Members with the *Halton Respiratory Health Profile 2014*, which detailed the significant respiratory health issues in Halton. A summary of these were provided in the report.

The recommendations included in the strategy related to the following areas:

- Preventing respiratory ill health;
- Earlier detection of respiratory diseases;
- Primary Care and Community based support;
- High quality hospital services; and
- Promoting self-care and independence.

Members were advised that the strategy would inform the continuous development of the Respiratory Action Plan, which was implemented and overseen by the Respiratory Strategic Group, outcomes against which are measured and fed back through to the CCG and the Health and Wellbeing Board.

The Board discussed the report and commented on the following:

- Although residents in care homes were vaccinated against respiratory diseases, perhaps the staff could be better informed regarding the Strategy. This would be raised with the Respiratory Strategic Group;
- Concerns were raised over the condition of some areas of social housing (eg. Damp and broken

windows). Public Health were working with the RSL's to ensure that properties were maintained to a satisfactory standard however, they had experienced some problems with the compliance of private landlords;

- The dispensation of asthma inhalers at pharmacies was discussed.

RESOLVED: That the Respiratory Strategy for Halton 2015-20 and comments made be noted.

Strategic Director  
Community &  
Resources

## HEA17 SERVICE CLOSURE POLICIES AND PROCEDURES

The Board was presented with a report from the Strategic Director, Communities, which presented a suite of policies and procedures that made up the Service Closure Policy within the adult social care market. These documents were attached to the report at Appendices 1, 2 and 3 and the appendices within them.

Members were reminded that from April 2015 the Care Act (the Act) required local authorities to help develop a social care market that delivered a wide range of sustainable high quality care and support services, and placed responsibility on local authorities to deliver a duty to ensure that needs were met, including when there was a planned or emergency disruption to services. It was noted that in particular, the Act was explicit in the local authority's responsibility to use market intelligence to have sound market oversight in order to develop a suitable local care and support market, foresee potential risks to disruption to services and undertake preventive action to avoid and/or minimise disruption in the event of a care service closure.

The report informed the Board that The Act introduced a new role for the Care Quality Commission (CQC) in overseeing the financial stability of the most hard to replace care providers (ie providers who delivered across a number of geographical locations) and to ensure people's care was not interrupted if any of these providers failed. It also described the responsibilities of a local authority if a local care provider failed. The Act made it clear that local authorities had a temporary duty to ensure that the needs of people continued to be met if their care provider became unable to carry on providing care because of business failure, no matter what type of care they were receiving. It was noted that local authorities had a responsibility towards all people receiving care regardless of whether they paid for their care themselves, the local authority paid or whether it

was funded in any other way.

Officers advised that in line with the new requirements on the local authority, three policies and procedures that made up the 'Service Closure Policies' as referred to above, had been developed:

- 1) An overarching policy in relation to market oversight;
- 2) A policy and procedure for responding to a planned service closure; and
- 3) A policy and procedure for responding to an unplanned service closure.

RESOLVED: That the Board notes the contents of the policies and procedures attached within Appendices 1, 2 and 3 of the report.

*Meeting ended at 7.40 p.m.*