

HEALTH POLICY AND PERFORMANCE BOARD

At a meeting of the Health Policy and Performance Board held on Tuesday, 7 February 2017 at Council Chamber, Runcorn Town Hall

Present: Councillors J. Lowe (Chair), S. Baker, M. Bradshaw, E. Cargill, Dennett, M. Lloyd Jones, Osborne, Parker, Sinnott and Mr T. Baker – Co-optee

Apologies for Absence: None

Absence declared on Council business: None

Officers present: S. Wallace-Bonner, S. Shepherd, A. Jones, D. Nolan, L Wilson, M. Holt, E. Bragger, J. Patten and B. Dineen

Also in attendance: B. Thomas, G. Begley and R. Davies – Victoria Community Care, and D. Sweeney, S. Banks. L. Thompson and Dr D. Lyons – NHS Halton CCG.

ITEMS DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

Action

HEA31 MINUTES

The Minutes of the meetings held on 15 November 2016 and 13 December 2016 having been circulated were signed as a correct record.

The Chair wished to make a correction to her declaration of interest for the meeting of 15 November 2016, as there was an error in that her son's partner works for a provider of domiciliary care rather than a care home.

HEA32 PUBLIC QUESTION TIME

It was confirmed that no public questions had been received.

HEA33 HEALTH AND WELLBEING MINUTES

The Health and Wellbeing Board minutes of the meeting held on 12 October 2016 were submitted to the Board for information.

HEA34 PERFORMANCE MANAGEMENT REPORT - QUARTER 3 OF 2016-17

The Board received the Performance Management Reports for Quarter 3 of 2016-17. Members were advised that the report introduced, through the submission of a structured thematic performance report, the progress of key performance indicators, milestones and targets relating to Health in Quarter 3, which included a description of factors which were affecting the service.

Members were requested to consider the progress and performance information and raise any questions or points for clarification and highlight any areas of interest or concern for reporting at future meetings of the Board.

RESOLVED: That the Quarter 3 priority based reports be received.

The Chair Councillor J. Lowe, declared a Disclosable Other Interest in the following item as her son's partner worked for a provider of domiciliary care. She handed the Chair to the Vice-chair, Councillor Osborne for this item.

Councillor Osborne in the Chair

HEA35 DOMICILIARY CARE IN HALTON

The Board received a presentation on domiciliary care provision in Halton. Officers introduced Rebecca Davies from Victoria Community Care, a domiciliary care agency, who assisted with the presentation.

The Board was advised that one of the most effective ways to offer support to people in their own homes was through a domiciliary care agency. In Halton there were currently 9 providers who offered personal care and support to approximately 800 people every day.

Members were provided with details of how the current system of Domiciliary Care provision worked in Halton, from the perspective of the providers. This included an overview of the challenges that were encountered and how the Council and providers worked together to maintain the delivery of high quality services to the local population. It also outlined the rewards for providers, how the service had changed over the years and the views of what the future may hold.

Following Members' questions the following was

noted:

- When the new Runcorn/Widnes Bridge opens staff would receive financial reimbursement from management for crossings made in relation to work. Also Victoria Community Care was looking at Town based solutions in order to minimise bridge crossings;
- The 15 minute appointments were brief and if tasks could not be completed within that timeframe for a particular client, then this would be flagged up with the commissioner, i.e. the Council;
- Examples of tasks that were carried out in 15 minutes would be preparing food, drinks and checking that medication had been taken; however 15 minute visits were tailored to the needs of the individual;
- Healthwatch carried out a survey last year regarding the 15 minute visits which would be made available to the Board. It was hoped that the results of the survey would be used to improve the service;
- Once a care plan assessment had been carried out for an individual this was reviewed after 6 weeks and then in 6 month intervals. If however a staff or family member had concerns regarding the care plan, a review could be requested outside of these timeframes;
- Training for staff was provided annually and a competency test was carried out on staff in accordance with the Care Act. These competency levels were checked regularly to ensure they were maintained. Further it was noted that all staff were audited on a regular basis; and
- All visits made to clients were logged in their log books which were checked monthly and filed for future audits.

RESOLVED: That the Board note the contents of the report and presentation.

Councillor J. Lowe in the Chair

HEA36 GENERAL PRACTICE ALIGNMENT OF CARE HOMES

The Board received an update from Dr David Lyons – NHS Halton CCG, on the NHS Halton Clinical Commissioning Group's (CCG's) project to align General

Practice with care homes in Halton.

It was reported that NHS Halton CCG and Halton Borough Council were proposing to align care homes within the Borough with identified General Practices. It was explained that care home residents had very complex and considerable health needs and were entering the final stages of their lives. In Halton the length of stay in a nursing home was 0.8 years, and residential home 1.2 years. It was expected that care home numbers would rise significantly in response to our aging population. Currently, individuals remained with their existing GP when they moved to a care home, resulting in care homes having to liaise with multiple GP practices; which had an impact on developing close working arrangements which were essential in providing the care that these individuals required.

It was anticipated that an alignment of General Practice to care homes would result in releasing time currently being spent by practices visiting multiple care homes, and care homes liaising with several practices that could be converted into direct care.

Members were referred to Appendix 1 '*GP Alignment/Care Home – Options Appraisal Paper*' which was presented to the CCG Service Development Committee on 14 December 2016 where it received full support.

It was noted that further consultation was due to take place with care homes, families of residents and staff.

The consensus of the Board was that this was a good idea for the reasons stated and they supported the proposals. With regards to a query regarding a patient's preference for a particular doctor, it was commented that patients did not usually mind moving GP's when they moved to a care home as they were more concerned with the overall care package being offered, so did not object to a change in GP.

It was reported that the consultation results would be available in June this year and would be shared with the Board.

RESOLVED: That the Board

- 1) Notes the update provided in the 'General Practice Alignment / Care Homes – Options Appraisal Paper' at Appendix 1; and

- 2) Agrees that the proposal amounts to substantial variation and supports the proposed approach to consultation.

HEA37 SCRUTINY REVIEW OF CARER SERVICES

The Board received a report which presented the recommendations of the Carer Services Scrutiny Review 2016.

Members were advised that due to the potentially wide remit of the scrutiny topic brief, the Board decided to focus their review on the responsibilities of the Council to carers under the Care Act, the role of Halton Carers Centre and the role of NHS Halton Clinical Commissioning Group (CCG).

The Board was referred to Appendix 1 which outlined the evidence gathered by the Topic Group from a range of partners in relation to services provided to carers in Halton.

The following recommendations were made following the review:

- There should be a continued focus on provision of information and support at the right time for the carer, to avoid carer breakdown and use of high cost services;
- Continued efforts to engage with people currently hidden from carer services;
- A renewed focus on relationships with health, in particular the hospitals, to encourage identification and support of carers;
- Assessment of long term carers needs at regular intervals;
- Involving carers in co-produced service development;
- Ensure that within carer provision there are a range of different interventions to meet diverse and changing needs of carers; and
- Consider how access to carers services can be improved.

Further commentary on each recommendation was provided in the report.

RESOLVED: That the Board noted the contents of the report and the recommendations and the information provided in Appendix 1.

HEA38 SAFEGUARDING UPDATE

The Board received an update which highlighted the key issues in relation to the work of Halton's Adult Safeguarding Board (HSAB).

It was noted that following discussions at the HSAB Development Session last year, concerns had been raised as to whether the current membership was too large and therefore impacting on the effectiveness of the Board and how it operated. Agreement was obtained to restructure HSAB from September 2016 onwards and to recruit a Board Officer to support the Board. It also agreed to the establishment of a Partnership Forum and a Health sub group in order to support the role of the Board and to take safeguarding in the Borough forward.

It was noted that any areas of concern raised at the Safeguarding Board would be shared with this PPB so that Members were aware.

RESOLVED: That the report be noted.

Councillor Osborne declared a Disclosable Other Interest in the following item as his wife was an employee of Halton Borough Council.

HEA39 IMPLEMENTATION OF COMMUNITY MULTI-DISCIPLINARY TEAMS (MDT)

The Board received a report advising them of the development and implementation plan of the Community Multi-Disciplinary Team (MDT) model for all adults over the age of 18.

It was reported that there was an evidence base to suggest that a Multi-disciplinary team approach was a cost effective way of delivering improved health and social care outcomes; increased participation and compliance with treatment; reduced length of stay and bed days in hospital; increased numbers of patients discharged home; reduced admission to residential and nursing care and acute hospitals, and improved patient / service user and carer satisfaction.

Officers advised that a number of legislative and policy developments had contributed to the development of the community multi-disciplinary approach in Halton which was now being implemented. A dedicated Steering Group with membership from Adult Social Care, Bridgewater

Community NHS Trust, Halton NHS Clinical Commissioning Group and IT services from NHS and HBC had developed a model for multi-disciplinary team working, to provide better communications and co-ordination of care across health and social care and improving outcomes for people with complex needs.

The report went on to discuss the MDT model in detail and a diagram of the Multi-Disciplinary Integrated Team Model was attached at Appendix 1.

Members welcomed the report and supported the Community Multi-Disciplinary Team model. They requested that a further paper be submitted to a future meeting of the Board with an update on its progress.

RESOLVED: That the report be noted.

HEA40 HEALTH PPB WORK PROGRAMME 2017-18 - SCRUTINY TOPIC

A report was presented by the Strategic Director – People, which requested the Board to identify a scrutiny topic for the Board to examine during 2017-18.

It was noted that Members held a meeting recently to discuss priorities for 2017 as part of the Adult Social Care Business Planning process, and it was suggested that they may wish to select a topic that supported one of the priorities identified during this process. The following suggestions were put forward:

- Supported living for people with a learning disability;
- Partnerships / co-production; and
- The work of the Health Improvement Team, e.g. successes, what could be done differently, etc.

Members discussed some initial suggestions for a scrutiny topic and the consensus was that the work of the Health Improvement Team would be the preferred topic for 2017-18.

The Homelessness Strategy suggestion was noted as it was last done in 2011-12. The Chair suggested that this could be brought to the Board as an update in the first instance, following consultation with the relevant Portfolio Holder.

RESOVLED: That the Board agrees to

- 1) *'The work of the Health Improvement Team'* as a scrutiny topic for 2017/18; and
- 2) The associated topic brief be developed and agreed at the next meeting of the Board.

HEA41 CHESHIRE AND MERSEYSIDE SUSTAINABILITY AND TRANSFORMATION PROGRAMME

The Board received a report from the Strategic Director – People, which shared with them Cheshire and Merseyside Sustainability and Transformation Plan (STP). Simon Banks, Chief Officer, Halton Clinical Commissioning Group (CCG) gave a presentation to Members which provided an overview of the STP.

Members were reminded of the NHS Five Year Forward View, published in October 2014, which set out strategic intentions to ensure the NHS remained clinically and financially sustainable. The Forward View highlighted three key areas:

- The health and wellbeing of the population;
- The quality of care that was provided; and
- NHS finance and efficiency of services.

Following this the 2015/16 NHS planning guidance set out the steps for local health systems to deliver the Five Year Forward View, backed up by a new Sustainability and Transformation Fund intended to support financial balance and to enable new investment in key priorities. As part of the planning process, health and care systems were asked to develop Sustainability and Transformation Plans, to cover the period from 2016/17 and 2020/21.

The four key priorities for the Cheshire and Merseyside STP were presented:

- Support for people to live better quality lives by actively promoting health and wellbeing;
- The NHS working with partners in local government and the voluntary sector to develop joined up care;
- Designing hospital services to meet modern clinical standards and reducing variation in quality; and
- Becoming more efficient by reducing costs, maximising value and using the latest technology.

It was noted that the Cheshire and Merseyside STP was submitted to NHS England on 12 October 2016 and following its review by NHS England, was published on 16

November 2016.

Members were advised that the Cheshire and Merseyside STP was designed to address the challenges of the region in terms of population health and wellbeing, quality of care and financial sustainability. The majority of delivery would be through the plans developed by the three local delivery systems. It was noted that Halton CCG was part of the Alliance Local Delivery System (LDS) which consisted of:

- Four CCG's (Warrington, St. Helens, Halton and Knowsley);
- Five NHS providers (5 Boroughs Partnership NHS Foundation Trust; Bridgewater Community NHS Foundation Trust; St. Helens and Knowsley Teaching Hospitals; Warrington and Halton Hospital Foundation Trust and Southport and Ormskirk Hospitals).

It was reported that the Alliance LDS was also engaging with local authorities covering the Boroughs of Halton, Knowsley, St. Helens and Warrington. The Alliance LDS built upon the work already being done at a local level and the proposals submitted by Alliance LDS included options and models of transformation for the local health system that aimed to address a funding shortfall of £202m, whilst at the same time improving health, wellbeing and outcomes.

It was noted that following formal publication of the Cheshire and Merseyside STP the proposals were now being developed into outline plans and a wide scale programme of engagement and communication would commence during 2017.

The presentation outlined to the Board the progress to date in Halton which included a local picture of how the LDS proposals built upon what was already planned and happening in Halton, including examples of how the LDS would positively impact on Halton residents.

Members welcomed the presentation and commented that they understood the need for collaboration in these difficult times.

The use and promotion of the Urgent Care Centres was discussed and the Chair commented that she hoped to invite representatives from the Centres to a Board meeting in the future.

RESOLVED: That the Board

- 1) notes the content of the Cheshire and Merseyside Sustainability and Transformation Plan (STP); and
- 2) notes the commitment to continued local engagement and the requirement to comply with statutory requirements for public involvement.

Meeting ended at 8.35 p.m.