

HEALTH POLICY AND PERFORMANCE BOARD

At a meeting of the Health Policy and Performance Board held on Tuesday, 5 March 2013 at Council Chamber, Runcorn Town Hall

Present: Councillors E. Cargill (Chairman), J. Lowe (Vice-Chairman), Baker, Dennett, V. Hill, Horabin, C. Loftus, Sinnott, Wallace, Zygadlo and Mr J Chiocchi

Apologies for Absence: Councillor Hodge

Absence declared on Council business: None

Officers present: L. Derbyshire, N. Goodwin, H. Moir, J. Sutton and S. Wallace-Bonner

Also in attendance: Mr Simon Banks (Chief Officer Designate, Clinical Commissioning Groups), Mel Pickup (CX Warrington and Halton NHS Foundation Trust) and Mr Dave Sweeney (Halton & Warrington NHS Merseyside and Halton LA).

ITEMS DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

Action

HEA53 MINUTES

The Minutes of the meeting held 8 January 2013 having been printed and circulated were signed as a correct record.

HEA54 PUBLIC QUESTION TIME

The Board was advised that no public questions had been received.

HEA55 WARRINGTON & HALTON HOSPITALS NHS FOUNDATION TRUST

The Board received a presentation from Mel Pickup, Chief Executive of Warrington & Halton Hospitals NHS Foundation Trust.

The Board was advised that Warrington and Halton Hospitals NHS Foundation Trust was managed by Warrington Hospital and Halton General Hospital. The vision was 'High Quality, Safe Healthcare' and their staff worked together to provide high quality, safe health care services

across the towns of Warrington, Runcorn, Widnes and the surrounding areas.

The Board was further advised that they were responsible for a budget of around £200 million each year, managed over 4,100 staff and provided access to care for over 500,000 patients. It was reported that a number of developments had been made recently within the Hospitals which would be of particular interest to Members of the Board.

The presentation:-

- Explained that the framework that had been agreed to build the Trust Strategy had been quality, people and sustainability;
- Highlighted how quality and excellence for patients; people and caring for staff and sustainability in communities was being achieved;
- Set out the 2012/13 Plan – the three strands of transformational work in respect of reforming Emergency Care; Elective Care, Community Care and enabling Workforce and IT workstreams; and
- Outlined what had been done so far and detailed the next steps.

It was reported that discussions had taken place with staff regarding the challenges for the forthcoming year in respect of the cost improvement programme and a number of posts (100-200) across the whole organisation would be reduced.

The following comments arose from the discussion-

- Clarity was sought on how the work outlined in the presentation could be progressed with the potential cuts to staff and the shortfall in funding during the next twelve months. In response, it was reported that there had been three consecutive years of cuts and that there had been a shortfall of £2m carried forward from last year. In addition, it was reported that aspirations to do things differently did not always result in an increase of funding i.e improved community care would be cheaper than hospital admissions. It was also reported that in order to avoid redundancies, staff had offered to remain on the same pay and give up a weeks leave;

- It was noted that the Emergency Care, short stay area was for up to 72 hours and that it was not a mixed area, but single sex bays with separate toilets with bathroom accommodation;
- It was noted that the meeting nurse had contacted 1500 patients and any issues raised had been reported back to the ward concerned i.e medication issues on despatch would be dealt with by the pharmacy. It was also noted that the nurse would follow up any issues by contacting the patient directly and the situation would also be monitored;
- The Board congratulated Melanie Pickup on the excellent achievements during the last 12 months; and
- It was noted that if further services were provided from Halton Hospital, it would generate additional funding. It was also noted that there was an opportunity to encourage GPs to steer patients to Halton rather than Chester.

RESOLVED: That

- (1) the presentation and comments raised be noted; and
- (2) Mel Pickup be thanked for her informative presentation.

HEA56 HALTON HOSPITAL ELECTIVE CARE VISIONING EVENT

The Board considered a report of the Strategic Director, Communities, which informed Members of the output from the Halton hospital elective care visioning event.

The Board was advised that an elective care visioning event had taken place at Halton hospital on 22 January 2013 looking at the next stage of Warrington and Halton Hospitals NHS Foundation Trust's elective care reform programme.

It was reported that over 60 people had attended including a range of Trust staff from various staff groups and clinicians, together with partners including Halton CCG, Halton Borough Council and Bridgewater Community Services. The event had been very positive with a plethora of ideas for the services that could possibly be delivered in

the future from the Halton campus.

The Board was further advised that the event had been hosted by Chief Executive, Melanie Pickup and consisted of a mixture of presentations from both external and internal speakers. This included a presentation from Dr Cliff Richards regarding the commissioning intentions for Halton CCG. At the conclusion of the presentation, table discussion had taken place on the Centre of Excellence and services that potentially could be delivered from the Halton Campus. The Halton hospital elective care visioning event invitation was set out in Appendix A to the report.

RESOLVED: That the report be noted.

HEA57 VASCULAR SERVICES ACROSS CHESHIRE AND MERSEYSIDE

The Board considered a report of the Strategic Director, Communities, which informed Members of the the Secretary of State (SoS) for Health's response to the referral made to him from the Halton, St Helens and Warrington Joint Health Overview and Scrutiny Committee (HOSC) regarding the development of Vascular Services across Cheshire and Merseyside. The report sought agreement for an appropriate way forward.

The Board was advised that the SoS was recommending that local commissioners of NHS Services invite the National Clinical Advisory Team (NCAT) to re-examine whether the current proposals met the requirements for a modern vascular network in South Merseyside, particularly in light of the concerns raised from surgeons at Arrowe Park Hospital and the updated guidance from the Vascular Society of Great Britain and Ireland. The SoS had asked that this work be undertaken as a matter of urgency and should be overseen by the Strategic Health Authority.

The Board was further advised that SoS also acknowledged that local HOSC's should be fully involved and informed of developments throughout the design phase and as such Halton, St Helens and Warrington Councils would need to consider whether they wished to continue to receive information and influence this development via the Joint HOSC or as individual HOSCs.

The Board agreed that it would be more beneficial to continue monitoring progress on the development of the vascular services individually rather than via a joint OSC. It

was also agreed that a progress report be presented to the next meeting of the Board and the impact of moving the service to Chester on local service provision and local hospitals be monitored.

It was reported that the transfer of patient activity to Chester resulted in a loss of £4m to Warrington. The services delivered were not exclusively vascular and therefore all costs could not be released. A saving would be made from the reduction of beds and from staff that would TUPE over to Chester, but there would still be a £1.4m cost incurred. The Board agreed that this would need to be closely monitored.

The Board noted that some of the people that would be treated for vascular services in Chester would be from Deeside which was not part of the English National Health Service. It was also noted that Warrington had an accredited Trauma Unit and emergency care patients would be stabilised at Warrington before being transported to Chester. The outpatient appointments for vascular services would also be undertaken at Warrington.

RESOLVED: That

- (1) the contents of the report, associated appendices and comments raised be noted;
- (2) future information and involvement in the vascular service changes be via the Health PPB not the Joint HOSC; and
- (3) a regular update report on the development of the vascular services be presented to the Board.

HEA58 SCRUTINY TOPIC 2013/14 : MENTAL HEALTH

The Board considered a report of the Strategic Director, Communities, which presented the Members with details of the Mental Health Scrutiny topic set out in the Topic Brief in Appendix 1 to the report.

The Board was advised that significant numbers of people suffered mental health problems such as depression. It was reported that mental health problems accounted for the single largest cause of ill health and disability in the Borough and could have a significant impact on a person's ability to lead a full and rewarding life. Furthermore, the current economic climate and the proposed welfare reforms were likely to increase the levels of people suffering from

mental distress.

The Board was further advised that through a range of evidence based interventions to promote mental and emotional wellbeing this situation could change. The report sought approval to carry out a scrutiny review of Mental Health provision in terms of prevention and promotion. It would examine interventions and materials that were already in place to address this key area and would look at their effectiveness in meeting the needs of the local population. The report also sought nominations from Members of the Board to form a member led scrutiny working group.

The MIND OUT for mental health campaign was presented to the Board for consideration. The campaign highlighted that one in four people would experience mental health problems during the course of a year. It set out to provoke people to change their mindset and banish stigma and discrimination surrounding mental health. Celebrities had taken part in the campaign and had written about their experiences of mental health problems. It was suggested that the topic group could consider a similar campaign with local people and sporting stars etc. It was suggested that the campaign could include people who had suffered mental health problems and had successfully gained employment. It was requested that a copy of the campaign be circulated to all Members of the Board.

It was reported that the Children and Young People's PPB (C&YP) were also looking at mental health issues and it was suggested that a joint topic group be established. In response, it was suggested that an inter-generational campaign could also be considered.

After considerable discussion, it was agreed that a report would be presented to the next meeting of the Board for Members to consider establishing a joint Health and Children and Young People's PPB scrutiny topic group to explore intergenerational mental health provision. Councillors: S Baker, J Lowe, and Zygadllo requested to be a member of the topic group and the Chairman invited Members to email their interest to the clerk.

RESOLVED: That a report be presented to the next meeting of the Board on establishing a joint Health and C&YP Topic Group to consider mental health provision.

(Note: Councillor C Loftus left the meeting after consideration of this item).

HEA59 PERFORMANCE MONITORING QUARTER 3

The Board considered a report of the Strategic Director, Policy and Resources, regarding the Quarter 3 Monitoring Reports for the third quarter of 2012/13 to 31 December 2012. The report detailed progress against service objectives / milestones and performance targets and described factors affecting the service for:-

- Prevention and Assessment; and
- Commissioning & Complex Care.

The Board was advised that after consultation with Members, and in line with the revised Council's Performance Framework for 2012/13 (approved by the Executive Board), the reports had been simplified with an overview report provided for the Health Priority. This identified key developments, emerging issues and the key objectives / milestones and performance indicators for quarter three. However, the full departmental quarterly reports were available in the Members Information Bulletin to allow Members to access the reports as soon as they were available and within six weeks of the quarter end. The Departmental quarterly monitoring reports were also available via the link in the report.

The Board was further advised that Oak Meadow Community Support Centre had recently had an unannounced Care Quality Control Inspection which highlighted their high standards and had received very good feedback.

It was reported that the direction of travel on the Community Care budget had gone down considerably and the predicted overspend was £185,000 which was an excellent achievement.

The Board noted that PA 15 – Permanent Admissions to residential and nursing care homes was on target for achievement at the year end. The Board also noted the RSL adaptations underspend and that the backlog had been cleared and response times were fairly quick. In respect of the budget, it was anticipated that this could be reduced and a report would be drafted on the anticipated need for the future. In addition, it was reported that last year the Council had subsidised the budget due to a Government cut and it was anticipated that this would not be required in the future.

RESOLVED: That the report and comments raised be noted.

HEA60 PUBLIC HEALTH UPDATE

The Board considered a report of the Strategic Director, Communities which provided Members with a summary of some of the key public health activities that had taken place in recent months.

The Board was advised that Public Health would transfer to the Local Authority in April 2013, from which time it would become a statutory service. In Halton significant steps had already been taken to ensure a smooth transition.

The Board was further advised that the Public Health Team had now relocated to Runcorn Town Hall where they were situated in the same office as the Local Authority Contracts and Commissioning team, Environmental Health and the People and Communities Policy Team. They had also made arrangements to be located with Children and families in Rutland House.

It was reported that the Team had continued to fulfil its obligations to NHS Halton and St.Helens, which would continue until 31st March 2013, whilst preparing for the transition. The Board noted the work that had taken place over the last six months as set out in paragraph 3.3 of the report.

The Chairman reminded the Board that there would be a Public Health seminar on 26 March 2013 and all Members were encouraged to attend. In response, the Members requested a copy of the notes from the seminar.

It was also reported that Councillor Wright was the Chairman of the Public Health Board and that the PPB would receive reports from their meetings.

RESOLVED: That the report and comments raised be noted.

HEA61 DRAFT HALTON HOUSING STRATEGY 2013-2018

The Board considered a report of the Strategic Director, Communities which presented Halton's Housing Strategy 2013-18 as a draft for public consultation.

The Board was advised that Under Part 7 of the Local Government Act 2003, local authorities were expected to produce a Housing Strategy which gave an overview of housing in their district and set out priorities for action.

The Board was further advised that there had been significant achievements since the last Housing Strategy had been published in 2008. The Board noted the changes set out in paragraph 3.1.6 of the report.

It was reported that the draft Strategy had taken a slightly different approach from previous years in that two documents had been produced. The Strategy itself (Appendix A of the report) was a short, easy to read document which focused on the strategic objectives, priorities and planned activities for the next three years and which were detailed in an action plan. In addition, it was reported that this was supported by an evidence paper (Appendix B of the report) which set out the context in which the Strategy had been developed and brought together key data and information on housing issues and services which had helped to shape the strategic objectives and priorities.

Furthermore, it was reported that the Housing Strategy evidence paper would be circulated to all Members of the Board.

The Board noted the next steps set out in paragraphs 3.4.1 - 3.4.3 of the report.

The Chairman commented that it was important to ensure all property's had been registered. It was requested that the Strategy should include a recommendation stating that each property and not just the landlord should be registered with the Council, as it was important that properties were inspected for good living standards for families in Halton. In response, it was reported that this had been considered and a report would be presented to the Executive Board which would consider this option in more detail.

It was suggested that the Strategy could contain in priority 1A – increasing supply, that one or two bedroom properties should be increased to manage some of the difficulties as a result of the 'bedroom tax' in the welfare reforms. In response, it was reported that consideration would be given on where this could be incorporated in the Strategy.

RESOLVED: That the report and comments raised be noted.

HEA62 BLUE BADGE POLICY - REVIEW

The Board considered a report of the Strategic

Director, Communities, which presented the Members with the revised Blue Badge Scheme Policy, Procedure and Practice document in line with the changes set out in the National Reform Strategy from the Department for Transport (DfT).

The Board was advised that the Blue Badge Scheme provided a National Arrangement of parking concessions for some people with disabilities who travelled either as drivers or passengers. The Department for Transport (DfT) Regulations governed the Scheme.

The Board was further advised that the Scheme allowed badge holders to park close to their destination without charge or time limit in the on street parking environment, and for up to three hours on yellow lines, unless a loading ban was in place. It was reported that a national review of the Scheme in 2007 had highlighted several areas where improvements needed to take place, the administration of the Scheme and the eligibility criteria in order to prevent abuse.

It was reported that as a result of the National Strategy the local Blue Badge Policy had been reviewed and updated. The main changes were outlined in paragraph 3.5 of the report.

The Board noted the difficulties that had been incurred with the new way of processing the Blue Badge. The Board also noted that appellants had the right to appeal, but if the appeal was upheld, it was six months before they had a right to appeal again.

The Board discussed the Blue Badge Scheme and how it could be abused by some individuals. In response, it was reported that standard checks were undertaken and if it had been misused, the badge would be removed. It was noted that no enforcement action was taken for misuse of a badge.

RESOLVED: That the report, Appendix 1 (The Blue Badge Policy) to the report and comments raised be noted.

HEA63 ARMED FORCES COMMUNITY COVENANT

The Board considered a report of the Strategic Director, Communities, which informed the Members of the Armed Forces Community Covenant set out in Appendix 1 to the report. The term 'Armed Forces' referred to the Army, Royal Navy and Air Force.

The Board was advised that Halton was part of a pan Cheshire Covenant covering the Local Authorities of Cheshire East, Cheshire West & Chester, Warrington and Halton. In addition to local authorities, health, probation and Job Centre plus were involved in supporting the covenant.

The Board was further advised that the Armed Forces Community Covenant had been signed by dignitaries representing each of the authorities on the 30th June 2012, Armed Forces Day.

It was reported that each Local Authority was required to have a nominated Armed Forces Champion, the Community Development Manager had been designated this role in Halton. The Armed Forces Champion provided representation on a Community Covenant working group that covered the Cheshire area and provided a point of liaison for the forces.

Furthermore, it was reported that The Armed Forces Community Covenant set out twenty pledges, around five key themes:-

- Housing;
- Employment & Benefit;
- Education;
- Health; and
- Wellbeing.

It was reported that the Council would work with partners to assist and support our armed forces and their families in line with the pledges set out in the covenant.

The Board noted that The Territorial Army were also included in the Covenant as they would be utilised more in the future with the reduction in the armed forces.

The Board discussed the importance of knowing how many armed forces families could be re-locating to Halton. It was noted that this would need to be addressed in the Housing Strategy; school provision would need to be considered and it would also have an impact on GP and health services. In response, it was reported that the number of people re-locating was currently unknown as the armed forces did not collect such data on discharge. However, transition arrangements had been raised at a meeting in Preston but information had not as yet been received.

It was highlighted that key partners would need to be identified in the Borough to help to deliver the pledges in the covenant. Clarity was sought on how some of the pledges would be fulfilled i.e. re prosthetic limbs, how the Board would monitor it and ensure that it was meeting its obligations. In response, it was reported that some pledges would be via local provision. However a North West network existed for such work as prosthetic limbs and the Clinical Commissioning Group (CCG) were keen to do some work on understanding the pledges. It was also reported that the Veteran Association had met with the CCG to consider how local services could be improved generally and how the provision could be mainstreamed to ensure they were given priority and due care and attention.

It was noted that £35m had been allocated to the fund and very little had been accessed to date. It was also noted that a high number of ex forces personnel were involved in the criminal justice system.

RESOLVED: That the report and comments raised be noted.

HEA64 THE MANDATE AND EVERYONE COUNTS: PLANNING FOR PATIENTS 2013/14

The Board considered a report of the Strategic Director, Communities, which informed the Members the publication of The Mandate and Everyone Counts: Planning for Patients 2013/14 and the response to this by the Halton Clinical Commissioning Group (CCG).

The Board was advised that the first Mandate between the Government and the NHS Commissioning Board, had set out the ambitions for the health service for the next two years and had been published on 13th November 2012. The Mandate reaffirmed the Government's commitment to an NHS that remained comprehensive and universal – available to all, based on clinical need and not ability to pay – and that was able to meet patients' needs and expectations now and in the future.

The Board was further advised that the NHS Mandate was structured around five key areas where the Government expected the NHS Commissioning Board (NHS CB) to make improvements. Through the Mandate, the NHS would be measured, for the first time, by how well it achieved the things that really mattered to people. The Board noted the key objectives contained in the Mandate.

It was reported that Everyone Counts: Planning for Patients 2013/14 set out how the NHS Commissioning Board intended to ensure that it, and Clinical Commissioning Groups (CCGs), delivered the requirements of the Mandate and the NHS Constitution. Everyone Counts: Planning for Patients 2013/14 had been published on 17th December 2012, with further guidance following on 21st December 2012. In addition, it was reported that the document and the supplementary guidance were very detailed and the headlines were summarised in the report for Members information.

Furthermore, it was reported that Halton CCG would also have to identify an additional three local priorities from those set out in Appendix 1 of the report against which it would make progress during the year. These priorities would be taken into account when determining whether the CCG should be rewarded through the Quality Premium.

The NHS CB had set out a planning timetable for CCGs that required the following:-

- By 25th January 2013 CCGs to share first draft of plans with Area Team Director. This had been achieved;
- By 8th February 2013 Area Team Director to provide feedback to CCGs. This work had been completed;
- By 31st March 2013 all contracts signed off;
- By 5th April 2013 final CCG plans shared with Area Team Director; and
- By 31st May 2013 final CCG plans published as prospectus for local population.

It was reported that there would be a report presented to the meeting in June and then the Board would receive regular update reports.

The Board noted that there were significant challenges for providers to improve health care re infection i.e. MRSA.

Clarity was sought on by 2016 that everyone would book duty appointments online and talk to their GP on line. It was suggested that this could result in people who did not have access to online facilities being placed further down on

the appointment list. In response, it was reported that there would be a triage system in place and this was one way of dealing with the rising demand in NHS services. In addition, it was reported that the biggest challenge was the GP workforce, many of whom would retire shortly. It was highlighted that it was easier to get an appointment via the ticket system. It was also reported that the ticket scheme had been successfully piloted at Castlefields Health Centre.

RESOLVED: That

- (1) the comments raised be noted;
- (2) the publication of the Mandate and Everyone Counts: Planning for Patients 2013/14 and the concomitant requirements for the CCG, particularly in regard to the production of clear and credible commissioning plans be noted; and
- (3) the copy of the CCG's Integrated Commissioning Strategy 2013-15 and an Integrated Delivery Plan for 2013/14 be presented for discussion at the next Board meeting in June 2013.

HEA65 HOMECARE IN THE BOROUGH

The Board considered a report of the Strategic Director, Communities, which gave the Members an update on the current home care provision Borough wide.

The Board was advised that there were different options of purchasing domiciliary care in Halton. People could buy care through a direct payment or a commissioned care route. When people opted for the commissioned route, they could be reassured that all the care providers were monitored by the Quality Assurance Team (QAT) and were registered by Care Quality Commission (CQC).

The Board was further advised that there were currently eleven domiciliary care providers who had contracts in Halton. The QAT monitored the quality by assessing a number of areas including consultation feedback, safer recruitment, medication records, training, and recording etc. It was reported that to deliver commissioned domiciliary care in Halton, the providers must be registered with the care regulators CQC who were responsible for monitoring and ensuring the minimum care standards were met.

The Board noted the conclusions of the annual

consultation carried out by the QAT & Research & Intelligence Unit in October/November 2012.

It was reported that of the services monitored, two had been rated as adequate (amber) and the remaining were green (good). Adequate rated services would receive additional monitoring and spot checks to improve standards. None of the existing services had been rated as red (poor). In addition, it was reported that there had been three safeguarding referrals received across domiciliary care services between April – December 2012. However, only one of these referrals had been substantiated as a safeguarding matter.

The Board discussed the safeguarding referrals and clarity was sought on what training had been undertaken by providers; how many had undertaken the training and how they were being monitored. In response, it was reported that the providers participated in training and they would be monitored by the Quality Assurance Team. It was agreed that the Board receive the detailed reports from the Quality Assurance Team for consideration.

RESOLVED: That

- (1) the report and comments raised be noted; and
- (2) the Board receive, at every other meeting, a copy of the safeguarding reports from the Quality Assurance Team.

Meeting ended at 8.53 p.m.