

## HEALTH POLICY AND PERFORMANCE BOARD

*At a meeting of the Health Policy and Performance Board held on Tuesday, 19 September 2017 at Council Chamber, Runcorn Town Hall*

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

Apologies for Absence: Councillor Horabin

Absence declared on Council business: None

Officers present: S. Wallace-Bonner, A. Jones, D. Nolan, L Wilson and M. Lynch

Also in attendance: S. Constable – Warrington & Halton Hospitals NHS Foundation Trust (WHHFT); Dr. D. Lyon – Chair of NHS Halton CCG; D. Sweeney, M. Creed & M. Stanley – NHS Halton CCG; E. Day – Northwest Coast Strategic Clinical Network; K. O’Loughlin & Z. Mason – Care Homes Medicine Management, NHS Halton CCG; J. Melia, J. Callaghan. A. Bowness, A. Goodrich – Student Physician Associates and R. O’Dwyer – Medical Education Administrator, WHHFT.

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

*Action*

#### HEA14 MINUTES

The Minutes of the meeting held on 20 June 2017 having been circulated were signed as a correct record.

#### HEA15 PUBLIC QUESTION TIME

It was confirmed that no public questions had been received.

#### HEA16 HEALTH AND WELLBEING MINUTES

The draft minutes of the Health and Wellbeing Board from its meeting on 5 July 2017 were presented to the Board for information.

RESOLVED: That the Minutes be noted.

## HEA17 PHYSICIAN ASSOCIATES

The Policy and Performance Board received a presentation from Simon Constable, Medical Director, Warrington and Halton Hospitals NHS Foundation Trust, on the background to the development and use of Physician Associates within the Health Service. He was accompanied by 4 Student Physician Associates and one Medical Education Administrator from Warrington and Halton Hospitals Foundation Trust (WHHFT).

It was explained that Physician Associates (PAs) were typically life science graduates (with a pre-clinical degree) who moved on and did a two year postgraduate diploma (clinical) course and took a national examination. It was noted that due to a changing health service (eg numbers of doctors, skill mix, working hours and 7 day service provision) there had been a national increase in the number of universities offering PA courses and most recently this included Manchester and Liverpool.

The report discussed the role of the Faculty of Physicians Associates (FPA) and the Royal College of Physicians (RCP) in the development of the PA workforce.

Following the presentation and Members' queries, the following additional information was provided:

- PAs were not taking the place of doctors; they were working alongside them adding to a mix of professionals within the service;
- As well as specialists the National Health Service needed generalists who were qualified to do a variety of things;
- Members' concerns regarding the shortage of doctors was understood; however it was important to note that these professionals were trained with the same rigour as other health professionals;
- When on duty, PA's worked under the direct supervision of doctors;
- Runcorn had one of the highest populations of over 65's in the Country and this was expanding;
- Older people benefitted from the type of care offered by generalists as often, depending on the medical complaint, they did not need to see a doctor.

**RESOLVED:** That the Board notes the report and receive the presentation.

HEA18 REVIEWING LOCAL HEALTH POLICIES – PROCEDURES OF LOWER CLINICAL PRIORITY

The Board received a presentation in relation to the policy review and engagement exercise for the policies relating to Procedures of Lower Clinical Priority. The item was presented by Dr David Lyon – Chair NHS Halton CCG and Dave Sweeney – Interim Chief Officer, NHS Halton CCG.

Members were advised that Clinical Commissioning Groups (CCGs) in parts of Cheshire and Merseyside had been working together to develop a core set of Procedures of Lower Clinical Priority (PLCP) which were more consistent across the region. GPs and commissioning managers from the CCGs and colleagues from local authorities and public health, were working together to review more than 100 policies to ensure they were making the best use of NHS resources, as well as aligning with the latest robust clinical evidence about the effectiveness of different treatments and national guidance. From this there was now a consistent set of policies which could apply to patients living in the seven CCG areas.

The report discussed the review and stated that feedback from a 12 week public survey, which was now closed, would be provided to the Board in the last week of November 2017. As the public engagement exercises were being done in batches due to the number of policies involved, Members would be advised when the next survey was available.

The Chair wished to remind NHS Halton CCG that this review amounted to a substantial variation and should be subject to formal consultation as part of the Board's scrutiny role. Also as the changes were over another 6 areas the Board were keen to understand whether the information had been shared with colleagues from the other area's Overview and Scrutiny Committees and what their views were and whether joint scrutiny should be considered.

RESOLVED: That the Board

- 1) receives the report; and
- 2) other Local Authority areas be contacted for their views on the proposed changes.

Director of Adult  
Social Services

## HEA19 STROKE UPDATE

Members received an update on Stroke Reconfiguration in Med-Mersey. The Board welcomed Elaine Day – Stroke Programme Lead, Northwest Coast Strategic Clinical Network, who presented the item.

It was noted that nationally there were 40% consultants posts vacant and recruitment was an issue, especially in the North region. Also local, regional and national recruitment drives had not been successful.

Members were advised of one of the latest treatments available for stroke patients was 'Mechanical Thrombectomy'. This was only used when the clot busting drug had failed to remove the clot. Presently all stroke patients requiring this treatment (a very small number 3 – 5 %) were being transferred to St Helens and Knowsley Trust (SHKT). It was reported that in order to ensure that SHKT stroke service was able to carry on its gold standard stroke service, a number of considerations needed addressing, as stated in paragraph 3.5 of the report.

The report continued to provide information on:

- the numbers of patients and type of stroke suffered;
- the patient and public engagement sessions;
- the stroke survey feedback from the engagement sessions;
- Early Supported Discharge (ESD) deficiencies; and
- Phase 2 of the reconfiguration.

Further to Members' queries an explanation of the administration of the clot busting drug was provided and further detail given about the procedure if it did not work. Members discussed the standard and facilities available at Broadgreen and Whiston Hospitals in this field of work. The advantages of a telemedicine service were also discussed and it was hoped that this would be used across England in time.

The Chair queried the public engagement exercise as opposed to a formal consultation including the surrounding local authorities. In response the Board was advised that other local authorities had been asked to comment but did not respond. The Chair advised colleagues that as this constituted a substantial variation then the change should be subject to formal consultation as part of the Board's scrutiny function. However, it was highlighted that in circumstances where the relevant NHS body or health service

commissioner believed that a decision had to be taken without allowing time for consultation because of a risk to safety or welfare of patients or staff, then formal consultation did not need to take place. In this instance the relevant NHS body or health service commissioner must formally notify the local authority that consultation would not take place and the reason for this.

NHS Halton CCG was requested to inform the Authority if this was the case, as per the national guidance.

RESOLVED: That the report be noted.

Director of Adult  
Social Services

## HEA20 MEDICATION POLICY

The Board received the new overarching Medication Policy which applied to Halton Borough Council Adult Social Care Services, with responsibility for administering medication. The item was presented by Katherine O'Loughlin – Care Home Medicines Management Technician and Zoe Mason – Care Home Medicines Management Pharmacist, NHS Halton CCG.

It was reported that Halton's current overarching Medication Policy (2014-17) and associated service specific procedures ran until August 2017. It was therefore necessary to develop a new collection of documents. The Medicines Management Team within the CCG had led this work due to the technical knowledge required to appropriately advise services of safe and effective practice.

Details of the development of the new policy were provided in the report and the draft Medication Policy was attached at appendix A.

The Board discussed certain elements of medication such as blister packaging; wastage; the numbers of tablets given to patients with each prescription and dispensing anomalies when medication was increased. Overall the Board welcomed the report and new Medication Policy.

RESOLVED: That the Board note the contents of the report and associated appendices and comments made in relation to this.

## HEA21 BLUE BADGE POLICY, PROCEDURE & PRACTICE

The Board received the revised Blue Badge Policy, Procedure and Practice, following a comprehensive review.

In summary the Blue Badge Scheme helped disabled people with severe mobility problems to access goods and services by allowing them to park close to their destination, whether they were a driver or a passenger. The Scheme was introduced in 1971 under Section 21 of the Chronically Sick and Disabled Person's Act 1970. This was amended by the Disabled Person's Parking Badges Act 2013 and the Scheme as it currently stood was governed by the Disabled Persons (Badges for Motor Vehicles) (England) Regulations 2000 (plus amendments).

It was noted that the Department for Transport (DfT) was the legislator that set out the framework for the Scheme; details of this were included in the report.

Members were advised of the two key issues that had arisen during the review process:

- Enforcing correct use and tackling potential abuse of the scheme; and
- The eligibility requirements for organisational badges.

The report went on to discuss the changes that had been made to the Policy following the review which addressed the above issues. The Board welcomed the revised Policy.

RESOLVED: That the Board notes the contents of the report and associated appendices and comments made in relation to this.

## HEA22 PERFORMANCE MANAGEMENT REPORT: QUARTER 1 2017/18

The Board received the Performance Management Reports for Quarter 1 of 2017-18. The Health Policy and Performance Board played a key role in monitoring and scrutinising the performance of the Council in delivering outcomes against its key health priorities.

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 1, which included a description of factors which were affecting the service.

The Board was 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. Members received and noted the Performance Management reports for quarter 1 of 2017-18.

RESOLVED: That the Quarter 1 priority based reports be received.

*Meeting ended at 8.10 p.m.*