

HEALTH POLICY AND PERFORMANCE BOARD

At a meeting of the Health Policy and Performance Board held on Tuesday, 29 June 2021 at The Council Chamber, Runcorn Town Hall

Present: Councillors P. Lloyd Jones (Chair), Baker (Vice-Chair), Ball, Bevan, D. Cargill, Dyer and Leck

Apologies for Absence: Councillors Dourley, Goodall, Ratcliffe and J. Stockton

Absence declared on Council business: None

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

Also in attendance: Lucy Gardner – Warrington & Halton Hospitals NHS Foundation Trust, Leigh Thompson – NHS Halton Clinical Commissioning Group and Dr Rhian Thomas – Grove House Practice

ITEMS DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

		<i>Action</i>
HEA1	MINUTES	
	The Minutes of the meetings held on 23 February and 9 March were taken as read and signed as a correct record.	
HEA2	PUBLIC QUESTION TIME	
	It was confirmed that no public questions had been received.	
HEA3	HEALTH AND WELLBEING BOARD MINUTES	
	The minutes from the Health and Wellbeing Board meeting held on 20 January 2021, were provided for the information of the Board.	
HEA4	HEALTH POLICY AND PERFORMANCE BOARD ANNUAL REPORT : 2020/21	
	Councillor Baker presented the Health Policy and Performance Board's Annual Report for April 2020 to March 2021.	

On behalf of the Chair during this period, Councillor Joan Lowe, she conveyed her thanks to all Members of the Health Policy and Performance Board and supporting Officers, for their commitment and hard work throughout what had been a very challenging year. Councillor Baker also thanked Councillor Lowe for her services to the Board as Chair over the past 5 years.

RESOLVED: That the annual report be received.

HEA5 RECONFIGURATION OF BREAST SCREENING, ASSESSMENT AND SYMPTOMATIC SERVICES - WARRINGTON & HALTON

The Board welcomed Lucy Gardner, of Warrington and Halton Teaching Hospitals NHS Foundation Trust (WHH), who provided the Board with an overview and presentation of the planned changes in respect to the Reconfiguration of Breast Screening, the Assessment and Symptomatic Services, outcomes from the pre-consultation engagement exercise undertaken and details of the next steps in the reconfiguration process.

It was reported that WHH, in partnership with St Helens and Knowsley Teaching Hospital NHS Foundation Trust (STHK), currently provided Breast Screening Services (mammography) and Breast Assessment and Symptomatic Breast Services across Warrington, Halton, St Helens and Knowsley.

Members were advised that WHH had recently completed a period of pre-consultation engagement with the general public, specifically focussing on users of the 3 elements of the current service across the catchment area, as outlined in the presentation (also appended to the report). This was due to part of the engagement being undertaken during the pre-election period. They sought the public's view on some service changes that were proposed and which they believed would help improve the quality of the service offered and future proof the service for future years.

In response to Members questions, the following was noted:

- The reconfiguration of breast screening, assessment and symptomatic services was a national strategy aimed at consolidating the services to create a centre of excellence;
- there was a national shortage of mammographers;

- As well as assessments, treatment would also be carried out in the same building;
- Access to clinical trials was not available for this at the moment but could be looked at in the future; and
- No issues had been raised during the consultation from employees with regards to relocation of their place of work.

Overall Members welcomed the reconfiguration of these services and supported them going forward.

RESOLVED: That the Board notes the report and presentation.

HEA6 PUBLIC HEALTH RESPONSE TO COVID-19

The Director of Public Health and Protection provided the Board with an update on the Public Health response to Covid-19 Coronavirus.

The presentation included the most recent Covid-19 figures and data for Halton; how the Halton Outbreak Support Team were working to successfully identify and manage local outbreaks; and gave details of the most recent information on testing and vaccination for people in Halton.

The following was discussed in response to Members questions:

- There was some vaccine hesitancy amongst the people in Halton but much less than in most areas of the country;
- the Delta variant was more transmissible than the Alpha and seemed to cause additional symptoms;
- Despite the infection rates rising, hospital admissions due to Covid remained low;
- The national booking system and the local GP's system of vaccination was clarified;
- It was the consensus that the infection rates in schools may get worse before they get better;
- Asylum seekers and traveller communities were being included in the vaccination programme – the Council had been commended in this area as good practice; and
- Walk in appointments in St Helens were currently being arranged.

RESOLVED: That the presentation be noted.

HEA7 WHITE PAPER – INTEGRATION AND INNOVATION:
WORKING TOGETHER TO IMPROVE HEALTH AND
SOCIAL CARE FOR ALL

The Board received a report from the Strategic Director - People, which provided an update on the key elements outlined in the Government White Paper *Integration and Innovation: working together to improve health and social care for all*, February 2021.

Members noted that the Department of Health and Social Care (DHSC) had published the White Paper that sets out legislative proposals for a Health and Care Bill. The Paper detailed proposals for NHS and social care reform, with a focus on integrated care and services adding value for end users.

The White Paper recognised that the response to Covid-19 was the current priority, however, as the system emerges from the pandemic the legislative measures aimed to assist with the recovery by bringing organisations together, removing barriers and enabling change and innovations.

The legislative proposals were due to be implemented in 2022 and the proposals were themed under following headings:

- a) Working together and supporting integration;
- b) Reducing bureaucracy;
- c) Improving accountability and enhancing public confidence; and
- d) Additional proposals grouped as Social Care, Public Health and Safety and Quality.

The report discussed each of the above themes in detail. Also a summary of the Paper from the NHS was provided as well as information on the impact this would have on *One Halton*.

Further to Members queries the following additional information was provided:

- With regards to data sharing, it would be information of a non-personal nature;
- New IT systems were being devised for integration purposes and work was going on behind the scenes;
- Adult Social Care funding would remain as it is, from the Council;

- The financial implications of this were still unknown but would become clearer as the process moves along; and
- The *Discharge to Access* model was brought in as a response to Covid-19 to support hospitals with the smooth discharge of patients. This would replace the existing legal requirement for all assessments to take place prior to discharge and this had already been implemented in the area.

RESOLVED: That the contents of the report be noted.

HEA8 PALLIATIVE AND END OF LIFE REVIEW

The Board received a report from the Chief Commissioner, NHS Halton CCG and Dr Rhian Thomas, from Grove House Practice, which provided an update on the Palliative and End of Life project in Halton.

Members were advised that the project was established in November 2020 after a funding bid was secured from Macmillan Cancer Support, which funded the role of Macmillan Project Manager and the extension of the Programme Manager. A storyboard was communicated with stakeholders and the public to share insight and a monthly stakeholder steering group was established to support and drive the project forward. Appended to the report were the Project Milestones and activities tracker.

It was noted that the project would support the requirements of *Ambitions for Palliative and End of Life Care – a national framework for local action 2015-2020*.

The report discussed the CCG's requirement to deliver against the national requirements for Palliative and End of Life Care and the NHS Right Care data strategic priorities.

The following responses were given to Members questions:

- It was hoped that the outcomes felt by people following the consultation would be – a single point of access; a better model of care all round; gold standard framework in place; and improved service delivery;
- The approach to the ways of broaching end of life care was crucial for patients, carers and families;
- A reduction in the numbers of deaths in hospitals

would be expected with this new system although it was difficult to put a figure on it, as some patients chose to die in hospital;

- Healthwatch data stated that 70% of people would prefer to die out of hospital and it was about having those difficult conversations with people nearing end of life; and
- 51% of deaths in Halton occurred in hospital and there were only comparisons made with other demographically similar CCGs in the country – none was currently available to compare nationally.

RESOLVED: That the Board

- 1) note the experience based design engagement and co-design approach and feedback as per of the project; and
- 2) acknowledges that the Palliative and End of Life Care project should provide Halton with a more integrated and co-ordinated provision of care for palliative patients and their families.

HEA9 PERFORMANCE MANAGEMENT REPORTS, QUARTER 4 2020/21

The Board received the Performance Management Reports for quarter 4 of 2020/21.

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 4 of 2020-21. This 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.

It was reported that some data was unreported or to be confirmed due to the current situation with the pandemic however, a range of work had still continued. With regards to a query on ASC20, it was noted that this return was a nationally mandated return and the resulting information used to compile the data.

RESOLVED: That the Quarter 4 performance management reports be received.

Meeting ended at 8.00 p.m.