

## HEALTH AND WELLBEING BOARD

*At a meeting of the Health and Wellbeing Board on Wednesday, 17 July 2013 at Karalius Suite, Stobart Stadium, Widnes*

Present: Councillors Morley and Polhill and S. Boycott, S. Banks, D. Parr, D. Johnson, D. Sweeney, J. Wilson, E. O'Meara, D. Lyon, N. Sharpe, G. Ferguson, A. McIntyre, K. Fallon, N. Rowe, J. Rule, S Yeoman.

Apologies for Absence: Councillors Philbin, and Wright and S. Baker, J. Dwyer, G. Hayles, A. Marr, M Pickup and A Williamson

Absence declared on Council business: None

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

*Action*

#### HWB9 MINUTES OF LAST MEETING

The Minutes of the meeting held on 22 May 2013 were taken as read and signed as a correct record.

#### HWB10 LONGER LIVES - PRESENTATION

The Board received a presentation from Eileen O'Meara, Director of Public Health, which demonstrated the Longer Lives website. The Public Health England website highlighted premature mortality in the categories of cancer, heart disease and stroke, lung disease and liver disease, across every local authority in England, providing information to help them improve their community's health in these areas. In addition the website could compare Halton with local authorities who have similar levels of deprivation.

The presentation also highlighted to Members a series of graphs which compared Halton to its industrial hinterland statistical neighbours for cancer, heart disease and stroke, lung disease and liver disease.

RESOLVED: That the presentation be noted.

#### HWB11 BRIDGEWATER COMMUNITY HEALTHCARE NHS TRUST - PRESENTATION ON APPLICATION FOR

## FOUNDATION TRUST STATUS

The Board received a presentation from Kate Fallon, Chief Executive, Bridgewater Community Healthcare NHS Trust which provided an update on the progress of the Foundation Trust application. The application was in the final stage with an inspection on 16<sup>th</sup> July, an on-site assessment by a Monitor – the independent regulator of Foundation Trusts in November and a stakeholder day in the autumn. It was anticipated that the process would take four months and a Foundation Trust licence would be received in December 2014.

It was noted that a key element of the process was the election of the Trust's Council of Governors and nominations for applications for Governors had been advertised.

RESOLVED: That the presentation be received.

## HWB12 WIDNES VIKINGS - HEALTH & WELLBEING PRESENTATION

The Board was advised that Widnes Vikings Rugby League Club had been commissioned by Public Health to work on Health and Wellbeing as part of their contract. On behalf of Widnes Vikings, James Rule, Chief Executive Officer attended the meeting and gave a verbal presentation which highlighted the Clubs community programme involving local schools and community clubs. The programme involved Widnes Viking players working with local youngsters to encourage them to learn new sports and lead a healthy active lifestyle.

As part of the presentation Members viewed a DVD which showed local school children and Widnes Vikings players working together to learn new sports skills.

RESOLVED: That the presentation be received.

## HWB13 SUPPORT FOR PATIENTS IDENTIFIED WITH IMPAIRED GLUCOSE REGULATION (IGR)

The Board considered a report of the Director of Public Health, which outlined a proposed Merseyside-wide project to support patients identified as having Impaired Glucose Regulation (IGR) and thereby prevent or delay the progression to type 2 diabetes. It was noted that in September 2012 a business case was developed for a standardised diabetes prevention pathway to identify and

manage patients with IGR across the Mersey Cluster. The proposed pathway was based around a five step process as follows:-

- Step 1 – Identification of high risk patients;
- Step 2 – Offer blood test;
- Step 3 – Patient invited for clinical/lifestyle review;
- Step 4 – Patient offered IGR education and lifestyle intervention; and
- Step 5 – Patients thereafter invited for annual review.

It was proposed that a range of IGR educational material be developed for those patients who chose not to participate in a lifestyle intervention but who wished to manage their condition themselves and to support those that do participate in interventions. Funding for this element had been provided through the Quality, Innovation, Productivity and Prevention (QIPP) Programme. Subsequently, Directors of Public Health across the Mersey cluster had been requested to set aside £20,000 to support the commissioning of an IGR training package.

It was noted that Halton's CCG Governing Body had confirmed its support for the pathway at its meeting on 20<sup>th</sup> September 2012 and agreed to fund annual reviews for patients known to have IGR and those identified as having IGR through health checks. It was anticipated that, subject to the delivery of the training element, the pathway would be formally launched and rolled out to GP practices in September 2013. It was noted that Directors of Public Health from all local authorities involved had given their in principle support for the new pathway. Subsequently, Directors of Public Health across the Mersey cluster had been requested to set aside £20,000 to support the commissioning of an IGR training package.

RESOLVED: That the report be noted.

#### HWB14 HEALTH AND WELLBEING ACTION PLANS

The Board received an update report on the progress of the development of the Health and Wellbeing Action Plans. Since the launch of the joint Health and Wellbeing Strategy for Halton 2013/16 in January 2013, work had taken place to develop Actions Plans for each of the priority areas contained within the report. A copy of the draft Action Plans for each of the following five areas was circulated to Members of the Board:-

- i) Prevention and Early Detection of Cancer;

- ii) Improved Child Development;
- iii) Reduction in the number of falls in Adults;
- iv) Reduction in the Harm from Alcohol; and
- v) Prevention and early detection of mental health conditions.

RESOLVED: That

- 1) the contents of the report and the appendices be noted; and
- 2) comments be fed back to the Director of Public Health.

## HWB15 CHILDREN IN CARE OF OTHER LOCAL AUTHORITIES

The Board considered a report of the Strategic Director, Children and Enterprise which:-

- 1. Presented an update report regarding the current numbers of Children in Care of Other Local Authorities (CICOLA's) and the possible impact on services within Halton;
- 2. Assessed within the context of neighbouring local authorities the numbers of Residential Children's Homes operating within Halton, the types of these services and the potential financial impact on the Borough; and
- 3. Offered an update regarding on-going works development in this area.

The Board was advised that Halton currently had 138 children on the CICOLA's list (11 of these had an unknown address). The main referer into the Borough was Liverpool followed by Knowsley. It was noted that there had been a significant reduction of CICOLA's moving into Halton from Boroughs many miles away. Within Halton currently there were 12 external agency children's homes operating in the Borough, this represented a reduction of three homes within the last 18 months. In total, this was 22 placements (beds) which represented a reduction of 11 beds in the last 18 months. This reduction represented a home reduction of 20% and a bed reduction of just over 33% in the last 18 months, primarily being due to the Commissioning Manager working with colleagues from the Planning Section to confirm providers had appropriate permissions.

In addition, Halton had also been in direct discussions

with OFSTED Inspectors for the local homes and shared some of the consistent practice issues. It was noted that the market reduction was highly favourable given that during this same time period there was a 10% increase in both the numbers of Children's Homes nationally and in the North West located homes as well as in the numbers of beds.

Members were also provided with feedback on the Placement Provide Forum meetings which covered Halton, St. Helens and Warrington areas and were held on a quarterly basis. Feedback from the providers had been positive in terms of the usefulness of the forum and also the networking opportunities that it provided.

RESOLVED: That further work is undertaken to get a more accurate picture on how many CICOLA's reside in Halton, ensuring that the procedures around notifications of CICOLA's were appropriately utilised.

Strategic Director  
Children and  
Enterprise

#### HWB16 DOMESTIC ABUSE SERVICES FOR CHILDREN, YOUNG PEOPLE AND FAMILIES

The Board considered a report which advised on the commissioning process, timeline and main elements that would encompass the new Domestic Abuse Services in Halton for children, young people and families.

As part of the proposals for the new Children's Domestic Abuse Service the following steps had taken place over the last few months:-

- Halton Domestic Abuse Forum carried out work during Autumn of 2012 to examine the impact of domestic abuse on children and young people. A draft plan was produced which was due to be refreshed alongside the Borough's Domestic Abuse Strategy later this year;
- The Domestic Abuse and Sexual Violence Co-ordinator had undertaken work to map the impact of domestic abuse across the Borough;
- In January 2013, the Forum asked the Council's Adults and Commissioning Teams to meet and look at future plans for commissioning services, particularly around a perpetrator programme and services for children and young people;
- In March 2013 funding was sourced from Children's specialist budget and a lead commissioner from the

Children's Commissioning Team was identified to undertake research and draw together the details required for a service specification to support children, young people and families;

- During April 2013, a benchmarking exercise was carried out with other local authorities;
- Throughout May 2013, there were some initial consultations with service providers and practitioners around their views of the current demand and need of families around domestic abuse services; and
- The procurement process had been drawn up and the main elements of a timeline established.

It was proposed that the four main elements to the new service were:

- Support to parents that were victims of domestic abuse which would enable parents to understand the impact of domestic abuse on how they parent and how domestic abuse had impacted on the children and young people's behaviour;
- Direct work around children/young people's safety planning where the young person was still in the situation;
- Longer term recovery work, therapeutic approach where the perpetrator was no longer within the family; and
- Support social care with the pre-court proceedings process and provide information and assessments were required.

RESOLVED: That

- 1) the report be noted;
- 2) the service delivery approach outlined within the attached draft service specification be agreed;
- 3) children's services support Communities Directorate in the re-commission of Halton's Domestic Abuse Services; and
- 4) the approach that other services supporting the hidden harm and domestic abuse agenda adopt were

Strategic Director  
Children and  
Enterprise

viable the main elements required around child safety planning be endorsed.

## HWB17 PHARMACEUTICAL NEEDS ASSESSMENT

The Board considered a report of the Director of Public Health, which provided an overview of the background to the Pharmaceutical Needs Assessment,(PNA) changes which were effective from 1<sup>st</sup> April 2013, the duties of the Health and Wellbeing Board, commissioning arrangements and proposed arrangements for producing Halton's PNA. The PNA was the statutory document that stated the pharmacy needs of the local population. This included dispensing services as well as public health and other services that pharmacies may provide. It was used as the framework for making decisions when granting new contracts and approving changes to existing contracts as well as for commissioning pharmacy services. Since 1<sup>st</sup> April 2013, the Health and Wellbeing Board was responsible for producing Halton's PNA.

The Board was advised that work had been undertaken in Cheshire prior to the closure of PCTs, whereby Health and Wellbeing Boards across Cheshire, agreed a common framework for producing their PNAs. This would ensure that although each PNA would be developed locally and differ according to the local population and area, it would be in the same format and order which would make it easier to use and review. The work had recently been shared with Merseyside Public Health intelligence leads. Subsequently a Merseyside Group of public health representation from each Local Authority and the NHS England had started to meet and progress this area to develop a strategic plan for developing PNAs for each area, maximising the economies of scale, where possible, by working together in the planning, consultation and design stages, which would support at a local level to produce individual PNAs.

Each Health and Wellbeing Board was required to nominate a board-level sponsor with responsibility for the PNA, but the management of the PNA could be passed over to a Steering Group led by public health. The group would oversee the operational development and consultation for the PNA, reporting back to the Health and Wellbeing Board for approval stages of the process.

It was important to ensure that all information within the PNA was accurate and up to date, and this could be achieved by ensuring that all relevant stakeholders were

represented on the steering group. The following next steps were proposed:

- Nominate board level to sponsor for PNA;
- Nominate chairperson of Steering Group from Public Health Team;
- Recruit Steering Group who should then:
- Start to populate the PNA with information already available such as JSNA, gather information to update current PNA, ask the local community for feedback on current pharmacy services and aspirations for future pharmacy services, contact local authority planners and healthcare commissioners to determine future planning of housing, industry and healthcare.

RESOLVED: That

- 1) the Director of Public Health be nominated as the Board level sponsor for the Pharmaceutical Needs Assessment (PNA);
- 2) the financial risks associated with the PNA be logged through Halton Borough Council's risk assessment and register process; and
- 3) a local Steering Group be established to develop the PNA and oversee the statutory consultation.

Director of Public Health

## HWB18 SUICIDE PREVENTION STRATEGY

The Board considered a report of the Director of Public Health, which provided an update on the development of a Suicide Prevention Strategy for Halton. At a local level, a recent suicide audit for Halton and St. Helens, completed in April 2013, demonstrated that the number of completed suicides for Halton remained relatively low. However, the existing Suicide Prevention Strategy needed to be updated in line with the National Strategy, published in September 2012. A Suicide Audit would provide some of the evidence to support the development of the Strategy.

It was proposed that the local Strategy follow the same format as the National Strategy by following six key areas for action:

- reduce the risk in key high risk groups;
- tailor approaches to improve mental health in specific groups;
- reduce access to the means of suicide;



- provide better information and support to those bereaved or affected by suicide;
- support the media in delivering sensitive approaches to suicide and suicidal behaviour; and
- support research, data collection and monitoring.

In order to progress the development of a local strategy, it was proposed that a Suicide Prevention Task Group be established and a workshop be organised for September to provide wider engagement with key stakeholders from across Halton.

RESOLVED: That

- 1) the report be noted; and
- 2) the development of a Suicide Prevention Strategy for Halton be supported.

Director of Public Health

#### HWB19 WINTERBOURNE VIEW UPDATE

The Board was advised that the Transforming Care: A national response to Winterbourne View Hospital (Department of Health Review final report) was produced in December 2012 and included an Action Plan, a copy of the Plan had been circulated to Members of the Board. The majority of areas within the Action Plan were focused at a national level with guidance disseminated to Clinical Commissioning Groups (CCGs) and the Local Authority for implementation. Areas that required CCG and Local Authority input were highlighted in the report together with an implementation date and a progress update.

RESOLVED: That

- 1) the report be noted; and
- 2) the Winterbourne View Action plan be noted.

#### HWB20 HEALTH AND WELLBEING BOARD REVISED TERMS OF REFERENCE

The Board was advised that the Health and Wellbeing Board had been operating in shadow form since December 2011. However, as from 1<sup>st</sup> April 2013 the Board became a statutory board of the Local Authority. As a result of this change the original Terms of Reference have been updated. The revised document removed reference to a "Shadow" Board and actions relating to the transitional period. Membership had also been updated to reflect changes. A

copy of the revised Terms of Reference had previously been circulated to Members of the Board.

RESOLVED: That

- 1) the contents of the report and appendices be noted;
- 2) a representative from Cheshire Police be added to the Board Membership;
- 3) any further comments be forwarded to the Strategic Director Communities; and
- 4) an updated version of the revised Terms of Reference highlighting the proposed amendments be circulated.

Strategic Director  
Communities

#### HWB21 URGENT CARE - PROGRESS

The Board considered an update report in relation to the current project/areas of work associated with improvements in urgent care as referenced in Halton's Accident and Emergency Recovery and Improvement Plan. During 2012 Halton Borough Council and NHS Halton Clinical Commissioning Group (HCCG) developed the Urgent Care Partnership Board to lead on the development and management of the Urgent Care system used by the Borough's population. Delivering on this agenda would provide the health and social care economy with sustainable improvements in performance and quality.

With regard to Primary Care Quality and access, the accountability for Primary Care remained with NHS England, and NHS England oversaw the quality elements of Primary Care within Halton. Evidence suggested that access remained an issue for Halton residents and as a result a Primary Care Quality Group, consisting of representatives from the Council and HCCG would be established, with a role to improve the quality and support to local practices in order for them to be able to effectively respond to the growing need for quicker and more effective access.

Members of the Board were advised that a local Recovery and Improvement Plan centred on each A and E Department also needed to be developed. The local plans had to be submitted to Regional Directors by 31<sup>st</sup> May 2013. Within Halton, the development of the local Plan was co-ordinated via the Halton Urgent Care Partnership Board and in addition to being formally signed off by Halton CCG, had been agreed by all partners of the Board. In addition, it was

noted that prior to submission to the Regional Director, each local Plan had to go through the NHS England's North Region assurance process, this exercise had been completed.

RESOLVED: That

- 1) the report be noted; and
- 2) the Recovery and Improvement Plan be noted.

## HWB22 HEALTH AND ADULT SOCIAL CARE SETTLEMENT 2015/16

The Board considered a report of the Strategic Director, Communities, which provided Members with a summary of the Government's Health and Adult Social Care settlement 2015/16 and put forward recommendations to ensure the conditions attached to funding and integration were progressed.

In order to have the necessary plans in place to comply with the integration, it was proposed that a short, time limited Task and Finish Group, chaired by the Director of Communities, to develop the plan in conjunction with guidance from the Department of Health and Department for Communities and Local Government be established. The Group would conclude its work by 30<sup>th</sup> September 2013.

In addition, a Task and Finish Finance Group was proposed to ensure that the financial elements of the settlement were considered and management of the financial components were dealt with accordingly. Both groups would report progress to the Board and the plan would also require approval through the NHS, Halton CCG Governing Body as funding would transfer from NHS Halton CCG to the Council.

The LGA had outlined an approach regarding the completion of a Sense check. It was proposed that a brief questionnaire would be circulated to all Members, Chief Executive and Leader of Halton Borough Council, Chief Officer and Chair of NHS Halton CCG, and Operational Director for Commissioning to gain commissioning understanding, direction for integration and key leadership issues that would feed into the plan as it was developed. Thereafter a number of follow-up interviews would also be required with key members of the Board.

RESOLVED: That

- 1) the contents of the report be noted;
- 2) the establishment of a Task and Finish Group to be chaired by the Strategic Director, Communities to progress the development of a plan and completion of a Sense check to gain commissioning understanding and direction be approved;
- 3) the establishment of a Task and Finish Finance Group chaired jointly by the Operational Director for Finance and Chief Officer for Halton CCG, be approved; and
- 4) the delivery of a workshop in October/November to agree the plan be approved.

Strategic Director  
Communities

*Meeting ended at 4.15 p.m.*