

HEALTH AND WELLBEING BOARD

At a meeting of the Health and Wellbeing Board on Wednesday, 17 September 2014 at Karalius Suite, Halton Stadium, Widnes

Present: Councillors Polhill (Chair), Woolfall and Wright and S. Banks, C. Bentley, S. Boycott, P. Cook, T. Dean, G. Ferguson, D. Houghton, D. Lyon, S. McAteer, E. O'Meara, A. Marr, D. Parr, A. Risino, N. Rowe, R. Strachan, N. Sharpe, M. Shaw, E. Sutton-Thompson, D. Sweeney, A. Waller, S. Yeoman.

Apologies for Absence: Councillor Philbin and A. McIntyre, D. Johnson and J. Wilson

Absence declared on Council business: None

ITEM DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

Action

HWB8 MINUTES OF LAST MEETING

The Minutes of the meeting held on 9th July 2014 having been circulated were signed as a correct record.

HWB9 APPROVAL OF THE DRAFT BETTER CARE FUND SUBMISSION 2014

The Board considered a report of the Strategic Director, Communities, which sought approval for the final re-submission of the Better Care Fund, in light of the re-issued new guidance and new templates, to the LGA and NHS England by 19th September 2014.

The initial draft Better Care Fund was submitted to the LGA and NHS England on the 4th April 2013, following approval by the Board. After receiving the submissions, NHS England and the LGA re-issued new guidance and new templates, changing some of the focus of the plan. For example, the payment for performance was now purely focussed on non-elective admissions, instead of cross health and social care performance metrics.

RESOLVED: That the Board

- 1) note the content of the report; and

- 2) approve the final draft Better Care Fund submission (Appendix 1).

HWB10 FINAL NHS HALTON CCG 5-YEAR STRATEGY AND 2-YEAR OPERATIONAL PLAN WITH SUPPORTING ECONOMIC ASSURANCE

The Board considered a copy of the final NHS Halton CCG-5 Year Strategy and two year Operational Plan with supporting economic assurance. The document was the result of consultation with providers, public, clinicians and other stakeholders, including the local authority from July 2013, with data gathered from a number of sources to inform evidenced-based decisions of the strategic direction of Halton Health Economy and the Commissioning intentions which formed the Operational Plan to achieve that aim.

The document also set out the eight priority areas which had been agreed and what would be achieved over the next five years through focussing on these priority areas. The full list of commissioning intentions, associated metrics and targets to achieve the ambitions and priority areas were published in the plan. In addition, the Plan attempted to describe how the vision, priorities and ambitions would be achieved but also how this would be done in the context of the expected financial gap between supply and demand.

It was reported that a significant development (both in terms of expected impact and financial risk/benefit) was the establishment of two Urgent Care Centres in Widnes and Runcorn on the sites of the existing walk-in centre and minor injuries unit. A separate series of working groups had been set up to look at this scheme, and two organisations (i5 Health and Capita) had been commissioned to provide independent analysis of the potential available by reducing the level of urgent care in Halton. Both i5 and Capita had used different methods to calculate the potential levels of benefit available in the health economy and details of both findings were outlined in the report. A marketing campaign would be used to launch both Centres.

A copy of the NHS Halton CCG 5 year Plan Strategy and 2 year Operational Plan was submitted to NHS England on the 20th June 2014. Details of the response received on the 1st August by NHS England Merseyside Area Team Director, were outlined to Members. Overall the Plan was well received and they felt the Plan addressed the health needs of Halton's population.

RESOLVED: That the 5 year Strategy and 2 year Operational Plan be approved as demonstrating the strategic direction of the CCG in relation to the wider health economy in Halton, and that the specific operational intentions will contribute to achieving the strategy.

HWB11 ADDRESSING PREMATURE MORTALITY IN HALTON - PRESENTATION

The Board received a presentation from Professor Chris Bentley from HINST Associates. The presentation examined how the Health and Wellbeing Board could implement practical interventions in order to reduce health inequalities locally, with a view to improving health and wellbeing and reducing premature mortality. The presentation outlined the following:-

- the background to improving health and wellbeing and addressing health inequalities;
- levels of deprivation in Halton for both males and females;
- the relationship between multiple lifestyle risks and mortality;
- benchmarking against similar areas to Halton;
- potential interventions to postpone deaths; and
- how Halton, in conjunction with partners, can identify those who remain 'missing' in the system, to improve their health and wellbeing.

RESOLVED: That the report be noted.

HWB12 DEVELOPING A STRATEGY FOR GENERAL PRACTICE SERVICES IN HALTON - PRESENTATION

The Board considered a report and presentation of the Chief Officer, NHS Halton Clinical Commissioning Group, which advised on the programme to develop a strategy for general practice services in Halton. The Board was advised that general practice faced challenges from :-

- an ageing population, growing co-morbidities and increasing patient expectations;
- increasing pressure on NHS financial resources and increased regulation;
- persistent inequalities in access and quality of general practice;
- growing reports of workforce pressures, including recruitment and retention problems; and
- political pressure to change.

The Board was further advised that NHS Halton CCG and NHS England were discussing development of the formalising co-commissioning arrangements for general practice services in the Borough, following an expression of interest process. This meant that NHS England may, over the next few months, be delegating more responsibility for the commissioning of general practice services in the Borough to NHS Halton CCG. NHS Halton CCG and NHS England agreed that a strong, sustainable general practice was required in Halton to support commissioning and service provision. This required a co-ordinated and engaged approach to deliver.

Members were also advised that NHS England had stated their ambition for general practice services to operate at greater scale and be at the heart of a wider system of integrated out-of-hospital care. This would require a shift of resources from acute to out-of-hospital care. These ambitions were congruent with NHS Halton's CCG's 2 Year Operational Plan and 5 Year Strategy and also with the Better Care Fund Delivery Plan, developed with Halton Borough Council. NHS Halton CCG, engaging with NHS England, local practices and other partners was developing a co-commissioning strategy to meet these ambitions by focusing transformational activity in six areas:-

- Improved access and resilience;
- Integrated care;
- New services in the community;
- Community Development;
- Quality improvement; and
- Enabling work streams (i.e. governance, finance, estate, contracting, information technology and workforce).

It was noted that a copy of the Themes for Transformation Policy document would be submitted to the next meeting of the Board.

RESOLVED: That the Board note the report and presentation.

HWB13 PHARMACEUTICAL NEEDS ASSESSMENT

The Board considered a report of the Director of Public Health, which provided Members with a draft Pharmaceutical Needs Assessment (PNA) and an outline of the statutory 60 day consultation process. The PNA was a statutory document that states the pharmacy needs of the local population. This included dispensing services as well

as public health and other services that pharmacies may provide. It is used as the framework for making decisions when granting new contracts and approving changes to existing contracts, as well as for commissioning pharmacy services.

The Board had previously approved the establishment of a local steering group to oversee the development of its first PNA (Minute No 17/2013, refers). It had met at regular intervals since then. The Group had overseen and supported the development of the PNA and a Task and Finish Group had also met to ensure tasks identified by the Steering Group were being progressed and to trouble shoot any difficulties.

It was reported that in addition to the statutory 60 day consultation, the Steering Group also carried out a questionnaire to all pharmacies to gather up-to-date information on the services they provided. It also conducted a public survey to gain local people's views on their local pharmacy. Nearly 100 local people responded to the survey during a 4 week period. The information obtained from both the pharmacy and public surveys had been used to populate and inform the PNA.

The report outlined details of the findings of the PNA and set out the proposed arrangements for the 60 day statutory consultation exercise. It was anticipated that the final PNA would be submitted to the January 2015 Board meeting.

RESOLVED: That

- 1) the draft PNA, including the findings detailed in it, be approved; and
- 2) the commencement of the 60 day statutory consultation in line with the process detailed in this report.

Director of Public Health

HWB14 HALTON HEALTH PROFILE 2014

The Board received a report of the Director of Public Health, which presented information relating to Halton's Health Profile 2014 and provided analysis regarding the findings from a local perspective. Each year, the Department of Health released a health profile of Halton which compared it to the England average. It was designed to help local government health services understand their communities needs so that they could work to improve people's health

and reduce health inequalities.

The Halton Health Profile 2014 showed that half of all local residents lived in the most deprived areas in England. Given the direct relationship between poverty and poor health, it was unsurprising that Halton's health statistics were worse than the national average. Although Halton was not better than the England average, in the majority of indicators, it had improved against the previous year's figures in 15 out of 27 comparable indicators, remained static for 7 and worsened in 5. The report outlined Halton's progress and challenges and the wide range of programmes that were in place to address areas of concern.

RESOLVED: That

- 1) progress in health outcomes and programmes established to address areas of concern be noted; and
- 2) any comments be fed back to the Director of Public Health.

HWB15 HEALTH CHECKS

The Board considered a report of the Director of Public Health, which provided an update on the progress of the NHS Health Check Programme within Halton. The following developments were noted:-

- the Programme was revamped in October 2013 to include dementia and alcohol and to remove elements of the check which did not form part of the statutory programme;
- research undertaken by Health Inequalities Specialist Professor Chris Bentley revealed that 40% of Halton residents with long term conditions did not visit GP practices;
- new Service Level Agreements were drawn up with GP practices to reflect the changes and a handbook was developed to assist GP practices deliver the programme;
- the EMIS web template was revised by one of the practice managers and rolled out to other practices;
- the revised programme had been promoted by individual visits to practices, attendance at Practice

Managers' meetings and via presentations at related events;

- Health Trainers from the Health Improvement Team had been based within GP practices for the purpose of carrying out Health Checks on behalf of the practice; and
- an annual report on the performance of NHS Health Checks in 2013/14 had been produced using information supplied by the St. Helens and Knowsley NHS Hospitals Trust Health Information Service (HIS) Team.

Members were advised that of the 35,169 registered patients who were eligible at Quarter 4 2013/14), 5,217 had been invited for a Health Check, equating to 14.83%. This fell somewhere short of the 20% that would be needed on an annual basis to ensure that every eligible person was invited once in a five year period. Of those invited, 2,179 patients received an NHS Health Check, giving a take up rate of 42%.

With regard to future developments, to promote Health Checks, the following was proposed:-

- a Health Trainer would be based in every practice for the purpose of supporting the Health Check Programme;
- Wellbeing Practice Officers would be trained and deliver Health Checks in GP Practices;
- negotiations to secure the use of a bus for the purposes of carrying out Health Checks within the community were on-going;
- practices would be supported on the use of read codes to ensure that all invitations were recorded regardless of how the patient had been invited for the Health Check;
- an options appraisal was being undertaken in relation to the data collection element of the programme;
- a feasibility of offering NHS Health Checks to Council staff and elected Members was being explored;
- community venues for NHS Health Checks delivered by health trainers were being identified; and

- information stands offering Health Checks be set up in community areas such as supermarkets.

RESOLVED: That

- 1) the Annual Report on Health Checks be noted; and
- 2) the Board endorse the recommendations in the Annual Report, in particular –
 - Widespread promotion of Health Checks;
 - A Health Trainer available to every Practice and Wellbeing Enterprise Officers be trained to deliver Health Checks in each GP Practice; and
 - Use of a bus to deliver Health Checks and community based approaches.

Director of Public Health

HWB16 HYPERTENSION

The Board considered a report of the Director of Public Health, which advised that Champs was a collaborative service where nine local authority public health teams worked together to enable greater access to public health expertise and advice in Cheshire and Merseyside. A project had taken place to identify and agree the priorities that would be used to form the work plan for healthcare public health. It was led by a Public Health Consultant from Halton and the report outlined the process used and the local implications of this.

It was noted that three local priorities, which concurred with Halton CCGs priorities, matched those generated by the data produced:

- Mental Illness (highest cost to NHS);
- cancer (Largest cause of premature mortality); and
- unplanned/urgent care (high rate of 30 day re-admissions).

The review also highlighted the following priorities not chosen by partners: hypertension (largest disease register), liver disease (worse rate of premature mortality) and respiratory disease (large cause of hospital admissions). Of these, hypertension was chosen as a key area for action at the last CCG primary care model development workshop in August. A working group had been formed to develop a system wide approach to tackling the issue. A Halton cardio vascular disease strategy was in early development and the

regional Cardio Vascular Strategic Clinical Network and Merseyside Primary Care Strategic Forum had prioritised hypertension as a result of the Champs approach.

RESOLVED: That the Board

- 1) note that hypertension was a key cause of premature mortality in Halton;
- 2) note there was under diagnosis of hypertension nationally and in Halton; and
- 3) endorse the future plans for action in the area of hypertension.

Director of Public Health

HWB17 NHS SUPPORT FOR SOCIAL CARE

The Board was advised that similar to previous years, the Department of Health had allocated non-recurrent budget allocations to NHS England, nationally, for transfer to local authorities to invest in social care services to benefit health, and to improve overall health gain. In 2014, there were two components to the allocation; NHS transfer and Preparation for the Better Care Fund.

Members were advised that the Department of Health had announced revised allocations and transfer arrangements for 2014/15. Funding transfer to local authorities would be carried out by NHS England and Halton would be expected to receive NHS transfer £2,396,355 and Preparation for the Better Care Fund £533,000. The total allocation was £2,929,355. The report outlined a number of conditions which must be satisfied prior to the transfer of funding.

In light of the current financial and other pressures within the Local Authority, it was proposed that the majority of this allocation was utilised to support the whole system, which were of benefit to the wider health and care systems and provided good outcomes for service users.

The proposed funding main allocation for 2014/15 was as follows:

- Maintain the Telecare Service - £140,000;
- Additional support to the Community Care budget - £500,000; and
- Support of mainstream service delivery - £1,756,355.

In addition, it was noted that the proposed funding

allocation Implementation and Preparation of Better Car Fund, included early progress against national conditions and performance measures - £533,000 which would be used as follows:

- Early progress against national conditions and performance measures, an additional 14 Intermediate Care Beds - £300,000; and
- Preparation and Implementation, it was noted that further work was required to develop detailed plans and contingencies - £233,000.

RESOLVED: That the revised funding allocation as detailed in the report be approved.

HWB18 HEALTHWATCH HALTON ANNUAL REPORT 2013-2014

The Board received a presentation from Paul Cook, a representative of Healthwatch Halton which highlighted key elements of the Healthwatch Annual Report 2013/14. Members were advised on the governance arrangements at Healthwatch and the successful appointment of Jim Wilson as Chair of the Organisation, the establishment of the Healthwatch website, the role of Healthwatch in the community, developing links with the Polish Family Support Group and its statutory activities and plans for the next 12 months. Arising from the discussion, it was agreed that the Council and the CCG would liaise with Healthwatch to assist co-ordinating visits to local care homes.

RESOLVED: That the presentation be received.

HWB19 NATIONAL DEMENTIA ACTION ALLIANCE 'CARERS' CALL TO ACTION'

The Board was advised that a letter from the Secretary of State was sent to the Chairs of Health and Wellbeing Boards on the 16th July 2014, relating to the Prime Ministers Challenge on Dementia. The letter encouraged Local Authorities to sign up to the National Dementia Action Alliance Carers' Call to Action. In addition to the Local Authority signing up, member organisations of the Health and Wellbeing Board were invited to sign up individually to make pledges specific to their organisation, thus increasing the number of organisations supporting the movement.

It was noted that supported by the Chair of the Halton Dementia Partnership Board, the Council signed up to the Call to Action on the 23rd July 2014, pledging to deliver the

actions contained in the Local Dementia Strategy by 2018.

RESOLVED: That the contents of the report be noted.

HWB20 JOINT PUBLIC SERVICES (SOCIAL VALUE) ACT 2012
POLICY, PROCUREMENT FRAMEWORK AND CHARTER

The Board considered a report of the Chief Officer, Halton CCG, which provided an update on the development of a Social Value approach for both Halton Borough Council and NHS Halton Clinical Commissioning Group (CCG). This had been carried out both in response to the needs of the Public Services (Social Value) Act 2012 and in conjunction with the Halton Health and Social Value Programme.

It was noted that a Social Value policy statement had been developed setting out a commitment that through our commissioning and procurement activity and under the Public Services (Social Value) Act 2012 consideration would be given, where appropriate, to seek to secure wider social benefits for Halton as a whole. The Policy Statement would also support the Halton Social Value Charter which was being developed in partnership across the Borough as part of the Social Value In Health Programme.

In addition, a Social Value Procurement framework had also been produced, a copy of which had been previously circulated to the Board. Both the policy and framework would need to be applied in a proportionate manner and be tailored to reflect what was being procured and how it would be the role of service commissioners and procurement lead to consider, on a contract by contract basis, what social value opportunities and outcomes may be relevant to that contract. Both the policy and framework had been consulted on with relevant stakeholders and the suggested approach had received universal support.

RESOLVED: That

- 1) the work carried out to date on the Developing a Social Value Approach for Halton Borough Council and the NHS Halton Clinical Commissioning Group be noted;
- 2) both the attached Policy Statement and Procurement Framework be endorsed and be recommended for approval by Executive Board; and
- 3) the Board consider opening the approach to the wider partnership for their use (as appropriate).

HWB21 SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS

The Board considered a report which provided an overview of the new statutory duties, from 1st September 2014, under the Children and Families Act 2014 (the Act), to ensure schools made arrangements to support pupils with medical conditions. Each school was required to have a Medical Conditions policy, ensuring pupils with medical conditions have full access to education, including physical education and school trips.

It was reported in order to support schools to fulfil their statutory duties, a range of resources would be made available from 1st September 2014, which included:-

- a revised Supporting Pupils at Schools with Medical Conditions Policy, including a blank policy template which schools could adopt if they so wish;
- a list of the available training for school staff; including governors and teachers;
- information bulletins would be circulated to schools advising them of the changes through the schools e-bulletin, Chairs of Governors Briefings etc; and
- information would be made available through Halton's Local Offer and the Children's Trust websites.

RESOLVED: That the report be noted.

Meeting ended at 5.00 p.m.