

## HEALTH AND WELLBEING BOARD

*At a meeting of the Health and Wellbeing Board on Wednesday, 14 January 2015 at Karalius Suite, Stobart Stadium, Widnes*

Present: Councillors Polhill (Chairman), Philbin, Woolfall and Wright and S. Banks, M. Cleworth, M. Creed, K. Fallon, G. Ferguson, S. Henshaw, D. Lyon, A. McIntyre, E. O'Meara, M. Pickup, N. Rowe, I. Stewardson, R. Strachan, D. Sweeney and J. Wilson.

Apologies for Absence: S. Boycott, D. Parr, N. Sharpe, A. Waller and S. Yeoman

Absence declared on Council business: None

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

*Action*

#### HWB32 MINUTES OF LAST MEETING

The Minutes of the meeting held on 11<sup>th</sup> November 2014 having been circulated were signed as a correct record. Under Minute HWB23 Integrated Sexual Health Service it was noted that the tender had been led by Warrington and Halton Hospitals NHS Foundation Trust in partnership with St Helens and Knowsley Teaching Hospitals NHS Trust.

#### HWB33 FAMILY NURSE PARTNERSHIP - PRESENTATION

The Board received a presentation from Julie Rosser which provided background information on the role of the Family Nurse Partnership (FNP) in Halton, including its aims and anticipated outcomes.

FNP was a preventative programme aimed at improving the life chances of the most disadvantaged children and families in society. The main aims of the programme were to work with first time mums under 19 years of age as follows:

- to improve pregnancy outcomes, so that the baby had the best start in life;
- to improve the child's health and development by

- developing parenting knowledge and skills; and
- to improve parents' economic self-sufficiency, by helping them to achieve their aspirations (such as employment or returning to education).

Members were advised that there was a Government commitment to increase the number of FNP places in England at any one time to 16,000 by 2015. Local Authorities would take on responsibility for commissioning FNP in 2015.

It was noted that in Halton, FNP had been commissioned by NHS England. Four nurses had now been recruited and started seeing patients in November 2014. The provider organisation was Bridgewater Community Healthcare NHS Foundation Trust, who was licensed to deliver the programme.

It was also noted that a Halton FNP Board had been established which included representatives from NHS England, CCG, Bridgewater, Public Health and Partner Organisations.

RESOLVED: That the report and presentation be noted.

#### HWB34 DEVELOPING A NHS HALTON CCG RESPONSE TO THE NHS FIVE YEAR FORWARD VIEW

The Board considered a report of the NHS Halton Clinical Commissioning Group (CCG) which informed Members that on the 23rd October 2014, NHS England, in partnership with five other national organisations involved in setting the strategic direction and regulatory framework for the NHS, had published Five Year Forward View. The purpose of the Five Year Forward View was to:

- articulate why change was required, what that change might look like and how it could be achieved;
- describe various models of care which could be provided in the future, defining the actions required at local and national level to support delivery;
- recognise the challenges and outlined potential solutions to the big questions facing and health and care services in England; and
- define the framework for further detailed planning about how the NHS needed to evolve over the next five years.

The Board was advised that on the 4<sup>th</sup> December

2014 NHS Halton CCG had commenced a two month dialogue with local people and partners in regard to a Halton response to Five Year Forward View. Strategic decisions would need to be made by NHS Halton CCG Governing Body, particularly in regard to new models of care.

As a result, a template had been produced which took the key statements made of actions suggested in the Five Year Forward View to apply a “Halton lens” to enable comparisons to be made. Contributions to this document were invited from all partners and a final document would be returned to the CCG Governing Body on 5<sup>th</sup> February 2015. The Governing Body were invited to contribute to the development of this document as strategic decisions would need to be made following the Five Year Forward View, particularly in regard to new models of care.

RESOLVED: That the Board be invited to review and contribute to the document produced by NHS Halton CCG.

#### HWB35 HALTON SUICIDE PREVENTION STRATEGY 2015-2020

The Board considered a report of the Director of Public Health, which presented the final draft of the Halton Suicide Prevention Strategy 2015-20. The Halton Suicide Prevention Strategy had been written in partnership and set out evidence-based actions, based upon national policy, research and local insight, to prevent suicide and support those bereaved or affected by suicide in Halton. The Strategy was supported by a detailed action plan outlining actions, responsible leads, timescales and outcomes to be achieved.

It was noted that the plan would be monitored by the Halton Suicide Prevention Partnership and outcomes reported to the Safer Halton Partnership, Health and Wellbeing Board and all other relevant bodies. Members were also advised on the vision, areas for action, outcomes and objectives of the Suicide Prevention Strategy.

The Board highlighted the importance of signposting individuals to access services to prevent suicide or to support those affected by suicide and if there were sufficient levels of signposting available in Halton. It was suggested that beer mats could also be made available with contact details of suicide prevention services.

RESOLVED: That

- (1) the contents of the report be noted; and

Director of Public

- (2) the Strategy outcomes, objectives and actions be supported.

#### HWB36 DEVELOPING A NHS HALTON CCG RESPONSE TO NEXT STEPS TOWARDS PRIMARY CARE CO-COMMISSIONING

The Board was advised that on the 10<sup>th</sup> November 2014 NHS England, in partnership with NHS Clinical Commissioners, as representatives of the English Clinical Commissioning Groups (CCGs), published Next Steps Towards Primary Care Co-commissioning. The document aimed to provide clarity and transparency around co-commissioning options, providing CCGs and area teams with the information and tools they needed to choose and implement the right form of co-commissioning for their local health economy. NHS Halton CCG needed to decide by the 9<sup>th</sup> January 2015, the level of primary care co-commissioning the organisation wished to undertake with NHS England. It was noted that there were three primary care co-commissioning models CCGs could take forward:-

- Greater involvement in primary care decision-making;
- Joint commissioning arrangements; and
- Delegated commissioning arrangements.

Members were advised that at the NHS Halton CCG Governing Body meeting on the 4<sup>th</sup> December 2014, it was recommended that an expression of interest would be submitted for the organisation to assume delegated commissioning for 2015/16. Comments from member practices and key partners were invited by 19<sup>th</sup> December 2014 and the document had been submitted on 9<sup>th</sup> January 2015, following approval by the NHS Governing Body on 8<sup>th</sup> January 2015.

It was noted that NHS England recognised that it would be challenging for some CCGs to implement co-commissioning arrangements, especially delegated arrangements, without an increase in running costs. Whilst there would be no increase in running costs in 2015/16, NHS England would keep this situation under review.

It was highlighted that the area teams and the CCGs would agree the full membership of their joint committees and that a Local Authority representative would have the right to join the joint committee.

RESOLVED: That the Board review the report and

verbal update from NHS Halton CCG.

## HWB37 MATERNITY SERVICES

The Board considered a report of the NHS Halton Clinical Commissioning Group (CCG) which informed Members that Cheshire and Merseyside CCGs had agreed to undertake a review of maternity services across the sub-region. The review was being undertaken with the support of provider organisations and the Cheshire and Merseyside Strategic Clinical Network (SCN). It was reported that the involvement of the SCN was crucial as it ensured that the clinicians were engaged in and leading this work.

It was noted that work was currently under way to develop a baseline understanding of the nature and shape of maternity services in Cheshire and Merseyside. Using all available data this was specifically looking at:-

- Clinical outcomes;
- Patient experience and choice;
- Education and training of the current and future workforce;
- Co-dependencies with other services including neonatal intensive care, co-surgical support, critical care, A & E and other specialist services;
- Safeguarding;
- Capacity and size of current provision;
- Current and future demographics and geographical access;
- Epidemiology of the population; and
- Current commissioning and financial arrangements.

The Board was further advised that the next phase of the work would involve developing options for improvement, using evidence of national and international best practice. Any options for change would be subject to engagement and consultation with patients and the public in Cheshire and Merseyside.

RESOLVED: That the report and comments raised be noted.

## HWB38 PHARMACEUTICAL NEEDS ASSESSMENT

The Board considered a report of the Director of Public Health, which provided a final version of the Pharmaceutical Needs Assessment (PNA) and briefing on the results of the statutory 60-day consultation. The PNA

was a 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. At its meeting on the 17<sup>th</sup> September 2014 the Board authorised the commencement of the statutory 60 day consultation which was part of the process of developing the PNA.

It was reported that following the consultation process, 6 responses were received. One response referred to the previous 2011 PNA and was so omitted from the responses detailed in the report. It was noted that, overall, the respondents were very positive and the majority agreed with the findings. Full details of comments made and the Steering Group response to each were outlined to Members of the Board.

Members were advised that the PNA must be published no later than 1<sup>st</sup> April 2015 and the Steering Group would meet, periodically and as needed to produce supplementary statements during the lifetime of the PNA.

RESOLVED: That –

- (1) the PNA be approved for publication; and
- (2) the Steering Group be delegated to deal with production of supplementary statements needed throughout the lifetime of the PNA.

Director of Public Health

## HWB39 GENERAL PRACTICE STRATEGY

The Board received a report from the Chief Officer of NHS Halton CCG which provided an update and next steps on the progress with the development of the General Practice Strategy and other key agendas that influenced the Strategy. The Strategy had been developed through local discussion, feedback and research. The draft summary document had been shared with practices and partners and formed the basis of a discussion at the Service Development Committee in November. There were four key elements to the General Practice Strategy:-

- Case for Change: setting out the range of National and Local Drivers that collectively resulted in the conclusion that general practice in its current guise was not sustainable in Halton. This was evidence-

based and where available, local data had been used;

- Principles: ten principles that were considered fundamental to the future design, configuration, commissioning and delivery of local General Practice;
- Service model: It was proposed that a new model was established with services centred around people in the community, ensuring everyone's needs were met through an integrated health and social care delivery model;
- Community Hubs: The model would see services and teams aligned to a community "hub". The aim was for each hub to contain approximately 20,000 to 25,000 residents, therefore, across Halton, there would be between 6 to 8 hubs.

It was proposed that the final strategy would be circulated to Board Members and presented to the CCG Governing Body in March 2015.

S. Banks

RESOLVED: That the report and timescales be noted.

#### HWB40 PRIME MINISTER'S CHALLENGE FUND

The Board considered a report of the Chief Officer, NHS Halton CCG, which provided an update on Wave Two of the Prime Minister's Challenge Fund: Improving Access to General Practice and on the submission being co-ordinated by NHS Halton CCG.

In October 2013, the Prime Minister announced a new £50m Challenge Fund to help improve access to General Practice and stimulate innovative ways of providing Primary Care Services. Twenty pilot schemes were selected that would benefit over 7 million patients across more than 1,100 practices. On the 30<sup>th</sup> September 2014, the Prime Minister announced a new second wave of access pilots, with further funding of £100m for 2015/16. The Government asked NHS England to lead the process of inviting practices to submit innovative bids and oversee the new pilots.

NHS England invited applications from practices or groups of practices that wished to test new models for providing general practice services, with potential benefits not only for patients accessing general practice, but also with benefits to the wider NHS. NHS Halton was working on

an application with local practices, partners and CCG staff and would be liaising closely with the Merseyside Area Team over the coming weeks to get their input and consideration to ensure the application was as robust as possible.

The deadline for Wave Two applications was the 16<sup>th</sup> January 2015 and the successful Wave Two Pilots would be announced in February 2015 with pilot mobilisation from March 2015 onwards.

RESOLVED: That

- (1) the contents of the report and timescales be noted; and
- (2) the Board considers any risks not identified and potential mitigations.

#### HWB41 CHILDREN IN CARE ANNUAL REPORT

The Board considered a report of the Strategic Director, Children and Enterprise, which presented the Annual Report on the Health of Children in Care (CIC) for the period 1<sup>st</sup> April 2013 to 31<sup>st</sup> March 2014.

The Children in Care Annual Report looked at health issues of CIC in Halton and CIC from other Local Authorities who lived in Halton.

Members were advised that when a child or young person came into care they had a health assessment by the Community Paediatrician. Once they had seen the doctor, the children and young people would each have a nurse who would see them later in the year for health checks and help with their Health Care Plan. The CIC would also see all Care Leavers for a health check before they left care.

The report concluded that there had been considerable improvement in children receiving a timely service to ensure that their health needs were identified and addressed. However, there was still room for improvement and healthcare partners needed to continue to work together, to ensure that CIC were offered a service of the highest quality to meet each child/young person's needs.

RESOLVED: That the report be noted.



## HWB42 MEETING DATES 2015/16

The following dates of Health and Wellbeing Board Meetings in 2015/16 were noted:

### **2015**

11 March

13 May

8 July

16 September

4 Nov

### **2016**

13 Jan

9 March

All meetings will be held on a Wednesday at 2 pm in the Karalius Suite, Stobart Stadium, Widnes.

RESOLVED: That the meeting dates be noted.

*Meeting ended at 3.20 p.m.*