

## HEALTH AND WELLBEING BOARD

*At a meeting of the Health and Wellbeing Board on Wednesday, 16 September 2015 at The Halton Suite - Select Security Stadium, Widnes*

Present: Councillor Philbin  
Councillor Polhill (Chairman)  
Councillor Woolfall  
Councillor Wright  
P. Cooke, Healthwatch  
S. Johnson Griffiths, Public Health  
T. Holyhead, HCSB  
A. Jones, Democratic Services  
E. O'Meara, Public Health  
H. Patel, Citizens Advice Bureau & Healthwatch  
I. Stewardson, St Helens & Knowsley Hospitals Trust  
M. Anderson, Cheshire Fire & Rescue Service  
N. Goudon, NHS England (C&M)  
A. Lewis, Commissioning HBC  
N. Rowe, 5 Boroughs Partnership  
T. Barlow, Warrington & Halton FT  
D. Keates, Bridgewater Community FT  
D. Lyons, GP Representative – Halton CCG

### *Action*

#### HWB12 APOLOGIES FOR ABSENCE

Apologies had been received from David Parr, Nick Atkin, Simon Banks, Richard Strachan, Simon Banks, Colin Scales, Ann McIntyre, Melanie Pickup and Alex Waller.

#### HWB13 MINUTES OF LAST MEETING

The Minutes of the meeting held on 8 July 2015 having been circulated were signed as a correct record.

#### HWB14 REPORT ON AIR QUALITY IN HALTON 2015

The Board received a report from the Director of Public Health, which presented an overview of air quality in Halton. It presented a summary of national and local air quality monitoring, progress against National and European Air Quality legislation and provided a response to a petition for Air Monitors received by Halton Borough Council in March 2015.

It was noted that the report provided a response to this petition and identified the facts around air quality and air quality monitoring in Halton within the national and

international frameworks, and identified recommendations going forward.

The Board was advised that Halton Borough Council monitored air quality within the Borough and complied with all Air Quality Objectives, with the exception of Nitrogen Dioxide (for which the Council had declared air quality management areas in two Widnes town centre locations, where Nitrogen Dioxide NO<sup>2</sup> objectives exceeded air quality directive standards as a result of road traffic).

It was reported that air quality in Halton had improved significantly in recent decades and the proportion of deaths attributable to air pollution was similar to the national average and consequently lower than other areas of the Country. The Board was advised that the Council were committed to improving air quality in Halton and would continue to do so through the development of a strategy and action plan.

The Board was then presented with the key recommendations made in the report and summary of the information presented.

It was noted that the Environment and Urban Renewal Policy and Performance Board had recommended that these recommendations be presented for approval by the Executive Board at its meeting on 3 September 2015.

RESOLVED: That the report be noted.

## HWB15 RESPIRATORY STRATEGY FOR HALTON 2015 - 2020

The Director of Public Health presented the Board with a new strategy to address respiratory health for Halton.

The strategy identified key factors influencing respiratory health and provided recommendations for action to prevent respiratory illness, improve identification, treatments and outcomes and ensure provision of appropriate high quality primary, secondary and community health and social care services for all ages.

The Board was advised that respiratory disease was one of the key contributing factors to reduced life expectancy in Halton and was the third leading cause of death after circulatory disease and cancer. Further, there were also significant health inequalities in Halton concerning respiratory diseases where the mortality rate in the most deprived areas was double that of Halton as a whole. It was

noted that whilst most respiratory illnesses were associated with smoking or exposure to tobacco smoke in the environment, smoking was not the only risk factor to explain the relationship between deprivation and respiratory illness; as work related conditions, housing conditions, fuel poverty and exposure to outdoor air pollution were all associated with respiratory disease.

The report provided members with the *Respiratory Strategy for Halton 2015 - 2020*, which detailed the significant respiratory health issues in Halton. A summary of these were provided in the report.

It was noted by the Board that the recommendations included in the strategy related to the following areas:

- Preventing respiratory ill health;
- Earlier detection of respiratory diseases;
- Primary Care and Community based support;
- High quality hospital services; and
- Promoting self-care and independence.

Members were advised that the strategy would inform the continuous development of the Respiratory Action Plan, which was implemented and overseen by the Respiratory Strategic Group, outcomes against which were measured and fed back through to the CCG and the Health and Wellbeing Board.

Members of the Board discussed various elements of the report and felt that the strategy would go towards helping to further improve the respiratory health of residents in Halton.

RESOLVED: That the Health and Wellbeing Board supports the Respiratory Health Strategy for Halton 2015-2020.

## HWB16 SEASONAL FLU VACCINATION

The Board considered a report which presented an overview of changes to and requirements of the annual seasonal influenza vaccination campaign for the 2015 – 2016 flu season and implications of this for the Local Authority (LA) and health and social care partner agencies.

Members were reminded that influenza represented a significant cause of morbidity and mortality, and was a particular concern in those with existing health problems. Flu was ultimately preventable and flu vaccination remained

an important tool in protecting the health of our population. The flu vaccination was a nationally developed programme for local implementation, the details of which were produced by Public Health England and published in the Winter Flu Plan, for local adoption and delivery. It was noted that this year saw some significant changes, predominately to the extension of the offer of flu vaccine to a wider age range of children.

The report discussed previous campaigns in Halton and presented the Flu Programme for 2015-16 and its delivery. Members discussed the potential challenges to the programme, namely the effectiveness of the vaccine and the vaccination of health care workers which was on the increase and the vaccination of the Council's front line social care staff, which had previously had a low uptake, for reasons unknown.

Members also discussed the importance of the collective efforts being made by all agencies with the vaccination programme and the need to focus on this in the future.

RESOLVED: That the Health and Wellbeing Board notes the changes to the national flu vaccination programme for 2015-16 and for each individual agency to note their requirements in relation to the programme.

#### HWB17 LOCAL OPPORTUNITIES FOLLOWING THE TRANSFER OF COMMISSIONING RESPONSIBILITIES FOR 0 - 5 PUBLIC HEALTH SERVICES

The Board considered a report from the Director of Public Health which sought to provide the Health and Wellbeing Board with an update on the changes to the commissioning arrangements for the Health Visiting and Family Nurse Partnership Services and articulated the opportunities arising from the transition into Halton Borough Council.

The importance of child development in the early years was noted by Members; as discussed in Appendix 1 of the report.

The report discussed the transfer of 0-5 Public Health services which would start on 1 October 2015 and the delivery of the Health Child Programme. It also provided commentary on the future opportunities as a result of commissioning the Health Child Programme.

RESOLVED: That the Health and Wellbeing Board

- 1) notes the report;
- 2) supports the investment in early years and notes its long term impact on health outcomes; and
- 3) supports the ongoing work to embed the delivery of the healthy child programme through the integration of health visiting and family nurse partnership teams with the wider children's workforce.

*Meeting ended at 3.20 p.m.*