

## HEALTH AND WELLBEING BOARD

*At a meeting of the Health and Wellbeing Board on Wednesday, 12 October 2016 at Bridge Suite, Halton Select Security Stadium*

Present: Councillors Polhill (Chair), T. McInerney, Woolfall and Wright and S. Banks, R. Brisley, S. Constable, G. Ferguson, T. Hill, M. Holt, S. Johnson-Griffiths, M. Larkin, A. Marr, A. McIntyre, D. Nolan, D. Parr, R. Patel, C. Samosa, S. Semoff, R. Strachan, T. Tierney, H. Teshome, S. Wallace Bonner and S. Yeoman

Apologies for Absence: Colin Scales, Chief Inspector Fairclough, Marie Sedgewick and Eileen O'Meara

Absence declared on Council business: None

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

*Action*

#### HWB11 MINUTES OF LAST MEETING

The Minutes of the meeting held on 6<sup>th</sup> July 2016 having been circulated were signed as a correct record.

#### HWB12 PRESENTATION BY JBA CONSULTING: VULNERABLE COMMUNITIES CLIMATE CHANGE AND HEALTH EFFECTS

The Board received a presentation from Rachel Brisley on behalf of JBA Consulting which outlined the company background and current and future climate risks in the UK and in Halton. The presentation also contained information on vulnerable communities and climate change and potential action to address those issues.

On behalf of the Board the Chair thanked Rachel Brisley for her presentation.

RESOLVED: That the presentation be noted.

#### HWB13 ADULT HEALTH AND SOCIAL CARE – ACCOUNTABLE COMMISSIONING SYSTEM

The Board considered a report of the Director of Adult Social Services, which presented a Project Initiation Document (PID), which outlined a proposal and associated mechanisms of how the further alignment of systems and services across Health and Social Care Services would improve the quality and efficiency of services provided to Adults in Halton.

In Halton, Adult Services had a long history of collaboration and integration. In April 2013 a Joint Working Agreement and associated pooled budget arrangements were introduced between the Council and NHS Halton Clinical Commissioning Group (CCG). Examples of successful Joint Working/Integration in respect of Adult Services were outlined in the report. As the management of the pooled budget had been extremely successful, improving outcomes for individuals, in addition to moving from a position of overspend for both Halton Clinical Commissioning Group and the Council to financial balance, the Council and NHS Halton CCG had entered into a new Joint Working Agreement which ran until 31<sup>st</sup> March 2019.

It was noted that both organisations believed it was an appropriate time to review current arrangements in place in respect of joint working and aligned organisational structures, leadership and governance arrangements across Adult Social Care and Health, in order to deliver more effectively on the desired outcomes for the residents of Halton. Consequently, a PID had been produced which outlined the aim of the project, rationale expected outcomes and process to be undertaken. A Project Board had also been established to take this forward and had met on a number of occasions. It was anticipated that the model, which would be developed as part of this project, would provide the necessary infrastructures for a sound basis to build upon when moving forward on the integration of front line services and the commissioning of services to support community hubs.

RESOLVED: That the report be noted.

#### HWB14 TRANSFORMING DOMICILIARY CARE

The Board considered a report of the Director of Adult Social Services, which presented proposed developments in relation to Domiciliary Care delivered through the Council. A review of the current Domiciliary Sector in the Borough had commenced which had led to understanding the key principles at the centre of an outcome based domiciliary

service which included:-

- Moving away from a one size fits all approach;
- Adopting a preventative model;
- Keep people independent;
- Improve quality of life;
- Increase community participation; and
- Improve Health and Wellbeing.

As part of the review there had been engagement with people who use the service and carers. Details on the views expressed were outlined in the report. In addition, an initial meeting with providers, the voluntary sector, social work teams, GPs and CCG colleagues had also been held.

It was clear from the feedback that there was a need for change, too many pressures on times, limited capacity, poor recruitment, financial pressures and waiting lists were concerns.

It was reported that one of the opportunities for new ways of working was a bid to the National Lottery for a Social Impact Bond. The National Lottery had opened up a new funding initiative aimed at Local Authorities developing changes within existing service provision to realise significant improvements in outcomes, both for an individual and financial for health and social care. The application was in three stages and, to date, the Council's bid had been successful at stages 1 and 2 and a full application would be submitted on the 22<sup>nd</sup> September 2016.

RESOLVED: That the report be noted.

#### HWB15 SYRIAN REFUGEE RESETTLEMENT HEALTH AND WELLBEING NEEDS ASSESSMENT

The Board considered a report of the Director of Public Health, which provided information on the findings and recommendations of a prospective Health and Wellbeing Needs Assessment for the Syrian Refugee Resettlement Programme. The UK Government had committed to resettling 20,000 Syrian refugees over the next five years. The Syrian refugees would be part of the Vulnerable Persons Resettlement Programme and had five years humanitarian protection.

Across the North West, local authorities, including Halton Borough Council, had committed to supporting the Syrian Refugee Resettlement Programme. Liverpool City Council was co-ordinating the Resettlement Programme of

510 refugees on behalf of other local authorities in Merseyside. It was expected that Halton would host 100 of these refugees. The Local Authority would deliver housing provision, initial reception arrangements, casework and orientation support with English for Speakers of Other Language classes, in line with Central Government's Statement of Requirements.

A multi-agency forum had been established with stakeholders in Halton to assess, plan and implement local delivery for the Syrian Resettlement Programme.

The report outlined key issues from the prospective Health and Wellbeing Needs Assessment and also recommendations in respect of housing, health, education and training, employment and language, culture and social connections.

RESOLVED: That

(1) the report be noted; and

(2) the recommendations contained in Section 3.3. be supported.

#### HWB16 HALTON AFFORDABLE WARMTH STRATEGY 2016/20

The Board considered a report of the Director of Public Health, which provided a background to a new Affordable Warmth Strategy. The Strategy outlined Halton's approach to tackle fuel poverty and living in cold homes over the next five years. It would build upon a wide range of support that the Council and partners already provided for households to address fuel poverty and living in cold homes.

It was reported that in collaboration with other agencies, a vision, objectives, required actions and outcomes to further reduce the harms from living in cold homes in Halton had been agreed. A copy of the Halton Affordable Warmth Strategy 2016/20 had previously been circulated to Members of the Board.

RESOLVED: That

(1) the Affordable Warmth Strategy be approved; and

(2) the implementation of the Action Plan be supported.

#### HWB17 HEALTH AND WELLBEING BOARD STRATEGY

The Board received an update report on the development of the new One Halton Health and Wellbeing Strategy 2017/2022. The new strategy was being developed using a partnership approach and a multi-agency Health and Wellbeing Steering Group had been established to oversee its development. The Steering Group had used available evidence of health needs to identify issues of particular significance for the Borough. They included:-

- Continue to improve levels of early child development;
- The generally well, focussing on physical activity, healthy eating and alcohol reduction;
- Long term conditions, focussing on heart disease;
- Prevention and early detection of mental health problems and improved access to treatment;
- Ageing well, including falls prevention; and
- Prevention and early detection of cancers and improved access to treatments.

It was reported that success in delivering against the strategy could only be achieved by working in partnership with local people. Therefore, consultation with a wide range of Halton residents to ensure that the principles and priorities were reflective of the experience and needs of the local communities would take place. In addition, consultation would be undertaken by the voluntary sector, Health Watch and One Halton Portfolio Directors using pre-existing networks and forums for engagement. The final version of the One Halton Health and Wellbeing Strategy would be presented to the Board for approval in January 2017.

RESOLVED: That the Board supports the development of the new Strategy.

#### HWB18 HALTON STRATEGIC PARTNERSHIP RESTRUCTURING

The Board considered an update on the work that had taken place to restructure the Halton Strategic Partnership. On the 2<sup>nd</sup> March 2016 the Halton Strategic Partnership held a consultation event, attended by over 70 delegates from across the partnership, to discuss a proposed restructuring of the various strategic boards that sat under the partnership banner.

As there was a statutory requirement to have a Health and Wellbeing Board it was considered to merge the Halton Strategic Partnership with the Health and Wellbeing Board under the banner of the Health and Wellbeing Board.

However, it was recognised that it would be important to ensure that within the new expanded role of the Health and Wellbeing Board that it still remained focussed on the wider elements of health and its formal statutory role.

The new structure also saw several of the other Boards being dissolved or combined, with a new Economic Prosperity Board being created whose remit would include some of the areas of responsibility covered by the Liverpool City Region Combined Authority and thus providing a partnership forum for feeding into the wider LCR agendas. A copy of the proposed new partnership arrangements had previously been circulated to the Board

RESOLVED: The report be noted and the revised arrangements be supported.

*Meeting ended at 2.50 p.m.*