



Halton Strategic **PARTNERSHIP**

HALTON HEALTH PARTNERSHIP BOARD MINUTES OF THE MEETING held on 2nd September 2010

Present: Debbie Ainsworth (DA)
Glenda Cave (GC)
Dwayne Johnson (DJ)
John Kelly (JK)
Diane Lloyd (DL)
Eileen O'Meara (EO'M) (Chair)
Dave Sweeney (DS)
Tim Gibbs (TG)
Yeemay Sung (YS)
Ann Gerrard (AG)
Ellen Cargill (EC)

In attendance Collette Walsh (CW)
Simon Clough (SC)

In Support: Margaret Janes

		ACTION
1.	<p>Apologies</p> <p>Fiona Johnstone, Dympna Edwards, Eugene Lavan, Sue Wallace-Bonner, Jim Wilson, Karen Tonge, Sue Parkinson</p>	
2.	<p>Minutes of the Meeting 20 May 2010</p> <p>The minutes were agreed as a correct record</p>	
3.	<p>Matters Arising</p> <p>LIT Group – Visit still to be organised. (Item 3) Agenda Item for PBC Consortium – DL to contact M Holt. Work around SAS – complete. Befriending to be raised at Older People's LIT – ongoing.(Item 5) CCC September – complete. Q1 Performance data information to be circulated – ongoing. PSG Minutes to be forwarded – complete. Produce letter once assessments complete (Item 9)</p>	<p>FJ DL</p> <p>MH</p> <p>DL</p> <p>DE</p>
4.	<p>Alcohol Needs Assessment/Alcohol Priority Update</p> <p>Collette Walsh tabled an alcohol update presentation. The key findings were:</p> <ul style="list-style-type: none"> - High DNA rates – 68% - High waiting lists in Halton – 47.1% 9 weeks+ - Low throughput – Tier 3 Halton 3.4% St Helens 17% - Lack of clear pathways - Lack of integration between services - High unplanned discharges from structured treatment – 61.1% - Huge variation in costs of service - Robust outcome measures required - Robust mechanisms for receiving and acting upon patient feedback required. <p>Collette Walsh requested that comments with regard to the draft consultation questions be forwarded by the end of the week.</p> <p>Ann Gerrard asked whether people advised why they did not attend. Collette Walsh advised that the difficulty in the service user groups was that these were people who were already in the system, the difficulty was in reaching those people who did not make use</p>	All



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	<p>of the service. In workshops people felt the service needed to be personalised with earlier engagement, regardless of the intervention being offered. The ability for people to make an informed choice was key. Dave Sweeney stressed the need for the LA/PCT to ensure that alcohol was high on the agenda. Ellen Cargill asked why there was not a service offered in health centres; in Castlefields GPs were prepared to take on the alcohol abuse issue. Collette Walsh advised there is a pilot in Castlefields that people can go to. People felt more comfortable going to health centres for help as they did not want to be stigmatised. Ann Gerrard felt there should be a model that works with a number of people from a particular ward. Collette Walsh advised WNF pay for two projects, this was community focused whereby the Health Improvement Team get the message out at a local level, the difficulty was in following through. There was a need to focus, this was the reason why work was being respecified and target groups identified.</p> <p>Eileen O'Meara thanked Collette Walsh; there was a need to ensure alcohol remained high on the agenda.</p>	
<p>5.</p>	<p>JCP Update</p> <p>Work Programme DWP has written out to organisations who have expressed an interest in being admitted to the Framework Agreement for the Provision of Employment Related Services to update them on the next steps of the process and to invite them to complete a formal application to tender, the bidding process is detailed on the DWP Internet site, see attached link http://www.dwp.gov.uk/supplying%2Ddwp/what%2Dwe%2Dbuy/welfare%2Dto%2Dwork%2Dservices/work%2Dprogramme/</p> <p>The work programme will supersede the following programmes New Deal 18-24, New Deal 25 Plus and Pathways to Work Provision and the proposed start date will be Spring 2011. The aim of the Work Programme is to deliver a more efficient service for the taxpayer and a more tailored service for individuals. The coalition also want to do more – extending employment support to customers who have not traditionally had access to that service. Helping a wider group of customers, including those who have significant and complex barriers to employment, would be difficult using traditional funding models given the country's current financial position. Given this, we are exploring an alternative model where the payments to delivery partners for helping someone into employment will be made from the payment from the benefit savings actually realised.</p> <p>While we are currently developing the specifics of the provider pricing model, the intention of the model is that:</p> <ul style="list-style-type: none"> • Payment should be exclusively or largely for delivering results and that payment should be made after the results have been delivered; • We should avoid paying for customers who would have moved off benefits without help; • The price paid for job outcomes should be set to make it worthwhile for delivery partners to help each group of customers; • We should not specify what delivery partners can, or should, do; they should have freedom to innovate; and • The price paid for job outcomes should not exceed the benefit savings that have been generated. • We expect that our delivery partners should be able to demonstrate the capital strength to take on the risks inherent in an exclusively or heavily outcome-based approach where we seek to deal with the cases of millions of people on out of work benefits. • We recognise that helping more people into employment will have associated costs. Doing more for our customers, as we hope to do under the Work Programme, means that funding will need to be found from benefit savings. 	



	<p>Substance Abuse David Cameron recently made a speech at Direct debate please see the link which refers to the Welfare agenda for substance abuse please find the link attached http://www.number10.gov.uk/news/speeches-and-transcripts/2010/08/pm-direct-in-manchester-3-54574</p> <p>Eileen O'Meara advised we would need to look at evidence around these policies, if people are not monitored to change there is a problem. If we have unacceptable referrals in terms of budget constraints there will be problems. DA to forward link.</p> <p>Glenda Cave asked given all the change in the public sector there may be a new group of people that Jobcentre Plus will be supporting, she asked how equipped was the service to deal with this influx. DA advised under the previous government Jobcentre Plus was reducing headcount year on year. A number of services were based around people who had been out of work for more than 26 weeks; a lot of these will be stopped as a result of new government.</p> <p>IB Reassessment Employment and Support Allowance is replacing Incapacity Benefit, Severe Disablement Allowance and Income Support paid on the grounds of illness or disability.</p> <p>Between October 2010 and 2014 Jobcentre Plus will reassess most people on incapacity benefits, using the Work Capability Assessment, to assess their capability to work. Those assessed fully capable of work will be invited to make a claim to Jobseeker's Allowance, be able to claim Income Support (if they are entitled under a different condition of entitlement) or will move off benefit. Those who cannot work or have limited capability to work will move to Employment and Support Allowance.</p> <p>Around 1,700 customers in two trial areas, Burnley and Aberdeen, will begin their journeys from 11 October 2010 as the new processes are phased in and tested. The current planning assumption is that national reassessment will start in February 2011 and will be completed in 2014. Jobcentre Plus in Halton will conduct a presentation on 21 September and members of the HHP will be invited to attend.</p> <p>Eileen O'Meara advised that the Board needed to be aware of these changes and Debbie Ainsworth confirmed she would keep the group updated regarding pilots.</p>	<p>DA</p>
<p>6.</p>	<p>Sustainable Community Strategy/Health Policy Options Paper</p> <p>Diane Lloyd tabled Sustainable Community Strategy –</p> <p>Background</p> <ul style="list-style-type: none"> -Third sustainable Community Strategy for Halton - Implementation from April 2011 - Fifteen year visionary Strategy matches timescale of other major strategies under development - Five year delivery plan for the Strategy will provide the detail of planned interventions and activities. <p>Priorities</p> <ul style="list-style-type: none"> - Children and Young People - Employment, Learning and Skills - Environmental Quality & Urban Regeneration – replace the current 'Urban Renewal' priority - Healthy Option - Safer Halton. <p>Wider consultation will take place at the My Halton event on 29th October, the event will be used as a consultation exercise with local people. Overall consultation will take place in November.</p>	



	<p>Diane Lloyd asked the Board to look at the policy options paper – specifically 9 areas contained in the paper – if there were any issues contained in it contact Diane Lloyd as soon as possible in order to firm up policy options.</p> <p>Eileen O’Meara noted alcohol was not included as one of the options. Diane Lloyd would amend.</p>	<p>All</p> <p>DL</p>
7.	<p>Public Health Annual Report</p> <p>Eileen O’Meara gave a Public Health Annual report update which included emphasis on Screening, Surveillance, Case Finding.</p> <p>There are 10 national screening programmes in England</p> <ul style="list-style-type: none"> - Sickle Cell and Thalassaemia - Infectious Diseases in Pregnancy - Down Syndrome and Fetal Anomaly Ultrasound - Newborn Hearing - Newborn infant Physical Examination - Newborn Blood Spot - Diabetic Retinopathy - Cervical screening - Breast screening - Bowel Cancer screening <p>Surveillance – examples of recent studies:</p> <ul style="list-style-type: none"> - Pandemic Influenza: H1N1 Swine Flu - Dental Public Health Surveillance - National Child Measurement Programme <p>Case Finding – this is a way of identifying people who are suspected to be at particular risk of disease. It differs from screening as it looks for, finds and offers tests to a cohort who are considered to be at increased risk of a particular disease.</p> <p>There is continued focus on prevention in primary care in the community and ensuring programmes make a difference.</p>	
8.	<p>WNF Exit Strategies</p> <p>Glenda Cave advised that funding would end in March 2011. Currently in discussion with project leads to understand what impact there will be post March 2011.</p> <p>Following discussion it was agreed that a scoring matrix was required which would help the Board to make decisions on these services.</p>	
9.	<p>Safeguarding</p> <p>Dwayne Johnson tabled a report and advised they had a responsibility to co-ordinate safeguarding issues on behalf of other authorities, every council in England has established a Safeguarding Board. The agreed priorities for 2011 were:</p> <ul style="list-style-type: none"> - Prevention – most people are abused by people they know. - Protection – obligation and responsibility to protect individuals from abuse. - Publicity – signposting people to the support they can get. - Workforce – train staff, particularly in mental health services. <p>3.2.4 A lot of work around JSNA will be carried out this year.</p> <p>3.2.7 Halton 2000 Survey – endeavouring to obtain the Public’s view of Safeguarding. DJ would ask Julie Hunt to cascade.</p> <p>3.2.8 Advocacy Services – Money being invested as there is a need to improve access and quality.</p> <p>3.2.9 Serious Case Review – lessons to be learnt from this.</p> <p>3.2.15 Training is an area that is being developed.</p> <p>3.2.24 Distribution of leaflets in surgeries, council outlets, etc as part of marketing campaign which will help ensure people know how they can refer if abuse occurs.</p>	<p>DJ</p>



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	<p>3.2.25 CQC Inspection – interviewed by Lead Inspector today - they were pleased with good work with partner organisations.</p> <p>Regionally – Members of Safeguarding Adults Board attended conference which was hosted by Halton. Halton recognised as having good practices.</p> <p>Nationally – Document produced to scrutinise services. Halton recognised as having good practice.</p> <p>Eileen O'Meara thanked Dwayne Johnson for updating the Board.</p>	
10.	Any Other Business None	
11.	Date and time of next meeting: 4th November 2010 at 10 am, Conference Room 2, Municipal Building	

Action Summary – previous meetings

Reference	On Whom	Action	Status / Update
3	FJ	LIT Group – visit to be organised	
	DL	Agenda Item for PBC Consortium – contact M Holt	
	MH	Befriending raised at Older People's LIT	
	DL	Q1 Performance Data to be circulated	
	DE	Produce letter once assessments complete	
4	All	Forward comments on draft consultation asap	
5	DA	Forward link and updates	
6	All	Policy options paper contact DL with any issues	
	DL	SCS Policy Options report to include alcohol	
8	DL	Contact SSP co-ordinators re. scoring matrix	
9	DJ	Contact J Hunt re cascade	