

SHADOW HEALTH AND WELLBEING BOARD

At a meeting of the Shadow Health and Wellbeing Board on Wednesday, 21 March 2012 at Karalius Suite, Stobart Stadium, Widnes

Present: Councillors Hignett, Polhill (Chairman) and Wright and P Cooke, E Danton, K Fallon, M Forrest, D Lyon, D Johnson, E O'Meara, A McIntyre, D Parr, M Pickup, B Raistrick, M Roberts, N Sharpe, D Sweeney, G Ferguson and J Wilson.

Apologies for Absence: S. Banks, S. Barber, D. Edwards, N. Rowe, R. Strachan, A. Williamson, W Rourke and S. Yeoman.

Absence declared on Council business: None

ITEM DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

Action

HWB23 MINUTES

The Minutes of the meeting held on 22nd February 2012 were taken as read and signed as a correct record.

HWB24 HEALTH AREAS UPDATE

The Board received an update report on the progress of locality health areas in Halton. A working group had been identified to progress this area of work and an inaugural meeting had taken place on 15th March 2012. A draft terms of reference detailing membership and an action plan had been produced and circulated to Members of the Board. It was reported that the initial priority for the Group was to develop an overarching brand for health and wellbeing in Halton to raise awareness and build ownership of the health and wellbeing agenda. It was anticipated that a favoured option for a brand and a communication and marketing plan would be developed in 12 weeks' time.

The Board was advised that the Area Forums which met three times each Municipal Year would provide a platform for Councillor and Community engagement and embed this agenda as core business. A presentation would be made at the June/July meetings to set the context, consult and outline future arrangements.

Members commented that representatives from the faith groups should be considered for membership of the locality health areas working group.

RESOLVED: That the report be noted.

HWB25 PUBLIC HEALTH TRANSITION UPDATE

The Board considered a joint report of the Strategic Director, Communities and the Interim Director, Public Health on the Public Health Transition plan.

The Board was advised that the current NHS reform programme set out proposals for the development of a new public health system. A key element of the proposals was the transfer of local public health leadership and commissioning from the Primary Care Trusts (PCTs) to local Councils. The key elements of the new public health system were summarised in the report.

Health and Wellbeing Boards, as a statutory Council committee, would provide the forum to bring together clinical commissioning groups, health and social care practitioners, public health and elected members with patient and public champions, to join up the public health agenda with the wider work of the NHS, social care and children's services.

The report provided details of the approach to be taken by Halton and the joint role the Borough Council had with Merseyside PCT cluster in co-developing the new local arrangements for public health. The public health transition assurance framework was attached at Appendix 1 and had been approved by Executive Board on 15th March 2012. It was noted that funding and responsibilities would formally transfer on the 1st April 2013, although would run in shadow from 2012/13.

The Board noted that from 2013/14 Councils would receive a ring fenced Public Health grant. In addition, the Government had announced £5.2b funding for the whole public health system of which £2.2b would be allocated to local authorities. Details were awaited of the distribution formula on which the allocations would be based. However initial indications were that Halton appeared to be underfunded.

As well as the transfer of public health responsibilities there would also be a transfer of public health staff for PCTs to local authorities. At present the Public Health Team work across Halton and St. Helens. It had been agreed that in order to support each area to discharge their public health duties two Public Health Teams would be created, one for Halton and one for St. Helens, each with a Director of Public

Health. It was anticipated that the Director of Public Health post would be in place by 30th March 2012.

It was noted that staff from the CCG would move into Runcorn Town Hall in May/June 2012. Arising from the discussion it was agreed that a report detailing an audit of NHS assets in Halton would be brought to the next meeting.

RESOLVED: That the plan to transfer public health functions to the Council be approved.

D Johnson

HWB26 HEALTH AND WELLBEING BOARD WEBSITE

The Board received a presentation on the Health and Well Being Board website proposals. A workshop had been held to gather requirements for the website and the following had been requested.

- A website for the Health and Well Being Board and Officers Group that would assist with the management of the group;
- An area for sharing documents;
- A chat room; and
- A shared calendar.

Following a demonstration of the prototype site it was suggested that consideration be given to developing discreet areas, colour coding, an area to confirm attendance at future Health and Well Being Board meetings, an area to attach Health and Well Being Board agenda and minutes within the calendar and a facility to post details of other Health meetings within the calendar area.

RESOLVED: That the site be approved subject to consideration of the comments made.

HWB27 FEEDBACK FROM HEALTH AND WELLBEING BOARD SUB GROUP MEETINGS

The Board received an update report for each of the Health and Well Being Board Sub-Groups that sit under the main Board. With regard to the Health Strategy Group the Group had met on the 9th February and the following progress was reported:

- The JSNA and area health profiles were nearly complete;
- Consultation and engagement has started; and
- The group was developing a framework for prioritisation.

In respect of the Commissioning Group, the first meeting had been held on the 20th February. The Group discussed a number of key items including terms of reference, the Integrated Model for Commissioning, an update from the Clinical Commissioning Group and the One Plan.

The minutes from the meeting of the Health Strategy Group and the Commissioning Group had been previously circulated to the Board for information.

It was reported that the Public Health Commissioning Sub Group had met this week and considered draft Terms of Reference and transfer of contracts to the Local Authority.

RESOLVED: That the report be noted.

HWB28 HEALTH & SOCIAL CARE BILL UPDATE

The Board considered a report of the Strategic Director – Communities, which provided an update on the progress of the Health and Social Care Bill. The Health and Social Care Bill had passed through the House of Lords and was on track to progress through the Parliamentary system. As part of the Bill the Strategic Health Authorities and Primary Care Trusts would be abolished and the NHS Commissioning Board would take on its full responsibilities from the 1st April 2012. In addition, Clinical Commissioning Groups (CCGs) would be developed to cover England. The Government aimed to have the CCGs fully authorised by April 2013. The CCGs would be responsible for commissioning the majority of healthcare for their local population. It was expected that the CCGs would put arrangements in place to identify their substantive appointments from April 2012.

It was envisaged that the NHS Commissioning Board would temporarily host commissioning support services that grew from PCT clusters from April 2013 where those services demonstrated, through business review, that they would be viable. It was proposed that all these services would move to freestanding models by April 2016. Early indications suggested that there may be 25 to 30 NHS Commissioning Support services. It was anticipated that each Commissioning Support Service would have developed governance arrangements that would allow it to operate at arm's length from the PCT cluster by March 2012.

With regard to Public Health England (PHE), this was

to be established on 1st April 2013 as an Executive Agency of the Department of Health. Its overall mission would be to protect and improve the health and wellbeing of the population and to reduce inequalities in health and wellbeing outcomes. Further work to finalise the organisation design of PHE including the number and location of staff and offices would be conducted by the end of April 2012.

With regard to Local Government and Public Health Services, the expected date for any transfer of Public Health Staff from the NHS to Local Government was 1st April 2013. The provisions included a new duty on County Councils, London Borough Councils and Unitary Authorities, to take steps to improve the health of their local population. Local Authorities may fulfil their new health improvement duty through commissioning public health services and through working with clinical commissioning groups and representatives of the NHS Commissioning Board to integrate services.

In addition, Health Education England would be established as a Special Health Authority in June 2012 with a view to commencing operations from October 2012 and taking on full responsibilities by 1st April 2013.

As part of the Bill NHS Property Services Limited would be established and would be a property company wholly owned by the Department of Health. The principal function of the company would be to hold and manage part of the estate that was currently owned by PCTs. Due to the complexities of the Estate, it was envisaged that properties and staff may transfer from PCTs in a number of waves between September 2012 and March 2013.

It was reported that the Department of Health would reduce its staff from 2,400 to around 1,000. This would include staff leaving to join other new NHS organisations. It was also noted that the Government had tabled amendments to the Bill to enable local authorities to have flexibility and choice over the organisational form of local Healthwatch.

The Board requested that their appreciation to Louise Wilson for the thorough report be noted.

RESOLVED: That the report be noted.

HWB29 COMPREHENSIVE CANCER CENTRE FOR CHESHIRE AND MERSEYSIDE

The Board considered a report of the Strategic Director, Communities which sought to provide information on the work that had been taking place in Cheshire and Merseyside to consider and bring forward proposals for the development of World Class Cancer Services in Cheshire and Merseyside through the establishment of a new Cancer Centre in Liverpool and the development of services across this area.

The Board was advised that the report requested Members support for the delivery of a wide-range of communication and involvement exercise designed to share the proposals with a wide range of stakeholders across Cheshire and Merseyside and further afield where appropriate.

Mel Pickup, Chief Executive of Warrington and Halton NHS Foundation Trust, gave a verbal update at the meeting. It was reported that in Autumn 2010, Price Waterhouse Coopers (PWC) had been engaged by Liverpool PCT to undertake a high level affordability study to review the cost and affordability of building a new comprehensive Cancer Centre co-located with a redeveloped Royal Liverpool Hospital. The final report had been published in March 2011. The study reviewed two options – A standalone Cancer Centre and a Cancer Centre with an element of shared services with the RLBUH. The capital cost of both options based on 80 in-patient beds, was £116.5m and £105.2m respectively (both excluding VAT).

The Board was further advised that both Trust Boards had worked together to consider and bring forward an affordable proposal which incorporated:

- A new build Clatterbridge Cancer Centre adjacent to the proposed new build Royal Liverpool Hospital (RLH);
- A separate dedicated entrance for the Cancer Centre;
- The majority of cancer inpatient services provided by Clatterbridge Cancer Centre, to be accommodated within the RLH scheme with flexibility within the cancer centre to provide additional, flexible inpatient/day care services;
- Radiotherapy, chemotherapy, dedicated imaging and outpatient services to be provided within the Cancer Centre;
- Appropriate, dedicated patient and staff access links between the Cancer Centre and RLH buildings with required clinical adjacencies conducive to effective and efficient delivery of patient care and clinical trials;

- A dedicated adjacent free parking facility for cancer patients;
- Clinical Trials Unit to be provided in collaboration with RLH and the University assuming essential laboratory support of the Cancer Centre;
- Cytotoxic pharmacy to remain on site; and
- A satellite facility to remain on the CCO Wirral site comprising ambulatory, radiotherapy and chemotherapy, outpatients services proton therapy.

In making the above recommendations it was recognised that certain patients would have to travel further for certain elements of their care. However, it was important to emphasise that radiotherapy and chemotherapy services would continue to be provided on the original Clatterbridge site. Outpatient chemotherapy services and radiotherapy services for patients with more common cancers such as breast, prostate and lung would also continue to be provided on the site for local patients. Only those patients who required more complex treatment, or required inpatient facilities, would be required to travel to the new centre in Liverpool.

It was estimated that the Cancer Centre could open with, or shortly after, the new Royal Liverpool Hospital in 2017. This would involve the completion and approval of outline and full business cases by the Board of CCO and monitor assessment of each and the completion of formal public consultation.

RESOLVED: That the report be noted.

HWB30 DATE OF NEXT MEETING

It was noted that the next meeting would be held on Wednesday 23rd April 2012 at 2pm in the Karalius Suite, Stobart Stadium, Widnes.

Meeting ended at 3.25 p.m.