

SHADOW HEALTH AND WELLBEING BOARD

At a meeting of the Shadow Health and Wellbeing Board on Wednesday, 16 January 2013 at Karalius Suite, Stobart Stadium, Widnes

Present: Councillors Polhill (Chairman), Philbin, Wright, S. Banks, S. Boycott, P. Cooke, G. Ferguson, Dr M. Forrest, G. Hales, D. Johnson, D. Lyon, A. McIntyre, E. O'Meara, D. Parr, C. Richards, N. Rowe, N. Sharpe, D. Sweeney, G. Timson, A. Williamson and J. Wilson

Apologies for Absence: K. Fallon, M. Pickup, I. Stewardson, J. Stephens and S. Yeoman.

Absence declared on Council business: None

ITEM DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

Action

HWB50 MINUTES OF LAST MEETING

The Minutes of the meeting held on 12th December 2012 were taken as read and signed as a correct record. Arising from the minutes the Board was advised that Peter McCann was the Council's contact for enquiries regarding the proposed Government Benefit Reforms.

HWB51 PRESENTATION BY BRIDGEWATER ON THEIR STRATEGIC PLAN

The Board received a presentation from Linda Agnew on behalf of Bridgewater Health Trust which provided a summary of their Integrated Business Plan and highlighted:

- the background to Bridgewater, who they were and what services they provided;
- its mission, which included improving local health and wellbeing in the communities in which they served;
- proposals to develop local services whilst being responsive to the views and needs of the local community;
- challenges faced by the service in Halton;
- how the organisation worked in partnerships with other agencies such as GP's, LinKs, local authorities

- and Health and Wellbeing Board's etc;
- the benefits of dealing with a person throughout their lifecycle; and
- how the service would be planning for the future and its financial pressures.

The Board discussed the role of the service when dealing with dementia and were advised that all those service users over the age of 75 were screened. The Service was also involved in on-going discussions with the 5 Boroughs who led on the dementia strategy.

RESOLVED: That the presentation be received.

HWB52 LAUNCH OF HEALTH AND WELLBEING STRATEGY AND DEVELOPMENT OF ACTION PLANS

The Board received a presentation from the Director of Public Health, Eileen O'Meara, to formally launch the Joint Health and Wellbeing strategy. Members were also provided with a progress report on the development of action plans to support the strategy.

RESOLVED: That

1. the presentation be noted;
2. a glossary of acronyms be included in the index;
3. a link to the strategy document be placed on the front page of all Member organisation websites; and
4. regular monitoring reports be brought back to the Board.

Director of Public Health

HWB53 CONSULTATION ON THE NATIONAL ALCOHOL STRATEGY

The Board was advised that the Government had sought views on a number of measures set out in their Alcohol Strategy which was published on the 23rd March 2012. The consultation would run for 10 weeks from the 28th November 2012 until 6th February 2013.

In this consultation views would be sought on five key areas:-

- minimum unit pricing;
- a ban on multi-buy promotions in shops and off-licences;

- a review of the mandatory licensing conditions;
- health as a new alcohol licensing objective for cumulative impacts; and
- cutting red tape for responsible businesses.

Members were advised that as part of the public alcohol strategy consultation, regional road shows would be held and smaller technical groups would meet to discuss a number of the policy areas. It was noted that the Cheshire and Merseyside Directors of Public Health welcomed the Government's consultation on the National Alcohol Strategy and would be responding collectively. Their response would include a call for a minimum unit price set at 50p. A minimum unit price of 50p was well supported by public sector partners across Cheshire and Merseyside.

RESOLVED: That the report be noted and the consultation response by the Cheshire and Merseyside Directors of Public Health be endorsed.

HWB54 CHALLENGE ON DEMENTIA

The Board considered a report of the Strategic Director, Communities which advised that the Prime Minister had launched a Challenge on Dementia in March 2012 to deliver major improvements in dementia care and research by 2015. Subsequently, three sub-groups had been formed to lead on dementia-friendly communities, better research and driving improvements in health and care.

The Co-Chairs of the Health and Care Sub-Group had written to all Chairs of Health and Wellbeing Boards asking for their commitment to the Dementia Challenge and their assistance in taking it forward. In addition, Members were advised that a number of key commitments were made by the Prime Minister as part of the March 2012 launch. Health and Wellbeing Boards were being asked to consider the following in relation to these commitments:-

- reviewing local Dementia Strategy with particular emphasis on enablement and intermediate care access for people with dementia, accommodation solutions, end of life support and health and social care workforce development;
- ensuring the needs of people with dementia and their carers were part of the Joint Strategic Needs Assessment process;
- whether the Health and Wellbeing Board should

make dementia a priority in the Joint Health and Wellbeing Strategy; and

- signing up to the National Dementia Declaration and joining your Local Dementia Action Alliance to work with local partners to drive forward improvements for people with dementia in your area.

In respect of the key commitments outlined above, the local position for Halton within each was outlined in the report. In addition to the commitments set out above the Board were also being requested to sign up to the Dementia Care and Support Compact and to publicise this report on local websites stating how the Board intended to fulfil this commitment and to ask local Health Trusts to do the same. The Board were also being asked to encourage Acute Hospital Trusts to sign up to the call to action – the Right Care: creating dementia friendly hospitals.

It was noted that the Prime Minister had asked the National Dementia Strategy Board to provide a formal update on progress by March 2013. Boards were being encouraged to share progress through the Dementia Challenge “Get Involved” website. It was also noted that dementia was a significant challenge in Halton especially given the increasing population of older people. This challenge had direct implications for all Health and Wellbeing Board partners and would continue to do so in the future. In order to support this increase in prevalence and diagnosis a range of services were currently in place that offered support from early diagnosis right through to end of life care.

RESOLVED: That

1. the contents of the report including local progress to date on the key commitments outlined be noted; and
2. the Board support the local position as outlined in the report;
3. the scope of the strategy be broadened to include other agencies such as Police and Voluntary Sector; and
4. a further report be brought back to the next meeting.

Strategic Director
Communities

HWB55 HCA/DOH CARE AND SUPPORT SPECIALIST HOUSING FUND

The Board was advised that the Department of Health

had recently announced a £160m fund to support the development of specialist supported housing for older people and those with disabilities. The fund was to be administered by the Homes and Communities Agency (HCA) which had issued a bidding prospectus. The bid deadline was 18th January 2013 for the first phase of funding which was focussed on new rented provision with a later second phase to focus on open market provision.

It was noted that three schemes were proposed for submission, led by Halton Housing Trust (HHT). The first two were extra care housing schemes for older people on the sites of the former Pingot Day Care Centre off Dundalk Road, Widnes and Seddon's site in Halton Brook in Runcorn. The third was a development of around 10 bungalows designed to accommodate those with physical and/or learning disabilities.

Members were advised that the Council had commissioned Tribal Consulting in 2008 to forecast the demand for extra care housing the resulting strategy identified a current shortfall of 137 units, with a further 59 units needed by 2017, (196 in total).

Since that time HHT had opened a 47 unit scheme in Ditton, however a planned 90 unit development at West Bank and 10 purpose built bungalows for clients with physical and/or learning disabilities had been cancelled due to the financial difficulties of Cosmopolitan Housing Association. Since £400,000 funding was already included in the Council's capital programme to support the development of the 10 purpose-built bungalows, following discussion with HHT, they had agreed to take over the proposed development and a range of site options were currently being evaluated.

As the original scheme was to be developed on sites owned by Cosmopolitan it was likely that the cost of acquiring new sites would now have to be factored in to the financial viability assessment. It was therefore proposed that a bid be made for Department of Health Funding to avoid having to charge excessive rents or reduce the quality of the accommodation.

RESOLVED: That the Board supports the proposed bid submission set out in the report, and that this be conveyed to the Homes and Communities Agency.

Strategic Director
Communities

The Board was advised that the first Mandate between the Government and NHS Commissioning Board, setting out the ambitions for the Health Service for the next two years, was published on the 13th November 2012. The Mandate reaffirms the Government's commitment to an NHS that remained comprehensive and universal – available to all, based on clinical need and not ability to pay – and that was able to meet patients' needs now and in the future. The NHS Mandate was structured around five key areas where the Government expected the NHS Commissioning Board (NHS CB) to make improvements:-

- preventing people from dying prematurely;
- enhancing quality of life for people with long-term conditions;
- helping people to recover from episodes of ill-health or following injury;
- ensuring that people have a positive experience of care; and
- treating and caring for people in safe environment and protecting them from avoidable harm.

In addition the Government had also published Everyone Counts: Planning for Patients 2013/14 which set out how the NHS Commissioning Board intended to ensure that it, and the Clinical Commissioning Groups (CCGs), delivered the requirements of the Mandate and the NHS Constitution. It was reported that the headline measures in the documents were:

- Listening to patients;
- Focusing on Outcomes;
- Rewarding Excellence; and
- Improving Knowledge and Data.

It was also noted that Halton CCG would:

- have to track progress in improving healthcare for their population;
- have to identify an additional three local priorities against which it would make progress during the year, these would be taken into account when determining if the CCG should be rewarded through the Quality Premium;
- be expected to deliver and uphold the rights and pledges from the NHS Constitution and the thresholds set by the NHS CB. and produce a plan to

demonstrate delivery in these areas; and

- maintain the engagement of local people in the development of the Integrated Commissioning Strategy 2013-15 and Integrated Delivery Plan 2013-14.

RESOLVED: That

1. the publication of The Mandate and Everyone Counts: Planning for Patients 2013/14 and the concomitant requirements for the CCG, particularly in regard to the production of clear and credible commissioning plans be noted; and
2. a draft copy of the CCGs Integrated Commissioning Strategy 2013-15 and an Integrated Delivery Plan for 2013/14 be submitted to the next meeting on 13th March 2013.

Simon Banks

HWB57 DEPLOYMENT OF AUTOMATED EXTERNAL DEFIBRILLATORS (AEDS) IN PUBLIC PLACES

The Board considered a report of the Director of Public Health and Strategic Director, Communities, which sought views and advice from Members regarding the deployment of automated external defibrillators in public places. The report had been prepared in response to high profile incidents where defibrillators were not available to save a person's life including Oliver King, a 12 year old who suffered a cardiac arrest at King David High School in Liverpool last year. In addition, a letter had been sent by Halton MP Derek Twigg to the Council requesting the present and future position with regard to the provision of defibrillators at Council Buildings and Schools. It was also reported that Cheshire East had recently trained 300 members of staff and provided defibrillators at all Leisure Centres and other public buildings and places where there was high foot fall. Whilst at Liverpool all primary schools were to have defibrillators.

With regard to the current position within Halton:

- Leisure Centres and pools did not have the equipment;
- Stobart Stadium only had the equipment on site on match days; and
- No schools had the equipment.

The report provided current evidence from the Oliver

King Foundation, Department of Health, British Heart Foundation and The Resuscitation Council (UK) and FIFA. In addition, Members were advised of the potential issues which included costs, training, accessibility, routine upkeep and inspections, use of defibrillators and legal implications.

It was noted that a report by the Directors of Public Health stated as hospital admissions showed over 50s were most at risk, particularly men, it recommended that defibrillators were best used in a highly targeted way in areas where there was a high risk of cardiac arrest i.e.:

- workplaces that employ people over 50 years; and
- leisure, community or sports centres where they accept people for weight management, cardiac rehabilitation or GP exercise on referral.

In addition it was also reported that the following financial implications applied to the provision of defibrillators:-

- a new defibrillator would cost approximately £900 with an additional training cost of £22 per person;
- modern defibrillators usually last 5 years and had a residual value when they came to the end of their life;
- they calibrate and, provided they were manually tested every week, they required little or no maintenance;
- the two main parts that sometimes needed replacing were pads at £23 each and batteries at £190 per machine. Other parts needed to be replaced when used at negligible cost; and
- based on the requirement to provide one defibrillator and train 3 First Aiders at each corporate building an initial outlay for the Authority would be £11,592.

Members discussed possible locations for defibrillators in Halton including schools, supermarkets and Council owned public buildings, the opportunity to invite the North West Ambulance Service to demonstrate defibrillators, training of users, the responsibility for those to manually test the defibrillator each week and signposting at public locations highlighting where the defibrillator was available and who was trained to use it.

RESOLVED: That

1. a report be brought back to the next meeting outlining possible locations for defibrillators and an example of signs which could be used for signposting

Director of Public Health/Strategic Director

defibrillators; and

Communities

2. an invitation be sent to the North West Ambulance Service to attend the next meeting to demonstrate the use of defibrillators.

Meeting ended at 4.25 p.m.