

HEALTH AND WELLBEING BOARD

At a meeting of the Health and Wellbeing Board on Wednesday, 18 September 2013 at Karalius Suite, Stobart Stadium, Widnes

Present: Councillors Polhill (Chairman) Morley and Wright and S. Banks, P. Cook, J. Cooper, M. Creed, M. Grady, D. Hebden, T. Holyhead, D. Lyon, E. O'Meara, C. Myring, D Nolan, M. Pickup, C. Samosa, N. Sharpe, I. Stewardson, C. Richards, N. Rowe, P. McWade, A. Williamson and S. Yeoman.

Apologies for Absence: Councillors Philbin and S. Boycott, D. Johnson, A. McIntyre, D. Parr, D. Sweeney and J. Wilson.

Absence declared on Council business: None

Also in Attendance: One Member of the public.

ITEM DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

HWB23 MINUTES OF LAST MEETING

The minutes of the meeting held on 17th July 2013 were taken as read and signed as a correct record.

HWB24 NHS A CALL TO ACTION - PRESENTATION

The Board received a presentation from Simon Banks, Chief Officer, NHS Halton Clinical Commissioning Group, on the publication of the *NHS belongs to the people: a call to action*, which called for the public, NHS staff and politicians to engage in an open and honest debate about the future shape of the NHS in order to meet rising demand, introduce new technology and meet the expectations of patients. This was set against a backdrop of flat funding which, if services continued to be delivered in the same way as now, would result in a national funding gap which could be £30bn between 2013/14 and 2020/21.

The NHS belongs to the people: a call to action set out the challenges facing the NHS, including more people living longer with more complex conditions, increasing costs whilst funding remained flat and rising expectations of the quality of care. The document stated that the NHS must

Action

change to meet these demands and make the most of new medicines and technology and that it should not contemplate reducing or charging for core services.

It was noted that NHS Halton CCG had already facilitated an event on 26th June 2013 at which themes similar to those raised by *The NHS belongs to the people: a call to action* were discussed with Halton Borough Council and NHS England colleagues. NHS Halton CCG, working with NHS England and Halton Borough Council, proposed to utilise the outcomes of this event, which was to be discussed later on the agenda, to continue a dialogue with local people about the future shape of the NHS.

RESOLVED: That.

- (1) the report and the publication of *The NHS belongs to the people: a call to action* be noted;
- (2) the work already facilitated by NHS Halton CCG in partnership with Halton Borough Council to commence a public narrative about the future of health in Halton be noted; and
- (3) the continuation of this public narrative with local people, NHS staff and politicians be supported.

HWB25 NHS ENGLAND - MERSEYSIDE UPDATE - PRESENTATION

The Board received a presentation from Michelle Creed, Deputy Director of Nursing – Patient Experience, on behalf of NHS England (Merseyside), which provided:

- an update on the revised structures of the NHS and their relationships;
- an outline of the different NHS organisations within the Merseyside area;
- the financial allocations for each CCG within Merseyside for 2013/14; and
- details of each Directorate within NHS England (Merseyside) including key ambitions.

RESOLVED: That the presentation be received.

HWB26 FUTURE OF HEALTH IN HALTON - PRESENTATION

The Board received a presentation from Simon Banks, Chief Officer, NHS Halton Clinical Commissioning Group, which provided details on the Future of Health in

Halton Seminar which was held on 26th June 2013. The seminar discussed how health could look like in the future in Halton including:

- ageing population;
- improving but still low life expectancy;
- unhealthy lifestyles;
- high rates of hospitalisation, demands on unplanned/urgent care;
- scarce resources; and
- the need to do things differently;

It was noted that the following points were raised:

- demographic changes, their impact on all services for the local population, not just hospitals;
- do plans take account of the changes ahead? Do we need to be more ambitious and aim for a radical step change; and
- focus should be on frail, vulnerable people – not just older people.

The seminar also discussed the next steps which included, checking the five key themes, developing metrics, defining the key themes in an accessible manner, how to work with local people and using social marketing approaches.

RESOLVED: That the presentation be noted.

HWB27 JOINT PROTOCOL BETWEEN HALTON CHILDREN'S TRUST, HALTON SAFEGUARDING CHILDREN BOARD AND HALTON HEALTH & WELLBEING BOARD

The Board received a report of the Strategic Director, Children and Enterprise, which outlined the draft protocol/memorandum of understanding that had been developed to define the role of the Board and relationship with Halton Children's Trust and Halton Safeguarding Children Board.

It was proposed that the joint protocol would be updated in light of the new Working Together to Safeguard Children 2013 Guidance. The Guidance placed a duty on the Director of Public Health to ensure that the needs of vulnerable children were a key part of the Joint Strategic Needs Assessment that was being developed by the Board.

Members considered a copy of the revised protocol which set out the expectations of the relationship and

working arrangements between Halton Children's Trust, Halton Safeguarding Children Board and Halton Health and Wellbeing Board. It covered the respective roles and functions, membership of the boards, arrangements for challenge, oversight and scrutiny, and performance management. The arrangements set out in the Protocol would be subject to review annually as a minimum to reflect recent developments or immediately following legislative change.

RESOLVED: That

- (1) the report be noted;
- (2) the Board agrees to sign up to the Protocol (attached to the report); and
- (3) six monthly meetings of the Chief Executive of Halton Borough Council and respective Board Chairs as described in Paragraph 36 of the Protocol be approved.

Chief Executive

HWB28 END OF LIFE SERVICES

The Board considered a report which provided an overview of current End of Life services available in Halton, which included an outline of future priorities. Members considered a current Model of Clinical Support at End of Life in Halton which consisted of a range of services and systems to ensure the requirements of the patient pathway were met along with the support networks within the community.

With regard to future priorities the following were proposed:

- a two year strategy had been put in place to deliver End of Life tools training to all care homes in Halton;
- by 2015 all care homes within Halton would have been part of the six steps training programme;
- key champions had been identified within Social Care teams and these would be integrated into the existing Key Champions' Network established across care homes;
- the implementation of an electronic palliative care co-ordination system as recommended "Dying Well at Home – The Case for Integrated Working" was a

priority for 2013/14;

- a key priority was to ensure that Liverpool Care Pathway was replaced with a care plan that was reflective of individual patient circumstances in the last few days of their life; and
- Halton Haven Hospice had been successful in securing funding to build a new Family Support Centre with men's shared facility incorporated in 2013.

RESOLVED: That the report be noted.

HWB29 JSNA REFRESH

The Board considered an update report on the Joint Strategic Needs Assessment (JSNA). Since the transfer of the public health responsibility and team to the local authority, a public health page had been set up on the Halton Borough Council website and all JSNA chapters, data updates and other products were now located there.

Members considered a summary document which presented a number of in-depth health needs assessments that had been completed February 2012 to March 2013. It was noted that during 2013-14 major refresh elements of the JSNA were proposed as follows:

- Children: Following discussions with the Children's Trust Executive and Commissioning partnerships, a refresh of all elements of the children's JSNA using a life course approach had begun. This also included vulnerable children and young people such as Looked After Children and those with disabilities.
- Disabilities: Following requests for information to support the annual Self-Assessment Framework submission, Liverpool Public Health Observatory were commissioned to undertake a detailed needs assessment for Learning Disabilities and Autism. This covered children and adults;
- Environmental Health: Work would start on developing this during quarter 2;
- An in-depth needs assessment had been jointly commissioned from Liverpool Public Health Observatory on the health needs of homeless people. This would be led by Liverpool Public Health with

input from Halton staff;

- Halton was also participating in a research project on the impacts of fixed point gambling terminals. This was scheduled to report April 2014.

The Board was advised that despite the continuing challenges that the Borough faced, many of the health indicators showed year on year improvements. Therefore, whilst the Borough continued to be generally worse, in certain areas, than the England average, these improvements showed that the Borough was moving in the right direction, people were able to engage with services, making the most of them to bring about positive changes for themselves, their families their communities. The report detailed areas of improvements within the health indicators and also areas which had remained difficult to improve since the previous reporting period.

RESOLVED: That the report be noted.

HWB30 NHS HEALTH CHECKS

The Board considered a report of the Director of Public Health, on the NHS Health Check Programme and which sought to make recommendations on how health checks should be implemented in Halton.

From 1st April 2013 local authorities took over responsibility for the NHS Health Check Programme (The Programme). The Programme was a Public Health Programme for people aged 40 – 74 and aimed to keep people well for longer. It also aimed to reduce levels of alcohol related harm and raise awareness of the signs of dementia.

The Board was advised that commissioning of the risk assessment element of the programme was a mandatory public health function, to be funded from the public health budget. Details of the arrangements which local authorities must make were provided in the report. In addition, the report also contained information on the risk assessment tests and measures which were to be carried out.

At present, the Council had an agreement with GP practices to deliver Health Checks Plus to local residents as a local enhanced service. Health Checks Plus included most of the minimum requirements of the NHS Health Checks, in addition to some locally developed questions around

housing and fuel poverty and some medical questions. Following feedback from GP practices, it was reported that the Health Checks Plus assessment took on average around 45 minutes per patient, far longer than the 20 minutes expected. It was therefore proposed that Health Checks would be streamlined so that they included only the required information to carry out the mandatory risk assessments and included the new areas of alcohol screening and dementia awareness for patients aged 65 to 74.

It was also proposed that Health Checks would continue to be delivered by GP practices under existing contractual arrangements and a community-based provision would be identified that was also cost effective. A copy of the new Service Legal Agreement which had been drafted for GP practices setting out the requirements of the revised NHS Health Checks was circulated to Members.

RESOLVED: That

(1) the report be noted; and

(2) the proposals for delivery NHS Health Checks in Halton be noted.

HWB31 TROUBLED FAMILIES / INSPIRING FAMILIES UPDATE

The Board considered a report of the Strategic Director, Children and Enterprise, which gave members an update on the development of Inspiring Families Programme.

It was noted that in the first year 145 families were identified and details of their status in relation to Payment by Results (PBR) claims in January 2013 and those estimated for January 2014, with the percentage of those families achieving targets was outlined in the report. It was anticipated that approximately 70% (102 out of 145) of all families from year 1 were likely to achieve targets and a claim made for PBR to the Department for Communities Local Government by the end of July 2013.

It was also noted that from the 29 families where PBR had been claimed:

- 12 adults were on the work programme;
- there was a 75% reduction in calls to the police;
- 139 less service calls over a 6 month period; and
- 11 young people had successfully completed their Youth Offending Team order and had not reoffended

over a 6 month period.

In addition, it was noted whilst the development of the Inspiring Families cost savings tool continued, work was taking place collating local costs incurred in relation to staffing the process.

With regard to year 2/3 allocation, following a review in April 2013, practitioners and lead managers raised concerns at the number of families allocated at one time. They suggested that instead, the Inspiring Families Team should “drip feed” families on a smaller scale. This would enable teams to manage the workload/demands more effectively. At present, 109 out of 195 families had been allocated with the remaining families to follow during October and November.

RESOLVED: That

- (1) the Inspiring Families approach in Halton be supported;
- (2) where viable, partners adopt a “Think Family” approach in the planning and implementation of their service delivery;
- (3) the development of family assessment that could be used across all organisations be progressed;
- (4) partners consult with the Troubled Families Co-ordinator when commissioning services for children, young people and families; and
- (5) the options of reinvesting cost savings to add investment to areas of agreed work be explored with partners.

Strategic Director
Children and
Young People

HWB32 AUTISM SELF ASSESSMENT FRAMEWORK

The Board considered a report of the Strategic Director, Communities, which provided Members with an update on the Autism Self-Assessment Framework.

The Board was advised that in December 2010, statutory guidance was published, ‘Fulfilling and Rewarding Lives’. As part of this the Department of Health issued a local self-assessment for adults with autism for Local Authorities and Clinical Commissioning Groups to aid commissioners to plan how they were going to respond to statutory guidance. The purpose of the self-assessment

framework was to:

- assist Local Authorities and their partners in assessing progress in implementing the 2010 Adult Autism Strategy;
- assess progress since the baseline survey, as at February 2012;
- provide evidence of examples of good progress made that can be shared and of remaining challenges.

It was noted that the Autism Self-Assessment Framework would be submitted on 30th September 2013 as part of the validation process. The submission would also be presented to the Autism Strategy Group on the 23rd September 2013 and the Learning Disability Partnership Board. A copy of the Autism Self-Assessment Framework which was jointly owned by both the Local Authority and the Clinical Commissioning Group had been previously circulated to Members of the Board.

RESOLVED: That the report be noted.

HWB33 SCHOOL NURSING

The Board considered a report of the Director of Public Health, which provided an update on the progress of the procurement of School Nursing Service for Halton. From April 2013, Local Authorities assumed the accountability for the commissioning of School Nursing Services. This had provided an opportunity to review the existing commissioning arrangements to shape and design future provision with input from stakeholder engagement, in line with on-going review of all public health contracts. It was noted that the contract for the existing School Nursing Service had been extended to March 2014, with the option to extend for a further one year period. Due to the financial value of the contract and in line with Council policy, the service would need to go through an open procurement process.

A new specification was being developed as part of a collaborative piece of work with commissioners across the Cheshire and Merseyside footprint and the core elements of the proposed service were detailed in the report.

In order to ensure that all stakeholders could inform and influence the development of the service, it was intended a period of engagement would begin in September

for two months. During this time, head teachers, school staff, School Nurses, youth workers and other partners would be encouraged to provide their opinions on how the service could be improved to better meet the needs of children, young people and their families. In addition, children and young people would also be encouraged to feedback on the service and identify ways in which it could be improved. Further, Elected Members, The Children's Trust, Health and Wellbeing Board and the Local Healthwatch and other interested partners would also inform the final specification before it was subjected to procurement.

It was intended that the procurement process would commence in early 2014 with a view to ensuring that the successful provider was appointed no later than September 2014, in line with the beginning of the new school year.

RESOLVED: That

- (1) the contents of the report and the appendices be noted;
- (2) any comments be fed back to the Director of Public Health; and
- (3) the recommendation to commence with consultation on the procurement of a service to be in place no later than September 2014 be supported.

Director of Public Health

HWB34 NATIONAL ENERGY ACTION (NEA) PUBLIC HEALTH WORK PROGRAMME

The Board considered a report which sought approval in principle of an application for free assistance from National Energy Action (NEA) to support the achievement of fuel poverty public health outcomes. NEA was a national charity which aimed to eradicate fuel poverty and campaigned for greater investment in energy efficiency for vulnerable people.

Members were advised that the support offered would take up 12 days of officer time for development activities in 8 localities across England, which must be utilised by the 14th March 2014. Applications for assistance must be submitted by Friday 20th September 2013 by either a Director of Public Health or the Chair of the Health and Wellbeing Board. A copy of the completed draft application to be submitted to NEA was circulated to Members of the Board.

RESOLVED: That the Board support in principle the application for free NEA support.

HWB35 ST HELENS AND KNOWSLEY TEACHING HOSPITALS
NHS TRUST - PROPOSED 5 YEAR CLINICAL AND
FINANCIAL PLAN

The Board considered a report of the Strategic Director, Communities, which provided an initial assessment of St. Helens and Knowsley (STH&K) Teaching Hospitals NHS Trust proposed 5 year Clinical and Financial Plan and outlined areas that required close scrutiny.

On 2nd August 2013, Ann Marr, Chief Executive of STH&K Teaching Hospitals NHS Trust wrote to the Chief Officers of Halton, Knowsley and St. Helens Clinical Commissioning Groups (CCGs) outlining details of the Trust's draft 5 year Clinical and Financial Plan. The bulk of the Trust's income came from contracts with English CCGs, NHS England and Local Authorities. A table was detailed in the report outlining the breakdown of this funding.

Following a review of the Plan, a number of points were highlighted in the following areas:-

- Support to the whole of the Urgent Care Pathway;
- Accident and Emergency Department Attendances and Non-Elective Admissions;
- Social and Intermediate Care Activity and 7/7 working ;
- Estate Costs;
- Nurse Staffing Levels; and
- Medium Term Growth.

Members of the Board were advised that it had recently been announced that Accident and Emergency Units would benefit from an additional £500m over the next two years to ensure they were fully prepared for Winter. However, it was anticipated that the new funding would go to areas that were identified as being the most under pressure which may exclude both STH&K and Warrington and Halton Hospital FoundationTrust (WHHFT) who both achieved their 4 hour A&E targets.

It was noted that when the announcement for winter pressure funding was made, reference was also made to the £3.8b pooled health and social care funding for integration to be held by Local Authorities. There would be an expectation that this fund was also used to support pressures across the

urgent care system.

Arising from the discussion, the Board referred to STH&K proposal that contracted levels for non-elective activity should be rebased, releasing 70% tariff for investment with the Trust to maintain safety, patient experience and levels of performance. It was acknowledged that should this funding be released then the funding should also be released to WHHFT and they should be given an opportunity to submit a proposal. It was recognised that STH&K funding proposal needed to be considered as a whole, which included WHHFT; and Halton CCG would meet in October to consider the five year plan and to make a response.

RESOLVED: That the contents of the report and associated appendixes be noted.

Meeting ended at 3.50 p.m.