

HEALTH AND WELLBEING BOARD

At a meeting of the Health and Wellbeing Board on Wednesday, 12 March 2014 at Karalius Suite, Halton Stadium, Widnes

Present: Councillors Polhill (Chairman) Morley, Philbin and Wright and S. Banks, J. Bucknall, M. Cleworth, G. Ferguson, J. Heritage, D. Johnson, D. Lyon, T. McDermott, K. Milsom, T. Knight, E. O'Meara, D. Parr, N. Rowe, C. Samosa, N. Sharpe, M. Shaw, R. Strachan, P. Williams, J. Wilson and S. Yeoman

Apologies for Absence: S. Boycott, G. Hayles, A Marr and A.McIntyre.

Absence declared on Council business: None

ITEM DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

Action

HWB54 MINUTES OF LAST MEETING

The minutes of the meeting held on the 15th January 2014 were taken as read and signed as a correct record.

HWB55 PRESENTATION - HALTON HOUSING TRUST - NOEL SHARPE

The Board received a presentation from Noel Sharpe, on behalf of Halton Housing Trust. Members were advised that the Trust was a non-profit organisation which contained 15,000+ homes and was regulated by the Homes and Communities Agency. The presentation outlined:

- examples of groups who had been supported by the Trust;
- the debt and money advice service available to tenants;
- the Trusts' strong emphasis on recruitment which was highlighted by the 22 apprenticeships created in the last year;
- the challenges faced including welfare reform;
- the 'newshoots' scheme and the development of the lettings property pool plus system;
- back to work initiatives including bursaries for tenants;
- details of the sheltered housing review;

- falls prevention initiatives; and
- the memory and cognition preliminary screening pilot 'Living Well Project';

Arising from the discussion Terry McDermott, representing Cheshire Fire Brigade, highlighted the number of fire safety checks the service carried out in homes in the Borough for those over 65 years of age. It was suggested that the Fire Service could work with Halton Housing Trust staff to provide them with the skills to carry out similar safety checks.

RESOLVED: That the presentation be received.

HWB56 PRESENTATION - LIAISON PSYCHIATRY: PROGRESS SO FAR AND NEXT STEPS IN WARRINGTON & HALTON - JOHN HERITAGE (5BP) / DAVE SWEENEY

The Board received a presentation from John Heritage, on behalf of 5 Boroughs Partnership, which detailed what Liaison Psychiatry is and why it was needed. It was noted that a Liaison Psychiatry service, could be identified by identifying a mental health issue:

- produce significant savings to a hospital;
- reduce pressure on an acute Trust; and
- produce improved clinical outcomes.

Members were advised on what services were currently available to Halton residents at Warrington and Whiston hospitals and the impact at Whiston Hospital of a Liaison Psychiatry service. In addition, Members also noted the progress being made to provide Warrington Hospital with a similar Liaison Psychiatry service as that provided at Whiston which included:

- a task and finish group had been set up;
- clinical pathways were being reviewed and refined; and
- agreement had been reached in principle from Halton and Warrington Clinical Commissioning Groups (CCGs) to move to commission enhanced services at Halton and Warrington Hospitals in 2014/15.

RESOLVED: That the presentation be received.

HWB57 APPROVAL OF THE DRAFT BETTER CARE FUND

Following approval by the Board, the draft Better Care Fund was submitted to the Local Government

Association and NHS England on 14th February 2014.

Members noted that initial feedback had been received from NHS England and the Better Care Fund submission had been updated accordingly. An updated submission had been previously circulated to the Board. It was noted that the final draft Better Care Fund would be submitted to the Local Government Association and NHS England by the 4th April 2014.

RESOLVED: That

(1) the content of the report be noted; and

(2) the final draft Better Care submission (Appendix 1) be approved.

HWB58 NHS HALTON CCG 2 YEAR OPERATIONAL PLAN

The Board considered a copy of the NHS Halton CCG 2 year Operational Plan which was to be reviewed as was required by NHS England. The plan identified in detail the finances and level of savings required over the next two to five years and the actions to be undertaken to provide sustainable quality services to improve the health and wellbeing of the people of Halton. In addition, the plan highlighted priorities within the following areas:-

- System Vision;
- Integration and Innovation;
- Quality Improvement
- Sustainability;
- Improvement Interventions;
- Contracting and Governance Overview;
- Key Values and Principles;
- Operational Plan Outcome Measures and Targets;
- Operational Plan NHS Constitution Measures;
- Operational Plan Activity; and
- Better Care Fund Plan.

RESOLVED: That the NHS Halton Clinical Commissioning Group 2 Year Operational Plan be reviewed.

Operational
Director
Integrated Care
Halton CCG

HWB59 PUBLIC HEALTH ANNUAL REPORT

The Board considered a report of the Director of Public Health, which provided an update on the development of Halton Public Health Annual Report (PHAR). The Annual Report was an important vehicle by which a

Director of Public Health (DPH) could identify key issues, flag problems, report progress and serve their local populations. It would also be a key resource to inform local inter-agency action. Whilst the views and contributions of local partners would be taken into account, the assessment and recommendations made in the report were those held by the DPH and did not necessarily reflect the position of the employing and partner organisations.

It was noted that each year a theme was chosen for the PHAR. Therefore, the report did not encompass every issue of relevance but rather focused on a particular issue or set of linked issues. For the 2013-14 PHAR the topic of reducing alcohol related harm in Halton would be covered. This topic had been chosen as alcohol harm reduction was a key priority within the Health and Wellbeing strategy.

The final draft of the report would be presented to the Board in July. Following any further amendments the final version would be available in hard copy and on line.

RESOLVED: That the Board note the theme and development of the Public Health Annual Report.

HWB60 HALTON HOMELESSNESS STRATEGY 2013 - 2018

The Board considered a report of the Strategic Director, Communities, which presented Halton's Homelessness Strategy 2013-2018. The Board was advised that in accordance with the Homelessness Act 2002 the local authority had conducted a full Strategic Review of Homelessness within the area and formulated a Homelessness Strategy for the next five year period.

The Homelessness Strategy 2013 – 2018 was based upon the findings and recommendations of two other documents, one being a comprehensive review of the current homelessness services which was conducted over a nine month period during 2012-2013. The other being the previous Homelessness Strategy 2009-2013, which involved active engagement with service users, providers and Members. It was reported that the Strategic Review of Homelessness had involved active engagement with service users, service providers, all partner agencies and Elected Members. The draft findings had also been discussed and agreed with all key stakeholders prior to the report being finalised.

The Board noted that Halton was experiencing a gradual increase in homelessness presentations and

statutory homelessness acceptances. The Board also noted that there were a number of client groups that did not meet the statutory homelessness criteria but had a pressing housing need. However, it was reported that concerted efforts were being made by the Housing Solutions Team to assist these client groups, offering temporary accommodation for a limited period and facilitating a more efficient and accessible move on process.

Furthermore, it was reported that the Localism Act 2011 had introduced many changes to homelessness and allocations legislation. In November 2012, the Localism Act 2011 had brought into force provisions that allowed local authorities to end the main housing duty to a homeless applicant by means of a private rented sector offer, i.e. a fixed term assured shorthold tenancy for a minimum of 12 months. The Authority should consider the new allocated powers, which would impact upon future homelessness and service delivery.

In conclusion, it was reported that it had been determined that the Council would be able to reduce the length of stay in households in temporary accommodation and the associated costs. Additionally, it would help the Council to avoid future use of B & B accommodation.

RESOLVED: That the report be noted.

HWB61 URGENT CARE - PROGRESS

The Board considered a report of the Strategic Director, Communities, which provided an update in relation to the current projects/areas of work associated with improvements in Urgent Care. In addition, the report outlined examples of the increased demand on NHS hospital resources in both a national and local context.

In Halton, the Council and NHS Halton Clinical Commissioning Group (HCCG) were continuing to actively work together, in conjunction with partners, on Halton's Urgent Care Working Group (UCWG) (new name for Urgent Care Partnership Board), to lead on the development and management of the Urgent Care system used by the Borough's population.

Members were advised that using data produced by AQuA, comparisons had been undertaken between March and December 2013 to benchmark Halton's current performance and to monitor urgent care systems in Halton against other North West local authorities. The outcome of

the exercise was determined in the report and highlighted areas of excellent performance, areas that were improving but still presented significant challenges, areas that remained as significant challenges and areas that remained static.

In addition, the report also outlined a number of current local developments which were having an impact on the Urgent Care system within Halton which included:

- discussions held at UCWG to identify a list of initiatives for 2013/4 to manage the anticipated increase in activity and support in A&E over the winter period;
- a review of current urgent care facilities across the Borough;
- a review of Halton's Urgent Care Response Plan;
- establishment of a Community Multi-Disciplinary Team;
- progress on a care home project – ongoing since July 2013;
- Emergency Care Intensive Support Team whole system review of urgent care across Halton and Warrington.

RESOLVED: That the report and associated appendices be noted.

HWB62 END TO END ASSESSMENT

The Board considered a report of the Strategic Director, Communities, which provided information on the End to End Assessment that was being taken forward on behalf of NHS Halton, Knowsley, St. Helens and Warrington CCGs and NHS England. An independent provider had been commissioned to provide an assessment that would deliver:

- a high level retrospective review of health care activity, spend and patient flows by commissioner and by location per quarter in the past three years;
- an analysis of current health care activity, spend and patient flows by commissioner and by location; and
- project activity, spend and patient flows by commissioner and by setting for the next 3, 5 and 10 years assuming current costs and payment arrangements.

It was anticipated that the assessment would leave all commissioners with a workable model to support decision making and develop strategic approaches to the challenges for the NHS over the next five years and beyond. The work on the assessment was due to commence on the 24th February 2014 and would last for 7 weeks. It was overseen by a Steering Group from constituent CCGs and NHS England. The Project Sponsors were Simon Banks, Chief Officer, NHS Halton CCG and Stephen Sutcliffe, Chief Finance Officer, NHS Warrington CCG.

It was noted that the cost of the End to End Assessment was £94,824, split equally across the five organisations that were part of the work stream.

RESOLVED: That the work in progress be noted.

HWB63 WELLBEING AREA AWARDS AND GRANTS

The Board considered a report of the Director of Public Health, which outlined the development of Health and Wellbeing awards and grants for the local community. It was proposed that the Board endorse the development of the following:-

- a range of Wellbeing Awards in recognition of outstanding work to improve health; and
- a small grant of up to £500 for up to 10 local community projects that supported the Health and Wellbeing Boards' priorities of improving mental health, reducing falls in older people, reducing harmful drinking, improving child development, preventing cancer and early detection of the signs and symptoms.

It was suggested that three nominations be agreed from the Health and Wellbeing Board so that the mechanism for judging the applications could be put in place as soon as possible. Suggested categories for award nominations were as follows:-

- Individual Recognition Award;
- Community Group Award;
- Healthy Workplace Award; and
- Healthy School Award.

A budget of £7,000 had been identified to fund the awards and grants and cover publicity and other materials. Support for the administration of the awards would be

provided by the Community Development and Public Health Teams within the Local Authority. It was anticipated that the scheme would be formally launched at the Health and Wellbeing Community Feedback Event in the Spring.

RESOLVED: That

- (1) the report be noted;
- (2) the proposal of Wellbeing Awards and grants be endorsed; and
- (3) the following three Members of the Board be nominated to become Members of the judging panel: Councillor Wright, Jim Wilson and Sally Yeoman.

Director of Public Health

HWB64 DENTAL HEALTH IN HALTON

The Board considered a report of the Director of Public Health, which set out:-

- the Dental Health of the child population over a 6 year period from 2006 – 2012 and set out the impact that local dental preventative measures had had on the dental health of the child population; and
- the current position with regard to NHS dental access both for regular and irregular attending patients in Halton.

It was noted in 2006, child dental health in Halton was poor. In England at that time 38% of children aged 5 years had experienced tooth decay, the figure in Halton was 51%, with each Halton 5 year old having, on average, 2.01 decayed, missing or filled teeth. Consequently in 2008, Halton and St. Helens PCT introduced a Dental Commissioning Strategy that aimed to reduce childhood population prevalence of dental disease and reduce inequalities in dental caries prevalence. A key element of the Dental Strategy was a programme that distributed fluoride toothpaste and a tooth brush, twice yearly to every child aged 3 – 11 years living within the PCT boundary.

Members were advised that using dental epidemiological data in the period 2006 and 2012 there had been substantial improvements and by 2012, decay levels had fallen by 46% to 1.09, with 33.6% of children affected.

With regard to access to dental care, changes to the

primary dental contract in 2006 put pressure on the NHS Primary Dental Care Service, with many of those wishing to secure an NHS dentist being unable to do so. Central Government recognised the problem and provided additional funding for PCTs to expand their dental services. Halton and St. Helens PCT, as part of its Dental Commissioning Strategy, expanded the number of NHS dentists working locally by an equivalent of 11 whole time equivalents between 2006 and 2012. At the same time the PCT expanded its access to routine dental care, it also redesigned the provision of the emergency “in hours” dental service which further improved dental access.

RESOLVED: That

- (1) the oral health improvements since 2006 be noted; and
- (2) the Board agree that the dental prevention programme continues.

Director of Public Health

HWB65 QUALITY PREMIUM

The Board considered a report of the Operational Director, Integrated Commissioning Halton CCG, which provided a copy of a report on medication error reporting. As part of the 2014/15 planning round, the CCG had 6 Quality Premium measures, one of these was the improved reporting of medication related safety incidents. This had been chosen by NHS England as contributing to the NHS outcomes framework 5 “treating and caring for people in a safe environment and protecting them from avoidable harm” and had been selected as a quality premium measure. This measure would account for 15% of the quality premium (approximately £95,250) and would be awarded if:-

- a specified increased level of reporting of medication errors was seen between Q4 2013/14 and Q4 2014/15;
- the increase must be agreed with a local provider, the Health and Wellbeing Board and the NHS England Area Team;
- the increase could be agreed with more than one CCG with the same provider, but the provider must account for 10% of the CCG’s activity;
- primary care could be included as a provider in this measure; and
- reporting was via the national Reporting and Learning System.

The four largest providers of CCG activity had been investigated to determine where potential improvement could be found, the four providers were:-

- Bridgewater Community NHS Trust;
- 5 Borough's Partnership Mental Health Trust;
- Warrington and Halton NHS Foundation Trust; and
- St. Helens and Knowsley NHS Trust.

The report highlighted the percentage of incidents reported that were recorded as "Medication" alongside cluster averages and the rates of recording of all incidents.

It was proposed that Bridgewater Community NHS Trust be chosen as the Quality Premium target provider and for the target to increase its rate of medication error reporting over the year 2014/15.

RESOLVED: That both the provider and the specified increase on the level of medication error reporting be approved.

Meeting ended at 4.00 p.m.