HEALTH AND WELLBEING BOARD

At a meeting of the Health and Wellbeing Board on Wednesday, 9 July 2014 at Karalius Suite, Halton Stadium, Widnes

Present: Councillors Philbin, Polhill and Woolfall and S. Banks, S. Boycott, P.Cook, K. Appleton, K. Dee, K. Fallon, G. Ferguson, A. McIntyre, D. Parr, M. Pickup, J. Rosser, N. Rowe, R. Strachan, A. Stretch, N. Sharpe, M. Shaw, A. Waller, S. Wallace Bonner.

Apologies for Absence: Councillor Wright and E. O'Meara, I. Stewardson, S. Yeoman, D. Lyon, C. Richards, D. Sweeney, D. Johnson, J. Wilson.

Absence declared on Council business: None

**ITEM DEALT WITH
UNDER DUTIES
EXERCISABLE BY THE BOARD**

Action

HWB1 MINUTES OF LAST MEETING

The minutes of the meeting held on the 7th May 2014 were taken as read and signed as a correct record.

HWB2 PRESENTATION - PUBLIC HEALTH ENGLAND CENTRE CHESHIRE AND MERSEYSIDE

The Board received a presentation on behalf of Public Health England (PHE) Centre Cheshire and Merseyside from Katie Dee, who outlined to Members details on:-

- a summary of the changes since PHE Centre Cheshire and Merseyside was established in April 2013;
- PHE's mission, role, core functions and national priorities;
- its achievements in 2013/14 and priorities for 2014/15; and
- details on the 2014/15 Business Plan.

Arising from the discussion the Board discussed the administration of prescribed medicines in schools by staff. It was noted that changes to the Children's Act would address this. In addition, partnership working between PHE and other organisations was discussed. It was noted that when approached to work with Commissioners, PHE had said there would be cost implications and a decision had been made not to pursue the proposed partnership project. In response the Board was advised that the PHE Centre role as a provider would become clearer.

RESOLVED: That the presentation be received.

HWB3 PRESENTATION NHS HALTON CCG - END TO END ASSESSMENT WORK

The Board received a report which set out an overview of the outcomes of the End to End Assessment Project which was delivered by Capita on behalf of NHS Halton CCG with NHS Knowsley, St. Helens and Warrington CCGs and NHS England. The End to End Assessment Project was commissioned to provide a:-

- High level retrospective review of healthcare activity, spend and patient flows by commissioner and by location per quarter in the past three years;

- A review of all current health care activity, spend and patient flows by commissioner and by location;

- Projected activity, spend and patient flows by commissioner and by setting for the next 3, 5 and 10 years assuming current cost and payment arrangements.

It was noted that the Capita End to End Assessment work had shown that the Mid Mersey CCGs all had similar strategic commissioning intentions. The Capita and i5 work suggested that the plans of NHS Halton CCG in partnership with Halton Borough Council and local providers were achievable but there were significant challenges ahead.

It was reported that the outcomes of the NHS End to End Assessment work would be factored into the 5 Year Strategy for NHS Halton CCG.

RESOLVED: That the report be noted.

HWB4 CHIMAT- CHILD HEALTH PROFILE

The Board received a report from the Director of Public Health, which provided an update on the Child Health Profile (CHIMAT) which was released every year by Public Health England and provided a summary of the health and wellbeing of children and young people in Halton. The data that was included in the Child Health Profile was available at a national level and enabled Halton to benchmark their health outcomes against the England average values.

It was noted that health outcomes were closely related to levels of deprivation, the more deprived an area the poorer health outcomes that would be expected. Overall the health and wellbeing of children in Halton was generally worse than the England average, as were the levels of child poverty. Halton was the 27th most deprived borough in England (out of 326 boroughs) and, as such, would be expected to have lower than average health outcomes.

Members were advised that there were 32 health and wellbeing indicators included in the CHIMAT report and details in relation to performance were outlined in the report. With regard to the 32 indicators it was highlighted that:-

- there had been improvement in 17 indicators;
- for five outcomes performance was poorer in 2014 when compared to 2013, however for four of these indicators Halton was performing either at or above the England average rate;
- Six indicators had new methods of reporting data and therefore could not be compared to the 2013 report.

Members were further advised that child health remained a challenge for Halton. However, in many areas, the trend was moving in the right direction and improvements to child health had been made. It was important to maintain these improvements and continue to reduce the gap between Halton's outcomes and the England average. The Board was asked to support work in the areas where performance remained worse than the England average. It was also recommended that in areas of work where progress had been made, programmes in these areas continued to be supported. The main areas identified in CHIMAT where further improvements were needed included:-

- Child Development;
- Children and Young People who were Not in Education, Employment or Training and Youth Justice;
- Hospital Admissions (all causes other than for mental health conditions);
- Breastfeeding rates and smoking at the time of delivery; and
- Child Poverty.

RESOLVED: That

1) the contents of the 2014 Child Health Profile and the progress that has been made against a challenging baseline be noted. Out of the 32 areas 17 had improved, 4 had stayed the same and 5 were worse. For six of the measures data changes meant the results could not be compared;

2) of the five areas showing poorer performance in 2014 when compared to 2013, for four of these indicators, Halton was performing either at or above the England average rate and continues to do so.

HWB5 CHILDREN'S JOINT STRATEGIC NEEDS ASSESSMENT

The Board received a report of the Director of Public Health, which provided an update on the Children's Joint Strategic Needs Assessment (JSNA). It was noted that the last two JSNA overall summary documents had adopted a life course approach which met with favourable responses from the Board and from various partnerships and stakeholders. As a consequence, the Children's Trust Executive Group requested that the next iteration of the children's element of the JSNA use broadly the same approach. By doing this it was hoped that the JSNA better described the needs children and young people had at different stages of their lives and better reflected the full range of local needs.

Members were advised that a small working group of Children's Trust officers was established to consider what was needed and to develop a framework for the development of the new JSNA. This consisted of a series of life stage chapters with additional chapters to reflect vulnerable groups.

The Board was advised that all JSNA chapters had now been completed and uploaded onto the Children's Trust website. Each chapter had a set of key findings and priorities. It was noted that key themes emerging included:

- emotional health and wellbeing and mental health;
- accidents;
- high levels of hospital admissions compared to England and North West. In addition to accidents the admission rates for asthma, diabetes and epilepsy were comparatively high;

- maintaining good results for many indicators and continuing to drive them in the right direction;
- some issues remained significant and resistant to change, including breastfeeding, although small improvements had been made, levels remained low compared to the national and regional averages;
- although some issues that had improved for example, educational attainment, inequalities across the Borough remained and needed to be addressed; and
- there were new services and payment tariffs, organisational change and financial pressures against a back-drop of welfare reforms and continuing economic hardship.

It was also noted that the Children's JSNA had already been used to inform the Children and Young People's Plan and work on the Children in Care Sufficiency Report. The Children's Trust had also agreed to use the JSNA to focus discussions on their priorities and action plans throughout the year.

Arising from the discussion it was suggested that a future JSNA could cover 'later life over 65's'.

RESOLVED: That the report be noted.

HWB6 CHILD PROTECTION INFORMATION SHARING PROGRAMME

The Board considered a report of the Strategic Director, Children and Enterprise, which provided an update on the Child Protection Information sharing Programme (CP-IS). The CP-IS was a Government programme which would become a statutory responsibility in April 2015. The aim of the programme was to integrate crucial information into the Health database and allow information to be reported by Health straight into local authority Social Care records for children and young people. It was noted that the targeted group of young people were those subject to Child Protection Planning and those children who were in the care of the local authority. For those children and young people, information would be shared with the central system which speaks with both the Healthcare systems and the Children's Social Care systems.

It was also noted that a further aim of the programme was to ensure that a child could attend any medical facility throughout the country and upon presentation would be identified as a child at risk or in care and, as a consequence, actions and treatment provided would consider the presenting risks. The data in respect of their visit to a medical establishment would then be uploaded and sent back to the local authority and appropriate action taken. The data was required to be updated every 24 hours by all three systems, Child Social Care (CSC), Health and the central data system.

Members were advised that in order for the process to work the CSC and Health organisations must have the capability to talk to the central system that collated and amended the data. As a result, each party was required to have an N3 connection. In addition, CSC would require Carefirst to be able to report on the required data, aggregate the data and send it via the N3 to the central system. The operators of the Carefirst CSC system were currently identifying how Carefirst would aggregate the data and send it to the central record. It was likely that there would be cost implications for this but assurances had been given by CP-IS that they would challenge companies that charged too much and had stated that it should cost no more than £1,000.

In respect of the data collection, the Local Authority was required to produce procedures detailing how and who would be responsible for ensuring the data was recorded appropriately onto the system. This was particularly important as in the event that an NHS number was wrong, the whole dataset would be returned. The report outlined details of the staged approach to implementing the programme and the next steps involved before the data transfer at the end of September 2014.

Halton had agreed to be part of wave two of the roll-out and consequently would be operational by April 2015 with a target date being September 2014.

RESOLVED: That

1) the contents of the report be noted;

2) the Board ensures that the appropriate requirements were in place from a Health perspective as outlined in the report; and

3) the staged approach to implementing the programme be supported.

HWB7 HEALTHY START PROGRAMME VITAMINS

The Board considered a report of the Director of

Public Health, which provided information on a pilot to increase the provision and distribution of Healthy Start vitamins in Halton. The Healthy Start Programme was a Department of Health funded programme that provided low-income families which included a pregnant woman or a child under the age of 4 years (and all pregnant women under the age of 18 years), with vouchers to spend on food and to exchange for vitamins. It was noted that the numbers accessing the scheme were very low equating to less than 1% of all pregnant women, new mothers and infants.

Until recently pregnant women who were ineligible for the voucher scheme were able to purchase Healthy Start vitamins from NHS Trusts at a lower cost. However due to regulatory changes NHS Trusts were no longer able to do this and there was a concern that this could have a significant impact on the numbers accessing the vitamins. It was therefore proposed that Healthy Start vitamins would be distributed free of charge to all pregnant and breastfeeding women in the Borough regardless of income via midwives, health visitors and through the children's centre network and one bottle of vitamins would be provided to all infants at 6 months of age. It was proposed that this pilot would run from 1st August 2014 to 31st August 2015.

It was noted that the existing voucher scheme for low income families would continue and it was proposed that the availability of the voucher scheme would be extended to Children's Centres, to increase access and encourage take-up. An awareness raising campaign would help promote both the universal availability of free vitamins and the voucher scheme for eligible infants.

The cost of the scheme based on an initial 90% uptake rate with fall off among subsequent uptake was estimated at £5,325.12. With the cost of the promotional marketing campaign at approximately £2,500.

Arising from the discussion it was suggested that any promotional material regarding the free vitamins scheme could be included in the Halton Housing Trust Welcome packs.

RESOLVED: That

1) the content of the report be noted; and

2) the proposals to pilot the universal distribution of Healthy Start vitamins to all pregnant and breastfeeding women (regardless of income) and to

all infants at six months of age be supported.

Meeting ended at 3.10 p.m.