

HEALTH AND WELLBEING BOARD

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

Present: Councillors Philbin, Polhill, Woolfall and Wright and E. Anwar, K. Appleton, S. Banks, S. Boycott, G. Ferguson, A. Marr, A. McIntyre, E. O'Meara, D. Parr, N. Rowe, M. Trehare, J. Wilson, S. Yeoman.

Apologies for Absence: K. Fallon, D. Lyon and N. Sharpe.

Absence declared on Council business: None

Also in attendance: Dr Mandel and two representatives of North West Ambulance.

ITEM DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

HWB22 MINUTES OF LAST MEETING

The Minutes of the meeting held on 17 September 2014 having been circulated were signed as a correct record.

HWB23 INTEGRATED SEXUAL HEALTH SERVICE

The Board was advised that as part of their new Public Health responsibility, local authorities were mandated to commission the following sexual health services:

- Contraception outside the GP contract;
- HIV Testing;
- Chlamydia testing as part of the National Chlamydia Screening Programme and treatment;
- Testing and treatment of other sexually transmitted infections;
- Sexual health aspects of psycho sexual counselling; and
- Any sexual health specialist services e.g. sexual health promotion, young persons' services, HIV prevention, outreach work, teenage pregnancy.

Action

It was noted that prior to 1st November 2014 these services were delivered under four separate contracts, each with a different area of focus or responsibility but with strong interdependencies between the services.

Halton had participated in a review of sexual health services provided across Cheshire and Merseyside in late 2013. This resulted in the development of a common specification for integrated sexual health services combining the elements listed above which local authorities were able to adapt to meet local circumstances.

Members were advised that the Halton specification was adapted to fit local need and took account of feedback from two public and stakeholder surveys and several focus groups held with young people and young mums in the Borough. The tender opportunity to deliver the integrated sexual health services was advertised on the Due North Chest e-procurement system at the end of March 2014 and interviews of shortlisted candidates were held on the 13th June 2014. It was noted that the bid by Warrington and Halton NHS Hospitals Trust (WHNHST) was the most economically advantageous and was, therefore, successful. The report outlined key features of the successful bid and advised that the new contract commenced on the 1st November 2014.

Dr Mandel, consultant and Lead Clinician from WHNHST, attended the meeting and delivered a presentation which outlined the benefits of the provision of the new integrated service.

RESOLVED: That the contents of the report be noted along with the accompanying presentation.

HWB24 CHILD SEXUAL EXPLOITATION

The Board considered a report which provided a summary of the approach in Halton to addressing Child Sexual Exploitation (CSE) within the Borough.

Halton, along with Cheshire East, Cheshire West and Warrington had begun to focus on CSE prior to the Rotherham report following concerns in other areas such as Rochdale and Oxfordshire. Learning from these cases, a range of actions had been undertaken details of which were outlined in the report. It was highlighted that a website www.knowandsee.co.uk had been launched by Warrington, Halton, Cheshire East and West Councils which provide help and support to young people.

The Board was advised that following the publication of the Rotherham Report, a further review of Halton's approach to CSE had been undertaken. The Review would be led and co-ordinated by Halton LSCB and an interim report would be produced at the end of October 2014 which would identify the immediate issues to be addressed to ensure that children and young people were safe. The final report would then be completed by December 2014 and presented to a private session of full Council. The LSCB would then publicise the findings and response and if any urgent action was identified the appropriate action would be taken immediately.

In parallel to this work, Halton was establishing a co-located multi-agency CSE Team which would include colleagues from Cheshire Police and the NHS locally. In addition, the Cheshire LSCBs were working collaboratively with Cheshire Police and the PCC to share best practice and review the "high risk" factors identified in the Rotherham Report, on a wider Cheshire footprint.

Arising from the discussion it was agreed that the possibility of inviting Voluntary Sector organisations to the PAN Cheshire Communication Group be explored.

Also in attendance were representatives from the North West Ambulance Service. They advised the Board that this had been a challenging year for the Service with a 8-9% increase in activity in Halton. In response to recent incidents in the Borough the funding of an extra vehicle had been obtained from the CCG and an acute visiting team had been introduced.

RESOLVED: That the Board note the response by Halton Council and its partners in the Local Safeguarding Children Board to Professor Jay's report into Child Sexual Exploitation in Rotherham.

Strategic Director
Children and
Enterprise

HWB25 PUBLIC HEALTH ANNUAL REPORT 2013-14: DRINKING LESS AND LIVING LONGER

The Board considered a report from the Director of Public Health, which provided Members with information on the 2013-14 Annual Report: Drinking Less and Living Longer. The draft Annual Report was attached as Appendix 1 to the report.

The Board was advised that this year's Public Health Annual Report focussed on the topic of alcohol related harm

and set out how work was taking place in partnership to reduce the alcohol harm for individuals, families and communities. It was reported that alcohol-related harm affected all age groups within Halton. The report was therefore written from a life course perspective and set out key actions that would be taken for each group. A communities chapter was also included which covered issues that affected people of all ages, e.g. crime and community safety, alcohol availability and price.

The Board was further advised that reducing alcohol-related harm was chosen as a topic as it demonstrated the importance of working in partnership and what could be achieved when organisations worked together across organisational boundaries. It was also timely as the Public Health Team were currently working in partnership to develop a local alcohol harm reduction strategy. In addition, Halton was only one of twenty areas in the country to be awarded the status of being a Local Alcohol Action Area.

It was reported that chapters included in the report were as follows:-

- Promoting an alcohol free pregnancy and protecting Halton babies and toddlers from alcohol related harm;
- Reducing under-age drinking in Halton;
- Promoting safe and sensible drinking among adults;
- Promoting safe and sensible drinking among older people; and
- Keeping our local community safe from alcohol related harm.

Each chapter outlined the current levels of alcohol-related harm, described current local activity to reduce alcohol related harm, outlined gaps in current activities and made recommendations for future actions.

RESOLVED: That the Board note the contents of the report and support the recommendations.

HWB26 HALTON ALCOHOL STRATEGY: REDUCING ALCOHOL-RELATED HARM ACROSS THE LIFE COURSE, 2014-2019

The Board considered a report of the Director of Public Health, which presented the final draft of the Halton Alcohol Strategy: Reducing Alcohol-related harm across the life course. The report set out the vision, outcomes and objectives of the Alcohol Strategy.

The Board was advised that the Halton Alcohol Strategy outlined actions aimed at rebalancing the relationship Halton had with alcohol. The strategy took a life course approach to reducing alcohol-related harm at all stages of life from birth to old age and also included a “Communities” chapter.

Members were advised that the strategy built upon the effective work that had been undertaken by partners locally and had been written in collaboration with all partners who had agreed the vision, outcomes, objectives and actions. The strategy was also supported by a detailed action plan outlining actions, the responsible leads, timescales and outcomes to be achieved. The plan would be monitored by the Alcohol Strategy Implementation Group and outcomes reported to the Safer Halton Partnership, Health and Wellbeing Board and all other relevant bodies.

It was also reported that a formal public consultation would be undertaken to enable local people to provide feedback and insight to the final version of the strategy and action plan. In addition, it was reported that the strategy would also be presented to the following Boards for input and discussion:-

- Safer PPB;
- Safer Halton Partnership Board;
- Children’s Trust Board;
- Halton Clinical Commissioning Group Executive Board; and
- Executive Board.

In addition, it was noted that Halton was one of only 20 areas in the country to be awarded the status of being a Local Alcohol Action Area. The award provided support from the Home Office and Public Health England and related to addressing the harm from alcohol across three areas – health, crime and anti-social behaviour, and diversifying the night time economy. Key partners had been involved from local authority, health and community safety and an action plan had been developed. This work was integrally linked to the development of the alcohol strategy and action plan.

Members were also advised that this report and the Public Health Annual Report would be submitted to a future meeting of the Council’s Regulatory Committee.

RESOLVED: That the Board

1. note the contents of the report; and

2. support the strategy outcomes, objectives and actions.

HWB27 EARLY INTERVENTION

The Board received a report of the Strategic Director, Children and Enterprise, which provided a summary of the revised Early Help Model and sought approval of the governance arrangements. Early Help and Support was an approach established in Halton in 2010 with an overarching Early Help Strategy launched in April 2013. There had since been an agreement to develop the next stage of Early Help.

Following work by a sub group of the Early Help and Support Group, in September 2014, Halton launched its locality model based on the realignment of the current Integrated Working Support Teams, and the Intensive Family Work. This new approach was known as Early Intervention. The new Early Intervention Model had set up three locality Early Intervention Teams, one in Widnes and two in Runcorn, reflecting the current volumes of referrals. Each team consisted of staff from the Integrated Working Support Teams, family support teams and intensive family work teams. In November the staff member from the police previously seconded to the Troubled Families would move to be part of the CART.

Members were advised that the next phase of the development of the programme was to work with key partners in the police, health and adult services to establish the correct links with the locality services. In addition, it was suggested that the Health and Wellbeing Board would act as the governing body for Halton's approach to Early Intervention, setting the strategic direction and acting as the driver for planning, co-operation and working. It would also ensure effective information sharing and performance management systems were established across partners. The Board would receive regular reports from the Partnership Board. It was proposed that:-

- the current Troubled Families Strategic Group would be revised and renamed as the Partnership Strategic Board;
- the Partnership Board would be accountable to the Health and Wellbeing Board; and
- the current Early Help and Support Group of the Children's Trust Executive would be responsible for operational delivery and ensuring services were delivered in line with the agreed business plan,

priorities and local needs.

RESOLVED: That

1. the governance arrangements for Early Intervention be agreed;
2. all partners commit to working with the locality based Early Intervention Teams; and
3. all partners commit to ensuring the appropriate information sharing arrangements are in place and that CART can access the relevant data bases.

HWB28 HALTON CANCER STRATEGY

The Board considered a report of the Director of Public Health, which provided a final version of the joint Halton Cancer Strategy 2014-2019, along with the supporting action plan. The prevention and early detection of cancer was identified as one of the five health and wellbeing priorities for Halton via the Joint Strategic Needs Assessment. The Halton Cancer Strategy, in line with the Joint Health and Wellbeing Strategy, took a life course approach from prevention and early detection through to treatment and survivorship. The vision was to deliver on reducing the under-75 mortality rates from cancer, by preventative methods, increased early detection rates and tangible improvements in cancer services.

The strategy had been developed and endorsed by the Halton Action on Cancer Board which included representation from the Strategic Clinical Network, secondary care cancer teams, the GP Clinical Lead for Cancer, the Director of Public Health, the CCG Commissioning Lead, Voluntary Sector representation and had been further supported by numerous public and patient engagements as detailed within the strategy.

It was noted that cancer outcomes were monitored in both the CCG Outcome Indicator Set and the Public Health Outcomes Framework. The indicators included:

- Improved uptake of cancer screening;
- Increased numbers of cancer diagnosed at an early stage;
- Reduced mortality from under 75 cancer;
- Improved one and five year survival rates from cancer, in particular, breast, lung and colorectal.

RESOLVED: That

1. the Board approve and support the contents of the strategy; and
2. the Board support the implementation of the attached action plan for all partners.

HWB29 DUE NORTH: THE REPORT OF THE INQUIRY ON HEALTH EQUITY FOR THE NORTH

The Board considered a report which provided an overview of Due North: the report of the Inquiry on Health Equity for the North, which was the outcome of an independent inquiry commissioned by Public Health England to examine health inequalities affecting the North of England.

The inquiry brought together expertise from people working across the North of England from universities, local government, the NHS and the voluntary and community sector. Due North highlighted that the North of England had persistently had poorer health than the rest of England and that this gap had continued to widen over four decades. Also, there was a gradient in health across different social groups within the North: on average poor health increased with increasing socio-economic disadvantage, resulting in the large inequalities in health between social groups that were observed today.

In addition, the report highlighted that austerity measures introduced by Central Government since the 2008 recession had been making the situation worse, with the burden of local authority cuts and welfare reforms falling more heavily on disadvantaged Northern local authorities such as Halton. In addition, the report recognised that Northern regions currently had limited collective influence over how resources and assets were used in the North of England and that hindered action on health inequalities. Greater devolution of powers and resources to cities and local government was required to drive economic growth and reduce regional inequalities in England.

Due North set out the following 4 high level recommendations to tackle the root causes of health inequalities both between the North and between the North and the rest of England:-

- 1) tackle poverty and economic inequality within the North and between the North and the rest of England;

- 2) promote healthy development in early childhood;
- 3) share power over resources and increase the influence that the public had on how resources were used to improve the determinants of health;
- 4) strengthen the role of the health sector in promoting health equity.

The report also outlined local activity within Halton to improve health equity in line with suggested actions and recommendations. Key activities to reduce health inequalities in Halton related to the Due North recommendations were detailed in the report. A copy of a discussion document on Due North would be circulated to Members for comment following this meeting.

RESOLVED: That

Halton take forward the Due North report recommendations, especially those related to:-

- a) Lobbying Central Government for greater devolution of powers and resources to cities and local government;
- b) Tackling poverty and economic inequality;
- c) Developing a social value approach to procurement;
- d) Promoting healthy development in early childhood;
- e) Developing the capacity of local communities to engage with and influence local decision-making; and
- f) Addressing premature mortality through primary care, with a focus on improving treatment and outcomes among older people living with long-term conditions.

Director of Public Health

HWB30 DISABLED CHILDREN'S CHARTER

The Board considered a report of the Strategic Director, Children and Enterprise, which sought approval from Every Disabled Child Matters and the Children's Trust, Tadworth for the Board to support the Disabled Children's Charter. The report outlined details of the seven commitments which, by signing the Charter, the Board would be agreeing to meet within 12 months. It was also noted that work was already being undertaken in the

Borough to meet the requirements of the Children and Families Act April 2014, it was therefore suggested that these two areas of work continue to be combined.

RESOLVED: That

1. the Board accepts the Charter; and
2. the Charter is reviewed annually.

Strategic Director
Children and
Enterprise

HWB31 HEALTH & WELLBEING GRANTS

The Board considered a report which provided an update on the progress of the Health and Wellbeing Grants which were launched at the Vintage Rally in September 2014. Four categories of application were available: Recognition Award, Community Group Award, Healthy Workplace Award and Health School Award. Three rounds of applications would be invited with deadlines of 17th October 2014, 19th December 2014 and 27th March 2015.

It was noted that the first round of grants received 17 applications for funding and the Panel had agreed eleven grants, one was deferred for further information, one was rejected as it would have been retrospective funding and four were referred to other avenues for support. The total amount awarded in the October round was £5,085. Three of the applications were for recognition awards for contributions to supporting Health and Wellbeing. Full details of all applications received and the grants awarded were outlined in the report.

RESOLVED: That the report be noted.

Meeting ended at 3.55 p.m.