

## HEALTH AND WELLBEING BOARD

*At a meeting of the Health and Wellbeing Board on Wednesday, 13 May 2015 at Karalius Suite, Stobart Stadium, Widnes*

Present: Councillors Philbin, Polhill and Woolfall and S. Banks, P. Cook, B. Dutton, R. Foster, D. Lyon, A. Marr, A. McIntyre, E. O'Meara, D. Parr, N. Rowe, A. Scales, R. Strachan, L. Thompson, S. Wallace Bonner, A. Waller and S. Yeoman

Apologies for Absence: M. Creed, N. Sharpe and Councillor Wright

Absence declared on Council business: None

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

*Action*

#### HWB51 MINUTES OF LAST MEETING

The Minutes of the meeting held on 11<sup>th</sup> March 2015 having been circulated were signed as a correct record.

#### HWB52 THE TRANSFER OF 0-5'S PUBLIC HEALTH COMMISSIONING RESPONSIBILITIES

The Board considered a report of the Director of Public Health, which provided an update on the transfer of 0-5s public health commissioning responsibilities in relation to mandation and financial arrangements. From 1<sup>st</sup> October 2015, the Government intends that local authorities will take over responsibility from NHS England for commissioning public health services for children aged 0-5. The workforce would continue to be employed by their current provider, Bridgewater Community Healthcare NHS Trust, whilst the commissioning responsibilities for 0-5 public health services, which included the Health Visiting Service and the Family Nurse Partnership (FNP), would transfer across to the Council.

It was reported that the Government had reached agreement that the following universal aspects of the 0-5 Healthy Child Programme would be mandated in

regulations:

1. The antenatal health promoting visits;
2. New baby review;
3. 6-8 week assessments;
4. 1 year assessment; and
5. 2-2½ year review.

With regard to finance and contracting, NHS England had worked closely with local authorities to jointly agree the finance and contracting picture. The indicative contract value for Halton had been agreed and was based on the anticipated number of Health Visitors who would be in post at the point of transfer.

RESOLVED: That the update be noted.

#### HWB53 NHS ENGLAND UPDATE

The Board received a quarterly Accountability report submitted by NHS England. The report outlined national and regional context together with specific updates on priorities that the Area Teams were responsible for delivering and how these priorities were progressing. In addition, the report gave an update on NHS England, progress on the Two Year Operational Plans as well as the development of the Cheshire and Merseyside Business Plan for 2015/16.

RESOLVED: That the update report be noted.

#### HWB54 BETTER CARE FUND QUARTERLY MONITORING REPORT (Q1) - UPDATE

The Board was advised that the Better Care Fund operationalisation guidance and non-elective admissions ambitions had been published and the document set out the monitoring requirements for 2015/16 for the Fund which included:

- Quarterly reporting template;
- Submission points; and
- Annual reporting/year-end reporting.

It was noted that approval was sought for the Quarter 4 report from January to March 2015 which was due for submission to NHS England by 29<sup>th</sup> May 2015. Details of the submission, including a summary which covered non elective admissions and supporting metrics, were outlined in the report.

RESOLVED: That the Board

1. note the content of the report; and
2. approve the Quarter 4 Better Care Fund Report, detailed in point 4.0 of the report and at the attached appendix.

#### HWB55 'ONE HALTON' DEVELOPMENT SESSION

The Board received a presentation from Leigh Thompson, Director of Commissioning & Service Delivery, Halton CCG, which advised that NHS Halton CCG had recently launched a new concept and initiative called *One Halton*. This had been done in partnership with a number of local organisations including the Local Authority, NHS providers, voluntary sector organisations and other key local bodies and organisations. The *One Halton* Programme was an overarching framework to deliver a collective mandate for joint action across Halton against a jointly agreed set of strategic priorities. With a focus on primary, secondary and tertiary prevention, it created a holistic way of working in which all local organisations – both statutory and non-statutory – co-ordinated their approach and services to managing the health and well-being needs of local people. Services would be delivered in the optimum locations for people where every resident had consistent access to care. Benefits of the scheme included:

- Whole system approach;
- Shared purpose – the power of everyone behind the same idea/concept;
- Sharing expertise;
- Alignment of organisational plans and priorities;
- Greater opportunity for innovation – with agreed risk sharing; and
- Whole population approach covering all age groups.

As part of the consultation on *One Halton* the Board divided into three groups to discuss six questions around:

Is *One Halton* the right thing to do?

How do we avoid this being just another good idea?

What is the role of the H&WBB in *One Halton*?

What would *One Halton* look like to you as a member of the H&WBB?

How can you accelerate change?

How should the H&WBB through its statutory

responsibilities, provide oversight to *One Halton*?

Each group presented their findings and commented on each question. Leigh Thompson agreed to circulate a discussion document following the consultation workshop and the collective responses to the above set of questions.

It was agreed that progress of the One Halton programme would be presented to the next meeting.

RESOLVED: That the report be noted.

*Meeting ended at 4.05 pm*