

HEALTH AND WELLBEING BOARD

At a meeting of the Health and Wellbeing Board on Wednesday, 6 July 2016 at The Halton Suite - Select Security Stadium, Widnes

Present: Councillors Polhill, Chair, Wright and Woolfall and N. Bunce, P. Cooke, T. Hill, M Larking, E. O'Meara, A. McIntyre, D. Parr, M. Reaney, C. Samosa, M. Sedgwick, S. Semoff, H. Sheldrick, R. Strachan, H. Teshome, L. Thompson, T. Tierney, S. Wallace-Bonner and S. Yeoman

Apologies for Absence: Councillor T. McInerney and S. Banks, D. Lyon, H. Patel and M. Pickup

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 9th March 2016 having been circulated were signed as a correct record.

HWB2 PRESENTATION BY MIKE LARKING, CHESHIRE FIRE AND RESCUE SERVICE

The Board received a presentation from Mike Larking, Cheshire Fire and Rescue Service, which provided information on expanding the current home safety assessments to support identified health issues. The presentation provided Members with details on the Fire Prevention in the Home Policy and the impact of a sustained programme of fire safety activity over the last five years in Cheshire.

The Board was advised that a Cheshire and Mersey Health and Fire Summit had been held on the 15th July 2015 and a number of issues had been identified to be considered and worked up which were designed to deliver a consistent and impactful intervention and support to NHS across the whole of Cheshire and Merseyside. Using Exeter health data, the service would continue to focus on those most at risk from fire but would work with Health partners to identify

those households which also faced additional health risks. In 2016/17, the Service would re-launch its Home Safety Assessment Programme as Safe and Well Visits, with fire fighters and advocates carrying out additional basic health checks. The Service planned to increase the current level of 25,000 home visits a year to around 40,000.

RESOLVED: That the report be noted.

HWB3 PRESENTATION - MEETING THE NEEDS OF CHILDREN AND YOUNG PEOPLE WITH SPECIAL EDUCATIONAL NEEDS AND/OR DISABILITIES - ANN MCINTYRE

The Board received a presentation from Ann McIntyre, Operational Director – Educational, Inclusion and Provision, which provided information of how effectively Halton met the needs of and improved the outcomes of children and young people who had special educational needs and/or disabilities as defined in the Act and described in the Special Educational Needs Code of Practice: 0 to 25 years.

The Children and Families Act 2014 gave each Clinical Commissioning Group (CCG), a statutory duty to co-operate with the Local Authority in a co-ordinated assessment of the needs of individual children or young people assessed as having special educational needs. They also were required to agree a single outcome focused Education, Health and Care (EHC) Plan. The role of the Health and Wellbeing Board and the Halton profile in comparison to neighbouring local authorities, North West local authorities and the national average was detailed in the presentation.

In addition, Members were provided with an update on the current position and areas for development with regard to children and young people who had a special educational need or disability in Halton.

RESOLVED: That the presentation be received.

HWB4 HALTON HOUSING TRUST - DIRECTOR OF HOUSING AND WELLBEING

The Board considered a report which provided an update on the expansion of Halton Housing Trust (HHT) Director of Housing role to include Health and Wellbeing. This expanded role reflected on-going discussions between HHT, NHS Halton Clinical Commissioning Group (CCG) and Halton Borough Council's Director of Public Health, to

develop a role with joint housing and health responsibilities. This strategic role would enable further development of the positive joint working approach developed over the last few years. The report highlighted the Director of Housing and Wellbeing responsibilities, the initial agreed shared priorities for Halton, and a number of ways that HHT, Halton CCG and Public Health, could work more cohesively to achieve shared objectives.

It was noted that Halton CCG had agreed to make an initial contribution of £10,000 towards the cost of this role. This would be reviewed after an initial 12 month period.

RESOLVED: That the report be noted and that the Board supports the creation of a Director of Housing and Wellbeing.

HWB5 FINANCIAL RECOVERY AND SUSTAINABILITY PLAN

The Board considered a report of the Chief Officer of Halton CCG, which outlined the actions being undertaken by NHS Halton CCG to achieve financial recovery and sustainability. Over the three previous financial years NHS Halton CCG had managed to deliver a balanced year end budget and a 1% surplus.

It was reported that the next five years would be challenging and would involve some difficult and potentially contentious decisions about what services NHS Halton CCG chose to commission or decommission and what partnerships and activities could be invested or disinvested in. The initial figures over the next five years suggested NHS Halton CCG would need to find a cumulative total of £55.6m.

At its meeting of the Governing Body of NHS Halton CCG on the 7th April 2016, it was agreed that based on the forecasts, a financial recovery and sustainability plan was required by July 2016 to deliver recurrent savings over the next five years and to deliver more efficient and effective health and care services. The plan would explore four areas of action:-

- Improving health care;
- Improving value for money;
- Reducing costs by reviewing existing services; and
- Considering more difficult decisions.

On 2nd June 2016, the Governing Body agreed some core principles and a process for decision making on cost improvement identification to contribute to financial

sustainability. The process that was agreed would ensure that the impact of any commissioning decisions, whether about investment or disinvestment, took into account quality and equality issues and were taken forward following engagement with interested parties.

RESOLVED: That the report be noted.

HWB6 PUBLIC HEALTH ANNUAL REPORT ASSESSING NEEDS AND TAKING ACTION

The Board considered a report from the Director of Public Health, which provided Members with information on the 2015/16 Annual Report: Assessing Needs and Taking Action. The Annual Report would be available in July 2016 in hard copy and on line at www.halton.gov/PHAR.

The Board was advised that this year's Annual Report focussed on the work of the Public Health Evidence and Intelligence Scheme. The topic had been chosen to highlight some strategic pieces of work, their key findings and how they had been used or would be used by Halton Borough Council and its partner organisations. The pieces of work highlighted in the report where:-

- Children's Joint Strategic Needs Assessment (JSNA);
- GP JSNA;
- JSNA on Long Term Conditions; and
- Older People's JSNA.

RESOLVED: That the contents of the report be noted and the Board supports the recommendations.

HWB7 BETTER CARE FUND 2016/17

The Board considered a report of the Director of Adult Social Services, which provided information on the submission of the Better Care Fund 2016/17. It was reported that much of the 2016/17 submission remained a continuation of the successful approach in 2015/16 and initial feedback suggested that Halton would be approved unconditionally. This would be confirmed by 30th June 2016.

RESOLVED: That the report and associated documents be noted.

HWB8 WELL NORTH PROGRAMME

The Board considered a report which provided an update on the Well North Programme for Halton. Well North

was a Department of Health response to the Due North Report published in 2015, which highlighted the disparity in health outcomes between the north and the south of England. The development of the Well Halton Programme, under the auspices of Well North, had been conducted in partnership between NHS Halton CCG and Halton Borough Council. The Health and Wellbeing Board reviewed and approved the initial proposition and had received a progress report with a further report due in July. Regular updates and opportunities for engagement in the development of the Well Halton proposition had also been offered across the two organisations and community partners.

It was reported that three schemes had been agreed for Well Halton in the following areas; Windmill Hill, Halton Brook and Widnes.

An initial narrative had been developed for each area and the next steps were that each scheme would require a clearly identified governance structure, a project initiation document and clear leadership team to progress the schemes. Details of the membership for each scheme were outlined in the report.

RESOLVED: That

- (1) the report be noted;
- (2) the initial work programme for Well Halton be agreed; and
- (3) the resources required to support Well Halton be agreed.

HWB9 HEALTH AND WELLBEING BOARD STRATEGY 2017-2022

The Board received a report from the Director of Public Health, which provided an update on the development of the new Halton Health and Wellbeing Strategy (2017/2022). One of the key responsibilities of the Health and Wellbeing Board was to develop a Health and Wellbeing Strategy to meet the needs of the local population. Halton's first Health and Wellbeing strategy covered the period 2013–2016 and set out the vision of Health and Wellbeing in Halton. As the current strategy finished in 2016, a new Health and Wellbeing Strategy would be developed to build on successes and to make further improvements.

Members were advised that it was important that the Strategy recognised:

- the agreement between the Government and the leaders of the Liverpool City Region (LCR) to devolve a range of powers and responsibilities to a Combined Authority;
- the NHS five year forward view; and
- the five-year Sustainability and Transformational Plan (STP).

Whilst the new Health and Wellbeing Strategy needed to reflect current priorities from elsewhere in the system, it would maintain a local focus that was evidence-based and reflected local people's views. Priorities identified within the new Strategy would be aligned with LCR Devolution and "One Halton" areas of focus. Those currently being discussed included:-

- Child development;
- Community immobilisation, health eating and exercise;
- Long term conditions CVD and cancer;
- Mental health; and
- Disabilities.

In addition, the new Strategy would include an updated Health and Wellbeing profile for Halton, outline the progress made since 2013 and the challenges that remained, provide an overview of priorities and how and why these were chosen, outline a system at scale to make a difference and outline how success would be measured.

Following consultation with public and key stakeholders, a draft of the new Strategy would be presented to the Health and Wellbeing Board for comment in October, with a final version submitted for approval in January 2017.

RESOLVED: That the Board provide leadership and oversight for the development of the new strategy and help inform its chosen priorities.

HWB10 DISCUSSION PAPER ON THE MANAGEMENT OF LETTINGS WITHIN THE BOROUGH AND THE IMPACT ON OLDER PEOPLE

The Board considered a report which highlighted the impact that some housing lettings could have on the health and wellbeing of older people within the Borough. In order to

ensure that the health and wellbeing of older people in housing lettings was improved and maintained, it was proposed that the Board consider the following:

- i. to adopt a National Pensioners Convention (NPC) Dignity Code;
- ii. to consider putting forward a recommendation to the Property Pool Plus to adopt the NPC's Dignity Code; and
- iii. discuss how the health and wellbeing of older people within the housing lettings could be brought to the fore and draw attention to so that other older people did not have their lives affected by inappropriate lettings.

RESOLVED: That

- 1) the report be noted;
- 2) the Board discuss the issues under Options for Change and develop a system-wide approach; and
- 3) the Board adopt the National Pensioners Convention Dignity Code.

Meeting ended at 3.50 pm