

HEALTH AND WELLBEING BOARD

At a meeting of the Health and Wellbeing Board on Wednesday, 29 March 2017 at Karalius Suite, Halton Stadium, Widnes

Present: Councillors T. McInerney, Polhill, Woolfall and Wright and G. Ferguson, S. Banks, E. Bragger, N. Bunce, P. Cooke, B Connell, S. Ellis, A. Fairclough, J. Fuller, T. Hill, D. King, M. Larking, E. O'Meara, C. Ogier, S. Semoff, R. Strachan, L. Taylor, S. Wallace-Bonner and A. Williamson

Apologies for Absence: M. Vasic, A. McIntyre, M. Pickup, S. Constable, D. Davies, D. Parr and S. Yeoman

Absence declared on Council business: None

ITEM DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

Action

HWB26 MINUTES OF LAST MEETING

The Minutes of the meeting held on 18th January 2017 having been circulated were signed as a correct record.

On behalf of the Board, the Chair thanked Simon Banks, NHS Halton CCG for his contribution to the Board and wished him well in his new job.

HWB27 PRESENTATION - DEMENTIA UPDATE

The Board received a presentation from Jackie Fuller and Cheryl Ogier, both Admiral Nurse Practitioners for Five Borough's Partnership. Admiral Nurses were specialist dementia nurses who gave practical and emotional support to family carers, as well as the person with dementia. The team worked with the family carer as a primary client, providing families with the knowledge to understand the condition and its affects and the skills and tools to improve communication. They also provided emotional and psychological support to help family carers to continue to care for their family member.

The presentation provided examples of case studies, which included the outcomes, as a result of the support

provided by Admiral Nurses, for both the families and the person with dementia. In addition, Members of the Board were advised on how to access the Admiral Nurse Service.

The Board also received an update report on dementia diagnosis rates, services and priorities within Halton and future emerging issues. The dementia diagnosis rate target in Halton of 75% by March 2017 was set locally by NHS Halton Clinical Commissioning Group (CCG). In April 2016 Halton reached a diagnosis rate of 72%. Following on from this work had been carried out locally to focus efforts on improving diagnosis rates, including regular contact with GP practices by NHS Halton CCG to raise awareness of the Dementia Quality Toolkit.

On behalf of the Board, the Chair thanked the Admiral Nurse Practitioners for their informative presentation.

RESOLVED: That the report be noted.

HWB28 PRESENTATION - BOWEL CANCER SCREENING INTERVENTION

The Board considered a presentation from David King, Health Improvement Specialist – Advanced Halton Health Improvement Team, which provided an update on a research study undertaken around Bowel Cancer Screening in Halton. Bowel Cancer Screening was currently led by Public Health England but performance was monitored at local authority level. The presentation outlined details of the screening programme available every two years to all men and women aged 60 – 74 years. Currently, the Halton screening uptake was 52.2% with a North West average of 55.9% and a national average of 57.1%.

Mr King outlined to Members of the Board details on research he had undertaken to improve the Halton screening percentage across three GP practices. Through established links from health improvement work, two practices in Widnes and one in Runcorn were identified to take part in an 8 week intervention period. The intervention aimed to target non-responders to the screening invite by telephoning people once their GP practice was informed by the Regional Screening Hub. Within the three practices Health Improvement Trainers were given training to contact people who declined the original invitation. It was noted that 240 non responders were targeted and as a result of the telephone calls and an agreement with the regional screening hub, replacement kits were ordered directly from the practice. Results showed an average increase in

screening by almost 10% (9.7%) as a result of the intervention.

Members were also advised on work that had taken place to date following the research exercise. It was noted that a potential to expand the methodology across all GP practices would need extra resources to avoid an unequitable offer. To date, currently no funding had been identified to widen the offer. However, using existing resources, the practice of intervention had begun within five different GP practices for the next six months to build a business case further.

On behalf of the Board, the Chair thanked Mr King for the informative presentation.

RESOLVED: That the report be noted.

HWB29 INTEGRATED WELLNESS SERVICE ANNUAL REPORT

The Board considered a report of the Director of Public Health, which provided an update on the performance of the Integrated Wellness Service for the period January to December 2016, as detailed in the Annual Report. Halton's Integrated Wellness Service comprised Halton Health Improvement Team and Sure Start to Later Life and was an in house service within the Council. The team played a significant role in addressing the five priorities contained in Halton's Health and Wellbeing strategy (2015/2018) and worked with local clinicians and Health and Social care colleagues to deliver innovative, evidence based and measureable interventions such as breastfeeding support, stop smoking, healthy weight, falls prevention and access to low level early intervention and prevention services across the community.

It was reported that over the period the service had seen an upturn in people accessing all of the initiatives, with the service having engaged with in excess of 18,000 people across a range of programmes. Details of how the service would continue to develop and the range of initiatives proposed in 2017 were outlined in the Annual Report.

RESOLVED: That the report be noted.

HWB30 PHARMACEUTICAL NEEDS ASSESSMENT

The Board considered a report of the Director of Public Health, which provided an update on the Pharmaceutical Needs Assessment (PNA), including risks

associated with it and proposed local governance. The PNA was a statutory document that stated the pharmacy needs of the local population. This included dispensing services as well as public health and other services that pharmacies may provide. It was used as the framework for making decisions when granting new contracts and approving changes to existing contracts as well as for commissioning pharmacy services.

It was proposed that the current framework developed across Merseyside would be used to produce the Halton PNA. This would ensure that, although each local authority PNA would be developed locally and differ according to the local area and population, it would continue to be in the same format which would make it easier to use and review. A Cheshire and Merseyside group of local authority PNA leads, the NHS England Pharmacy Contracts Team and representatives from the Local Pharmaceutical Committees had started to meet to discuss common elements of the PNA, both content and information gathering exercises.

The Board were asked to nominate Board level sponsors with responsibility for the PNA, with the management of the PNA being passed to the local Steering Group led by Public Health. The Steering Group would oversee the operational development and consultation for the PNA, reporting back to the Board for approval at strategic stages of the process, in line with the regulations. The next PNA must be published by the 1st April 2018.

The Board noted the financial risk associated with decisions based on information in the PNA which may open the Board up to Judicial Review.

RESOLVED: That

- (1) Councillor Wright, Paul Cooke and Stuart Ellis be nominated as a Board level sponsor for the PNA;
- (2) the financial risks associated with the PNA be logged through Halton Borough Council's Risk Assessment and Register process; and
- (3) the establishment of a local steering group to oversee the PNA development process in line with the national regulations be noted. This group would report back to the Board on the draft before the statutory consultation began

and following this period detailing the Board's responses to feedback.

HWB31 HEALTH AND WELLBEING STRATEGY

The Board considered a final version of the One Halton Health and Wellbeing Strategy (2017/2022). The One Halton Health and Wellbeing Strategy was an overarching strategy to improve health in Halton. The new Strategy would build upon the successes of the previous strategy and outlined the key priorities which the Health and Wellbeing Board would focus on over the next five years. It had been developed using a partnership approach and was developed by a multi-agency steering group. The new Strategy provided:-

- An overview of One Halton;
- Principles of joint working;
- A joint vision, new priorities and how and why these were chosen
- An updated health and wellbeing profile for Halton;
- An outline of the progress made since 2013 and the challenges that remained;
- Examples of innovative work already being undertaken within Halton that took a place based approach, working with local people and using local assets e.g. Well North, Healthy New Towns; and
- How success would be measured.

The priorities for 2017-2022 of the One Halton Health and Wellbeing Strategy included:-

- Children and Young People: Improved levels of early child development;
- Generally Well: Increased levels of physical activity and healthy eating and reduction in harm from alcohol;
- Long term conditions: Reduction in levels of heart disease and stroke;
- Mental Health: Improved prevention, early detection and treatment;
- Cancer: Reduced level of premature death; and
- Older People: Improved quality of life.

RESOLVED: That the final version of the Strategy be approved and the development of Actions Plans for the identified priorities be supported.

Meeting ended at 3.40 p.m.