

**HALTON HEALTH PARTNERSHIP BOARD
MINUTES OF THE MEETING FROM
THURSDAY 17 July 2008**

Present :

Fiona Johnstone (Chair)
 Peter Barron
 Lorraine Butcher
 Cllr Ellen Cargill
 Glenda Cave
 Melissa Critchley
 Sue Forster
 Cllr Ann Gerrard
 Dwayne Johnson
 Eugene Lavan
 Sue Milner
 Judith Nicholson (for Carmel McBride)
 Karen Tonge
 Jane Trevor
 Jim Wilson

Shelah Semoff
 Helen Murphy
 Phil Elliott

		ACTION
1.	Apologies Ian Stewardson, Cllr Tom McInerney	
2.	Minutes of the previous meeting: The minutes of the meeting held on 15 May 2008 were accepted as a true record subject to the following amendments: Item 6: to include the name Mark Wilson (Chair LSSP). Item 8: the sentence beginning 'The document contains very' the word 'little' to be inserted.	
3.	Matters Arising: Item 11: LAA signed off by ministers and a celebration held on 7 July in the Government Office. DJ - consulting on social care performance - star rating system social services 3 star moving away from this system, new performance system will be directly linked to LAA, will know after consultation. Possible this sort of group will become responsible for this performance. Report back November/December. LB - Successful meeting with secondary heads in Halton, real sense that heads do want to explore how to delivery successful health advice within schools. Formation of dedicated strategy group: Felt would make sense to	



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	<p>have wider group for teenage pregnancy across Halton and St Helens - particularly for local focus. JAR report published 22 July, LB to send to GC for circulation. LB to contact Rob Forster.</p> <p>A4H - DJ provided section on housing to be incorporated in final draft of A4H document. Information from HVA on Monday - a lot of feedback and comments of what people want locally. Ensure this feeding into decision making for final document. Child health discussed, need to determine right time to health child summit. Looking to held overall health summit in September, possible 3 September. EL confirmed that invitations will be sent out once decision finalised.</p> <p>Audit response sent back, just needs to be monitored in performance management.</p>	<p>LB/GC</p>
<p>4.</p>	<p>Halton Health Study - FJ pleased that PE could return. Research and Development Manager, Western Cheshire PCT. Quite a lot of controversy re the inclusion of the word 'pollution' in the title of the study. Trying to find how residents feel about living in the borough. Methodology used included interviewing 60 residents and 20 people working in public and voluntary sectors. Areas sampled included Birchfield, Kingsway, Riverside, Mersey, Heath and Norton South.</p> <p><u>Birchfield</u>: People moved into the area from other parts of Merseyside therefore idea of pollution distant. Health status very good, socio-economically affluent.</p> <p><u>Kingsway</u>: Sense of community identified more so than for Birchfield. Fears expressed about pollution, experience of poor health in families.</p> <p><u>Riverside</u>: Much more localised community. Fears of pollution and ill health very localised. Industry in mind. Close community helps with well-being and ill health but does not prevent this.</p> <p><u>Mersey</u>: Similar to Riverside but fractured community, new comers seen as different. Risk posed to wellbeing from hostile general environment which seems to be ever changing. Area destroyed by outside forces because of new town. Leads to mistrust which is stronger than anywhere else. Feeling of negativity which stands out more than in other wards.</p> <p><u>Heath</u>: Fewer environmental issues as this area is seen as a desirable place to live and pollution is played down. Health of the community demonstrates this. Residents feel this is a good area which appears to recreate itself.</p> <p><u>Norton South</u>: Environment seen as threat which leads to people's dissatisfaction with the area that new town has not developed as was initially thought. Image that areas seems to be in decline. Ill health put down to pollution travelling over, not only physical but psychological symptoms.</p> <p>These factors can tie into areas' ill health. Ill health appears to be more prevalent in declining and poorer areas. Unclear from lay knowledge what risks might be. Official knowledge keen to downplay the risks residents feel. Well meaning community</p>	



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	<p>schemes introduced in some areas but the feeling is that these are destroying the communities. Passive recipients rather than active recipients. People in poorer areas feel stigmatised by impressions of the area. Residents in certain areas wary of official knowledge of health generally. Lay knowledge built on observation and experience - official knowledge more factual based, backed by statistical evidence. Different forms of knowledge - some statistical - can be used to present different image of area. Overall positivity from residents about living in Halton. Community messages more important to and trusted by residents than official information. Socio economic help very much welcome to enable greater independence.</p> <p>Comments: Cllr Ellen Cargill resounding messages around community sector - residents to be made to feel empowered to have a voice to change the environment. Some good examples of residents knowing how they want to change the area and how this will work. Queried where voice of residents appears in the commissioning plan. Pleased with outcomes of research which link with environment and wellbeing (mental). PE - circumstances that people find stressful. PB - Difference in health and wellbeing - agenda proposal around developing community capacity. This also says where to deal with this differently. Lynne Williams (VS) had suggested pot of funding to enable this. Need to find ways of putting money into the communities using lay knowledge. PE - communities felt that the fact that they might need help did not help. KT - area forums, do not relate to communities. Cllr Ellen Cargill - big problem with communication, possibly people do not know when community forums being held. Cllr Gerrard - Dependent upon who meets and whether information is communicated via councillors. Some examples given on small groups improving situation for the children in a particular area and have attracted amounts of funding to continue with the improvements. Now environment and wellbeing have improved. DJ - CPA just held and similar issues from this. Report to be published next week and can be discussed more formally. Information from PE set against statistical information dissonance. Strategic point where are we going to use this. Need to ensure that such reports are utilised so that it is meaningful. FJ report cost to reflect on how to speak to different communities. What do the messages from this research mean for this group, how do we communicate with residents in different areas. LB - Trying to move more to locality working, trying to bring professionals on locality teams. Trying to bring something different to bring about specific changes. None of the information taken to the communities gives the whole picture. Want to move to having different conversations - try to get locality workforce, sharing community engagement so that community get to know the people around them.</p>	



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	<p>PE - Official knowledge can be felt as privileged. MC - agreed with DJ that need to make use of this report to address the challenge. FJ - Key messages from this report to be linked to JSNA, onus on those people working with different communities. FJ asked group to think of other reports and attach those to JSNA as first step. To then be embedded. DJ comfortable with this outcome. FJ congratulated PE on excellent piece of work which group found of great interest.</p>	
<p>5.</p>	<p>Health and Community Care Forum Feedback</p> <p>KT - Involved with Heart of North Cheshire Grants - 21 groups have received grants of between £20 and £750. Thanks to the group for this. Presentation from PCT on 'Bright Ideas', feedback given to Simon Bell, forms distributed. Looking at membership of executive cost of funding, proposal one from Widnes and Runcorn - elections next year. A4H some community engagement at Windmill Hill in particular with arrangements for GPs. About 20 people turned up for consultation. Working with Nick Mannion, transport lead, re the consultation event at Stobart Stadium on Monday 14 July. Very interesting session, key message what ideas have used and how things have changed. Concern again registered about the Priory - residents meeting held. Role of Widnes and Runcorn Weekly News - no link between the two for important issues. MC - 'Bright Ideas' programme - how to do this differently following report from PE. SSP Monitoring Group forum has amber for more robust outcomes - report done in 03/04 needs to be revisited. FJ - found event on Monday impressive - 68 questionnaires completed and submitted. FJ - decision of PCT re Priory unchanged.</p>	
<p>6.</p>	<p>Joint Strategic Needs Assessment (JSNA)</p> <p>Presentation given by Sue Forster on the overview of the key messages emerging from the JSNA.</p> <p>SF - this presentation will be taken round to various groups, therefore it is a long presentation. Only PCT in the North West who has to provide two JSNAs. Overview given on the information required to be collated.</p>	
<p>7.</p>	<p>Ambition for Health (A4H)/Healthier Horizons/Strategic Plan</p> <p>Eugene Lavan presented on the strategic policies and initiatives that are the main drivers for the PCT, including the national context of the Darzi review, the SHA context in the form of Healthier Horizons, Clinical Pathway Groups and the fit with A4H and the formation of the Commissioning Strategic Plan which will form the basis for World Class Commissioning assurance in terms</p>	



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	of strengthening leadership and strategic capability.	
8.	<p>Halton Health Campus (HHC) Strategic Vision Mission Project</p> <p>Eugene Lavan outlined the stages involved in improving Health and Health Care in Halton, namely:</p> <p>Stage 1: Project Mobilisation – December 2007 Stage 2: Fact Basing – Jan-Mar 2008 Stage 3: Developing a Strategic Vision – Mar-May 2008 Stage 4: A Strategy for Halton Hospital involving a Clinical Strategy</p> <p>From the vision, seven strategic principles were agreed:</p> <ol style="list-style-type: none"> 1. HHC Strategy should be developed from a user perspective (not an organisational one) and clinical service reform should be at the heart of it. 2. HHC is a vital part of NCH NHS Trust. 3. HHC, as part of a clinical network, should be providing additional services along pathways that reflect local health needs. 4. HHC should be fully utilised and consideration provided to environmental partners – ISTC & 5BP. 5. HHC Strategy should promote the integration of health & social care provision. 6. HHC Strategy should reflect that NCHT & 5BPT are the preferred providers for secondary care services. 7. The Strategy should reflect that outside of secondary care “preferred provider” status, that system management and market development strategies are utilised where appropriate. 	
9.	<p>Local Involvement Networks</p> <p>Dwayne Johnson advised that the paper circulated with the agenda was circulated for information to update members on the tendering process.</p>	
10.	<p>LSP Communications Update</p> <p>Helen Murphy introduced herself to the Board as the new LSP Communications Officer and advised that her first two priorities will be to update the LSP website and to re-introduce the LSP newsletter. Following this, she will look to re-start the LSP Communications Group and will be working on the LSP Annual Report.</p>	
11.	<p>Performance Management (Sub Group & Finance)</p> <p>Peter Barron advised that the Performance Sub-Group had commenced a review of the existing SLAs funded via WNF and</p>	



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	<p>that a picture had started to emerge around the linkages and the outcomes from each. There still remains work to be done, especially around the HCCF, Accessible Transport (further meetings with project leads required) and Information Outreach projects (information provision across Halton in its entirety to be reviewed later in 2008).</p> <p>Glenda Cave provided an update on Q1 spend. Given the return date for Q1 claims was 14 July, the figures presented were projected and the actual position will be reported at the next meeting.</p>	
12.	<p>New LAA Health Action Plans/Targets</p> <p>Sue Milner explained that health action/delivery plans had been drawn up for each of the health indicators on the new LAA to enable the Board to understand how the actions would deliver the new LAA in Halton.</p>	
	<p>Date and time of next meeting - Thursday 18 September, 2008 at 10 am - Conference Room 2, Municipal Building, Widnes</p>	