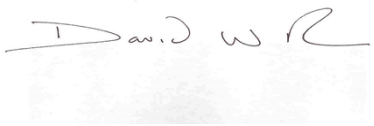
Public Document Pack

Supplementary Agenda

Health and Wellbeing Board

Wednesday, 27 March 2019 2.00 p.m.
Halton Suite - Halton Stadium, Widnes



Chief Executive

Please contact Gill Ferguson on 0151 511 8059 or e-mail gill.ferguson@halton.gov.uk for further information.
The next meeting of the Committee is on Wednesday, 10 July 2019

ITEMS TO BE DEALT WITH
IN THE PRESENCE OF THE PRESS AND PUBLIC

Part I

Appendix B

TERMS OF REFERENCE FOR HALTON'S HEALTH AND WELL-BEING BOARD

Aims

1. Health and wellbeing boards were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of their local population.
   Principally this includes:

   - guiding and overseeing the Joint Strategic Needs Assessment;
   - overseeing the implementation and monitoring of the Joint Health and Well-being strategy based upon the findings of the JSNA
   - promoting joint commissioning and integrated provision between health, children's services, public health and social care.

2. The Health and Wellbeing Board will provide a key forum for public accountability of the NHS, Adult Social Care, Children's Services, Public Health and other commissioned services relating to the wider determinants of health in Halton.

Terms of Reference

Principle Responsibilities:

- To be responsible for guiding and overseeing the implementation of the ambitions outlined in the One Halton Health and Wellbeing Strategy 2017 - 2022, The NHS Long Term Plan 2019 - 2029, health strategies for England and national operational plans and local health strategies and action plans.

- To promote robust joint commissioning, partnership arrangements and integrated, collaborative provision between health, public health, social care, children's services, the voluntary and third sector.

- To support the collaborative delivery and provision of health and social care for Halton residents

- To assess the needs of the local population and support the statutory Joint Strategic Needs Assessment.

- To identify and monitor the reduction of health inequalities

- To develop and monitor relevant activity and performance

- To ensure effective relationships between the HWBB and other strategic boards operating in Halton.

- Halton Health and Wellbeing Board will have oversight of local safeguarding boards and the Child Death Overview Panel.

- To contribute to the development of Health and Well-being Services in Halton which may arise as a result of changes in Government Policy and relevant legislation.

- To provide a voice for Halton residents on all matters relating to the commissioning, provision and scrutiny of health and social care in Halton.

Membership

- Elected Member (Chair)
- Executive Board Portfolio Holder for Health & Wellbeing
- Executive Board Portfolio Holder for Children and Young Peoples Services (Chair of Children's Trust)
- Other Local Authority Portfolio holders for other strategic priorities that sit under Halton's HWBB
- Chief Executive, Halton Borough Council
- VCA Representative
- Health Watch Representative
- Director of Adult Social Care
- Operational Director Children's Services
- Director of Public Health
- Strategic Director of People
- Chair of Safeguarding Children's Board
- Chair, NHS Halton Clinical Commissioning Group
- Chief Officer, NHS Halton Clinical Commissioning Group
- GP representatives (GP Federations)
- Chief Executive or representative from NHS England
- Operational Director, Integrated Commissioning, NHS Halton Clinical Commissioning Group

- North West Boroughs Partnership NHS Foundation Trust
- Bridgewater Community Healthcare NHS Trust
- Warrington & Halton Hospitals NHS Foundation Trust
- St Helens and Knowsley Hospitals NHS Trust
- Chair(s) of the Safer Halton Partnership Board
- Chair of the Children's Special Strategic Partnership Sub Group (Children's Trust)
- Cheshire Constabulary
- Cheshire Fire and Rescue Service
- North West Ambulance Service
- Pharmacy Representative

In the event of a representative not being able to attend the Board, a nominated deputy from that organisation should attend.

Conflict Resolution

- To build consensus, members need to be aware of, and understand, the different values, outlook, skills and experience that each member brings to meetings.
- Given the range of people involved in the Board, differences of opinion will unfortunately be inevitable and this diversity is welcomed as it leads to reasoned and challenged debate within the Partnership which helps in achieving its goals. The aim must be for differences of opinion to be dealt with in a positive and constructive manner and to avoid situations where decisions escalate into formal confrontations and breakdown of trust and conflict, as ultimately this will discredit the Board.
- The operating principles and policies of The Board, aim to show how to build consensus and deal with conflict in a positive way by stressing the key principles of diplomacy, negotiation, mediation and arbitration that all members must adopt in Board meetings
- In situations where differences of opinion are seriously escalating at Board meetings and jeopardising the work of the board, the members concerned need, with the assistance of an impartial third party, to go to mediation. Mediation should be jointly called by both parties concerned, or may be requested by other members of the meeting where conflict arose.
- Nothing in this document should be interpreted as changing the statutory or other responsibilities of partners, or their own accountabilities. It does not prevent them pursuing their own individual action if they so wish.

Meetings

Meetings of the Health and Well-being Board will take place quarterly. The chair may call an extraordinary meeting at any time. The agenda and associated papers will be sent out a minimum of one week (five clear working days) in advance of the meeting. Minutes of the board will be formally minuted.

Chair

The Chair will be an Elected Member of Halton Borough Council.

Quorum

The meeting will be quorate provided that at least fifty per cent of all members are present. This should include the Chair or Vice Chair and at least one officer of the CCG and one officer of the Local Authority. Where a Board is not quorate, business may proceed but decisions will need to be ratified.

Decisions

Where a decision is required, that decision will be made by agreement among a majority of members present. Where a decision needs to be ratified by one of the statutory agencies, the ratification process will be in accordance with the agreed process within that particular agency.

Minutes

Minutes of the proceedings of each meeting of the Board will be drawn up, circulated and agreed as a correct record at the subsequent meeting, once any required amendments have been incorporated.

Review

The membership and terms of reference of this partnership will be reviewed regularly (normally annually) to ensure that they remain relevant and up-to-date.

HALTON'S HEALTH AND WELLBEING BOARD

MEMBERS ROLES AND RESPONSIBILITIES

1. The quality and commitment of members is crucial to the success of the Health and Wellbeing Board (HWBB). Members need to have vision, skills, experience and influence to make things happen within their organisation and/or sector. All members of Halton's Health and Wellbeing Board when attending meetings, or working on behalf of the Board, will share a number of common rights and responsibilities:-

- All members are treated as equal and their contributions are respected and valued at meetings.
- All members are able to voice the views and opinions of the organisation and/or sector they represent at meetings.
- Information, reports and agendas for meetings will be circulated and shared amongst members.
- All members are able to provide items or suggest issues for discussion at meetings.
- All members are able to contribute to the formal decisions and recommendations of the Board.
- Members will take responsibility for working with partners to ensure priorities and key actions are met.
- Members will contribute positively at meetings and work with other members to take strategic decisions and reach consensus regarding the strategic development of issues across Halton.
- Members will consult and obtain the views of the organisations and sectors which they represent and reflect or communicate at these meetings.
- Members will consider what is in the best interests of Halton as defined in the One Halton Health and Wellbeing Strategy (2017-2022) and to weigh this alongside the interests of their parent organisation or sector.
- Members will ensure they are fully briefed and informed and are able to share information from their parent organisation or sector, whilst also reflecting confidentiality and data protection issues.
- Members will bring forward agenda items or information in areas where they can provide particular expertise or have an interest, and will share the information in an accessible format and by agreed deadlines.
- Members are prepared to regularly attend all Board meetings of which they are a member, or send an agreed substitute in exceptional circumstances.
- Members will seek to support the needs and add value to the resources and activity of other members wherever possible.
- Members are encouraged to challenge the opinions and actions of other members where this will lead to an improvement in outcomes for Halton.
- Members are expected to display consistency and honesty to achieve consensus through debate.
- Members will ensure that decisions are based on direct evidence and/or experience.
- Members will as ambassadors for the HWBB and take responsibility for communicating messages across their own organisations and sector contacts, other partnerships and the public.

Health and Wellbeing Board Dashboard

Please see 'sources' sheet for the source of the data included within this dashboard

			Ages	Baseline	Period	Current	Time period	Trendline
HEALTH & WELLBEING BOARD PRIORITIES								
CHILD DEVELOPMENT								
1	Child development at age 5 *% of eligible children achieving a good level of development at the end of reception*		5					
2	A&E attendances *Crude rate per 1,000*		0-4					
3	Children in care *Crude rate per 10,000 children*		0-17					
4	Obese children - Reception *% of children who are obese*		4-5					
5	Obese children - Year 6 *% of children who are obese*		10-11					
6	Hospital admissions for mental health conditions *Crude rate per 100,000*		0-17					
GENERALLY WELL: Increased levels of physical activity and obesity; reduction in harm from alcohol								
7	Adults achieving recommended levels of physical activity *% of adults achieving 150+ minutes of moderate intensity equivalent per week*		19+					
8	Adults with excess weight *of adults classified as overweight or obese*	*%*	18+					
9	Under-18 alcohol-specific admission episodes *Crude rate per 100,000 population*		<18					
10	Alcohol-related admissions episodes (narrow definition) *Directly Standardised Rate per 100,000 population*		All					
11	Premature mortality from liver disease *Directly Standardised Rate per 100,000 population*		<75					
LONG TERM CONDITIONS: Heart disease and stroke								
12	Smoking prevalence *% of adults who currently smoke*		18+					
13	Premature mortality from cardiovascular disease *Directly Standardised Rate per 100,000 population*		<75					
14	Premature mortality from respiratory disease *Directly Standardised Rate per 100,000 population*		<75					
MENTAL HEALTH								
15	Emergency self-harm admissions *Directly Standardised Rate per 100,000 population*		All					
16	Self reported wellbeing: low happiness *adults reporting low happiness*	*% of*	16+					
17	Social isolation *% of adult social care users who have as much social contact as they would like*		18+					
REDUCTION IN EARLY DEATHS FROM CANCER								
18	Premature mortality from cancer *Directly Standardised Rate per 100,000 population*		<75					

		Ages	Baseline	Period	Current	Time period	Trendline
QUALITY OF LIFE FOR OLDER PEOPLE							
19	Flu vaccination uptake *% of eligible adults aged 65+ who received the flu vaccine, GP registered population*	65+					
20	Emergency admissions to hospital due to injuries from falls *Directly Standardised Rate per 100,000 population*	65+					
21	Emergency admissions to hospital due to hip fractures *Directly Standardised Rate per 100,000 population*	65+					
22	Health-related quality of life for older people *Average health status score for adults*	65+					
23	Permanent admissions to residential/nursing care homes *Crude rate per 100,000 population*	65+					
24	Male life expectancy at 65 *Average number of years a person would expect to live based on contemporary mortality rates*	65+					
25	Female life expectancy at 65 *Average number of years a person would expect to live based on contemporary mortality rates*	65+					
CQC PRIORITIES							
ACCIDENT & EMERGENCY							
26	A&E attendances *Directly Standardised Rate per 100,000 population*	All					
27	A&E attendances *Directly Standardised Rate per 100,000 population*	0-18					
28	A&E attendances *Directly Standardised Rate per 100,000 population*	65+					
HOSPITAL ADMISSIONS							
29	Emergency admissions to hospital *Directly Standardised Rate per 100,000 population*	0-19					
30	Emergency admissions to hospital *Directly Standardised Rate per 100,000 population*	65+					
31	Length of stay of residents admitted to hospital: non elective *Average number of days a resident remained in hospital once admitted*	All					
32	Emergency admissions to hospital by care home residents *Number of such admissions by residents of Halton care homes*						

		Ages	Baseline	Period	Current	Time period	Trendline
HOSPITAL RE-ADMISSIONS							
33	Emergency readmissions to hospital (28 days) *% of patients readmitted to hospital within 28 days of discharge for all causes*	All					
34	Emergency readmissions to hospital (28 days) *% of patients readmitted to hospital within 28 days of discharge for all causes*	65+					
ADULT SOCIAL CARE & COMMUNITY							
35	Residents in receipt of social care support *The proportion of people who use ASC services who receive self-directed support*	All					
36	People still at home 91 days after discharge from hospital to reablement/rehabilitation *Proportion remaining at home as a % of all those aged 65+ who were admitted to hospital*	65+					
37	Delayed transfers of care *Crude rate of bed days for delayed transfers of care per 100,000 population*	18+					

Original data source for indicators

Note: Much local data is not available in a published format, it is extracted and analysed from the database

No.	Indicator	Ages	Source (local)	Source (national)	Updated by
1	Child development	4/5	PHE fingertips	PHE fingertips	PH
2	A&E attendances	0-4	HES via HDIS	PHE fingertips	PH
3	Children in care	0-17	PHE fingertips	PHE fingertips	PH
4	Obese children - Reception	4-5	PHE fingertips	PHE fingertips	PH
5	Obese children - Year 6	10-11	PHE fingertips	PHE fingertips	PH
6	Hospital admissions for mental health conditions	0-17	HES via HDIS	PHE fingertips	PH
7	Adults achieving recommended levels of physical activity	19+	PHE fingertips	PHE fingertips	PH
8	Adults with excess weight	18+	PHE fingertips	PHE fingertips	PH
9	Under-18 alcohol-specific admission episodes	<18	HES via HDIS	PHE fingertips	PH
10	Alcohol-related admissions episodes (narrow definition)	All	HES via HDIS	PHE fingertips	PH
11	Premature mortality from liver disease	<75	PCMD (ONS/NHS Digita	PHOF; PHE Fingertips	PH
12	Smoking prevalence	18+	PHE fingertips	PHE fingertips	PH
13	Premature mortality from cardiovascular disease	<75	PCMD (ONS/NHS Digita	PHOF; PHE Fingertips	PH
14	Premature mortality from respiratory disease	<75	PCMD (ONS/NHS Digita	PHOF; PHE Fingertips	PH
15	Emergency self-harm admissions	All	HES via HDIS	PHE fingertips	PH
16	Self-reported wellbeing: people with a low happiness score	16+	PHE fingertips	PHE fingertips	PH
17	Social isolation	18+	PHE fingertips	PHE fingertips	PH
18	Premature mortality from cancer	<75	PCMD (ONS/NHS Digita	PHOF; PHE Fingertips	PH
19	Flu vaccination uptake	65+	PHE fingertips	PHE fingertips	PH
20	Emergency admissions to hospital due to injuries from falls	65+	HES via HDIS	PHOF; PHE Fingertips	PH
21	Emergency admissions to hospital due to hip fractures	65+	HES via HDIS	PHOF; PHE Fingertips	PH
22	Health-related quality of life for older people	65+	PHOF; PHE Fingertips	PHOF; PHE Fingertips	PH
23	Permanent admissions to residential/nursing care homes	65+	AQuA/ADASS	PHE Fingertips	PH
24	Male life expectancy at 65	65+	PCMD (ONS/NHS Digita	PHE fingertips	PH
25	Female life expectancy at 65	65+	PCMD (ONS/NHS Digita	PHE fingertips	PH
26	A&E attendances	All	HES via HDIS	N/A	PH
27	A&E attendances	<18	HES via HDIS	N/A	PH
28	A&E attendances	65+	HES via HDIS	N/A	PH
29	Emergency admissions to hospital	0-19	HES via HDIS	PHE fingertips	PH
30	Emergency admissions to hospital	65+	HES via HDIS	N/A	PH
31	Length of stay of residents admitted to hospital: non elective	All	CCG		CCG
32	Emergency admissions to hospital by care home residents	65+	CCG		CCG
33	Emergency readmissions to hospital within 28 days of original admission	<18	CCG	NHS Digital	CCG
34	Emergency readmissions to hospital within 28 days of original admission	65+	CCG	NHS Digital	CCG
35	Residents in receipt of social care support	All	ASCOF	ASCOF	PH
36	People still at home 91 days after discharge from hospital to reablement/rehabilitation services	65+	NHS Digital	NHS Digital	CCG
37	Delayed transfers of care	18+	AQuA/ADASS	AQuA/ADASS	PH