

HEALTH AND WELLBEING BOARD

At a meeting of the Health and Wellbeing Board on Wednesday, 12 March 2025 at Karalius Suite, Halton Stadium, Widnes

Present: Councillor Wright (Chair)
Councillor Ball
Councillor T. McInerney
Councillor Woolfall
K. Butler, Democratic Services
D. Nolan, Adult Social Care
I. Onyia, Public Health
L. Gardner, Warrington & Halton Teaching Hospitals
S. Griffiths, Adult Social Care
D. Haddock, Cheshire Constabulary
L. Hughes, Healthwatch Halton
A. Leo, Integrated Commissioning Board
W. Longshaw, St. Helens & Knowsley Hospitals
T. McPhee, Mersey Care NHS Foundation Trust
L. Mogg, Public Health
A. Moore, Cheshire Constabulary
D. O'Connor, Adult Social Care
H. Patel, Citizens Advice Bureau
S. Patel, Local Pharmaceutical Committee
K. Stratford, Public Health
F. Watson, Public Health
L. Windle, Halton Housing
S. Yeoman, Halton & St Helens VCA

Action

HWB22 APOLOGIES FOR ABSENCE

Apologies had been received from H. Crampton – Cheshire Fire & Rescue Services, M. Charman – Bridgewater Community Health Care NHS Foundation Trust, W. Rourke – Halton Borough Council and J. Wallis - Bridgewater Community Health Care NHS Foundation Trust.

HWB23 MINUTES OF LAST MEETING

The Minutes of the meeting held on 15 January 2025, having been circulated, were signed as a correct record.

HWB24 TOBACCO

Members of the Board received a report and accompanying presentation from the Director of Public Health which provided an update on the Tobacco Programme.

Smoking was still the main preventable cause of death, disability and ill health in England, despite a decline in prevalence over recent years. Smoking was the cause of around 75,000 deaths, 1 in 4 of cancer deaths and killed up to two thirds of long-term users.

The smoking prevalence of Halton was estimated to be around 13.7% of adults which was slightly above the national average of 12.4%. It was estimated that it costs Halton around £89M in productivity, £5M in healthcare and £45M in social care. In addition, there was an estimated loss of £102M due to premature deaths from smoking in Halton.

In 2014, Halton Council signed the Local Government Declaration on Tobacco Control, which was a statement of a commitment to ensure tobacco control was part of mainstream public health work and committed councils to take comprehensive action to address the harm from smoking. Halton's local tobacco alliance was paused due to the pandemic, however, it was reformed in 2024 as part of the "Live Well" Programme within One Halton and local partners rejoined. Their aim was to reduce prevalence of smoking in Halton to 5% or less by 2030.

The Board noted and discussed the information presented and in response to questions raised, the following additional information was noted:

- a piece of work was being done nationally about young people vaping; the major concern was what was in the vapes and the effects on those using them; and
- Trading Standards conduct test purchases with appropriate young people at premises to ensure they comply with the law in respect of age restricted products, and this work was supported by the Police. However, Board Members were advised that anyone who had any concerns about tobacco/vapes being sold illegally or to those underage, could contact Crimestoppers.

RESOLVED: That the Board:

- 1) note the report; and
- 2) support ongoing activity in local and regional plans.

HWB25 HEALTH INEQUALITIES DASHBOARD

Members of the Board received a report and accompanying presentation from the Director of Integration, Mersey and West Lancashire Hospitals, which set out the Trust's Health Inequalities Dashboard.

Mersey and West Lancashire Hospital Trust provided care for around 50% of Halton's population, with a particular focus around Widnes. Board Members were informed that a recent Kings Fund Health Inequalities paper cited a number of statistics which included:

- People in the most deprived areas were twice as likely to die prematurely from cardiovascular disease than people in the least deprived areas;
- People in the most deprived parts of England were more than twice as likely to wait over a year for elective care than people in the most affluent areas in 2022; and
- The difference in life expectancy for people living in the most deprived areas of England compared with the least deprived areas is 9.7 years for males and 7.9 years for women.

The Trust was committed to reducing health inequalities and therefore had developed a dashboard that used near live data to support the journey. The next steps in the development of the dashboard would be to complete the activity undertaken within the wide Trust's footprint to include Sefton and West Lancashire. The Trust was in dialogue with Warrington and Halton Hospitals Trust to explore the possibility of providing this system to their Trust as this would give a complete picture of Acute Care in Halton.

The dashboard held demographic data of local boroughs as well as elective and non-elective activity across the Trust. The data from the dashboard, along with insights from Public Health, should lead to changes in service provision and lead to a reduction in health inequalities.

The Board noted and discussed the information presented and suggested that there needed to be more of an understanding about why some people do not attend appointments. A question was raised about "did not attend" rates for children and young people and whether it would make a difference if this was changed to "was not brought" (by parents). It was noted that this approach was being considered by Alder Hey.

Further work was needed from a) a quantitative perspective and whether patients were showing up in the hospital system somewhere else and b) from a qualitative perspective, patients should be asked why they are not turning up. This should provide a clearer picture to change the system and help prevent those on the waiting list ending up in A&E.

RESOLVED: That the Board:

- 1) note the establishment of the Health Inequalities Dashboard; and
- 2) endorse the collaboration with Warrington and Halton Hospitals Foundation Trust so that a complete picture of Acute Care across Halton is available.

HWB26 SOCIAL NEED SUPPORT FOR SECONDARY CARE MENTAL HEALTH PATIENTS

The Board received a report and accompanying presentation which provided an update on the integrated offer between Mersey Care and Voluntary Community Faith and Social Enterprise (VCFSE) sector. The report addressed the social needs of secondary care mental health patients to support delivery of the One Halton Living Well Strategic priorities.

The service was funded from NHS England via Community Mental Health Transformation monies and a three year contract was in place, with the option to extend for a further two. The funding was intended to support the interface between primary and secondary mental health care, to transform delivery of care for adults with severe mental illness and those with complex needs.

The service in Halton was run by a team which included two Mental Health Navigators; this was managed by Halton & St. Helens CVA but was embedded in the secondary care community teams and mental health in-patients units. The service:

- Acts as a connector/sign-poster between health care professionals, VCFSE groups and local people; and
- Facilitates a voluntary sector mental health forum and builds an alliance of local VCFSE sector providers that support engagement between mental health professionals and the sector.

The core outcomes and benefits of the service were outlined in the report which also highlighted the Mental Health Care Navigator Team achievements, performance and activity reports and identified some challenges. In addition, some examples of service user stories and feedback were provided for noting.

RESOLVED: That the report be noted.

HWB27 ADULTS PRINCIPAL SOCIAL WORKER - ANNUAL REPORT (OCTOBER 2024)

The Board received an annual report from the Adults Principal Social Worker (APSW) which outlined how the role of social work supported the One Halton Based Partnership in order to meet its priorities and objectives.

It was reported that the APSW was a statutory requirement under the Care Act 2014. The national guidance on the role and responsibilities had evolved and been updated and clarified over recent years. It was noted that the Principal Social Worker played a key role in representing and promoting the social work profession; the report listed some of the responsibilities that came with the role.

The report also outlined details of the strengths based approaches and practice training, which had been carried out over the past 12 months. Included were details of specialist training such as e-learning for all staff and webinars, in conjunction with the Learning Disability and Autism Programme.

Information on: present and future workforce development; the mental health 'Think Ahead' Programme; the LGA's Standards for Employers of Social Workers; the organisational health check and quality assurance, was also presented in the report.

It was acknowledged that there were some challenges in hospitals due to vacancies in social care. However, it was anticipated that apprenticeship appointments in the discharge teams and intermediate care teams would help address some of the issues.

RESOLVED: That the report be noted.

HWB28 PRINCIPAL OCCUPATIONAL THERAPIST - ANNUAL REPORT

The Board received a report from the Executive Director – Adult Social Care, which presented the Principal Occupational Therapist's (POT) Annual Report.

The Adults Principal Social Worker (APSW) role was a statutory requirement under the Care Act 2014. Although there was no current requirement in place for local authorities to have a POT, Halton had had one in post since January 2024. It was acknowledged by the ADASS (Association of Directors of Adult Social Services) that having a POT to work alongside the APSW added diverse leadership within adult social care and had a positive impact on local populations.

The report outlined the role of occupational therapy, referral numbers, challenges faced, and culture and practice of the service and the current workforce. Members were referred to the appendix, which presented an anonymised case study for information.

It was agreed that the Public Health Improvement Team would liaise with the POT regarding health and wellbeing.

RESOLVED: That the report and appendix be noted.

Director of Public Health

HWB29 BETTER CARE FUND PLAN 2024/25 - QUARTER 2 UPDATE

The Board received a report from the Executive Director – Adult Services, which provided an update on the Quarter 2 Better Care Fund (BCF) Plan 2024/25, following its submission to the National Better Care Fund Team in June 2024.

In line with the national requirements, the quarter 2 report focussed on reporting on the spend and activity funded via the discharge funding allocated to the local authority and NHS Cheshire and Merseyside (Halton Place).

As at the end of quarter 2, there were no areas of concern to advise the Board of. Spend and activity would continue to be monitored via the Better Care Commissioning Advisory Group, as part of the joint working arrangements.

RESOLVED: The Board note the report.

HWB30 BETTER CARE FUND PLAN 2024/25 - QUARTER 3
UPDATE

The Board received a report from the Executive Director – Adult Services, which provided an update on the quarter 3 Better Care Fund (BCF) Plan 2024/25, following its submission to the National Better Care Fund Team in June 2024.

In line with the national requirements, the quarter 3 report focussed on reporting on the spend and activity funded via the discharge funding allocated to the local authority and NHS Cheshire and Merseyside (Halton Place).

Spend and activity would continue to be monitored via the Better Care Commissioning Advisory Group, as part of the joint working arrangements.

RESOLVED: The Board note the report.

HWB31 2023/24 ANNUAL REPORT OF THE PAN CHESHIRE
CHILD DEATH OVERVIEW PANEL

The Annual Report of the Pan Cheshire Child Death Overview Panel 2023/24 had been added to the agenda for the Board to note.

A copy of the report had previously been circulated to members of the Board for their information.

Meeting ended at 3.45 p.m.