



Halton Strategic **PARTNERSHIP**

HALTON HEALTH PARTNERSHIP BOARD

MINUTES OF THE MEETING FROM

13 November 2008

Present : Fiona Johnstone (Chair) Cllr Ann Gerrard
 Cllr Ellen Cargill Diane Lloyd
 Eugene Lavan Glenda Cave
 Ian Stewardson Jim Wilson
 Karen Tonge Lorraine Butcher
 Melissa Critchley Peter Barron
 Stuart Baxter
 Jane Trevor

In Support: Karen Thompson

Fiona Johnstone thanked Karen Tonge for Chairing the last meeting.

		ACTION
1.	<p>Apologies</p> <p>Dwayne Johnson, Gerald Meehan, John Kelly, Sue Milner and Tom McInerney</p>	
2.	<p>Minutes of the previous meeting</p> <p>These were agreed as a correct record with the following amendments.</p> <p>Ambition for Health (AFH) / Commissioning Strategic Plan Karen Tonge reported that following division into Groups it was unclear who Halton representatives were and who St Helens representatives were and that this could be used as a learning point to build upon.</p> <p>LAA Health Indicators Remove PH from last paragraph.</p> <p>The following amendment to the minutes of the meeting held on 17th July 2008 was requested:</p> <p>Halton Health Study KT: "Area Forums do not relate to communities" should read "Some wards within area forums have different needs".</p>	



3.	Matters Arising Child Poverty Glenda Cave reported that some feedback had been received on the worst five wards in the Borough in terms of benefit claimants and will be circulated to members once detailed breakdown has been received. It was agreed that Data Protection and Information Sharing be an item on a future agenda. Women's Health Event The event held on 10 th October was well attended and good feedback received.	GC/AG
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4.	<p>Health & Community Care Forum Feedback</p> <p>The PCT Management Executive Team (MET) received a copy of an interim report completed by HVA and St Helens CVS outlining the work being undertaken to review Voluntary Sector Provision. The final report will be submitted to MET in December 08. Following on from this a short discussion took place on the next steps in taking forward the actions and recommendations detailed in the report.</p> <p>A celebration event is being held on 17th December 08 which will include a workshop on what LiNKs means and taking good practice forward. HVA have agreed that MC and KT will continue as their representatives. The involvement of LINKs with the partnership will need to be agreed directly with them.</p>	
5.	<p>Ambition for Health (AFH) / Commissioning Strategic Plan</p> <p>EL gave a presentation and overview to the Partnership of the Commissioning Strategic Plan of key points and principles.</p> <p>Key Principles are:</p> <ul style="list-style-type: none"> • Helping people to stay healthy • To detect illnesses earlier • Improve the quality, safety & efficiency of our health care services <p>Strategic outcomes which will be clinically driven by Practice Based Consortia are:</p> <ul style="list-style-type: none"> • Cancer mortality rates • CVD mortality rate • Chronic liver disease • Infant mortality • Mortality rate amenable to health care • Alcohol related harm • COPD prevalence • Childhood obesity <p>JW thanked EL for the presentation and reminded members that this was what the Partnership is about. Systems need to be accountable and will be recognised in future structures.</p> <p>This work will also be widened to look at the Third sector to ensure they are part of the pathway. Agencies will need to think how work be developed beyond an original Expression of Interest.</p> <p>The Partnership was keen to build on work already done with mainstream engagement.</p> <p>How can GPs be made aware of lifestyle / leisure activities available within the community. This could be achieved through signposting to services, but need to understand</p>	
6.	<p>Performance Sub Group</p> <p><u>Local Authority Indicators</u></p> <p>Indicators were circulated to members of the Group and PB updated the Partnership.</p>	

		ACTION
	<p>It was noted that there were gaps in terms of information and a more detailed scrutiny programme is required to target information and to split between commissioning and performance. Concerns were raised about performance management of LAA targets. Without detailed information the Partnership will not know if a difference is being made on key targets.</p> <p>The Chair recognised and thanked those involved in this work. Priority data sets are required and FJ requested that by the next meeting a significant improvement would be reported back.</p> <p>A suggestion was made to look at developing a Commissioning Sub Group. FJ welcomed the opportunity to discuss these issues further outside the Partnership meeting and add weight to expectations.</p> <p>The Terms of Reference for the Sub Group will be reviewed to link in with the current work of the existing Performance Sub Group and requirements of the Health Partnership. Need to ensure that the appropriate people are in attendance to bring together data and analysis.</p> <p><u>Finance Update</u> No significant problems were reported. GC agreed to circulate information electronically to members.</p> <p>It was noted that Peter Barron was taking up a secondment position and was thanked by the Chair and members for his contribution to Partnership meetings</p>	<p>GC/PB</p> <p>FJ/GC/DL /PB/AG/LB</p> <p>GC</p>
<p>7.</p>	<p>Teenage Pregnancy A report was circulated and provided a summary of the recent Teenage Pregnancy National Support Team Visit to Halton on key issues for action – these were:</p> <ul style="list-style-type: none"> • Support to be given to continue the strategic approach for addressing teenage pregnancy within the Borough. • Support is given to the development of an action plan incorporating the key recommendations. • A progress report is submitted to Halton Health Partnership Board on a 6 monthly basis. <p>The Partnership recognised that it would be at least 15 months before impact of any work done to reduce teenage pregnancies would be known.</p> <p>JT circulated two papers around welfare benefit and employment support allowance. It was noted that there were also changes to lone parent benefit and these would be circulated electronically.</p>	<p>JT/GC</p>
<p>8.</p>	<p>Health Inequalities National Support Team Visit The NST will carry out a four-day visit to the area from 9th to 13th February 2009. During this time the NST will undertake a number of discussions with individual stakeholders as well as speaking to the local health economy and partnerships. This will include a half-day workshop programme examining detailed work in a number of key contributory subject areas e.g. cardiovascular disease; tobacco control.</p> <p>The members of the Partnership meeting were asked to note these dates in</p>	



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	their diaries.	ALL
		ACTION
9.	Health Partnership Review The next meeting on 22 nd January from 9a.m. to 12.30 p.m. will become a Partnership away day and will look at goals and priorities for 2009 and how the Partnership should move these forward. It was agreed that a Neighbourhood Management Representative be invited to Away Day Review. It was agreed that following draft minutes being circulated to members of the Partnership for amendment they would then be submitted to Overview and Scrutiny Panel.	FJ/DL
10.	Date of Next Meeting Thursday 22 nd January 2009 at Stobart Stadium Halton 9.00 a.m. – 12.30 p.m.	