



# Halton Strategic **PARTNERSHIP**

## HALTON HEALTH PARTNERSHIP BOARD

### MINUTES OF THE MEETING held on

**20 May 2010**

**Present:** Fiona Johnstone (Chair) (FJ)  
 Debbie Ainsworth (DA)  
 Cllr Ellen Cargill (EC)  
 Glenda Cave (GC)  
 Julie Clarke (JC)  
 Melissa Critchley (MC)  
 Steve Eccles (part) (SE)  
 Cllr Ann Gerrard (AG)  
 Alan Graham (AGr)  
 Dwayne Johnson (DJ)  
 Diane Lloyd (DL)  
 Eileen O'Meara (EO'M)  
 Dave Sweeney (DS)  
 Yeemay Sung (YS)  
 Karen Tonge (KT)

**In Support:** Margaret Janes

		<b>ACTION</b>
<b>1.</b>	<p><b>Apologies</b></p> <p>John Kelly, Eugene Lavan, Sue Wallace-Bonner, Jim Wilson.</p> <p>Fiona Johnstone advised that due to other commitments Cllr Tom McInerney had resigned from the Board and she wished to formally thank him for his contribution over the last few years. Jane Trevor was now responsible for another area and would no longer attend meetings, FJ would write to thank her for her contribution. She welcomed Alan Graham, Communications Lead with the LSP, Julie Clark from 5BP and Debbie Ainsworth from Job Centre Plus.</p>	
<b>2.</b>	<p><b>Minutes of the Meeting 19 November 2009</b></p> <p>Amendment as follows:</p> <p>6. Fiona Johnstone asked for volunteers – these were Laura Neilson, Diane Lloyd, Jane Trevor and Ann Gerrard.</p> <p>The minutes were agreed as a correct record</p>	
<b>3.</b>	<p><b>Matters Arising</b></p> <p><b>LIT Group</b> – Visit still to be organised.</p> <p><b>Tribal Review</b> – Report circulated.</p> <p><b>SSP Report</b> – This had been circulated.</p> <p><b>Proposed Allocation of Funds</b> – FJ gave feedback.</p>	<b>FJ</b>
<b>4.</b>	<p><b>Local Transport Plan 3</b></p> <p>Steve Eccles gave a presentation and advised they were looking to engage with the LSP and obtain feedback as to what was important to the Partnership regarding transport. The presentation included:</p>	



	<p>Government priority for transport. Local Transport Plan 2 (preparing Plan 3 effective April 11) Halton's goals, opportunities and challenges for transport.</p> <p>EO'M believed the transport plan to be good but in Halton there were low rates of car ownership and there were many estates in Halton with no shops, therefore people were unable to walk to local shops. SE agreed in poorer areas this was a problem. He advised 42% of jobs in Halton were taken by people from outside the Borough. MC advised there was a need for door to door transportation due to people having walking/cycling difficulties and the ageing population. DJ felt there was a need to lead by example but organisations needed to provide facilities for washing/changing, secure parking, etc. EO'M advised under NICE Guidance 43 facilities for workers should be provided. Job Centre Plus were working with the Bike Club on a community project arranging for people to have checks and buy cycles from the Bike Club to enable them to have transport and keep jobs.</p> <p>In summary the Board endorsed their support for the Local Transport Plan and recognised that this should support health and wellbeing. It was requested that the following points to be considered in developing the LTP:</p> <ul style="list-style-type: none"> <li>- Needs of people that are not so able bodied</li> <li>- Needed to be a good experience with people feeling safe, secure, facilities for staff.</li> </ul> <p>SE advised finance would be limited and they would need to make an impact on low cost solutions. FE thanked SE for his presentation and believed there were a number of ideas that could be taken back to individual organisations.</p>	
<p><b>5.</b></p>	<p><b>Community Feedback</b></p> <p>KT advised adult safeguarding training had taken place at a conference on 14<sup>th</sup> May with a good cross section of people and excellent presentations. DJ confirmed the event was well attended with good contributions from the voluntary sector. A further event would be organised with colleagues from Children's Services. Agreed with Mid Mersey Age UK that they would pay for a DVD which Halton Speak Out were keen to produce, this will show preventative measures for safeguarding and what can be done if you are abused. A meeting has been arranged to progress this.</p>	
<p><b>6.</b></p>	<p><b>LINks Representation and Membership</b></p> <p>FJ had sent a communication regarding membership of LINks partnership to this membership and the view was that people were happy for them to be included in the meeting. Since forming LINK want to ensure they understand key matters being undertaken in each Borough. She believed we should invite LINK to be a part of the group as a member, but not necessarily a voting member. Following discussion it was agreed the Board would include a co-opted member from LINK in its membership.</p>	<p><b>FJ</b></p>
<p><b>7.</b></p>	<p><b>Feedback from Health Partnership Away Day/Draft Health Strategy &amp; Action Plan 2010/11</b></p> <p>FJ advised the Away Day in January had been very enjoyable with presentations from all leads. There was not full attendance by members and this had been our review day. FJ had contacted members asking whether they considered membership was still important and responses received confirmed that it was. There was a need to agree:</p>	



	<p>- Comments from the action plan are required. - How we will work over the next 12 months to deliver strategic aims.</p> <p>DL advised the action plan was in the early stages and members should email suggestions for health priorities for next 12 months.</p> <p>DJ believed we needed to consider whether the group makes any difference or was this meeting more of an information exchange. Do we as a group influence? In budgetary terms it is a small amount of funding, how do we evidence base how the money influences the challenges we have. DS liked the idea of a champion for each of the indicators. If we look at the bigger infrastructure around governance and ensuring meetings are effective, hopefully this will meet some of the questions being asked. FJ need to look at the key areas, showing what each partner will bring to that, this will give purpose to members attending the meeting. MC supported DJ's comments; looking at personalisation and risk would be useful.</p> <p>AG advised that decisions are made and we were not sure of the gaps (ie alcohol, obesity); what worked/did not work, there would be some crossover. DJ advised he would bring information to the next meeting showing targets that have been set for targeting and personalisation.</p> <p>Following discussion, the group felt it would be good to bring specific matters to future meetings and look at them in parallel with LAA targets; this will enable the group to see what they have contributed and what needs to be achieved, and holding each other to account for these areas. At the next meeting the focus will be on</p> <ul style="list-style-type: none"> <li>- Safeguarding/Personalisation/Alcohol.</li> </ul> <p>FJ confirmed at the end of meetings topics will be agreed for the next meeting.</p>	<p><b>All</b></p> <p><b>DJ</b></p>
<p><b>8.</b></p>	<p><b>Commissioning Group Feedback</b></p> <p>DS advised the purpose of the report was to seek agreement from the Board how best to utilise WNF under spend of £22.5k during 2010/11.</p> <p>Discussion took place, in future group should be more robust and recommended</p> <ol style="list-style-type: none"> <li>1) challenge ideas</li> <li>2) remainder of money should go back into the LSP pot</li> </ol> <p>EO'M asked for consideration to be given to fund Wheels for All; this project was well attended and needed £12k this year. DL advised she had looked into this and only 8% of service users were from Halton.</p> <p>There were 2 recommendations - the group were not keen on returning the money to the LSP pot; it should be used around communication and community engagement – may want to give consideration to - Safeguarding/Prevention/Personalisation.</p>	
<p><b>9.</b></p>	<p><b>Performance Group Feedback</b></p> <p><b>NI8 – Adult participation in Sport</b> Results based around telephone survey. Most groups locally are at full capacity and positive things happening.</p>	



	<p><b>NI120 – All-age All Cause Mortality</b> EO'M advised males missed target although there is a downward trend. Women just missed target, however there is improvement in the first quarter 2010. The main reasons are due to the high rates of cancer.</p> <p><b>NI53 – Breastfeeding</b> Progress in last quarter and a lot of good work in place. Further work needed with hospital midwives ensuring breastfeeding is introduced. La Leche – 7 in Halton with a further 12 to be trained in 2010. People have good access to the facilities to enable them to contact people over telephone.</p> <p>FJ had escalated this to primary health care trust advising performance needs to be in place in terms of staff delivering this and will be discussed at a meeting later today.</p> <p><b>NI124 – Increase the number of people with long term condition supported to be independent and in control of their condition</b> DJ asked why there was no information available. DL advised this had been deferred from the LAA; it will be a target in the future. FJ advised if we are not currently responsible it should be removed.</p> <p><b>NI142 – Number of Vulnerable People supported to maintain independent living</b> DJ did not realise teenage parents were included in this. DL confirmed they were included – this would be taken outside the meeting DL to email information to DJ.</p> <p><b>NI123 16+ Current Smoking Rate Prevalence</b> Target of 1082 quitters for the year – to date figure is 1083. This was very positive but there was still work to be done.</p> <p>FJ had concern over the cancer rates in Halton. This should be a priority LAA indicator. The rate of progress in Halton in the last 15 years is less than half that of a similar neighbour. KT felt local people needed to take ownership GC advised they were looking at the trends in the St Helens group, perhaps this needed looking at in greater detail. FJ agreed this suggestion should be taken forward.</p>	<p>DL</p> <p>DL</p>
<p>10.</p>	<p><b>SSP Chairs Meeting Feedback</b> FJ advised proposals put in place at last meeting. Affordable Warmth and Ignite your Life were both agreed for funding. LPSA 2 SLAs would need to be developed. Need to ensure we are on top of expenditure – if there are any overspends these need to be approved by the Council CEO. Following the development session for LSP board an action plan was produced – draft version only available but FJ will forward to members, this will be incorporated into the action plan as appropriate.</p> <p>It was agreed that SSP summaries should be a standard item on each agenda.</p> <p><b>LSP 19<sup>th</sup> May - Presentations given:</b></p> <ul style="list-style-type: none"> <li>- <b>Climate Change and Affordable Warmth</b> - As partnership organisations we need to understand what we can contribute and what impact there will be.</li> <li>- <b>Minimum price of Alcohol</b> – LSP supported the Council in introducing minimum price for alcohol; this had also been endorsed at the PCT's Board meeting.</li> <li>- <b>Sustainable Community Strategy (SCS)</b></li> <li>- <b>My Halton 2010</b></li> </ul>	<p>FJ</p> <p>DL</p>



	<b>- Safeguarding Adults</b>	
<p><b>11.</b></p>	<p><b>Marmot Review of Health Inequalities</b></p> <p>Sir Michael Marmot was requested to undertake a review in order to deliver improvements in health inequalities. There were six key policy objectives:</p> <ul style="list-style-type: none"> <li>- Give every child the best start in life.</li> <li>- Enable all children young people and adults to maximise their capabilities and have control over their lives.</li> <li>- Create fair employment and good work for all.</li> <li>- Ensure healthy standard of living for all.</li> <li>- Create and develop healthy and sustainable places and communities.</li> <li>- Strengthen the role and impact of ill-health prevention.</li> </ul> <p>Addressing Health Inequalities will require joint action across local partnerships. The Sustainable Community Strategy (SCS) for Halton sets out five key themes around Healthy Halton, Children and Young People, Employment Learning and Skills, Safer Halton and Urban Renewal. These tie in well with the six policy recommendations in the Marmot report.</p> <p>We need to look across LSP to see how we can work across partnerships to address health inequalities. The positive effect this could have on the public purse both locally and nationally is great as stated by Sir Michael Marmot.</p> <p><b>Health Inequalities Slope</b> FJ advised this was a new indicator that we may want to use on an annual basis. The indicator shows how wide inequalities are across an area.</p> <p>It was noted cancer showed a worse situation for women then men, with real inequalities in the 40-49 and 80+ age ranges. Following discussion AG asked whether preventative health checks for women aged 30 – 50 should be carried out. FJ advised work was currently being undertaken and this would be tabled at a future meeting.</p> <p>KT advised it would be good to have an overview of alcohol. FJ advised an alcohol needs assessment had been produced, and suggested we set up resource of information that partners could access if they wished.</p>	<p><b>FJ</b></p> <p><b>FJ/DL</b></p>
<p><b>12.</b></p>	<p><b>HSPB/SSP Risk Register</b></p> <p>FJ referred to the recommendations in the report</p> <ul style="list-style-type: none"> <li>- Endorse the process needed to ensure completion for the LSP’s Risk Management Register, and</li> <li>- Take ownership of the Healthy Halton element of the Register and consider the draft attached as Annex A to this report.</li> </ul> <p>DL advised this was required for the LSP. The risk Register is based around objectives/targets and we are asked to identify risks against these targets. Should there be any comments members should email DL within the next week, she will make any amendments and bring back to the next meeting.</p>	<p><b>All</b></p>
<p><b>13</b></p>	<p><b>HSPB Community Engagement Audit</b></p> <p>DL referred to the recommendations in the report</p> <ul style="list-style-type: none"> <li>- Shares the framework across the partnership.</li> <li>- Agrees a review of the partnership Community Engagement Strategy, the</li> </ul>	



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	<p>Community Engagement Network and the existing consultation register.</p> <ul style="list-style-type: none"> <li>- Establishes a time limited partnership working group to take forward the suggested review.</li> <li>- Regular updates come back to the Board.</li> </ul> <p>All SSP's had been asked to put this on the agenda. The board need to agree to the review and establish a working group to take the review forward nominate representatives from this Board to join the Working Group. It was agreed that Ann Gerrard/Laura Neilson/Maria Garnett would form the working group.</p> <p>FJ advised that Maria Austin had been appointed Assistant Director of Patient Experience, Communication and Marketing for the PCT.</p>	
<b>14</b>	<p><b>AOB</b></p> <p><b>JSNA</b> - DL advised that Halton is currently in the process of developing the JSNA 2010 to be completed by September. A meeting with Commissioners from across partner organisations has been arranged for 8<sup>th</sup> June to find out what Commissioners would like to see included in the JSNA 2010. This time the JSNA will be developed using the InSite software programme and the event on 8<sup>th</sup> June will allow Commissioners to have sight of this programme and how it will be used.</p>	
<b>10.</b>	<p><b>Date and time of next meeting: 29<sup>th</sup> July 2010 at 10 am, Conference Room 2, Municipal Building</b></p>	

### Action Summary – previous meetings

Reference	On Whom	Action	Status / Update
Item 2	FJ	LIT Group – Visit still to be organised.	
Item 6	FJ	Appoint a co-opted member from LINK.	
	All	Action plan –email suggestions for health priorities to D Lloyd.	
	DJ	Targets set for targeting and personalisation to be tabled at next meeting.	
Item 9	DL	NI124 – remove if applicable.	
	DL	NI142 – Teenage parents info email to DJ.	
Item 10	FJ	Forward development session for LSP board/action plan -forward to members.	
	DL	SSP summaries to be agenda item.	
Item 11	FJ	Health checks to be tabled at future meeting	
	FJ/DL	Resource of information for partners to access.	