

SHADOW HEALTH AND WELLBEING BOARD

At a meeting of the Shadow Health and Wellbeing Board on Wednesday, 22 February 2012 at Karalius Suite, Stobart Stadium, Widnes

Present: Councillors Polhill (Chairman) and Wright, W Rourke, A. McIntyre, S. Banks, P. Cooke, Dr K Fallon, D Johnson, J Lunt, D Lyon, E O'Meara, D Parr, M. Pickup, M. Roberts, N Rowe, N Sharpe, I Stewardson, D. Sweeney, G Ferguson and A. Williamson

Apologies for Absence: Councillors Hignett, Swain and C Hughes, Dr Richards, Dr Lyon, A Yeomans and J. Wilson.

Absence declared on Council business: None

ITEM DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

Action

HWB13 MINUTES

The Minutes of the meeting held on 5 December 2011 were taken as read and signed as a correct record.

HWB14 PRESENTATIONS FROM PARTNER AGENCIES ON THEIR ORGANISATIONAL PRIORITIES

(1) Dwayne Johnson – Community Directorate

The presentation outlined the aims of the Community Directorate which included:-

- To address health inequalities and outcomes;
- Assess local need and ensure availability and delivery of services;
- Protect/safeguarding;
- Professional Leadership;
- Managing culture change;
- To promote local access/partnership working;
- To provide an integrated approach to supporting local communities; and
- To promote social inclusion.

It was noted that the key priorities remained those contained within the National Health Service Act 2006, Section 75 Agreements between the NHS and the Council. The 2006 Act enabled the NHS and local authorities to work together, with pooled funds, lead commissioning, and integrated provision. The outcomes of the Act were to

design and deliver services around the needs of users and patients without worrying about organisational boundaries, eliminating gaps and duplications.

(2) Ann McIntyre/Jane Lunt – Children and Young People’s Plan 2011 – 14

The presentation gave a broad outline of the Halton Children’s Trust Joint Strategic Plan for 2011 – 14 which included all services for children and young people aged 0 – 19, young people leaving care aged 20 and over and young people with disabilities or learning difficulties up to the age of 25. The plan set out the Children’s Trust vision for improving children’s health and wellbeing. Further the plan focussed on vulnerable groups to ensure that they achieved the same outcomes as all children and young people in Halton and the role of the Halton Safeguarding Children Board. The Plan also set out the following overarching priorities for the Trust which aimed to improve outcomes for children and young people as follows:-

- through embedding integrated processes to deliver early health and support;
- through effective joint commissioning;
- by targeting services effectively.

The Board was advised that the Plan supported the Trusts Early Help and Support Programme which was driven by a National agenda – Munro Allen and Tickle. It was noted that the focus of Family Intervention Programme at level 3 had achieved total savings in three years of £4.2m.

(3) Dr. Kate Fallon – Bridgewater Community Healthcare NHS Trust

The presentation gave an outline of:-

- The services provided by the Trust and the footprint of areas receiving those services;
- The Trusts mission, vision and the challenge faced by the Trust;
- The Trust’s aim of achieving foundation status and the consultation process.

The presentation also outlined the anticipated changes within the NHS in 2016/17, where GPs would be at the centre of commissioning services, and its potential impact on a new commissioning landscape. Dr. Fallon expressed her appreciation at the establishment of this Board and its partnership approach.

(4) Nick Rowe – 5 Borough's Partnership NHS Foundation Trust

The Board received a presentation on the role of the Specialist Mental Health and Learning Disability Trust, which provided secondary care services for adults, older people, CAMS, LD and Forensic. To date, approximately 3,360 Halton residents had access to this service. The Board noted that the priorities of the Trust for 2012 and beyond was to:

- to focus on providing accessible, high quality, community services to support service users in their own homes and communities for as long as possible to promote quality of life;
- ensure fit-for-purpose accommodation, delivering the full range of specialist assessment and treatment, was provided for in-patient assessment;
- to develop and maintain close partnership working within the local health economy with a number of agencies including the local authority, commissioning bodies, neighbouring acute hospitals and community trusts, independent sector, NHS Stakeholder bodies, patient, service user and carer bodies.

(5) Ian Stewardson – St. Helens and Knowsley Teaching Hospitals NHS Trust

The Board received a presentation on the future aspirations of the Trust to become a five star patient care organisation providing the following:-

- a welcoming, safe infection-free environment;
- best practice, high quality evidence based care;
- respectful, open inclusive communication;
- Efficient patient centred reliable systems;
- planned, personalised embedded pathway.

The long-term priorities of the Trust were for the Hospital to continue to play a major part in a high quality health and social care system that was financially and clinically sound. In order to proceed with these priorities a long term strategy needed to be agreed with the Merseyside cluster.

It was reported that the Trust would be receiving additional Government funding in the near future.

(6) Mel Pickup – Warrington and Halton Hospitals NHS Foundation Trust

The presentation provided an outline on the future aspiration of the Trust to be a vibrant, sustainable health care organisation and to be the provider of choice across Warrington and Halton for planned and emergency care and chronic disease management. It was noted that the Trust aimed to provide:

- Good core surgical services;
- Strong well reputed clinical teams;
- Orthopaedic/spinal growth – out of area referrals;
- Shared facilities/sites;
- Long-term condition management and working with community providers to deliver out of hospital care;
- Paediatric outreach; and
- Self-funding/private work.

Mel Pickup outlined to the Board the potential future pressures faced by the Trust which included future savings, whilst meeting public expectations with regard to quality standards and achieving Government performance targets.

(7) Simon Banks – Halton Clinical Commissioning Group

The presentation outlined the emerging vision for the group with the focus on the following key themes:

- Preventing People from Dying Prematurely;
- Enhancing quality of life for people with long-term conditions;
- Helping people to recover from episodes of ill-health or following injury;
- Ensuring people have a positive experience of care;
- Treating and caring for people in a safe environment and protecting them from avoidable harm;
- Improving health and wellbeing;
- Delivering care closer to home; and
- Promoting self-care, independent and community resilience.

In addition the presentation outlined the key priorities for the Trust and the Board noted that a public consultation event would begin on the 28th February until June 2012.

(8) Eileen O’Meara – Public Health NHS Merseyside

The presentation outlined the vision and priorities for public health for 2009-2013 which included:

- Improving the health of our local population;
- Supporting a healthy start in life;
- Reducing poor health resulting from preventable causes;
- Encouraging people to be tested for diseases quickly; and
- Ensuring that where people have existing chronic ill-health they receive effective and efficient care and support.

It was noted that there had been delays in the commissioning priorities for public health due to the recession, tender controls and vacancy management.

Arising from the discussion, the low number of people with disabilities accessing the health checks in Halton was highlighted, the figure was below those in St. Helens accessing this service. In response, it was noted that GPs were on board in ensuring those people with disabilities were accessing the health checks which were available to them.

(9) Paul Cooke – LINKs

The Board received a presentation on the role of the Local Involvement Network (LINKs) in the community and its priorities. It was noted that the LINKs Service was an independent organisation and, to date, 950 people accessed this service.

RESOLVED: That the presentations be noted.

HWB15 PUBLIC HEALTH TRANSITION - VERBAL UPDATE

The Board received a verbal update on the Public Health transition progress to date. It was noted that by 16th March a transition plan had to be produced. The Transition Plan would be approved by the Council's Executive Board and by the relevant body within the NHS. In addition, a shadow structure needed to be in place and a commissioning plan agreed. A Director of Public Health for Halton post had been advertised and interviews would be held in March 2012. It was agreed that the Transition Plan would be e-mailed to all Board Members for comment with the request that any feedback be sent by e-mail before the deadline date of March 16th.

RESOLVED: That the report be noted.

HWB16 HEALTH AND WELLBEING STRATEGY

The Board considered a report of the Strategic Director, Communities which provided an update on the development of the Joint Health and Wellbeing Strategy. A Joint Health and Wellbeing Strategy Group led by the Director of Public Health had been set up and had held its first meeting in January 2012. It had agreed Terms of Reference, membership, a time line and project plan. It had also developed a draft outline framework and began to populate it with information. This had been presented to the Health Strategy Sub-Group.

It was reported that since the last meeting a narrative document, 'Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies' explained was published which set out the context of strategies and joint health and wellbeing strategies for Health and Wellbeing Board Members. In addition, the Department of Health had produced a draft guidance on Health and Wellbeing strategies which was currently open for consultation. The guidance would then be refined before publishing the final statutory guidance after Royal Assent, before Summer Recess 2012.

The Board was advised that at a local level, work was currently underway to ensure that Halton's existing Joint Strategic Needs assessment were fit for purpose (according to existing guidance). A key needs document had been developed which would be reviewed by commissioners. This document would assist the Health and Wellbeing Board in being able to identify the priorities that would underpin the Health and Wellbeing Strategy within the required life course approach. A copy of the Joint Strategic Needs Assessment had been previously circulated to Members of the Board.

Agreement on the Health and Wellbeing Strategy and alignment of a number of Clinical Commissioning Groups (CCG) priorities against these must be reached by early June 2012 to enable CCG to sign off commissioning intentions by the end of June. Consultation had started on determining the local priorities, with an event with Halton CCG planned for 28th February which would seek to gain the views of local stakeholders on the key priorities for the CCG and Health and Wellbeing Strategy.

It was also noted that a Public Health Transition event

had taken place on 7th February attended by Elected Members and staff from both the Local Authority and Public Health. This event provided the opportunity to discuss key Health priorities. In addition to this press releases had been prepared for a number of local publications, newsletters and bulletins and there would also be the opportunity to leave comments on line.

It was recognised that as part of the consultation it was a priority to consult young people on the Health and Wellbeing Strategy.

RESOLVED: That the report be noted.

HWB17 HEALTH AND WELLBEING SERVICE PARTNERSHIP PROPOSAL

The Board considered a copy of the Health and Wellbeing Service Partnership Proposal between Halton Borough Council and Bridgewater Community Health Services.

The service areas covered by the proposal were those which were currently delivered by the Health Improvement Team (Bridgewater) and Surestart to Later Life/Community Bridgebuilders and Early Intervention and Prevention Services (HBC). The proposal would initially incorporate those services detailed, however, there were a number of options within this approach to further develop the partnership approach within the following services, sexual health, falls, oral/dental health promotion.

In order to ensure a successful transition and on-going positive working there were a range of key interfaces/pathways of care within which the Health and Wellbeing Service had a key role.

It was proposed to develop a mix of professional teams of front line workers from the services detailed in the report with a focus on single line management and integrated service provision. Operational policies for the teams would be developed as part of the transition process and would be agreed as part of the implementation plan. New management arrangements would need to be put in place. Once the model and the partnership agreement arrangements had been agreed, further work would be required to develop an implementation plan and project group, this would include:-

- Budgets

- Re-design options
- Governance
- Accountability
- Staff establishment
- Policy and procedures
- Roles and responsibilities.

Decisions on the proposals and subsequent partnership arrangements would be taken at the joint meeting between Halton Borough Council and Bridgewater Executive Team on 31st January 2012. Formal agreement and an implementation plan would be signed off by the 31st March 2012. It was proposed that the new operational arrangements would be in place by 31st March 2013.

The Board was advised that high level outcomes were expected to be realised as a consequence of the integrated service which included:

- Improved access to community services, promotion, prevention, enablement, independence and well-being;
- Improved ability to deliver innovative services focused on the communities we serve;
- Ability to reflect and deliver local requirements to meet service users' needs with clarity in local accountability.
- Improved access to high quality training and development for staff;
- Improved efficiency and cost effectiveness;
- Increased functionality through integrated teams offering a wide range of flexible responses and skills.

In addition the proposed model would act as a catalyst for more integrated working, to develop a joint vision, build relationships and focus on the identified priorities.

RESOLVED: That

- (1) the proposal to establish joint working arrangements be noted;
- (2) the operational accountability framework be noted;
- (3) the development of any required formal agreements be authorised;
- (4) the development of an implementation plan be

authorised.

HWB18 LAUNCH OF HEALTH AREAS

The Board discussed the development of Health areas in Halton which would be based upon the current Area Forum footprint. The Health areas would be used to deliver the Health and Wellbeing Strategy for Halton, adopting a Community Development led approach and working closely with Public Health. Once the Health Areas approach had been agreed by Elected Members, a branding exercise would take place to ensure the most appropriate name was chosen for the Areas. A Health Areas Working Group would also be established.

It was proposed that consultation with Area Forums and the wider community would be carried out in the near future. A further update report would be brought back to the next meeting of the Board.

RESOLVED: That the report be noted.

HWB19 DEVELOPMENT OF A HEALTH & WELLBEING BOARD WEBSITE

The Board received an update on the development of a Health and Wellbeing Board website. Members of the Board had been invited to attend a web development workshop on the 7th February 2012. The workshop discussed the aims of the website, content, the intended audience and what functionality was required. Issues raised at the workshop included, governance, security and legal implications and branding of the website.

It was proposed that a further report would be presented to the next meeting.

RESOLVED: That the contents of the report be noted.

HWB20 FEEDBACK FROM HEALTH AND WELLBEING BOARD SUB GROUPS (CHAIRS)

The Board considered feedback from Health and Wellbeing Board Sub-Group – Commissioning. Terms of Reference for the Sub-Group had been agreed and work was on-going to establish a picture of the current position and an aspiration of commissioning in 12 months' time.

RESOLVED: That the report be noted.

HWB21 HEALTHWATCH UPDATE

The Board considered a report of the Strategic Director, Communities, which provided an update on the recent Government announcements regarding the establishment of local Healthwatch organisations and an outline of Halton's current position. Following feedback from local authorities and local involvement networks, the Department for Health had announced that the implementation date for local Healthwatch had been put back to April 2013, subject to Parliamentary approval. The implementation date for Healthwatch England, the body that would provide leadership, advice and support to local Healthwatch organisations, remained the same – October 2012.

It was recognised that the new start date would allow time for additional engagement with LINK members, members of the public and stakeholders as to how local Healthwatch could operate in Halton, which could then be considered in the development of the contract specification. In addition the extension to the transition period meant that the tender specification would not now need to be finalised until Summer 2012 allowing greater time to ensure that Halton could learn from the pathfinder areas and utilise further guidance from the Department of Health and Healthwatch England.

It was noted that new funding of £3.2m had been made available in 2012/13 for start-up costs in establishing local Healthwatch and included costs such as staff recruitment/training, office set up costs, and branding; a funding would be allocated as part of the Department of Health Learning Disabilities and Health Reform Grant in 2012/13.

It was noted that as a consequence of the new start date, the Halton LINK host contract had been extended up to an additional 12 months, March 2013. Further developments in Halton included:

- Halton LINK had been working with the Council and key stakeholders to prepare for the transition and had established a Transition Sub-Group of the LINK Board;
- the Council's Healthwatch Project Group had met with a representative from the Council's Legal Team to establish advice on developing a specification for an appropriate body corporate;

- Members of the Project Group would also meeting with colleagues from Merseyside local authorities to explore cross-boundary procurement of the Local Healthwatch support functions

RESOLVED: That the report be noted.

HWB22 DATE AND TIME OF NEXT MEETING

It was noted that the next meeting would be held on Wednesday 21st March 2012 at 2pm in the Karalius Suite, Stobart Stadium, Widnes.

Meeting ended at 4.00 p.m.