

SHADOW HEALTH AND WELLBEING BOARD

At a meeting of the Shadow Health and Wellbeing Board on Wednesday, 25 April 2012 at Karalius Suite, Stobart Stadium, Widnes

Present: Councillors Hignett, Polhill (Chairman), Wright, S Banks, K. Fallon, Dr M. Forrest, D. Johnson, Dr D Lyon, A McIntyre, S. McAtear, E O'Meara, D. Parr, N Rowe, N. Sharpe, R Steadman, D. Sweeney, A. Williamson and J. Wilson and S Yeoman.

Apologies for Absence: D Edwards; J. Lunt; M Pickup and C Richards

Absence declared on Council business: None

ITEM DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

Action

HWB31 MINUTES OF LAST MEETING

The minutes of the meeting held on 21st March 2012 were taken as read and signed as a correct record. Arising from the minutes the following was reported:

- The Health and Wellbeing Board web site would be launched on Friday 27th April 2012;
- Eileen O'Meara had been appointed to the post of Director of Public Health;
- Halton and St Helen's local authorities were disappointed with their allocation of public health funding and were progressing this further, with the support of the cluster; and
- The transfer of PCT staff between Halton and St Helens was ongoing.

HWB32 HEALTH AREAS

The Board received an update report on the progress of developing a brand/logo for locality health areas.

A draft questionnaire had been developed to consult with staff, members and residents. However, following a meeting of the Health Areas group it was agreed to amend the questionnaire. The revised questionnaire would aim to address what people think is good about Halton and why?

In addition, the Community Development Team would be delivering targeted consultation, a minimum of 50 residents from each of the seven area forum areas. Members would be consulted and a questionnaire would be available on the staff intranet. Thematic analysis would be drawn from the responses and key themes would be considered within the working group.

Members were advised that it was proposed that the branding options would be presented to focus groups, which would include young people, for further feedback. It was also proposed to carry out 350 brief interviews. The options and feedback would be presented to the Shadow Health and Wellbeing Board and Chief Officers Team. It was envisaged that this process would take until July 2012.

RESOLVED: That the report be noted.

HWB33 JOINT STRATEGIC NEEDS ASSESSMENT

The Board was advised that the Health and Social Care Bill (the Bill received Royal Assent and became the Health and Social Care Act 2012 on the 27th March 2012) proposed a central role for Joint Strategic Needs Assessments to bring together partners from across the NHS, Local Government and the Voluntary Sector to analyse current and future health needs of populations. It was proposed that clinical commissioning groups and local authorities would have a statutory responsibility to produce a JSNA as well as a joint health and well-being strategy to inform and guide the commissioning of health, well-being and social care services in a local authority area.

At the first meeting of the Health Strategy Group it was agreed that the JSNA data update and priorities identified in the last full refresh of the JSNA (2011) should be pulled into a document mapped across the life course. It was also agreed that it was important to reflect borough level health and wider determinants data and also ward level information. In order to reflect the need to have a view of the health and wider priorities at a ward level as well as borough level the key finding of each area forum profile was summarised in the report.

It was noted that a meeting to evaluate the usefulness of the JSNA and its onward development was held on the 3rd April 2012 between the JSNA Lead Officers and Commissioners. A Commissioning Priorities refresh was agreed at the meeting. Commissioners were currently

providing updates. To date, there were only minor amends which suggested overall commissioning priorities in the full JSNA remained relevant. This review process would be completed by the end of April.

It was suggested that there were several issues that needed further exploration and discussion in relation to onward development of the JSNA. These included:-

- Cross cutting issues: how to better capture the needs of specific groups within particular “topic” focused chapters and people with multiple/complex needs.
- Improving the use of qualitative information within the JSNA such as service users feedback and evaluations;
- Engagement and listening methodologies to involve local people in the JSNA development; and
- Expansion and in-depth explanation of issues around disabilities, the inclusion of an analysis of the environmental health needs of the borough and exploration of the need for additional pieces of work.
- How cost cutting issues will be addressed;
- It was important that it was recognised that health in the borough was improving and people’s perceptions of their wellbeing were positive.

In response to the enquiry regarding the priorities of the JSNA, the Board was advised that the Health and Wellbeing Strategy document would contain a prioritisation framework. A copy of the framework would be presented to the next meeting.

It was also suggested that the following should be considered as part of the review process:

- The JSNA for crime could be linked;
- On pg 24 positives about Halton should be included;
- Issues around social housing could be considered.

RESOLVED: That the report be noted.

HWB34 DEVELOPMENT OF A HEALTH & WELLBEING STRATEGY

The Board received an update report on the development of a Joint Health and Wellbeing Strategy. The final Health and Wellbeing Strategy guidance was expected later this year but as Health and Wellbeing Strategies were

expected to inform Clinical Commissioning Groups (CCGs) Commissioning Plans (due by the end of June 2012), Halton had begun to draft an outline strategy and populate with information already known. A copy of the draft outline strategy had been previously circulated to Members of the Board.

In order to determine local priorities for the Health and Wellbeing Strategy, a public consultation event with Halton CCGs took place on the 28th February and a further event was planned for 30th May. In addition, a number of articles had appeared in the local press and local publications inviting people to have their say.

Further consultation was due to take place during Spring/Summer months with Area Forums as part of the development of Health Areas in Halton. This consultation would not only seek to inform and involve local people in the development of Health Areas but would also encourage communities to become involved in shaping the priorities for their area thus providing a local focus.

Members were advised that a prioritisation framework had been developed to help shape the priorities that would go into the strategy. This would enable the Health and Wellbeing Board to develop appropriate action plans with short, medium and long term outcomes.

RESOLVED: That the report be noted.

HWB35 SUMMARY OF NATIONAL ALCOHOL STRATEGY 2012

The Board considered a report which outlined the key features and local implications of the new National Alcohol Strategy published in March 2012. The Government strategy set out that the cause of alcohol related crime and hospital admissions were a combination of irresponsibility, ignorance and poor habits – whether by individuals, parents or businesses. It stated that the problem had developed for the following reasons:-

- Cheap alcohol was too readily available and there were increasing numbers of people drinking excessively at home, including many who do so before a night out.
- Changes to the Licensing Act had not engendered a “café culture” as intended; and
- There had not been enough challenge to individuals that drink and cause harm to others and of businesses that tolerate and even encourage this

behaviour.

In addition, the Strategy set out the required outcomes and how this strategy would aim to tackle irresponsible drinking including the following four objectives.

- End the availability of cheap alcohol and irresponsible promotions;
- Ensure that local areas were able to tackle local problems, reduce alcohol-fuelled violent crime on our streets and tackle health inequalities by giving tools and powers to local agencies to challenge people that continue to act in an unacceptable way;
- Secure industry's support in changing individual drinking behaviour;
- Support individuals to make informed choices about healthier and responsible drinking, so it was no longer considered acceptable to drink excessively.

The Strategy also highlighted the provision of recovery orientated treatment, especially for dependent drinkers and a whole family based approach within treatment services. The Strategy also outlined the development of an alcohol Intervention Pathway Outcome framework in prisons, to inform the commissioning of a range of effective interventions in all types of prison. It also proposed to increase the flexibility of the Alcohol Treatment Requirement imposed by the Court as part of a community sentence.

Members were advised that the central themes of the strategy were "challenge and responsibility" in an attempt to reverse a culture in which excessive drinking was a social norm. Responsibility was shared across Government, industry, the community, parents and individuals but there was a repeated emphasis on the need for effective partnership work locally to reduce and prevent alcohol related harm and an assertion that local communities were best placed to tackle local issues. A rebalancing of the Licensing Act would empower communities to affect change.

It was noted that the Strategy had a strong focus on young adult drinkers in the night time economy which may distract people from the realisation that it was the habitual, often UK adults which, if not addressed, would have serious implications for the health of the nation. In addition, the economic recession was not commented upon nor the additional burden that poverty could place on services. Whilst pooled treatment budget remained ring fenced the wrap around support services (e.g. housing, employment)

could be subject to cuts. There was also no mention of military veterans or the services they may need in future. It was also noted that no new funding had been identified despite significant investment being required in alcohol treatment and interventions if the aspirations of the strategy were to be fully realised.

The Board was advised that the implications for the Health and Wellbeing Board were that:-

- The local strategic aims had now been refreshed and a copy of the revised Alcohol Strategy had been previously circulated to Members of the Board;
- No new funding had been identified, significant investment would be required in alcohol treatment and interventions if the aspirations of the strategy were to be fully realised;
- Priorities to tackle alcohol related harm needed to be included within the local Joint Strategic Needs Assessment and the Health and Wellbeing Strategy and there was an expectation that the Health and Wellbeing Board would be able to promote integration of health and social care services with health related services like criminal justice services, education or housing;
- There was a need to consider the links with the Police and Crime Commissioner from November 2012 and ensure that commissioning priorities and activities were fully aligned in relation to alcohol related harm; and
- Proactive visible policing was vital to managing the night time economy and a potential to explore funding via the new late night levy.

Arising from the discussion the following comments were made:

- The importance of early intervention and alcohol harm reduction;
- GP's in general practice secondary tertiary services;
- Alcohol was a considerable problem in terms of hospital admissions;
- The potential role of the Council's 'Troubled Families Team' and assisting those receiving alcohol treatment services; and
- Potential joint working initiative between GP's and the 'Troubled Families Team'.

It was agreed that a meeting would be arranged to discuss alcohol harm reductions in Halton.

D Parr

RESOLVED: That the Shadow health and Wellbeing Board:

1. note the report; and
2. approve in principle the recommendations for 2012-15 (Appendix A) as the basis of a refreshed Alcohol Strategy for Halton.

HWB36 "THE CASE FOR TOMORROW: FACING THE BEYOND" – A JOINT DISCUSSION DOCUMENT ON THE FUTURE OF SERVICES FOR OLDER PEOPLE

The Board was advised that the Association of Directors Adult Social Services (ADASS) had reviewed its policy for Older People's Services and produced a discussion document on future services. The ADASS had reviewed progress over the last ten years and identified new challenges that needed to be addressed and what was needed to achieve better services for older people. This included actions that Government and partners need to take and these were summarised in a final action list.

It was noted that there were six areas where the ADASS believed the Government needed to work with local partners to create an environment which would enable them to deliver the kind of service which older people want and need and which would be sustainable in the longer term. They included:

- Incentivise community services;
- Reduce barriers to integration;
- Make sure choice and control can work;
- Protect quality and supply in the market;
- Invest more in social care; and
- Help change assumptions about old age.

Members were advised on how Health and Wellbeing Boards could address a range of areas within the ADASS action list including:

- A wider focus on outcomes in key conditions experienced by older people. This could be considered when reviewing the Joint Strategic Needs Assessment;
- A review of total expenditure to evaluate the benefit of a combined public purse in different forms of provision. This work could be undertaken as part of the review of pooled budgets; and

- A review of housing so that a better understanding of what housing can deliver. This could be considered as part of the review of the local housing strategy and evaluating the type/nature of accommodation and future accommodation needs.

RESOLVED: That the report be noted.

HWB37 HALTON HEALTH ESTATES UPDATE

The Board received an update on the Halton position with regard to the disposal of unused Health estate assets. A paper had been received at the March NHS Merseyside Board which gained agreement for the disposal of access estate. Details of those buildings and lands specific to Halton were highlighted in the report. NHS Merseyside awaited guidance from the Strategic Health Authority on the land and building highlighted in the report.

With regard to PCTs, the Strategic Health Authority continued to guide the remaining PCTs on their safe and legal disposal of unused assets.

It was recognised in the NHS Merseyside report that the sale of building and land would accrue revenue for the NHS and could be potentially beneficial for both the Local Authority and NHS body.

RESOLVED: That the Shadow Health and Wellbeing Board:

1. note the report;
2. agree that Mike Hill, John Garret from NHS Merseyside align with Wesley Rourke at Halton Borough Council, to utilise the specialist knowledge and work in partnership to a quick, safe and locally agreed disposal of sites identified; and
3. agree that the Employment, Economic Regeneration and Business Team will update the Shadow Health and Wellbeing Board on the on-going developments.

HWB38 CONCORDAT FOR HEALTH AND WELLBEING IN WARRINGTON AND HALTON

The Board received a copy of the draft Concordat for Health and Wellbeing in Warrington and Halton. The

Concordat established a set of principles for partnership working between Warrington and Halton. Arising from the discussion it was agreed that the Strategic Director, Communities would amend the document and email to Members of the Board for approval. Any issues raised by Members on the amended Concordat would be submitted to the next Board meeting.

RESOLVED: That in the light of the comments made, the Strategic Director, Communities amend the Concordat document and email to Members of the Board for approval

HWB39 DATE OF NEXT MEETING

It was noted that the next meeting would be held on Wednesday, 23rd May 2012 at 12.30 in the Karalius Suite, Stobart Stadium, Widnes.

Meeting ended at 3.55 p.m.