

## SHADOW HEALTH AND WELLBEING BOARD

*At a meeting of the Shadow Health and Wellbeing Board on Wednesday, 20 June 2012 at Karalius Suite, Stobart Stadium, Widnes*

Present: Councillors Polhill (Chairman), Philbin and Wright and S. Banks, S. Barber, H. Coen, D Hebden, D. Johnson, D. Parr, P. Cooke, Dr M. Forrest, A. McIntyre, E O'Meara, M. Pickup, N. Sharpe, D. Sweeney, A. Williamson, J. Wilson and S. Yeomans.

Apologies for Absence: J Lunt, G. Meehan, N. Rowe and Dr Richards

Absence declared on Council business: None

### ITEM DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

*Action*

#### HWB1 MINUTES OF LAST MEETING

The Minutes of the meeting held on 25<sup>th</sup> April 2012 were taken as read and signed as a correct record. P. Cooke reported that he had submitted apologies for the meeting.

#### HWB2 HEALTH PRIORITIES

The Board considered a report which sought their views on the Health and Wellbeing priorities which would form part of the Joint Strategic Health and Wellbeing Strategy. Agreement on the strategy priorities must be reached by early June 2012 to enable Commissioning Consortia Groups (CCG) to sign off commissioning intentions against these by the end of June. The strategy document would be completed and signed off by Autumn 2012.

Members were advised that priorities should be based on information from the Joint Strategic Needs Assessment (JSNA) and supplemented by information from other sources including, locality profiles, members of the public, Council Members, CCGs, Hospital Trusts, the third sector and local research. It was essential that all members of the HWBB, Council Members, CCGs, Policy and

Performance Boards and members of the public were engaged in setting health priorities. A range of consultation exercises had taken place through local community groups, forums and local publications and an extensive public consultation event took place on 30<sup>th</sup> May 2012. Following the public consultation exercise, priorities would be collated and presented to the Board.

As part of the consultation on the health priorities the Board divided into four groups to discuss the prioritisation framework and to decide upon the priorities that could be included in the strategy.

Each group presented their findings and commented on the health priorities that they had scored the highest against the prioritisation framework. Following feedback from each group it was suggested that the following had emerged as the Board's Health priorities:

- Cardio Vascular disease;
- Alcohol;
- Mental Health;
- Cancer;
- Accidents/falls;
- Child Development.

RESOLVED: That the Board propose the following list of health priorities be included within the Joint Strategic Health and Wellbeing Strategy:

- Cardio Vascular disease;
- Alcohol;
- Mental Health;
- Cancer;
- Accidents/falls;
- Child Development.

### HWB3 HALTON CLINICAL COMMISSIONING GROUP – PROGRESS ON AUTHORISATION

The Board considered a report which advised on the progress of Halton Clinical Commissioning Group (CCG) towards authorisation as a statutory organisation as established by the Health and Social Care Act 2012.

It was reported that on the 24<sup>th</sup> May 2012 the NHS Commissioning Board Authority published the proposed configuration, member practices and indicative running costs allowances, and the complete list of authorisation waves, for 212 proposed CCGs for England. The proposal for Halton

CCG included:

- Halton CCG had expected an allocation of around £2.3m for running costs, however, the NHS CBA calculation had reduced this to £2.98m;
- Halton CCG would be in the third authorisation waive in October 2012;
- A 360° Stakeholder Survey would be undertaken by Halton CCG, (Ipsos MORI had been selected by the NHS CBA to conduct the survey);
- The Chair of the Health and Wellbeing Board, Sally Yeoman and Jim Wilson were nominated to take part in the 360° Stakeholder Survey;
- Halton CCG had recently advertised for applicants for seven Governing Body positions. It would hold meetings on the third Thursday of each month (except August) throughout 2012/13.

RESOLVED: That

1. the progress being made towards authorisation by Halton CCG be noted; and
2. the Chair of the Shadow Health and Wellbeing Board, Sally Yeoman and Jim Wilson be nominated to participate in a 360° Stakeholder Survey as part of the authorisation process for Halton CCG.

#### HWB4 COMMUNITY WELLBEING MODEL IN GENERAL PRACTICE

The Board considered a report of the Strategic Director, Communities which outlined the Community Wellbeing Model (CWP) in General Practice.

A CWP model looked beyond traditional disease models in healthcare in order to include the factors that had been shown to generate health and wellbeing with individuals and communities. Improved wellbeing not only led to the prevention of disease but outcomes beyond this which included improved physical health, stronger social cohesion and engagement, better educational attainment, improved recovery from illness, stronger relationships and improved quality of life.

It was proposed that the CWP Model be rolled out to

two practices initially as a pilot phase. The investment required to roll out the CWP Model to two practices had been calculated at £125,000 of which £75,000 had already been allocated by Halton Council and NHS Halton and St. Helens. The additional £50,000 was to be requested from the Sub-Committee.

The report outlined five overarching principles of the CWP Model. A central component of the model would be the creation of an integrated network between general practice and local agencies that promoted and protected individual and community wellbeing – especially those that provided psychosocial support to patients, and those that connected patients to wider assets in the community that were associated with positive health and wellbeing outcomes. Agencies involved included public health teams, the 3<sup>rd</sup> sector, housing trusts, the local authority and voluntary and community led groups.

In addition to the establishment of an integrated network, the CWP Implementation Plan detailed five priority areas for action in the general practice setting, which if implemented fully would further enhance the capacity of general practice to support individuals and communities to achieve improved health and wellbeing outcomes. The five priority areas for action included:-

- The practice environment;
- Provision of wellbeing activities;
- Skills and competencies of staff;
- Stakeholder engagement; and
- Marketing and Communication.

The CWP Working Group were currently engaged in a wider consultation to gather views and opinions as to what they believe a Community Wellbeing Practice ought to deliver. Further, Halton and NHS Halton and St. Helens had agreed a Service Level Agreement with a 3<sup>rd</sup> Sector provider – The Wellbeing Project CIC; to work alongside clinicians and senior managers to research and develop the CWP model. The Wellbeing Project would also project manage the implementation of the CWP initiative as details in its Service Level Agreement specification.

It was noted that a cross sector working group had been established to develop detailed plans and it was envisaged that this group would co-ordinate the roll out of the initiative to GP practices. A letter was circulated to all 17 GP practices which provided an outline of the CWP model and expressions of interest were sought. Consequently, 7

practices had registered an interest. Quarterly reports would be prepared by the CWP Working Group and these would be submitted to the CCG Sub-Committee as well as the monitoring systems in Halton Council and NHS Halton and St. Helens.

RESOLVED: That the report be noted.

#### HWB5 HEALTH & WELLBEING SERVICE

The Board considered a report of the Strategic Director, Communities on the Health and Wellbeing Service Partnership Agreement and the associated Implementation Action Plan.

The Government's vision for a new integrated and professional Public Health System was set out in the document Healthy Lives Healthy People: Our Strategy for Public Health. Members were advised that the new system would embody localism with new responsibilities and resources for Local Government to improve the health and wellbeing of their population within a broad framework set by the Government.

A response to these Government plans had been developed for Halton and was contained in the document Health and Wellbeing Service – Partnership Agreement 1<sup>st</sup> July 2012 – 31<sup>st</sup> March 2013 (The Agreement) which was attached to the report at Appendix 1.

It was noted that the Agreement set out a phased approach to implementation, as detailed in the report, and provided an opportunity to review the current approach to the delivery of health and improvement services, delivered by both health and local authority providers.

RESOLVED: That

1. the report be noted; and
2. the Partnership Agreement and associated Action Plan be supported and Board agree that the constituent partners sign off the Agreement.

#### HWB6 THE PRIORY HOSPITAL, WIDNES

The Board considered a report of the Operational Director of Integrated Commissioning Halton, on the current issues associated with the Priory Hospital, Widnes. The Priory Hospital, Widnes was a 72 bedded low/medium

secure hospital offering individualised care, treatment and rehabilitation for men and women aged 18 plus who were detained under the Mental Health Act (1983) or with a degenerative brain disorder. The hospital accepted referrals from a wide variety of public sector organisations throughout the UK, including special hospitals, psychiatric hospitals, prisons, courts, social services, NHS Mental Health Trusts, GPs, the Police and others.

As the host authority, the Council and the then PCT instigated an arm's length partnership. To further support the Priory the NHS Safeguarding Protocol was extended. This would mean that any safeguarding incidents would be investigated by the Forensic Social Worker within the Priory and quarterly updates could be fed back to the Halton Safeguarding Board. This would allow the flow of information and also the ability of the Council to support any major incidents or specific themes, but not to be the accountable investigating body. However, this was still under debate as the Care Quality Commission believe the Council accountable to investigate each safeguarding referral.

Members were advised that over the last 12 months 24 cases of safeguarding had been raised, the majority in the last 3 months, local media interest and numerous whistle blowing incidents had given rise to concern over the day to day running of the priory. The Council wrote on several occasions to the CQC stating their concerns. The Priory was asked to put a self-imposed suspension on any new referrals whilst the investigation was on-going. The self imposed suspension was implemented further supported by an unannounced visit from the CQC were more concerns had been raised.

It was noted that a meeting was held on 29<sup>th</sup> May between representatives of the Council, North West Specialised Commissioning and the CQC. The CQC reported that their formal investigatory visits and had found ten areas of concern, five of those (including safeguarding) warranted the need for a formal notice. Consequently, if the Priory did not meet their actions and timescales set out in the report, (still to be circulated) then the CQC enforce the next step in the process. However, when pressed CQC stated that although the Priory posed real concern they did not feel that any patient was in any imminent danger.

It was reported that following the meeting, actions were put in place and it was agreed Halton would meet with the Welsh Commissioning Body to inform them of the recent concerns. The feedback from the commissioners was

concerning as they described the review as shambolic and something they had never witnessed before. As a result, of the above concerns a number of immediate actions had taken place:-

- NWSCT had removed all their 5 patients out of the priory;
- The Midland Commissioner was awaiting confirmation for another placement to remove their patient.
- Following the Welsh meeting with the Priory they had removed 1 patient and were looking to recommend the move of the remaining patients.

Members were advised that Scott Massey and Sue Rothwell, Principal Managers within the Council for Mental Health had both indicated their concerns. They had witnessed little indication that a robust safeguarding system was in place and this was compounded by staff anxiety, lack of managerial support and clinical direction.

RESOLVED: That the Board notes the contents of the report and support the next steps outlined.

#### HWB7 SUSTAINABLE COMMUNITY STRATEGY YEAR END PROGRESS REPORT 2011/12.

The Board considered a report of the Strategic Director, Policy and Resources, which provided information on the progress in achieving targets contained within the 2011/2016 Sustainable Community Strategy (SCS) for Halton.

Members were advised that selected measures and targets for health and wellbeing priorities were summarised in Appendix 1 to the report and provided an update to the 2011/12 year end position, which included a summary of all indicators within the new SCS and additional information for those specific indicators and targets that fell within the remit of this Board.

RESOLVED: That the report be noted.

#### HWB8 CHILDREN & YOUNG PEOPLE'S PLAN ANNUAL REVIEW 2012

The Board considered a report of the Operational Director, Children's Organisation and Provision, which highlighted the 2012 Annual Review of the Halton Children

and Young People's Plan 2011-14. The Review had been formally approved by the Halton Children's Trust Board in May 2012. The Review was a good practice exercise to reflect on the work undertaken by Halton Children's Trust over the last 12 months and to ensure the Plan remained fit for purpose. The annual review was a short summary document that provided a supplement to the Children and Young People Plan (a copy of the document was attached as an appendix to the report).

RESOLVED: That

- (1) the contents of the report be noted;
- (2) the Annual Review document be endorsed;
- (3) the Board looks to utilise the Review to further strengthen links between the Board and Halton Children's Trust; and
- (4) a more detailed presentation on the Children and Young People's Plan be presented to a future meeting.

#### HWB9 FEEDBACK FROM HEALTH AND WELLBEING BOARD SUB GROUPS

The Board received an update report on the work of the three Sub-Groups that support the work of the main Board and the minutes of their meetings on 16 May, 17 May and 22 May were included for information.

It was reported that it had been suggested that the Partnership Commissioning Sub-Group and Public Health Commissioning Sub-Group be merged and Eileen O'Meara would chair the newly formed Sub-Group.

RESOLVED: That

1. the report be noted; and
2. the proposal that the Partnership Commissioning Sub-Group and Public Health Commissioning Sub-Group be merged be agreed.

*Meeting ended at 4.15 p.m.*