

SHADOW HEALTH AND WELLBEING BOARD

At a meeting of the Shadow Health and Wellbeing Board on Wednesday, 14 November 2012 at Karalius Suite, Stobart Stadium, Widnes

Present: Councillors Polhill (Chairman), Gerrard, Philbin and Wright, S. Boycott, L. Crane, D. Johnson, A. Leo, E. O'Meara, D. Parr, P. Cooke, Dr M. Forrest, N. Rowe, G. Timson, N. Sharpe, C. Walsh, A. Williamson, J. Wilson and S. Yeoman

Apologies for Absence: S. Banks, A. McIntyre, Dr Richards, J. Stephens.

Absence declared on Council business: None

ITEM DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

Action

HWB34 MINUTES OF LAST MEETING

The Minutes of the meeting held on 10th October 2012 were taken as read and signed as a correct record. Arising from the Minutes it was noted that D.Lyons would be organising a meeting with J Snodin shortly to discuss data sharing with Caldicott Guardians.

HWB35 PRESENTATION - NATIONAL INSTITUTE OF CLINICAL EXCELLENCE (NICE)

The Board received a presentation from Annie Coppel - Implementation Consultant, a representative of the National Institute of Clinical Excellence (NICE), which provided the Board with:

- an understanding of the role of the organisation;
- the range of guidance documents produced;
- the types of evidence and information gathered from across a spectrum of sources, using different methodologies and approaches;
- examples of social care referrals and quality standards and how they could be used; and
- information on local government briefings and topics.

Members noted that regular updates from NICE were available at NICE.org.uk/newsroom.

RESOLVED: That the presentation be received and noted.

HWB36 PRESENTATION - ALCOHOL HARM REDUCTION STRATEGY & ACTION PLAN

The Board received a presentation on the Alcohol Harm Reduction Strategy Action Plan from Eileen O'Meara, Director of Public Health and Collette Walsh. Members were provided with a demonstration of the website www.alcoholconcern.org.uk which contained information on alcohol misuse, its challenge to public health and the cost to the NHS and other authorities. In addition the site provided a map which revealed the cost of alcohol misuse on local health services with comparisons between local areas.

It was reported that within Halton the number of alcohol attributable admissions at September 2012, was less than expected and was significantly less than both the target set and the figure recorded at the same time in the previous year. As a result Halton was now 15th on the list of local authorities with the highest number of alcohol attributable admissions. It was noted that no longer having a waiting list for alcohol treatment was one of a number of attributable factors towards the reduction in alcohol admissions. An alcohol harm reduction strategy and action plan were also in the process of being developed for Halton.

RESOLVED: That the presentation be received and noted.

HWB37 HEALTH AND WELLBEING STRATEGY

The Board received an update on the development of the Health and Wellbeing Strategy and action plans. Following approval by the Board of the draft Health and Wellbeing Strategy in September, the Health Strategy Group had met to discuss the next steps in terms of finalising the document for printing, wider communications and marketing, launching the strategy and developing action plans for delivery. They also worked with partners to agree leads for priority areas in terms of action plan development.

It was noted that the final document was expected to be available in mid-December 2012 and would be launched alongside the Halton Wellbeing Areas in January 2013. In the meantime, the final draft would be circulated and presented to a range of local boards including the Clinical Commissioning Group, Policy and Performance Boards,

Local Strategic Partnership Board and Children's Trust.

With regard to the Health and Wellbeing priority Action Plans, work had commenced to:

- map associated strategies and action plans for each one of the priority areas;
- develop a template for the action plans themselves based on the Marmot Life Course approach;
- establish Task and Finish Groups for each of the five priorities with responsibility for the development of the action plan and for providing regular monitoring reports to the Health and Wellbeing Board and its sub-groups. It was anticipated that Action Plans would be shared at the January Health and Wellbeing Board meeting.

RESOLVED: That

1. the report be noted;
2. the Health and Wellbeing Strategy be launched alongside the Wellbeing Areas in January 2012; and
3. development of action plans for each Health and Wellbeing priority area be noted.

HWB38 NON-ELECTIVE HOSPITAL ADMISSIONS AND READMISSIONS HALTON RESIDENTS AGED 65+

The Board received a report of the Strategic Director, Communities which advised that following work to benchmark hospital admission and readmission rates and some associated areas, across local authorities in the North West, admissions and readmissions of residents aged 65+ in Halton had been highlighted as an area to explore to understand the data and improve performance. This work had been undertaken between Halton Borough Council, Halton and St. Helens PCT and more latterly Halton Clinical Commissioning Group (CCG). Analysis of the data demonstrated that the reasons for the high rates of admission and readmissions in the over 65 population were multifactorial and included:-

- a small number of people with long term conditions who frequently attended hospital, and were admitted accounted for a significant proportion of the admissions;
- a significant portion of the admission and

readmissions were 0 day lengths of stay following attendance at A & E;

- falls played a significant role in older people attending A & E; and
- discharge information from acute care to primary care was variable – limiting timely response.

Further sources of data collection were underway to better understand the range of issues associated with admission and readmission and it was clear that a broad approach to managing this area was required.

The report outlined the joint approach and agreed work between the Council and Halton CCG to the management of non-elective hospital admissions of Halton residents aged 65+. An Urgent Care: Halton's Partnership Response Plan had been produced which it was anticipated would reduce the need for emergency admissions and readmissions for all adult residents of the Borough through strong partnership working, urgent care system monitoring and management, the development and redesign of a range of community-based services and a strengthening of the role of primary care in the management of emergency care.

RESOLVED: That the content of the report and associated work plan be noted.

HWB39 SEXUAL HEALTH

The Board considered a report which provided a background on the current contractual arrangements for sexual health services in order that decisions could be made about future procurement and contracting of sexual health services within the Borough and a proposed timeline to review services based on existing contracting commitments.

It was noted that the two main areas for development across Merseyside and Cheshire that could impact on the future commissioning of sexual health services were:-

- the development of an integrated sexual health service specification; and
- the testing of tariff based payment for sexual health services which would ensure that, locally, the services that were delivered were value for money and costs had been benchmarked.

Members were provided with a list of the main sexual

health services that were currently commissioned by Halton and St. Helens PCT that were relevant to Halton and would become the responsibility of public health within the Local Authority from April 2013. At present sexual health services were open access services which were provided across the country by a number of organisations and by providers with doctors and nurses with different training and skills. This was often confusing for the public who were not sure which service was most appropriate for them to attend. The aim of the Integrated Sexual Health Service specification was to provide high quality sexual health services by ensuring services were provided as a whole. The specification had been peer assessed by independent clinicians outside of the local region to ensure it was of the highest quality.

With regard to the testing of tariff based payment for sexual health services, this was being tested across the North West and although providers had submitted information and there were some initial costs that show positive results for some commissioners, there was still more information to be uploaded onto the system to ensure that costs could be assessed against current expenditure. This work was due to be completed in early 2013, and early indications were that there could be cost savings if this work was applied.

In respect of the largest contract for sexual health service commissioned in Halton and St. Helens, it was noted that this was not due for renewal until March 2014. It was proposed that the timeframe would allow for the review of sexual health services to be undertaken and to refresh service specifications for smaller contract in 2013/14 based on the Halton Split of the service and tender the whole sexual health services in 2013 for a new service to be commissioned and with a start date of April 2014.

It was proposed that Halton's Sexual Health Implementation Group would meet with the aim to improve sexual health services linking with other services commissioned by Clinical Commissioning Groups and National Commissioning Board, as well as local authority services commissioned under the Children's Trust represented by the Lead Commissioner for Teenage Pregnancy Services. This Group would discuss performance management, new evidence and clinical audit to ensure high standards were met. Performance Management of contracts would happen quarterly for each service through Contract Management meetings.

Arising from the discussion, it was noted that

feedback from young people was that the existing sexual health services were not available at the appropriate opening times. It was agreed that Children's Services would be involved in the performance management of existing services and young peoples' views would be sought to inform future sexual health service tender specification.

RESOLVED: That

1. contracts that expire on 31st March 2013 are renewed for one year only specifically for Halton;
2. continue to performance manage the major contract for sexual health with St. Helens and Knowsley Acute Trust until it expires on 31st March 2014 across Halton and St. Helens.
3. move to a Halton specific governance arrangement for all sexual health contracts from 1st April 2013;
4. to tender for a comprehensive sexual health service for Halton for a start date of 1st April 2014; and
5. the tender specification would be for one contract that would ensure better integration of sexual health services and provide value for money for Halton.

HWB40 HALTON CHILD PROTECTION INSPECTION PLANNING ARRANGEMENTS

The Board considered a report of the Strategic Director, Children and Enterprise, which outlined the new inspection arrangements in place for child protection for 2012-13 and the forthcoming multi-agency arrangements from 2013. The report set out the key points of the new inspection framework that were now in place, together with the new multi-agency framework that would be in place from 2013.

Although it was expected that Halton would not be subject to an unannounced inspection until at least 2013, work was already underway to ensure that Halton had a successful inspection as and when it took place. Members were advised that the pre-inspection planning had been a key aspect in ensuring a successful inspection in 2011. In a similar manner, a multi-agency working group had been established and would meet regularly to ensure all agencies were as prepared as possible prior to the inspection. A core group had also been set up to co-ordinate preparatory work in between these meetings.

It was noted that all agencies from the Halton Health and Wellbeing Board would be able to contribute to inspections under both frameworks but in particular the multi-agency framework for 2013.

RESOLVED: That

1. the contents of the report be noted; and
2. the planning work that was underway across Halton Children's Trust and Halton Safeguarding Children Board to ensure a successful inspection be supported.

HWB41 HEALTH AREAS

The Board considered a progress report on the development of Halton's Wellbeing Areas. It was noted that:-

- Health profiles were developed and presented at the seven Area Forums in June 2012;
- a branding for the wellbeing areas had been agreed;
- a marketing and communications approach for launching the brand in January 2013 was currently being developed;
- details of the Health and Wellbeing themed events at Grange, Heath, Mersey and Halton Brook Area Forum, Beechwood and Halton Lea Area Forum and Birchfield, Farnworth and Halton View Area Forum were provided to Members, including feedback from Councillors and Lead Officers; and
- Area Forum action plans were being developed, these would detail the services and resources being delivered within the areas against the priorities and challenges.

RESOLVED: That the report be noted.

HWB42 ANY OTHER BUSINESS

The following were raised as items of other business:

- The Children's Trust be asked if they would like to nominate a representative to the Shadow Health and Wellbeing Board;

D Parr

- 'Eye Health' information was to be circulated to raise the profile, it was also to be included within the JSNA; and
- Suicide statistical information to be provided to Cllr Wright.

E O'Meara

Meeting ended at 3.55 p.m.