

## HEALTH AND WELLBEING BOARD

*At a meeting of the Health and Wellbeing Board on Wednesday, 22 May 2013 at Karalius Suite, Stobart Stadium, Widnes*

Present: S. Banks, D. Johnson, A. McIntyre, E. O'Meara, Cllr Philbin, Cllr Polhill (Chairman), N. Sharpe and Cllr Wright, A Jones, J Bucknall, G Hales, A McNamara, S Wallace Bonner, S Yeoman, J Stephens, A Marr, M Cleworth, M Treharne, J Wilson and D Lyon.

Apologies for Absence: Cllr Gerrard, D. Parr, D. Sweeney, A. Williamson, N Rowe and K Fallon

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 13 March 2013 were taken as read and signed as a correct record subject to noting that Sally Yeoman and Gaynor Hales had submitted their apologies in advance of the meeting.

#### HWB2 TEENAGE PREGNANCY PRESENTATION

The Board received a presentation from John Bucknall, Integrated Commissioning Manager, on teenage pregnancy in Halton.

It was suggested that young women in Halton felt they had limited prospects in life and that the best option for them was to become pregnant. Further it was suggested that the use of drugs and alcohol amongst young people left them vulnerable in certain situations. He commented that statistics showed that families in Halton had children earlier than the national average and the pattern tended to be followed across generations.

The Board was advised that The National Support Team Visit back in October 2008 gave the following priority actions and recommendations for Halton:

- To improve and extend provision and access to a full range and choice of sexual health information, advice and services;
- The Joint Commissioning Plan needed to identify additional contraception funding already in the PCT general allocation for 2008/09 and forthcoming for 2009/10;
- There needed to be a designated young people's services with an emphasis on positive sexual health and wellbeing;
- Universal advertising aimed at young people, families/carers and professionals was required, around the availability of sexual health services;
- It was important that positive partnerships existed to encourage meaningful partnership working.

In response to the recommendations, it was reported that Halton had established a Teenage Pregnancy Group as a means to share good practice and learning to identify opportunities for collaboration. Further, Halton had increased the number of young people focused sexual health clinics and made them more accessible by changing opening times and venues. Also, media tools had been implemented to promote positive relationships and sexual health to young people, for example the website [www.getiton](http://www.getiton).

Halton had also increased the number of holistic health sessions in schools, facilitated by youth workers and increased the number of targeted programmes in schools, such as *Teens and Toddlers*, *Skills for Change* and *Healthitude*. Further, the VRMZ outreach bus had been commissioned which provided a mobile and street based service, engaging with young people in 'hotspot' areas.

John provided the current picture of Teenage Pregnancy, in that it had fallen in 2012 and was predicted to fall in 2013. He advised that the challenges for the future would include:

- Continuing to ensure meaningful partnership working through the Targeted Youth Support Strategy Group;
- Encouraging all partners to become involved in the delivery of *Teens and Toddler* and other programmes in schools;
- Continuing to encourage all schools to take up the offer of targeting programmes in schools;
- Increasing the number of targeted campaigns aimed at promoting positive relationships and young people's sexual health clinics;

- Continuing to deliver sexual health provision in hotspot areas, through the VRMZ outreach bus and street based teams and to ensure sustainability of such provision;
- To monitor numbers accessing young people's sexual health clinics and review types of interventions requested;
- Continued training to all frontline staff on talking to young people about sexual health and relationships; and
- Increasing the number of male registrations on to the C-Card condom scheme.

Following the presentation the following comments were noted:

- Not all schools had engaged in the holistic health programmes, such as Catholic schools. It was noted however the programmes could be customised to suit them;
- The development of the School Nurses would help to back up the above programmes;
- It was possible to associate the drop in teenage pregnancies with the increase in GCSE achievements and reduction in NEETs;
- Pregnancy as a 'lifestyle' choice was now more difficult due to austerity measures.

RESOLVED: That the presentation and comments made be noted.

### HWB3 FALLS STRATEGY 2013 - 2018

The Board was advised that falls had been identified as a particular risk in Halton due to higher levels of falls in older people as well as higher levels of hospital admissions due to falls. Consequently, a Falls Strategy for 2013 – 2018 had been developed which set out the importance of understanding the complexities of both the causes and effects of falls. In particular, the strategy highlighted the high risk of social isolation that falls could lead to.

In addition, the Strategy aimed to identify areas that needed to improve in Halton, and it also recommended the following outcomes that formed the basis for the action plan and the implementation of the strategy:

- Develop current workforce training;
- Develop a plan for awareness raising with both the public and professionals;

- Improve partnership working;
- Set and deliver specific targets to reduce falls;
- Develop a prevention of falls pathway;
- Identify gaps in funding of the pathway; and
- Improve Governance arrangements to support falls.

Members noted that it was anticipated that the strategy would be launched in June during *Falls Awareness Week*; a joint public and professional week taking place on 17<sup>th</sup> to 21<sup>st</sup> June. It was also noted that the Strategy implementation would be through the multi-disciplinary Falls Steering Group and this Group would report to the Urgent Care Board. It was proposed that performance would be reported to the Health and Wellbeing Board on a quarterly basis.

RESOLVED: That

1. the Falls Strategy 2013 - 2018 be supported and approved; and
2. the Board agrees to receive quarterly reports on performance against the strategy action plan.

#### HWB4 FRANCIS INQUIRY

The Board considered a report which provided an overview of the key findings and recommendations of the second Francis Inquiry and the actions to be delivered locally to ensure the quality and safety of health care provision for the population of Halton.

The Francis 2 High Level Enquiry (following on from the first one published in 2009) outlined the appalling suffering of many patients at the Mid Staffordshire Hospital. This was caused by a serious failure on the part of the Provider Trust Board who did not listen sufficiently to its patients and staff or ensure the correction of deficiencies brought to the Trust's attention. It failed to tackle an insidious negative culture involving a tolerance of poor standards and a disengagement from managerial and leadership responsibilities.

Following on from the Inquiry, all NHS Provider Trusts were now required to review this high level enquiry and assess and have an action plan in place for monitoring by the Governance Committee on behalf of the Board of Directors. This was a requirement within the Quality Contract for 2013/14 for submission to the Commissioners during early 2013.

Members were advised that the Government had produced its response to the second Francis Inquiry in March 2013 – *Patients First and Foremost*, in which it stated that the NHS was there to serve patients and must therefore put the needs, the voice, and the choice of patients ahead of all other considerations. The response outlined actions in five key areas:

- Preventing problems;
- Detecting problems quickly;
- Taking action promptly;
- Ensuring robust accountability; and
- Ensuring staff were trained and motivated.

In order to ensure the full implementation of all areas of the Inquiry recommendations, NHS Halton Clinical Commissioning Group had/would:

- Included within the contract requirements the submissions of review and action plan for the Francis Inquiry report including a commitment to the Duty of Candour;
- Included within the contract quality metric in relation to time to care, nursing/care assistant training, clinical leadership and organisational culture;
- Receive and review outcomes including delivery of actions required of internal reviews and respond appropriately;
- Develop and maintain a process to ensure cost improvement programmes within providers were reviewed and impact assessed for any potential impact on quality and safety;
- Develop and maintain processes for GPs and others including members of the public to raise concerns regarding the quality of care and ensure these were investigated and acted upon;
- Develop and maintain a robust early warning system for care quality across all providers and ensure any issues were acted upon effectively;
- Be an active member of the *Quality Surveillance Group*;
- Work with providers in a supportive way to support continuous improvements and developments in quality whilst ensuring any issues were monitored and managed effectively; and
- Ensure open, regular and robust reporting of performance of providers locally and ensure local people are engaged in these processes for reporting.

It was commented that the Quality Surveillance Groups would meet locally and regionally to provide leadership for quality improvement. They had proved useful for people to exchange information and share ideas in an open and honest way. It was noted that the local Healthwatch group were represented on the Quality Surveillance Group.

This agenda item would also be taken to the next meeting of the Safeguarding Adults Board.

RESOLVED: That

1. the contents of the report and the findings of the Inquiry be noted; and
2. the actions planned locally be noted.

#### HWB5 EARLY HELP STRATEGY

The Board considered a report of the Strategic Director, Children and Enterprise, on Halton Children's Trust first Early Help Strategy.

The Board was advised that Early Help had been a priority for over two years. The Early Help and Support Strategic Sub-Group (EHaS) of the Children's Trust regularly reported to the Executive Board highlighting progress of Halton's model of "Team Around the Family" (TAF).

It was reported that in 2012, the next step was for the development of an early help strategy and local offer, with the emphasis on early intervention in order to have a positive impact on families. The strategy would need to focus primarily on pre-birth to five year old children and their families. The draft Strategy attached to the report, comprised the main Strategy, four cross cutting themes that spanned across the Children's Trust, a joint action plan and an appendix that highlighted Halton's Local Offer.

RESOLVED: That

1. the Early Help Strategy, Local Offer and action plan be endorsed; and
2. the Early Help Strategy be implemented in conjunction with the 0 – 5 year old Development Action Plan, a priority of the Health and Wellbeing Board.

## HWB6 NATIONAL CHILD MEASUREMENT PROGRAMME (NCMP) OUTCOMES

The Board received a report from the Director of Public Health, which provided an update of levels of childhood obesity in Halton, as recorded through the National Child Measurement Programme (NCMP). The NCMP involved school nurses measuring the height and weight of all children in reception (aged 4 – 5) and year 6 (aged 10 – 11) annually. Using these figures the child's body mass index was calculated and this provided a measure of the proportion of children who were overweight or obese in these individual year groups. Paragraph 3.4 of the report highlighted that the NCMP would report the percentage of children who were of 'excess weight', incorporating both the number of children who were overweight and the number who were obese, this would simplify the interpretation of results.

It was reported that in Halton there had been an extensive programme working with both schools and early year settings to reduce the levels of childhood obesity. This included the school Fit4Life Programme which tackled overweight and had impacted on year 6 obesity rates. The Fit4Life programme targeted schools with the highest obesity rates. It offered education for teachers and children and their parents in cooking, healthy eating and the importance of exercise. Data from the programme indicated that for participating schools the Fit4life programme reduced the level of excess weight by approximately a third. In addition, the following programmes were also offered in Halton:

- Healthitude which linked the personal, social and health education curriculum and had a healthy eating component to it;
- Healthy Early Years Programme (Fit4life) for children aged up to five and their families;
- Children's Centres and Early Years Providers continued to work to meet the Healthy Early Years standards;
- The development of an Infant Feeding Team and weaning services; and
- The national programme to increase the number of Health Visitors.

Members were advised that the data gathered for 2011/12 indicated reductions in the levels of excess weight in both reception and year 6 children when compared to 2010/11 figures. The rates of children who were obese and overweight in reception and year 6 had reduced in 2011/12 in all measures with the exception of the number of year 6 children who were overweight. However, evidence from staff running the Fit4life Programme in schools suggested that one of the reasons for the increase in the number of children in year 6 who were overweight, was as a result of obese children successfully losing weight and moving to the overweight category. It was noted that for the first time since NCMP had started, Halton had rates of obesity that were similar to the England average for all measures and ages. For a more detailed analysis, the Board was referred to the full NCMP report which was attached at Appendix one.

RESOLVED: That the Board

1. note progress in reducing levels of excess weight (overweight and obese) in children in Halton from 28.4% in 2010/11 to 23.1% in 2011/12 for children in reception and from 37.5% in 2010/11 to 34.5% in 2011/12 in year 6 children;
2. note that children in Halton were now at the same weight as the England average;
3. note the impact of the Halton Healthy Early Years Standards and schools "Fit4life" Programme; and
4. note that in the future, performance reporting against this outcome would change to a measure of "excess weight" (which included both children who were overweight and children who were obese).

#### HWB7 CHIMAT – CHILD HEALTH PROFILE

The Board received a report on the Child Health Profile (CHIMAT) which was released each year by the Public Health Observatory and provided a summary of the health and wellbeing of children and young people in Halton. Data that was included was available at a national level and enabled Halton to benchmark their health outcomes against the England average values.

It was noted that Health outcomes were very closely related to levels of deprivation, the more deprived an area the poorer health outcomes that would be expected. Overall

the health and wellbeing of children in Halton was generally worse than the England average, as with levels of child poverty. Currently Halton was the 27<sup>th</sup> most deprived borough in England out of 326 boroughs and, as such, would be expected to have lower than average health outcomes. It was noted that the infant and child mortality rates were similar to the England average.

Members were advised that there were 26 out of the 32 health and wellbeing indicators included in the CHIMAT report which were applicable to Halton. In the 2013 report, there was an improvement in 19 areas, equal performance in five and reductions in performance in two outcomes (which had recently improved: young people not in education employment or training; and teenage conception). Six indicators were new in 2013, therefore could not be compared to the 2012 report. The report detailed the areas where Halton had successfully improved rates, those where it had maintained and those areas where performance in Halton remained lower than the England average.

It was noted that whilst child health remained a challenge for Halton, there was a need to continue to drive to improve outcomes for children and young people. Whilst improvements had been seen in 2011/12, work to maintain these improvements would continue, in order to reduce the gap between Halton's outcomes and the England average. The Board was asked to support work in those areas where performance remained below the England average and also where progress had been made programmes in these areas be continued to be supported. The main areas identified in CHIMAT where further improvements were needed included:

- Children and young people who were not in education, employment or training and youth justice;
- Hospital admissions (all causes);
- Breast feeding rates and smoking at the time of delivery;
- Child poverty; and
- Child development.

RESOLVED: That

1. the contents of the 2013 Child Health Profile and the progress that had been made against a challenging baseline be noted. Out of the 26 areas 19 had improved (Green Arrow), 5 had stayed the same (=) and 3 were worse (red arrow). The new data for teenage conceptions showed dramatic

improvements; and

2. any comments be reported back to the Director of Public Health.

HWB8 NATIONAL CONSULTATION – SUSTAINABLE DEVELOPMENT STRATEGY FOR THE HEALTH, PUBLIC HEALTH AND SOCIAL CARE SYSTEM

The Board was advised that the Sustainable Development Unit was working in partnership across NHS England and Public Health England with the desire to engage with all agencies responsible for delivering and commissioning health within the new Health and Social Care structures. In January 2013 a new strategy for sustainable development in the health, public health and social care system was launched for consultation. The closing date for consultation was 31<sup>st</sup> May 2013 and it was suggested within the consultation document that all elected members, staff, members of the Health and Wellbeing Board and local community be consulted in order to formulate a considered response.

It was noted that the strategy consultation document would like consideration to be given to two key aspects of the next strategy:-

- Should the scope of the strategy be widened beyond the NHS to the wider social care and public health system? and
- Should the approach of the strategy be widened beyond carbon reduction to include other areas of sustainable development?

Members of the Health and Wellbeing Board were requested to comment directly to the Public Health Team by 27 May 2013 to enable collation and completion of the final consultation response by 31 May 2013.

RESOLVED: That

1. the Health and Wellbeing Board consider the proposed response to the consultation and agree the mechanism of response on behalf of Halton Borough Council; and
2. Members of the Board share the document with appropriate staff and members to generate any additional comments and suggestions and report

back to Public Health Team no later than 27<sup>th</sup> May to  
enable completion of the consultation process.

*Meeting ended at 3.30 p.m.*