

HEALTH AND WELLBEING BOARD

At a meeting of the Health and Wellbeing Board on Wednesday, 3 October 2018 at Halton Suite - Halton Stadium, Widnes

Present: Councillors Polhill (Chair) and T. McInerney, Woolfall and Wright and N. Atkin, G. Clark, G. Ferguson, T. Hemming, A. Higgins, L. Maloney, D. O'Connor, E. O'Meara, K. Parker, D. Parr, J. Rosser, S. Semoff, R. Strachan, L. Taylor, L. Thompson, M. Vasic, S. Wallace Bonner, A. Williamson and S. Yeoman.

Apologies for Absence: A. Fairclough and M. Larkin

Absence declared on Council business: None

ITEM DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

Action

HWB9 MINUTES OF LAST MEETING

The Minutes of the meeting held on 4th July 2018 having been circulated were signed as a correct record.

Arising from the discussion regarding the future arrangements for the child death review panel, it was agreed that a report would be brought to the next meeting of the Board.

HWB10 LIVERPOOL CITY REGION WEALTH AND WELLBEING PROGRAMME - PRESENTATION

The Board received a presentation from Alan Higgins, Public Health England, which outlined the work currently taking place within the Liverpool City Region (LCR) to develop a Wealth and Wellbeing Programme through the Combined Authority (CA).

The focus of the work was on addressing the health reasons behind worklessness, rapid movement into and out of work and how the health and care sector could link with inclusive economic growth. It was essential for the success of the programme that the LCR work fitted closely with work in each of the boroughs on work and health. The

presentation set out the scope of the LCR programme, aligned it with work in Halton and requested the Board to identify further opportunities in which it could continue to work together with the CA on this agenda.

RESOLVED: That

1. the report be noted; and
2. the Board identifies further opportunities to work together on the Wealth and Wellbeing Programme with the Combined Authority.

HWB11 TRANSITIONS IN CARE – TRANSITION TEAM

The Board considered a report of the Director of Adult Social Services, which outlined the background to the creation of the Transition Team, a small project group that was established in 2017 to work with a cross section of families. The aim of the team was to have a joined up approach to transition from education, health and social care with increased and targeted co-ordination and communication from all agencies from a younger age. The age range was to work with young people aged 14-25 years, depending on complexity and how much support they required to go through the transition process. A Transition Action plan was developed based on the experiences of a young man and his family, which identified all the key areas that required improvement before changes could be seen.

In September 2017, The Transition Team, was awarded £92,827 from the Department of Health, following a bid to be involved with the Named Social Worker (NSW), national project, which ran until April 2018. The Named Social Worker programme supported sites to make changes to social work practice and wider system conditions that would improve outcomes and experiences for individuals with learning disabilities, and for the people around them. Full details including an evaluation of the pilot were outlined in Appendix 3 of the report.

In addition, as part of the review process, the Board noted a copy of the accessible review document which had been developed by the Transition Team, and had proved successful, when coming to the review stage on how the young person felt about the support they had received from their social worker. (See appendix4)

Following an evaluation of the NSW pilot a cost-

benefit analysis completed by York Consultancy had identified a financial return on investment of 5.14.

It was noted that for the Transition Team to continue to work within the existing staff structure and continue with the approach of the NSW pilot, additional funding of £92,000 a year was required.

On behalf of the Board the Chair thanked the Transition Team for their work on this pilot.

RESOLVED: That the Board agree recommendations designed to continually improve the Transition process and its outcomes for young people and their families.

HWB12 NHS HALTON CCG 2018-19 OPERATIONAL PLAN UPDATE

The Board was advised that the CCG 2018-2019 two year Operational Plan had been updated and submitted to NHS England (NHSE) in April 2018. Following a review by NHSE, a number of areas were highlighted where it was felt that the CCG could provide more evidence. Subsequently, a number of updates had been included into a refreshed 2018/19 Operational Plan narrative and these were submitted to the Board for consideration.

RESOLVED: That the Board ratify and accept the changes to the NHS Halton CCG Operational Plan refresh 2018/2019.

HWB13 INTEGRATED WELLNESS SERVICE ANNUAL REPORT

The Board considered a report of the Director of Public Health, which provided Members with an outline of Halton's Integrated Wellness Service Annual Report for the period April 2017 to March 2018.

Halton's Integrated Wellness Service comprised Halton Health Improvement Team and Sure Start to Later Life Service. The Service played a critical part in delivering improved health and wellbeing for all ages across the Borough through a range of statutory services. The current functions of the Service could be summarised as follows:

- Start Well – Working within the community and schools to give every child in Halton the best possible start in life;
- Live Well – Helping adults and families lead healthier

- and more active lifestyles; and
- Age Well – Supporting healthy and active ageing for all people in the Borough.

It was noted that the Service used evidence based approaches with value for money to deliver a range of preventative services aimed at improving outcomes in the key priority areas of the Halton Health and Wellbeing Strategy.

RESOLVED: That the report be noted.

HWB14 URGENT CARE CENTRES

The Board received a report which provided an update on the review of the two Urgent Care Centres (UCC's) and subsequent actions taken by NHS Halton CCG to transform these centres into Urgent Treatment Centres (UTCs), as part of the One Halton transformation of health provision in Halton.

It was reported that Urgent and Emergency Care (UEC) was one of the national service improvement priorities. In addition it was also one element of the UEC section of the NHS Five Year Forward View (FYFV) which included the roll out of standardised new 'Urgent Treatment Centre Specification.' The two UCCs in Halton were commissioned in 2015 and both providers had been delivering services based on an agreed service delivery model. It was agreed by the CCG to re-specify the services required to meet the national requirements of the proposed UTC Guidance and undertake a number of actions.

The report presented the case for change from the current UCC model and the proposed UTC specification. Members were also provided with details of the interim arrangements in place from 1 October 2018 to 1 March 2019 in respect of the GP element of the Service.

RESOLVED: That

1. the initial findings of the review be noted;
2. the progress and timeline associated with the procurement process towards UTC's be noted; and
3. the proposal to improve the consistency of GP cover at both sites rationalising the medical cover to a specified number of hours during the times where we see peak demand, be noted.

HWB15 HEALTH AND WELLBEING BOARD AUDIT OF SELF-HARM

The Board considered a report of the Director of Public Health which provided information on the responses received from Health and Wellbeing Board members and primary and secondary schools following a self-harm audit. The audit was conducted to establish if the children's workforce knew what to do and the appropriate response when a young person disclosed self-harm. The audit also aimed to determine if partners had practices in place to help to prevent self-harm, through encouraging positive emotional health and wellbeing.

It was noted that the audit had identified that the majority of agencies were aware of self-harm, had a pathway in place or common practices for staff when self-harm was disclosed and staff were accessing self-harm training.

RESOLVED: That the Board scrutinise the contents of the report and note the suggestions for future work, which included:

- Prevention of self-harm is critical. Encourage all partners to support emotional health and wellbeing and resilience in their services and to promote good practice in staff and the public. This should also include recognition of the role of Adverse Childhood Experience on long term health and wellbeing;
- For the appropriate agencies to consistently have a clear self-harm pathway for staff to follow that can be evidenced, and to internally audit compliance against the pathway;
- Joint consideration of which agencies support individuals who self-harm and if the current provision is adequate. Self-harm is a behaviour and not mental illness and therefore not all individuals who self-harm will receive an intervention. Currently, universal services, such as GPs/teachers are the main support available. Further consideration is needed of how we support children and young people who self-harm and how to support young people in emotional crisis but who do not have a mental health diagnosis;
- Support partners to provide consistent, high quality information and resources to children, young people and their families about self-harm;
- To receive evidence of NHS organisations

compliance against the NICE guidelines for self-harm;
and

- For agencies to (continue to) utilise available self-harm training and to monitor ongoing access to self-harm training.

HWB16 SEASONAL FLU PLAN 2018/19

The Board considered a copy of a report which presented an Annual Flu Plan with an overview of changes to and requirements of the annual seasonal influenza vaccination campaign for the 2018-19 flu season and implications for the Local Authority and health and social care partner agencies.

RESOLVED: That

1. the Board note the content of the Annual Flu Plan and note the changes to the national flu vaccination programme for 2018/19; and
2. each individual agency note their requirements in relation to the programme and promote flu prevention as widely as possible.

Meeting ended at 3.30 pm