

HEALTH AND WELLBEING BOARD

MEETING, 29TH MAY, 2013

Representing Bolton Council

Councillor Mrs Thomas (Chairman)
Councillor Morris (Vice-Chairman)
Councillor Bashir-Ismael
Councillor Cunliffe
Councillor Morgan
Councillor Peacock

Representing Bolton Clinical Commissioning Group

Dr W. Bhatiani - Chair of Bolton CCG
Dr C. Mercer - GP
Dr C. McKinnon - GP
Mr J. Leigh – Lay Member

Representing Royal Bolton Hospital Foundation Trust

Mr A. Sumara – Interim Chief Executive

Representing Greater Manchester Mental Health Foundation Trust

Ms G. Green – Director of Operations and Nursing

Representing Healthwatch

Mr J. Firth – Chairman

Representing National Commissioning Board

Ms C. Yarwood – Director of Finance, NHS England (GM)

Representing Voluntary Sector

Ms K. Minnitt – Bolton CVS

Also in Attendance

Mr S. Harriss – Chief Executive, Bolton Council
Ms S. Long – Chief Officer, Bolton CCG
Ms W. Meredith – Director of Public Health, Bolton Council
Ms M. Asquith – Director of Children's and Adult Services, Bolton Council
Mr M. Emerson – Head of Strategy and Improvement, Bolton Council
Mr M. Cook – Public Health Intelligence Analyst, Bolton Council
Mrs D. Lythgoe – Policy and Performance, Bolton Council

Mrs S. Bailey – Democratic Services, Bolton Council

Apologies for absence were submitted on behalf of Councillor Wilkinson and Ms B. Humphrey.

Councillor Mrs Thomas in the Chair.

1. HEALTH AND WELLBEING BOARD – OPERATION AND TERMS OF REFERENCE

The Chief Executive submitted a report which set out the membership, operation and terms of reference of the Health and Wellbeing Board as agreed by the Council at its meeting on 15th May, 2013.

By way of background information, the report reminded the Board that the Health and Social Act 2013 required local authorities to establish a Health and Wellbeing Board/Committee under Section 102 of the Local Government Act 1972.

The main role of the Board would be to determine health strategy, including oversight of Clinical Commissioning Group commissioning plans. In addition, the Council had agreed that the Board would have responsibility for the following:

- (1) improving the health and wellbeing of the local population via strong and effective partnerships and by improving the commissioning and delivery of health and social care.
- (2) preparing and publishing, in consultation with CCG, the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy; in consultation with appropriate third parties.
- (3) influencing the Strategy with respect to commissioning and delivery decisions across health, public health and social care.
- (4) encouraging integrated working between health and social care services including advice, assistance and other support to encourage arrangements under Section 75 of the National Health Service Act 2006.
- (5) being involved in the preparation and revision of the CCG's commissioning plans and to comment on the draft plan; and
- (6) promoting integration and partnership across areas, including through the promotion of joined up commissioning and pooled budget arrangements where all parties are in agreement.

The report also provided details in relation to voting arrangements, membership, decision making and how the Board would be scrutinised by the Council's Health Overview and Adults Social Care Scrutiny Committee.

Resolved – That the report be noted.

2. HEALTH AND WELLBEING BOARD DEVELOPMENT SESSION – FEEDBACK

The Chief Executive submitted a report which outlined the key points, issues raised and actions agreed at the Health and Wellbeing Board development session held on 24th April, 2013.

Resolved – That the report be noted.

3. HEALTH AND SOCIAL CARE INTEGRATION – PRESENTATION

Mr S. Harriss, Chief Executive gave a presentation on Staying Well – Staying Independent which was Bolton's Vision for Health and Social Care Integration.

The presentation reminded members that Health and Social Care Integration was a key national, Greater Manchester and local priority and was a major element of the GM Public Service Reform programme. The Shadow Board had previously discussed the agreement for all GM authorities to work with partners to develop ideas for local implementation plans with a local perspective and context to the Health and Social Care reform proposals. Local partners were now beginning to construct proposed models.

In this regard, members were informed that work was on-going within Bolton to develop proposals which aimed to deliver integrated health and social care services and which:

- were centred around the needs of the patient and aimed to keep patients well and in their own homes and recognising the importance of family and community in promoting wellbeing;
- would provide a better experience of care for patients and their families and result in better outcomes; and
- would meet the twin challenges of increasing demand and dwindling resources.

The presentation went on to outline the following principles which had emerged from discussions between partners involved in Bolton's Health and Wellbeing Board:

- patients should receive high quality care which was centred around their needs rather than the needs of professionals and organisations;
- the clients/patient should be empowered to manage their own care and self-care;
- services should be local wherever possible;
- services should be centralised where necessary (to ensure clinical safety);
- care should be integrated across health and social care in all settings;
- services should be accessible, convenient and responsive;
- information and communications should be centred around the client/patient not the organisation/professional; and

- high quality care should be accessible quickly regardless of the time or day of the week.

Organisations involved in the process included the Bolton CCG, Bolton NHS Foundation Trust, GM West Mental Health Trust and Bolton Council, with significant engagement with the voluntary sector and the general public.

Overall, the key elements of Health and Social Care Integration were:

- a reduction in avoidable admissions to acute care and length of stay in acute care;
- the identification of at risk individuals plus appropriate services at front and back doors of acute services;
- to make changes and improvements to primary care, NHS community services and adult social care;
- changes to the funding model to move investment to out of hospital services; and
- the requirement for a much more integrated system.

A practical example was given which demonstrated how the existing system was not as effective as it could be and reinforced the need for an integrated approach.

The presentation went on to describe the proposed Integrated Care Model for Bolton which would involve the designation of a care coordinator responsible for developing a care plan for patients with multiple long term conditions or at high risk of hospital admission, a multi-disciplinary team and supported by community assets to enable independence. The challenges surrounding this together with how potential care needs could be identified were also outlined.

The presentation concluded that in order for a new delivery model to be implemented, new contractual and financial arrangements would be required. It was considered that the strength of partnership working currently in existence within Bolton would greatly assist in this process.

A suggested timescale for achievement of key milestones was also put forward for members' discussion. This would result in a detailed plan being agreed by October, 2013.

Following the presentation, members discussed the issues at length. A number of comments/observations were made, as follows:

- there was an opportunity to apply for involvement in a pioneer project at a Greater Manchester level where assistance and expertise on the development of integrated services would be provided – Bolton had agreed in principle to be part of the GM bid;
- work should commence on the development of proposed models for engagement with the public as soon as possible;
- it would be beneficial to examine models and methods of delivery being developed by other GM authorities;

- the vision being developed by Bolton for submission was required by June, 2013 and would ideally address plans for the whole of the Borough rather than specific areas of Bolton;
- there were already good practice registers in place within GP surgeries which could be used to identify potentially at risk patients;
- it was noted that for each individual patient, the lead body dealing with the care may be different dependent on needs;
- there were a number of leading edge projects that were already being developed and could be submitted to the next meeting for consideration by the Board – it may be possible to implement parts of these projects in order to start improving customer experience before the October, 2013 timeline.

Resolved – (i) That Bolton’s involvement in the GM Pioneer Bid be noted;
(ii) That work commence on the development of proposed models for engagement with the public for submission to a future meeting of the Board; and
(iii) That details of the leading edge projects now mentioned be submitted to the next meeting of the Board for consideration.

4. JOINT STRATEGIC NEEDS ASSESSMENT

Ms M. Asquith, Director of Children’s and Adult Services, gave a presentation on the development of the Joint Strategic Needs Assessment (JSNA) in Bolton.

Members were advised that the NHS White Paper Equity and Excellence: Liberating the NHS was clear that the JSNA should be used to inform local Joint Health and Wellbeing strategies which would drive local commissioning decisions. Local authorities and CCGs had equal and joint duties to prepare a JSNA and Health and Wellbeing Strategy through the HWBB.

The main purpose of the JSNA was to enable local partners to develop common priorities for the improvement of health and wellbeing and to make changes in the way services were planned and delivered. It was based on an assessment of current and future health and social care needs of the whole of the local population.

The presentation went on to outline the production of the JSNA in Bolton which had involved a complete refresh of the existing Health Strategy, including the addition of new chapters of wellbeing and autism, using information from ward and neighbourhood renewal area profiles, practice profiles, evidence summaries and issues/gaps identified from commissioner workshop sessions.

The JSNA had been developed in partnership with the CCG, the Local Authority, partners and the community and was a continuous process of strategic assessment and planning. Outcome Framework Indicators had also been agreed. Bolton’s JSNA could be found on the Bolton’s Health Matters website at www.boltonshhealthmatters.org.

Future developments for the JSNA included:

- re-structuring chapters based on the life stage;
- intelligence based on wider influences on health and wellbeing;

- assets as well as needs;
- qualitative as well as quantitative information;
- population cohorts and equity;
- intelligence and evidence to support Public Sector Reform Agenda; and
- drawing in needs assessment and research from partners and on-going, two way process.

The presentation further identified the work programme priorities for 2013/14 which included:

- a Health Needs Assessment for BME Needs Assessment;
- clustering of lifestyle risk factors;
- test approach to asset mapping (Farnworth)
- analysis and output from Bolton Health Survey;
- new dementia chapter; and
- intelligence profiles for Adult Services eg. residential care, day services, home support.

In order to supplement the presentation, the following documents were submitted:

- The Department of Health Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies; and
- Bolton's Joint Strategic Needs Assessment Summary.

Following the presentation, members commented that Heathwatch and the Voluntary Sector should be involved in the early stages of development of any policies/strategies to enable them to make valuable and worthwhile contributions to the content.

Resolved – That Ms Asquith be thanked for her informative presentation.

5. PUTTING PATIENTS FIRST – NHS ENGLAND AND PRIORITIES FOR 2013-14 AND 2014-15

Ms C. Yarwood, NHS England (GM), submitted a report which invited members to consider the priorities of NHS England and how these could best support the aims of the Board and the Joint Health and Wellbeing Strategy.

The report reminded members that the new Health and Care System became operational from 1st April, 2013 and aimed to deliver the ambitions set out in the Health and Social Care Act. NHS England, Public Health England, the NHS Trust Development Authority and Health Education England would take on the full range of responsibilities, details of which were provided.

In this regard, the report went on to provide details of NHS England's operating model, explained how the mandate from the Government would be delivered and how outcomes for people would be improved. In addition, the report clarified the specific objectives and ambitions to be delivered through the Greater Manchester Area Team.

As of the delivery process, NHS England had set out an 11 point scorecard which reflected core priorities against which performance would be measured and performance could be judged. Details on the means in which these priorities would be achieved were also outlined.

In summary, NHS England aimed to deliver better outcomes for patients in the following ways:

- supporting, developing and assuring the commissioning system;
- direct commissioning;
- emergency preparedness;
- partnership for quality;
- strategy, research and innovation for outcomes and growth;
- clinical and professional leadership;
- world class customer service – information, transparency and participation;
- and
- developing commissioning support.

The Area Team would be the local representation of NHS England in delivering the 11 priorities through the eight components of the Operating Model which would ensure that the commissioning system was in the best place to make a difference for the people of England.

Ms Yarwood also gave a presentation to supplement the report which provided further details on the new Health and Care System, priorities and the aims of NHS England, namely:

- improved health outcomes as defined by the NHS Outcomes Framework;
- people's rights under the NHS constitution were met; and
- NHS Bodies operated within resource limits.

Following the presentation, members felt it would be helpful to receive a presentation at a future meeting on the role and responsibilities that had transferred from the NHS to the Director of Public Health under the new arrangements.

It was also noted that the public in general would possibly not understand the complex system of commissioning arrangements and the systems involved in how care was actually provided and delivered.

Resolved – That Ms Yarwood be thanked for her informative presentation.

6. GREATER MANCHESTER HEALTH AND WELLBEING BOARD – MINTUES

The minutes of the meeting of the Greater Manchester Health and Wellbeing Board held on 15th February, 2013 were submitted for information and comment.

Members felt it was useful to receive the Greater Manchester minutes.

Resolved – That the minutes be noted.

7. NHS BOLTON CLINICAL COMMISSIONING GROUP BOARD MEETING – MINUTES

The minutes of the meeting of the NHS Bolton Clinical Commissioning Group Board Meeting held on 26th April, 2013 were submitted for information and comment.

Resolved – That the minutes be noted.

8. HEALTH AND WELLBEING BOARD FORWARD PLAN 2013/14

A suggested Forward Plan was submitted which had been formulated to guide the work of the Health and Wellbeing Board during 2013/14.

Members were requested to make any suggested amendments or comments.

The Board felt that in addition to the Forward Plan, it would be helpful to have a report that monitored the progress of any decisions taken by the Board.

It was noted that the work of the Board would also be facilitated by a Health and Wellbeing Policy Development Group where issues could be discussed in greater detail prior to the submission of a formal report to the Board. Members agreed that an item on Intermediate Care should be considered by that Group.

Resolved – That the Forward Plan, as now submitted, be approved and that a report be prepared to monitor progress on decisions taken by the Board.

(The meeting started at 2.00pm and finished at 4.00pm)