

HEALTH AND WELLBEING BOARD

MEETING, 2nd SEPTEMBER, 2015

Representing Bolton Council

Councillor Mrs Thomas (Chairman)
Councillor Mrs Fairclough
Councillor A. Ibrahim
Councillor Haworth
Councillor Morgan

Representing Bolton Clinical Commissioning Group

Dr J. Bradford GP
Dr C. Mercer GP
Mr A. Stephenson
Ms S. Long

Representing Royal Bolton Hospital Foundation Trust

Dr J. Bene

Greater Manchester Mental Health Foundation Trust

Mr Hafeji (as deputy for Ms B. Humphrey)

Representing Healthwatch Bolton

Mr J. Firth - Chairman

Also in Attendance

Mr J. Livesey – Acting Director of Children's and Adult Services
Ms M. Bisset – Public Health
Mr A. Crook – Children's and Adult Services Department,
Bolton Council
Ms M. Laskey – Bolton CCG
Ms A. Tgliu – Healthwatch Bolton
Dr. Liversedge – Director of Primary Care and Health
Improvement

Dr. Moriarty – Consultant Gastroenterologist
Dr. Bhalme – Consultant Hepatologist
Mrs D. Lythgoe – Policy and Performance, Bolton Council
Mrs V. Ridge – Democratic Services, Bolton Council

Apologies for absence were submitted on behalf of Councillors Morris and Cunliffe and Dr W. Bhatiani, Mr. P. Najsarek, Ms. M. Asquith, Ms. W. Meredith and Ms. K. Minnitt.

Councillor Mrs Thomas in the Chair.

8. MINUTES OF PREVIOUS MEETING

The minutes of the proceedings of the meeting of the Board held on 8th July, 2015 were submitted and signed as a correct record.

9. THE BOLTON 5 YEAR LOCALITY PLAN

Ms M. Laskey, CCG, submitted a report which updated members on progress made to date with the Bolton Locality Plan.

By way of background information, members were reminded that the Bolton Health and Care Locality Plan would be a jointly owned strategic document produced as a direct response to the Devolution Manchester programme.

The Plan represented the locality strategic vision and all the individual plans would be aggregated to a single Greater Manchester (GM) plan which would inform the Comprehensive Spending Review (CSR).

Members were advised that a joint strategic planning group had responsibility for the production of the Locality Plan and would ensure full engagement within the respective organisations.

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The first draft of the Bolton Plan was submitted at the end of June, 2015 and the second draft at the end of July, 2015 in accordance with the timescales set out to meet the CSR timeline.

The report advised that the Plan covered the current position for the Borough and recognised the need for major change. It also set out the vision which included:-

- Investment in early intervention and prevention notably:
 - The Early Years new delivery model
 - Falls prevention
 - Improvements in dementia care
 - Additional investment in the Health training programme
 - Staying well
- The development of a new workforce;
- Major estate rationalisation;
- Major investment in IT;
- The delivery of efficiency and effectiveness programmes which went much further than current initiatives;
- A faster and larger move to joint commissioning across health and social care, with a move to outcome based contracts and new payment mechanisms;
- A new provider model; and
- A shift of care into primary and community care with a reduced hospital footprint and potentially more work on a sector/GM basis.

In terms of the next steps, the third draft of the Locality Plan was to be submitted on 14th September, 2015. The GM Plan to inform the CSR would be finalised in September and the final version of each of the Locality Plans were to be submitted by the end of October, 2015. These would need to be formally signed off by each organisation and this Board.

Resolved – That the report be noted and that the final version of the Locality Plan be submitted to the Board on 21st October, 2015 for final approval.

10. BOLTON HEALTH AND SOCIAL CARE INTEGRATION MONTHLY REPORT

Ms Lanksey, CCG submitted a report which updated the Board on the progress being made with Bolton Health and Social Care Integration.

The Board was advised that substantial work continued to be undertaken on the Integration programme which meant the programme was continuing to progress well towards delivering the key outcomes.

In terms of performance, the report provided an overview of some of the key performance metrics as follows:-

- there was an under performance against target in the month of June, as emergency admissions were 150 above plan. This had a negative impact on the year to date figures as the number of emergency admissions was now 135 above plan;
- the A&E targets remained on track to deliver, as in the month of June A&E attendances were 387 below plan. The year to date targets was also positive, as attendances were 862 below plan; and
- the number of emergency readmissions was also positive in comparison to June last year and year to date. The number of emergency readmissions had decreased by 105, compared to same period last year.

The key highlights of the work undertaken across the core and enabling work streams were detailed in the report which included:-

- Interim estates roll out plan had been agreed and was now in implementation phase; Brightmet would be available as an interim hub site on Monday 14th August, 2015 and both Crompton and Waters Meeting would be available by mid-September, 2015;

- Integrated Neighbourhood Teams (INT) full out was progressing well with 32 GP's now engaged with the team which had resulted in additional referrals coming into the team;
- Communication remained a priority with work ongoing with all stakeholders including public consultation on integration at CCG event in Victoria Square. The upcoming month would be focused on creating and designing a website;
- A number of INT and Staying Well staff inductions had taken place with a further two sessions planned for early September, 2015.

Following the presentation a discussion ensued regarding the potential reasons for the failure to reduce admissions and the need to compare with other areas which might be doing better.

In conclusion, it was stated that there were no pressing issues on the programme that were causing undue concern, however, as the full roll out phase for INTs was now taking place it was imperative that the focus was placed on successfully delivering the key objectives.

Resolved – That the report be noted.

11. HEALTHWATCH ANNUAL REPORT

Ms. A. Tgliu, Healthwatch, submitted Bolton's Healthwatch Annual Report for 2014/2015.

The report provided information in relation to the following areas, viz:-

- The role and work undertaken by Healthwatch;
- Influencing change;
- Organisational development and governance;
- Local Healthwatch in Greater Manchester;
- Key statistics; and
- A financial report.

Resolved – That the report be noted.

12. HEALTH AND WELLBEING BOARD PERFORMANCE REPORTS

(a) End of Life

Ms. M. Bisset, Public Health, submitted a report which provided performance management information in relation to End of Life for Quarter Two 2015/2016.

Information was provided in relation to the outcomes and progress on the following priorities, viz:-

- End of life and bereavement support services for relatives and carers;
- Implementation of the suicide prevention strategy;
- Identification of all people with end of life needs in primary and secondary care through embedding the use of the North West End of Life model, Prognostic Indicator Guide and the Gold Standard Framework;
- Ensure people had a dignified and respectful death which supported the individual's choices and preferences as far as possible and considered the needs of their families/carers; and
- Provide specialist support for complex needs.

Resolved – That the report be noted.

(b) Quarter 3

Ms. M. Bisset, Public Health, submitted a report which detailed the performance management framework for the Bolton's Health and Wellbeing Strategy.

Information was provided in relation to the following areas, viz:-

- Profile of latest performance;
- Overarching outcomes;
- Starting well indicator table;

- Developing well indicator table;
- Living well indicator table;
- Working well indicator table;
- Ageing well indicator table;
- End of life indicator table; and
- Supplementary information.

Resolved – That the report be noted.

13. THE INTEGRATED LIVER ACTION PLAN

Dr. Liversedge, Dr. Moriarty and Dr. Bhalme gave a presentation to the Board which aimed to increase awareness of the burden of liver disease in Bolton focussing on the three main risk factors which were alcohol, viral hepatitis and obesity.

Members were advised that the latest evidence showed that liver disease was now the third commonest cause of premature death in the UK. Bolton had a higher mortality rate than its statistical peers, and in the North West, Bolton was ranked 5th highest out of 16 Boroughs.

The presentation went on to provide information in relation to the following areas, viz:-

- The big five killers in Bolton;
- The worrying trend;
- The evidence base for the main risk factors;
- The need to identify the problem of alcohol early in primary care;
- The burden of harm from alcohol;
- Meeting the challenge of liver disease;
- The potential costs relating to liver disease;
- Obesity which can lead to non-alcoholic fatty liver disease;
- The mortality rate in the UK due to viral hepatitis;
- The need to invest to save; and
- The increased risk of ill health from alcohol misuse.

Resolved – That the presentation be noted.

**14. NHS BOLTON CLINICAL COMMISSIONING GROUP
BOARD UPDATE – MINUTES OF MEETINGS**

The minutes of the proceedings of the meetings of the Clinical Commissioning Group Board held on 26th June and 24th July, 2015 were submitted for information.

Resolved – That the minutes be noted.

**15. DRAFT HEALTH AND WELLBEING BOARD
FORWARD PLAN 2015/16**

The Chief Executive submitted the draft Health and Wellbeing Board Forward Plan 2015/16 which would guide the work of the Board over the forthcoming Municipal Year.

It was noted that further items may be identified for inclusion in the Plan as a result of the Health and Wellbeing Board development session.

Resolved – That the draft Forward Plan be approved.

(The meeting started at 2.00pm and finished at 3.45pm)