

EE1

HEALTH AND WELLBEING BOARD

MEETING, 21ST JANUARY, 2015

Representing Bolton Council

Councillor Mrs Thomas (Chairman)
Councillor Morris
Councillor Cunliffe
Councillor Dean
Councillor Mrs Fairclough

Representing Bolton Clinical Commissioning Group

Dr C. Mackinnon GP
Dr C. Mercer GP
Mr A. Stephenson

Representing Royal Bolton Hospital Foundation Trust

Mr M. Wilkinson (as deputy for Dr J. Bene)

Representing Greater Manchester West Mental Health Foundation Trust

Ms B. Humphrey

Representing NHS England

Ms L. Browse (as deputy for Mr A. Harrison)

Representing Healthwatch Bolton

Mr S. Greenhalgh (as deputy for Mr J. Firth)

Representing Voluntary Sector

Ms K. Minnitt – Bolton CVS

Also in Attendance

Mr S. Harriss – Chief Executive, Bolton Council
Mrs M. Asquith – Director of Children's and Adult Services,
Bolton Council
Mr A. Crook – Assistant Director, Children's and Adult
Services, Bolton Council
Ms R. Tanner – Assistant Director, Children's and Adult
Services, Bolton Council
Ms A. Tgliu – Healthwatch Bolton
Ms N. Lomax – Consultant in Public Health, Bolton Council
Ms M. Laskey – Bolton Clinical Commissioning Group
Ms F. Moore – Bolton Clinical Commissioning Group
Mrs D. Lythgoe – Policy and Performance, Bolton Council
Mrs S. Bailey – Democratic Services, Bolton Council

Apologies for absence were submitted on behalf of Ms S. Long,
Dr W. Bhatiani, Dr J. Bene, Mr J. Firth. Ms W. Meredith,
Councillor Peacock and Mr A. Harrison.

Councillor Mrs Thomas in the Chair.

44. MINUTES OF PREVIOUS MEETING

The minutes of the proceedings of the meeting of the Board held on 10th December, 2014 were submitted and signed as a correct record.

**45. HEALTH AND SOCIAL CARE INTEGRATION AND
BETTER CARE FUND UPDATE**

The Director of Children's and Adult Services submitted a report which outlined the latest progress on health and social care integration in Bolton and Greater Manchester using the standard reporting format.

Following consideration of the report, the Board expressed concern at the average performance in terms of the numbers of readmissions to hospital within 30 days of discharge. It was acknowledged that there had been unprecedented demand

during this winter which had put pressure on the A&E Unit. It was also noted that the Trust would be subject to financial penalties for the numbers of readmissions.

It was considered that a report analysing the readmissions should be submitted to a future meeting of the Board

Resolved – That a report on understanding readmissions to hospital be submitted to a future meeting of the Board.

46. COPING WITH WINTER PRESSURES

A joint report of Bolton Council, Bolton NHS Foundation Trust and NHS Bolton CCG was submitted which outlined the current pressures across the health and care economy with regards to urgent care and provided an update of actions being taken to address them.

By way of background information, the report outlined the on-going joint work between Bolton Council, Bolton NHS Foundation Trust and NHS Bolton CCG to ensure that Bolton's Urgent Care Services were able to respond to high demand in a timely manner over the winter period where extra pressures were being felt across the whole urgent health and care systems.

The report provided details of the arrangements put in place by all organisations to deal with the pressures of increasing non-elective admissions. Particular reference was made to the following:

- Bolton Foundation Trust had opened an additional ward as part of normal system resilience plans in early December - due to sustained pressure after Christmas, a further 22 beds had been opened. In response to the acuity of patients resulting in inability to discharge safely, the Trust had called a major incident. This involved calling all available staff in, cancelling non urgent surgery and focusing on discharge. These actions had ensured the safety of patients and staff and, by working closely

with Community and Local Authority staff, the immediate pressures had been lifted;

- the CCG had utilised its £1.8m allocation from NHS England to commission schemes that were aimed at reducing emergency admissions and hospital length of stay and early implementation of the Integration Schemes – although the funding had helped, the significant pressures experienced across the health and social care economy over the winter period had impacted on A&E and other urgent care performance; and
- the Council had increased social work resources over the Christmas and New Year period to support the pressures experienced in urgent care and contributed to a review of these pressures on a daily basis – social care teams had facilitated the highest volumes of discharges requiring care from the independent sector with volumes exceeding those of this time last year. Newly integrated intermediate care services were delivering activity levels beyond expectations despite still being under development. More than 100 extra people had received support than the same period a year ago.

All partners were continuing to work together to ensure the schemes were fully implemented and operationalised which would further support the agreed strategy to reduce emergency admissions to hospital, long term admission to residential care and reduced length of stay for hospital admissions.

Following consideration of the report, member made a number of comments/observations, as follows:

- there appeared to be a larger percentage of the population that were seriously ill and requiring A&E assistance over the Winter period rather than a general increase in the numbers of attendances to A&E;
- the Better Care Fund initiatives were only just being developed and implemented (April 2015) and had not yet had chance to make an impact;

- the good partnership working arrangements in Bolton meant that over time, and with the necessary resources and investment, the agreed strategy of reduced emergency hospital admissions to hospital, long term admission to residential care and reduced length of stay for hospital admissions should be delivered;
- concerns over the levels of funding to deliver the Integration agenda;
- the need to involve the ambulance service in the Integration agenda; and
- the need to review and analyse the current situation with a view to the development of an holistic long term plan to cope with winter pressures.

Resolved – That the report be noted.

47. BOLTON CCG COMMISSIONING INTENTIONS 2015/16

Ms F. More, Bolton CCG gave a presentation which outlined Bolton CCG's commissioning intentions for 2015/16.

The presentation outlined the CCG's legacy and vision for the provision of future services and key objectives of:

- improving health outcomes;
- improving the quality and experience of care; and
- ensuring best value use of the budget.

Planning for 2015/16 centred on a theme of 'The Forward View into Action' and included:

- planning together locally;
- getting serious about prevention;
- creating new models of care;
- ensuring that services continued to be delivered in a financially sustainable way; and
- delivering required standards and continuous improvements in quality and outcomes.

The presentation went on to outline intentions in terms of public and patient engagement, integration, shift of care to the community, the Bolton Offer, mental health, reducing emergency admissions and readmissions to hospital, Healthier Together and Strong Performance.

Members of the Board thanked Ms More for her informative presentation and felt that submission of similar reports from other organisations would be beneficial to the Board.

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

48. UPDATE ON THE IMPLEMENTATION OF THE CARE ACT

Ms Tanner submitted a report which outlined the main aims, objectives and requirements of the 2014 Care Act which would come into force in April, 2015.

The report advised that the Care Act would introduce the most significant changes in Adult Social Care in decades in terms of underpinning legislation, eligibility criteria, funding, changes to the status of Adult Safeguarding and a host of other associated areas which were likely to impact across many Council areas.

Ms Tanner gave a presentation to supplement the report which outlined the main changes that would be introduced by the Act in order to reform the care and support system into one that:

- focused on people's wellbeing and support to help them to remain independent for as long as possible;
- introduced greater national consistency in access to care and support;
- provided better information to help people make choices about their care;
- gave people more control over their care;
- improved support for carers;
- improved the quality of care and support; and
- improved the integration of different services.

Ms Tanner went on to highlight the main changes that would be introduced from April, 2015, as follows:

- a duty to provide prevention, information and advice services;
- a national minimum Eligibility for service users and carers;
- entitlement to assessment and to have eligible needs met for Carers;
- support to self-funders – advice, financial planning and commissioning;
- a universal system for deferred payments for residential care;
- a duty for market shaping;
- extending the duty for independent advocacy ;
- safeguarding duties – for a board, Safeguarding Adult reviews and to make enquiries; and
- an emphasis to integrate health and social care services.

A number of changes in terms of paying for care would come into effect which would include:

- a cap on care costs that people had to pay to meet eligible social care needs;
- a Care Account to record how much a person paid towards their care and the receipt of an annual statement on progress towards the cap; and
- extending the financial support provided by the Local Authority by raising the means test threshold for people with eligible needs.

Ms Tanner went on to outline the increased responsibilities associated with the new Act and outlined the on-going work to ensure that Bolton was legally compliant with the relevant aspects of the Act for both 2015 and 2016.

The report also set out the anticipated financial implications of the changes in legislation and predicted increases in activity from April, 2015. Changes in eligibility could have an impact upon the cost of care within Bolton through an increased

number of people becoming eligible under the new minimum threshold.

The report further advised that there was an element of funding included within the Better Care Fund to finance the introduction of the Care Act. Initial analysis had indicated that funds available in 2015/16 were likely to be sufficient to cover the additional demands. There were concerns however regarding future resource profiling for 2016/17.

Resolved – That the report, including the changes in legislation and Bolton's progress locally, be noted and that Ms Tanner be thanked for her informative presentation.

49. HEALTHWATCH BOLTON EVIDENCE BRIEFING JANUARY 2015

A report of Healthwatch Bolton was submitted which summarised the numbers and types of contacts received together with issues raised and comments made to Healthwatch Bolton during the third quarter (October to December) 2014.

The report recommended that there was a need to address the effects of the use of booking centres and GP triage systems and of poor post-discharge follow up from all acute services on patient behaviour and outcomes.

In addition, it recommended that the Board should take a lead on reviewing customer service values in health and social care in Bolton in order to identify and promote good practice.

Members of the Board felt that the information provided in the report was useful and should be submitted to the Board on a quarterly basis.

Resolved – That the report, and the recommendations contained therein, be noted and that further similar reports be submitted to the Board on a quarterly basis.

**50. HEALTH AND WELLBEING STRATEGY –
DEVELOPING WELL - PERFORMANCE REPORT –
QUARTER 4 2014/15**

The Director of Public Health submitted a report which updated the Board on the performance of the Health and Wellbeing Strategy as it related to the Developing Well chapter.

The report provided details in relation to each priority with some further commentary on the outcomes and an outline of the actions.

Resolved – That the report be noted.

**51. NHS BOLTON CLINICAL COMMISSIONING GROUP
BOARD UPDATE – MINUTES OF MEETING**

The minutes of the proceedings of the meeting of the Clinical Commissioning Group Board held on 28th November, 2014 were submitted for information.

Resolved – That the minutes be noted.

52. MONITORING REPORT

The Chief Executive submitted a report which monitored the progress of decisions taken at previous meetings of the Board.

Resolved – That the monitoring report be noted.

**53. HEALTH AND WELLBEING BOARD FORWARD PLAN
2014/15**

The Chief Executive submitted a draft Forward Plan which had been formulated to guide the work of the Health and Wellbeing Board over the forthcoming year.

Resolved – That the Forward Plan, as now submitted, be approved.

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

EE10

NOTES