

HEALTH AND WELLBEING BOARD

MEETING, 18th DECEMBER, 2013

Representing Bolton Council

Councillor Mrs Thomas (Chairman)
Councillor Cunliffe
Councillor Wilkinson

Representing Bolton Clinical Commissioning Group

Dr C. McKinnon – GP
Mr A. Stevenson – Lay Member
Ms S. Long – Chief Officer

Representing Royal Bolton Hospital Foundation Trust

Dr J. Bene – Interim Chief Executive

Representing Healthwatch

Mr J. Firth - Chairman

Representing Voluntary Sector

Ms T. Qureshi (as deputy for Ms K. Minnitt) – Bolton CVS

Also in Attendance

Mr S. Harriss – Chief Executive, Bolton Council
Ms W. Meredith – Director of Public Health, Bolton Council
Ms M. Asquith – Director of Children's and Adult Services
Mr A. Crook – Assistant Director of Children's and Adult Services, Bolton Council
Ms G. Hughes – Families First Project Lead, 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 Councillors Bashir-Ismail, Morgan, Morris and Peacock and from Dr W. Bhatiani, Dr C. Mercer, Mr A. Harrison, Ms B. Humphrey and Ms K. Minnitt.

Councillor Mrs Thomas in the Chair.

53. MINUTES OF PREVIOUS MEETING

The minutes of the proceedings of the meeting of the Board held on 20th November, 2013 were submitted and signed as a correct record.

54. MONITORING OF HEALTH AND WELLBEING BOARD DECISIONS

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.

55. HEALTH AND SOCIAL CARE INTEGRATION

Further to Minute 43 of the previous meeting, Mr S. Harriss updated the Board on the latest position regarding Health and Social Care Integration in Bolton and Manchester.

Mr Harris reported that good progress was being made in putting the necessary capacity in place to facilitate delivery of the Integration Model. A team structure was now established and was undertaking work on behalf of all the partners to progress implementation.

It was further reported that the process of sharing the details of the Integration Model with other bodies had also commenced and the subject of Integration had been a main workshop theme at Bolton's Vision Conference which was held on 2nd December, 2013. The event had been well attended and there had been useful feedback and positive comments on the models and principles of Integration.

The process of rolling out various ideas to test delivery of the Integration Model had also commenced

Further to Minute 44 of the previous meeting, Mr Harriss advised that resources from the Better Care Fund, formally known as the Integration Transformation Fund, would be available to finance pilot schemes and other activity towards implementation of the Integration Delivery Model in 2015/16. In order to access the resources, the Board must prepare a statement of intentions detailing how the funds would be utilised in delivering its Health and Social Care Integration proposals. This document would be submitted to the Board at its meeting in February, 2014 for approval.

Resolved – That the update be noted.

56. VIEWS OF SERVICE USERS AND CARERS ON HEALTH SERVICES AND CARE AT HOME

Ms S. Long submitted a report which gave the Board a general update on the Integration Programme and summarised the findings of a recent engagement exercise with the public, service users and carers.

By way of background information, the report reminded the Board that during the summer, 2013, Bolton CCG had engaged with the public on its three year Commissioning Strategy 'Changing Our NHS'. The Integration Communications and Engagement workstream had identified a gap in the views of current users of health and care services, particularly those identified in the at risk stratified groups of:

- end of life;
- people with complex long – term conditions needing active intervention;
- frail elderly; and
- people with complex problems.

In order to address this, the CCG, the Council and Healthwatch Bolton had carried out face to face interviews in November, 2013 with people in the target audiences to help develop

Bolton's narrative on integration and ensure patients' experiences and views helped to inform the development of service specifications and pilots.

The main aims and objectives of the exercise were outlined together with a summary of the key findings. Overall, 92% of people agreed with the idea of health and social care being focused around the patient.

Ms Long gave a presentation to supplement the report which provided additional details on the findings.

The report further advised that views from the engagement exercise would help to inform the implementation of the five integration pilot schemes and the development of service specifications. These included:

- providing joined up care via multi-disciplinary teams;
- GP would be central to multi-disciplinary team;
- mental health worker would be an important part of MDT;
- provide 1 care coordinator for the frail elderly;
- care plans would have a real focus on remaining independent at home;
- redesign of intermediate care;
- provision of care closer to people's homes; and
- recognising the role carers played in our plans.

Following consideration of the report, the Board commented that the results in the main were positive although there was still some concern about home care and the time spent by carers in the home environment.

Resolved – That the report be noted.

57. FAMILY FIRST – WORKING WELL

A report of the Director of Children's and Adult Services submitted a report which:

- provided a brief overview of the Family First Project and its progress to date;

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- outlined how the Project was helping to deliver the Working Well aims and objectives of the Health and Wellbeing Strategy ; and
- highlighted other health and wellbeing links to the Troubled Families Project generally.

The Board was reminded that Bolton's approach to the Government's Troubled Families had been to adopt the Family First Strategy and Delivery Model in May, 2012. Family First families were households who:

- were involved in crime and anti-social behaviour;
- had children who were not in school;
- had an adult on out of work benefits; and
- caused high cost to the public purse (local discretion).

The report advised that the Strategy aimed to deliver greater simplicity and remove duplication and would build on the well-embedded Common Assessment Framework (CAF) with the new E-CAF process helping to understand things that worked and those that did not.

As part of the Family First Programme, there were seven areas for re-focus:

- a re-affirming of the Lead Professional Model and for that role and support to continue beyond the individual statutory need;
- expanding and re-designing of the CAF across a wider range of services to ensure agencies understood and owned the wider family context and aspiration;
- developing whole family plans with the family that were based on changing behaviour and families being less dependent on public services – adoption of a challenge and support ethos and using existing enforcement tools if necessary to initiate non-negotiable engagement with the families when necessary;
- much closed integrated working between services that supported children and those that supported adults,

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- particularly those that supported adults towards learning and employment;
- improvements to the neighbourhood management offer, so that families could access services locally and become more self-reliant;
 - improve data and IT support so that lead professionals had a fuller picture of issues within families and agencies already involved;
 - developing our understanding of the sequence of support and interventions required with individuals and families and ensuring these needs were met existing service prioritising these families for support and commissioning additional capacity where necessary.

The progress to date of the project was detailed. 460 families had now been allocated to lead workers (55%), 154 had been successfully turned around (22%), 12 had been in work for 6 months or more (2%) and 32 were making progress to work through the ESF Programme (5%).

An additional claim for a further 75 families would be made in January, 2014.

With regard to the early years adopter area of Oxford Grove, the report advised that 22 families had been identified who met eligibility criteria for both Early Years and Family First. At a practical level, options were being explored on:

- further integration of services, particularly linking health and social care services with services that supported adults into work;
- exploring the role of the health visitor in meeting other health needs in the whole family, such as missed immunisations
- development of whole family health screening and assessment tool;
- understanding the benefits of a more co-ordinated and sequenced approach; and
- overcoming information sharing barriers.

Ms Hughes gave a presentation to supplement the report. It stressed that the Family First project would target the needs of vulnerable and complex families and lead workers would develop a whole family plan that included helping the family overcome barriers to work.

It was noted that joining up the Early Years and Family First projects for a cluster of families demonstrated how services could be further integrated and stretched to meet the needs of those complex and vulnerable individuals and families. This would require a changed approach with staff working with these families being flexible, co-operative and adopting an approach that embraced a reform of public services.

Resolved – (i) That the report be noted.

(ii) That the co-ordinated work on the Early Years and Family First Project currently taking place, as detailed out in paragraph 6 of the report, be supported.

(iii) That a culture of reform be embraced so that when practicable, front line staff are empowered to stretch the health offer to families beyond their statutory role.

58. HEALTH AND WELLBEING STRATEGY PERFORMANCE MANAGEMENT REPORT

The Director of Public Health submitted a report which updated the Board on the performance of the Health and Wellbeing Strategy.

Part 1 of the report included a summary profile of the indicators in the Health and Wellbeing Strategy, provided details regarding the overarching outcomes of the Strategy and included tables which illustrated the direction of travel and commentary for all indicators.

Part 2 of the report focused on the Working Well chapter of the Strategy to coincide with the theme of the Health and Wellbeing Board Meeting. It 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.

59. PUBLIC HEALTH COMMISSIONING INTENTIONS 2014/16

The Director of Public Health submitted a report which informed members of the commissioning intentions for Public Health which supported the delivery of the Bolton Health and Wellbeing Strategy 2013/16.

The report reminded the Board of the various functions, responsibilities, service contracts and the budget for Public Health which had transferred to the Local Authority on 1st April, 2013.

The three domains for Public Health were Health Improvement, Health Protection and Healthcare Provision (Commissioned Healthcare Services).

The mandatory responsibilities of Public Health were broadly:

- to provide Public Health advice to NHS Commissioners, such as Bolton CCG;
- to protect the health of the local population;
- to appropriately commission and ensure open access to sexual health services;
- to ensure the delivery of the National Child Measurement Programme; and
- to ensure the provision and delivery of the NHS Health check assessment.

The Council's Executive Member (Deputy Leader) had previously approved the transfer of former Public Health funded contracts following legal and financial responsibility for such having transferred from NHS Bolton to Bolton Council with effect from 1st April 2013.

The approach taken on transfer was to waive any requirement to seek to tender or quotations in line with Standing Orders and to offer relatively short term contracts in order to secure service continuity. Generally this was the approach taken by all local authorities.

A significant number of contracts and funding arrangements were now due to end on 31st March, 2014. Whilst work on detailed commissioning plans was progressing, there was need to ensure continuity of these services. Therefore, a report to the Council's Executive Committee had set out a series of recommendations to achieve this aim which were to give a further period of funding to current providers whilst the longer term commissioning intentions and procurement plans were agreed.

The report advised that all contracts were being reviewed and further developed for 2014/15 in consultation with existing providers and stakeholders. Full details of those services currently commissioned by public health and the intentions for 2014/15 were summarised in a table within the report.

The report concluded that in the interest of service continuity, Public Health had enhanced and continued with all services transferred with any changes only referring to contract type rather than service area.

The Public Health Commissioning Team were further developing commissioning intentions in order to inform future procurement of services in accordance with the identified and emerging needs of the Bolton population and in line with the Health and Wellbeing Strategy.

Resolved – That the report be noted.

60. HEALTHWATCH BOLTON STRATEGIC PLAN 2013

The Chairman of Healthwatch submitted a report which put forward the Healthwatch Bolton Strategic Plan 2013 – 14 for information.

The Strategic Plan highlighted the vision, values, goals, objectives and actions of the Healthwatch Board over the next three to five years.

Members raised concerns about access to NHS dentists and problems being experienced in Bolton with patients being unable to register with an NHS dentistry practice.

It was felt that clarification should be sought from NHS England on the latest position and associated issues regarding access to NHS dentists, particularly in relation to Bolton residents.

Resolved – That the Strategic Plan be noted and that clarification be sought from NHS England regarding the latest position regarding access to NHS dentists in Bolton.

61. NHS BOLTON CLINICAL COMMISSIONING GROUP BOARD MEETING – MINUTES

The minutes of the meeting of the NHS Bolton Clinical Commissioning Group held on 22nd November, 2013 were submitted for information.

Resolved – That the minutes be noted.

62. HEALTH AND WELLBEING BOARD FORWARD PLAN 2013/14

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

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

(The meeting started at 2.00pm and finished at 3.35pm)