

HEALTH AND WELLBEING BOARD

MEETING, 3RD JULY, 2013

Representing Bolton Council

Councillor Mrs Thomas (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
Mr A. Stephenson – Lay Member

Representing Royal Bolton Hospital Foundation Trust

Ms A. Schenk (as deputy for Ms J. Bene) – Director of Strategy and Improvement

Representing Greater Manchester Mental Health Foundation Trust

Ms B. Humphrey – Chief Executive

Representing Healthwatch

Mr J. Firth – Chairman

Representing National Commissioning Board

Mr A. Harrison (as deputy for Ms C. Yarwood)

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
Mr M. Fraser – Commissioning Manager, Adults with Disabilities, 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 Morris and Wilkinson and from Ms M. Asquith, Dr C. McKinnon GP and Ms C. Yarwood.

Councillor Mrs Thomas in the Chair.

9. MINUTES OF PREVIOUS MEETING

The minutes of the proceedings of the meeting of the Board held on 29th May, 2013 were submitted and signed as a correct record.

10. HEALTH AND WELLBEING POLICY DEVELOPMENT GROUP – MINUTES

The minutes of the meeting of the Health and Wellbeing Policy Development Group held on 26th June, 2013 were submitted.

Resolved – That the minutes be noted.

11. 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.

12. HEALTH AND SOCIAL CARE INTEGRATION

The Director of Public Health submitted a report which updated members on the progress of the delivery of integrated health and social care services in Bolton and across Greater Manchester.

The report detailed the proposals for bringing the work of integrated care, Healthier Together and Primary Care together at a Greater Manchester level and outlined the joint work that was on-going with local partners.

The report went on to outline Bolton's vision and model for health and social care in Bolton and reminded the Board of the aims of delivering integrated care and the principles that would guide this which had been developed following discussions between partners involved in this Board.

A practical example was provided which demonstrated how the existing system was not as effective as it could be and how the use of integrated services could be improved in order to enhance the customer experience. The Integrated Model would aim to:

- provide a multi-disciplinary health and care team which would serve a population cluster of approximately 30,000 people based around primary care;
- designate patients with multiple long term conditions and/or at high risk of hospital admission and the frail elderly with a care coordinator who would be responsible for developing and coordinating the patient/client care;

- include adult community nurses, social workers, physiotherapists, occupational therapists, community psychiatric nurses and generic workers; and
- enable people to remain independent with greater confidence to manage their own care supported by community assets.

The multi-disciplinary team would also systematically identify individuals at high risk of future health and social care need and provide advice, support and assistance to enable people to remain healthy, happy and independent for longer. The Staying Well approach was being piloted in 6 practices and early evaluation had been positive.

Additional information was provided in relation to Bolton's Integrated Health and Social Care Plan which included details of:

- partners and governance;
- Governance structure;
- levels of intervention according to risk stratification;
- the new service model;
- the Staying Well Pilot and Checklist Tool;
- the Integrated Care Model;
- the investment proposition; and
- the Evaluation Framework.

The report also listed the key milestones that had been achieved to date and those outstanding together with further action and next steps and timescales in order to continue to develop the Integrated Model.

In order to supplement the report, the Board was provided with a copy of a paper that had been considered at an AGMA meeting on 28th June, 2013. It provided details on how the work that was on going in Bolton linked in to the work at a Manchester level on the Healthier Together reconfiguration of hospital and acute services. It outlined the work undertaken in the last month within Greater Manchester to align the three programmes of Integrated Care, Healthier Together and Primary Care which would provide a common base to the whole system reform work and strengthen the out of hospital reform programmes, the output of which would provide the context for the potential public consultation on the configuration of in hospital services in November/December, 2013.

Following consideration of the report, Sean Harriss updated the Board on a number of further issues, as follows:

- the development of the Integrated Model in Bolton was progressing well however the next challenge would be to develop a viable financial model that could deliver the new service – a business case would be prepared by September/October, 2013 – NHS Greater Manchester had identified resources to assist with the development of a framework template to test the viability of models proposed by local authorities and to facilitate sharing of information; and

- it was noted that the recent Government spending assessment indicated that the NHS funding being transferred from the CCG to local councils would be linked to the achievement of milestones against integration indicators.

Resolved – That the report be noted and the continuing approach to integrated care, as outlined in the report now submitted, be supported.

13. HEALTH AND WELLBEING STRATEGY: PERFORMANCE MANAGEMENT REPORT QUARTER 2

The Director of Public Health submitted a report which provided a summary of how Bolton was performing across the outcomes identified in the Health and Wellbeing Strategy.

The report highlighted the following areas where Bolton was performing better than its statistical neighbour average:

- emergency readmissions;
- Looked after Children outcomes;
- Chlamydia diagnoses;
- Teenage conceptions; and
- Injuries due to falls in older people.

Areas of concern where Bolton was performing worse than its statistical neighbour average included:

- Slope Index of Inequality (widest inequality of statistical neighbour);
- Low birth weight rates;
- Suicide
- Satisfaction with local services;
- Employment rate for people with learning disabilities; and
- The difference between adults in settled accommodation according to whether they had a mental illness or a learning disability.

During consideration of the report, the Board queried the figures relating to adults with learning disabilities in settled accommodation and considered that this seemed lower than expected. Wendy Meredith agreed to reassess performance in this area and report back to the next meeting of the Board.

Members also felt that it would be useful to have the full analysis performance report submitted to future meetings of the Board.

Resolved – (i) That further analysis of the performance figures relating to adults with learning disabilities in settled accommodation be undertaken to see if there is an anomaly in how they are recorded; and
(ii) That the full performance analysis report be submitted to future meetings of this Board.

14. HOSPITAL SMOKING SHELTERS

Sean Harris reported that Bolton Council, at its meeting on 26th June, 2013, had formally expressed a view requesting the Trust to reconsider its decision to install smoking shelters.

Anne Schenk reported that all comments would be taken into consideration and that the issue was due to be discussed at the Hospital Board meeting on 27th June, 2013.

Resolved – That the report be noted.

15. LONGER LIVES – SUMMARY

The Director of Public Health submitted a report which compared Bolton's performance against that of all local authorities across a range of early mortality indicators.

The report advised that the newly released Longer Lives website provided data in respect of the performance of all local authorities against a range of early mortality indicators. The website used a traffic light system for the major killers of heart disease and cancer and how these varied across areas of the country. Longer Lives showed a clear association with deprivation and grouped areas into segments based on deprivation.

In this regard, the report provided a summary of Bolton's performance which ranked 124th out of 150 local authorities on Longer Lives indicators and advised that Bolton had performed worse than average for all causes of early death, worse than average for heart disease and stroke, average for lung and liver disease and better than average for cancer.

The Board noted that over the last 3 years (2009-2011), Bolton had seen a 13% reduction in premature deaths. This represented a 24% reduction in premature deaths from heart disease and stroke, a 2% reduction in premature cancer deaths, a 36% reduction in early deaths from liver disease and a 9% reduction in respiratory disease deaths. It was also noted that plans were in place to address the issues and it was anticipated that over time, performance against the indicators would continue to show improvement.

Resolved – That the report be noted.

12. CLINICAL COMMISSIONING GROUP PLAN AND ENGAGEMENT

Su Long, Chief Officer, Bolton CCG gave a presentation on the Clinical Commissioning Group Plan.

The Board was reminded that the vision of the Plan was to improve health and care services for Bolton people by commissioning integrated services across health and social care with primary care based at the centre and more services in place outside of hospital to support patients in the community and in their own homes.

The presentation outlined the need for better outcomes despite the challenges being faced by the NHS and the risks associated with not taking action.

In this regard, the presentation outlined the main objectives contained within the 2013/14 CCG Plan which included improving health outcomes, improving quality of care and patient experience of care and providing best value together with details of how achievements against these would be measured.

Members were also informed of the aim to reduce hospital admissions by the use of specialised services in the community and people's homes, via primary care and through self-care.

Further, delivery of the Commissioning Plan would be linked to a number of strategies including Healthier Together, Bolton Integration Plan, Greater Manchester Primary Care Strategy and Bolton Self-Care Strategy.

The key messages for public engagement were also highlighted and included:

- staying true to the principles of the NHS;
- changing the NHS as it needs to change;
- the case for the shift to more community based care and integration with seamless services based in the community, centred on primary care; and
- what a new system would look like in order to meet the growing demand within the resources we had and supporting more elderly people to retain independence in their own homes.

Following the presentation, members of the Board commented that the Plan fitted well with other existing Strategies and the Integration agenda and although the Commissioning Plan was the CCG's responsibility, the proposals had been prepared collectively with clear strategic alignment with the Health and Wellbeing Strategy.

The importance of involving mental health and the voluntary sector in the development of plans was also stressed.

Resolved – That Su Long be thanked for her informative presentation.

13. NHS BOLTON CLINICAL COMMISSIONING GROUP BOARD MEETING – MINUTES

The minutes of the meeting of the NHS Bolton Clinical Commissioning Group Board held on 24th May, 2013 were submitted for information.

Resolved – That the minutes be noted.

14. WINTERBOURNE VIEW – LOCAL RESPONSE POSITION STATEMENT

The Director of Children's and Adult Services submitted a report which outlined the progress made in responding to the Action Plan contained in the Winterbourne View Concordat.

By way of background information, members were reminded that Winterbourne View Hospital had operated as a 24 bed registered hospital for people with learning disabilities and autism since 2006. An undercover investigation, which had been broadcast on television, had revealed that patients at the Hospital had suffered ill treatment and abuse.

The events at Winterbourne View had resulted in a Serious Care Review and a subsequent report had been published on 7th August, 2012 by Margaret Flynn entitled Transforming Care: A National Response to Winterbourne View Hospital.

The report made clear the Government's expectation that urgent progress should be made in improving standards of care and issued a number of recommendations and targets to achieve this, namely:

- NHS and Social Care Commissioners would review all current hospital placements by June, 2013; and
- NHS and Social Care Commissioners would support everyone inappropriately placed in hospital to move to community based support as quickly as possible and not later than June, 2014.

In addition, the Winterbourne Review Concordat and Programme of Action was established and signed up to by a wide range of organisations. The Concordat concluded with a 63 point action plan timetabled for overall completion by 2016, the aim of which was to transform health and care services for people with learning disabilities, and/or, autism who had mental health conditions or behaviour which challenged services.

In this regard, the report went on to outline Bolton's response to the Concordat and associated Action Plan and outlined the progress made to date. Bolton had responded promptly to the actions required and the targets set and good progress had been made, full details of which were provided in the report.

With regard to the next steps, the report advised that Bolton's response continued to evolve to fulfil the comprehensive multi-agency action plan. Whilst it was anticipated that other areas of work would be identified in the process, the focus of future work would be:

- to plan the development of an all-age challenging behaviour strategy to be in place by April, 2014, the aim of which was to ensure the development and delivery of high quality services to people of all ages who presented with behaviour which challenged services – liaison with Children's Services was an essential component of future work to identify and address gaps in current service provision and to develop more effective means of joint working;

- to ensure that learning achieved via liaison with other agencies was disseminated within the organisation;
- to review local arrangements to minimise unnecessary hospital admissions, including the role on the Intensive Support Team and the learning disability consultant psychiatrist;
- to review the local position within local learning disability services in respect of the use of the various forms of restraint and physical intervention; and
- to complete the national stock-take exercise and report on this to the national Winterbourne View Joint Improvement Programme by 5th July, 2013.

Resolved – That the report and progress made be noted.

15. GREATER MANCHESTER HEALTH AND WELLBEING INTERIM BOARD MEETING – MINUTES

The minutes of the meeting of the Greater Manchester Health and Wellbeing Interim Board held on 17th May, 2013 were submitted for information.

Resolved – That the minutes be noted.

16. 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.

It was suggested that the full performance report, as referred to in Minute 13 above, be submitted to the meeting in August, 2013.

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

(The meeting started at 2.00pm and finished at 3.25pm)

