

**ADULT'S AND HEALTH AND CHILDREN'S POLICY
DEVELOPMENT GROUP**

JOINT MEETING, 25TH MARCH, 2019

Present – Councillors Evans (Chairman), Kellett (Chairman), Morgan (Vice-Chairman), C. Wild (Vice-Chairman), Ayub, Cunliffe, Cunningham, Dean, Flitcroft, Gillies, Khurram, Kirk-Robinson, Murray, Parkinson, Pattison, Radcliffe, Swarbrick, Warren and Watters

Also in Attendance

Ms H. Lowey	- Director of Public Health
Ms B. Brown	- Interim Director of People
Ms R. Tanner	- Deputy Director of People
Mr T. Birch	- Assistant Director – Education and Learning
Mrs S. Bailey	- Principal Democratic Services Officer

Apologies for absence were submitted on behalf of Councillors Baines and Gibbon.

Councillor Evans in the Chair

1. TRANSITION UPDATE

Further to Minute 2 of the joint meeting of the Adult's and Health and Children's PDGs held on 14th November, 2018, Ms Tanner gave a presentation which updated members on the ongoing work in relation to the transition of young people to Adult and Care Services.

In this regard, the presentation outlined the progress made to date on the principles and outcomes that had been formulated as a result of the processes since the last joint meeting in November, 2018 and provided an update on the Action Plan.

Members were reminded that Bolton had been part of a transition pilot scheme and that work was ongoing to analyse the data collected with a view to the formation of a Transition Team. It was hoped that this would be in place by June, 2019.

Feedback from families on the new ways of working had been positive and the implementation of changes was progressing well.

It was noted that the input from this Group had helped to shape and drive the principles of the new ways of working and had been valuable in clarifying the ambitions and direction of the Service.

It was agreed that Ms Tanner be thanked for her informative update.

2. PUBLIC HEALTH OVERVIEW

Ms H. Lowey gave a presentation which focused on the work of Public Health in Bolton and its responsibilities in terms of Local Government and the wider system.

Members were advised that the main purpose of Public Health was to prevent disease, prolong life and promote health through the organised efforts in society. It required a collaborative strategy between leaders in healthcare, politics, charity, education and business.

The presentation also described the wider determinants of health, leading risk factors, health equalities and inequalities and the accessibility and responsiveness of the health services used by people.

The presentation further described the following three pillars of Public Health:

- health improvement – places where people lived, choices that people made and lives that people led;
- health care quality and value – investing in high value services, service planning for equity, clinical governance and audit/evaluation; and
- health protection – communicable diseases and outbreaks, environmental hazards and incidents.

These pillars were underpinned by public health knowledge and intelligence.

In terms of Bolton Council, members were advised of the various actions being undertaken, namely:

- the development of a well-trained and valued workforce;
- joint health and wellbeing strategies for life course and whole system – such as suicide prevention, population health and wellbeing, start well – healthy child, living well – employment, housing, multiple social needs, age well – age friendly, healthy weights and physical activity;
- public health intelligence – such as Joint Strategic Needs Assessment and Asset Analysis, Specific Needs, Assessments, Evidence Reviews;

- Public Health Annual Report;
- ensuring NHS receives Public Health advice they needed; and
- place-based Integrated Health and Social Care Transformation.

Following the presentation, members made a number of comments/observations:

- the importance of initiatives in schools to raise awareness of mental health and to help tackle problems before they become a major issue – Mr Birch advised that the majority of Bolton schools were committed to addressing mental health and social issues and were aware of the different pressures facing youngsters. There was ongoing work to help to destigmatise mental health and to encourage children to talk about their problems, develop coping skills and participate in activities that would help to improve their mental wellbeing.
- the impact of reduced funding to Public Health – Ms Lowey explained that authorities had done their best to manage the reduction in monies and that Bolton was working closely with its partners to find alternative ways of working to provide the best services possible with prevention and primary care intervention being the key; and
- the valuable and well attended conferences arranged by the Authority for Governors and schools which raised awareness about mental health issues.

It was agreed that Ms Lowey be thanked for her informative presentation.

3. EMERGING NEIGHBOURHOOD MODELS AND EARLY HELP

Ms B. Brown gave a presentation on emerging neighbourhood models and early help and their development in Bolton.

The presentation outlined the strategic priorities for the development of nine neighbourhoods in Year 1 focusing on proactive care, wider public service reform and early help with an early help locality model fully integrated in Year 2 and wider determinants of wellbeing in Year 3.

Details of the whole neighbourhoods target operating model were also provided together with an explanation of how the person-centred care would operate. Strand One would involve early help children and families and target those children who were at risk of escalating demand on multiple high cost services and Strand Two would involve adults and older people who were at risk of deterioration and complex needs.

The presentation went on to focus on the Early Help Review which had taken place between September and December, 2018 (Stage 1). This had involved key stakeholders in reviewing:

- how Bolton's children and young people who would benefit from early help were identified including what was known about local needs and the type of early help required;
- the process for assessing the need for early help in Bolton including assessment for early help services;
- the cost and effectiveness of current early help services including identifying what was working well and existing problems and issues; and
- workforce development;

It also involved options for future processes and services which would improve early help outcomes for children, young people and families including outlining the timescale and key tasks for further stages of the work and considering savings.

The presentation also provided details of the Helping Earlier Project which involved seven initiatives to improve outcomes, serve Bolton well, empower citizens, manage key transitions and reduce demand.

Early Help workstreams and initial actions were also detailed.

Following the presentation, members discussed the issues raised with particular reference to the Early Help outcomes, how to ensure that Early Help was embedded in Bolton's Neighbourhood Model and the steps that would be needed to make this happen. As part of their deliberations, the following comments/observations were made:

- early identification was key;
- building resilience as early as possible was a good approach – Ms Brown emphasised the importance of community involvement and how they could pull together to tackle issues and also outlined the good engagement work ongoing with schools and family hubs to help children to feel safe and secure in their environments;
- person centred care and how to make this model work when previous ones had not been successful – Ms Brown advised that the refreshed approach would focus on one size fits one – tailoring care to individual need – there would be an emphasis on a family approach with training across all agencies on cultural change with services cross cutting both children and adults;
- a joined-up approach to delivering services – better collection of data and use of intelligence across agencies to provide a more informed and tailored service;
- the use of data to identify hot spot areas to enable targeted services where needed;

- it was reassuring to know that reach out services would still be provided even though the hubs would be located in specific areas; and
- how effectiveness would be evaluated – there would be a suite of national indicators although Bolton had chosen a smaller selection to use. This would provide performance information and baseline data with which to compare against and would be reported on a quarterly basis.

It was agreed that Ms Brown be thanked for her informative presentation.

(The meeting started at 6.00pm and finished at 6.55pm)