

HEALTH AND WELLBEING POLICY DEVELOPMENT GROUP

MEETING, 26TH JUNE, 2013

Present – Councillors Cunliffe (Chairman), Bashir-Ismail (Vice-Chairman), Greenhalgh, Morris, Murray, Peacock and Radlett

Representing Bolton Clinical Commissioning Group

Dr W. Bhatiani - Chair of Bolton CCG

Representing Royal Bolton Hospital Foundation Trust

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

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 S. Long – Chief Officer, Bolton CCG

Ms W. Meredith – Director of Public Health, Bolton Council

Ms M. Asquith – Director of Children's and Adult Services, Bolton Council

Mrs K. Warriner – Policy and Performance, Bolton Council

Mrs S. Bailey – Democratic Services, Bolton Council

Apologies for absence were submitted on behalf of Councillors Mrs Thomas, Morgan and Wilkinson and from Ms B. Humphrey, Ms C McKinnon GP, Ms G. Green, Ms. K. Minnitt and Ms C. Yarwood.

Councillor Cunliffe in the Chair.

1. HEALTH AND SOCIAL CARE REFORM

The Director of Public Health submitted a report which updated the Board on the latest health and social care reform in Greater Manchester.

The report outlined proposals for bringing the work of integrated care, Healthier Together and Primary Care together at a Greater Manchester level. This included the delivery of the three programmes being coordinated through a single programme

office, and the development of a single public facing narrative and engagement strategy, building on the framework of principles agreed by Leaders with NHS partners in February, 2013.

The report also highlighted the importance of local partners working together to drive the scale and pace of out-of-hospital care and in-hospital commissioning strategy in a locality and ensuring that work on Integrated Care, the Primary Care Strategy and the GM Healthier Together Programme were drawn together at a local place level.

In addition to consideration of the report, members received a presentation from Wendy Meredith which focused on Bolton's vision for health and social care integration. The presentation reminded the Group of the aims of delivering integrated health and social care services and the principles that would guide this integration which had been developed following discussions between partners involved in Bolton's Health and Wellbeing Board.

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

In this regard, the presentation put forward the proposed Bolton Integrated Care Model which 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 presentation also provided details of the annual numbers of people aged 65+ who were in contact with various tiers of health and social care services and a diagram which demonstrated the Staying Well Checklist Tool.

Details of the building blocks required to deliver the new Integrated Model proposals were also provided which included:

- Intermediate Tier redesign – pilot investment/savings model and sift from beds to 24/7 community;
- Risk Stratification – June, 2013 – data extract and analysis of 30 practices and initial care planning; and
- Staying Well pilot involving 6 practices – future cohort of admissions, quality of life interventions and benefits, repairs, hobbies, get active.

The Great Lever Pilot undertaken in 2012 had tested the Risk Stratification Tool and whether the multi – disciplinary team was working in a locality as well as evidencing

admission reduction compared to the control group and highlighted the importance of mental health and care homes.

The presentation 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 to ensure a Programme Plan was in place by September, 2013

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

- It was felt that the biggest single challenge for delivery of the Integrated Model would be financial;
- the next phase would involve the identification of options for service redesign to enable the release of monies from within the system;
- it would be important to share ideas and undertake joint working across Greater Manchester to identify best practices;
- it would be cost effective to make use of existing IT systems to share data across different providers although it was noted that there could be limitations on patient data access and sharing by the CCG due to legislation ;
- workforce planning would be vital in order to ensure staff had the necessary skills set to deliver the new integrated systems which would require a joint approach across Greater Manchester;
- the three strands of integrated care, Healthier Together and Primary Care would need to be joined up together at a GM level;
- it was felt that development was progressing well to take the proposals forward to the next stage; and
- patient and public engagement in development of proposals had been productive and should continue in a structured manner.

It was agreed that Wendy Meredith be thanked for her informative presentation.

2. REVIEW OF INTERMEDIATE CARE SERVICES

Margaret Asquith, Director of Children's and Adult Services, gave a presentation on a recent review undertaken by Bolton Council, the CCG and the NHS Foundation Trust in relation to Intermediate Care Services in Bolton.

The presentation outlined the main reasons for the review, summarised the findings and put forward a number of recommendations for consideration by the Group.

The key issues driving the review were that:

- Bolton had 29% more bed capacity than the national average;
- Community services (primary care) had 69% less capacity;
- There was a 60% usage of beds to prevent admission and 40% use of beds for speedy discharge when the recommended use was 50/50; and
- The average stay in Intermediate Care beds was lower than the national average.

The Group were reminded that Integrated Care was a key element of health and social care systems within the UK and the Department of Health had defined Integrated Services as a range of services to promote faster recovery from illness, prevent unnecessary hospital admission and premature admission to long term residential care, support timely discharge from hospital and maximise independent living.

The presentation outlined the nature of the review which had focused on the Intermediate Care pathway and Community (primary care) Services and summarised the main findings arising therefrom. A number of recommendations relating to each of the agencies were put forward for the consideration of the Board. It was hoped that if implemented, they would provide a number of benefits including:

- Better outcomes for older people;
- Care at or close to home;
- Reduced hospital bed occupancy;
- Reduced admissions to long term residential care; and
- Reduced emergency hospital admissions.

It was acknowledged that there would be risks associated with implementation of the recommendations which would need to be carefully monitored through the performance framework.

Following the presentation, Margaret responded to a number of questions from the Board. In addition, the following comments/observations were made:

- It was important to ensure that services provided by the Greater Manchester West Mental Health were linked in to the review and any subsequent changes
- Margaret assured members that they were involved in the whole process of integration;
- Members felt that this review would be a good opportunity to see how integration would work and could be used as the basis for implementation of the full Health and Social Care Integrated Model using lessons learnt during this process; and
- Implementation of the recommendations arising from the review would lead to a better system being in place.

It was agreed that Margaret Asquith be thanked for her informative presentation and that the recommendations contained in the report be supported as the way forward.

(The meeting started at 11.30am and finished at 12.35pm)