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# HEALTH AND WELLBEING BOARD

MEETING, 2ND OCTOBER, 2013

Representing Bolton Council

Councillor Mrs Thomas (Chairman)
Councillor Morris
Councillor Cunliffe
Councillor Peacock

Representing Bolton Clinical Commissioning Group

Dr W. Bhatiani – Chair of Bolton CCG
Dr C. Mercer – GP
Mr A. Stevenson – 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 G. Green – (as deputy for Ms B. Humphrey)

Representing Healthwatch

Mr J. Firth – Chairman

Representing NHS England (GM)

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
Ms J. Robinson – Early Years and Childcare Lead, Bolton Council
Mr A. Crook – Assistant Director of Children's Services – Integration and Provider Services, Bolton Council
Ms M. Laskey – Associate Director, Integrated Provider Management, Bolton CCG
Ms N. Lomax – Locum Consultant in Public Health, Bolton Council
Ms S. Green – Safeguarding Officer
Mr M. Traver – Independent Chair of Children's Safeguarding Board
Mrs K. Warriner – Policy and Performance, Bolton Council
Mr A. Jennings – Democratic Services, Bolton Council

Apologies for absence were submitted on behalf of Councillors Bashir-Ismail, Morgan and Wilkinson and from Ms M. Asquith, Dr C. McKinnon GP, Ms C.Yarwood, Ms B. Humphrey, Ms J. Bene and Mr W. Heppolette

Councillor Mrs Thomas in the Chair.

## 24. MINUTES OF PREVIOUS MEETING

The minutes of the proceedings of the meeting of the Board held on 21st August, 2013 were submitted and signed as a correct record.

## 25. 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.

## 26. HEALTH AND SOCIAL CARE INTEGRATION

Further to Minute 19 of the previous meeting, Melissa Laskey, Bolton CCG, and Adrian Crook, Bolton Council, gave a presentation which updated the Board on the latest position regarding the development of an Integrated Care Model in Bolton.

Members were reminded that the integration agenda aimed to bring together health and social care professionals to deliver integrated care to people in Bolton (primary care, community care, hospital care and social care) to:

- improve outcomes for individuals;
- promote self – care, independence/wellbeing;
- deliver care in people's own homes and the community; and
- improve quality of care and patient experience.

The Health and Social Care Integration Care Model was based on the risk stratification information and cluster of GPs which aimed to identify very high, high, moderate and low users of health and social care with a view to targeting services around the specific needs of the very high and high users, providing care away from hospital and long term care placements. This would involve supporting users in the community and their own homes to enhance their quality of life and encourage self-management and independence.

As a result of the risk stratification process, five groups had been identified, namely, end of life, long term conditions requiring active intervention, frail elderly, complex persons including mental health drug and alcohol issues. This equated to 3,440 people (1.2% of the population). A further 16,000 people over 65 had long term conditions and were able to self – care at present.

The presentation went on to outline the development of models of care, as follows:

- 10 clusters of care were being used with population sizes of approximately 21,000 - 30,000 grouped around GP practices;
- the five risk - groups had been identified;
- the number of people in each of the five groups, by cluster, was being calculated;
- the high level of models of care had been designed; and
- the workforce required for each cluster was being calculated based on the above.

The key outcomes were reinforced which included:

- reduced emergency admissions and re-admissions;
- reduced length of stay in hospital;
- reduced permanent admissions to residential /nursing home care;
- improved quality of life for users and carers;
- increased number of people able to manage their own condition;
- increased satisfaction with the care and support provided;
- increased proportion of people that die in their preferred place;
- increased life expectancy; and
- increased personalisation.

Further details were provided in relation to how the overall system would operate, the Governance arrangements and associated timescales for development.

It was hoped that by the end of November, 2013, pilots would be developed to enable whole system cost and savings estimate to be undertaken.

Engagement of public and staff throughout the process was on-going with regular updates provided to this Board.

Dr Bhatiani went on to outline the role of NHS England in the overall commissioning arrangements and stressed the importance of effective general practice to the model of locality integration.

Details of on-going work on integration by the CCG were also outlined which included:

- a practice event to discuss the potential for working together;
- a practice event to start the response to the 6 NHS England Objectives;
- start of GM funded demonstrator project in Bolton – care homes, telehealth to support integrated team working;
- decision on spend of £2m CCG innovation fund to demonstrate proof of concept in primary care by end of November, 2013; and
- event planned for November, 2013 to develop local planes for primary care that fitted with integration.

The presentation also provided details of the Primary Care Strategy and how it was envisaged that the local vision would link in with the wider integration programme.

Following the presentation, Jack Firth stressed the importance of community and voluntary sector involvement in the Healthier Together process, particularly in relation to the lack of involvement in the work of the GM CCG's Committee in Common. Dr Bhatiani agreed to raise the issue of involvement at the next Committee.

Members also felt that it would be helpful if a simple guide could be produced which explained the different integration structures and how they interacted.

It was agreed that Melissa Laskey and Adrian Crook be thanked for their informative presentation.

## 27. STAYING WELL, LIVING WELL – A FIVE YEAR STRATEGY FOR IMPROVING PRIMARY CARE WITHIN GREATER MANCHESTER

The Director of Operation and Delivery, NHS England (GM) submitted a report which put forward the draft Staying Well, Living Well Strategy 2014-18 for the consideration and comment of the Board.

The report advised that the Strategy was a five year plan which aimed to improve Primary Care within Greater Manchester by the delivery of transformed out of hospital care for all people of Greater Manchester.

The report went on to outline the key features of the Strategy together with the main aims and objectives and proposals for delivery. These included:

- a vision of how care would be different;
- quality and care;
- involvement in care;
- multidisciplinary care;
- access and responsiveness;
- increased out of hospital services;
- delivery of improved primary care; and
- investing for the future.

The Strategy was currently in draft form and would be subject to a consultation exercise with key stakeholders. There were further details provided within the draft document on how organisations could comment on the Strategy. The draft strategy was continuously being updated to reflect engagement with partners and stakeholders.

Andrew Harrison gave a brief presentation to supplement the report.

Resolved – That the draft Strategy be noted.

## 28. GREATER MANCHESTER EARLY YEARS DELIVERY MODEL

Jan Robinson, Early Years and Childcare Lead, gave a presentation which provided details of ‘Starting Well’, a new Early Years Delivery Model which aimed to improve outcomes for 0-5 year olds and increase school readiness across Greater Manchester.

The presentation advised the Board that the key features of the new delivery model included:

- a shared outcome framework across all parties;
- a common assessment pathway across Greater Manchester;
- evidence-based assessment tools;
- a suite of evidence-based interventions to be sequenced alongside other public sector interventions as a package of transformational support to families;
- ensuring better use of day care, new parental contract to support parents eligible for targeted two year old day care to engage in sustainable employment;
- a new workforce approach to drive a shift in culture, enabling frontline professionals to work in a more integrated way in support of the whole family;
- better data systems to ensure the lead professional undertaking each assessment has access to the relevant data to reduce duplication and to track children's progress; and
- long term evaluation to ensure families' needs were being addressed and added to national evidence for effective early intervention.

The new delivery model aimed to achieve:

- within five years, Greater Manchester would match the national average and within 10 years would halve the proportion of children who were not school ready (currently 40%);
- improve outcomes for all children in their early years and track inequalities;
- more Greater Manchester parents being economically active though access to childcare; and
- a reduction in the long term cost of failure.

A GM Project Team had been established and a GM wide implementation Plan had been developed. In addition, a first phase 8 stage GM Assessment Framework had been approved.

As an early adopter, Bolton would be implementing the New Delivery Model in April, 2014 followed by GM wide implementation by April, 2015. The Children's Centre at Oxford Grove would help to test out and shape the Model.

The presentation went on to provide more detailed information in relation to:

- how school readiness was measured;
- the revised Early Years Foundation Stage Profile (EYFSP) which was piloted in Bolton in 2012;
- measurement of attainment of age – related expectations
- details of Bolton's performance compared to its statistical neighbours;
- impact of the revised EYFSP) on outcomes;
- current Early Years cost across GM;
- the common 8 stage Assessment Pathway; and
- assessment tools.

Resolved – That Jan Robinson be thanked for her informative presentation.

## 29. UPDATE ON NHS DENTISTRY IN GREATER MANCHESTER

A report was submitted NHS England (GM) which updated the Board on NHS dentistry in Greater Manchester and, in particular, how it related to the Starting Well strand of the Health and Wellbeing Strategy.

By way of background information, the report advised that since April, 2013, all NHS Dental services were now directly commissioned by NHS England. Although CCGs had an interest in the delivery of dental services, they had no direct role in the commissioning of Dental Services.

By commissioning the totality of dental care, NHS England now had the opportunity to better integrate services to provide better care and outcomes for patients.

The most recently published data on the oral health of five year old children in England confirmed that whilst there had been improvements in decay prevalence, there were inequalities in dental health in young children in the North West which remained a concern.

The report went on to summarise the results of the National Dental Epidemiology Programme for England Oral Health Survey of five year old children 2012 which was published on 20th September, 2013. The survey revealed that there was a wide variation in the prevalence and severity of dental decay with the areas of poorer oral health tending to be in the more deprived local authorities.

The report reminded the Board that local authorities now had responsibility for improving health and reducing inequalities, including oral health. In this regard, this report provided baseline and benchmarking data that should be used by HWBBs in the production of their joint strategic needs assessments and to assist them in planning and commissioning oral health improvement interventions.

The Greater Manchester Area Team aimed to prioritise oral health for both children and adults through the opportunities afforded by the structural changes in the NHS. Engagement with the local Directors of Public Health and local authorities/HWBBs was crucial to the success.

With regard to Bolton Locality Access to Primary Care Dental Services, the report advised that since March, 2006, there had been a steady increase in the numbers of patients accessing services, rising from 151,451 to 161,135 as at June, 2013, an increase of nearly 10,000 new patients. Details of various other initiatives to increase new patients were also provided.

Following consideration of the report, the Board felt it would be useful to receive a more detailed update in six months on access to NHS dentistry in Bolton.

Resolved – That the report be noted and that an update be submitted to the Board in six months regarding progress on access to NHS dentistry in Bolton.

## 30. 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 Starting 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.

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

- the life expectancy levels between Bolton and the rest of England had improved;
- further information was requested in relation to what the health system had delivered and the differences made; and
- information on those areas where there had been no or little improvement despite the best efforts of the health system and possible reasons why.

Resolved – That the report be noted and that a report be submitted to a future meeting of the Board in relation to the additional information now requested.

## 31. NHS BOLTON CLINICAL COMMISSIONING GROUP BOARD MEETING – MINUTES

The minutes of the meeting of the NHS Bolton Clinical Commissioning Group Board held on 23rd August, 2013 were submitted for information.

Resolved – That the minutes be noted.

## 32. 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.

## 33. EXCLUSION OF PRESS AND PUBLIC

Resolved - That, under Section 100A(4) of the Local Government Act 1972, the public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as specified in paragraph 2 of Part 1 of Schedule 12A to the Act; and that it be deemed that, in all the circumstances of the case, the public interest in its exemption outweighs the public interest in its disclosure.

## 34. CHILD DEATH OVERVIEW PANEL ANNUAL REPORT AND BOLTON SAFEGUARDING CHILD DEATH OVERVIEW PANEL ACTION PLAN

The Director of Children's and Adult Services submitted a report which shared the findings and recommendations from the Bolton Salford and Wigan Child Death Overview Panel with the Board to further improve safeguarding and promoting the welfare of children and young people in the Borough.

Following consideration of the report, members discussed how best to respond to the report and agreed that officers should review the recommendations and report back on the areas that were relevant to the Board. In doing so, it was suggested that best practice utilised by other bodies be examined.

Resolved – That a report on the relevant recommendations within the Annual Report be submitted to a future meeting of the Board together with a suggested response.

(The meeting started at 2.00pm and finished at 4.00pm)