

HEALTH AND WELLBEING BOARD

MEETING, 22nd OCTOBER, 2014

Representing Bolton Council

Councillor Mrs Thomas (Chairman)
Councillor Morris (Vice-Chairman)
Councillor Cunliffe
Councillor Dean
Councillor Peacock
Councillor Mrs Fairclough

Representing Bolton Clinical Commissioning Group

Mr A. Stephenson
Ms S. Long – Chief Officer

Representing Royal Bolton Hospital Foundation Trust

Dr J. Bene – Chief Executive

Representing Healthwatch

Mr J. Firth - Chairman

Representing Voluntary Sector

Ms L. McDade (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,
Bolton Council
Ms S. Hilton – Chief Executive, Age UK
Ms H. Simpson – Principal Strategy Officer, Housing Strategy
Mr J. Hobday – Speciality Registrar in Public Health
Mr M. Cook – Public Health
Ms N. Lomax – Consultant in Public Health

Ms H. Clark – Integrated Care Lead, Bolton NHS Foundation Trust

Mrs D. Lythgoe – Policy and Performance, Bolton Council

Mrs S. Bailey – Democratic Services, Bolton Council

Apologies for absence were submitted on behalf of Councillor Bashir-Ismail, Ms K. Minnitt, Dr W. Bhatiani GP, Dr C. Mackinnon GP, Dr C. Mercer GP, Mr A. Harrison, Mr A. Crook and Ms B. Humphrey.

Councillor Mrs Thomas in the Chair.

22. MINUTES OF PREVIOUS MEETING

The minutes of the proceedings of the meeting of the Board held on 3rd September, 2014 were submitted and signed as a correct record.

23. HEALTH AND SOCIAL CARE INTEGRATION UPDATE

The Director of Children's and Adult Services submitted a report which outlined the latest progress on health and social care integration in Bolton and Greater Manchester using the new standard reporting format.

Resolved – That the report be noted.

24. INTEGRATED CARE WORKFORCE UPDATE

A report of the Integration Board was submitted which updated members on the progress of the Workforce Sub Group in terms of workforce development for integrated care.

By way of background information, the report reminded the Board that the main objective of the Group was to ensure that a comprehensive workforce development plan was designed, developed and delivered to underpin all elements of the Integrated Care programme.

As scheme descriptions and service specifications had become more defined, the Group were now able to assess the knowledge, experience, capacity and skills required to deliver each specification and assess the existing workforce's fitness to deliver the schemes.

In this regard, a Workforce Development Plan was being developed which would highlight the steps needed to take the existing workforce from its current state to the desired future state to be delivered over a 3–5 year time frame.

In order to supplement the report, Ms H. Clarke, Integrated Care Lead officer, gave a presentation which summarised the workforce challenges posed by the Integration Programme and the actions that the Workforce Sub- Group was taking to respond to those challenges.

It was noted that whilst considerable workforce could be undertaken within local Providers, there was a need to engage with local higher education institutions so that the future workforce was gully prepared for the delivery of integrated care. Work with Bolton University was ongoing and a curriculum development group had been established to take this work forward.

Following the presentation, members commented that major behavioural changes would be required in order to ensure staff focused on more personal based care for the future in order to secure the successful delivery of integration.

Further, it was felt that there was a need to start delivering services to patients in the community as soon as possible.

Resolved – That the report be noted and that Ms Clarke be thanked for her informative presentation.

25. CO-COMMISSIONING PRIMARY CARE - UPDATE

Su Long, Chief Officer CCG, submitted a report which outlined proposals to co-commission some aspects of primary care in order to improve services.

The report advised the Board that in May, 2014, CCGs had been invited to express interest in taking on an increased role in the commissioning of primary care services with the intention of empowering and enabling CCGs to improve primary care services locally. Bolton CCG had been declared to be “ready now” to co-commission General Practice, however, a further set of submissions and approvals were required.

The report went on to advise that Bolton CCG was already working on some innovative and exciting proposals to improve General Practice which had attracted support and praise from NHS England colleagues and were now influencing work across Greater Manchester. To implement the proposals for a Bolton Quality Contract in April, 2015, the decisions would be potentially required before the proposed NHS timescales.

The report went on to outline the benefits associated with co-commissioning and the overall aim which was to create a joined up clinically-led commissioning system which delivered seamless, integrated, out-of-hospital services based around the needs of local populations.

With regard to commissioning models, the report advised that a Primary Care Co-Commissioning Programme Oversight Group had been established to work in partnership to design and agree with CCG leaders the practical next steps toward co-commissioning.

The Group were also proposing three main forms of co-commissioning for CCGs to take forward, namely:

- Model 1 – greater involvement;
- Model 2 – joint commissioning;
- Model 3 – delegated arrangements.

A copy of the NHS England Co-Commissioning Implementation timetable was appended to the report.

The report went on to put forward the Bolton CCG's intended scope of General Practice Co-Commissioning and work was ongoing to engage with GP practices, Healthwatch and other partners on the quality standards to be included within the Bolton Quality Contract. A framework had been developed in Greater Manchester to support discussions on Co-Commissioning, a copy of which was attached to the report at Appendix 2.

The report also addressed conflicts of interest, the need to manage associated risks and the next steps of the process.

Resolved – That the report be noted.

26. HEALTHIER TOGETHER UPDATE

Dr Jackie Bene gave an update on the Healthier Together agenda and reported that the Royal Bolton Hospital had responded to the Healthier Together consultation by putting forward a description of an alternative option.

Resolved – That the Board be kept updated on the Healthier Together position in Bolton.

27. HEALTH AND WELLBEING STRATEGY – AGEING WELL - PERFORMANCE REPORT – QUARTER 3 2014/15

The Director of Public Health submitted a report which updated the Board on the performance of the Health and Wellbeing Strategy as it related to the Ageing Well chapter.

The report 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.

28. UPDATE ON IMPLEMENTATION OF THE STAYING WELL AND AGEING BETTER PROGRAMMES

A report of the Director of Public Health was submitted which:

- updated members of the progress of the Staying Well Targeted Prevention and Early Intervention Programme for Older People; and
- outlined proposals for the implementation of the Greater Manchester Ageing Better Programme in Bolton.

The report reminded the Board that the two programmes would contribute to the transformation of services for older people in Bolton. The Staying Well Programme would deliver targeted prevention and early intervention to older people at risk of dependency on health and social care services and at risk of hospital admission and the Ageing Better programme was a Big Lottery funded initiative to develop new community approaches to reducing social isolation amongst older people.

With regard to the Staying Well Programme, the report outlined the proposed service model which had been shaped by evidence, national policy direction, best practice and evaluation of the Bolton Staying Well pilot, and the key underlying principles together with plans for its delivery and roll out in 2014/15. Various elements were required in order to secure funding, details of which were provided. Progress would be overseen by the Staying Well Transformation Group.

With regard to the Ageing Better Programme, the report advised members that Greater Manchester had been successful in securing over £10m from the Big Lottery Fund Ageing Better Programme. This was to be used towards a test and learn approach to developing new community approaches to reducing social isolation amongst older people.

Bolton had contributed to the overall success of the bid, particularly through an Older People's Consultation Event in April, 2014 to gain older people's views on what the ageing better monies should be spent on.

Three wards had been selected as the focus for the programme implementation in Bolton, namely Crompton, Halliwell and Tonge with the Haulgh, based on criteria including deprivation, ethnic diversity and size of ageing population.

The report went on to outline how the Ageing Better programme would be implemented via the Greater Manchester Ageing Better Partnership by contracting a network of community connectors who would develop an understanding of local need and identify solutions to address social isolation and loneliness. The intention would be to build on community assets and networks that already existed.

The Ageing Better contract for Bolton was expected to bring investment of £675,000 over five years. A further £3.2m would be made available in year 2 to pump prime scaled interventions across Greater Manchester local authority areas. The programme would be delivered through development and implementation of a five year local delivery plan, with implementation to start in April, 2015.

Following consideration of the report, members felt that it would be important to utilise the knowledge of local ward councillors in identifying isolated older people within their areas.

Resolved – That the progress on implementation of the key transformation programmes focused on the health and wellbeing of older people, as outlined in the report now submitted, be noted and that further updates and evaluation be submitted to this Board in the next 6-9 months.

29. HOUSING FOR INDEPENDENT LIVING

The Director of Development and Regeneration submitted a report which informed the Board of the initial findings of a research project into older person's housing needs and aspirations and to raise awareness of the role housing played in maintaining independent living.

Ms H. Simpson gave a presentation to supplement the report which highlighted the nature of the consultation undertaken and

the findings from the research. The main focus was on Bolton's Home Improvement Agency, Care and Repair which provided a number of services that ensured homeowners were living in safe, warm and accessible homes.

As part of the consultation, over 170 people aged over 55 were consulted and over 20 interviews conducted with stakeholders. A steering group comprising representatives from Adult Services Commissioning and Quality Assurance, public Health, Age UK, Bolton at Home and St Vincent's Housing Association had overseen the research.

A report detailing the initial findings had been prepared however, there was still an amount of work to be undertaken to fully understand the recommendations and actions that needed to be implemented by all partners. The initial themes that had emerged were summarised as follows:

- improvement and coordination of information, advice and access to housing and support services;
- increase in the capacity of preventative services and the role of the community;
- development of a wider choice of housing options that would support improved health and well-being; and
- building on the strength of existing partnership arrangements to ensure housing's role was one of leadership and influence.

Following the presentation, members felt that there needed to be a link between all organisations in order to provide unified services.

Resolved – (i) That this Board provides a commitment to the development of an Older Person's Housing Strategy and ensuring that Health and Social Care colleagues are aware of the housing services that exist and commit to referring clients into them.

(ii) That Ms Simpson be thanked for her informative presentation.

30. NEW HOME FROM HOSPITAL SERVICE FOR PEOPLE OVER 65 IN BOLTON

The Chief Executive, Age UK submitted a report which outlined the new service to support older people who lived alone or who were the main carer of another when they came out of hospital after a stay on the wards or a trip to A&E.

The report advised that the new service would be launched during the winter of 2014-15 in partnership with Bolton NHS Foundation Trust Hospital. Its aim would be to support older people in making a safe discharge from hospital and provide them with the practical and emotional support they needed to recover at home.

Work was ongoing with Bolton Foundation Trust Hospital and Senior Solutions, with the support of Bolton Council Adult Social Care Services and other healthcare professionals to identify those people aged over 65 in need of help to facilitate a safe discharge and identify those at risk of readmission or crisis care interventions and put together and deliver a co-ordinated and tailored package of support.

Ms Hilton gave a presentation to supplement the report which focused on:

- the challenge;
- the Bolton context;
- the epidemic of loneliness;
- the Age UK tried and tested model;
- support offered by Age UK under the Home from Hospital Scheme;
- evidence and statistics to demonstrate that similar schemes elsewhere were effective;
- partners and funding; and
- outcomes and performance measurements.

It was hoped that the scheme would achieve the following outcomes:

- reduce emergency and avoidable (re)admissions;

- reduced and delayed admissions to residential care;
- improved experience of care for older people and their carers;
- increased number of older who felt supported to manage their own health and long term conditions; and
- increased satisfaction with care and support provided to older people.

Resolved – (i) That this Board supports Age UK Bolton and its partners in securing the scale up and sustainability of the service, subject to them evidencing successful outcomes for both commissioners and older people in Bolton.

(ii) That an update on progress of the scheme be reported to a future meeting of this Board.

(iii) That Ms Hilton be thanked for her informative presentation.

31. PRE-CONSULTATION DRAFT OF THE PHARMACEUTICAL NEEDS ASSESSMENT

The Director of Public Health submitted a report which put forward the pre-consultation draft of the Pharmaceutical Needs Assessment for the consideration and approval of the Board prior to the commencement of the consultation period.

The report reminded members that Health and Wellbeing Boards were required to undertake a Pharmaceutical Needs Assessment (PNA) every three years. The purpose of this was to assess the provision of pharmaceutical services across Bolton to ascertain whether the system was appropriate to meet the needs of its population and identify any potential gaps in the current service delivery. In addition, the PNA would be used by NHS England to inform decisions regarding applications to join Bolton's pharmaceutical list.

The report advised that the key findings of the Assessment revealed that:

- physical provision was sufficient to meet demand and was likely to be able to accommodate a future increase in dispensing activity;
- increases in dispensing activity could be expected in the future;
- the focus in the short term should be on increasing locally commissioned services;
- the contractor survey found consensus between pharmacists and local priorities but key to further improvements was greater training in the workforce.

The report advised that consultation on the PNA would begin on 27th October, 2014 for a period of 60 days and must include the contractor survey and public survey and be shared with compulsory stakeholders.

The deadline for publication of Bolton's final draft PNA was April, 2015.

Resolved – (i) That the pre-consultation draft of the PNA for the statutory consultation period be approved and that it be noted that the consultation period will last for 60 days and involve copies being sent to those outlined in the report now submitted.

(ii) That this Board notes that the deadline for publication of the final draft PNA is April, 2015.

32. NHS BOLTON CLINICAL COMMISSIONING GROUP BOARD UPDATE – MINUTES OF MEETINGS

The minutes of the proceedings of the meetings of the Clinical Commissioning Group Board held on 22nd August and 26th September, 2014 were submitted for information.

Resolved – That the minutes be noted.

33. MONITORING REPORT

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.

**34. HEALTH AND WELLBEING BOARD FORWARD PLAN
2014/15**

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

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

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