

HEALTH AND WELLBEING BOARD

MEETING, 20th NOVEMBER, 2013

Representing Bolton Council

Councillor Morris (Vice-Chairman)
Councillor Cunliffe
Councillor Peacock
Councillor Morgan
Councillor Wilkinson

Representing Bolton Clinical Commissioning Group

Dr C. Mercer – GP
Mr A. Stevenson – Lay Member

Representing Royal Bolton Hospital Foundation Trust

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

Representing Greater Manchester Mental Health Foundation Trust

Ms B. Humphrey – Chief Executive

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

Ms R. Tanner – Assistant Director of Children's and Adult Services, Bolton Council

Mr D. Smith – Head of Finance, Children's and Adult Services, Bolton Council

Ms L. Hellings – Interim Head of Health Improvement, Bolton CCG

Ms S. Wilkinson – Public Health Research Officer, 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 Mrs Thomas (Chairman) and Bashir-Ismail and from Dr W. Bhatiani, Ms S. Long, Mr J. Firth, Dr J. Bene and Ms C. Yarwood.

Councillor Morris in the Chair.

41. MINUTES OF PREVIOUS MEETING

The minutes of the proceedings of the meeting of the Board held on 30th October, 2013 were submitted and signed as a correct record.

42. 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.

43. HEALTH AND SOCIAL CARE INTEGRATION

Further to Minute 37 of the previous meeting, Mr S. Harriss updated the Board on the latest position regarding Health and Social Care Integration in Bolton and Manchester.

Mr Harris reported that much progress had been made in relation to putting the necessary capacity in place to enable delivery of the Integration Model. Officer groups and team

structures had now been identified with the necessary formal approvals being progressed.

In addition, resources had been identified and allocated for the pilot schemes which had been designed to test various aspects of delivery of the Integration Model.

It was further reported that the process of sharing the details of the Integration Model with other bodies had also commenced. The subject of Integration had been a main item for discussion at the Local Strategic Partnership Meeting and would be a key theme discussed at Bolton's Vision Conference to be held next week. Overall the level of engagement and commitment to the Integration agenda was promising.

Councillor Morris also reported that the Cabinet was considering proposals to redesign the Intermediate Tier Services as part of the overall Integration agenda.

Resolved – That the update be noted.

44. INTEGRATION TRANSFORMATION FUND

Further to Minute 37 of the previous meeting, a joint report of the Directors of Children's and Adult Services and Corporate Resources was submitted which outlined the key features of the Integration Transformation Fund together with details of Government requirements to access the funding.

The report reminded the Board that the Integration Transformation Fund aimed to divert resources and create shared plans for health and social care activity in order to improve the lives of some of the most vulnerable.

The Fund totalled £3.8 billion nationally and details of how the monies were made up were provided in a table within the report. Appendix A to the report set out further details on the expectations of the Fund and the conditions that were required to be met in order that monies could be accessed.

In order for Bolton to access the funds, it would be necessary for local joint funds to be agreed which outlined proposals for a better integration of services, including the protection of existing social care services activity, 7 day working, prevention of unnecessary admissions to hospital at weekends, integrated packages of care and a joint approach to assessments and care planning.

It was anticipated that Councils would receive their detailed funding allocation following the Autumn Statement for 2014/15 and 2015/16 to enable planning.

In 2013/14, Bolton's allocation of the £900m Integration Funding totalled £4.975m. It was thought that the additional £200m nationally would be allocated using the same formula which would result in an additional allocation of £1.1m.

With regard to the next steps, it was reported that significant progress was being made in the development of proposals which would meet the Government's requirements to access the funding. Initial considerations were that the additional Integration Funding would be utilised to support demand growth and unavoidable inflationary pressures across adult social care provision with any additional funding in future years being utilised to both secure existing social care service provision but predominantly to introduce new integrated preventative services.

The Local Government Association and Health England had set out an initial set of national measures that they were considering as a baseline, as follows:

- delayed transfers of care;
- emergency admissions;
- effectiveness of re-ablement;
- admissions to residential and nursing care; and
- patient and service user experience.

The report concluded that detailed proposals for the use of integration monies would be developed and submitted to the meeting of the Board in January, 2014 for consideration. A

draft template had been produced for use by the Board in determining how the proposals would meet the aims of the Fund.

Resolved – That the report be noted.

45. FUNDING TRANSFER FROM NHS ENGLAND TO SOCIAL CARE – 2013/14

A joint report of the Directors of Children's and Adult Services and Corporate Resources was submitted which outlined proposals for the use of NHS England Revenue Funding 2013/14 for consideration.

By way of background information, the report advised that NHS England had received a revenue allocation of £4.975m for expenditure on social care services.

The criteria for release of the funding to local authorities was that the expenditure must be on social care services which also had a health benefit, with prior agreement with the Health and Wellbeing Board as to how the funding would be utilised.

In this regard, the report put forward various proposals for use of the Fund and sought the consideration and approval of the Board.

The report went on to outline, in depth, the requirements for use of the funding and provided details of the proposed use of the funds that had been prepared in line with the criteria. Table One provided details of the services provided by Bolton Council for which there was a related health benefit. However, as the funding conditions required the expenditure to be allocated to specific services area in order to facilitate national reporting on expenditure, the report proposed that the £4.975m of NHS funding be used to contribute to the services identified in Table two which addressed many of the issues outlined within the Borough's Joint Strategic Needs Assessment in respect of Adult Social Care provision, as follows:

- Bed based intermediate care services - £1,602,000
- Re – ablement services – £2,072,000
- Community equipment and adaptations - £250,000
- Mental health services - £803,000
- Other preventative services - £198,000

A Section 256 Agreement had been prepared in order for the transfer the funds to the Local Authority to take place, a copy of which was attached to the report at Annex B.

Resolved – That approval be given to the use of £4.975m of funding held by Health England as a contribution to the services outlined in Table One of the report for the 2013/14 Financial Year and specifically allocated to the services outlined in Table Two of the report for the purposes of meeting NHS England's national categorisation of spend.

46. LEARNING DISABILITY SELF - ASSESSMENT FRAMEWORK

The Director of Children's and Adult Services submitted a report which provided details of the Learning Disability Self – Assessment submission for 2012/13 which monitored performance on the key priorities for people with learning disabilities.

By way of background information, the report advised that the Joint Health and Social Care Learning Disability Framework was a single delivery and monitoring tool that came into effect from April, 2013. It was designed to support CCGs and local authorities on the reporting performance on the key priorities affecting people with learning difficulties.

The Framework combined aspects from the previous two assessments and was structured around measures, data and sharing stories to cover quantitative and qualitative evidence and to ensure that the voice of people who used services was gathered to inform local priorities . Its main emphasis was on:

- experiences and outcomes for people with learning disabilities against those of the general population;

- information in respect of children and young people under 18 years that hadn't previously been included such as transitions; and
- data on local amenities including transport facilities, sporting venues, accessibility.

In this regard, the report advised that a local steering group with representation from key partners and the Disability Partnership had coordinated the completion of the Framework and held a user and carer engagement event to ascertain local peoples' experience.

The draft submission had been ratified by the Disability Partnership who would also oversee the action plan to address the areas of priority identified from the self-assessment. The Local Area Team would then consider the submission with the findings and scores being submitted national.

This Board would receive feedback on the submission by March, 2014 where the findings could be considered in relation to local planning strategy development and support local implementation.

Resolved – That the report and the submission findings detailed in the report now submitted be approved and that a further report on the feedback from the Area Team feedback in March, 2014 to support strategic planning.

47. 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 Ageing 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 was advised by Mr Harrison that a flu vaccination pilot scheme was being carried out across Greater Manchester where pharmacies were offering the vaccine to try to encourage take up.

Resolved – That the report be noted.

48. STAYING WELL PROJECT

Ms L. Hellings gave a presentation which outlined the main aims, objectives and progress of the Staying Well project.

Members were informed that the aim of the project was to systematically identify individuals aged 65 or over who were at high risk of future health and social care need and to provide advice, support and assistance to enable people to remain healthy, happy and independent for longer.

Six GP practices were currently participating in the scheme whereby clients were identified and invited to receive a home visit where their needs would be assessed and an action plan produced. Further monitoring and follow up would then take place.

Key themes of the scheme included:

- systematic identification using GP practice registers;
- identifying waste – equipment and aids;
- falls – 65% of clients had fallen in the last year;
- feedback to service – digital inclusion;
- identifying appropriate advice and support;
- avoiding unnecessary GP visits;
- data on asset and needs – informing future service provision and targeting resources more effectively;

- informing service re-design and effective targeting of resources;
- lack of knowledge and confidence in knowing which services to access in case of an emergency;
- holistic focus;
- primary care as focus for integration of health and social care; and
- coordinated approach to tackling social issues impacting on health.

Examples of some of the issues identified included:

- unsuitable accommodation;
- not able to manage house cleaning;
- memory problems;
- no heating;
- self-medicating;
- not being able to manage long term condition;
- broken teeth; and
- getting in and out of bath.

Practical examples of how the Quality of Life wheel toolkit and communication cards were used to help to identify issues and needs were provided.

Resolved – That Ms Hellings be thanked for her informative presentation.

49. NHS BOLTON CLINICAL COMMISSIONING GROUP BOARD MEETING – MINUTES

The minutes of the meeting of the NHS Bolton Clinical Commissioning Group Board held on 25th October, 2013 were submitted for information.

Resolved – That the minutes be noted.

50. 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.

51. EXCLUSION OF PRESS AND PUBLIC

Resolved - That, under Section 100(A)(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 1 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.

52. GREATER MANCHESTER WEST PROPOSAL FOR STRENGTHENING COMMUNITY SERVICES TO AVOID MENTAL HEALTH ADMISSIONS

Ms B. Humphrey reported on proposals to redesign mental health services for Greater Manchester West.

The proposals were in line with the strategy for Health and Social Care Integration and aimed to strengthen community services in order to avoid mental health admissions to hospital.

Formal consultation on the proposals would commence in January, 2014 with a potential timescale for implementation of two years.

Resolved – That the report be noted.

(The meeting started at 2.00pm and finished at 3.20pm)