

Minutes of: HEALTH AND WELLBEING BOARD

Date of Meeting: 14 April 2016

Present: Councillor A Simpson (in the Chair)
Councillors R Walker and P Heneghan

Also in attendance:

Public Attendance: No members of the public were present at the meeting.

Apologies for Absence: Pat Jones-Greenhalgh, Stuart North, Councillor R Shori and Marshall

HWB.876 DECLARATIONS OF INTEREST

Councillor Simpson declared a personal interest in respect of all items under consideration as an employee and Non Clinical Lead for Quality for Salford Clinical Commissioning Group

HWB.877 MINUTES OF PREVIOUS MEETING

The minutes of the meetings held on 17th March 2016 were submitted.

Delegated decision:

That approval be given to the minutes of the meetings held on 17th March 2016.

HWB.878 MATTERS ARISING

The Devolution Manchester letter to the media be noted.

HWB.879 PUBLIC QUESTION TIME

There were no questions from those present at the meeting

HWB.880 MILITARY VETERANS - PENNINE CARE

Helen Lambert and Dr Barratt, Pennine Care NHS Foundation Trust attended the meeting to provide members of the Board with an update in respect of the support provided by the Military Veterans' Mental Health service.

The Military Veterans Service (MVS) delivers a specialist psychological therapies service, working in partnership with other NHS mental health services and other statutory services.

The MVS has a wealth of data about North West veterans who have sought help for emotional wellbeing/mental health problems and the team have developed a high level of expertise in treating this client group. There are some groups who are particularly at risk; notably, early service leavers. The vast majority who require support are ex-army infantry discharged at the rank of private.

The North West supplies approximately 25% of the Army Infantry and high proportion of Army reservists. The MVS Co-ordinator reported that at present the available data about the number, location and needs of veterans is limited, the needs of their families, and the families of serving personnel is even more scant.

Dr Barratt reported that veterans may only present when at crisis point has been reached and this presentation may be to non health services such as police, housing, benefits/employment services or social services.

Members discussed the difficulty in identifying military veterans. Data in respect of veterans is collected in a variety of ways including, from those in receipt of a war pension or an armed forces payment. The MVS co-ordinator reported that some CCGs have been proactively recording patients that are military veterans.

The Military Veteran Co-ordinator reported that the service has been able to fund an employment mentor to work with military veterans on a case by case basis. The service is designed that so that the Clinicians only have a small caseload.

Dave Bevitt, Third Sector Representative reported that the Citizens Advice Bureau can provide debt advice and support to Military Veterans.

Members of the Board discussed how best to share data held by the various partner agencies to identify and best support the Boroughs' Military Veterans.

Delegated decision:

1. Use information which is available on armed forces community mental health to inform the Joint Strategic Needs Assessment review.
2. Consider ways in which the Armed Forces Covenant Group working with the Health and Wellbeing Board can further support improvements to pathways and services in Bury.
3. Jon Aspinall, GMFRS will liaise with Karen Young Strategic Lead, Inclusion in respect of data sharing.

HWB.881 ISSUES AFFECTING THE HEALTH OF REFUGEES AND PEOPLE SEEKING ASYLUM

The Health and Wellbeing Board considered a verbal presentation from Estelle Worthington, Regional Activism Co-ordinator, Dr. Bailey, Asylum Activism Project. The presentation contained the following information:

Health needs of asylum seekers and refugees are high; common complaints

- Physical health needs including – diabetes, hypertension, dental disorders that are consequences of injury and torture.
- Mental health needs: Depression, anxiety and post-traumatic stress. Exacerbated by lack of control over their circumstances

- Maternal health needs: asylum seeking women are three times more likely to die in childbirth than the general population. Frequent moves disrupt maternity care. Low support rates lead to lower birth weight and higher infant mortality rates.
- Poverty and homelessness: No permission to work in the UK, receive £5.28 a day to cover all essential living needs. Many asylum seekers report missing meals and being unable to afford warm winter coats and shoes.
- Accommodation and financial support is withdrawn following a refusal. Many asylum seekers are destitute in the UK for years.
- Sexual health issues: Asylum seekers may suffer the consequences of sexual violence, torture and rape; be pregnant as a result of rape; suffer the consequences of female genital mutilation (FGM); and be HIV positive. May have been trafficked or turn to prostitution when destitute.
- Drug and alcohol abuse. Self-medication to cope with depression is common.

Members discussed the issues raised within the presentation. Members expressed concern with regards to the proposal to introduce charges for refused asylum seekers to access some types of health care. The CCG representative reported that if primary health care is not provided that the burden could be greater and costs to the health service could increase.

Members discussed the recommendations contained within the report.

Delegated decision:

1. To write to the Department of Health, urging them not to implement proposed charging regime. To also raise the issue with local MPs.
2. To undertake to explore the potential impact of these proposals on health services in Bury, and the associated individual and public health risks.
3. To include measures to improve healthcare for asylum seekers and refugees in the Joint Health and Wellbeing Strategy and Joint Strategic Needs Assessment.
4. To raise awareness of these proposals via the Greater Manchester Combined Authority and GM Health and Social Care Devolution strategy, and to advocate for investment in specialist primary care services in Greater Manchester for people seeking asylum.
5. To call on Serco, the Home Office and Urgent Care 24 to provide more information about the health needs of asylum seekers dispersed to Bury.
6. To invest in an education programme to help new arrivals understand how to access and navigate the NHS.

Recommendations for CCG and Local Primary Care Practices

7. To implement the 'best practice' guidance outlined in section 5 of this briefing.
8. To implement NHS England's new patient registration guidance.
9. To work with Hospital Trusts, the Home Office and Serco to implement the new 'Health needs and pregnancy dispersal guidance.'

HWB.882 BETTER CARE FUND

Councillor Simpson provided Members of the Board with an update in respect of the Better Care Fund.

The BCF submission is consistent with both Bury's Locality Plan and NHS Bury's CCG Operating plan. The detail of the plan remains consistent with the previous year at a thematic level although some schemes have been decommissioned.

The proposed BCF pool for 2016/17 is £13.6 million, funded as follows: Better Care Core Fund, NHS Bury CCG £12, 188 million and Better Care Capital element Bury MBC £1, 423 million.

Delegated decision:

To endorse the approach and ratify the proposed Better Care Fund submission for 2016/17.

To delegate responsibility to the Chair for sign off should any further amendments or changes be made as part of the final Quality Assurance process.

HWB.883 LOCALITY PLAN

Delegated decision:

That consideration of the Locality Plan be deferred to the next meeting of the Health and Wellbeing Board due to be held on the 14th June 2016.

HWB.884 JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

Jon Hobday and Helen Smith representatives from the public Health team attended the meeting to provide members of the Board with a verbal presentation in respect of the recently updated JSNA. A covering report had been circulated to members and contained the following information:

Based on the consultation and feedback the JSNA has now been developed into a

- Web based resource
- Point for exchange of data, information, reports
- Series of standard chapters and documents
- Resource closely linked to Bury assets / Directory

The JSNA has been developed in such a way that it will be a continually evolving resource. It will be regularly updated and added to by key partners. This will be done through an iterative process dependent on the needs and requirements of Team Bury partners. The key purpose of the JSNA is to support work plans and future commissioning needs and to capture community engagement.

In response to a member's question, the Public Health Consultant reported that a department or a commissioner can request that specific research/analysis be undertaken to provide evidence/support a particular piece of work.

The Public Health Consultant reported that all partners hold data and if that data is shared it will improve the effectiveness of the JSNA.

Delegated decision:

1. That the Board agrees to endorse the ongoing development of the Joint Strategic Needs Assessment
2. That the Board agrees to endorse a formal launch of the Joint Strategic Needs Assessment.

HWB.885 NEIGHBOURHOOD WORKING

Karen Young Strategic Lead, Inclusion, attended the meeting to update members of the Board on the proposals in relation to Neighbourhood Working. The Strategic Lead reported that neighbourhood working will help to develop a clear, shared understanding of local issues, the assets available in each neighbourhood and support available to local individuals, families and groups to build resilience.

Neighbourhood working will aim to develop an infrastructure in each township that promotes engagement, co-production and ownership and that allows issues to be tackled more effectively at local level. Neighbourhood working will ensure that local communities are better informed, more resilient and less dependent on public services.

The Strategic Lead reported that two trailblazer sites, Radcliffe and Bury East have been identified.

The Strategic lead reported that by the end of 2016.17 there will be;

- the development of new ways of working at township level in Radcliffe and Bury East;
- an increase in preventative work;
- 10% reduction in public service demand;
- 20% reduction in service costs to the public purse in Radcliffe and Bury East.
- Arrangements in place across agencies to share resources including pooled budgets
- Lessons learned from Radcliffe and Bury East are published and influence the roll out of neighbourhood working
- Commitment from partner agencies to develop a hub and spoke model
- Identified opportunities for funding
- Outcome based accountability approach

Members of the Board discussed the proposals. Members of the Board expressed concerns about the flexibility of the approach taken in delivering neighbourhood working. Dave Bevitt, Third Sector Representative expressed concern that his organisation had not been involved in the development of the proposals. In response to his concerns, the Strategic Lead, Inclusion reported that the proposals are still being developed and there will be a number of opportunities for the third sector and partner agencies to be involved.

Delegated decision:

That the Policy Lead, Health and Wellbeing Board will provide Members of the Board with a list of the Groups represented and confirm whether members of the Public will be invited to attend the Neighbourhood Working workshops.

HWB.886 DEVOLUTION MANCHESTER UPDATE

Dr. Patel, Chair Bury CCG reported that Devolution Manchester ceased being in shadow form from the first of April 2016. All ten local authorities within Greater Manchester have submitted their Locality Plans.

Discussions are ongoing in respect of the Transformation Fund.

Delegated Decision:

The update be noted.

HWB.887 LIFESTYLE CHANGE PROGRAMME

The Chair Bury CCG attended the meeting to provide members of the Board with an update in respect of the proposed changes to the life style scheme.

The aim of the scheme, is to encourage patients who smoke or are above their healthy weight to make a positive lifestyle change before a non-urgent planned surgery, to help them become as fit for possible for their operation (and beyond). There is good evidence that stopping smoking or reaching a healthier weight before surgery reduces complications such as infections, breathing problems and it can also reduce length of stay in hospital.

For appropriate patients, their GP will recommend that they consider delaying their planned non-urgent operation to allow them time to make a lifestyle change and to get them as fit as possible in advance of their operation. Support would be provided by the Council's 'Bury Lifestyle Service'.

The CCG will provide GP Practices with the communications resources needed to support and promote this conversation with patients, there is already a limited number of conditions when clinic risk is determined by doctor.

In response to a Board member's question, the CCG Chair reported that they are working with partners from public health to embed a culture of professionals systematically offering lifestyle change advice and assistance to members of the public.

The Chair of the CCG reported that if patients make the lifestyle changes there will be financial benefits to the whole of the Health economy.

Delegated Decision:

The update be noted.

HWB.888 ALTERNATIVE PROVIDER SERVICE

NHS Bury Clinical Commissioning Group (CCG) and NHS England are jointly responsible for local contracting arrangements for GP Practices in the borough. In March 2017, two Alternative Provider Medical Services (APMS) GP contracts are

due to end; these relate to the contracts for Rock Healthcare in Bury and The RLC Surgery in Radcliffe.

All registered heads of household for these two GP Practices received a letter at the start of February 2016 to inform them that the contracts were due to come to an end and that as part of a review of the needs of the local population there was a need for us to understand, and for patients to help shape, what should be provided in the future. The period of engagement closed on 29th February 2016.

Over 300 patient responses were received to the survey. We are reviewing all available feedback and options prior to making a decision at our joint Primary Care committee which meets in public.

The contracts aren't due to come to an end until the March 2017 and therefore, no immediate changes will take place, and patients have been reassured that their Practice will remain open and there will be no immediate changes to the services they currently access.

Based on the work the CCG have done to date, there is still a requirement for a GP practice in both of these areas. However, the way that patients access GP services in the evening and at the weekend may change.

Delegated Decision:

The update be noted.

HWB.889 URGENT BUSINESS

There was no urgent business reported

HWB.890 HEALTH AND WELLBEING BOARD SUB GROUP MINUTES - FOR INFORMATION

Copies of minutes from the following Sub-Groups were submitted for information:

Housing Strategy Programme Board – 16th December 2015

Carbon Reduction / Carbon Change Board – 25 November 2015

Bury Integrated Health and Social Care Board – 16 February 2016

Children's Trust Board -5 November 2015

Bury Safeguarding Adults Board – 13th October 2015

COUNCILLOR A SIMPSON
Chair

(Note: The meeting started at Time Not Specified and ended at Time Not Specified)