

Minutes of: **Health and Wellbeing Board**

Date of Meeting: 27 November 2018

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

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

Apologies for Absence: Councillor S Briggs, Councillor R Shori, Aspinall, Hashmi and Little

HWB.193 DECLARATIONS OF INTEREST

Councillor A Simpson declared a personal interest in respect of all items to be considered due to her appointment as Lord Peter Smith assistant at the Greater Manchester Health and Social Care Partnership Board. Councillor Simpson is also employed by the NHS.

HWB.194 MINUTES OF PREVIOUS MEETING

It was agreed:

The minutes of the meeting held on the 27th September 2018 be approved as a correct record.

HWB.195 MATTERS ARISING

- Loneliness

Following on from the work being undertaken as part of the Action for Ageing project, the Chair provided information with regards to the development of the loneliness strategy and action plan.

- Triage

Responding to a question from the Chair with regards to triage arrangements at FGH, A&E. Steve Taylor; Chief Officer/Managing Director Bury & Rochdale Care Organisation reported that triage is undertaken by A&E staff, with an average length of wait into the Urgent Treatment Centre of 7 minutes. On average 20 patients a day are sent to the UTC. Following discussion of this issue the Chief Officer/Managing Director agreed to provide further information at a future meeting.

HWB.196 PUBLIC QUESTION TIME

There were no questions from members of the public present at the meeting.

Further to the published agenda the Chair agreed that the agenda would be re-arranged and the Safeguarding Adults and Children's Annual Report would be considered first.

HWB.197 GREATER MANCHESTER UPDATE

Warren Heppolette, Executive Lead, Strategy & System Development, Greater Manchester Health & Social Care Partnership attended the meeting to provide members with an overview of work being undertaken by the Health and Social Care Partnership. The presentation included information with regards to the partnership's aims, "where we are now?" The building blocks for transformation; neighbourhood working and expected developments in Bury.

The Executive Lead, Strategy & System Development reported that there are real signs of progress, as evidence by the stabilisation and subsequent reduction in emergency bed days as well as improvements in mental health services as a result of improved investment and better connectivity. Establishment of the LCA has accelerated locally over the last few months.

Responding to a Member's question, in respect of the low profile of drug services/support within GM; the Executive Lead, Strategy & System Development reported that this is an area currently not addressed across GM to the level it could or should be. The Director of Public Health reported that a GM plan is under development.

In discussion that followed members discussed the support for those that require mental health support as well as that of drug and alcohol services. The Chair of the Clinical Commissioning Group reported that it is envisaged that the integrated neighbourhood teams will be able to effectively provide support to deal with specific local issues, including drugs, where applicable.

It was agreed:

The Executive Lead, Strategy & System Development be thanked for his attendance.

HWB.198 TRANSFORMATION PROGRAMME UPDATE - TRANSFORMING URGENT CARE

Kath Wynne-Jones, Interim LCA Executive attended the meeting to provide members of the Board with an overview of work being undertaken to transform urgent care. The presentation contained information in respect of:

- LCA key priorities
- Integrated neighbourhood teams
- Successes so far
- Home first priorities
- Integrated virtual hub
- Urgent treatment centre at FGH

The LCA Executive reported on the development of the Paramedic Green Car scheme. In October the car had attended over 170 incidents and 77% cases resulted in people being able to be treated at home rather than a hospital admittance.

Responding to a Member's question the LCA Executive reported that there is workshop this week on finalising solution for IMT/ Workaround for the next 12 months, including a Global Digital Exemplar scheme.

The Chair asked about Assistive Technology. The LCA Executive responded that some of the technological facilities were being looked at in light of the Integrated Neighbourhood Teams and these will be built on when the teams are in place.

Responding to concerns raised by the Healthwatch representative in respect of newspaper reports that included FGH's A&E in a list of potential Emergency department's earmarked for closure. Dr Schryer, Chair of Bury's CCG reported that he was not aware of any plans to close the A&E department at Fairfield. Steve Taylor, PAT confirmed this and reported that FGH A&E was and continues to be one of the best performing departments in the region.

It was agreed:

Kath Wynne Jones, Locality Care Alliance be thanked for her attendance.

HWB.199 TRANSFORMATION PROGRAMME BOARD - CHAIR'S REPORT

Dr Jeff Schryer, Chair of Bury CCG's clinical commissioning board presented a report providing an overview of the work undertaken by the Transformation Programme Board. Work undertaken has included:

- Locality Care Alliance (LCA) Update
- Locality Plan Investment Agreement
- Transformation Performance and Finance Reporting
- One Commissioning Organisation (OCO) Update
- Devolution Difference Roadshow

The CCG Chair reported that the Transformation Board is made up of Commissioners and LCA. It is a collaborative board the emphasis has recently transferred from agreeing programmes/money to a focus on proactive new ways of working including commissioning strategically based on outcomes. There is now a clear budget and plan, which includes £4.6m that must be spent by end of March 2019.

It was agreed:

Health and Wellbeing Board is recommended to note the work of the Health and Care Transformation programme Board

HWB.200 COMBINED BCF AND IBCF REPORT

Julie Gonda, Interim, Executive Director, Communities and Wellbeing, attended the meeting to provide members with updated performance information for the better care fund and improved better care fund. The presentation provided information in respect of the BCF metrics which include:

- Non-elective admissions - reduction in non-elective admissions
- Permanent admissions - rate of permanent admissions to residential care per 100,000 population (65+)
- Effectiveness of reablement - proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services

- Delayed transfers of care (DToC) - delayed transfers of care (delayed days) from hospital

As well as the IBCF the local metrics related to areas of spend

- DToC for reason 'awaiting package of care'
- DToC for reason 'awaiting residential home'
- Time taken to grant DOLS application

With regards to each of the BCF metrics, the Interim Executive Director reported that a revised target has been established for non-electives admissions, a number of remedial actions have been put in place.

The Interim Executive Director reported that a targeted piece of work is currently been undertaken to address the permanent admissions to residential care and it is envisaged that this would reduce the numbers significantly.

The figures for the effectiveness of reablement are very close to the target. There does however continue to be high number of complex cases entering the system. The DTOC figures indicate that they are reducing though still not on track.

The Interim Executive Director reported that there would be an additional £5.4m from the IBCF which will allow some additional capacity in reablement.

It was agreed:

The Health and Wellbeing Board will continue to receive quarterly Better Care Fund and Improved Better Care Fund performance updates.

HWB.201 SAFEGUARDING CHILDREN'S AND ADULTS ANNUAL REPORT

Mandy Symes; Interim Strategic Lead – Strategy and Development
Kathy Batt; Safeguarding Board Chair attended the meeting to present the Annual Safeguarding reports for both Children and Adult services. An accompanying report circulated to members prior to the meeting provided information in relation to the following areas:

- Key achievements
- Facts and figures
- Deprivation of liberty applications
- Plans for 2018/19
- Safeguarding arrangements in Bury
- Supporting and coordinating safeguarding in Bury.

Kath Batt reported she had been appointed to act as an independent chair for both the Children's and Adult boards. The Boards have held development days to look at their functions and role and they reported that there was a consensus reported that there is duplication in membership and in some cases, 'cases'.

A new structure, is currently being developed, with an executive group and shared sub-groups, going forward there will be one report from the integrated board.

Responding to a Member's question the Independent Chair reported that there had been some issues with regards to attendance and involvement of some

partners/stakeholders. Greater Manchester Police is undergoing structural changes including the removal of their specialist public protection role, this has caused difficulty in terms of attendance. In respect of the Children's Board and attendance, there has been on occasion problems with attendance from representatives of Pennine Care this has improved since the publication of the annual reports.

Councillor Walker questioned the degree to which 'inappropriate handling' and 'inappropriate contact' was prevalent; the Independent Chair reported that there has been issues in relation to children with challenging behaviour. In particular when a child may have been restrained by a member of staff. To tackle this a whole training programme outlining how to do restrain properly has been developed with an emphasis on restraint being a last resort.

Dr Schryer wanted to ensure that there was mental health representation especially in relation to adults on the Board; the Independent Chair confirmed that this would be the case.

The Chair asked what levers are there in the system, especially with providers, to make sure that staff training is provided and procedures/protocols are in place to prevent incidents. Responding, the Interim Assistant Director outlined that the contracts would insist/require providers to have appropriate policies in place on a range of issues, including moving and handling, DOLs and safeguarding. Further assurance is provided via staff within the provider relationship team, the quality assurance framework, good contacts with CQC, as well as the Council provided training for providers, on request.

The Director of Public Health reported that the recently undertaken CQC inspection on safeguarding and Looked after Children had been positive.

It was agreed:

The Independent Chair and the Interim Assistant Director be thanked for their attendance.

HWB.202 PENNINE ACUTE NHS TRUST READMISSION FIGURES

Steve Taylor; Chief Officer/Managing Director Bury & Rochdale Care Organisation reported that on average over the last 18 months the readmission rate is 6.1% within a 30 day period. The greatest percentage is not within the frail elderly cohort, rather the 19-64 age group and in general medicine and reported a 4.8 days average re-admission length of stay.

It was agreed:

Steve Taylor; Chief Officer/Managing Director Bury & Rochdale Care Organisation will provide a report for consideration at the next meeting of the Health and Wellbeing Board with regards to re-admission rates; the report will include information in respect of the reasons for the admittances, as well as comparative data/national averages.

COUNCILLOR A SIMPSON
Chair

(Note: The meeting started at 6.00 pm and ended at 8.00 pm)