

**MEETING:** Governing Body – Open Meeting

**Item Number:** 9.4

**DATE:** 25 March 2014

<b>REPORT TITLE:</b>	<b>Minutes of Wigan Council Health and Wellbeing Board held on 22 January 2014</b>
<b>REPORT AUTHOR:</b>	<b>Wigan Council Health and Wellbeing Board</b>
<b>PRESENTED BY:</b>	<b>Trish Anderson, Chief Officer</b>
<b>RECOMMENDATIONS/DECISION REQUIRED:</b>	<b>For Information</b>
<b>EXECUTIVE SUMMARY</b> <b>Minutes of Wigan Council Health and Wellbeing Board held on 22 January 2014</b>	
<b>FURTHER ACTION REQUIRED:</b>	

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## Health and Wellbeing Board

2.00 pm, 22 January 2014

### Board Members present at the meeting

#### Wigan Council

Councillor K Cunliffe (Chairman)  
 Councillor D T Molyneux  
 Professor Kate Ardern MBChB, MSc, FFPH - Director of Public Health  
 Stuart Cowley - Director for Adult Social Care and Health  
 Anne Goldsmith - Director for Children and Families  
 Donna Hall - Chief Executive  
 Paul McKeivitt – Director of Resources and Contracts (Deputy Chief Executive)  
 Michael Williamson – Democratic Services Officer

#### Wigan Borough Clinical Commissioning Group

Dr Tim Dalton (Vice Chairman) – Clinical Lead  
 Trish Anderson - Chief Accountable Officer  
 Dr Sanjay Wahie – Clinical Lead  
 Mike Tate – Director of Finance

#### Other Voting Members

Trish Bennett - NHS National Commissioning Board Local Area Team  
 Sir Ian McCartney – Chairman of Wigan Healthwatch

#### Advisory Members in Attendance

Councillor Nigel Ash - Chairman of the Health and Social Care Scrutiny Committee  
 Andrew Foster - Chief Executive, Wrightington, Wigan and Leigh NHS Foundation Trust  
 Gail Briers – Five Boroughs Partnership NHS Trust

#### 19 Apologies for absence:

Councillor Smith (Executive Leader), Dr M Kumar (Wigan Borough Clinical Commissioning Group), Simon Barber (5 Boroughs Partnership NHS Trust) and K Fallon (Bridgewater Community Healthcare NHS Trust)

#### 20 Minutes:

The minutes of the meeting held on 18 September 2013 were approved as a correct record and signed by the Chairman.

#### 21 Health and Wellbeing Outcomes and Performance Framework Update - (Start Well, Live Well, Age Well.):

The Assistant Director – Strategy and Partnerships, James Winterbottom, presented a report, which provided an update on the performance framework and health and wellbeing outcomes. An indicator dashboard of key outcomes was attached to the agenda for information.

The Board was requested to review the updated performance framework and to challenge progress against the key outcome indicators.

Resolved: The Board:

- (1) notes the update to the performance framework; and
- (2) thanks the Assistant Director – Strategy and Partnerships for the report

## **22 Framework for the Work of the Health and Well Being Board in 2014:**

The Programme Director of Care and Health Integration, Will Blandamer, updated the Board on the framework of the joint health and well being strategy objectives and proposals for future Health and Well Being Board agendas.

The Board was advised that in terms of moving forward, Wigan needed to finalise the building blocks for fundamental transformation of population health and promoting independence and a transformation to the way in which services were delivered. Work over the forthcoming year would seek further refinement and development of existing work (e.g. Risk Stratification, the Integrated Neighbourhood Teams, and the Modernisation of Adult Social Care) as well as the implementation of new and enhanced models of integrated service provision (e.g., the extended INT programme, the roll out of the Scholes community development model).

The leadership role of the Health and Wellbeing Board was critical to this whole system transformation, both in partnership and in individual organisational reform. As such, it was suggested that in supporting the Health and Well Being board to lead and contribute to the achievement of the objectives of the Health and Well Being Strategy, a more systematic way of presenting and forward planning agenda items for the board would be of benefit. The following categorisation was proposed:-

- transforming Population Health and Addressing Wider determinants of dependency and inequality;
- transforming Health and Social Care Systems; and
- protecting population health and safeguarding the vulnerable.

It was also explained that to reflect the increasing volume of work, the Board would meet every 16 weeks as previously agreed but at intervening periods of 8 weeks provisional meetings would be set and invoked as required and by the agreement of the Chair and Vice Chair.

Some of the key points that arose from the Board's discussions were:-

- whether the Council's current model for producing reports was preventing debate and the opportunity for public consultation;
- there was a good opportunity to improve the current framework and consider building in capacity for external organisations to engage with the Board;
- in terms of financial risks/implications associated with agenda items it was suggested that a Red/Amber/Green reporting system would be of more use to Board Members; and
- the possibility of utilising the time between meetings more effectively to share information should be investigated

Resolved: The Board:-

- (1) welcomes the proposed framework for future meetings;
- (2) agrees to consider the points raised by Board Members; and
- (3) thanks the Officer for the report.

### **23 Transforming Population Health - (Start Well, Live Well, Age Well):**

The Director for Public Health, Dr Kate Ardern, presented a report, which set out the key findings of the recently published 2013 Wigan Health profile and potential implications for the Borough in terms of joint health and well-being investment on preventable deaths and ill health. The paper also provided an update on the progress with integrating and embedding the new Public Health responsibilities, function, roles and skills across the Council and the Corporate Strategy.

The Board was advised that the latest health profile for Wigan, published by Public Health England, was encouraging, with all cause mortality rates continuing to fall. It was also reported that the overall health of people in Wigan continued to improve. However, mortality rates remained higher than the England average and there was a significant internal inequalities gap in life expectancy across the Borough.

It was reported that in order to tackle the persistent internal inequalities gap across the Borough, and to increase the rate of improvement in healthy life expectancy, public health investment and intervention needed to apply the principles of Public Sector Reform which meant in Wigan, public health investment and interventions needed to integrate with, and add value to, the work already being undertaken around financial inclusion, building self-reliance and the wider economic, worklessness and skills agenda. This included work around:-

- tackling alcohol abuse in the under 18yrs;
- integrated well-being;
- fuel poverty;
- financial inclusion;
- progress with integrating Start Well, Live Well, Age Well Across the Council; and
- opportunities to harness the “Believe” Campaign to Tackle Health Inequalities: “Believe in Healthy Wigan”

Some of the key points that arose from the Board’s discussions were:-

- concern was expressed around the unknown health implications of these devices and their contents. The devices and contents were currently unregulated and appeared to positively promote smoking, especially to young people, as there was no minimum age limit for the use of them; and
- the issue of fuel poverty should not just associated with bad/cold weather as it was also connected to the quality of housing people resided in.

Resolved: The Board notes the report.

### **24 Transforming Health and Social Care Systems - (Start Well, Live Well, Age Well):**

The Chief Accountable Officer – Wigan Borough Clinical Commissioning Group, Trish Anderson, gave a presentation which highlighted the component parts of work being undertaken to transform the delivery of health and social care services in Wigan. The

report also provided an indication as to when the Health and Wellbeing Board could expect to receive updates on the programme.

The Board was advised that the vision for integrated care was one of a coordinated care system that put patients at the centre and one that was led from primary care, who as holder of the registered list of patients, was in a unique position as the coordinator of care, with the ability to shape services around the patient, creating a joined up system and dramatically reducing the fragmentation of services.

In order to maintain and improve the quality of services, there was a need to radically transform the system in which services were delivered, requiring changes from all providers. Across the Borough, all partners fully accepted that the way that they delivered health and care had to change significantly and that services had to move from a hospital setting to community settings and be delivered in an integrated way that reduced cost, removed duplication and improved a patients experience of health and care through integrated delivery. The scale of savings required over the next three years meant that it would not be possible to preserve the quality of services provided to Wigan residents if services continued to be delivered in the same way as they presently were.

The Board was advised that central to the delivery of the vision was the complete commitment of all NHS and Council health and care services to making it happen. A process of engagement with the public had begun, which would lead to a series of “conversations” and consultation events over the next few months. At a local level, a process of identifying which services could be moved out of hospital was being undertaken and it was intended, that through agreement with partners, the Council would develop a priority list to move these services into the community in a phased way over the next five years. Any services that were planned to remain in hospital would be considered within the overall strategic ‘Healthier Together’ programme.

The Board was advised that a number of key and inter-related strategies and programmes were being finalised which would outline how to move forward the transformation of health and social care in Wigan over the next five years. These strategies and implementation plans would be submitted to future meetings of the Board.

Some of the key points that arose from the Board’s discussions were:-

- there was a need to consider a broader picture and ensure that the proposed changes incorporated the Children’s Agenda;
- short and long term reductions in service should be identified and prioritised;
- there was a need to engage with staff to identify which services should be delivered within the Community or within a Hospital environment;
- it was essential to ensure that all the work undertaken in relation to the transformation of delivery of health and social care services was safeguarded after 2015; and
- that although change was required, there was a potential threat to the clinical and financial viability of hospitals with the removal of services.

Resolved: The Board supports and agrees the vision, aims and objectives of the transformation for the delivery of health and social care services in Wigan.

## **25 Building Self Reliance through Public Sector Reform - (Start Well, Live Well, Age Well):**

The Assistant Director – Strategy and Transformation, gave a presentation, which set out the overarching ambition for the Council’s transformation plan by reducing demand through building self reliance.

The Board was advised that the focus would be on taking a person centred approach to reform, by concentrating on those families and individuals identified as costing public services the most in terms of demand and cost and redesigning the service around the individual’s needs.

To support this reform, there would be a need to invest differently in community assets. Due to budget reductions, it would not be possible to continue to provide grant funding and unquantified “in-kind” support to third sector organisations. The launch of a £2million Community Investment Fund would seek to replace grants with targeted, supported and tapered investment aimed at priorities and building self reliance.

Some of the key points that arose from the Board’s discussions were:-

- the idea of self reliance was for local communities to invest in to, not voluntary sector organisations;
- It was not possible for the Council to continue to provide funding and there was a need to work with communities to reduce dependency on public serves;
- The principles of the “Scholes Project” would be transferable to other parts of the borough; and
- The challenge for the CCG was supporting people to manage their own care arrangements.

Resolved: The Board notes the presentation.

## **26 Delivering reformed primary care services as a precondition to robust models of integrated out of hospital care:**

The Director for Public Health, presented a report which underlined the duty of the Health and Wellbeing Board to publish a Pharmaceutical Needs Assessment (PNA) and suggested ways in which the Board could fulfil its obligations more effectively.

A PNA was an assessment of need for pharmaceutical services (generally community pharmacies) in an area, taking into account the demography, socio-economic make up and health needs of the area and looking at existing provision of pharmaceutical services. It was a very useful document, which formed one of the aspect of the needs assessments which in turn, helped shape strategy and policy aimed at promoting, protecting and maintaining health and independence.

Wigan Health and Wellbeing Board has inherited the PNA produced by Ashton, Leigh and Wigan PCT in 2011 and was due for review in February 2014. All Health and Wellbeing Boards must publish their first PNAs by the end of March 2015. It was recommended that the Health and Wellbeing Board extended the current version until that date, and that a note be put on the website to that effect, accompanied by the new list of pharmacies, and map of their locations.

The Board was also asked to consider the following options:-

- appoint a member who is responsible for ensuring the Board meets all the duties in relation producing a PNA; and
- establish a PNA Sub-Committee to co-ordinate and oversee the production of the PNA (to include the following stakeholders)
  - Local Pharmaceutical Committee
  - Local Medical Committee
  - Medicines Management
  - NHS England Contracting staff
  - Public Health
  - Community pharmacy adviser
  - Lay representation
  - Commissioning staff from Wigan Borough Clinical Commissioning Group

Resolved: The Board agrees:-

- (1) to appoint the Director for Public Health as the member who is responsible for ensuring the Board meets all the duties in relation producing a PNA.
- (2) to establish a PNA Sub-Committee to co-ordinate and oversee the production of the PNA.
- (3) to extend the current version of the PNA to March 2015 and that a note be put on the website to that effect, accompanied by the new list of pharmacies, and map of their locations as listed in the report.

## **27 High quality integrated out of hospital (and other institutional care):**

The Director of Resources and Contracts (Deputy Chief Executive), Paul McKeivitt, and the Director of Finance (Wigan CCG), Mike Tate, gave a presentation and presented a report, which gave an insight into the Better Care Fund (BCF), including a timetable for the submission and how performance would be measured.

A separate report outlining proposals against the 2013/14 Social Care Funding Transfer, was also presented and discussed.

The Board was advised that in order to improve outcomes for the public, provide better value for money, and be more sustainable, health and social care services needed to work together to meet individuals needs. To this effect, Government had introduced a £3.8 billion pooled budget for health and social care services (shared between the NHS and local authorities) from 2015/16, to deliver better outcomes and greater efficiencies through more integrated services for older and disabled people. It was also reported that the NHS would make available a further £200 million in 2014/15 to accelerate this transformation.

It was explained to the Board that Clinical Commissioning Groups (CCGs) were required to submit a five year strategic, operational and financial plans, with the first two years at an operational level of detail.

The timing of the BCF was aligned with the CCG's two year operational plans. This meant that that there would be a substantial increase in available funding to local authorities in 2015/16 to the value of £15million. If circumstances permitted, the CCG would also seek to use the BCF framework to pass further monies into the Local Authority during 2014/15 in advance of the formal 2015/16 transfer.

The Board was advised that further discussions would take place between the local authority and the CCG in relation to how this funding would be prioritised and reflected in an interim submission in February, and based largely on the principles of the health and social care system transformation in Wigan endorsed earlier in the meeting. The board supported the need for the further work required to bring a final version of the submission to the March meeting

Resolved: The Board:-

- (1) agrees the proposals against the NHS Funding allocation to the Local Authority for 2013/14, and approves the draft S256 agreement between Wigan Council and NHS England;
- (2) notes the details and timetable of the submission of the Better Care Fund application;
- (3) notes the role of the opportunity of the Better Care Fund to support the delivering of the vision for integrated care in Wigan by protecting some core social care services and securing investment to achieve transformation change;
- (4) notes the date of the initial and high level submission in February; and
- (5) agrees to receive a Better Care Fund submission in the March meeting of the Health and Well Being Board for approval

## **28 Protecting Population Health and Safeguarding the Vulnerable - (Start Well, Live Well, Age Well):**

The Director for Public Health presented a report, which provided an update on the Greater Manchester public health civil contingencies work-stream.

The Board was advised that this piece of work was a key statutory public health function for Local Authorities and considerable work had been undertaken to ensure that Wigan had a resilient and safe system for managing communicable disease outbreaks and other public health emergencies alongside other Greater Manchester Local Authorities.

Since its inception, the AGMA Civil Contingencies Response Unit had supported local authorities and partners with emergency planning and response for incidents with public health and NHS implications. However, following the transition of public health responsibilities and resources to local authorities, a new approach had been required. This had included recruiting a temporary Business Partner to work with local authority public health teams to identify and address their civil contingencies requirements. This post had been occupied since 24 September 2013 and will continue until 31 March 2014, subject to review. Following the appointment to this post, significant progress had been made in a number of areas. In particular, work had been carried out in relation to key public health and NHS plans which had required review following the public health transition:-

- Local Authority public health activation arrangements;
- outbreak of human infectious disease;
- scientific and technical advice cell (STAC);
- mass casualties;
- cold weather;
- heatwave; and
- pandemic Influenza

The Board was advised that work continued with other priorities for the public health work-stream. A business case / future work programme would be presented at the Greater Manchester Chief Officers Group meeting in February 2014. Work to embed the new public health / NHS arrangements in Greater Manchester plans would continue, with the Greater Manchester Generic Response Plan also under review. Furthermore, new arrangements were being exercised through Greater Manchester Resilience Forum's training and exercising programme.

Resolved: The Board:-

- (1) notes the update; and
- (2) requests a report on Pandemic Influenza be brought to a future meeting.

**29 Forthcoming Meetings:**

Resolved: The Board agrees that its next meeting will be on 19 March 2014.

Chairman

The meeting concluded at 4.25 pm