
HEALTH & WELLBEING BOARD

Minutes of the Meeting held

Wednesday, 17th September, 2014, 10.00 am

Dr. Ian Orpen	Member of the Clinical Commissioning Group
Ashley Ayre	Bath & North East Somerset Council
Councillor Simon Allen	Bath & North East Somerset Council
Bruce Laurence	Bath & North East Somerset Council
Councillor Dine Romero	Bath & North East Somerset Council
Diana Hall Hall	Healthwatch representative
Tracey Cox	Clinical Commissioning Group
Councillor Paul Crossley	Bath & North East Somerset Council
Ronnie Wright	The Care Forum
Co-opted Non-Voting Member: Julia Davison	NHS England - Bath, Gloucestershire, Swindon and Wiltshire Area Team

35 WELCOME AND INTRODUCTIONS

The Chairman welcomed everyone to the meeting.

36 EMERGENCY EVACUATION PROCEDURE

The Democratic Services Officer drew attention to the evacuation procedure as listed on the call to the meeting.

37 APOLOGIES FOR ABSENCE

Jo Farrar, Pat Foster and John Holden had sent their apologies for this meeting. David Trethewey was a substitute for Jo Farrar and Ronnie Wright was a substitute

for Pat Foster.

38 DECLARATIONS OF INTEREST

Councillor Simon Allen declared an other interest in 'Mental Health Update' agenda item as he was employed by the Avon and Wiltshire Mental Health Partnership (AWP) NHS Trust.

39 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

There was no urgent business.

40 PUBLIC QUESTIONS/COMMENTS

There were none.

41 MINUTES OF PREVIOUS MEETING

The minutes of the previous meeting were approved as a correct record and signed by the Chairman.

42 BETTER CARE FUND (40 MINUTES)

The Chairman invited Jane Shayler (Deputy Director for Adult Care, Health and Housing Strategy and Commissioning) to introduce the item.

The Chairman thanked officers for the work they put into this document.

The Chairman also said that the Better Care Plan 2014/15-2018/19 built upon the previous joint working between the Council and the Clinical Commissioning Group

The Chairman also welcomed Janet Rowse (Sirona Chief Executive), James Scott (The RUH Bath Chief Executive) and Philip Rhodes (AWP Community Services Manager from BaNES Locality) to this meeting and asked for their views.

Janet Rowse commented that the Plan had been a phenomenal piece of work though it would be easy to get lost in some of the detail and technical terms. The Plan had been excellent in terms of the delivery and in explaining on how everyone should work together. Janet Rowse concluded that, in her view, focus should be on delivery of services to an individual.

James Scott commented that, given that the RUH has been providing acute services to much wider population, B&NES would be in much better starting position considering the history of integration between health and social care partners in this area. The Board of the RUH had supported this document in principle, though the biggest risk would be in the rise in demand and the hospital had relatively fixed capacity. James Scott took the Board through some of the issues that the RUH had been facing in terms of the increases in A&E attendances and emergency admissions above its contracted values for 2014/15, all of which could create a potential risk to the CCG and the RUH and the BCF Plan.

Ian Orpen commented that the CCG recognised the points made by James Scott in

terms of the pressure and risks that the RUH could have. However, whilst there were notable increases above the CCG's plan when activity levels were compared against last year's out-turn the growth was much lower.

Tracey Cox commented that the CCG had been in discussion with the RUH on these issues, especially on pressures and risks. Tracey Cox agreed with James Scott that this year's contractual arrangements were proving quite challenging. There would be a number of additional initiatives set as a part of the Operational Capacity and Resilience Plan (ORCP) for this winter that should improve the position. The CCG would need to provide further assurance to the RUH that there were other initiatives to support admission avoidance and to reduce the demand.

The Chairman asked if the framework of the BCF Plan had gone far enough in terms of what the requirements were.

Janet Rowse responded that she has not been aware of any framework for risk sharing. The performance around the BCF had been associated with the small number of metrics. All providers haven't had the opportunity to discuss what the metrics were and what implications these might have for different providers.

James Scott said that it would be in everyone's interest to maximise the resources from the NHS England. All providers would want to support the general direction of travel. This was a system wide issue, not just for one provider.

The Chairman said this was a start of the long journey together and asked providers if they had any request from the Health and Wellbeing Board.

Janet Rowse said that providers would appreciate clarity of what the Board's role is.

Jane Shayler highlighted that page 18 of Appendix 1 clearly sets that the contingency funding for the management of financial risk, including the specific risk associated with non-achievement of the target reduction in emergency admissions, had been included in both CCG and Council financial plans, based on assumptions consistent with those in the Better Care Plan.

Julia Davison said that, from the NHS England perspective, this has been seen as joint approach which would reduce burden on health services. The funding would be going to the CCG who would, together with the Health and Wellbeing Board, decide what to do with that funding.

Bruce Laurence welcomed the Plan and commented that the Board should promote joint evaluation of the scheme. The Board should also understand what the drivers were. Bruce Laurence concluded that the main key would be liaison between the Better Care Fund and the CCG's 5 year strategy and also with the Health and Wellbeing Strategy.

Bruce Laurence asked about governance arrangements.

James Scott informed the Board on the establishment of System Resilience Group (SRG) as an obvious forum to monitor the effectiveness of the BCF. This was a forum where all the partners across the health and social care system came together to undertake the regular planning of urgent care service delivery. The role

of SRGs had recently been extended to include elective care as well. This still recognised the independence of Clinical Commissioning Group and local authority decision making bodies.

Jane Shayler commented that the Board would receive a detailed submission with proposed management on governance arrangements. This document would be amended to include the SRG.

The Board and service providers from Sirona, the RUH and AWP also debated how patients' experience would be embedded in the plan, what would be next steps (use of resources as one of issues), the role of the Board in terms of the engagement of patients and public, focus on 'end of life' care and also challenges that the RUH would be facing considering that their catchment area was with three Clinical Commissioning Groups.

The Chairman concluded the debate by saying that everyone involved should be realistic what resources were available and how the Health and Wellbeing Board should hear from the public on provision of services.

It was **RESOLVED** to:

- 1) Agree the summary of schemes to be funded from the Better Care Fund as revised from that approved by March 2014 HWB;
- 2) Delegate to the Chair of the Health and Wellbeing Board and the CCG's Acting Accountable Officer of sign-off of BaNES BCF submission in the required revised format on 19th September 2014.

43 **MENTAL HEALTH UPDATE (40 MINUTES)**

The Chairman invited Andrea Morland (Clinical Commissioning Group) and Paul Scott (Public Health team) to introduce the item.

Members of the Board welcomed the report, in particular information within bullet point 1 of the report ('what do we know about mental health?').

Councillor Romero asked about bed provision for young people with mental health issues.

Ashley Ayre commented that traditionally, in South West, it was difficult for people to access the right facilities for young people due to specific geography of the region. Ashley Ayre added that there is a need for a lot of work to be done on this matter.

The Board supported the concept of the Parity of Esteem Programme, which was about valuing mental health equally with physical health.

The Parity of Esteem Programme has been currently developed through discussions with stakeholders and the NHS England had identified three areas as initial priorities for urgent focus during 2013/14:

- Improving Access to Psychological Therapies (IAPT)
- Improving diagnosis and support for people with Dementia

- Improving awareness and focus on the duties within the Mental Capacity Act

Members of the Board asked what the Board could do in terms of raising awareness and reducing stigma about mental health.

Andrea Morland and Paul Scott mentioned 'Time To Change' campaign, England's biggest programme to challenge mental health stigma and discrimination, and suggested that the Board could sign up to that campaign.

The Chairman welcomed that suggestion and invited the Board to sign up to the 'Time To Change' campaign.

The Board unanimously agreed with the Chairman.

Councillor Crossley welcomed the initiative to improve the employment options for people with serious mental health problems in B&NES. Councillor Crossley also endorsed an increase in the self-management of long-term health and mental health conditions through piloting a Wellbeing College.

The Chairman asked if officers worked together with the Economic Development team on Economic Strategy.

Paul Scott responded that there had been close working relationship with the Economic Development team.

Andrea Morland commented that employment of people with mental health problems links to stigma and that the next step would be addressing these issues with the private sector.

The Chairman commented that the Board could trigger discussion with the biggest local employers, and then engage smaller companies.

Ronnie Wright commented that reducing stigma should be on everyone's agenda. Ronnie Wright suggested that 'Stigma about mental health' should be discussed at one of the future Health & Wellbeing Network meetings and results of that discussion could be presented to the Board.

The Chairman welcomed suggestion from Ronnie Wright.

The Chairman asked about inpatient facilities.

Andrea Morland replied that people would like to feel safe in these facilities, though often they don't. Andrea Morland also said that services would need to think about needs of people who are frail, whether they are elderly or young. Andrea Morland commented that Hillview Lodge was not seen as good environment and the AWP would be exploring an option of decanting, demolishing and rebuilding Hillview to accommodate extended in-patient (wider than B&NES basis) services and community teams.

The Chairman concluded the debate by saying that this was the first of series of conversations on mental health.

It was **RESOLVED**:

- 1) That the Health and Wellbeing Board would sign up to 'Time To Change' campaign;
- 2) That the Health and Wellbeing Board would speak with partners and other organisations about reducing stigma about mental health;
- 3) To note the progress to date across all commissioning, strategy and provision areas;
- 4) To support the concept of the Parity of Esteem; and
- 5) To receive a review of specialised services from the NHS England.

44 TWITTER QUESTIONS (10 MINUTES)

The Chairman read out the relevant tweets and comments from the public that were posted during the meeting.

The meeting ended at 12.05 pm

Chair

Date Confirmed and Signed

Prepared by Democratic Services