HEALTH & WELLBEING BOARD

Minutes of the Meeting held

Wednesday, 6th November, 2013, 2.00 pm

Councillor Simon Allen	Bath & North East Somerset Council
Dr. Ian Orpen	Member of the Clinical Commissioning Group
Ashley Ayre	Bath & North East Somerset Council
Bruce Laurence	Bath & North East Somerset Council
Tracey Cox	Member of the Clinical Commissioning Group
Councillor Dine Romero	Bath & North East Somerset Council
Jo Farrar	Bath & North East Somerset Council
Pat Foster	Healthwatch representative
John Holden	Member of the Clinical Commissioning Group
Douglas Blair	Non-voting member – NHS England

17 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

18 EMERGENCY EVACUATION PROCEDURE

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

19 APOLOGIES FOR ABSENCE

Councillor Katie Hall sent her apology for this meeting.

Dr Simon Douglass sent his apology for the meeting. Tracey Cox was a substitute for Dr Douglass.

John-Paul Sanders sent his apology for the meeting. John Holden was a substitute for Mr Sanders.

20 **DECLARATIONS OF INTEREST**

There were none.

21 **TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR**

There was no urgent business.

22 **PUBLIC QUESTIONS/COMMENTS**

There were none.

23 **MINUTES OF PREVIOUS MEETING**

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

24 **ECONOMIC STRATEGY (20 MINUTES)**

The Chairman invited John Wilkinson (Acting Divisional Director for Regeneration Skills and Employment) to introduce the report.

John Wilkinson introduced the report by saying that The B&NES Public Services board is working towards a coordinated approach to local services and is now in the process of working towards three key strategies to support this:

- Health & Wellbeing
- Environmental
- Economic

The 2010 B&NES Economic Strategy committed the Council to refresh and renew its plans after a period of three years. The Council has now commenced work on refreshing the strategy and wishes to take this opportunity to broaden the scope of the strategy to embrace a wider range of Health & Wellbeing Interventions and Outcomes.

John Wilkinson invited the Board to agree that the review of the B&NES Economic Strategy and the integration of the Health & Wellbeing agenda should be supported; and to support the set up of a sub group to work on the strategy's review.

The Chairman welcomed that the Board has the opportunity to look at, and begin to explore some issues around the economy which may not be looked at within previous similar forms.

John Holden (CCG) asked about confidence of the possible range of the resources over the period mentioned in the report and also if there is an intention to consider

some scenario planning in order to test strategic directions coming out of the strategy refresh.

John Wilkinson responded that the Council is doing a lot of work on workplace learning, apprenticeships, etc. It is about looking at the existing teams and resources and how to deliver the right outcomes with the existing resources. It is also about shifting the approach and the way how the things are delivered without the need for new, or more resources. John Wilkinson also said that scenario planning should be part of the refresh. The Council will be putting in place a range of focus groups to give their views on the economy.

Dr Ian Orpen welcomed that the Board is contributing to the Strategy. There is a close link between health services and economic settings in the area and it is really useful to have joined-up conversation.

Councillor Dine Romero commented that inequalities do seem to tie in with the whole economic deprivation, which is also linked with health inequalities. Councillor Romero asked about the work with the connecting families project and how that could be included in the strategy.
John Wilkinson responded that there is a team who work very closely with the connecting families project. John Wilkinson welcomed the suggestion from Councillor Romero to include the work with connecting families project into the strategy.

Jo Farrar (Chief Executive B&NES Council) explained that the B&NES Public Services Board combines a group of leaders from various public services and voluntary sector organisations that have got together to oversee the agenda across the Bath and North East Somerset and chaired by the Leader of the Council. It involves police, fire authority, voluntary sector, housing and business. The Public Services Board had been really keen to make sure that strategy and plans are joined-up and that they do not duplicate the effort. Jo Farrar also said that the Council recognises the current financial climate that we are in and that there are choices and decisions to be made, though one of the strategy points is about the better use of resources. It is really important to participate in the strategy and encourage everyone to become involved.

Tracey Cox (CCG) commented that there is an opportunity for a synergy. The CCG is required to produce their 5 year strategy by June 2014 and the main components of that strategy will be focused on some of the issues raised in the Economic Strategy, i.e. inequalities agenda. There is a real opportunity for discussions over the next couple of months about overlaps and some other issues.

John Wilkinson commented that the timing of the CCG strategy will work well with the timing of the Economic Strategy. The refreshed draft Economic Strategy should be ready by April/May 2014.

Bruce Laurence (Director of Public Health) welcomed that the strategy recognises the links between the economy, health and inequalities and highlighted that there should be a focus on low paid jobs.

Ashley Ayre (Strategic Director for People and Communities) asked about the links with the Core Strategy and potential linkage with the use of Section 106 Agreement,

in particular if the Council and the CCG want to do something of particular need for the geographic community.

John Wilkinson responded that the Council are considering in relation to the Public Services (Social Value) Act 2012, in particular how to drive more social outcomes from the commissioning processes that the Council does in terms of particular geographic communities.

Douglas Blair (NHS England) said that he would be interested in the integration with health planning and asked what would be the length of the Economic Strategy.

John Wilkinson responded that the Economic Strategy is set for 20 years with the refresh every 3 years.

The Chairman summed up the debate by saying that there is a real desire for collaborative work.

It was **RESOLVED** to:

1. Agree that the review of the B&NES Economic Strategy and the integration of the Health & Wellbeing agenda should be supported;

2. Support the setting up of a sub group to work on the review of the strategy.

25 **HEALTH AND WELLBEING NETWORK FEEDBACK FROM 18TH SEPTEMBER 2013 (20 MINUTES)**

The Chairman invited Ronnie Wright (the Care Forum) to introduce the report.

The Healthwatch B&NES Health and Wellbeing Network meeting on 18 September 2013 was an opportunity for health and social care providers and other interested parties to discuss, in more detail, the benefits of work and wellbeing. Conversation included looking at potential gaps in support as well as how joined up working and an understanding of the different elements of support available can help to promote skills and employment opportunities locally.

Website link for the Health and Wellbeing Network Feedback from 18th Sep 2013 documents is available here -
http://www.healthwatchbathnes.co.uk/services/working-and-wellbeing

Ronnie Wright invited the Board to note the key recommendations from the health and wellbeing network discussion:

- Responsibility for skills and workforce development - enabling people to make the most of their life chances is not the role of one particular agency but requires a commitment across schools, employers, providers and public services. This includes actions such as endorsing the value of volunteering as a valuable and beneficial life skill, promoting positive role models, and signposting to the diverse range of local providers who offer support and training. Other simple steps such as constructive feedback from employers on

why applicants are unsuccessful can help to reduce barriers to work.

- Resilience – delivering and promoting activities that help raise confidence and self-esteem, tackle isolation and improve people's broad social skills can make a valuable contribution to a person's development.
- Access - improving accessibility in relation to information and IT would significantly reduce barriers that many people experience in being able to work and make the most of their life chances.
- Specialist support - The workshops all highlighted gaps around specialist support including support for children aged 5-11 and for disabled people.

The Chairman said that he attended the network event and that he was involved in conversation with some of the care providers who were very keen to collaborate. Some of the issues that came up from the event were about the information signposting and the IT access.

Pat Foster (Healthwatch) said that another issue that was raised from the event was about the apprenticeship scheme and willingness of all organisations to share the apprenticeship programme.

Jo Farrar commented that some of the findings in this report will be useful for the Economic Strategy and agreed that seems to be a specific recommendation about the signposting that needs to be acknowledged. The Council is involved in the project search within the apprenticeship scheme and the Council would be happy to share its experience with those who are interested in this issue.

Councillor Dine Romero brought two points to Board's attention: gap in support for 5-11 years old – this is tackled by the Place Services which could be missed in the signposting of services; and the link between the schools and employers - employers should be linked not only with Council schools but also with academies.

Ronnie Wright agreed with Councillor Romero on the link between the school and employers, whether the schools are Council or independent. Ronnie Wright also acknowledged the point raised by Councillor Romero on the gap in support for 5-11 years old. These issues were discussed with one of the groups at the event.

John Holden commented that the real question, and challenge, is on how to drive better outcomes without the additional resources. One way to do that is to work smarter and aim for greater efficiency and for joined-up working.

The Chairman commented that usually it is the case of culture change in order to work smarter and get better outcomes without the need for additional resources.

Ashley Ayre commented that the Council has just started with the project Connecting Communities. Connecting Communities is an initiative taken by Bath & North East Somerset Council, Avon and Somerset Police, Avon Fire and Rescue Service, Bath & North East Somerset Clinical Commissioning Group, and Curo - working together through the Public Services Board - for better joint working with local communities. This in order to meet shared challenges of declining resources, increasing public expectations and the need for a "joined up" approach to tackle the concerns that local people raised. Ashley Ayre suggested that the Board could look at this project

in 6 months' time.

Diana Hall Hall (Healthwatch) asked about the worklessness and Job Centres.

Ashley Ayre responded that the Council is working on that issue though it is also how the national system works. It is not a criticism of Job Centres; it is about the way that the government structured the support for those individuals who are going back to work.

The rest of the Board welcomed the feedback from the network event and highlighted the importance of the links between the employers and schools/children.

It was **RESOLVED** to note the key recommendations from the Health and Wellbeing network discussions: Responsibility for skills and workforce,
Resilience, Access and Specialist support.

26 **NHS CALL TO ACTION (30 MINUTES)**

The Chairman invited Ian Biggs (NHS England Director for Bath, Gloucestershire, Swindon and Wiltshire area) and Dr Ian Orpen to give the presentation called 'NHS Call To Action'.

The presentation 'NHS Call To Action' (attached as Appendix 1 to these minutes) highlighted the following issues:

- 65 years of the NHS
- Future pressures on the health service
- What is 'Call to Action'?
- The national debate
- Aging populations
- What are we doing locally?
- Enhanced nursing home service
- 'Bath care home 'world-class' - Health Secretary Jeremy Hunt
- Early success for the CCG
- Long term conditions
- Top 5 long term conditions statistics in B&NES
- Community Cluster Teams
- Dementia and what is done locally
- Emergency Care
- Local Actions
- Call To Action for General Practice
- The Integration Transformation Fund
- Seizing future opportunities
- Our refreshed strategic objectives
- The BIG questions we are asking the public
- Health planning timetable

The Chairman said that the conversation on the NHS Call To Action conversation needs to be in public and understood by the community. The community needs to understand the future of the health and social care services. One of the key questions is how to keep this conversation on-going within the community considering that things, such as ageing population, etc. are progressing and changing. The Chairman highlighted excellent history of the close working relationship between the Council and the NHS. The Integration Transformation Fund will empower us to get faster to desired goals.

Councillor Dine Romero commented that the NHS Call To Action seems to be targeting adults and older age population and it should also target young people to take part.

Dr Ian Orpen responded that there is absolutely no minimum age in the NHS Call To Action. As an example – one of the areas targeted by the NHS Call To Action is the obesity amongst the children.

Jo Farrar welcomed the joined-up approach highlighted in the presentation and suggested that this, or similar presentation could be presented to the Public Services Board. Jo Farrar also highlighted the importance of data sharing between the Council and the NHS.

John Holden praised the work of Dr Ian Orpen and Ian Biggs for coming up with new ways of doing things better and more efficient. John Holden also said people need to be assured that the NHS still belongs to them.

Ian Biggs responded that the NHS England needs to provide some sort of resource to help local conversation with the public. It is important to have conversation with the public; this must not be seen as public consultation.

Councillor John Bull (Board Observer and Paulton Ward Councillor) asked how far we are with the '7 day GP surgeries' in B&NES and how far are we with the best practice when people are making appointments with their GP surgeries.

Dr Ian Orpen responded the CCG is obliged to improve the quality though the GP practices are under control of the NHS England. The '7 day GP surgeries' – the workforce is not there, which is the reality. Those employed in GP surgeries cannot work 7 days without the rest day/s. There is an aspiration for this to go ahead but there is a need to shift resources to allow this to happen. In terms of the appointments – whole ethos of change is in question. There are some interesting discussions between the GPs on this subject.

Bruce Laurence commented that he is optimistic on how much energy, imagination and will to work together is seen across the CCG, NHS and the Council. However, his pessimism is about the bigger system, the bigger picture.

The Chairman summed up the debate by saying that we were always good locally with local solutions.

It was **RESOLVED** to have a review on the NHS Call To Action in 6 months' time and then have regular updates as standing item on the agenda.

Appendix 1

27 **ROYAL UNITED HOSPITAL CARE QUALITY COMMISSION REPORT (10 MINUTES)**

The Chairman invited Dr Ian Orpen to provide verbal update related to the Care Quality Commission (CQC) report on the Royal United Hospital (RUH) in Bath.

Dr Ian Orpen addressed the meeting with the following statement:

'In June 2013, a CQC unannounced inspection was undertaken to check whether the Royal United Hospital Bath NHS Trust (RUH) had taken action to meet essential standards following a previous responsive inspection in February 2013.

During the inspection, CQC looked at three areas of care at the hospital. These were the older people's wards, the emergency department, the DSU and the theatre recovery area. The report highlights several areas of good practice and states that the majority of staff met with showed a professional and caring attitude towards their patients, it also acknowledges that previous concerns on the DSU had been addressed. However, concerns were identified on the older people's wards and with some of the corporate governance processes. CQC felt that action was needed against four of the standards checked and enforcement action was taken against one.

- Respecting and involving people who use services - Action needed
- Care and welfare of people who use services- Action needed
- Cooperating with other providers - Met this standard
- Safeguarding people who use services from abuse - Action needed
- Assessing and monitoring the quality of service provision - Action needed
- Records - Enforcement action taken

The Trust was asked to provide an action plan by the 19th October setting out what they will do to meet the standards. The CQC will check to make sure that action is taken and will be revisiting the trust in December as part of the new style hospital inspections programme announced which the trust has welcomed.

The CCG is in regular contact with the trust to offer support where appropriate and to seek assurance that the action being taken will improve the quality of service provided.

As previously reported to CCG Board, the CCG Clinical Lead, Director of Nursing and Lay Members have and will continue to undertake site visits and ward walkabouts on a monthly basis. The older people's wards have not yet been visited as the CCG knew that CQC had undertaken the inspection in June.

The trust has provided the CCG with a copy of the action plan. The CCG also meets monthly with the trust at the Clinical Quality and Outcomes meeting where the action plan will be actively monitored.

The CQC, Local Authority and CQC meet on a monthly basis to share good practices but also to highlight concerns within providers of health and social care services. Updates from the CQC will be received at these meetings.

The Local Adult Safeguarding Board will receive a progress report in December and the Chair of the Board is in contact with the CCG.

The CCG is working not only with the trust, CQC, Wiltshire and Somerset CCGs but with the Trust Development Authority (TDA) and NHS England - South and BaNES, Gloucester, Somerset and Wiltshire Area Team to ensure the Trust is supported and to gain assurance that the action being taken will improve the quality of service provided and the improvements embedded.

This issue will be discussed at the next CCG Board meeting on 7th November 2013.'

The Chairman said that this needs to be seen in the context of pressures, as seen in the earlier presentation. As a Board it is important to remain focused on the services locally.

The Chairman also said that we need to acknowledge the good work that the RUH is doing for our population.

Pat Foster commented that the Healthwatch B&NES had no issues with the RUH.

James Scott (the RUH Chief Executive) commented said that the action plan, as mentioned earlier, had been created and the vast majority of the issues highlighted had been done though there are still few issues to cover.

The Chairman suggested that the Board should receive an update from the RUH on their action plan in 6 months' time.

It was **RESOLVED** to receive an update from the RUH on their action plan in 6 months' time.

28 **WINTER PLANNING (20 MINUTES)**

The Chairman invited Dominic Morgan (B&NES CCG Urgent Care Network Programme Lead) to give the presentation called 'Winter Planning 2013/2014'.

The presentation 'Winter Planning 2013/2014' (attached as Appendix 2 to these minutes) highlighted the following issues:

- Winter Planning 2013/2014
- Newspaper clips related to A&E issues
- Strategic Aim

- Continuous Planning Cycle
- Operational Performance Management Framework (OPMF) - Structured Approach
- Urgent Care Dashboard
- Escalation – Terminology
- Daily Status Reporting – Providers
- Daily Status Reporting – System Wide
- Operational Practice – daily
- Winter Pressure Schemes

John Holden asked if it all works as suggested in the presentation, will the same process continue year in year out, and to deal with the pressure whatever time of the year is in question. John Holden also asked what would be the cost of the resources re-directed from usual jobs to participate in this work.

Dominic Morgan responded that there is a level of risk though the Board should receive an update in March 2014 to review the process. The process will follow the clear guidance from the NHS England. There is a lot of effort put into winter planning and resourcing operational management on daily basis already. This is not about putting the additional resources – it is more aligning the existent resources.

It was **RESOLVED** to receive an update for March 2014 meeting.

Appendix 2

29 **THE CARE AND SUPPORT BILL (15 MINUTES)**

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

The Department of Health (DH) is consulting on how to implement major reforms to adult social care. The consultation covers:

- How to manage the large increase in demand from people who pay for their own care and support; and
- Major changes to social care practices and systems, including assessment and charging

The proposed reforms have significant implications for the Council and also, for some key partners. The direct impact will be on care assessment and financial systems but there will be knock-on effects including market management, information and integration. This report includes commentary from the Local Government Information Unit (LGiU). Bath and North East Somerset's position and any associated specific issues are summarised in section 4 of the report.

Jane Shayler invited the Board to:

- Note the key proposals in the Care & Support Bill and early analysis of the implications for Bath and North East Somerset Council and other key partners;

- Note the establishment of a Task Group to: undertake an initial assessment of financial and policy implications; staff resourcing requirements (implementation and on-going); risk assessment and establish a project plan, including key decisions;
- Receive a further update in early 2014.

The Chairman welcomed the report and welcomed the Care and Support Bill. The Board must be really mindful of the forthcoming initiatives, issues such as Integration Transformation Fund. The Bill is making things clearer for people. It is also helpful on carers' needs and support for self-funders to access the range of information.

Councillor Dine Romero expressed her concern that if there is large number of people that are able to fund themselves then it could lead to inequality across the area. The bigger question would be if there is a danger that this could lead to the 'post-code lottery' types of availability of care.

Jane Shayler responded that there is a possible 'post-code lottery' currently in the area. This is partly because, even though there are national regulations associated with charging of residential care, there is guidance on charging of social care in the community setting which is subject to local interpretation and local policy. There is also some inconsistency in terms of the charging arrangements. The Care and Support Bill will introduce the national eligibility threshold for adult social care so it will no longer be subject to local determination.

Jane Shayler added that there is a very rigorous assessment of individual's ability to pay for services. Whether individuals are able to pay or not for service, they are given information and support and there is a level of ongoing overview of the local authority and those acting on behalf of the local authority to make sure that care needs are being made. If the individual does not pay, though it is known that they can pay for services, then the risk assessment is undertaken.

Ashley Ayre commented that the Care and Support Bill is one of the major areas of reform that the Council will have to work with the CCG. There are a few other legislations, like Special Educational Needs (SEN) reform, Children and Young People, Call To Action and Children Social Care, which will also be part of the partnership work with the CCG.

The Chairman said that the Board should receive a briefing on the SEN reform at one of the future meetings.

Dr Ian Orpen commented that the partnership work between the Council and the CCG is already happening - some Council officers are sharing the office space with the CCG officers on daily basis.

It was **RESOLVED** to:

1. Note the key proposals in the Care & Support Bill and early analysis of the implications for Bath and North East Somerset Council and other key partners;
2. Note the establishment of a Task Group to: undertake an initial assessment of financial and policy implications; staff resourcing requirements (implementation and on-going); risk assessment and establish a project plan, including key decisions;

3. Receive a further update in early 2014.

The meeting ended at 4.10 pm

Chair .....

Date Confirmed and Signed .....

Prepared by Democratic Services

A Call to Action

Health and Wellbeing Board
Wednesday 6 November 2013

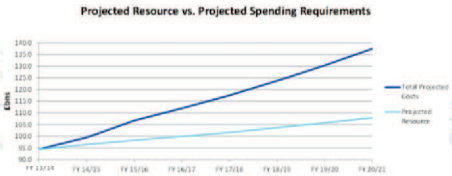
The NHS is 65 years old

Future pressures on the health service

Demand for NHS Services	Supply of NHS Services
Ageing society	Increasing costs of providing care
Rise of long-term conditions	Limited productivity gains
Lifestyle risk factors	Constrained public resources
Increasing expectations	

What is 'Call to Action'?

- Not a public consultation but a sustained programme of engagement:
  - with patients and the public, staff and stakeholders
  - to debate the future of the NHS and how it needs to change
  - with outputs used to plan for immediate issues and for a sustainable future



The national debate

Doing things differently

- Use of innovation and technology
- Putting people in charge of their own health care
- Greater focus on prevention
- Integrating health and social care
- Better use of data

Ageing populations

National

By 2035 the number of people in the UK aged 85 years and over will increase by **250%**

Local

By 2020 the number of over 85s in BaNES will increase by **72%** to 17,000

What are we doing locally?

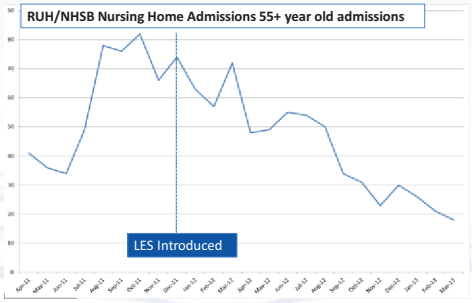
- Extra GP support to nursing homes
- Review of prescribing in nursing and residential homes
- Personal Health Budgets – 1st April 2014
- Providing support to care homes - e.g infection control
- Re-design of pathway for continence care
- Extending night sitting services

Enhanced nursing home service

Nursing home residents receiving enhanced medical cover are **4 times** less likely to be admitted to hospital.

Bath care home 'world-class', says Health Secretary Jeremy Hunt

Early success for the CCG



Long term conditions

National

- 15 million people nationally
- £3k per annum if you have 1 LTC
- £8k per annum if you have 3 or more LTCs

BaNES

- 12, 267 residents whose day to day activities are limited a lot by a long term health condition

Top 5 long term conditions statistics in BaNES

Condition	Number
Hypertension	25,266
Depression (ages 18+)	20,831
Asthma	12,188
Diabetes	7,174
Hypothyroidism	5,587

What are we doing locally?

- Development of community clusters teams
- Identifying the most at risk individuals
- Piloting the use of telehealth
- Looking at the evidence base for self care

Community Cluster Teams

- Proactive and Reactive
- Health visitors for the elderly
- Community matrons
- District nurses
- GP specialists
- Ward clerk
- Team meetings

Dementia

National

- By 2021 – more than **1 million people** in Britain will be living with Dementia

Local

- 1022 registered patients
- Actual numbers likely to be much higher

We are we doing locally?

- Dementia Pathway Group
- Community Dementia Support Workers
- Timely diagnosis of dementia and increasing diagnosis rates
- Increasing the number of patients with dementia to have face to face reviews
- Improving information for patients and carers
- Evaluate dementia challenge fund projects

In Progress….

Emergency Care

- Increasing rates of emergency admissions
- More complex patients being admitted
- A&E departments under pressure

Local Actions….

- Winter planning
- £4.4m of national winter pressure monies
  - Additional staff at front door
  - Additional capacity in community services
  - Increasing the availability of 7 day working
  - Extra appointment slots in primary care

A Call to Action for General Practice

- Preserving strengths of general practice
  - Registered lists: providing basis for co-ordination and continuity of care
  - Generalist skills
  - Central role in management of long term conditions, supported by the Quality and Outcomes Framework (QOF)
  - Highly systematic use of IT
- Achieving improved patient care:
  - Proactive co-ordination
  - Holistic
  - Fast and responsive access
  - Preventing ill-health and ensuring more timely diagnosis of ill-health.
  - Involving patients and carers more fully in managing their own health and care.
  - Ensuring consistently high quality of care: effectiveness, safety and patient experience

A Call to Action for General Practice (2)

- Changing the way care is delivered:
  - Operating at greater scale, for instance through networks, federations or practice mergers …
  - … but scaling up in a way that preserves relationship continuity that comes from individual practices
  - General practice is at the heart of a wider system of integrated out-of-hospital care
  - There is a shift of resources from acute to out-of-hospital care

The integration transformation fund

- **£3.8 billion worth of funding** to ensure closer integration between health and social care
- **A single pooled budget for health and social care services** to work closer together in local areas ring-fenced for investment in out-of-hospital care
- 'It should be **targeted at a range of initiatives** to develop out-of-hospital care, including early intervention, admission avoidance, and early hospital discharge, taking advantage of new collaborative technologies to give patients more control of their care.' Sir David Nicholson

Seizing future opportunities

- The future does not just pose challenges, it also **presents opportunities**:
- A health service, not just an illness service – **we must get better at preventing disease**
- Giving patients greater control over their health
- Developing effective preventative approaches, giving service users greater control over their health:
- Harnessing transformational technologies
- Moving away from a 'one-size fits all' model of care

Our refreshed strategic objectives

- Responding to the challenges of an aging population
- Improving quality and patient safety
- Promoting self-care which includes healthy lifestyles and improved wellbeing
- Improving the mental health and wellbeing of the population
- Improving consistency of care
- Reducing inequalities and social exclusion

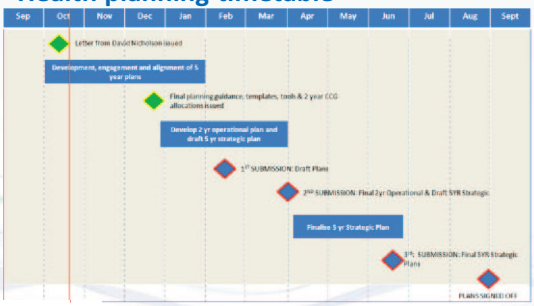
The BIG questions we are asking the public

- How do we get a more productive health service?
- How can we help people to take more control of their lives?
- Will technology provide the necessary transformations we are hoping for?
- What are the new and better ways that healthcare could be delivered?

The NHS belongs to the people — A CALL TO ACTION

NHS Bath and North East Somerset Clinical Commissioning Group

Health planning timetable



The NHS belongs to the people — A CALL TO ACTION

NHS Bath and North East Somerset Clinical Commissioning Group

This page is intentionally left blank

Winter Planning 2013/14

NHS Bath and North East Somerset Clinical Commissioning Group

NHS Bath and North East Somerset Clinical Commissioning Group

Strategic Aim

To ensure the delivery of high quality, safe patient services and performance at all times.

The relentless pursuit of safe, compassionate care for every person who uses and relies on services is a collective endeavour, requiring collective effort and collaboration at every level of the system.
(NHS Constitution)

NHS Bath and North East Somerset Clinical Commissioning Group

Continuous Planning Cycle

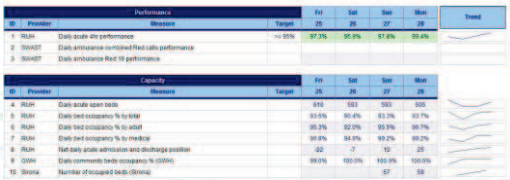
NHS Bath and North East Somerset Clinical Commissioning Group

Operational Performance Management Framework (OPMF) - Structured Approach

NHS Bath and North East Somerset Clinical Commissioning Group

Urgent Care Dashboard

Measuring Performance, Demand, Capacity & Flow



NHS Bath and North East Somerset Clinical Commissioning Group

Escalation - Terminology

- **Planned Escalation** – provider demand and capacity planning has identified a degree of flexible capacity which is used as part of managing flexible demand
- **Unplanned Escalation** – provider demand and capacity planning been exceeded due to significant unforeseen additional demand pressure (Major incident, rising tide event etc.)

NHS Bath and North East Somerset Clinical Commissioning Group

Daily Status Reporting - Providers

Status – Green – Normal Working
Normal working - sufficient internal capacity within the organisation allowing the delivery of planned, urgent and emergency workloads.
Status – Amber – Increasing Pressure
Pressures are increasing and the internal planned escalation or actual capacity may not meet demand. Some or all parts of the organisation experiencing similar pressures.
The internal escalation actions taken will aim to bring the organisation back to normal working green status.
Status – Red – Demand Pressure Exceeds Capacity
Despite previous internal escalation actions taken, the demand pressures have continued to increase leading to demand exceeding internal planned escalation capacity.
The internal escalation response now requires action to cancel all planned activity to focus on the provision of urgent and emergency services.
The internal and external escalation actions taken will aim to bring the organisation back to normal working Amber status.
Status – Black
Organisational gridlock with no remaining internal planned capacity adversely affecting the delivery of urgent and emergency services.
The organisation is unable to safely provide emergency services causing the cancelation of all planned and urgent activity.
The internal and external escalation action requires emergency contingency measures beyond the organisational boundaries

NHS Bath and North East Somerset Clinical Commissioning Group

Daily Status Reporting – System Wide

Status – Green – Normal Working
Normal working - sufficient UCS capacity across the system allowing the delivery of planned, urgent and emergency workloads.
Status – Amber – Increasing Pressure
Pressures are increasing and within some parts of the UCS the internal planned escalation or actual capacity may not meet demand. Some or all parts of the UCS are experiencing similar pressures.
The UCS collectively agreed escalation actions taken will aim to bring the UCS back to normal working green status.
Status – Red – Demand Pressure Exceeds Capacity
Despite previous UCS escalation actions taken, the demand pressures have continued to increase leading to demand exceeding some or all parts of the UCS planned escalation capacity.
The UCS collectively agreed escalation response now requires action to cancel all or targetted planned activity to focus on the provision of urgent and emergency services.
The UCS collectively agreed escalation actions taken will aim to bring the UCS back to normal working green status.
Status – Black
UCS gridlock with no remaining planned capacity within all parts of the UCS adversely affecting the delivery of urgent and emergency services.
The UCS is unable to safely provide emergency services causing the cancelation of all planned and urgent activity.
The whole UCS collectively agreed escalation action requires emergency contingency measures beyond the organisational boundaries

NHS Bath and North East Somerset Clinical Commissioning Group

Operational Practice – daily

10.00am - Shared data to create the UCD & Daily Status Reporting – Providers

10.30am - System Wide Status Reporting – CCG on call manager (10.30am)

Dissemination of UCD, Daily Status Reporting and the decision to call an UCS 12.00pm teleconference call – RUH PMO/CCG on call manager

12.00pm - Agreed escalations actions & follow up teleconference call – All

(pre-agreed Monday teleconference call between (Nov to March)

NHS Bath and North East Somerset Clinical Commissioning Group

Winter Pressure Schemes

- £4.4m of national winter pressure monies
- Additional staff at front door
- Additional capacity in community services
- Increasing the availability of 7 day working
- Extra appointment slots in primary care

NHS Bath and North East Somerset Clinical Commissioning Group

- Plans are deliverable, can mitigate against the risks of delays to care and provide high quality and safe patient services – DC&E & Winter Pressure Schemes
- Plans should contain timely escalation actions across all partners and other CCG areas. – Escalation Framework & OPMF
- All partners have up to date monitoring information on quality and performance – OPMF & UCD

NHS Bath and North East Somerset Clinical Commissioning Group


NHS
Bath and North East Somerset
Clinical Commissioning Group
Any questions?
Healthier, Stronger, Together

This page is intentionally left blank