

## HEALTH & WELLBEING BOARD

### Minutes of the Meeting held

Wednesday, 29th January, 2014, 2.00 pm

Dr. Ian Orpen	Member of the Clinical Commissioning Group
Councillor Katie Hall	Bath & North East Somerset Council
Ashley Ayre	Bath & North East Somerset Council
Councillor Simon Allen	Bath & North East Somerset Council
Councillor Dine Romero	Bath & North East Somerset Council
Jo Farrar	Bath & North East Somerset Council
Diana Hall Hall	Healthwatch representative
John Holden	Clinical Commissioning Group lay member
Tracey Cox (In place of Dr Simon Douglass)	Clinical Commissioning Group
Paul Scott (In place of Bruce Laurence)	Bath & North East Somerset Council
Ronnie Wright (In place of Pat Foster)	The Care Forum
Douglas Blair	NHS England

#### 30 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

#### 31 EMERGENCY EVACUATION PROCEDURE

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

#### 32 APOLOGIES FOR ABSENCE

Dr Simon Douglass, Pat Foster and Bruce Laurence sent their apologies.

Tracey Cox, Ronnie Wright and Paul Scott were their substitutes for this meeting only.

**33 DECLARATIONS OF INTEREST**

Councillor Katie Hall declared an 'other' interest as a Council representative on Sirona Care and Health Community Interest Company.

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

There was no urgent business.

**35 PUBLIC QUESTIONS/COMMENTS**

There were none.

**36 MINUTES OF PREVIOUS MEETING**

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

**37 BETTER CARE FUND (15 MINUTES)**

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

The Chair commented that the Better Care Fund (BCF) was a great idea as it would bring all health and social care funds together, in one pot, and deliver better outcomes. The delivery timescale were quite tight, in particular for the Clinical Commissioning Group (CCG) and the Council.

The Chair also supported local metrics as it met the Health and Wellbeing Strategy requirements.

Tracey Cox commented that some proprietary work had been done around baseline understanding against some of the outcomes and metrics. One particular work had been undertaken around dementia diagnosis, something that the CCG was required to set in its own plan, which could be presented to the Panel in near future.

Jo Farrar acknowledged that this was a significant change and a lot of hard work had been put in this area. The Council recognised that this would be new money, and the Council would be keen to work with health bodies on this issue, in the smoothest possible way.

John Holden expressed slight concern that the proposal of the local BCF plan would have to be submitted by 4<sup>th</sup> April 2014, and considering that the NHS and the CCG would have to produce their two year and five year plans, there could be too much pressure put on small teams. John Holden also said that short timescale would leave little time for innovative thinking.

Dr Ian Orpen commented that two year and five year plans were discussed with

neighbouring CCGs, and one of the issues discussed at that meeting was the BCF. From the discussion with other CCGs it was evident that B&NES CCG had had quite cohesive and collaborative partnership work with the Council when compared with other CCGs in the area.

Councillor Dine Romero expressed her concern that the BCF was aimed to adults only and not to children and young people. Councillor Romero asked if it would be possible to be more explicit by saying that the BCF would be for adults' health and wellbeing and specify direction where children and young people's health might be addressed.

The Chair welcomed the comment from Councillor Romero and said that there was no explicit suggestion that the BCF was for adults only.

Jane Shayler added that there was nothing indicated that funding for children's health and social care was precluded in use of this funding.

Councillor Katie Hall reassured John Holden that the work around the BCF was not sudden. The Council and the CCG had known for some time about the BCF.

Douglas Blair commented that the NHS England had been encouraging people to think that this was a mechanism for support strategies.

Paul Scott asked if there would be one metric, one indicator, or a range of metrics. Paul Scott suggested that domestic violence could be another issue to consider, whether as new metric or to be funded directly from the BCF.

Jane Shayler responded that it would be one local metric, though there would be a series of national metrics.

Ashley Ayre commented that a discussion at the CCG Board meeting generated an idea on the local indicator around children and young people. Ashley Ayre welcomed a suggestion from Paul Scott about domestic violence metric. Ashley Ayre highlighted a need for a right vehicle for tough discussions on how resources would be recycled into preventative services.

It was **RESOLVED** to:

- 1) Note the national planning guidance set out in this report, including the key requirement for the Board to formally sign off the local Better Care Fund plan in March 2014 for submission by 4th April 2014.
- 2) Select 'Child and adolescent mental health' as local metric for the time being, subject to further assessment of local data.
- 3) Support intent to host or undertake joint stakeholder engagement on the local Better Care Fund plan alongside the CCG's engagement on its wider strategic and operational plans in line with the requirements of Everyone Counts: Planning for Patients 2014/15 to 2018/19.
- 4) Receive a further report, including the draft local Better Care Fund Plan, at its next meeting on 26th March 2014, with the aim of signing off the plan for submission by 4th April 2014.

38 **IMPLICATIONS OF SPECIAL EDUCATIONAL NEEDS & DISABILITY REFORM  
(10 MINUTES)**

The Chair invited Charlie Moat (Child and Families Group Manager) to introduce the report.

The Chair said it was important that the Health and Wellbeing Board took a role into introduction of the Special Educational Needs & Disability (SEND) reform.

Councillor Katie Hall asked about plans for School Action and School Action Plus, and where would those children go. Councillor Hall also asked how the EBD (Emotional & Behavioural Difficulties) children would fit in the reform.

Charlie Moat replied that majority of children with Special Educational Needs (SEN) did not have, or need, a statement. The Council had proposed an introduction of a single support plan. The child would be covered by the plan and would receive every possible help and support along the way. Charlie Moat also said that there have been amendments in the House of Lords and the disability had been put back into the framework, so the disabled children, who were not under the SEN, would be looked after. In case of the children with the EBD – this would be something that schools would need to manage.

Councillor Dine Romero asked if separate piece of work on children with the EBD would happen.

Charlie Moat commented that there was a need for a piece of work on the EBD children, which could be considered separately.

Ashley Ayre said that the EBD review had been conducted around five years ago. The Council would have another look into that review, in part driven by the SEND reform and in part driven by some other issues. Ashley Ayre also said that there was a growing awareness around children with attachment disorder.

Dr Ian Orpen supported the reform and highlighted importance of the support for children with mental health issues.

Tracey Cox commented that there was a potential to have an innovative approach.

Charlie Moat agreed with Tracey Cox by saying that there was a radical re-think from the operational aspect. Charlie Moat also said that he was keen to involve parents and carers of young people into this programme as trainers, and also as participants in those trainings.

The Chair welcomed the involvement of parents and carers in the programme.

It was **RESOLVED** to:

- 1) Note the issues implications of SEND reform for Bath & North East Somerset.
- 2) Agree to work with the SEND reform project manager to ensure B&NES

Council and Clinical Commissioning Group meet their statutory duties in respect of SEND reform including the identification of designated officers for education, health and social care and establishment of suitable strategic governance arrangements by September 2014.

3) Agree to take a lead in ensuring all necessary consultation on the Local Offer.

## 39 COMMISSIONING INTENTIONS (55 MINUTES)

The Chair informed the meeting that the Health and Wellbeing Board were asked to consider presentations (attached to these minutes) and verbal updates from the Council, Public Health, the CCG and NHS England on their commissioning intentions.

The Chair invited Jane Shayler to give presentations named 'Integrated Commissioning Intentions – Children and Young People' and 'Integrated Commissioning Intentions – Adult Care & Health'.

The following points were highlighted in those presentations:

'Integrated Commissioning Intentions – Children and Young People'

- Needs Assessment informing the integrated commissioning intentions
- Emerging Priorities for the CYPP 2014/7 to influence commissioning intentions
- Specialist commissioning Intentions (Health) 2014/5
- Specialist commissioning Intentions 2012/3 : recommissioning in process, contracts to be awarded in 2014
- Preventative Commissioning Intentions 2012/3 : recommissioning in process, contracts to be awarded in 2014
- Opportunities for integrated commissioning in 2015/6

'Integrated Commissioning Intentions – Adult Care & Health'

- Needs Assessment informing commissioning intentions:
- Emerging priorities influencing current and future commissioning intentions (in addition to those set out in current strategies including the Health & Wellbeing Strategy)
- Re-commissioning in process, contract award (if relevant) and/or service in place in 2014/15
- Re-commissioning in 2014/15, contract award (if relevant) and/or service in place in 2015/16- 2016/17

Councillor Dine Romero asked if children from Gypsy and travellers group, and also from armed service, were considered under emerging priorities.

Ashley Ayre responded that the Council, together with the CCG and Public Health, has been commissioning special services for children with Gypsy and travellers background, as well as for people who live on river and canals. Also, the Council

had been working with education personnel for armed forces, in order to track any children from that group.

The Chair invited Paul Scott to give a presentation named 'Integrated Commissioning Intentions – Public Health'.

The following points were highlighted in the presentation:

- Needs assessment and issues informing commissioning intentions
- Emerging priorities for commissioning and strategy in 2014/15
- New strategy, pathways, services or programmes expected to be in place in 2014/15

The Chair commented that there was a real shift to prevention, which was helpful. Public Health was having an impact in the Council, such as their role in the development of the Economic Strategy, Placemaking Plan and similar.

The Board welcomed the Director of Public Health (DPH) awards scheme.

Paul Scott said that the DPH awards scheme was on-going scheme. The scheme had been working with schools and early years services, in order to promote the health and wellbeing of children.

The Chair requested a report on the Director of Public Health award for one of the future meetings of the Board.

The Chair invited Dr Ian Orpen and Tracey Cox to give a presentation named 'The Road ahead - Plan for 2014-15 & 5 year plan development'.

The following points were highlighted in the presentation:

- CCG's refreshed strategic objectives
- Commissioning intentions for 2014/15 (available on the CCG's website)
- New Urgent Care Service Arrangements
- New Maternity Service Arrangements
- Embed Community Cluster Model
- Future of the Royal National Hospital for Rheumatic Diseases
- New and continuing service arrangements
- Other developments
- Other potential service developments
- Procurements
- A call to Action

- Everyone Counts 2014/15 to 2018/19
- CCG Development of its 5 year plan

The Chair welcomed the level of detail received in presentations so far and acknowledged the scale and pace of the work that would have to be completed in a very short timescale.

The Chair invited Douglas Blair to give a verbal update on behalf of the NHS England.

Douglas Blair highlighted primary care responsibilities for the NHS England. Primary care role would expand in near future. The GP contract would be revised for the next year, with expectations of having an accountable GP for over 75s. Commissioning of the primary care would need to link on local requirements, local needs.

Douglas Blair also informed the Board about arrangements around the future delivery of primary care, especially in terms of the funding stream, buildings, electronic prescriptions, IT systems and similar.

The NHS England would also continue to commission some elements of public health screening and immunisation, and for some elements of specialised services.

The Chair asked what would be the HWB's role in terms of the local GPs, and how would they fit in local strategies.

Douglas Blair responded that the Board, and the NHS England, would need to be a part of the local Health and Wellbeing Strategy, rather than picking up on particular parts of the NHS England commissioning.

Councillor Dine Romero asked about the impact of growing number of children and young people on Call to Action. Councillor Romero commented about possible health visitor need for growing number of military personnel and whether that was something to think of. Councillor Romero also asked if health visitor for over 75s would be a different health visitor.

Tracey Cox responded that health visitor for elderly would have a different job description. The CCG had been monitoring the Joint Strategic Needs Assessment figures on regular basis, and increase in number of children and young people in the area was not an issue.

Douglas Blair said that armed forces commissioning was responsibility of the NHS England.

John Holden welcomed to 5 year Strategy from the CCG and said he would be looking forward for its delivery. John Holden felt that the current dispensation of the primary care, where an area team commission primary care, would not be sustainable.

It was **RESOLVED** to note presentations and verbal updates.

It was also **RESOLVED** to receive a report on the Director of Public Health award for one of the future meetings.

40 **HEALTH AND WELLBEING CONSEQUENCES OF DOMESTIC ABUSE - A MULTI-AGENCY CONVERSATION (35 MINUTES)**

The Chairman invited Andy Thomas to give a presentation to the Board.

The following points were highlighted in the presentation:

- Definition of domestic abuse
- Graph showing types of alleged abuse experienced by domestic abuse related referrals to Adult Safeguarding in B&NES (March 2011-2013)
- Health and vulnerability issues of the domestic abuse referrals to Adult Safeguarding in B&NES (March 2011-2013)#
- Domestic abuse and health
- Focus groups findings 2013-14
- An Opportunity - Public Service transformation
- Links with other projects and initiatives
- IRIS - Identification & Referral to Improve Safety
- IRIS - Bristol
- IRIS GP surgeries and the number of referrals received by different GPs in each practice (Jan-Jun 2013)

*A full copy of the presentation is attached to these minutes.*

The Chair invited Ronnie Wright to update the Board on the Health and Wellbeing Network meeting held earlier in the day.

Ronnie Wright said that discussions held earlier in the day were quite productive and involved representatives from over 30 organisations.

Ronnie Wright commented that three key areas had been highlighted at the meeting:

- Raising Awareness
  - Best Practice



- Training
- Domestic Abuse Champions
- Co-ordination
- Information
- Networking
- Knowledge and understanding
  - Research
  - Vulnerability to abuse
    - Mental Health
    - Disability and Learning Difficulties
    - Child victims of sexual abuse
  - Building a profile of potential victims
- Isolation
  - Geographical
  - Culture
    - Communities
    - BME
    - Armed Forces

The Chair thanked Andy Thomas for the presentation and Ronnie Wright for a feedback from the session held this morning. The Chair highlighted a need for collaboration between organisations in order to prevent people fall through the gap.

The Chair invited Sue Mountstevens (Police and Crime Commissioner) to comment on the subject of domestic abuse.

Sue Mountstevens said that Domestic Abuse was one of the priorities for the Police and Crime Plan. Sue Mountstevens valued what had been discussed today but one of the key points was to prevent people fall through the gap, and that there was far too much work in silos. Sue Mountstevens felt that all partners and organisations would need to work together and share their findings.

Sue Mountstevens was slightly concerned that victims of domestic abuse were not coming forward in expected numbers. Health and wellbeing had been a key player on this matter considering that victims were far more confident talking to their GPs.

Sue Mountstevens was also supportive of IDVAs (Independent Domestic Violence Advisors) in A&E, who were, in particular, helping young people which were victims of domestic abuse. Early intervention was a key in preventing people being abused and re-victimised.

Robin Cowen (Local Safeguarding Adults Board) said that there was a slight overlap between the agendas in Adult Safeguarding and what had been discussed at networking meeting today about Domestic Abuse. Robin Cowen welcomed that this subject had been on more than one agenda though the language and culture were different and people had not been looking into this matter enough and in a right way. The level of awareness was low in some instances and there was quite a lot of work to be done. People should not lose a momentum on this matter.

Robin Cowen suggested that Chairs of the Health and Wellbeing Board, Local Safeguarding Adults Board, Local Safeguarding Children Board and Responsible Authorities Group should meet annually to make sure that the agenda was lined up and that there were no duplications.

The Chair welcomed a suggestion from Robin Cowen for annual meeting between various Chairs. The Chair also said that one of the HWB's top priorities was reduction of health and wellbeing consequences of domestic abuse.

Dr Ian Orpen recognised that GPs had pivotal role in recognising domestic abuse. Dr Orpen welcomed the IRIS project and recognised the need of raising the awareness for domestic abuse. The domestic abuse had been regularly debated at monthly GPs' forums.

Ashley Ayre commented that networking session held this morning had been interesting. One of the things that could be looked at was whether or not incidents that had happened could be mapped and then discussed with the CCG on how this might link with GP, i.e. to compare one practice where there were a lot of incidents against a practice with fewer incidents.

Councillor Katie Hall also welcomed the networking session held earlier today. Councillor Hall highlighted part that GPs could play in terms of awareness. IRIS project in Bristol was something that should be looked at closely.

Tracey Cox commented that all agencies should maximise their opportunities to raise a profile and awareness on this matter. For instance, supermarket shelves could be excellent places to profile an awareness of domestic abuse and provide the public with useful information, contact, etc.

The Chair welcomed a point from Tracey Cox.

It was **RESOLVED** to:

- 1) Restate the cross-partner importance of addressing domestic violence and abuse as priorities of the Health and Wellbeing Board and the Community Safety Partnership.
- 2) Note that the Board is particularly committed on the need to focus on early intervention.

- 3) Note the referral mechanisms relating to domestic violence and health services, in particular the IRIS scheme, and to consider the PCC's Community Fund as one of potential resources for future applications.
- 4) Agree with a suggestion that Chairs of the Health and Wellbeing Board, Local Safeguarding Adults Board, Local Safeguarding Children Board and Responsible Authorities Group should meet annually to make sure that the agenda was lined up and that there were no duplications.

**41 BATH AND NORTH EAST SOMERSET AUTISM STRATEGY AND SELF EVALUATION 2013 (10 MINUTES)**

The Chair invited Jane Shayler to introduce the report.

The Chair thanked Andrea Morland and Mike MacCallam for leading on this work and to all who contributed to this work. The Chair said that the work on autism had involved people with autism, carers and social workers and that he was really pleased with the outcome.

Ashley Ayre said that the training had been marked as red, although there were two special schools with beacons for autistic spectrum disorder (Fosseway School and Three Ways School) which could be involved in future provision of training.

Paul Scott asked about the waiting period following the completion of the self-evaluation assessment.

Andrea Morland (Commissioning Manager for Mental Health) responded that waiting period would be up to 18 weeks from completion of the self-evaluation assessment.

It was **RESOLVED** to note the report.

**42 BATH AND NORTH EAST SOMERSET CHILDREN AND YOUNG PEOPLE'S PLAN (10 MINUTES)**

The Chair invited Ashley Ayre to introduce the report.

It was **RESOLVED** to note the draft Children and Young People's Plan (CYPP) 2014-2017.

The meeting ended at 4.45 pm

Chair .....

Date Confirmed and Signed .....

**Prepared by Democratic Services**

## Health & Wellbeing Board

### Integrated Commissioning Intentions – Children and Young People

January 2014

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### Needs Assessment informing the integrated commissioning intentions

- » Joint Strategic Needs Assessment (JSNA)
- » Analyses of feedback from current commissions across the Local Authority and the CCG in B&NES
- » Needs assessments completed around 2013/4 re-commissions
- » Consultation on the priorities for the draft Children and Young People's Plan 2014/17
  - » Pupils Parliaments – Primary & Secondary June 2013
  - » Parent and Carer Consultations June –September 2013
  - » Children's Society – targeted consultation
  - » Children Trust Board stakeholder event –November 2013
- » SHEU – School Health Education Unit 2013
- » Feedback from the third and voluntary sector

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### Emerging Priorities for the CYPP 2014/7 to influence commissioning intentions

- » Recognising and managing risk
- » Helping children to be a healthy weight
- » Improved emotional well-being and resilience for children and young people
- » Reduced rates of alcohol/substance misuse
- » Improved support to families with complex needs
- » Improved skills, education and employment
- » Reduce the health consequences of domestic violence
- » Support for children and young people with SEN, disabilities and lifelong conditions (SEND)
- » Integrated support for young people at transitions
- » Reduced educational inequalities for key groups of children/young people:
  - » Children in need/protection/care and care leavers
  - » Children on free school meals
  - » BME
  - » Young Carers
  - » SEN

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### Specialist commissioning Intentions (Health) 2014/5

- » Virtual WARD
- » Improved support for children and young people with emotional health needs-ASD/ADHD Review
- » Improved support for children and young people who have unmet needs in the community- business cases for increased investment/quality improvement
- » Improved support for children/young people with complex health needs- Continuing Care manager to be appointed
- » Safeguarding standards reviewed
- » SEND: reform of education, health, social care planning
  - » Local offer of services 0-25
  - » Co-ordinated assessments 0-25
  - » Integrated plans 0-25
  - » Personal budgets

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### Specialist commissioning Intentions 2012/3 : re-commissioning in process, contracts to be awarded in 2014

- » Short-break services for children and young people with disabilities 0-19
  - » Targeted and complex need level
  - » Incorporated personalization and SEND reforms
  - » One service extended to 21 to address transitions concerns
  - » New in-home respite service for children meeting continuing care criteria
- » Participation of the most vulnerable groups in services:
  - » Children on child protection plans
  - » Children in care (in care council)
  - » Children with a disability and transitioning into adulthood
  - » Primary/Youth Parliaments and Youth Democracy
- » Independent visitor service (for children in care)
- » Voluntary sector network

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### Preventative Commissioning Intentions 2012/3 : re-commissioning in process, contracts to be awarded in 2014

#### Preventing Youth Offending service

Targeted early intervention and support for vulnerable young people identified at risk of offending. Will work closely with Attendance and Behaviour panels, schools, children's social care and other services for young people. Aim is to prevent young people from offending and to sustain crime free lives. Currently provided through a mentoring service.

#### Nurture Outreach service

This will be a new service to pilot an outreach service model as part of the nurture pathway to support children with emotional and behavioural difficulties in primary school. This pilot will inform longer term commissioning.

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**Opportunities for integrated commissioning in 2015/6****Specialist commissioning**

- » Advocacy for children in need
- » Young Peoples substance misuse
- » Adoption support services
- » PCAMHS/CAMHS services
- » Community Health services

**Preventative Commissioning**

- » Community Play services
- » Children Centres and Early Support Services
- » 0-11 preventative services for children missing education
- » Youth Service
- » 11-19 youth offending services
- » Autistic Spectrum Disorder Support Service
- » Behaviour Support and alternative education service
- » Specialist Family Support Service

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- » Public Protection/Health Improvement Service
- » Director of Public Health Settings (early years/schools/colleges)
- » Passport to health Community Activities/Food in education settings
- » Healthy Lifestyles Services

**Adult services commissioning**

- » Opportunities for improved commissioning against the pathways, integration, value for money and improved outcomes

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Adult Care & Health**

January 2014

Bath and North East Somerset – *The place to live, work and visit***Needs Assessment informing commissioning intentions:**

- » Joint Strategic Needs Assessment (JSNA)
- » Analyses of feedback from current commissions across the Local Authority and the CCG in B&NES
- » Supporting People & Communities commissioning programme themed reviews
- » Service user feedback
- » Targeted stakeholder engagement events
- » Review and analysis of activity/referral information, including adult safeguarding and Deprivation of Liberty Safeguarding (DOLS) referrals
- » Service mapping, gap analysis and draft Market Position Statement
- » National policy changes resulting in changes in entitlements (eg Care Bill, SEND Reform)
- » Research and evaluation (local, national or international) resulting in changes to best practice
- » Consultation on the priorities for the Health & Wellbeing Strategy; Dementia Action Plan; Autism Strategy and other key plans/strategies

Bath and North East Somerset – *The place to live, work and visit***Emerging priorities influencing current and future commissioning intentions (in addition to those set out in current strategies including the Health & Wellbeing Strategy):**

- » Shifting resource "upstream" to prevention and early intervention to achieve a more sustainable health and social care system in the face of demographic change
- » Need to address specific/immediate pressures in relation to increased referrals/activity especially in relation to adult safeguarding and DOLS
- » Council Medium Term Service & Resource Plan 2013/14-2015/16 and, specifically, savings targets for 2014/15 and 2015/16
- » Meeting the statutory requirements of the Care Bill, which comes in to force in 2015/16, including advice, information and support to self-funders and establishment of "care accounts" as well as increased entitlements for carers
- » Support for children and young people with Special Educational Need, disabilities and lifelong conditions (SEND) including integrated support for young people at transition to adulthood

Bath and North East Somerset – *The place to live, work and visit***Re-commissioning in process, contract award (if relevant\*) and/or service in place in 2014/15:**

- » Advice & Information, including financial wellbeing
- » Diagnostic, Assessment, Information and Advice Service for adults with Autistic Spectrum conditions
- » Supported accommodation for people with autistic spectrum conditions and/or low level mental health problems
- » Housing related support for people with complex needs
- » Facilitation of engagement and communication with providers and other stakeholders via networks
- » Adult social care pathway redesign and expansion of reablement service

\* sometimes, re-commissioning can involve pathway or service redesign & it is not necessary or appropriate to re-tender

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**Re-commissioning in 2014/15, contract award (if relevant\*) and/or service in place in 2015/16- 2016/17:**

- » Community Services (health, social care and public health)
- » Independent Living Service
- » Advice, information and support for self-funders (requirement of Care Bill)
- » Advocacy services for adults with learning disabilities
- » Partnerships and engagement service for adults with learning disabilities
- » Direct Payment support service
- » Carers support service
- » Continuing Health Care and Emergency Domiciliary Care Services

\* sometimes, re-commissioning can involve pathway or service redesign & it is not necessary or appropriate to re-tender

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**Health & Wellbeing Board**

**Integrated Commissioning Intentions – Public Health**

**January 2014**

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**Needs assessment and issues informing commissioning intentions**

- Local residents needs, identified through the Joint Strategic Needs Assessment (JSNA) [www.bathnes.gov.uk/JSNA](http://www.bathnes.gov.uk/JSNA)
- Local wellbeing priorities, set out in the Health and Wellbeing Strategy and the Annual Report of the Director of Public Health (DPH)
- Learning from local reviews during 2013/14, including an external assessment of our work on tobacco control and a council inquiry day on alcohol harm reduction.
- New evidence and policy emerging on key public health issues during 2013/14 and a review of local service provision for gaps or opportunities to improve quality
- In the future we expect Healthwatch to provide increasingly important information
- Partner's needs for public health evidence analysis and advice

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**Emerging priorities for commissioning and strategy in 2014/15**

- Implement the priorities arising out of key local needs assessments, strategies and reviews
- Influence the wider work of B&NES council to impact on the social and economic determinants of health and health inequalities
- Shifting investment from treatment to prevention
- Develop a shared work programme with colleagues in the council and other local and regional partners
- Meet our obligations to commission a range of specified public health services
- Support our Clinical Commissioning Group partners with public health information and advice in delivering their services

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**New strategy, pathways, services or programmes expected to be in place in 2014/15**

- Tobacco control strategy and action plan agreed and implementation underway
- Refresh healthy weight and physical activity strategies
- Progress delivery of the public health priorities within the Health and Wellbeing Strategy (including child obesity, alcohol, mental health, healthy and sustainable places)
- Agreed work programmes in place with partners in the council and neighbouring organisations
- New Contraception and Sexual Health service contracted by October 14
- Increase uptake of Health Checks across B&NES, with greater increase in areas of low uptake and higher risk of vascular disease
- A range of programmes to support mental wellbeing and reduce the risk of self-harm

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**The Road ahead**  
**Plan for 2014-15 & 5 year plan development**  
 Health and Wellbeing Board  
 29th January 2014  
 Healthier, Stronger, Together

### 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



### Commissioning Intentions for 2014/15

- Available on the CCG's website:-

[www.banesccg.nhs.uk](http://www.banesccg.nhs.uk)



### New Urgent Care Service Arrangements



- Urgent Care Centre, Out of Hours and Homeless Service
- Mobilisation, 1<sup>st</sup> April 2014



### New Maternity Service Arrangements



- Mobilisation of new maternity services contract, 1<sup>st</sup> June 2014



### Embed Community Cluster Model

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



### Future of RNHRD Services

- Working with Monitor and the RNHRD to ensure continuity of service provision





### New and continuing service arrangements

- Dementia Challenge Fund Projects
  - Sirona Care & Health Technology Libraries
  - RUH and community dementia care pathway
  - Curo: Rural independent Living Support Service
  - Carer's Centre and Age UK: home from Hospital Service
  - AWP care Home Support and Assessment Service

### Other Developments

- Personal Health Budgets from 1<sup>st</sup> April 2014
- Implementation of Health Visitor role for gypsies, travellers and boat people
- Development of integrated diabetes services (acute, community and primary care)

### Other potential service developments

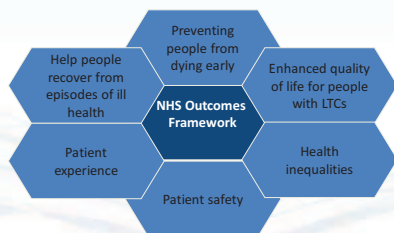
- Referral Management Support Service
- Review of outcomes of winter pressure projects
- Review of Clinical Care Pathways
  - Ophthalmology
  - Pain services & back pain pathway
  - Fibromyalgia

### Procurements

- 2014/15**
  - Adult Continence Services
  - Community Deep Vein Thrombosis Service
  - Audiology Services
  - Well-being College
- 2015/16**
  - Community Health & Social Care Services
    - Preparatory work
    - Future service models

### Our Understanding - A Call to Action

A 'Call to Action' captures the quality outcomes that NHS England require commissioners to achieve locally. It also provides insight into the challenges and opportunities that lie ahead for the NHS nationally, and locally.



### A Call to Action



## A Call to Action



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Clinical Commissioning Group

## Everyone Counts 2014-15 to 2018/19

### Plan Components for CCGs

- 5 year Strategic Plan
- 2 year detailed Operational Plan
- Financial Plan
- Better Care Fund Plan

 Bath and North East Somerset  
Clinical Commissioning Group

## CCG Development of its 5 year Plan

- **10<sup>th</sup> February** – Strategic Advisory Group of H&WB to look at Better Care Fund
- **12<sup>th</sup> February** – 1<sup>st</sup> Stakeholder workshop with providers
- **March & April 2014** – wider public engagement events
- **26<sup>th</sup> March** – Health and Well-being Board review of the CCG's plan

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Somerset Clinical

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Clinical Commissioning Group

**Thank you!**  
**Any questions?**

*Healthier, Stronger, Together*

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## Domestic abuse – A conversation with the Health and Wellbeing Board

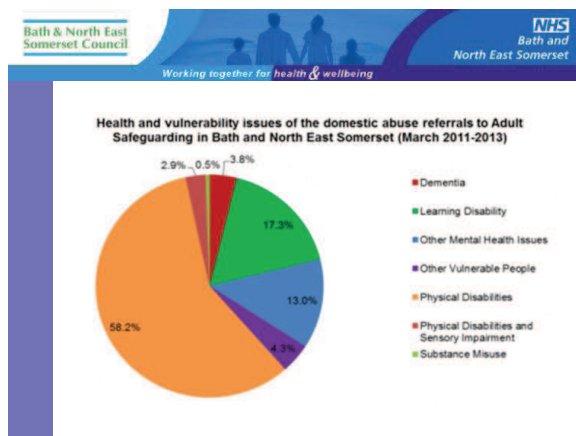
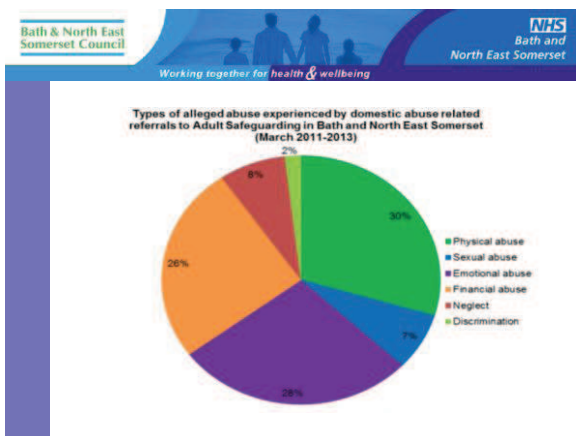
Andy Thomas  
Group Manager - Partnership Delivery  
Bath & North East Somerset Council

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### Definition of domestic abuse March 2013

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional



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## Domestic abuse and health

- Domestic abuse & health needs**
  - Over **6,000** victims p.a.
  - Victims are **3x** more likely to have mental health needs
- In practice**
  - Between 2009-2011
    - 10** hospital admissions
    - 0** A&E admissions
    - Were recorded
  - 9** referrals to specialist services from A&E
  - Victims **would prefer to speak to GPs** compared to all other services



64%

- of probation offenders have alcohol misuse issues

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## Focus groups findings 2013-14

- We heard domestic abuse damaged confidence, self-esteem and health
- We heard how hard it is take the first step and tell someone about what they are going through
- We heard a desire for help in guiding through the entire journey, particularly for low and medium risk victims
- We heard that people would value discussions with GPs, but recognise the pressure that they are under

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## An Opportunity - Public Service Transformation

- An opportunity for partners to identify a “whole system” approach to further improve and join-up services as well as invest “upstream” in prevention and early intervention in order to reduce harm.
- Local Safeguarding Adults Board is scoping the opportunities and benefits for developing a Multi-Agency Safeguarding Hub
- PCC Integrated Victims Strategy

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## Links with other projects and initiatives?

- Bath and North East Somerset Local Safeguarding Adults Board scoping the opportunities and benefits for developing a Multi-Agency Safeguarding Hub
- PCCs, work with partners to develop a ‘whole system’ approach to victim care Draft Integrated Victims Strategy has been produce

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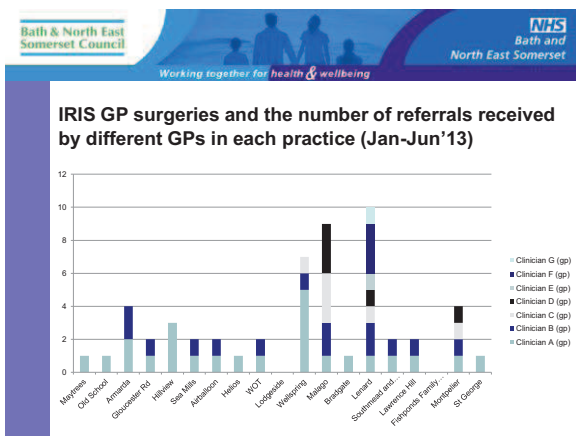
### IRIS – Identification & Referral to Improve Safety

- General-practice based project with health and the third sector working in partnership to improve the health care response to DVA
- Provides in-house training and support to practice teams encouraging them to respond, refer and record
- Provides referral and advocacy for patients with experience of DVA and care pathways for victims and perpetrators
- Showed positive results in both identification and referral during a randomised controlled trial and is cost effective (NHS and societal cost savings)
- Is commissioned in 13 areas of England, 4 in Scotland and 1 in Wales

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### IRIS – Bristol

- Commissioned by Public Health since 2009
- 1 full-time, specialist IRIS advocate-educator at Next Link
- 29 practices trained; 18 actively referred patients in 2013
- 103 referrals during 2013
- Offering practical and emotional support
- *“Our referred patients receive extremely responsive support and follow up. I have been impressed by how the IRIS service encompasses a whole range of help...I have spent much less time (and resources) on investigating “medically unexplained symptoms” as the underlying issues for my patient are finally understood.”*  
Bristol GP in an IRIS DV Aware Practice



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