HEALTH & WELLBEING BOARD

Minutes of the Meeting held

Wednesday, 21st January, 2015, 10.00 am

Councillor Paul Crossley	Bath & North East Somerset Council
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
Jo Farrar	Bath & North East Somerset Council
Diana Hall Hall	Healthwatch representative
Ronnie Wright	The Care Forum
John Holden	Clinical Commissioning Group lay member
Tracey Cox	Clinical Commissioning Group

Co-opted Non-Voting Member:

Julia Davison	NHS England - Bath, Gloucestershire, Swindon and Wiltshire Area Team

61 WELCOME AND INTRODUCTIONS

Dr Ian Orpen informed the meeting that he would Chair this meeting of the Board according to co-Charing agreement approved at the last Board meeting.

The Chair welcomed everyone to the meeting.

62 EMERGENCY EVACUATION PROCEDURE

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

63 **APOLOGIES FOR ABSENCE**

Pat Foster had sent her apologies for this meeting. Ronnie Wright (Healthwatch) was her substitute for this meeting.

64 **DECLARATIONS OF INTEREST**

There were none.

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

The Chair informed the meeting that he had agreed to include a briefing (attached to these minutes) from Council officers regarding a response to the recent pressures at the RUH and the fact that £325,000 had been awarded in extra money to support social care.

The Chair suggested that the Board should consider this document under 'Commissioning Intentions' agenda item rather than at this point of the meeting.

The Board agreed to consider this document as part of the 'Commissioning Intentions' item.

Urgent Care Pressures

66 **PUBLIC QUESTIONS/COMMENTS**

There were none.

67 **MINUTES OF PREVIOUS MEETING**

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

68 **YOUR SAY ADVOCACY NETWORK UPDATE (30 MINUTES)**

The Chair invited Kirsty Mann and Kate Hurden from 'Your Say Advocacy' and Mike McCallum to give the presentation to the Board.

The Board welcomed the presentation. Members of the Board had felt that work of the Your Say Advocacy Network with people who had learning disabilities had been quite inspirational.

Bruce Laurence asked what would be key messages from the Your Say Advocacy to the Board.

Kirsty Mann replied that people with learning difficulties had experienced everything

that any other vulnerable group had been experiencing but they do have different needs. For instance they would need more time at the GP to fully understand what they were told.

Dr Orpen commented that an issue of GP appointments for people with learning difficulties was a valid point.

Councillor Crossley commented that the new library in Keynsham had had positive feedback from the Network and asked if there had been any other development work across the area where the Network could be involved.

Kirsty Mann replied that there were other developments across the area in which the Network could have an input.

Councillor Allen commented that the Board should receive regular updates from the Network on their partnership conversations.

Jo Farrar commented that she was pleased that the Network had been involved in the new development in Keynsham and, as a result of that, they were invited to become Partners in the One Stop Shop.

Councillor Romero asked if the Network had been involved in consultation run by the Council.

Kirsty Mann responded that the Network would want to be involved in consultations run by the Council. Kirsty Mann added that the One Stop Shop in Keynsham was a good example how the Network were involved from the beginning of development.

Ashley Ayre asked if the Network had had any links with the special schools and colleges.

Kirsty Mann responded that the Network had had link with the main learning disability special needs school though not with mainstream schools. Kirsty Mann added that there have been some links with colleges but not as strong as the Network would want to have.

Ronnie Wright suggested that the Network should get in touch with the Healthwatch who could amplify their messages on their website and also on their networking events.

Dr Orpen invited the Network to give a presentation to the CCG Board. Kirsty Mann took that offer on board.

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

69 **MAKING IT REAL IN BATH AND NORTH EAST SOMERSET (15 MINUTES)**

The Chair invited Wendy Sharman (Transformation & Strategic Planning Manager) to give the presentation to the Board.

Wendy Sharman highlighted the following points in her presentation:

- What is Personalisation?
- What does Personalisation mean to us?
- Making it Real
- Markers for Change
- Risk enablement – feeling in control and safe
- Making it Real in Bath and North East Somerset
- Our proposal

A full copy of the presentation is available on the Minute Book in Democratic Services.

Tracey Cox commented that 'Making it Real' action plan appears to have massive agenda and asked if conversation with commissioners and large providers took place.

Wendy Sharman responded that the CCG B&NES, together with the Council, had supported the application. Wendy Sharman also said that draft programme structure and action plan for 'Making it Real' would be communicated with large area providers, like Sirona and the RUH Bath.

Councillor Allen supported 'Making it Real' action plan. He added that the proposed structure for B&NES would result in fully embedding co-production and the principles of 'Making it Real' throughout the decision making processes of Bath & North East Somerset Council Adult Social Services. It would do this by eventually establishing a 'Making it Real Implementation Group' supported by working groups. The Implementation Group would sit alongside the Care Act Implementation Board and would share a number of work streams with that Board.

Bruce Laurence and Tracey Cox commented that there should be caution on the aspiration of the 'Making it Real' action plan. Wendy Sharman replied that it was good to set high goals in order to motivate ourselves and others.

Ronnie Wright commented that the Healthwatch, together with Wendy Sharman and her team would talk more about the Personalisation and 'Making it Real' plan.

It was **RESOLVED** to endorse:

- The commitment to Making it Real
- The proposal to develop a 'Making it Real' action plan
- The principles of co-production which this will entail
- The draft programme structure and draft action plan

The Board **RESOLVED** to receive six monthly progress reports.

70 **ANNUAL COMMISSIONING INTENTIONS (35 MINUTES)**

The Chair invited the following officers to give their presentations (as per attached report):

- NHS England – Julia Davison

- B&NES Council – Jane Shayler
- B&NES CCG – Tracey Cox
- Public Health – Bruce Laurence

John Holden commented that he was very encouraged with presentations. John Holden noted that Tracey Cox had said that commissioning intentions had gone to providers by end of November 2014, which seemed to be consistent with ordinary process to get things in place by April 2015, though he wasn't quite sure when the material from the NHS England had been received. If material was received in December 2014, how could the CCG encompass items from the NHS England presentation?

Tracey Cox replied that the guidance did not come out until 23rd December. However, the CCG always caveat commissioning intentions for that subsequent guidance that was likely to be issued. The good thing was that there were only few surprises with new guidance, and everything else has been pretty much expected.

Councillor Allen welcomed increased focus on mental health and also that care and quality within the urgent care system had been maintained. Councillor Allen added that the most positive thing was joint commissioning of primary care between the Council and CCG.

Jo Farrar said that she was pleased with comments from Julia Davison that B&NES had been setting directions for other places in the UK. Jo Farrar said that the Board should receive a report in near future on why we do work well and how we would take that to the next level, from strategic point of view.

The Chair agreed with the comment from Jo Farrar and supported her suggestion for a report on why do we work well in comparison to others.

It was **RESOLVED** to note the presentation and to receive a report on why we work well in comparison to other authorities.

71 HEALTHWATCH B&NES: MAKING EVERY CONTACT COUNTS (10 MINUTES)

The Chair invited Ronnie Wright to introduce the report.

It was **RESOLVED** to note the outcomes of the meeting.

72 PUBLIC HEALTH ANNUAL REPORT (5 MINUTES)

The Chair invited Bruce Laurence to introduce the report.

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

73 LOCAL SAFEGUARDING CHILDREN'S BOARD UPDATE (15 MINUTES)

The Chair invited Reg Pengelly (Independent Chair of the Local Safeguarding Children's Board - LSCB) to introduce the report).

Ashley Ayre complemented Reg Pengelly as the Chair of the LSCB. Ashley Ayre also said that there had been an ongoing work on recruiting lay members of the LSCB. The LSCB had worked very hard on ensuring clear accountability.

Ashley Ayre also informed the Board that Reg Pengelly had been appointed as the Chair of the Local Safeguarding Adult Board.

Councillor Allen commented that independence of the LSCB was important and that it should stay as independent body.

Councillor Romero suggested that Reg Pengelly should provide further update to the Health and Wellbeing Board at one of the future meetings.

It was **RESOLVED** to note the report and to receive further update regarding the work of the B&NES Local Safeguarding Children Board (LSCB).

74 **TWITTER QUESTIONS (5 MINUTES)**

The Chair informed the meeting that there had been three questions from Twitter.

NOTE: Questions from Twitter had been asked without prior notice so responses from the Board were provided at the meeting.

1. @AnalogueAndy asked *'#ZeroSuicide in the news. More than 4,700 deaths in 2013. What does the Board think it needs to do?*

   Bruce Laurence, Director of Public Health, said:

   'The work done in Detroit was very strong and I have read about it in some detail, but there is a significant difference in that the target was reached there not in the whole population of the city but in a section of the population enrolled in a particular health insurance scheme which will therefore exclude some of the most needy and vulnerable who aren't covered and that will also ensure that everyone is known to services. The NHS has responsibility for the whole population including the most vulnerable and needy and some who will not be known to any services. But the work done there is impressive and we can try to learn from it.

   Suicide is a major problem and there is some evidence that it increases in times of economic stress. To a large extent suicide is an indication of long term and exceptional stress, but sometimes it can be more impulsive with much less reason to suspect that there might be a danger.

   Suicides are tragic to the families affected and we treat every suicide seriously and audit to see if each suicide could have been avoided.

   Sometimes people are in contact with services but often, in maybe around half of cases, they are not so to manage suicide is not just about picking up and managing risks among those who come to the attention of services, but also about looking at the health and wellbeing and particularly mental health of all residents.

This then brings in contributions of many, starts with good early years development and support to young families, education and training, jobs and benefits, housing and therefore this involves all of our services state, voluntary and indeed society as a whole.

We know that loneliness and social isolation are important and paradoxically the connectivity of the internet has negative as well as positive influence. It can create strong supportive relations and networks that protect people from stress and isolation but can also allow bullying and there are websites that actively encourage dangerous behaviour.

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It involves some of what we have heard this morning about personalised care and the idea that people need control of the support that they get to best meet their needs. Perhaps one of the most important things that the Detroit experience has shown is the power of coordinating different services around individuals thought to be at high risk.

Some of the more specific areas where we are strengthening services that impact on mental health are the increased access to talking services for people who have anxiety and depression, drug and alcohol treatment services and the wellbeing college which has been mentioned already and that is designed to be a strong entry point through which people can be engaged in a discussion and pointed to all the already existing services.

One final point is that it isn't always clear that people, and especially young people, always understand how dangerous some activities are and we need to find ways to have a better dialogue with young people around this to make them aware of danger without doing anything to promote what we are seeking to avoid, which is quite a challenge to us.

We have a suicide strategy that tries to pull these diverse threads together.

Meanwhile we will continue to look at each suicide and learn lessons that might help for the future.

I am not sure that we can really achieve zero suicides and we have had targets over the years to concentrate minds and efforts, but it is a noble aspiration and we must always be aiming to reduce rates to the minimum.

2. @AnalogueAndy asked *'Active travel, walking and cycling have key role to play in prevention. What is the Board doing to support it?'*

   Jo Farrar, B&NES Council Chief Executive said:

   '*The Board is very aware and encourages active lifestyles, as you can see from the Health and Wellbeing Strategy and, as a Council who works with partners around this table, we use that Strategy to develop important provision for the local area. To give two examples – one is our Fit for Life Strategy, which is our leisure strategy. We are soon to re-commission our Leisure Services which promotes walking and cycling as a way to keep fit and remain healthy; another strategy is the Transport Strategy for Bath, which we just consulted on and where we have put on big emphasis on walking and*

cycling and recognising Bath as a city known to be good to walk around. We will soon be expanding the Transport Strategy and we will be looking at the Keynsham area and then the wider North East Somerset area.'
Dr Orpen added *'Study showed that 20 minutes of walking each day could have a significant impact on your health and wellbeing*'.

3. @AnalogueAndy commented *'Market testing sounds like euphemism for privatisation. Board must ensure pounds are spent as intended – not to boost companies' profits*.'

   Tracey Cox (B&NES CCG Chief Operating Officer) said:

   'The CCG and Local Authority are embarking on engagement process at the moment with our stakeholders about future of community services and we are looking at the latest what data tells us about the needs of our local people. We don't know yet what the outcome of that process will be and it is likely that it will be potentially a range of options so once we are at the end of that process we may decide that some bits of our services do need to be put out to the market for re-procurement, but we may decide that others don't. So, there is a range of potential options and outcomes and obviously, due course, we will keep the HWB informed on progress. If you think about national direction of travel, and what we want – we want capable providers that are able to integrate services, and able to provide really good quality outcomes for our patients. When we go to the market, and we test our providers, the price element is often not one of the major factors. At the CCG Board we do some preliminary work to think about relative weight and balance of all of the criteria that we will use to evaluate providers against. The money, perhaps, takes lower priority than people might anticipate.

   It isn't about the lowest cost service – it is about the right service.'

   Dr Orpen added *'To endorse that the money is not the driver; it is the quality of the service. If you have a quality service then you will get the best outcomes.'*

The meeting ended at 12.15 pm

Chair .....

Date Confirmed and Signed .....

Prepared by Democratic Services

Urgent Care System/A&E Pressures – Briefing
16 January 2015

Context

Bath & North East Somerset has been and continues to be at the forefront of bringing together health and social care in order to improve outcomes for vulnerable people. Sirona Care & Health Community Interest Company (CIC) was established in October 2011 as an integrated health and social care provider operating as a form of social enterprise. Sirona provides a wide range of care and support services, including community healthcare, children's healthcare, public health services and adult social care services, including the Adult Social Work service.

Bath & North East Somerset also has integrated commissioning of health, social care and public health. Established in 2009, integrated commissioning is continuing under a Joint Working Agreement between the Council and BaNES Clinical Commissioning Group (CCG). The integrated team is co-located and in mobilising a local response to the current pressures in the urgent care system this has been an important enabling factor. The Director of Commissioning Adult Care & Health is jointly accountable to the Council and CCG, sits on the System Resilience Group and is one of those who acts as Director on Call for the CCG. The Director of Commissioning's portfolio includes a wide range of health and social care services, including the Council's statutory Social Work function.

Local Response to Urgent Care System Pressures

- Particularly relevant services and support put in place to manage the system more generally and over the winter period include:
    - Significant expansion of the integrated reablement service, which includes Social Work, therapy services, health and social care workers provided by Sirona; and intensive domiciliary care service provided by Domiciliary Care Strategic Partners (four);
    - Redesign of the social care pathway to focus on supporting and safeguarding older and vulnerable people to remain independent through timely interventions that contain, stabilise, decrease and/or de-escalate emerging risk, care and support needs and, also, avoid unnecessary admission.
    - Community Cluster Team model delivering integrated multi-disciplinary approach from virtual teams aligned to the five primary care practice clusters.
    - Step-down accommodation, care and support to facilitate hospital discharge.
    - Intensive home from hospital support delivered through a partnership between Age UK and Care & Repair HIA (Home Improvement Agency).
    - National award winning Independent Living Service, which includes a specific service providing targeted support to people with dementia living in rural areas and their carers (identified as a specific need in Bath and North East Somerset).
    - Additional support for carers to enable them to have both a family and community life and support them to remain mentally and physically well.
    - Extended hours working (weekend and evenings) including reablement services and hospital Social Work and therapy services.
    - Mental health and alcohol liaison based in the hospital.
    - Enhanced Primary Care Support to nursing homes, which is now being extended to residential care homes.

- Specialist mental health pre-crisis/respite beds in the community.
- Wellbeing College Pilot to increase the capacity of the local community in self-management of long term conditions.
- Expansion of the Social Prescribing Service (previously piloted in one geographical area) to enable clinicians and health workers redirect
- 'Hospice at Home' initiative provided by Sirona in partnership with Dorothy House Hospice.

- Examples of extra action taken over the past 2-3 weeks all under the umbrella of B&NES System Resilience Group, 'commissioned' by the integrated commissioning team:
  i. Establishment of an "Escalation Rapid Response" team at the Royal United Hospital (RUH) and put in place in 24-hours with agreed governance protocols. Team Comprising Hospital Social Work Team Manager (Sirona is the provider), RUH and Sirona Discharge Liaison Managers, Commissioning & Contract Officers with details of current residential and nursing care home placements. The team reviewed, together, patient lists (DTOCs and "Green to Go") to agree and put in place discharge plans. To support this, Residential and Nursing Care Home providers deployed (with funding from CCG) additional nursing capacity to expedite assessments in the RUH and Community Hospitals and manage moves to the appropriate care home placement.
  ii. Sirona shifted additional capacity, including Social Workers and Therapist at the Royal United Hospital (RUH) to facilitate urgent assessments, including over the weekend, to "pull" patients from the RUH into community services. Sirona is also, "holding" service users in community services who are likely, otherwise, to need hospital admission. An important element of this response has been the integrated reablement service commissioned by the Council and CCG.
  iii. Escalation Rapid Response arrangements put in place, including staff from Sirona, Domiciliary Care Strategic Partners and commissioning staff, to review service user lists and agree people who will move from Sirona provided community services, to Domiciliary Care providers in order to free capacity in Sirona to continue to "pull" from the RUH;
  iv. Escalation Rapid Response approach also taken for two community hospitals as outlined in i) above to 'free' beds in the Community Hospitals to enable discharge from RUH.
  v. Mobilising additional reablement beds to support hospital discharge. These beds have enhanced Primary Care support.

- The response set out in bullet point two has been in the context of the co-location of Council and Health commissioners and hospital discharge initiatives that are being delivered, in a number of instances, in partnership with the voluntary sector. Council commissioners, including the Director of Adult Care and Health Commissioning, have participated in daily telephone conferences. The Director was one of those providing daily SITREP reports to NHS England over the Christmas/New Year period and in this capacity does, on a rota basis, Chair the strategic teleconferences.

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