HEALTH & WELLBEING BOARD

Minutes of the Meeting held

Wednesday, 14th May, 2014, 10.00 am

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
Bruce Laurence	Bath & North East Somerset Council
Dr Simon Douglass	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	Clinical Commissioning Group lay member
Ian Biggs	NHS England

1 WELCOME AND INTRODUCTIONS

The Chairman welcomed everyone to the meeting.

2 EMERGENCY EVACUATION PROCEDURE

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

3 APOLOGIES FOR ABSENCE

Diana Hall Hall and Douglas Blair sent their apologies for this meeting. Ian Biggs (NHS England) was a substitute for Douglas Blair.

4 DECLARATIONS OF INTEREST

There were none.

5 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

There was no urgent business.

6 PUBLIC QUESTIONS/COMMENTS

Pamela Galloway (Warm Water Inclusive Swimming and Exercise Network) asked if there was a minimum period for a consultation, organised by the Council, to run. Pamela Galloway explained that the Network had been asked to feed into the 'Fit For Life' Strategy (previously known as Leisure Strategy), though they had not received any notification that the consultation started on the 1st of May this year.

The Chairman responded that an answer would be provided within 5 working days from today.

7 MINUTES OF PREVIOUS MEETING

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

8 CONNECTING FAMILIES REPORT (30 MIN)

The Chairman invited Paula Bromley (Connecting Families Manager) to introduce the report.

The Board made the following comments:

The Chairman highlighted complexity of work with families who had been involved from the start of the programme. The Chairman congratulated Paula Bromley and her team on a successful outcome of the programme so far. The Chairman asked Pamela Bromley if she had seen any blockages in the programme and whether it could be something that the Board could help with. The Chairman also asked how other organisations, such as Job Centre Plus and/or Department for Work and Pensions (DWP), had been interacting with the programme.

Councillor Dine Romero asked if the Council's Connecting Families Programme had been seen, by the Government, on shaping the national agenda considering the successful outcome of the programme so far. Councillor Romero also said that she was pleased that this programme would continue, in more-less the same formula as it was happening so far, beyond the next national and local elections.

Pat Foster commented that it would be interesting to see the phase 2 of the programme and how mental health and physical health issues would be included. Pat Foster asked about geographic spread of families which had been participating in the programme.

Paula Bromley responded that she would be happy to work with the Healthwatch. Paula Bromley also said that families were spread across the area, and not just to a

specific ‘pocket’ or Ward in the area. Services were not accessible for some areas because they were not there, or those services were far away from those families.

Paula Bromley said that working with the Job Centre Plus and DWP had been slightly difficult, though with some good outcomes which had helped the programme to become successful.

Jo Farrar commented that she was pleased with the programme which engaged families who found it hard to work with the Council in the past. The Council had been receiving constant positive feedback from the Government and this was all down to Paula Bromley and her team, who built strong relationship with a range of partners, with tendency to engage with more health service partners.

John Holden asked if there were any ways of measuring societally value of the programme and if it would possible to achieve more for less in this programme.

Paula Bromley responded that the programme had been working quite well with health visitors and other health services, with a prospect to develop stronger links with more services which would benefit the programme.
Paula Bromley also said that the team had been using some sort of mapping process in evaluating progress. The government just developed a new cost benefit analysis tool, which could be tailored locally.

Paula Bromley commented that everyone would have to be clear what the set outcomes were in terms of what the Council wanted and what the families were encouraged to achieve. Also, work in partnership with other people and organisations had been crucial.

Bruce Laurence commented that this was quite impressive work. Bruce Laurence also said that this programme would be a challenge for the Board.

Ian Biggs also praised the work of Paula Bromley and her team.

Ashley Ayre said that measuring the benefits had been one of the biggest challenges to the Council.

Ashley Ayre also said that phase 2 of the programme would need to include existing services and how this programme would engage with health services.

Ashley Ayre praised the work done by Paula Bromley and the team, and highlighted programme’s progress so far considering that there was a slow start of its implementation.

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

The Board also passed their thanks to the Connecting Families Team for the excellent work so far. The Board offered to assist the Connecting Families Team if they needed any help in future.

9 **BATH HEALTH COMMUNITY - WINTER REPORT 2013/14 (30 MINUTES)**

The Chairman invited Dr Simon Douglass to introduce the report.

The Chairman also invited Dominic Morgan (Clinical Commissioning Group), Clare O'Farrell (RUH Bath) and Helen Mee (Sirona) to give a presentation to the Board (attached as Appendix to these minutes).

The Board made the following comments:

The Chairman welcomed the presentation and said that many organisations had been working together to improve the service. The Chairman asked what plans had been put in place for January 2015.

Councillor Romero commented that mainly older population were in a need for these services and asked if there was any impact on paediatric services within urgent care.

Councillors Romero and Hall also asked about the effect that mild winter had on urgent care.

Dominic Morgan responded that there was no significant impact on paediatric unit within urgent care. Dominic Morgan also explained about planning on capacity with urgent care for older patients.

Dominic Morgan explained that despite of having mild winter this year there was still a significant demand for urgent care. The demand had been similar as it would be in winter period though not with peaks in the urgent care demand which occurred during cold snaps in previous years.

John Holden commented that some airline companies suffer significant losses during winter period, though they make significant profits during summer period, which was all part of the planned forecast. John Holden suggested that the NHS bodies should take the same approach and plan better for winter periods in terms of necessary resources rather than waiting for crisis to happen, and then react.

Dominic Morgan responded that we would have to be realistic as these systems were quite complex health care systems. The point made about business case from some airline companies was a valid. Dominic Morgan said that one of the biggest challenges had been about staffing levels during winter months. It had been quite difficult to bring the staff on just for that period of the year, because all of the staff needed to go through a proper training before they start working. The biggest challenge for all providers during the winter months was about workforce.

Clare O'Farrell commented that the RUH had received a lot of funding from the government, to deal with Urgent Care, and explained how that funding had been invested in different services for the benefit of patients.

Helen Mee explained to the Board about the work that Sirona had been undertaking in terms of the development of the Virtual Ward and Multi-Disciplinary Team. Helen Mee also said that Health Visitor for active ageing had been in place since February.

It was **RESOLVED** to note the report and presentation and to receive a further update in six months.

10 BATH AND NORTH EAST SOMERSET JOINT ANNUAL ACCOUNT 2014 (30 MINUTES)

The Chairman invited Helen Edelstyn (Strategy and Plan Manager) to introduce the report.

Members of the Board welcomed the report, in particular the layout and how it was written.

The Board unanimously agreed that the Joint Annual Account represents close working relationship between organisations in the area.

It was **RESOLVED** to agree with the Joint Annual Account 2014 and to agree with a system of Boar Member 'leads' for each Joint Health and Wellbeing Strategy priority area.

11 FIT FOR LIFE STRATEGY (PREVIOUSLY KNOWN AS LEISURE STRATEGY) (20 MINUTES)

The Chairman invited Marc Higgins (Business Development Manager) and Jameelah Ingram (Public Health Development and Commissioning Manager) to give a presentation to the Board.

March Higgins and Jameelah Ingram highlighted the following points in their presentation (attached as Appendix to these minutes):

- Vision
- Evidence Base
- What would be the Strategy contributing to
- 2017 targets
- Helping people in staying healthy
- Improving the quality of people's lives
- Creation of fairer life chances
- Four key themes in the Strategy
- Priority groups
- Procurement
- Consultation
- Proposed consultation on draft

The Board welcomed the Strategy by outlining how it correlated with the Joint Health and Wellbeing Strategy and also with the Clinical Commissioning Group 5 Year Plan.

The Board asked about levels of activity for younger people and also what work had been undertaken in reaching those 'hard to reach' areas.

Jameelah Ingram responded that initiatives, such as Director of Public Health Award, had been put in place and proved to be quite successful. Jameelah Ingram also said that the Council had been working with a range of partner organisation (i.e. Curo in Foxhill) to engage more people in the 'Fit For Life' programme.

It was **RESOLVED** to support the consultation process and to request from officers to produce an update in one year.

12 TWITTER QUESTIONS AND COMMENTS

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

The meeting ended at 12.10 pm

Chair .....

Date Confirmed and Signed .....

Prepared by Democratic Services

Bath Health Community Winter Report 2013/14

NHS Bath and North East Somerset Clinical Commissioning Group


The Sunday Telegraph

A&E is 'grinding to a halt'

Ambulance bosses warn of crisis putting lives at risk in letters seen by Telegraph

Patients facing eight-hour waits in ambulances outside A&E departments

Sick patients have been forced to wait up to eight hours in ambulances queuing outside Accident & Emergency units amid a crisis in the system.

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Actions Taken

- Route Cause Analysis (RCA) process carried out across the system and Royal United Hospital (RUH)
- Emergency Care Intensive Support Team (ECIST) review (this was already in hand)
- Urgent Care system simulation exercise
- Demand & Surge winter planning process reviewed
- Additional winter monies identified

NHS Bath and North East Somerset Clinical Commissioning Group

Review Findings

The subsequent RCA process and UCS analysis highlighted some root causes that led to the whole UCS Black escalation period

- Winter planning was not adequate to cope with the increase in demand that occurred over the Christmas period.
- Lessons from previous RCAs had not been integrated into future planning
- There was a community-wide failure to escalate in the face of what was a predictable period of high demand.
- UCS Leadership was not clear
- Resources not matching demand (7 day working)
- Winter plans not robust enough

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UCS Response

- UCS leadership - provided by the CCG
- Planning - single phase to continuous planning cycles
- Demand, Capacity & Escalation planning (DC&E).
- Operational Performance Management Framework (OPMF)
- Whole System Measurement - Urgent Care Dashboard (UCD)/Daily Monitoring and Direction
- Peer to Peer Challenge - Peer to Peer forum
- Empowering Leadership - through a leadership forum
- Post Winter Peer to Peer Review - to support the recurring commissioning of successful schemes

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Continuous Planning Cycle

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Operational Performance Management Framework (OPMF) - Structured Approach

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Urgent Care Dashboard - measuring the UCS

Daily Status Report - monitoring the status and response

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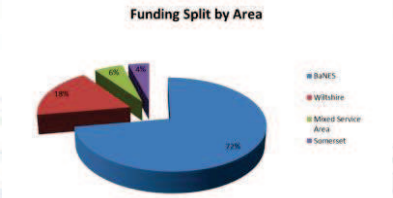
ECIST and Winter Pressure Schemes

The RUH undertook significant changes in response to the ECIST review



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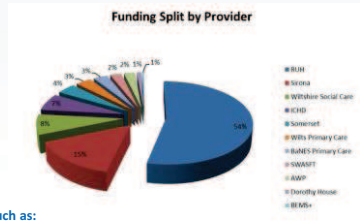

Projects covered areas such as:

Increasing Capacity - (Increase in reablement/Stroke/Neuro/Social care beds/primary care)
Extending 7 Day Working - (AWP/EOL/Therapy/Primary Care)
Enhancing Support - (Independent living teams/Discharge Coordination)
Improving Early Senior decision Making - (RRT/RUH SWOT)
Smoothing Demand - (PSV Support)

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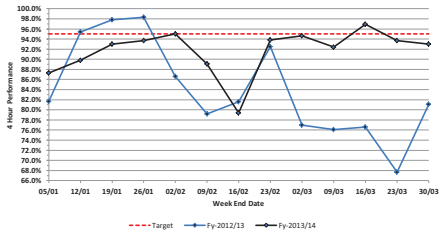
Royal United Hospital Bath NHS Trust

RUH Urgent Care Programme 2013/14

Royal United Hospital Bath NHS Trust

RUH Four Hour Performance

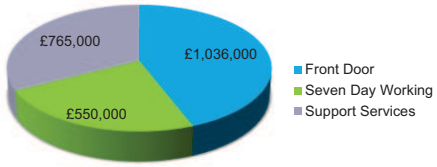
RUH ED 4 Hour Weekly Performance Comparison



Healthcare you can Trust

Royal United Hospital Bath NHS

RUH Winter Investment 2013/14: £2.351m



Healthcare you can Trust

Royal United Hospital Bath NHS

RUH Investment Overview: Front Door £1.3m

- Emergency Department
- SWAT
  - Nurses
  - Porters
  - Flow assistants
- Medical Ambulatory Care
- ACE –OPU
- Urology Nursing
- Pharmacy
- Acute Oncology
- Acute Diabetes
- Cardiac Technicians

Healthcare you can Trust

Royal United Hospital Bath NHS

RUH Investment Overview: Seven Day £0.55M

- Emergency Surgical Ambulatory Care (ESAC)
- Acute Oncology
- Therapies
- Discharge Coordinators
- Ward Clerks

Healthcare you can Trust

Royal United Hospital Bath NHS

RUH Investment Overview: Support Services £0.77m

- Radiology
- Transport
- Cardiac
- SALT Stroke
- Clinical Assistants
- Critical Care Outreach

Healthcare you can Trust

Royal United Hospital Bath NHS

RUH Senior with a Team (SWAT)

- Rapid patient assessment and rapid treatment, improving waiting time to treatment and supporting patient flow through the Emergency Department

60 minutes → 44 minutes

Healthcare you can Trust

Royal United Hospital Bath NHS

RUH Medical Ambulatory Care

- Medical Ambulatory Care is a Consultant led service for providing opinion, assessment and treatment. The team is made up of senior clinician, GP Liaison and nurse practitioners. Referrals are received via GP liaison, contacting ambulatory care direct, medical take and the consultant advice line. Service supports patient flow through the Emergency Department

107 patients per month → 219 patients per month

Healthcare you can Trust

Royal United Hospital Bath NHS

RUH ACE-OPU

- Rapid clinical assessment, investigation and interventions to support early discharge, reducing the length of time patients have to stay in hospital. Aim for a length of stay ≤ 72 hours. Improved MDT working with the community with the daily white board rounds
- Overall reduction in LOS, many hitting 72 day target.

11.2 days → 5.2 days

Healthcare you can Trust

Royal United Hospital Bath NHS

RUH Emergency Surgical Ambulatory Care (ESAC)

- ESAC is a consultant led service providing opinion and assessment within 24/48 hours. Referrals are received from the GP direct, surgical take and the consultant advice line
- ESAC provides a location for the assessment of less sick patients who are likely to be able to return home the same day to await admission focusing on admission avoidance, the service supports patient flow through the Emergency Department

0 Patients per month → 132 Patients per month

Healthcare you can Trust

Royal United Hospital Bath NHS

RUH Radiology

- Increased porter support– more timely movement of patients during periods of peak demand supporting the front door.
- Improved turnaround of radiology reporting, supporting patient flow.
- Increase capacity for MRI and CT due to the appointment of Radiographer coordinator effective scheduling/management of capacity.
- Increased % of In-Patient CT/MRI requests scanned the same day

44% → 63.3%

Healthcare you can Trust

Royal United Hospital Bath NHS

RUH Overall Programme Assessment

April 2013	Front Door: Increasing senior assessment at the front door and creating more short stay pathways	Flow: Improving patient flow through the hospital	Backdoor: Earlier planning for discharge and reduce delays
March 2014	Front Door: Increasing senior assessment at the front door and creating more short stay pathways	Flow: Improving patient flow through the hospital	Backdoor: Earlier planning for discharge and reduce delays

ED 4 Hour Performance
Median Time to Treatment (minutes)
Median Trolley Wait (minutes)
ED Admission Rate
Medical Ambulatory Care
Surgical Ambulatory Care

% Adult Bed Occupancy
Average Medical Outliers

% Non Elective Adult Discharges Before 1pm (ex. A&E)
% Re-admissions Within 30 Days

Healthcare you can Trust

Royal United Hospital Bath NHS

RUH Patient Experience

- Friends and Family Test March 2014 +73
- Thank you letters "*Exceptional*"', "*First Class*", "*Compassionate*", "*Caring*"
- Good CQC report December 2013
- Reduction in complaints received

Healthcare you can Trust

Royal United Hospital Bath NHS

RUH Evaluation Outcomes

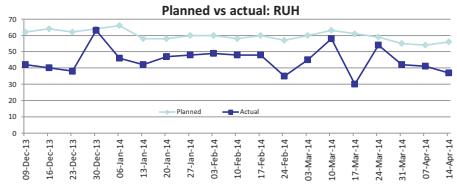
- Funding – Early confirmation
- Recruitment – Lead in time
- Integrated clinical pathway projects – Time to plan
- Capacity – ECIST

Healthcare you can Trust

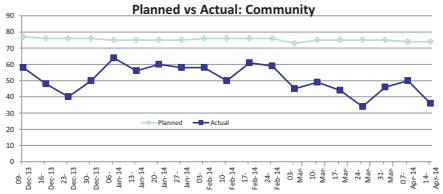
Demand and escalation planning, winter 2013-14

- Capacity based on activity from 2012/13
- Triangulated with predicted discharge requirements from RUH data
- Identified potential shortfall
- Bids submitted for additional resource to meet shortfall
- Collaborative approach coordinated by CCG

Discharges from RUH



Admission Prevention from the Community



The Services involved;

- Community Hospital admissions (including transfers from RUH and Direct admissions to Paulton)
- Early Stroke Discharge team
- IMPACT (Respiratory Service)
- Reablement urgent referrals
- Reablement non-urgent referrals
- Night support workers
- Reablement bed admissions
- Placements to care homes (from RUH and community)
- Implementation of packages of care (from RUH and community)
- Referrals to district nursing services from RUH

Additional Services 2013/14

- Additional reablement beds in residential homes supported by therapists and discharge liaison nurse
- Night support workers working with people at the end of life to be able to remain at home
- Increased resource for Early Stroke Discharge Team

Outcome

- Reduction in long term placements of 21%

84 (2012/13) → 66 (2013/14)

- Night Support Team

62 referrals → 37 End of Life; 13 Admission prevention; 12 Community Hospital

Outcome

- Reablement beds outcome for service users;

71% Discharged home → 82% without increased POC

- Early Stroke Discharge delivered an increase in capacity to 18 places throughout period

Lessons learnt

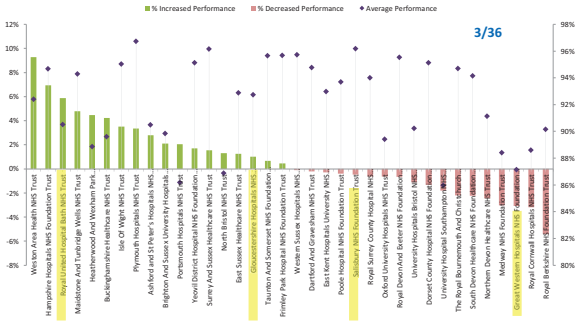
- Maintain reporting process throughout the year
- Longer lead in time for recruitment and planning services
- Reablement beds to consist of both nursing and residential capacity
- Clear leadership from CCG to maintain focus and communication
- To work with domiciliary care agencies to improve access particularly out of hours

What Happened?

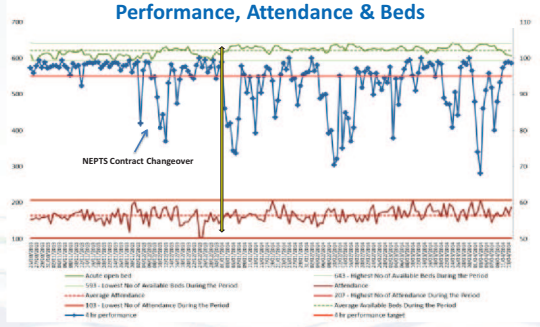
- Crisis was avoided
- The RUH entered black escalation on 3 occasions across the winter period
- The Bath Health Community delivered very strong 4 hour performance during the first half of winter in Quarter 3, however while the whole UCS remained safe for patients, the second half of winter Quarter 4 saw lower performance
- The UCS still did not have enough responsive and flexible capacity to fully protect performance

Bath and North East Somerset Clinical Commissioning Group

A small majority of providers improved their performance



Performance, Attendance & Beds



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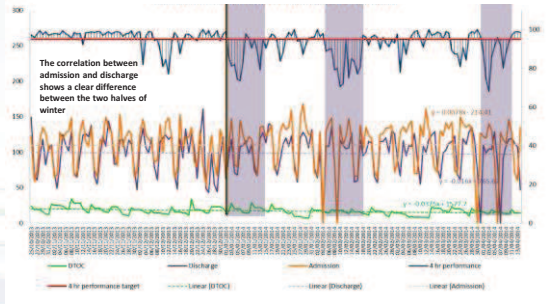
Performance, Admissions & Discharge



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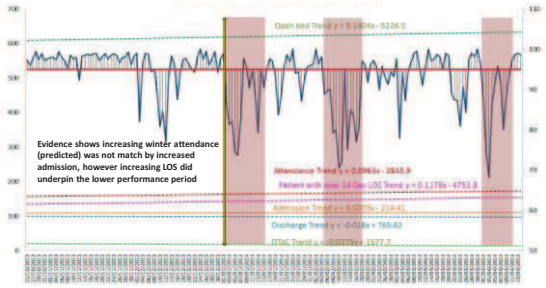
Performance, Open Beds, Admissions, Discharge & LOS



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Conclusions and Recommendations

- Patients and high quality patient care must be at the heart of everything we learn from these experiences
- Leadership is a core and necessary component
- We require a full paradigm shift in our approach to the delivery of UCS services to provide highly responsive out of hospital services
- Early intervention and senior clinical decision making supported by 7 day solutions
- There is a coloration between the drop in performance and the opening of additional capacity
- Delays in the transfer (DToC) of older patients, directly adversely impacts on their care, their experience and their long term outcomes

NHS Bath and North East Somerset Clinical Commissioning Group

Conclusions and Recommendations

- Overall and individual capacity is not sufficient and not flexible enough
- Escalation while improved across this winter is still not providing the required UCS response to meet the need
- We need to enhance our whole system oversight, predictability and collective action (National influence)
- Escalation status needs to be consistent and driven by capacity measurements
- Demand, Capacity & Escalation planning requires further embedding into normal practice (National influence)
- Overall we have learnt the challenge is significant, however so are the collective understanding and abilities of our providers and their staff. We are better together

NHS Bath and North East Somerset Clinical Commissioning Group

New Collective Primary Lines of Enquiry

- Increased demand, where this has occurred by type and nature
- Increased acuity/complexity
- Redistribution of demand by area and time
- Increased volatility in demand
- Reduced capacity in Trusts to meet demand
- Increased resource use in response to demand

National Direction and Key Conclusions

UECR - Key messages

NHS Bath and North East Somerset Clinical Commissioning Group

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Bath & North East Somerset Council

Fit for Life – An Active Living Strategy

May 2014

Bath & North East Somerset Council

Vision

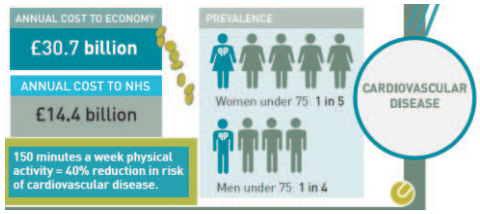
» To get more people, more active, more often, leading to improved health and wellbeing and the creation of stronger, safer communities for all

» "Lack of activity destroys the good condition of every human being while movement and methodical physical exercise save it and preserve it"

Plato

Bath & North East Somerset Council

Evidence Base



Bath & North East Somerset Council

Strategy contributes to addressing:

» Ageing population
» Rising obesity levels
» Health inequalities
» High prevalence of depression
» Worklessness
» Complex families
» Anti-Social behaviour

Bath & North East Somerset Council

By 2017 we want more people to

- Be Active ... for healthier lifestyles
- Be Greener ... for a better and sustainable environment
- Be Outdoors ... to enjoy the natural environment
- Be Involved ... to make a positive difference
- Be together ... to have fun and enjoy being active

Bath & North East Somerset Council

Helping People to Stay Healthy

- Ensuring the provision of programmes aimed at the prevention of ill-health, the promotion of wellbeing and the reduction of health inequalities
- Reduced rates of childhood and adult unhealthy weight through increased activity levels among young people and targeted programmes at those with most need
- Promoting active workplaces to improve employees' health & wellbeing and enhance productivity.
- Create Healthy and sustainable places – providing fit for purpose leisure facilities with investment as identified through this strategy aimed at attracting new types of customers and increasing participation levels

Bath & North East Somerset Council

Improving the quality of people's lives

- Reduced rates of mental ill health through targeted exercise on prescription programmes
- To support people to take a greater ownership of their own health and wellbeing through increased physical activity and the provision of educational material
- Supporting older people to live independently for longer through improved and targeted programming and interventions to increase activity levels delivering health and mobility benefits

Bath & North East Somerset Council

Creating fairer life chances

- Reduction in health inequalities through targeted programmes in the areas of highest need
- To engage the groups who have low levels of activity and those not currently taking part in sport
- Improve Skills and employment through training, development and volunteer opportunities
- Increased resilience of people and communities including action on loneliness through community engagement in sport and physical activity

Bath & North East Somerset Council

The strategy has 4 key themes

» Active Lifestyles
» Active Travel
» Active Design
» Active Environments (Facilities and outdoor space)

Bath and North East Somerset – *The* place to live, work and visit

Bath & North East Somerset Council

Priority Groups

» Ethnic Minorities
» 14-18 year olds (particularly females) – this is the age where levels of activity start to drop
» Middle aged men
» Families
» Those experiencing health inequalities
» Older People
» Those who are carrying excess weight (children and adults)
» Those with long term health conditions
» Those with disabilities

Bath and North East Somerset – *The* place to live, work and visit

Bath & North East Somerset Council

Procurement

» Strategy provides steer for procurement in terms of built facilities, but leaves flexibility for dialogue – more detail/evidence base in built facilities strategy to shape discussions
» Strategy to be attached to ISOS documents with contractors asked to detail how they will support the delivery of it. They will be scored their response.

Bath and North East Somerset – *The* place to live, work and visit

Bath & North East Somerset Council

Consultation to shape draft:

» Stakeholder workshop - July 2013
» Meetings with health sector partners and stakeholders (Clinical Commissioning Group (Operational Leadership Team), People Directorate Senior Management Team, Health and Wellbeing Board and Cllrs Simon Allen and David Dixon) – July/August 2013
» Street survey of 1000 people – November 2013
» Economic and Community Development Policy Development and Scrutiny Panel December 2014
» Survey of sports clubs – December 2013/January 2014
» Focus groups/interviews with underrepresented groups – February 2014
» Stakeholder input in draft strategy under headings – February 2014
» Stakeholder workshop – March 2014

Bath and North East Somerset – *The* place to live, work and visit

Bath & North East Somerset Council

Proposed consultation on draft

- Electronic consultation with partners, stakeholders and the public over the web
- Bath City conference and other key local area meetings
- Economic and Community Development Policy Development and Scrutiny Panel – May 2014
- Final adoption July 2014
- There will also be consultation as part of the procurement process where the detail of the built facility plans will be refined and consulted upon

Bath and North East Somerset – *The* place to live, work and visit