HEALTH & WELLBEING BOARD

Minutes of the Meeting held

Wednesday, 8th June, 2016, 10.00 am

Dr Ian Orpen	Member of the Clinical Commissioning Group
Councillor Vic Pritchard	Bath & North East Somerset Council
Bruce Laurence	Bath & North East Somerset Council
Councillor Tim Warren	Bath & North East Somerset Council
Councillor Michael Evans	Bath & North East Somerset Council
Diana Hall Hall	Healthwatch representative
Alex Francis	The Care Forum – Healthwatch
Tracey Cox	Clinical Commissioning Group
Jane Shayler (in place of Ashley Ayre)	Bath & North East Somerset Council
David Trethewey (in place of Jo Farrar)	Bath & North East Somerset Council

Co-opted Non-Voting Member:

1 WELCOME AND INTRODUCTIONS

The Chair (Dr Ian Orpen) welcomed everyone to the meeting. He stated that the meeting was being webcast live and the recording stored on the Council‘s website.

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

Apologies for absence were received from:

Ashley Ayre (substitute Jane Shayler)
Morgan Daly (substitute Alex Francis)
Jo Farrar (substitute David Trethewey)
John Holden
Councillor Eleanor Jackson

4 DECLARATIONS OF INTEREST

There were no declarations of interest.

5 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

There was no urgent business.

6 PUBLIC QUESTIONS/COMMENTS

There were no questions or comments from the public.

7 MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on 23 March 2016 were approved as a correct record and signed by the Chair.

8 SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE

The Board received a presentation from Tracey Cox, Chief Officer, BaNES CCG regarding the Sustainability and Transformation Plan (STP). The following issues were covered and highlighted:

- The Plan offered a shared vision for securing a sustainable local health and social care system.
- The aims of the plan were to:
    - Improve the health and wellbeing of the local population
    - Improve the quality of local health and care services
    - Deliver financial stability and balance throughout the local health care system.
- The five year plan was place based and drove the five year forward view.
- Leadership, governance and engagement.
- BaNES, Swindon and Wiltshire Footprint.
- Challenges and positives of the Plan.
- Place-based models of care.
- Emerging design principles for BaNES, Swindon and Wiltshire collaboration.
- Collaboration within the BaNES, Swindon and Wiltshire integrated model of health and care.
- Current position and next steps.

A full copy of the presentation is attached as an appendix to these minutes.

Tracey Cox explained that it was important for the three different areas to work together to ensure a more strategic approach. It was also important to balance the pace of change with public engagement. Further public engagement work would be continuing after the end of June deadline and work would also take place to quantify the financial situation. Organisations locally were already considering savings and efficiencies and the STP simply brought this more into focus.

The Chair noted the rapidly changing circumstances and stressed the positive aspects of working with local authorities.

Jane Shayler pointed out that there were concerns relating to the footprint of the Plan and how people would access services in the future. People in the west of the BaNES area would normally travel to Bristol for specialist services and may be concerned that they would have to travel to Swindon or Salisbury instead.

Councillor Vic Pritchard stressed the importance of working together and forming a local interpretation. It would be important to ensure that it is clear from the outset that people would still have a choice as to where they are treated and could continue to choose the Bristol area if this was their preference.

Bruce Laurence stated that there was already some excellent place based work happening locally and that this must be protected. He was impressed with how Councils and the NHS were working together.

Councillor Tim Warren expressed some concern regarding the footprint and noted that if devolution was agreed then this could be challenging. The Chair explained that these issues could be discussed further once the outcome of the devolution decision was known.

Alex Francis informed the Board that Healthwatch had held various meetings regarding public engagement and would be formulating an engagement plan to include key messages and strands.

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

9 PRIMARY CARE UPDATE - DRAFT STATEMENT OF INTENT

The Board considered a report by the Head of Commissioning Development, BaNES CCG. The report informed members of the Draft Statement of Intent and gave them the opportunity to contribute to the development of the Statement. It was noted that the CCG would engage more widely with stakeholders later in the year.

Corrine Edwards, Head of Commissioning Development, explained that local GP surgeries were currently being consulted on the Draft Statement of Intent and that there had been a good response rate so far. The quality outcomes framework (QOF) model would be changing and a new model introduced. There were a number of issues that needed to be addressed, for example, recruitment difficulties, 7 day working, use of technology and multi-disciplinary team working. There would now be further consultation to engage more widely with patients and the public. Final decisions by NHS England about funding were still to be confirmed but the BaNES area was starting from a solid foundation.

The Chair noted the positive aspects of multi-disciplinary team working and pointed out that 50% of GP time is currently spent on 5% of the patient population.

Bruce Laurence welcomed the document and stressed the need to retain the positive aspects of QOFs such as the importance of pro-active care for chronic health conditions.

Councillor Vic Pritchard had concerns about national rather than local direction. He pointed out the need for multi-disciplinary teams to be relevant to patient needs. It was also important to ensure that new technology did not leave some patients behind.

It was **RESOLVED** to note the report and to provide further feedback in due course.

10 HEALTHWATCH UPDATE

The Board considered a report from Healthwatch giving an update on its priorities and new approach to delivery.

The proposed priorities were:

- Supporting the role of PPGs
- Local innovation towards improving mental health services
- Supporting the STP
- The implementation of your care, your way

Integration of health and social care was also an issue for Healthwatch including the discharge of patients. The RUH has carried out some good work to review its process for discharge into the community.

Diana Hall Hall highlighted the importance of Healthwatch remaining independent and relevant to the work of the Health and Wellbeing Board. It was often difficult to recruit lay people to Healthwatch and training would be provided in future for these volunteers to enable them to be more effective in their roles.

Tracey Cox queried whether the Health and Wellbeing Board could help with the support of lay members, for example by meeting with them to talk about the work of the Board.

Councillor Tim Warren informed Healthwatch that there was now a new Cabinet member who had responsibility for volunteers as part of his remit. He agreed to put Healthwatch in touch with this Cabinet member.

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

11 THE CCG DRAFT DIGITAL IT ROADMAP

The Board received a presentation from Jason Young, Information Manager, BaNES CCG regarding the background and rationale behind the CCG draft digital IT roadmap.

The following issues were covered in the presentation:

- Why a Local Digital Roadmap (LDR) is required.
- Main organisations involved
- Scope of the LDR
- Aspects of digital transformation
- LDR capabilities in relation to “Paper free at point of care” – this will come into effect in 2018
- How the initial LDR is being produced
- Timetable for the LDR
- BaNES LDR footprint
- How digital transformation enables STP goals
- Vision for Digital Transformation
- Universal capabilities and issues
- Digital maturity self-assessment current baseline – the RUH was better than the national average for digital maturity
- Paper free at point of care trajectories, deployment and issues
- Patient/client information sharing and interoperability
- Information sharing approach
- Gaps identified
- Priorities to be delivered in 2016/17
- Priorities to be delivered beyond March 2017
- Governance of LDR delivery

A full copy of the presentation is attached as an appendix to these minutes.

It was noted that the NHS is still a very paper based organisation and that there were opportunities to provide services such as booking appointments through use of technology. There were also opportunities to work with other organisations, for example sharing networks between health and social care in BaNES and Wiltshire.

The Chair noted that more and more people now expect digital services and that these developments could be helpful to patients.

In response to a query from Alex Francis from Healthwatch, Jason Young explained that some patients are confused regarding shared data. Often they assumed that data was shared between different NHS organisations. Patients must also be clear about how their data is used.

Councillor Vic Pritchard stressed the importance of not excluding people who do not have access to the relevant technology and to ensure that alternative ways of accessing services remain for those who do not wish to use a digital service.

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

12 SEXUAL HEALTH BOARD ANNUAL REPORT

The Board considered the Annual Report of the Sexual Health Board. The report detailed the key work overseen and completed during 2015/16 and highlighted priorities for 2016/17.

Becky Reynolds, Consultant in Public Health, gave a presentation regarding the annual report. The presentation covered the following issues:

- Background and context
- Statistics regarding sexual health in BaNES
- Development of the sexual health strategy and action plan
- Priorities for 2016/17:
    - Review membership of the Sexual Health Board
    - "Your Care Your Way"
    - Continued implementation of sexual health action plan

A full copy of the presentation is attached as an appendix to the minutes.

It was noted that conception rates for under 18s have dropped by 50%. This was a good indicator of adolescent health. The abortion rate gave an indication of how easily people can access advice about contraception. The number of cases of gonorrhoea has increased nationally and within BaNES which indicated both an increase in risky behaviours and improved testing rates. Education was very important and there are a number of different training courses regarding sexual health that are provided within the BaNES area.

The reason for the decrease in the amount of teenage pregnancies was unclear and could be due to increased access to contraception, support to teenage parents and strategic plans needing time to take effect.

Bruce Laurence noted that the education and the availability of contraception was proving successful in the reduction of teenage pregnancy. He highlighted the impact of sexual health on people's lives and on society.

Councillor Vic Pritchard noted the positive local statistics compared to the national figures.

It was **RESOLVED** to approve the contents of the Sexual Health Board Annual Report.

The meeting ended at 12.00 pm

Chair .....

Date Confirmed and Signed .....

Prepared by Democratic Services

NHS
Bath and North East Somerset
Clinical Commissioning Group

Sustainability and Transformation Plan

Update to Health & Wellbeing Board 8th June 2016

Healthier. Stronger. Together.

Sustainability & Transformation Plans

- A shared vision for securing a sustainable local health and social care system
- Triple aim to:

- improve the health & wellbeing of our local population

- improve quality of local health & care services

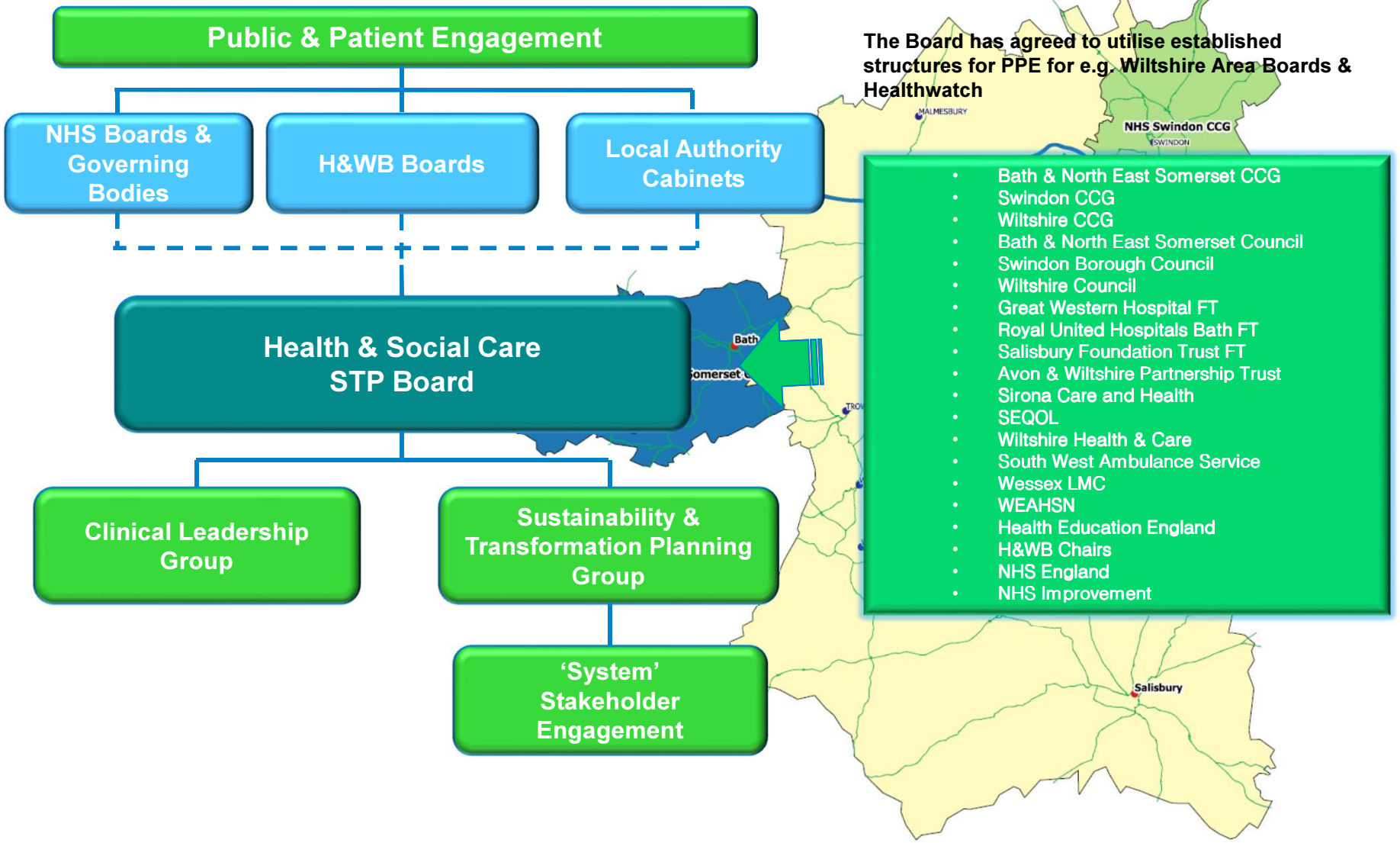
- deliver financial stability & balance throughout the local health care system

Sustainability and Transformation Plans

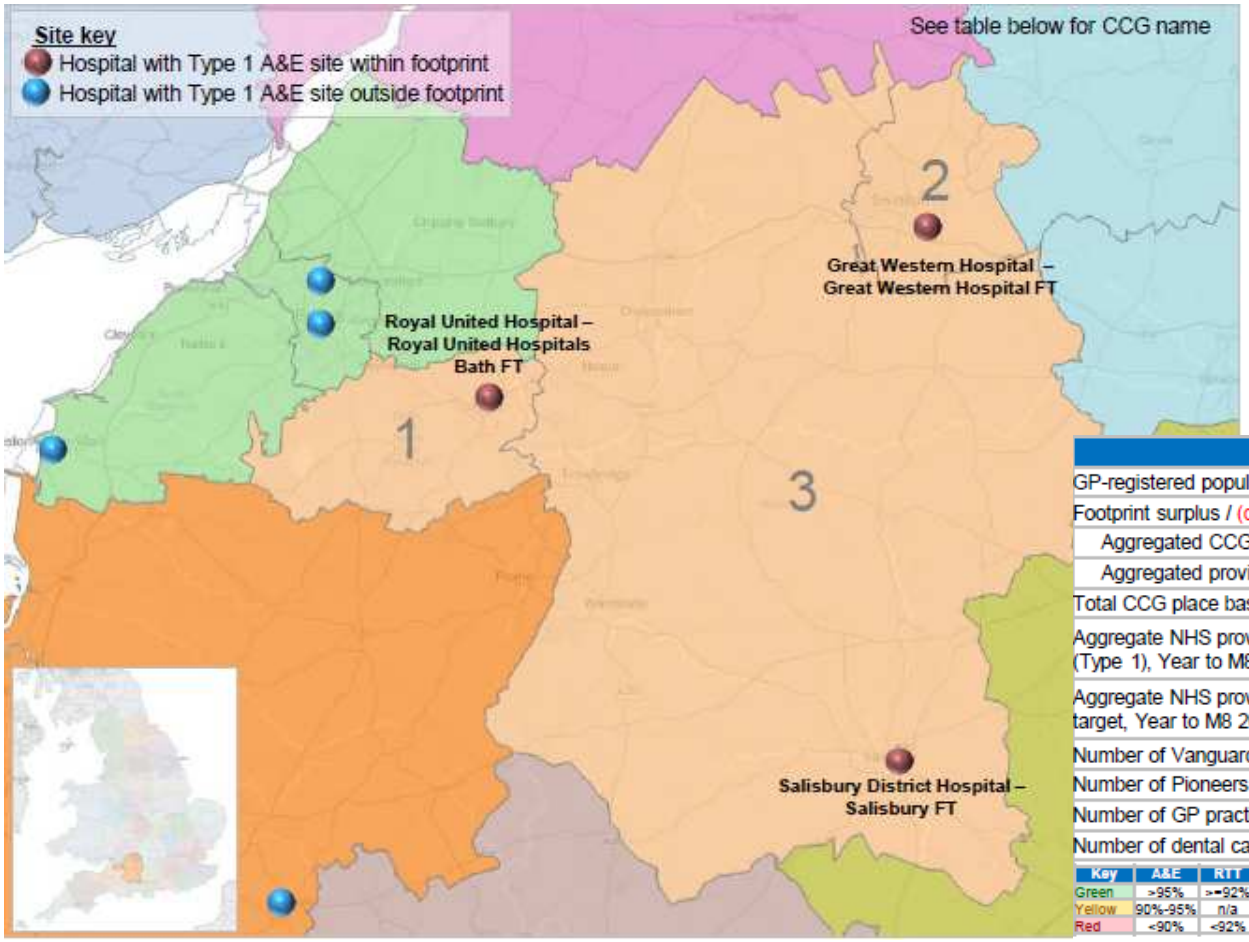
- **A five year Sustainability and Transformation Plan (STP), place-based and driving the *Five Year Forward View***
- **Plans are expected to include:**

	Theme
1	Prevention and self care
2	Out of hospital/community sector including delivery of primary care at scale
3	Seven day services & urgent care
4	Planned care
5	New care models
6	Quality Improvement
7	National Priorities: Cancer, Mental Health Services etc
8	Financial balance
9	The digital road map/interoperability
10	Stakeholder engagement

STP: Leadership, governance and engagement



BSW Footprint - Summary



Bath, Swindon and Wiltshire		Rank* (x/44)
GP-registered population Jan 2016[1] (m)	0.9	33
Footprint surplus / (deficit) 2015/16 (£m) forecast at Q3 2015/16	(£8)	9
Aggregated CCG surplus / (deficit) 2015/16[2] (£m)	£8	28
Aggregated provider surplus / (deficit) 2015/16[3] (£m)	(£16)	9
Total CCG place based budget allocation 2016/17[2] (£m)	£1,356	32
Aggregate NHS provider performance against the 4 hour A&E target (Type 1), Year to M8 2015/16[4]	90.7%	22
Aggregate NHS provider performance against the 18 week RTT target, Year to M8 2015/16[4]	90.6%	36
Number of Vanguards impacting on the footprint	0	-
Number of Pioneers impacting on the footprint	0	-
Number of GP practices in the footprint[5]	110	30
Number of dental care practices in the footprint[5]	134	30

Key	A&E	RTT
Green	>95%	>=92%
Yellow	90%-95%	n/a
Red	<90%	<92%

* Rank within the 44 STP footprints; best to worst, or highest to lowest

CCG No.	CCGs
1	NHS Bath and North East Somerset CCG
2	NHS Swindon CCG
3	NHS Wiltshire CCG

NHS Providers
Great Western Hospitals NHS Foundation Trust
Royal United Hospitals Bath NHS Foundation Trust
Salisbury NHS Foundation Trust
South Western Ambulance Service NHS Foundation Trust

Local Authorities
Bath And North East Somerset Council (Unitary)
Swindon Council (Unitary)
Wiltshire Council

Challenges we face…

- Population age structure slightly older than England as a whole
- Increasing demand for acute services
- Obesity and smoking prevalence in Swindon
- Hypertension prevalence in Wiltshire
- Demographic changes
- c£100m p/a challenge over the next 5 years
- 3 acute providers that have historically faced out of the footprint
- 18 weeks RTT & 4 Hours performance
- Right Care opportunities on MSK

Positives we can build on…

- % children aged 10-11 classified as overweight or obese
- % deaths which take place in hospital
- Women's experience of maternity services
- People with LTC who feel supported to manage their condition
- Quality of life of carers – health status score (EQ5D)
- 1st definitive treatment for cancer within 62 days
- 3 acute providers are already collaborating on provision of community services (in Wiltshire)
- Well developed population-based models of care for the three populations

Place-based models of care

A place-based model will be set out on how care will be organised around different geographies and population groupings. This reflects the need to deliver local, joined up care for different patient groups as well as the need to manage some services across a wider geography due to scarcity of resources, workforce or demand.

Tier 1 circa 20,000 - 60,000 population:

- The majority of health and care provision will be organised around populations of around 50,000.
- This will support a patient-centric model and enable care management and co-ordination for complex patients.

Tier 2 circa 250,000 - 600,000 populations:

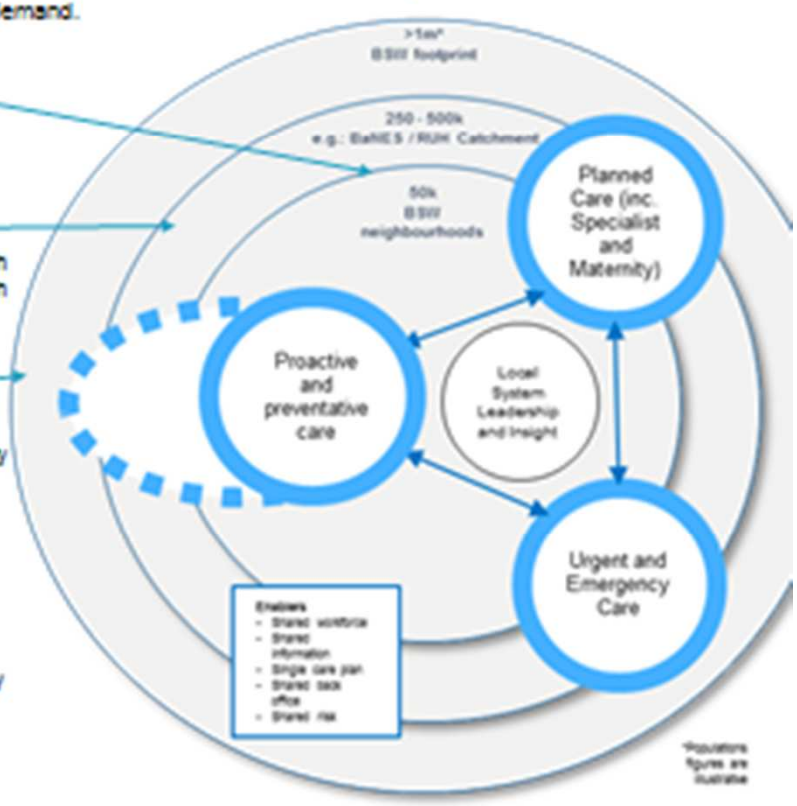
- Planned care and U&EC services will become viable although some service may still operate as a hub and spoke model with neighbouring hospitals.
- Services should be fully integrated with other areas of provision.

Tier 3 Over 1m population:

- Services to be delivered at a wider scale would include tertiary services where complexity and volume require such a scale.
- It may also include specialist/acute Mental Health services and Ambulance Services.
- Some preventative/public health services will take place across the wider geography.

System leadership and delivery architecture:

- A single delivery architecture will enable organisations to fully utilise the assets, tailor services for different populations and enable feedback loops between settings of care.
- There are a number of mechanisms to achieve this; for example, Alliances and Accountable Care organisations.



Emerging design principles for BSW collaboration

Common outcomes for all three populations

Adopt a method of achieving consistent outcomes and delivering equality of care across the patch.

- Consistent in clinical priorities decision making
- Consistent use of outcome information to determine what works/what doesn't and therefore change the patients form of treatment
- Consistent use of quality measures across the patch
- Consistent use of performance metrics, driving more efficient care, including determination of when a patient should be discharged

Design once but implement locally

Models of care should be designed centrally to eliminate duplication and drive consistency of patient experience and to allow staff to work flexibility across the BSW footprint

- Creating workstream- specific solutions to be implemented across the patch (i.e., A&E sign posting)
- Create BSW focus groups to test initiatives and methods and then streamline to others (i.e., Diabetes)
- Explore the opportunity to design consistent BSW Clinical pathways
- Common training, sharing of good practice, messaging and education

Emerging design principles for BSW collaboration

A single workforce for the footprint, rather than aligned to individual organisations with:

- A strategic approach to recruitment, retention and productivity
- Consistent training and a customer service mind-set
- A flexibility to respond to patient demand and maintain service sustainability
- More interesting and varied career paths to attract new entrants
- Staff who are a role models for preventative care
- An integrated HR function across the footprint

A common infrastructure including:

- Creating a flexible health estate
- Identifying the various technology platforms that can be procured and shared across the patch (i.e., medical records)
- Utilising and enabling the use technology to provide optimised care (i.e., telemedicine, pharmacy pods)
- Identifying areas of opportunity within the back office, procurement and middle office
- Realising the opportunities within clinical shared services (i.e., pathology & radiology)
- Supply and demand across the footprint

Collaboration within the BSW integrated model of health and care

Preventive/ Proactive Care	Planned Care	Urgent & Emergency Care
Create locality based multidisciplinary teams including GPs to manage long term conditions and complex patients Specific footprint opportunities: 1. Make Every Contact Count 2. Falls prevention & pressure ulcers 3. Focus on diabetes pathway and scale to others 4. Create hubs of community information inside of hospitals 5. Common training, messaging & education across the patch	Develop prevention portfolio to mitigate demand; single referral management process; standardised specifications for pathways; increased collaboration across acute trusts on workforce to ensure service viability. Specific footprint opportunities: 1. Specialised commissioning 2. Reducing variation in clinical practice 3. Demand & capacity planning 4. Mental health acute inpatient provision	Create community based rapid response services, single point of access and discharge planning Specific footprint opportunities: 1. Systemise where there is 'little human impact' (i.e. pharmacy pod) 2. Triage opportunity & create a patient incentive– 'ring before you bring' 3. Standardise referral pathways and entry into the hospital (including Mental Health)

Each of the models of care are to be supported by realising enabler opportunities including:

Creating a single patient record, Business intelligence systems, Alternative finance and contracting mechanisms, Workforce

Current Position

- **Commitment from the system to the overall principle of collaboration - c70 leaders attended Workshop 2 on the 27th May**
- **Dispersed accountability within the programme team has enabled all organisations to lead on work streams**
- **Seeking a balance between 'pace' and 'engagement' to ensure everyone remains on board**

Next Steps

- **Current dialogue has engaged some clinical leaders but a wider plan on clinical, patient, carer and public engagement is being developed (post-June).**
- **Immediate need to quantify benefits of the new models to enable financial evaluation to take place – remains a challenge.**
- **Programme Plan beyond June will be included within June checkpoint submission – this will also consider longer term governance arrangements.**

Next Steps

• 30th June 2016:	Checkpoint submission to NHSE
• July 2016	STP/NHSE Feedback Meetings
• July-Sept 2016	Plan refinement, benefits modelling
• January 2017	Integration of STP plan into 2017/18 Operational Planning process

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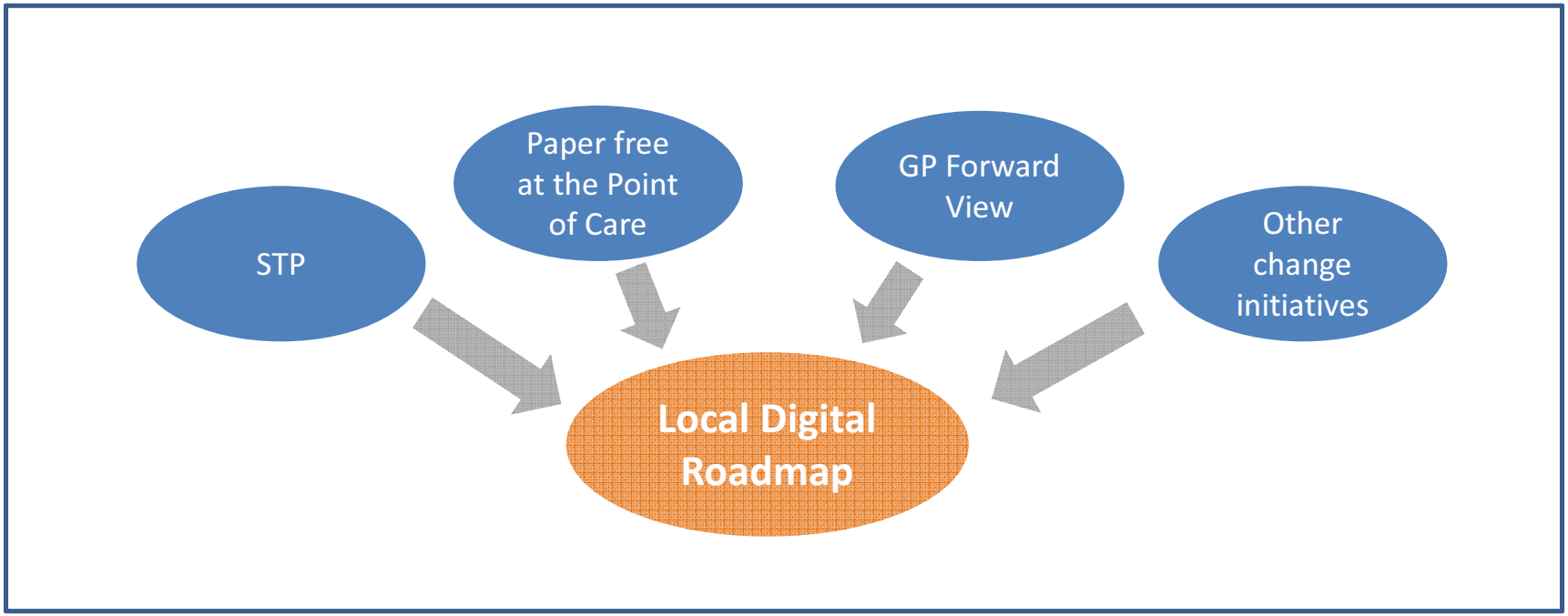
Local Digital Roadmap (LDR)

Part 1: Context

The purpose of these few slides is to enable the reader of Part 2 to better understand the background and rationale behind the LDR

Why do we need an LDR?



NHS England:

- LDR is the digital transformation element of the STP
- The approved LDR is a “gateway” to national tech funding
- Guidance requires considerable detail in LDR report

Main organisations involved

CCG

- NHS Bath and North East Somerset

Local Authority

- Bath and North East Somerset Council

NHS Providers

- Avon and Wiltshire Mental Health Partnership NHS Trust
- Royal United Hospitals Bath NHS Foundation Trust
- South Western Ambulance Service NHS Foundation Trust

Others

- Sirona Health & Care
- 27 General Practices (mainly via CCG / SCWCSU)
- NHS South, Central and West Commissioning Support Unit

What is the scope of the LDR?

Where are we going?

A vision for digitally-enabled transformation

- Consistent with STPs
- Addressing the three 'national challenges'
- 'Digital' in the broadest sense

Where are we now?

Current context for 'digital'

- Overview of current maturity
- Key recent achievements
- Key current initiatives
- Rate limiting factors

Readiness

- Leadership, clinical engagement and governance
- Change management approach
- Benefits management and measurement
- Investment approach
- Change programme architecture
- Resources for change

Capabilities

- A capability narrative towards PF@PoC and access to digital, real-time comprehensive patient information
- Capability deployment schedule
- Status and plans for optimisation of universal capabilities

System-wide Infrastructure

- Information sharing
- Mobile working
- Cyber-security
- Confirmation that providers have plans / policies / procedures in place to minimise risks arising from technology

What aspects of digital transformation?

- Focus is on whole system needs, not individual organisation needs
- LDR vision should encompass, but not be limited to:
  - Paper-free at the Point of Care (PF@PoC)
  - Digitally enabled self-care
  - Real-time data analytics at the point of care
  - Whole systems intelligence to support population health management and effective commissioning, clinical surveillance and research

LDR “capabilities” in relation to PF@PoC

AS A HEALTH AND CARE PROFESSIONAL, PAPER-FREE WILL MEAN I CAN:

NHS England

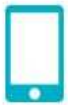
Records, Assessments and Plans
Capture information electronically for use by me and share it with other professionals through the Integrated Digital Care Record

Medicines Management and Optimisation
Ensure people receive the right combination of medicines every time

Asset & Resource Optimisation
Increase efficiency to significantly improve the quality and safety of care

Transfers of Care
Use technology to seamlessly transfer patient information at discharge, admission or referral

Orders & Results Management
Use technology to support the ordering of diagnostics and sharing of test results



Decision Support
Receive automatic alerts and notifications to help me make the right decisions

Remote Care
Use remote, mobile and assistive technologies to help me provide care

How is the initial LDR being produced?

- By CSU/CCG on behalf of whole footprint:
  - Information collection from each organisation
    - Detailed templates
    - Additional information
    - Existing documents
  - Workshops
  - Alignment with STP issues (as far as known)
  - Analysis, synthesis, reporting to produce:
    - Initial overview – Part 2 slides
    - Full report – detail required, 33 topics in NHS England checklist!
    - Associated templates and detailed appendices

By when?

Milestones	Expected date
Complete core information provision from trusts, council(s), etc	4th May (still gaps for most footprints)
Issue LDR Overview slides (Part 2) for local review & ensuring alignment with latest STP	17th May
Feed back any high-level issues to CSU to inform 1st draft LDR full report	24th May
Issue 1st draft LDR full report for local review, consultation, amendment, further localisation	1st week in June
Sign-off; Submit final LDR report, templates, appendices	30th June

Local Digital Roadmap (LDR) overview – Part 2

The BaNES LDR Footprint

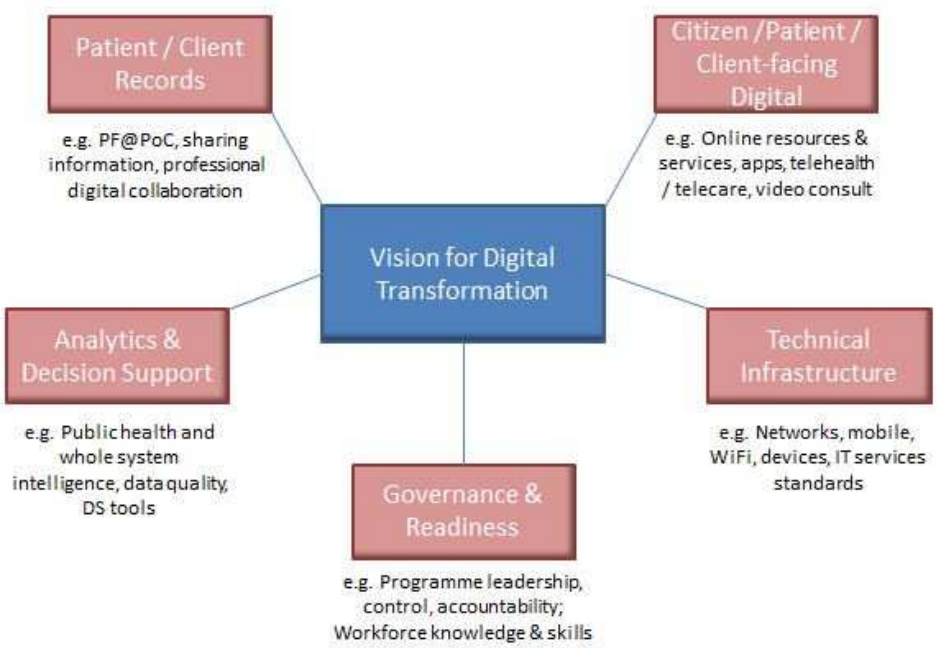
- Introduction
- STP and Digital Transformation Vision
- Universal Capabilities
- Capability Baseline & Trajectories
- Information Sharing / Interoperability
- Gaps & Emerging Priorities
- Governance for LDR Delivery

Digital transformation enables STP goals

Illustrative examples based on BaNES, Swindon, Wiltshire STP mid-April submission

STP Theme	STP Goal	Specific Objective	Digital Transformation Goals
Health and Wellbeing	Provide focused, intensive services to those parts of our population that need them most	Identify those groups with the worst health outcomes	Detailed public health needs analysis; Consistent datasets to identify target groups, define improvements and monitor outcomes
	Prevention to help reduce early deaths from major causes of mortality	Patients and communities to play key role in achieving these outcomes	Patient-facing digital tools to provide advice and support for self-management
Care and Quality	Reduce unwarranted variations in care	Maximise the value a patient / user derives from their own care and treatment	Patient-facing digital tools to provide advice and support for self-management
	Reduce unwarranted variations in care	Improve value through standardised pathways and systematic approach to quality improvement	Universal adoption of standardised clinical decision-support systems and standardised pathway / referral protocols
	Capacity and demand management	Greater collaboration across the system in managing demand	Information and tools to provide insight and real time monitoring
Finance and Efficiency	Eliminate duplication and inefficiencies	Seamless transfers of care within and between organisations	Joined-up data flows / interoperability

Vision for Digital Transformation



BaNES's vision is for technology to be as pervasive across the Bath and North East Somerset health and care system as it is in every other walk of life, to become an integral part of the normal means by which care is given and received and so enable the ***right care, in the right place at the right time***.

Universal capabilities

1. Professionals across care settings can access GP-held information on GP-prescribed medications, patient allergies and adverse reactions
2. Clinicians in urgent and emergency care settings can access key GP-held information for those patients previously identified by GPs as most likely to present (in U&EC)
3. Patients can access their GP record
4. GPs can refer electronically to secondary care
5. GPs receive timely electronic discharge summaries from secondary care
6. Social care receive timely electronic Assessment, Discharge and Withdrawal Notices from acute care
7. Clinicians in unscheduled care settings can access child protection information with social care professionals notified accordingly
8. Professionals across care settings made aware of end-of-life preference information
9. GPs and community pharmacists can utilise electronic prescriptions
10. Patients can book appointments and order repeat prescriptions from their GP practice

Universal capabilities – issues

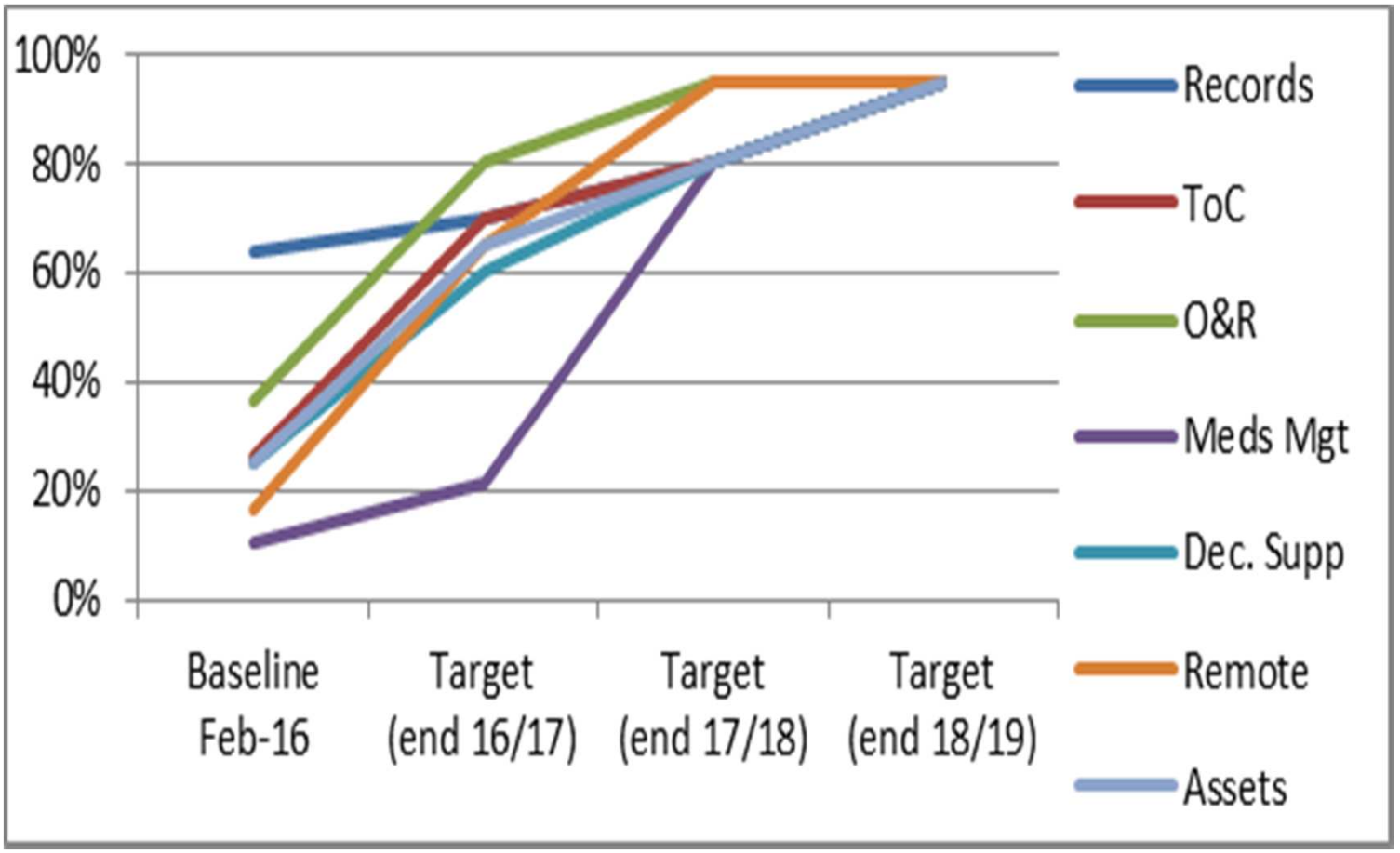
- Many relevant digital enablers are in place (e.g. SCR, TPP viewer, EMIS viewer, patient access to summary record, booking, prescriptions from GP systems, EPS)
- Overall take-up and usage levels are meeting the NHS England target for March 17. Much more communication , awareness, education required amongst workforce and citizens to build from here
- Some digital solutions (e.g. EoL care plans, e-discharges) do not yet comply with national standards
- No access yet by providers / GPs to the child protection information service
- Whilst many communications to/from Council and health are digital, not yet universal or systematised

Digital maturity self-assessment: current baseline

Issue	National	AWMH	RUH	SWAS
Strategic Alignment	76%	50%	95%	65%
Leadership	77%	35%	100%	70%
Resourcing	66%	60%	100%	70%
Governance	74%	70%	100%	90%
Information Governance	73%	67%	92%	71%
Records, Assessments & Plans	44%	64%	64%	34%
Transfers Of Care	48%	14%	52%	49%
Orders & Results Management	55%	27%	73%	25%
Medicines Management & Optimisation	30%	2%	21%	62%
Decision Support	36%	14%	50%	72%
Remote & Assistive Care	32%	17%	33%	0%
Asset & Resource Optimisation	42%	35%	50%	63%
Standards	41%	0%	71%	28%
Enabling Infrastructure	68%	55%	70%	84%

PF@PoC capability trajectories

% scores based just on RUH – AWMH and SWAS scores not yet available



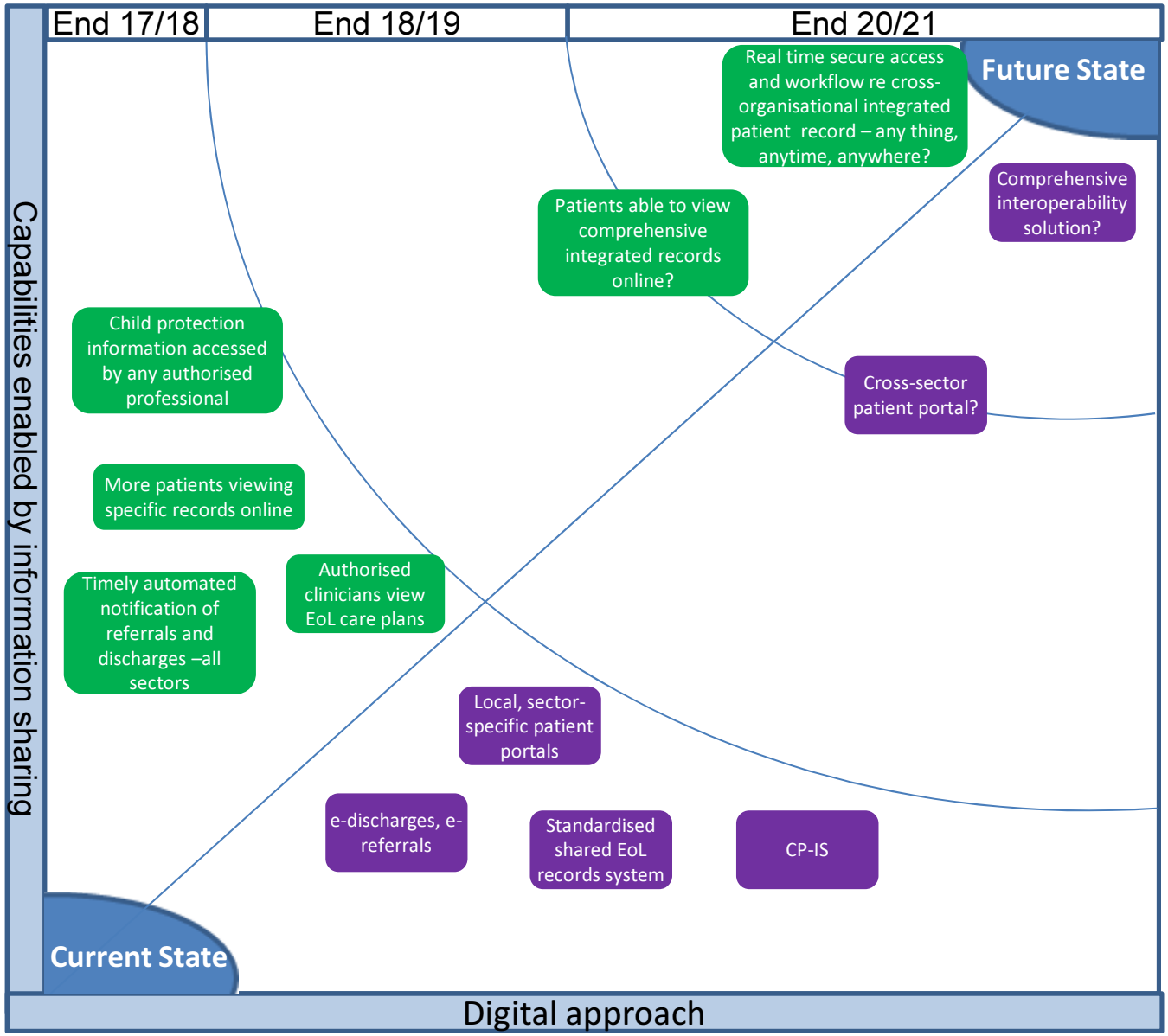
PF@PoC capabilities - issues

- DMA baseline shows RUH and SWAS are at or above average for many topics, AWMH below
- The capability trajectory (RUH only) indicates steady rapid progress planned over next 3 years
- Perceived rate limiting factors include:
  - Culture / digital readiness amongst workforce
  - IT changes linked to changes in working practices
  - Funding

Patient / client information sharing & interoperability

- Key strategic priority for BaNES is interoperable, real-time, available records
- CCG and partners have been exploring options; Option to join Connecting Care Programme with BNSSG rejected largely due to cost
- Current focus is programme of tactical information sharing projects, maximising opportunities for exploiting existing local & national systems
- Early benefits have been achieved from providers accessing SCR, TPP viewer and shared access between GP Practices and RUH/Sirona
- Delivery of more strategic option integral part of specification for Health and Care Services being redesigned via Your Care, Your Way
- This programme is dependent upon several enablers, including: sound governance (see below), information sharing agreements, use of NHS number, national developments (e.g. GPSoC), local initiatives and the availability of resources.

Information sharing approach – first thoughts



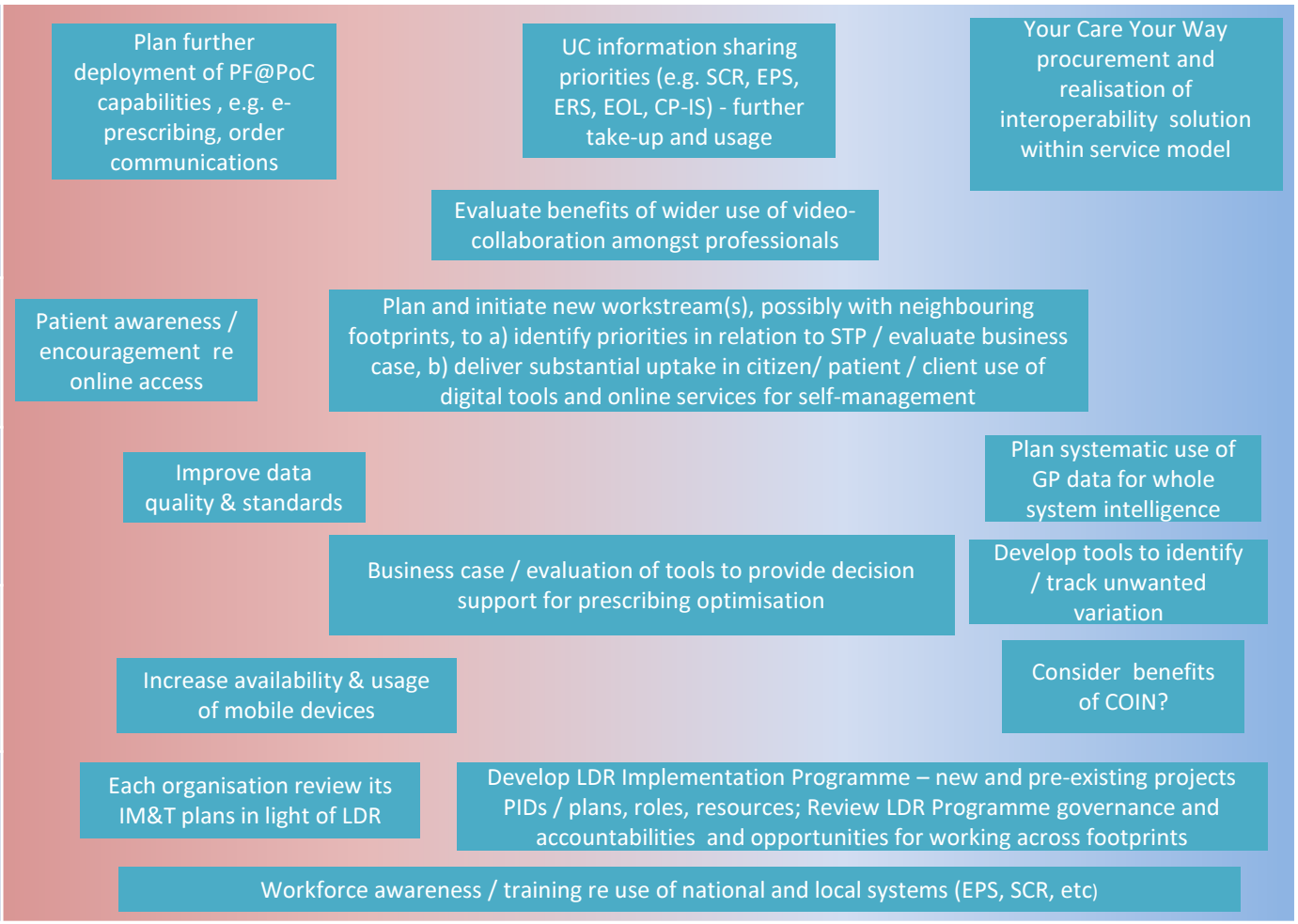
Overall - important gaps identified

Patient / Client Records (includes Universal Capabilities, PF@POC, Information Sharing / Interoperability, professional digital collaboration)	• Limited digital support for medicines management & optimisation (RUH, AWMH) • Limited use of technology for cross-professional care delivery • Low usage of Choose & Book / ERS in primary care • Assessment, discharge and withdrawal notices sent to Council via phone, fax or email • Strategic Interoperability solution dependent on YCYW
Citizen / Patient / Client-facing Digital	• Use of remote & assistive care technologies patchy and small scale • Limited access by patients to their detailed digital records (although 1,500 patients enabled and meeting Mar 17 target) • Limited use by patients of online services such as appointment booking (meeting Mar 17 target)
Analytics & Decision Support	• Not routinely using primary care data for whole system intelligence • ACG risk stratification tool available, only used in 1/3 of practices • Little digital support clinical decision-making (AWMH) • More clinical pathways to be added to pathway decision support tool 'Map of Medicine' and usage increased across practices
Infrastructure	• Incomplete WiFi coverage • No system-wide networking solutions (e.g. COIN) • Little sharing of technical resources / expertise across organisations • Council have no N3 connection • Mobile IT usage not universal for all relevant areas
Readiness, Governance	• AWMH – board ownership and strategic alignment of IM&T with service transformation • LDR Implementation Programme not yet defined (to be based on this LDR)

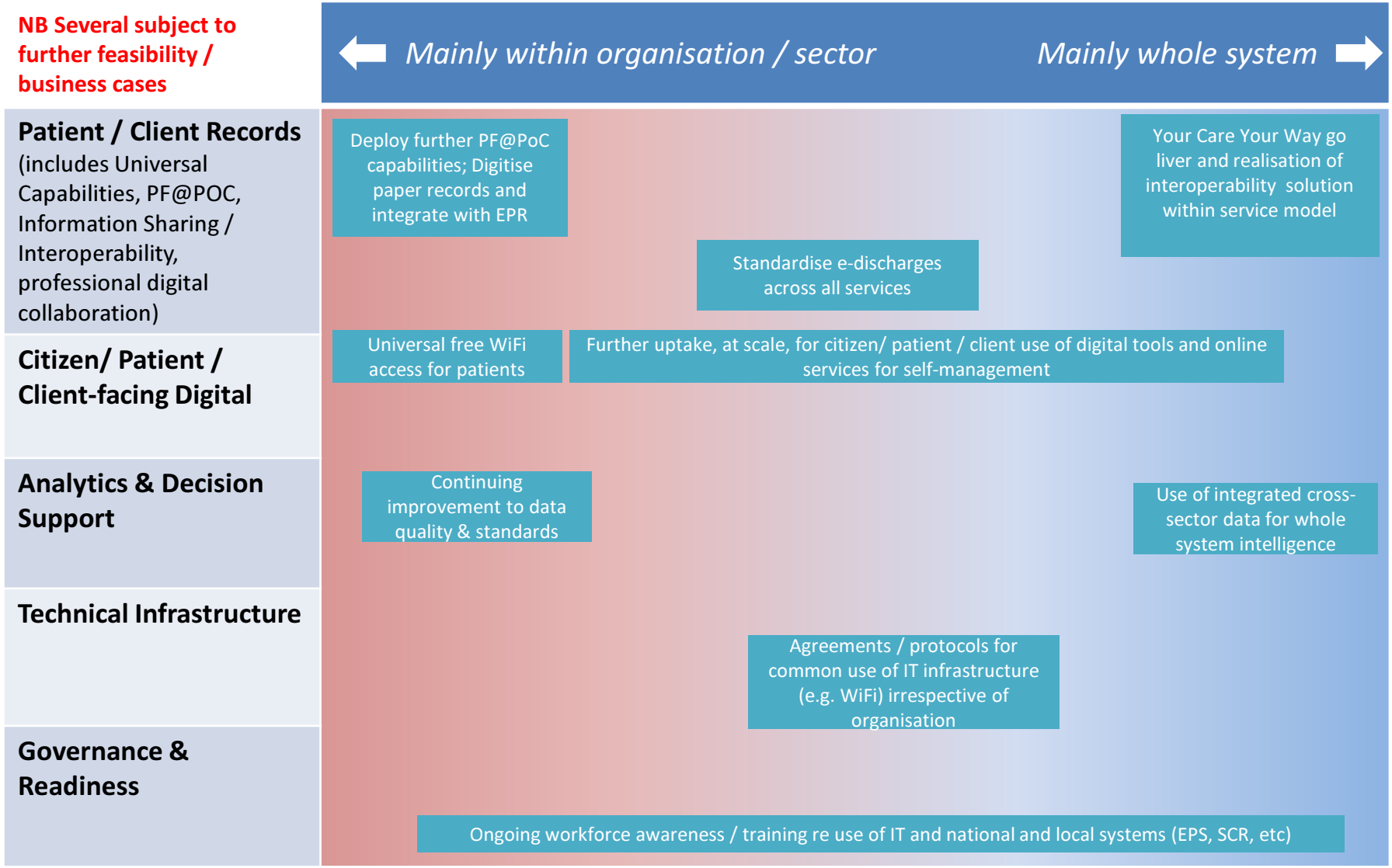
Priorities to be delivered in 2016/17

NB Priorities need further review

Mainly within organisation / sector ← → *Mainly whole system*

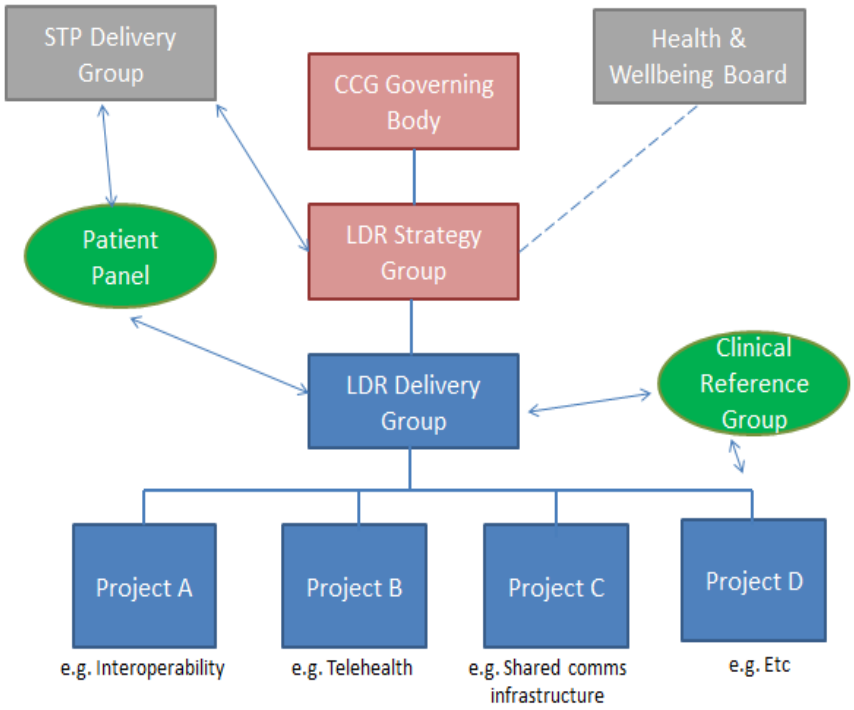


Priorities to be delivered beyond March 2017

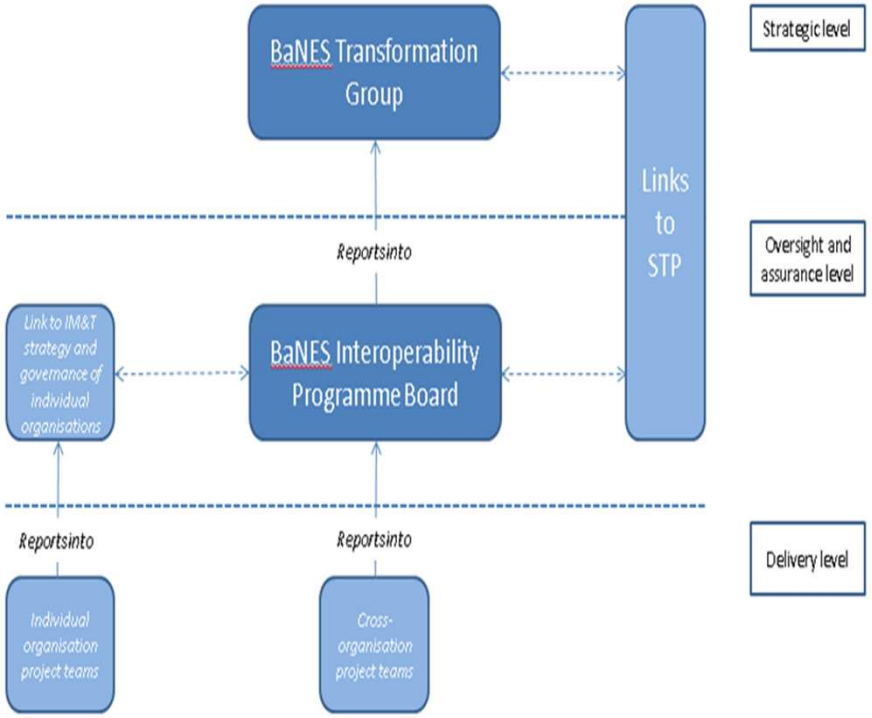


Governance of LDR delivery

Key components of model



Proposed model



Membership: CIO/CCIO or equivalent from key BaNES health and care organisations including Council & AHSN, plus CFO of BaNES CCG as SRO

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Annual Report of the Sexual Health Board to the Health and Wellbeing Board

Becky Reynolds
Consultant in Public Health
BaNES Council
June 2016

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Background and Context

» Sexual health board

» Sexual health stakeholder group

» Sexual health needs assessment carried out in 2014/15

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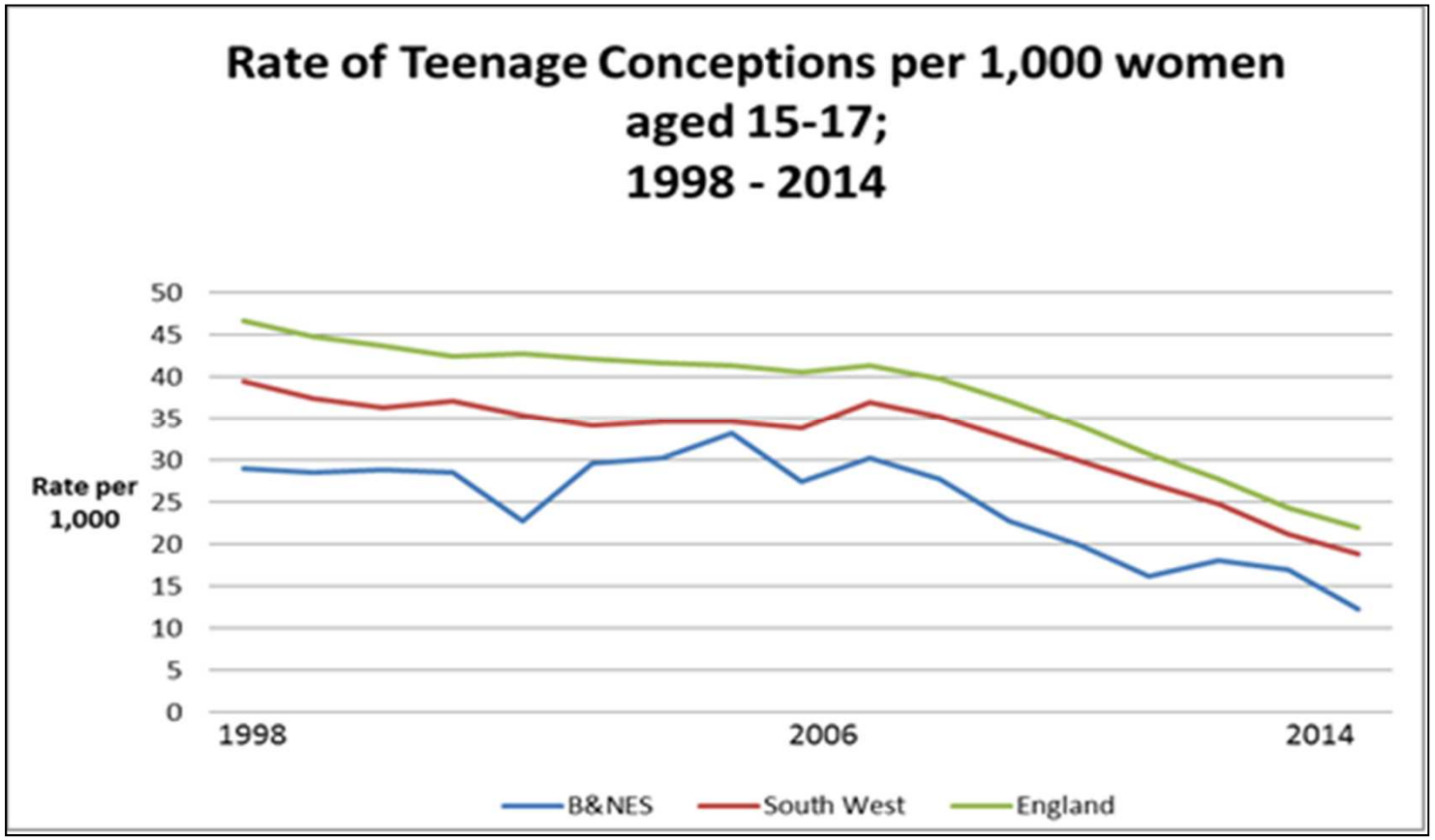
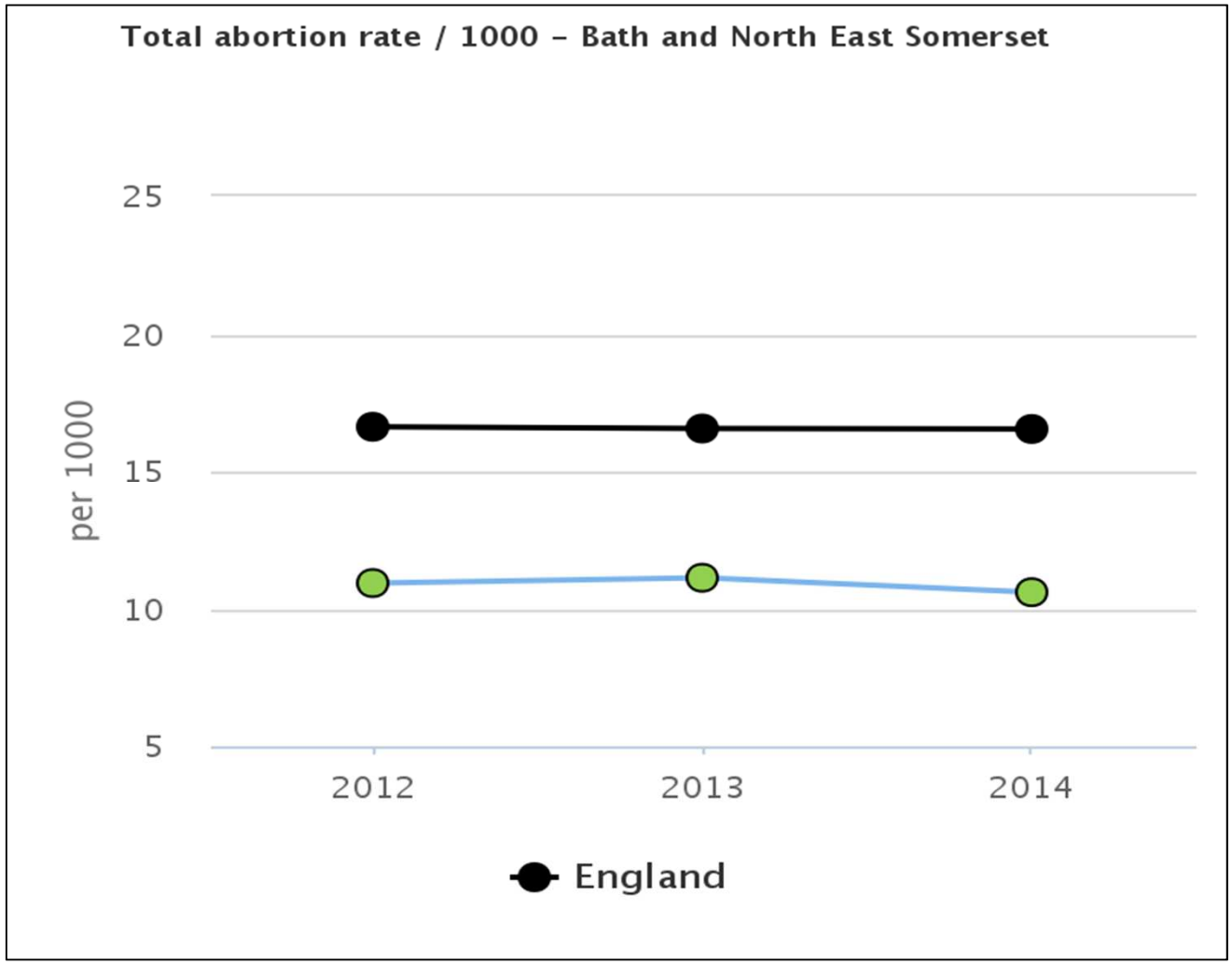
Sexual Health in BaNES


Rate of Teenage Conceptions per 1,000 women aged 15-17;
1998 - 2014
Rate per 1,000
50
45
40
35
30
25
20
15
10
5
0
1998
2006
2014
B&NES
South West
England


Total abortion rate / 1000 – Bath and North East Somerset
25
20
15
10
5
per 1000
2012
2013
2014
England

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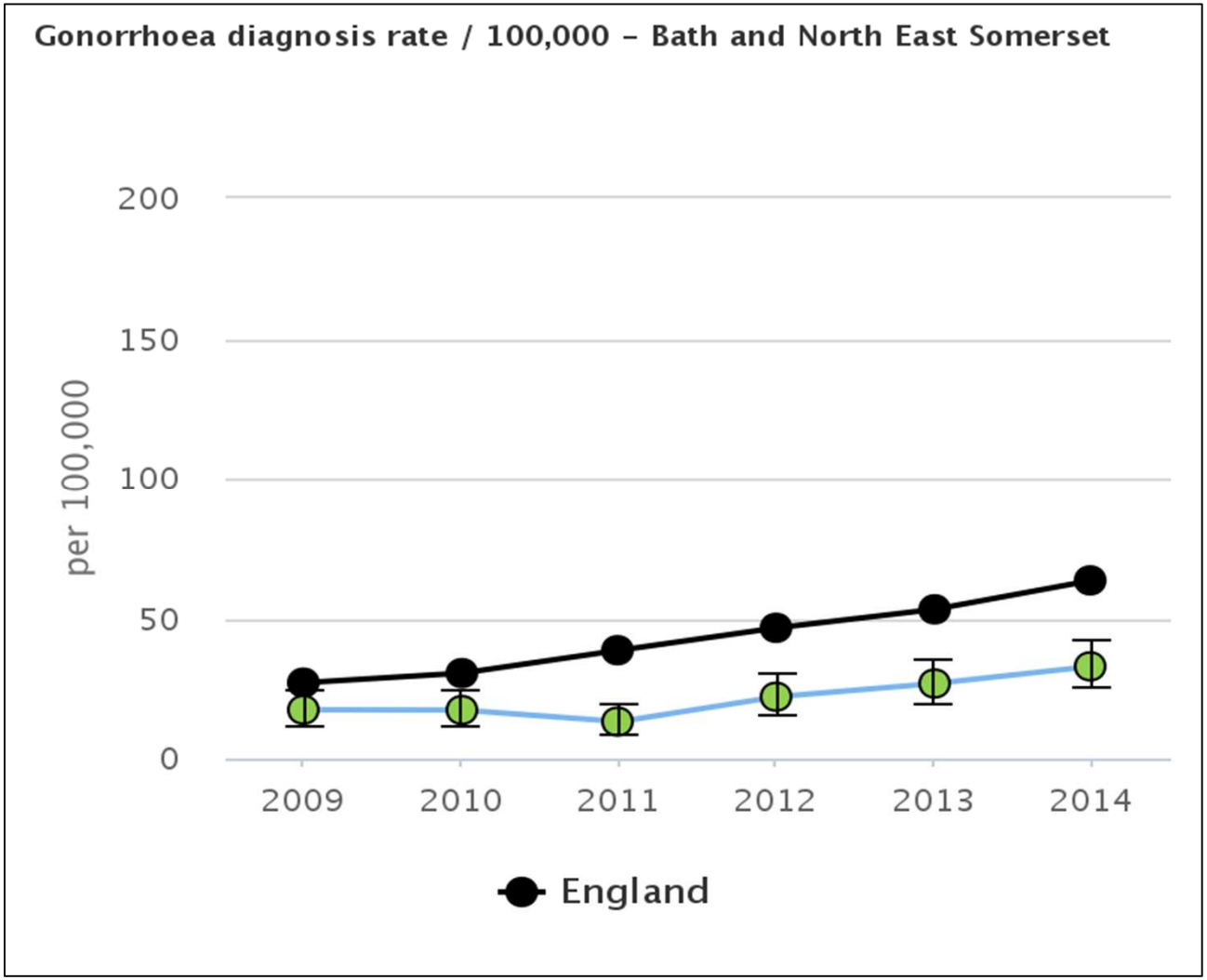

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Activity 2015/16

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- Development of sexual health strategy and action plan
  - Sexually active adults and young people are free from STIs
  - Sexually active adults and young people are free from unplanned pregnancies
  - Young people are supported to have choice and control over intimate and sexual relationships

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- Review of Clinic-in-a-box services
- Review of sexual health training programme
- Review of quality standards for delivery of Long acting Reversible Contraception
- Budgetary pressures
- Move of Dept for Sexual Health and HIV Medicine - RUH to central Bath

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Priorities 2016/17

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

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- Review membership of the Sexual Health Board
- 'Your Care Your Way'
- Continue to implement sexual health action plan

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Any questions?