Bath & North East Somerset Council

NHS
Bath and North East Somerset Clinical Commissioning Group

Bath and North East Somerset Health & Wellbeing Board

Democratic Services Lewis House, Manvers Street, Bath, BA1 1JG	Direct Line:	01225 394414
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	Date:	31 May 2016

To: All Members of the Health & Wellbeing Board

Members: Dr Ian Orpen (Member of the Clinical Commissioning Group), Councillor Vic Pritchard (Bath & North East Somerset Council), Ashley Ayre (Bath & North East Somerset Council), Bruce Laurence (Bath & North East Somerset Council), Jo Farrar (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), John Holden (Clinical Commissioning Group lay member), Tracey Cox (Clinical Commissioning Group), Debra Elliott (NHS England), Councillor Tim Ball (Bath & North East Somerset Council) and Councillor Eleanor Jackson (Bath & North East Somerset Council)

Other appropriate officers
Press and Public

Dear Member

Health & Wellbeing Board

You are invited to attend a meeting of the Board, to be held on **Wednesday, 8th June, 2016** at **10.00 am** in the **Brunswick Room - Guildhall, Bath.**

The agenda is set out overleaf.

Yours sincerely

Marie Todd
Committee Administrator

This Agenda and all accompanying reports are printed on recycled paper

NOTES:

1. **Inspection of Papers:**
   Any person wishing to inspect minutes, reports, or a list of the background papers relating to any item on this Agenda should contact Marie Todd who is available by telephoning Bath 01225 394414 or by calling at the Guildhall Bath (during normal office hours).

2. **Public Speaking at Meetings:**
   The Partnership Board encourages the public to make their views known at meetings. They may make a statement relevant to what the meeting has power to do. Advance notice is requested, if possible, not less than *two full working days* before the meeting (this means that for meetings held on Wednesdays notice is requested in Democratic Services by 4.30pm the previous Friday).

3. **Recording at Meetings**:-

   The Openness of Local Government Bodies Regulations 2014 now allows filming and recording by anyone attending a meeting. This is not within the Council's control.

   Some of our meetings are webcast. At the start of the meeting, the Chair will confirm if all or part of the meeting is to be filmed. If you would prefer not to be filmed for the webcast, please make yourself known to the camera operators.

   To comply with the Data Protection Act 1998, we require the consent of parents or guardians before filming children or young people. For more information, please speak to the camera operator

   The Council will broadcast the images and sound live via the internet www.bathnes.gov.uk/webcast An archived recording of the proceedings will also be available for viewing after the meeting. The Council may also use the images/sound recordings on its social media site or share with other organisations, such as broadcasters.

4. **Details of Decisions taken at this meeting** can be found in the draft minutes which will be published as soon as possible after the meeting, and also circulated with the agenda for the next meeting. In the meantime details can be obtained by contacting Marie Todd as above. Appendices to reports (if not included with these papers) are available for inspection at the Council's **Public Access Points:**

   - Guildhall, Bath;
   - Civic Centre, Keynsham;
   - The Hollies, Midsomer Norton;
   - Public Libraries at: Bath Central, Keynsham and Midsomer Norton.

5. **Substitutions**
   Members of the Board are reminded that any substitution should be notified to the Committee Administrator prior to the commencement of the meeting.

6. **Declarations of Interest**

   At this point in the meeting declarations of interest are received from Members in any of the agenda items under consideration at the meeting.

   (a) The agenda item number in which they have an interest to declare.
   (b) The nature of their interest.
   (c) Whether their interest is a **disclosable pecuniary interest** or an **other interest**, (as defined in Part 2, A and B of the Code of Conduct and Rules for Registration of Interests)

Any Member who needs to clarify any matters relating to the declaration of interests is recommended to seek advice from the Council's Monitoring Officer or a member of his staff before the meeting to expedite dealing with the item during the meeting.

7. Attendance Register:

Members should sign the Register which will be circulated at the meeting.

8. Emergency Evacuation Procedure

If the continuous alarm sounds, you must evacuate the building by one of the designated exits and proceed to the named assembly point. The designated exits are sign-posted.

Arrangements are in place for the safe evacuation of disabled people.

Health & Wellbeing Board

Wednesday, 8th June, 2016
Brunswick Room - Guildhall, Bath
10.00 am - 12.00 pm

Agenda

1. WELCOME AND INTRODUCTIONS

2. EMERGENCY EVACUATION PROCEDURE

3. APOLOGIES FOR ABSENCE

4. DECLARATIONS OF INTEREST

   At this point in the meeting declarations of interest are received from Members in any of the agenda items under consideration at the meeting.

   (a) The agenda item number in which they have an interest to declare.

   (b) The nature of their interest.

   (c) Whether their interest is a **disclosable pecuniary interest** or an **other interest**, (as defined in Part 2, A and B of the Code of Conduct and Rules for Registration of Interests)

   Any Member who needs to clarify any matters relating to the declaration of interests is recommended to seek advice from the Council's Monitoring Officer or a member of his staff before the meeting to expedite dealing with the item during the meeting.

5. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

6. PUBLIC QUESTIONS/COMMENTS

7. MINUTES OF PREVIOUS MEETING (PAGES 7 - 14)

   To confirm the minutes of the above meeting as a correct record.

8. SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE — Tracey Cox

   To receive an update from Tracey Cox.

9. PRIMARY CARE UPDATE - DRAFT STATEMENT OF INTENT (PAGES 15 - 26) — Corinne Edwards

10. HEALTHWATCH UPDATE (PAGES 27 - 28) — Morgan Daly

11. CCG DRAFT DIGITAL IT ROADMAP

    To receive a presentation from Jason Young and Andrew Fenton.

12. SEXUAL HEALTH BOARD ANNUAL REPORT (PAGES 29 - 40) — Paul Sheehan

The Committee Administrator for this meeting is Marie Todd who can be contacted by telephoning Bath 01225 394414

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Bath and North East Somerset Council

Bath and North East Somerset CCG

HEALTH & WELLBEING BOARD

Minutes of the Meeting held

Wednesday, 23rd March, 2016, 10.00 am

Councillor Vic Pritchard	Bath & North East Somerset Council
Bruce Laurence	Bath & North East Somerset Council
Councillor Tim Warren	Bath & North East Somerset Council
Diana Hall Hall	Healthwatch representative
Morgan Daly	Healthwatch Manager: B&NES and Somerset
John Holden	Clinical Commissioning Group lay member
Tracey Cox	Clinical Commissioning Group

Co-opted Non-Voting Member:

43 WELCOME AND INTRODUCTIONS

The Chairman (Councillor Vic Pritchard) welcomed everyone to the meeting and requested that attendees switch their mobiles etc. to silent. He stated that the meeting was being webcasted live and the recording stored on the Council's website.

44 EMERGENCY EVACUATION PROCEDURE

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

45 APOLOGIES FOR ABSENCE

There were apologies from Jo Farrar OBE and Dr Ian Orpen whose respective substitutes were Jane Shayler and Dr Ruth Grabham. There were also apologies from Councillor Michael Evans and Ashley Ayre.

46 DECLARATIONS OF INTEREST

There were none.

47 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

There was no urgent business.

48 PUBLIC QUESTIONS/COMMENTS

There were none.

49 MINUTES OF PREVIOUS MEETING

The minutes of the previous meeting held on Wednesday 3rd February 2016 were approved as a correct record and signed by the Chairman.

50 TRANSFORMATION GROUP UPDATE

The Chairman invited Tracey Cox (CCG) to introduce the update.

Tracey Cox reminded the Board that the group is a Sub-Group of the Board providing a forum to support the delivery and implementation of "Seizing Opportunities", BaNES CCG's 5 Year and shared system oversight of the Better Care Fund and to support the development of future service models and enable active input into the Board's strategic planning.

Tracey Cox took the Board through the report which included the outcomes from the most recent meeting of the group.

John Holden asked about B&NES area position in terms of Delayed Transfer of Care (DToC).

Tracey Cox replied that B&NES area had been performing much better than other areas in terms of DToC. However, DToC performances had been below the target set in the Better Care Fund.

John Holden expressed his concerns in conflict of resources allocated for Your Care Your Way (YCYW) and those for Sustainability and Transformation Plan (STP). John Holden said that YCYW was much more important than the STP in case of a competition for resources.

Tracey Cox agreed with John Holden and added that she would have discussions with health community on the progress of both, YCYW and STP, and how they collide and overlap each other.

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

51 SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE

The Chairman invited Tracey Cox to give a presentation.

Tracey Cox highlighted the following points in her presentation:

- Overview of the process
- Sustainability and Transformation Footprint
- Leadership and Governance
- Draft Governance structure
- Checkpoint on 15th April 2016
- Next steps
- Areas STPs will need to cover
- Linkages to B&NES Health and Wellbeing

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

The Chairman said that the STP had been specific in what it had been accountable for. The Chairman expressed slight concern that Councils within the STP Footprint may have different NHS objectives.

Jane Shayler said that the STP footprint would not preclude Councils from forming other partnerships based on a different geographical footprint, including with the West of, nor it would prevent B&NES to progress with its own key priorities for the community, including Your Care Your Way.

Bruce Laurence said that one of B&NES' strengths were in strong links between the Council and NHS. Councils within the Footprint had had different communities though interests on different health areas might be in common. Bruce Laurence concluded by saying that the challenge would be in getting the benefit from the plan rather than being steered by it.

Dr Ruth Grabham expressed her concern on resources for the STP and highlighted that it would be a huge ask from people who were already working really hard with their daily duties.

The Chairman concluded the debate by saying that some considerable work and effort had gone into this project so far. The Chairman also said that James Scott, RUH Chief Executive, would commit 50% of his work time to the role of Senior Responsible Officer. The Chairman said that the Senior Responsible Officer role would cover whole spectrum to delivery of health, and not just one area (i.e. acute only).

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

52 JOINT HEALTH AND WELLBEING STRATEGY UPDATE: CREATING HEALTHY AND SUSTAINABLE PLACES

The Chairman invited Paul Scott (Consultant Public Health) and Louise Davidson (Team Manager - Enabling & Development) to give a presentation.

The following points were highlighted in the presentation:

- Why housing is important to health and wellbeing

- Foxhill Housing Zone
- The Vision for Regeneration
- Consultation and collaboration
- Housing Zone Designation
- Mulberry Park and Phase 1 approved plan
- Regeneration of the Foxhill estate
- Foxhill Regeneration & Development Charter
- Mulberry Park and Foxhill Estate Regeneration - Next few months
- Health & Sustainability Opportunities
- Issues

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

Councillor Bob Goodman (Combe Down Ward) supported the project and thanked the officers for their presentation. Councillor Goodman added that the project had been brought back to the limelight by the current administration. Curo and the Council had had a number of workshops which engaged Foxhill community. Councillor Goodman concluded that Foxhill regeneration should continue to evolve.

The Chairman said that this would be an opportunity for the Board to set a standard on involvement of the Board, and also other health bodies, in future developments in B&NES.

Councillor Tim Warren praised joint work between the Council, Curo and Foxhill community in this project and highlighted the part of the Foxhill residents association.

Diana Hall Hall asked how those who were opposing the project could put their views forward.

Louise Davidson replied that people could object through planning process. Curo, as the developer, would have to balance the views of the community. Curo had set a vision in 2013 and now they had created a plan which had incorporated views of different groups and community.

Bruce Laurence said that this shows the real benefit of bringing Public Health within the Council and getting the team engaged in this development. The Board should be presented with clear indicators on what the development should achieve. The Board should also show clear leadership from health perspective.

Morgan Daly said that he would be prepared to talk, on behalf of the Board, with health advisory groups on this matter and monitor progress of the development and impact that would make on health infrastructure.

John Holden asked why Curo should be trusted when the report had indicated that their current social housing stock in Foxhill had been in poor condition and had required redevelopment. John Holden also commented that health need for around 1,300 housing units had been mentioned briefly and that some other issues, such as traffic via Bradford Road, would also need to be considered. John Holden expressed his concerns that profits from Mulberry Park development would be used to support Foxhill estate. John Holden concluded by showing his full support to

involvement of the Public Health and that the Board should continue to be engaged in this project.

Louise Davidson replied that current housing stock had been built under building regulations some time ago, and now those regulations had expired. The affordable housing would have to meet latest standards and it would have to be built under particular building requirements.

Tracey Cox said that the CCG would do whatever is required to support the development.

The Board agreed with the Chairman for an update at one of Board's future meetings.

It was **RESOLVED** to:

1) Note the presentation and report;
2) Request from officers to take on board issues raised in the debate; and
3) Receive further update at one of future meetings.

53 BETTER CARE FUND PLAN UPDATE

The Chairman invited Jane Shayler to introduce the report.

Jane Shayler introduced the report to the Board as printed.

The Chairman asked how responsive were the RUH in terms of the delayed transfer of care.

Jane Shayler replied that the RUH had been one of the key partners who made significant contributions towards the delayed transfer of care action plan and who would be the lead on some actions within the action plan. However, the RUH do recognise that there would be challenges in delivering the targets for reducing delayed transfers of care and that it is important that all partners play an active role in reducing delayed transfers of care across the whole system, including those in community services.

Tracey Cox added that the RUH would be looking into length of stay on speciality level and they would set some internal targets on what the length of stay should be.

John Holden said that he was pleased with the Better Care Fund (BCF) submission, although he felt that the 8% target for the delayed transfer of care could be easily achieved and there should be more stringent target set internally. John Holden expressed slight concern on shared accountability with the Fund and suggested there should be one person to drive this.

Jane Shayler responded that the Council and the CCG had appointed Caroline Holmes as Senior Commissioning Manager – Better Care who is now accountable on a day to day basis for the DTOC Action Plan and management of the BCF Plan for 2016/17. Jane Shayler also explained that it had been difficult to establish the local baseline for DTOCs as the definition used for DTOCs had changed twice in

2015/16, initially in relation to recording of DTOCs in the community hospitals, which the majority of areas do not report as part of the national performance indicator and then, later in the year in response to best practice guidance. The proposed local target will be challenging to deliver as it relates to DTOCs in all care settings. Even better performance in reducing DTOCs would, of course, be preferable. The 8% target would be challenging and to deliver anything more than 8% would be quite difficult.

It was **RESOLVED** to:

1) Agree the proposed utilisation of BCF 2016/17 funds;
2) Agree the Delayed Transfers of Care (DTOC) Action Plan;
3) Agree the proposed local DTOC targets; and
4) Delegate to the Co-Chairs of the Health and Wellbeing Board formal sign-off of the final submission on 25th April 2016.

54 **SUICIDE PREVENTION STRATEGY AND ACTION PLAN**

The Chairman invited Paul Scott to give a presentation.

Paul Scott highlighted the following points in the presentation:

- Introduction
- Key messages
- Partnership working
- Suicide data headlines for B&NES
- 2000-2014 data
- Risk groups
- B&NES self-harm data
- Action plan with 6 key objectives

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

The Chairman welcomed the Strategy and Action Plan by bringing up an example of unfortunate events that have happened in his Ward.

Morgan Daly asked how effective engagement with the schools was.

Paul Scott replied that the engagement with the schools had been quite successful and really positive though there would be quite more work to be done towards this matter.

Bruce Laurence added that the Strategy was a part of the broader Mental Health agenda. Bruce Laurence highlighted that the economic downturn, suicide rates had increased and had become one of the main reasons for suicide. Bruce Laurence also said that self-harming could be really hard to understand though it had been a lot more common than some people think.

It was **RESOLVED** to:

1) Note the Strategy and its key actions;

2) Continue to provide high level support for the suicide prevention activities outlined in the action plan.

55 HEALTH INEQUALITIES INQUIRY DAY

The Chairman invited Paul Scott and Rebecca Reynolds (Consultant Public Health) to introduce the report.

The Board welcomed a programme for the summit on 11th May 2016.

It was **RESOLVED** to note the report and to receive a paper on the output of the summit for July 2016 meeting of the Board.

The meeting ended at 12.10 pm

Chair .....

Date Confirmed and Signed .....

Prepared by Democratic Services

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MEETING	**B&NES HEALTH AND WELLBEING BOARD**
DATE	**8 June 2016**
TYPE	**An open public item**

Report summary table	
Report title	Primary Care Update – Draft Statement of Intent
Report author	Corinne Edwards, Head of Commissioning Development, BaNES CCG
List of attachments	Draft Statement of Intent
Background papers	Improving General Practice – A Call to Action, NHS England, August 2013 Five Year Forward View, NHS England, 2014 BaNES CCG's Five-Year Strategy, 2014-19 GP Forward View, NHS England, April 2016
Summary	The draft Statement of Intent sets out the ambition and vision for primary medical services in Bath and North East Somerset to 2020. It builds on the themes arising from engagement with the public, GP practices and local stakeholders throughout 2015/16 as well as our approach to the development of primary care outlined in the CCG's five-year strategy. It is focussed on general practice as the CCG does not currently hold the core contractual responsibilities for dentistry, eye care and pharmacy.
Recommendations	The Board is asked to note the report and direct any feedback or comments to Corinne Edwards
Rationale for recommendations	This report is intended to inform the Health and Wellbeing Board of a key strategic issue and provide an opportunity for the Board to contribute to the development of the Statement of Intent, which the CCG will engage more widely with stakeholders this year.
Resource implications	There are no resource implications for the Health and Wellbeing Board in relation to this report.
Statutory considerations and basis for proposal	There are no statutory considerations for the Health and Wellbeing Board in relation to this report.
Consultation	This draft Statement of Intent has been developed as a result of engagement with the public, GP practices and local stakeholders. The plan is to consult and engage more widely on this key

	strategic issue.
Risk management	The management of risks associated with primary medical services is managed through the CCG's governance process.

THE REPORT

PRIMARY CARE STRATEGY

The National Context – 'A call to action'
In August 2013 NHS England launched 'Improving general practice – a call to action'. This sought to engage and support action to transform services in local communities. It intended to stimulate debate as to how we can best support the development of general practice to improve outcomes and tackle inequalities, both for today's patients and for future generations.

The report noted:

- An ageing population, growing co-morbidities and increasing patient expectations
- Increasing pressure on NHS financial resources
- Growing dissatisfaction with access to services
- Persistent inequalities in access and quality of primary care
- Growing reports of workforce pressures including recruitment and retention problems

Five Year Forward View (FYFV)
In response to these challenges and findings arising from the 'A call to action' engagement process, NHS England's subsequent FYFV, which was published in 2014, set out a clear commitment to strengthen primary care and general practice as the bedrock of a secure and sustainable NHS. The FYFV noted:

- The foundation of NHS care will remain list-based primary care.
- Given the pressures they are under, we need a 'new deal' for GPs.
- Over the next five years the NHS will invest more in primary care, while stabilising core funding for general practice nationally over the next two years.
- GP-led Clinical Commissioning Groups will have the option of more control over the wider NHS budget, enabling a shift in investment from acute to primary and community services.
- The number of GPs in training needs to be increased as fast as possible, with new options to encourage retention.

Local Context
BaNES GPs serve a generally healthy and relatively wealthy population with patient experience often reported as above the national average. Our GP practices perform well, as reported in the GP Patient Survey (GPPS) with overall patient experience reported as 'good' at 92% for BaNES, compared to 85% nationally. The data are based on the January 2016 GPPS publication. This combines two waves of fieldwork, from January to March 2015 and July to September 2015.

Despite these good outcomes we continue to face the challenges of an ageing population, and have small geographical areas which have poor health outcomes and are equivalent

to some of the worst performing areas in England. By 2021 we will see a 27% increase in the number of patients aged 75-79 and a 38% increase in those aged over 90.

In addition, local authority housing development projections outline how the population will increase due to new housing developments. The data shows an approximate increase of 20,000 people in the period to 2024. This equates to approximately 10 whole time equivalent GPs required based on NHS England calculations, assuming a GP led model for future delivery. Nearly half of the expected increase in housing is likely to be built in the Bath city area. Local authority planning policy representatives and the CCG have presented to the BaNES GP Forum, outlining the high level themes to update the GPs on the potential impact on GP services as well as assist the CCG in its future planning.

The vast majority of GP practices in England hold either GMS or PMS contracts. The GMS contract is nationally negotiated, however all BaNES practices hold PMS contracts, locally agreed to better tackle particular needs of patients based on local priorities.

NHS England has undertaken a 'PMS Review' to ensure any extra funding above and beyond what an equivalent GMS practice would get is clearly linked to providing extra services. NHS England have identified a total PMS premium of approximately £1 million paid to practices in B&NES. During the course of 2015 practices have had the opportunity to:

- Meet with NHS England, the Local Medical Committee and CCG to review their element of the premium
- Describe where it is serving special populations that merit continued additional funding over and above core, additional, enhanced and any current locally commissioned services

From April 2016 implementation of phased reinvestment of the premium will begin, ending in 2020/21.

A number of our practices have also had CQC inspections this year, all receiving overall ratings of 'Good'.

Joint Commissioning Arrangements for Primary Care

Currently the CCG is in joint commissioning arrangements with NHS England and will continue to do so during 2016/17 along with Wiltshire and Swindon CCGs. Co-commissioning was an opportunity for CCGs to have increased responsibility and influence over local decisions affecting primary care (medical). The three commissioning options originally offered were:

- Greater involvement for CCGs in primary care decision-making; NHS England retained responsibility for all commissioning decisions
- Joint arrangements where CCGs and NHS England assumed joint responsibility for an agreed set of functions potentially under a joint committee. Pooled funding arrangements could be considered, although not mandatory

- Delegated arrangements where CCGs assumed full responsibility for commissioning all the functions of general practice services, (excluding performers' lists, appraisal and revalidation)

NHS England has advised that the current expectation is for all CCGs to move to delegated arrangements, or return to / remain with 'greater involvement' for 2017/18. As part of the expected transition, a draft NHS England proposal of support has been shared with CCGs setting out the working arrangements and responsibilities for the delivery of primary care (medical) co-commissioning in South Central for 2016/17. At this time the CCG expects to move towards delegated commissioning, and will be discussing the 2017/18 transition with NHS England and other CCGs in a similar position.

Developing a BaNES Primary Care Strategy

In developing our local strategy, the CCG is working alongside NHS England who still hold the statutory responsibilities for the core GP contract (PMS contract) and other areas of primary care (dental, pharmacy and eye care). The CCG's strategic approach for primary care was originally outlined in the CCG's five year strategy as follows:

- Vision: Delivery at scale
- Enablers: Sustainable model of Primary Care, Enhanced services delivered 7 days a week
- Approach: Cluster working / MDT model, out of hospital care

These assumptions remain valid, however the CCG recognise the underlying principles of the '*your care, your way'* planning for the future model of community services, and reinvestment of the PMS premium will be significant in supporting the next stage of strategy development.

In addition, NHS England and the CCG have invested in the development of a two year local project to pilot aspects supporting our strategy development. The project, 'Primary Care – Preparing for the Future' (PCPF), delivered by Bath and North East Somerset Emergency Medical Services (BEMS+) runs until October 2016. There are four work streams reporting over the coming months. These aim to:

- Support collaboration between practices by finding new ways of working together
- Develop the workforce to support recruitment and retention of staff as well as enhance workforce development opportunities
- Develop infrastructure, including telephone services and interoperable clinical systems
- Provide a proactive weekend service for vulnerable patients, known as the 'Focussed Weekend Working Service' (FWWS)

The CCG has also supported four smaller transformational projects proposed by clusters of practices, testing new ways of group working and use of clinical staff.

In October 2015, NHS England announced details of the 'Primary Care Transformation Fund,' which has more recently been renamed the 'Estates and Technology Transformation Fund (Primary Care).' This national fund covers the period from 2016 to 2019 and provides £750m to improve access and the range of services available in primary care, through investment in premises, technology, the workforce and support for working at scale. CCG recommendations should reflect local estates strategies and demonstrate engagement across the local health economy.

The CCG has been working with GP practices, representatives from Your Health Your Voice, '*your care, your way*' and BEMS+ amongst others in order to draw together common themes which has resulted in the development of the Statement of Intent. This will help frame the CCG's recommendations to the fund, and will in turn support the creation of a single primary care strategy.

NHS England has recently published guidance for CCGs on how to submit recommendations for funding, which will need to demonstrate that they meet one or more of the following criteria:

- Improved access to effective care
- Increased capacity for primary care services out of hospital
- commitment to a wider range of services as set out in the CCG's commissioning intentions to reduce unplanned admissions to hospital
- increased training capacity

The CCG has been working with groups of practices to develop proposals that would best support primary care in serving the longer term needs of the B&NES population, taking into account the above criteria. The CCG recommendations and proposals need to be submitted to NHS England by 30th June 2016 after which NHS England will complete an initial review against the criteria, including an assessment of deliverability by 2019. They will provide feedback by the end of August 2016. Two subsequent stages include a period of due diligence undertaken by NHS England and will culminate in the production of a business case by the CCG. NHS England's timescales for final decisions about funding are still to be confirmed.

Please contact the report author if you need to access this report in an alternative format

NHS
Bath and North East Somerset
Clinical Commissioning Group

Draft

Statement of Intent

BaNES Primary Care 2020

May 2016

Draft Statement of Intent

BaNES Primary Care 2020

May 2016

The purpose of this statement is to set out the ambition and vision for primary medical services in Bath and North East Somerset by 2020.

1 Introduction

This statement is based on themes arising from engagement that has taken place during the course of 2015/16 with the public, GP practices and other local stakeholders. It will form the basis of the nascent Primary Care Strategy for General Practice. The statement builds on our approach to the development of primary care outlined in the CCG's 5-year strategy 2014-19.

For clarity, this statement of intent is focussed on General Practice. Whilst the CCG does not hold the core primary care contractual responsibilities for Dentistry, Eye Care and Pharmacy it is recognised that these areas will be incorporated in the future.

2. The Local Context

BaNES GPs serve a generally healthy and relatively wealthy population, however, there are pockets of significant deprivation and associated health inequalities. We have a mixture of urban and rural populations.

- Our GP practices collectively perform extremely highly, as reported in the GP Patient Survey (GPPS) with overall patient experience reported as 'good' at 92% for BaNES (in the top few in country), compared to 85% nationally.
- We have the best outcomes for overall patient care in the country.
- The initial reports arising from CQC inspections are positive with all inspected practices (10 to date) receiving overall judgements of 'Good'.

We recognise that one size does not fit all in terms of the different communities and needs across BaNES, so there will need to be variation in the way services are set up.

Collaboration

We have a good history of collaboration amongst our own practices, well-established integration with the local authority and a history of close working with the wider health community.

Why is change needed?

A. <u>We know from our GP community that we must</u>:
   - Ease pressure on GP practice workload to deliver sustainability. The status quo is not an option
   - Influence and collaborate with the wider health and care community, and innovate across an increased range of services

B. We know from our public engagement:
   - There are variations across practices regarding GP access / appointments
   - Support is required to navigate the system – for those inside and out of it
   - There can be specific challenges with the management of patients with mental health problems, at End of life and out of hours
   - We can improve our use of IT, and the appropriate sharing of patient records

C. General Practice Forward View (GPFV)

The GPFV has outlined the expected direction of travel for CCGs and their member practices. The GPFV acknowledges the pressures on primary care that have been highlighted in recent years:

- Ageing populations, growing co-morbidities and increasing patient expectations
- Increasing pressure on NHS financial and staffing resources
- Persistent inequalities in access, quality and outcomes of primary care at a national level
- A growing workforce issue affecting the wider primary care workforce – GPs, nurses, HCAs
- Burden of bureaucracy and unpaid work that has grown inexorably

Both local and national factors are important in shaping the direction and content of our primary care strategy.

The last year…

In the last year there has been some progress. For example,

- We commenced Joint Commissioning with NHS England for General practice
- We completed the PMS review process and agreed proposals for future service reinvestment.
- We continued with the BEMS+ PCPF project which will conclude this year
- We worked with practices to support a bid for national primary care transformation fund
- We have run a local CCG transformation bid process to test new ideas.

There is much to build on.

3. The CCG's role in Developing Primary Care

The role of the CCG is

To lead our health and care system collaboratively through
the commissioning of high quality, affordable, person centred care

'Your Care, Your Way' sets out an ambition that everyone should access the best possible health and care services in their community.

General practice plays a pivotal role in delivering this ambition. However, service and delivery models need to change to respond to the current and future needs of our local population.

In BaNES we will build a seamless integrated service for patients that is linked to local assets in the community and maximises the benefits of non-medical interventions like social prescribing and other services provided by the voluntary sector.

This will be demonstrated by the way services are delivered and outcomes that are aligned and are common across services.

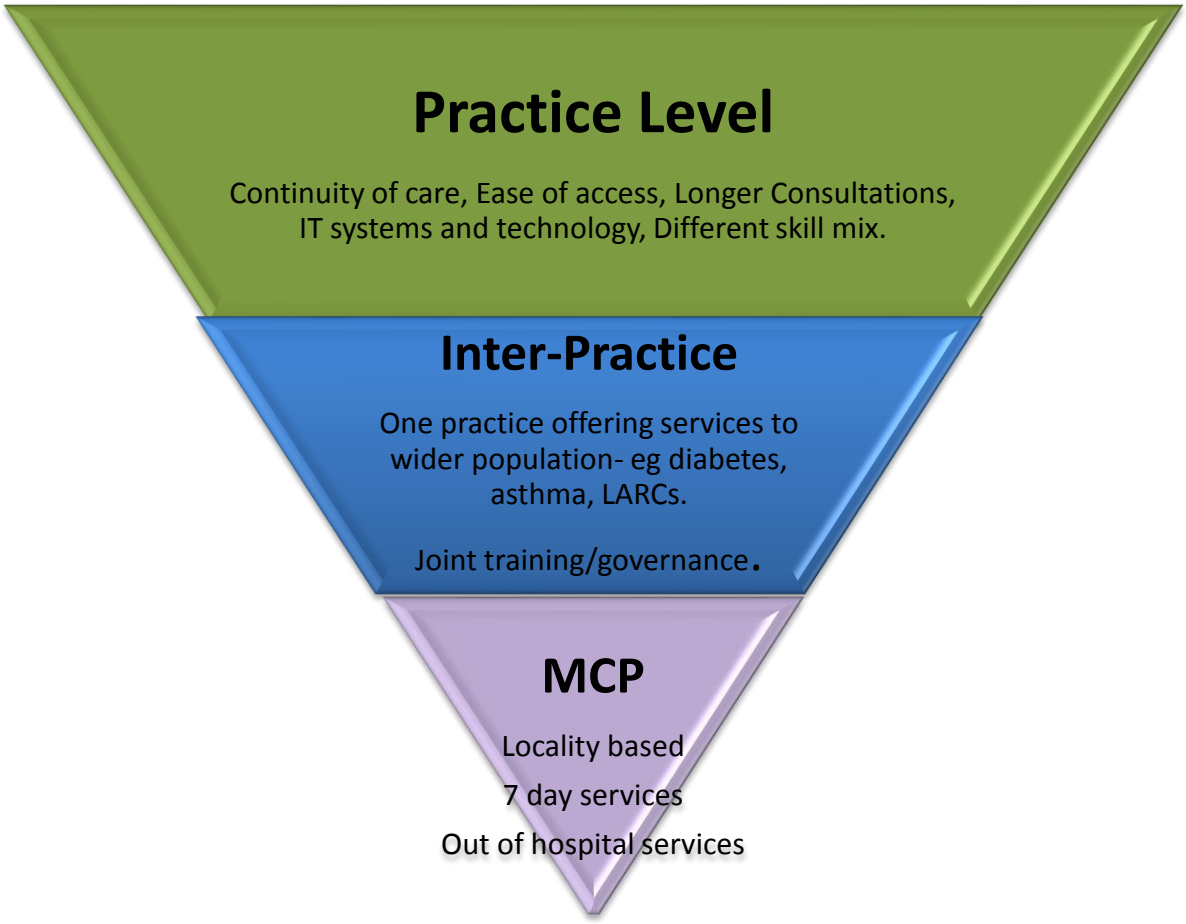
It is our belief that this will

- **Build** on the solid foundation of high performing primary care in Bath and North East Somerset
- **Develop** a service that is equipped for the future
- **Support** the sustainability and resilience of our practices

4. BaNES Primary Care 2020 Vision

Primary Care – Build, Develop, Support

A Proposed Blueprint



MCP = Multi-Specialty Community Provider, ie what was previously described as an Intermediate Care Centre (ITCC)

BaNES Primary Care 2020 can be summarised as:

- *Progressing Delivery at Scale*: changes to the contractual model and scale of delivery
- *Building Multi-Disciplinary Team approaches*: changes to skill mix and composition of teams
- *Enhancing Services delivered across 7 days:* changes to service design, location, timing and method of delivery
- *Maximising the role of technology:* to support delivery of wider range of methods for patient interaction with primary care
- *Enhancing the primary care workforce:* developing new roles to support primary care
- *Securing high quality primary care services:* through quality monitoring, peer review

This means that by 2020 we will see -

1. **Out of Hospital Services**
   The development of a number of locations to deliver an enhanced range of services, accommodating future population growth and delivery of out-of-hospital services as a 'Multi-Speciality Community Provider' (MCP)

2. **Larger Practice Populations**
   Practices (groups or merged practices) that serve larger populations, and that sites will be rationalised depending on need and location, but will remain the first point of contact for NHS services

3. **Evenings/Weekends**
   Enhanced offer of routine primary care appointments at weekends and evenings at key designated locations subject to a local assessment of need

4. **Practice Collaboration**
   Investment in support for continued practice collaboration, resulting in innovative changes to skill mix and unified approaches to clinical systems/record sharing

5. **Other Staff Groups**
   i) Work to increase the profile and stronger voice for all staff groups within primary care to make best use of their skills
   ii) Support for practices to test new workforce roles in primary care, accessing new national sources of funding where appropriate

6. **Technology**
   i)Technological solutions to support innovative approaches to meeting patients' needs (such as e-consultations and remote monitoring) and to encourage more self care
   ii) More patients accessing their electronic care record
   iii) Full inter-operability between GP practices in B&NES

What are we going to do in 2016-17?

During 2016/17 we will consider and respond to actions arising from:

- Local appointment of the Prime Provider for the 'Your Care Your Way' Community Services provision
- BEMS+ PCPF final project recommendations
- Outcomes from Estates and Technology bids submitted to the NHS England Transformation Fund in June 2016

We will also: -

- Develop a plan to transition to 'Delegated' Primary Care Commissioning from 2017/18.
- Assess the appetite for a local version of the Dudley type Outcomes Framework to replace QOF and incorporate Enhanced Services
- Test our proposed vision for primary care with members of the public and local stakeholders.
- Continue to work with GP Practices to see how they can support the system to increase its responsiveness and management of patients with urgent care needs

May 2016

MEETING	**B&NES HEALTH AND WELLBEING BOARD**
DATE	**8 June 2016**
TYPE	**An open public item**

Report summary table	
Report title	Healthwatch Update
Report author	Morgan Daly / Alex Francis: 0117 958 9345
List of attachments	None
Background papers	None
Summary	An update on Healthwatch priorities and new approach to delivery
Recommendations	The Board is asked to agree that: • Strategic feedback from members will be shared with Healthwatch to inform decision making regarding the proposed priorities and work.
Resource implications	None
Consultation	The Healthwatch B&NES Advisory Group
Risk management	A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

THE REPORT

This short update details the proposed priorities for Healthwatch B&NES for 2016/17. Healthwatch is working to become further integrated into the work of the Health and Wellbeing Board – as such, we would welcome any feedback or ideas from members regarding the content of this update and the working priorities contained here.

1. The proposed priorities

1.1 Supporting the role of PPGs.

We recognise the importance of GP practices to the health and wellbeing of local people – but also in relation to empowering local people to prevent ill health by staying healthy. The role of PPGs in this aim is increasingly important, and Healthwatch will support this work this year, including via our work with the Joint Primary Care Co-commissioning Committee.

An example of this work is the role Healthwatch can play in informing discussions around the implications of refugee resettlement within B&NES for GP services.

1.2 Local innovation towards improving mental health services

Healthwatch recognises that innovation is taking place locally and nationally around mental health service provision, and will work to support this.

Examples include the developing mental health collaborative alliance, the provision of services at Hillview Lodge, and the launch of the mental health charter best practice guide.

This work will contribute to theme 2 of the joint health and wellbeing strategy, improving the quality of people's lives, and towards the NHS five year forward view of better integrated mental and physical health.

1.3 Supporting the STP

Healthwatch recognises the importance of consulting the public on the STP, which we will support through into June 2016. We also recognise the clear desire felt by local people to see better integrated, high quality local services. We will work collaboratively with Healthwatch Wiltshire and Swindon (Swindon is also now delivered by The Care Forum) to support the STP work across the footprint, and will direct our work towards supporting the NHS five year forward view.

1.4 The implementation of your care, your way

Healthwatch recognises that your care, your way will significantly change how services are delivered locally, and will offer many opportunities to create high quality, responsive services for local people. We are committed to supporting and offering input into this important local development.

Please contact the report author if you need to access this report in an alternative format

MEETING	**B&NES HEALTH AND WELLBEING BOARD**
DATE	**8 June 2016**
TYPE	**An open public item**

Report summary table	
Report title	Sexual Health Board Annual Report
Report author	Paul Sheehan; paul_sheehan@bathnes.gov.uk; 01225 394065
List of attachments	Appendix 1: Risk assessment
Background papers	N/A
Summary	This is an annual report of the Sexual Health Board for the information and consideration of the Health and Well Being Board. It details the key work overseen and completed during 2015/16 and highlights priorities for 2016/17
Recommendations	The Board is asked to • Proposal 1: The Health and Wellbeing Board consider the contents of the annual report • Proposal 2: The Health and Wellbeing Board approve the contents of the annual report
Rationale for recommendations	As this is an Annual Report, we ask that the Health and Wellbeing Board gives their consideration of the actions undertaken, and the proposed priorities for 2016/17 so that it meets with their approval. The actions undertaken and priorities for 2016/17 will contribute to the delivery of the three themes in the Joint Health and Wellbeing Strategy
Resource implications	None
Statutory considerations and basis for proposal	N/A

Consultation	Sexual Health Board
Risk management	A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance

THE REPORT

1 BACKGROUND AND CONTEXT

1.1 This annual report details the work overseen and completed during 2015/16 by the B&NES Sexual Health Board by providing background and context to the board; a brief overview of sexual health in B&NES; details of some of the key work overseen and completed; successes and challenges; and priorities for 2016/17.

1.2 The *purpose* of the Sexual Health Board is to oversee the development and delivery of a strategic plan for sexual health in B&NES; to influence the commissioning and delivery of high quality sexual health promotion, clinical provision and sexual health-related social care, ensuring equitable provision according to need; and to ensure effective partnership responses are developed and delivered in respect of all sexual health services for B&NES residents.

1.3 The *scope* of the board covers sexually transmitted infections (STIs), unintended pregnancy and safe termination of pregnancy; young people's sexual health including relationships and sexual health education; psychosexual issues; the promotion of safe sexual experiences; teenage pregnancy; and HIV. Other areas such as rape, sexual violence and exploitation, sexual dysfunction and gynaecological, whilst linked, are outside of the scope of the board, although linkages are made and developed where required and appropriate.

1.4 The Sexual Health Board 's *functions* are:

- To identify the sexual health needs of the population of Bath and North East Somerset
- To take a strategic, collaborative and co-ordinated approach to the implementation of national sexual health and related strategies and programmes
- To ensure collaboration between the various commissioners of sexual health services including Clinical Commissioning Groups (CCGs) and NHS England (NHSE)
- To ensure the work of the teenage pregnancy partnership continues by providing leadership to the programme as necessary and where appropriate incorporating planning into the wider sexual health programme
- To agree a set of priorities that will inform future sexual health commissioning intentions in line with national guidance
- To refresh the Bath and North East Somerset sexual health and HIV strategy and action plan
- To initiate and agree the aims of sexual health working groups that support the delivery of the action plan

- To lead continuous improvement within available resources in the quality, range, consistency and accessibility of sexual health services across the partnership by receiving from relevant commissioners and considering an overview of provider activity and quality measures, making recommendations as necessary

- To ensure that expert clinical input is available to provide direction to the commissioning and improvement of local sexual health services

- To tackle inequalities, stigma and discrimination that have a negative impact on sexual health

1.5 As a result of changes brought about by the Health and Social Care Act 2012, sexual health services are commissioned by a range of different organisations. Part of the ethos of the Sexual Health Board was to recognise these splits with a view towards bringing the various commissioners and providers of services together to try and minimise the potential for fragmentation.

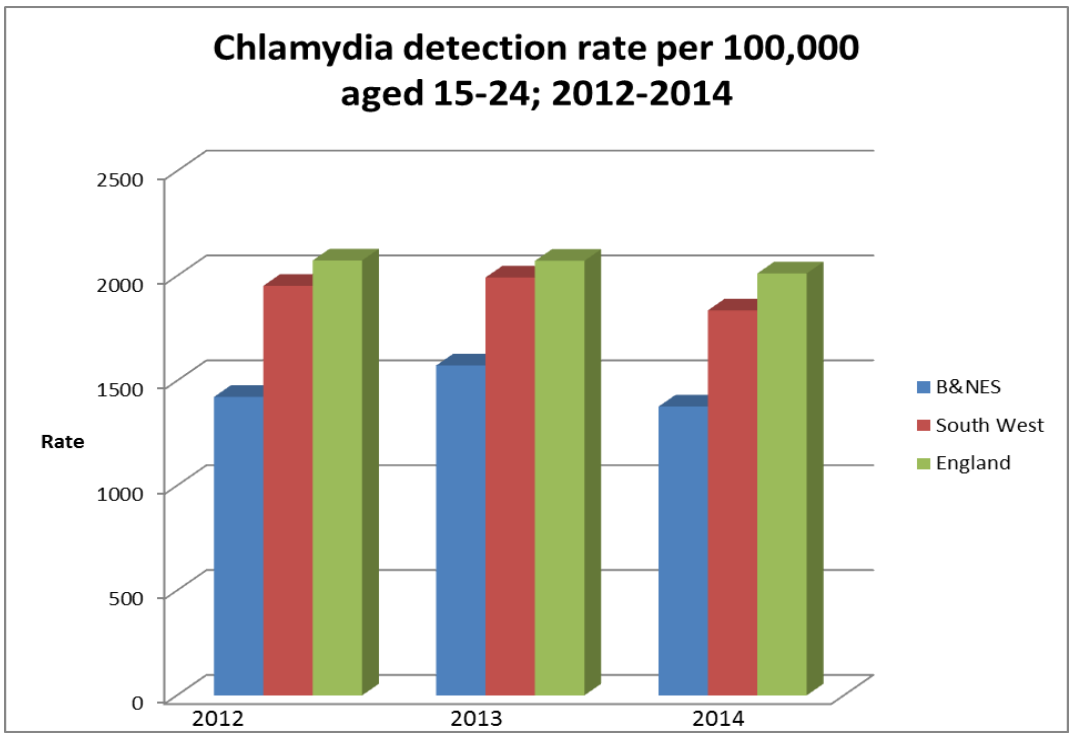
1.6 The membership of the board is comprised of senior managers from a range of sectors including public health; social care; children and young people's services and education. In addition there are senior managers and clinicians from primary care; genitourinary medicine; contraception and sexual health services; Public Health England; Sirona Care and Health; NHS England and the voluntary sector.

1.7 The Sexual Health Board meets quarterly and is directly accountable to the Health and Well Being Board, reporting annually.

2 SEXUAL HEALTH IN B&NES

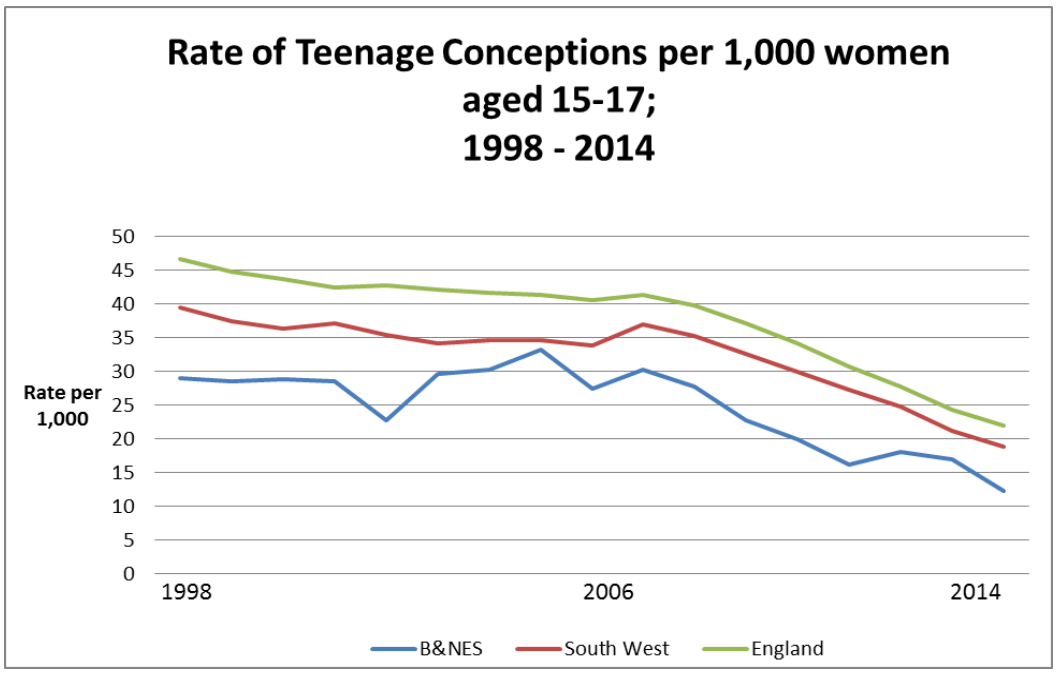
2.1 The sexual health of B&NES residents is generally better than the national average by most indicators

2.2 In terms of STIs, B&NES is a low prevalence area for gonorrhoea, genital herpes and genital warts. The diagnosis rate for Chlamydia, the most common STI amongst 15-24 year olds, is also lower than the national average, and the regional average, as detailed in the table below:



2.3 In terms of HIV B&NES is a low prevalence area for HIV infection, with 0.66 infections per 1,000 population aged 15 to 59 years, compared to 0.99 in the South West and 2.15 per 1,000 in England. The number of new HIV infections in B&NES is small and stable with an average of less than 5 people newly diagnosed with HIV annually, during 2011 to 2014

2.4 B&NES has reduced its level of teenage conceptions from a rate of 29.0 per 1,000 women aged 15 to 17 years in 1998 to a rate of 12.3 in 2014, as detailed in the chart below:



This rate is lower than both the South West rate (18.8) and the England rate (22.0)

2.5 Abortion rates in B&NES are also lower than the regional and national rates. In B&NES 10.6 per 1,000 women aged 15-44 accessed an abortion during 2014, compared to 13.6 in the South West and 16.5 across England

3 KEY WORK OVERSEEN AND COMPLETED

3.1 During 2015/16 the Sexual Health Board has overseen the completion of a number of important work streams. One of the most important was the development and initiation of the B&NES Sexual Health Strategy. Following the completion of the sexual health needs assessment, and analysis of the key findings and recommendations, the Sexual Health Board developed and agreed a three-year sexual health strategy. The strategy sets out both the national and local context for sexual health, highlights some of the gaps in provision that were identified by the needs assessment, and sets out the evidence in terms of what works in improving sexual health. The strategy also includes our vision for sexual health in B&NES which, building on the basis of the World Health Organisation's definition of sexual health, states that:

"the diverse communities of B&NES have equitable and sexually fulfilling relationships; access to high quality, accurate information and advice enabling individuals to make informed choices about their sexual health; and access to high quality, appropriate and accessible services to prevent sexual ill health and treat sexual ill health"

3.2 The sexual health strategy has also set out three population-level outcomes to help us ascertain what progress we are making towards achieving our vision. The three outcomes are:

- *Sexually active adults and young people are free from STIs;*
- *Sexually active adults and young people are free from unplanned pregnancies;* and
- *Young people are supported to have choice and control over intimate and sexual relationships*

3.3 The delivery of the strategy is overseen and coordinated by the Sexual Health Board through the development of another key work stream – the sexual health action plan. The action plan sets out 30 identified actions to help support our desired outcomes. Each action has an identified lead who takes responsibility for the taking each action forward and completing it. The actions are set out into five areas as defined by the recommendations of the sexual health needs assessment. These are:

- *Strengthening intelligence and research;*
- *Strengthening sexual health service provision;*

- *Strengthening prevention and promotion;*
- *Working with recent technologies;* and
- *Strengthening training and development*

The action plan is a standing item on the agenda of each Sexual Health Board and is updated quarterly. Alongside that, a range of indicators have been established to help assess progress against the three population outcomes identified above. The development of the strategy, action plan and indicator set has meant that we now have a more overarching and robust approach to improving sexual health across B&NES, which we hope will support progress towards our identified outcomes over the lifetime of the strategy.

4 SUCCESSES

4.1 There have been a number of successes for the Sexual Health Board during 2015/16. Some of the main successes have been the development of the strategy and action plan, and there has been notable progress in a number of issues highlighted in the action plan including a review and redesign of Clinic in a Box services to better meet patient need; improved access to pharmacy sexual health services in Chew Valley; and exploratory work into the decline in the number of issues of our Condom Card (C-card) scheme.

4.2 The Sexual Health Board has been involved in the consultation and discussions around a potential move of the Department for Sexual Health and HIV Medicine, currently located at the main Royal United Hospital site in Weston Park, to a proposed shared location with the Contraception and Sexual Health (CaSH) service in Riverside, central Bath. This proposal is currently out to public consultation but the advantages of such a move are considerable. If it goes ahead it could facilitate enhanced access to services for patients, better integration of clinical pathways and facilitate a more holistic, integrated service.

4.3 The Sexual Health Board has also supported the procurement process for a new provider of our local chlamydia screening programme. Chlamydia screening is one of the national Public Health Outcomes Framework (PHOF) indicators for sexual health and it is highly important that the programme functions effectively in terms of supporting providers to screen, providing quick notification of results, easy access to treatment for those who test positive, and support for sexual partners who may also have been exposed. Our new programme provider will be part of the wider Bristol, North Somerset and South Gloucestershire (BNSSG) sexual health service which will enable efficiency and cost savings, plus build on a joined up approach to chlamydia screening across the region.

4.4 The Sexual Health Board has supported the review of the sexual health training programme for 2015, and the development of the programme for 2016. The training programme is available free of charge to any relevant professional working in B&NES and covers a range of diverse topics and issues including

supporting the sexual health needs of young people with learning disabilities; supporting parents and carers to talk to their children about sex and relationships; working with Lesbian, Gay, Bisexual and Transgender (LGBT) young people around sexual health; and the impact of the internet and pornography on sex and relationships. Several of the members of the Sexual Health Board and Sexual Health Stakeholders Group are also trainers on the programme, which further embeds our vision and focus on outcomes.

5 CHALLENGES

5.1 Following the development of the Sexual Health Strategy, there are a number of items on our Sexual Action Plan that have not yet achieved, or have experienced delays in being achieved. For example, we had hoped to strengthen and improve the content and timing of activity data across all sexual health service providers by the end of 2015, and although this has been improved in some areas, there is scope for improvement in others. Also some of the potential developments in making changes to services such as looking into the provision of STI testing and treatment from additional locations outside of Bath city centre, and increased chlamydia screening, have been hampered by increased budgetary pressures

5.2 Another major challenge has been how services should continue to be commissioned in a climate of financial austerity. As a result of public sector cuts, including significant cuts to the Public Health grant, the Sexual Health Board has had to make very tough decisions in terms of how and where services are delivered, and indeed whether some services should continue at all. Many services have had to agree cuts in their budgets, and some services will be decommissioned completely. Tough decisions have, and will continue to be made, but the Sexual Health Board remains committed to achieving our vision and outcomes whilst working within available budgets.

6 PRIORITIES FOR 2016/17

6.1 As already identified the Sexual Health Board intends to continue to strive to achieve our vision and stated outcomes during 2016/17. There are a number of items identified through the Sexual Health Action Plan that need to be progressed and delivered. We are clear that these items need to be delivered in a way that is mindful of the budget restraints that we face now, and further restraints that we likely to face in the future.

6.2 The development of the strategy and action plan has also meant that the Sexual Health Board has identified potential gaps in its membership. Over the summer of 2016 we will review our membership and look to expand it as appropriate.

6.3 Your Care Your Way (YCYW) will have a significant impact on both the organisation and delivery of a range of sexual health services including the Contraception and Sexual Health (CaSH) service, provision of sexual health services through general practices and community pharmacies, and the delivery

of sexual health promotion services across B&NES. The Sexual Health Board is actively seeking to utilise YCYW as an opportunity to integrate services across B&NES so that patients have open-access provision where the majority of sexual health and contraceptive needs can be met in one appointment, at one site, in addition to the potential for a common management structure, single governance system and the standardising of protocols and procedures across services. Given the age profile of sexual health service users, an integrated approach may also support the increased use of health technologies in services to deliver outcomes such as usage of SMS texting of results, advice delivered through Skype or LiveChat facilities and central, online booking for appointments.

7 RECOMMENDATIONS

7.1 The Health and Wellbeing Board consider the contents of this report.

7.2 The Health and Wellbeing Board approve the contents of this report.

Please contact the report author if you need to access this report in an alternative format

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B&NES Health and Wellbeing Board

8 June 2016

APPENDIX 1 – Risk Assessment for Item 12: Sexual Health Annual Report

Proposed recommendation(s) of report:

- The Health and Wellbeing Board consider the contents of the Annual Report
- The health and wellbeing board approve the contents of the Annual Report

Risks relating to proposed recommendation(s)
No significant risks identified

Risks of not taking proposed recommendation(s)
The risks of not taking the proposed recommendations are that the Sexual Health Board will lack approval of the Health and Wellbeing Board for its actions delivered during 2015/16 and for its proposed priorities for 2016/17.

Without the approval of the Health and Wellbeing Board the direction and forward planning of the Sexual Health Board will have to be reoriented.

Actions to manage risks of not taking proposed recommendation(s)
Further discussions with the Health and Wellbeing Board around proposed direction and priorities for 2016/17.

Contact person	Paul Sheehan, Public Health Development and Commissioning Manager Public Health Team People and Communities Department paul_sheehan@bathnes.gov.uk; 01225 394065

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