

HEALTH & WELLBEING BOARD

Minutes of the Meeting held

Wednesday, 12th October, 2016, 10.30 am

Dr Ian Orpen	Member of the Clinical Commissioning Group
Councillor Vic Pritchard	Bath & North East Somerset Council
Mike Bowden	Bath & North East Somerset Council
Tracey Cox	Clinical Commissioning Group
Morgan Daly	Healthwatch Manager: B&NES and Somerset
Councillor Michael Evans	Bath & North East Somerset Council
Diana Hall Hall	Healthwatch representative
Bruce Laurence	Bath & North East Somerset Council
Councillor Tim Warren	Bath & North East Somerset Council
Councillor Eleanor Jackson	Bath & North East Somerset Council (Observer)

23 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

24 EMERGENCY EVACUATION PROCEDURE

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

25 APOLOGIES FOR ABSENCE

Apologies for absence were received from Ashley Ayre (substitute Jane Shayler) and John Holden.

26 DECLARATIONS OF INTEREST

There were no declarations of interest.

27 **MINUTES OF PREVIOUS MEETING - 7 SEPTEMBER 2016**

The minutes of the previous meeting were approved as a correct record and signed by the Chair subject to the following amendment:

Page 3 paragraph 6 delete the words “providing information for the health commissioners” and replace with “collating commissioning plans for the forthcoming year”.

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

The Chair informed the Board that there was one item of urgent business. This was a programme update regarding “Your Care Your Way”. The reason for urgency was the need to update the Health and Wellbeing Board in advance of a key decision by the CCG Board and the Council.

29 **ITEMS FROM THE PUBLIC**

Sylvia Jones addressed the Board on behalf of “Protect Our NHS B&NES” regarding community health and social care services and concerns about the probable awarding of the community services contract to Virgin Care.

The Chair stated that a considered response would be provided in due course.

A copy of the statement is attached as *Appendix 1* to these minutes.

30 **YOUR CARE YOUR WAY UPDATE**

Sue Blackman, Project Lead, presented a programme update regarding “Your Care Your Way”. A copy of the presentation is attached as *Appendix 2* to these minutes. The programme is now at the preferred bidder stage and there will be two outputs from this stage – a full business case and a draft contract. There were six workstreams as follows:

- Commissioning – The due diligence process has been worked through. Work is being carried out to ensure a point of safe transfer on 1 April 2017.
- Communication – Including branding, future public engagement and participation strategy, for example, locality hubs.
- Workforce – Council and CCG staff and the impact on workforce transfer.
- Estates
- Finance – Including assurance, open book accounting and pooled budgets.
- Information Management and Technology – Including information governance, infrastructure and safe transfer.

No major risks or gaps had been identified in the due diligence process.

Outcomes based commissioning would look at:

- How much service did we deliver?
- How well did we deliver it?
- How much change/effect did we produce?

- What quality of change/effect did we produce?

Timescales are:

- November 2016 to March 2017 – Mobilisation
- April 2017 to March 2018 – Transition
- April 2018 to March 2020 – Transformation

Key dates are:

- 20 October – Provider event
- 25 October – Preferred bidder stage completed
- 10 November – Full business case to governing bodies

Tracey Cox stated that it was important to remember other providers and sub-contractors during this process and asked how Virgin Care was developing relationships with these providers. It was confirmed that Virgin Care had been given clear direction regarding engagement with other providers. They were being positive and proactive and also working with the voluntary sector.

Morgan Daly welcomed the work undertaken so far and asked whether there were ideas about reviewing this with community champions. It was noted that all community champions had been offered the chance to review the business case. There would be further opportunities for them to be involved at the end of the preferred bidder stage of the process.

RESOLVED: To note the update.

31 **SUSTAINABILITY AND TRANSFORMATION PLAN (STP) BRIEFING**

The Board received an update from James Scott, Senior Responsible Officer, regarding the work being carried out on the Sustainability and Transformation Plan (STP). The report outlined the progress made since the programme was established in April 2016 and the next steps towards delivering both the next phase of the plan development and commencement of the system-wide transformation work to be outlined within it.

The model of care across the workstreams was focussed around the needs of the individual. It was important to engage neighbourhoods in the delivery of care.

There were three main workstreams:

- Urgent and emergency care
- Planned care
- Prevention

There were also a range of supporting systems including estates, digital and workforce.

The difficulties recruiting and retaining key staff such as GPs and domiciliary care staff were noted.

There were currently broad design ideas and this would then progress to engagement with consultation at the appropriate times. It was acknowledged that there had been some debate around whether the footprint of B&NES, Swindon and Wiltshire was correct. There were no plans to change referral flows. The possible devolution deal and elected mayor proposals were also noted.

It was hoped that the STP would be published before Christmas.

James Scott explained that expertise across the footprint would be identified and that cross-fertilisation of ideas and good practice would be helpful. Two examples of this were the provision of fracture liaison services and diabetes services.

Morgan Daly pointed out that there was some anxiety from the public and stressed the need for a concrete timeframe for public involvement.

RESOLVED: To note the report.

32 **DEMENTIA FRIENDLY COMMUNITIES**

The Board considered a report by the Commissioning and Contracts Officer and the Consultant in Public Health.

Organisations on the Health and Wellbeing Board were invited to become members of the B&NES Dementia Action Alliance (DAA). This would involve signing up to the National Dementia Declaration for England and submitting a short Action Plan setting out three actions that the organisation would do to contribute to delivering better quality of life for people living with dementia and their carers. Membership would provide a visible commitment to improving the lives of those people with dementia.

Cllr Warren supported the proposal and asked about the availability of training for both councillors and Council staff regarding dementia. It was noted that this training was available and that some councillors had already a session. Healthwatch also agreed to publicise and encourage training in this area. Councillor Jackson asked that any training should also be extended to include development management officers to assist them in ensuring that building developments were suitable for those suffering from dementia.

Mike Bowden noted that there was also a B&NES child friendly alliance and suggested that the two organisations could work together.

Morgan Daly proposed that organisations signing up to the DAA could provide an update regarding the actions they have signed up to.

RESOLVED:

(1) That organisations on the Health and Wellbeing Board become members of the B&NES Dementia Action Alliance (DAA), thus signing up to becoming dementia friendly organisations.

(2) To request that organisations signing up to the DAA provide an update to the

Health and Wellbeing Board regarding the actions they have identified and progress within six months.

33 **B&NES HEALTH PROTECTION BOARD ANNUAL UPDATE 2015-16**

The Board considered a report by the Health Protection Manager giving an update on progress made by the Health Protection Board on the priorities and recommendations made in the 2015-16 report, highlighting the key areas of work that has taken place in 2015-16 and identifying priorities for the next 12 months. A copy of the presentation is attached as *Appendix 3* to these minutes.

It was noted that on page 7 of the report the total number of cases of clostridium difficile infection was 83 and not 237 as printed.

The Health Protection Board had been set up to ensure that local partners have the relevant plans in place. Members of the Board plan and identify public protection risks, provide mutual challenge and are able to build relationships with partner organisations.

There were three amber rated priorities in 2014-15 as follows:

- Fully operationalise health protection plans in B&NES – it was noted that a plan is in place but still needs to be tested.
- Help to ensure resilience of health emergency planning in B&NES.
- Improve uptake in all childhood immunisation programmes.

There was one red rated priority regarding improving the uptake of flu vaccination in target groups. This had still not improved although more vaccinations had taken place there had been an increase in the number of people in each target group category.

The following areas of work were highlighted:

- Work was being carried out in schools to raise awareness of antimicrobial resistance by the use of antibiotics. A poster competition was being run for Year 3 pupils in all B&NES schools.
- Work was being carried out to raise awareness of ticks and lyme disease among the public and frontline healthcare staff. Posters and leaflets have been produced.
- Projects to address inequalities in health screening were underway.

The Board welcomed the work being carried out and thanked officers for the very clear and comprehensive report. There was a clear link to the work of the Health and Wellbeing Board.

It was noted that a national advertising strategy for the flu vaccine would begin today. This would include radio, TV and magazine advertising. Flu vaccinations are now available at local pharmacies as well as GP surgeries.

The Board also welcomed the work being carried out to address inequalities in health screening, in particular for those people with learning difficulties. Healthwatch

would be keen to help to disseminate any information around this issue as required.

The Chair stressed the importance of antibiotic guardians and was keen to publicise this area of work.

RESOLVED: To note the B&NES Health Protection Annual Report 2015-16 and the following priorities for the Health and Wellbeing Board for 2016/17:

- (1) Assurance: to continue to monitor performance of specialist area, identify risks, ensure mitigation is in place and escalate as necessary.
- (2) To support the B&NES Antimicrobial Resistance Strategic Collaborative.
- (3) To continue to ensure that the public are informed about emerging threats to health.
- (4) To support the review of the Bath Air Quality Action Plan and support the implementation of the actions in the Saltford and Keynsham Air Quality Action Plans.
- (5) To increase the uptake of MMR vaccination in B&NES.
- (6) To improve the uptake of flu vaccinations in at risk groups, pregnant women, children and health care workers and support the STP work-stream to run collective campaigns for the influenza and pneumococcal vaccine.
- (7) To continue to reduce health inequalities in screening programmes.

34 **ANNUAL DIRECTOR OF PUBLIC HEALTH REPORT: GET FRESH - HEALTH AND WELLBEING IN BATH AND NORTH EAST SOMERSET**

The Board considered a report by the Director of Public Health regarding the state of public health in the area.

The Director explained that this was a time of paradox and contradiction for example:

- There is a great interest in cooking and local farmers' markets while at the same time the use of food banks is increasing.
- Leisure centres and cycleways provide good services but over 50% of adults are overweight leading to an increase in diabetes.
- Educational attainment is improving but the UK is currently placed in only 16th place for child wellbeing.
- Life expectancy is increasing but the gap between rich and poor remains unchanged. The number of care homes has also decreased by 10%.
- Fewer people are now smoking but the cost of some types of alcohol is extremely cheap.
- There are excellent building developments taking place within B&NES but global warming remains a threat and bio-diversity is falling.

There were many challenges which need to be considered and it is important to take stock and focus on priorities. The Board thanked the Director for his excellent report and stated that it should be disseminated via social media and the local press. It will also be presented to the CCG Board. Board members also suggested that the Director should produce a short podcast to promote the messages contained in the report.

RESOLVED:

- (1) To note the annual report.
- (2) To agree that the areas of focus in the report reflect current public health priorities in Bath and North East Somerset.
- (3) To endorse the importance of preventative and health protection services to the residents of Bath and North East Somerset.
- (4) To request that the report and its key messages be disseminated as widely as possible.

The meeting ended at 12.10 pm

Chair

Date Confirmed and Signed

Prepared by Democratic Services

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Protect Our NHS BANES

Statement to The Health and Well Being Board Oct 12th 2016

Decision re: community health and social care services November 10th 2016

Protect Our NHS BANES have concerns about the probable awarding of the community services contract to Virgin Care. There are specific issues which relate to the remit of the Health and Well Being Board which we would like to raise with you.

Collaboration

Your terms of reference state that one of your aims is to work collaboratively across the NHS, social care, public health and other areas. We feel that this aspect has not been given sufficient weight in the procurement process. The Virgin Care bid appears to place great emphasis on IT to achieve integration and has little to say about fostering a collaborative culture which is equally, if not more, important. We believe that the rejection of LiNK's bid, which brings together key local health partners including the local acute hospital and mental health trust, is a lost opportunity to avoid unnecessary hospital admissions and facilitate effective discharges. The Virgin model that we have seen does not demonstrate how this aspect will be delivered in practice.

We are also worried that a private company, like Virgin Care, with its concern for commercial confidentiality will not find it easy to work with partners with whom it has no contractual relationship. We have heard that this has been a problem elsewhere which has affected patient care.

Virgin Care proposes to introduce a model using a care co-ordination centre. The only place where we have been able to identify a similar Virgin Care model is in East Staffs. This much smaller contract has only been running for 4 months. We would like to know how effective this has been in 'joining up services and information' for patients, and whether it is delivering the outcomes claimed. Has objective evidence been sought?

Consultation and involvement

Your TOR place a duty on the Board to ensure 'wider engagement' (para 6). We appreciate that the Your Care Your Way team has involved community champions in the development of priorities and the drawing up of the specification for the contract but this is not the same as public consultation. Most people we have spoken to, including users of Sirona's services, are largely in the dark about these plans and furthermore are shocked to discover that the services may be handed over to a private for profit company. Councillors will only have one week to scrutinise the business case and contract. As a Board are you concerned that the procurement process, with its strict government guidelines, has undermined good practice in public engagement?

Quality of Care

The operation of the new contract will take place in a climate of rising demand for social care (the Joint Strategic Needs Assessment estimates, for example, an increase in dementia amongst women of 23% by 2025 and 43% amongst men). At the same time there will be further cuts in local authority budgets. We appreciate that growing needs will require new and innovative approaches but delivering high quality care especially to people at the end of their lives will remain a key objective; the Virgin Care colourful plan makes virtually no reference to this.

We understand that this is the first contract where Virgin would take over the full local authority legislative responsibilities for adult social care – care assessment, determination of eligibility and care planning. We would like to see more detail about how they will fulfil these responsibilities and how Virgin will cope with rising demand and make cost savings - we doubt that this can be achieved by IT alone!

Monitoring

Monitoring outcomes, targets, quality and costs is a complex and detailed process. We would question whether a small local authority and CCG have the resources and expertise to do this on an ongoing basis. We are also concerned that when dealing with a private company this process will not be open and transparent to elected members and, indeed the public, as Freedom of Information requests will not apply.

Pam Richards

On behalf of Protect Our NHS BANES



your care, your way

Programme Update

Preferred Bidder Stage

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Preferred Bidder Update



Full Business Case Phase Three



November 2016

Bath & North East
Somerset Council


Bath and North East Somerset
Clinical Commissioning Group



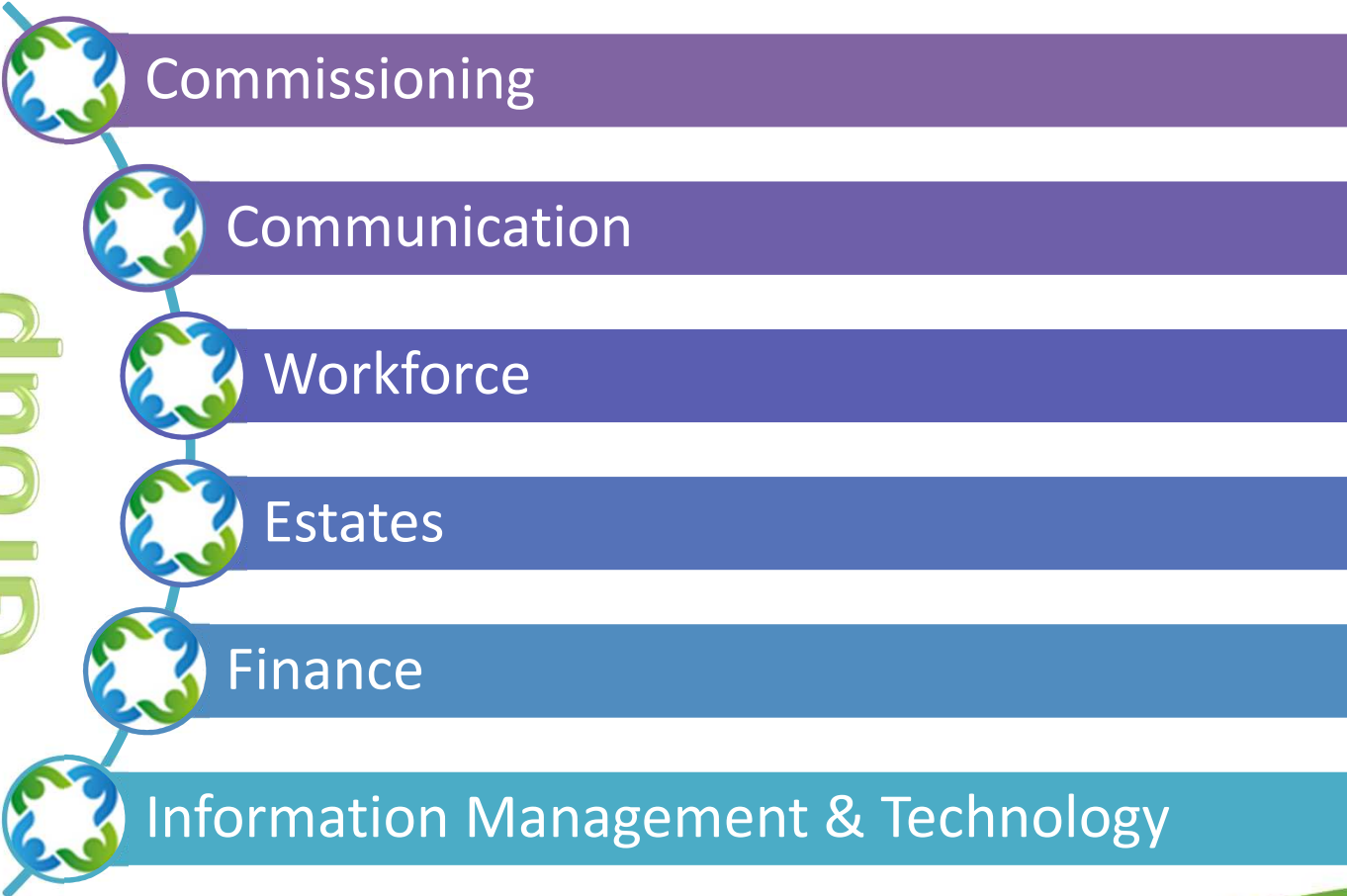
NHS Standard Contract 2016/17
General Conditions (full length)



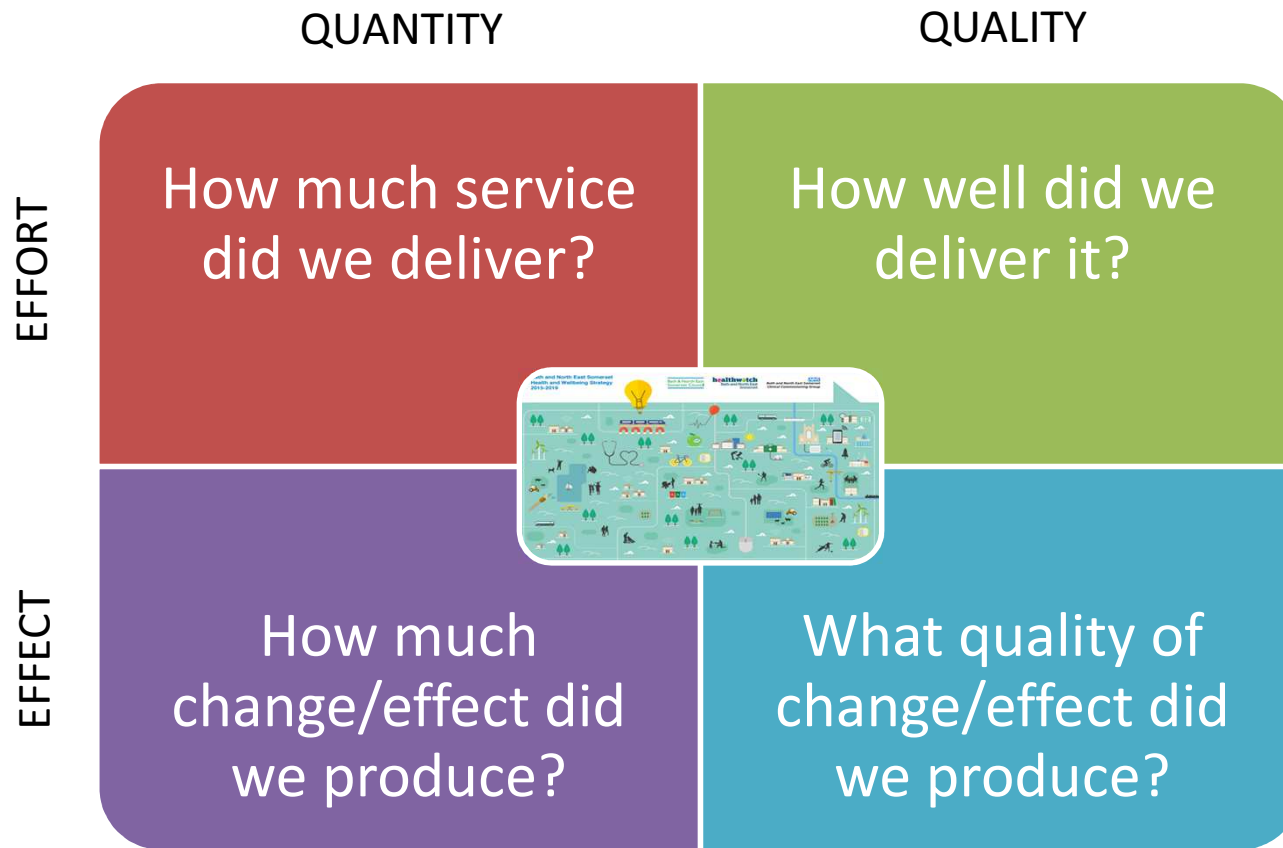
Preferred Bidder Stage Structure

YCYW Steering

Group



Outcomes Based Commissioning



Making it happen

Nov 16 to Mar 17

- Mobilisation

Apr 17 to Mar 18

- Transition

Apr 18 to Mar 20

- Transformation

Key Dates

October

20

Provider event

October

25

Preferred bidder stage completed

November

10

Full business case to governing bodies

Any questions?



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B&NES Health Protection Board's 2015/16 Annual Report to the Health and Wellbeing Board

**Becky Reynolds, Consultant in Public Health
Anna Brett, Health Protection Manager**

**Bath and North East Somerset Council, Public Health Team
12 October 2016**

What is Health Protection?

Protecting the health of the population by improving the prevention and control of infectious diseases and other environmental threats. It includes:

- infectious diseases
- chemicals, poisons and radiation
- emergency response
- environmental health hazards

Which specialist areas does the Health Protection Board cover?

**Healthcare Associated
Infection (HCAI)**

KPIs: MRSA / C.difficile

**Communicable Disease
Control & Environmental
Hazards**

KPIs: private water supplies /
air quality management areas

Health Emergency Planning

KPIs: Civil Contingencies Act
requirements

Sexual Health

KPIs: chlamydia diagnoses, HIV
& under 18 conceptions

Substance Misuse

KPIs: hep B vaccination, hep C
testing, opiates & non-opiates

Screening & Immunisation

KPIs: national screening
programmes & uptake of
universal immunisation
programmes

Progress on 2014-15 priorities that were implemented in 2015-16

No.	Priority	Progress
1	Fully operationalise health protection plans in B&NES	Yellow
2	Help to ensure resilience of health emergency planning in B&NES	Yellow
3	Support the development of Air Quality Action Plans (AQAPs) for Saltford & Keynsham	Green
4	Improve uptake in all childhood immunisation programmes	Yellow
5	Improve the uptake of flu vaccination in target groups	Red
6	Assurance: continue to monitor performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary.	Green
7	Ensure that the public are appropriately informed about emerging threats to health	Green

Priorities that were RAG rated AMBER in 2014-15

- Fully operationalise health protection plans in B&NES
- Help to ensure resilience of health emergency planning in B&NES
- Improve uptake in all childhood immunisation programmes

Improve the uptake of flu vaccination in target groups: RAG rated **RED**

B&NES uptake of seasonal flu vaccination 2014-15 & 2015-16

Eligible Group	B&NES Uptake 2015-16 (%)	B&NES Uptake 2014-15 (%)	England Average Flu Vaccine Uptake 2015-16 (%)
65 and over	72.0	72.9	71.0
Under 65 (at risk only)	43.0	45.4	45.1
All Pregnant Women	44.0	45.7	42.3
All aged 2	42.6	46.8	35.4
All aged 3	47.8	48.3	37.7
All aged 4	39.6	39.8	30.0
All aged 5	38.5	N/a	53.6
All aged 6	33.7	N/a	52.1

The following 7 priorities have been identified for 2016-17

1. Assurance: continue to monitor the performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary

2. Support the B&NES Antimicrobial Resistance Strategic Collaborative

3. Support the development of the Bath Air Quality Action Plan and support the implementation of the actions in the Saltford & Keynsham Air Quality Action Plan

4. Continue to ensure that the public are informed about emerging threats to health

5. Improve the uptake of MMR vaccination in B&NES

6. Improve the uptake of flu vaccinations in at risk groups, pregnant women, children and health care workers & support the STP work-stream to run collective campaigns for the influenza and pneumococcal vaccine

7. Continue to reduce health inequalities in screening programmes

Support the B&NES Antimicrobial Resistance Strategic Collaborative



Support the development of the **Bath Air Quality Action Plan** and support the implementation of the actions in the **Saltford & Keynsham Air Quality Action Plan**



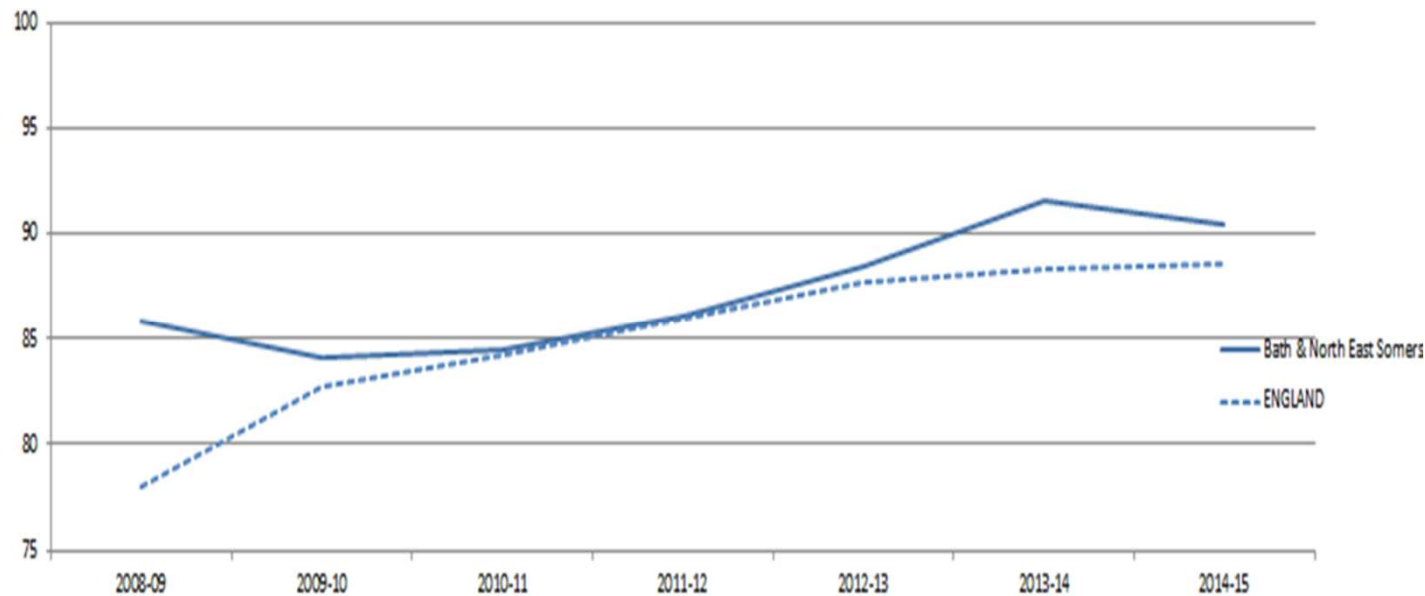
Continue to ensure that the public are informed about emerging threats to their health



Ticks & Lyme Disease

Improve the uptake of MMR vaccination in B&NES

Uptake of MMR Dose 2 by 5 years old in B&NES 2008-2014



Continue to reduce inequalities in screening programmes



Picture: Sirona Care & Health's Community Learning Disabilities Nurses