
HEALTH & WELLBEING BOARD

Minutes of the Meeting held

Tuesday, 25th September, 2018, 10.30 am

Dr Ian Orpen (Chair)	Member of the Clinical Commissioning Group
Councillor Vic Pritchard	Bath & North East Somerset Council
Ashley Ayre	Bath & North East Somerset Council
Mike Bowden	Bath & North East Somerset Council
Tracey Cox	Clinical Commissioning Group
Alex Francis	The Care Forum – Healthwatch
Sara Gallagher (in place of Elaine Wainwright)	Bath Spa University
Nicola Hazle (in place of Hayley Richards)	Avon and Wiltshire Partnership Trust
Bruce Laurence	Bath & North East Somerset Council
Councillor Paul May	Bath and North East Somerset Council
James Scott	Royal United Hospital Bath NHS Trust
Dr Andrew Smith	BEMS+ (Primary Care)
Sarah Shatwell	(VCSE Sector) - Developing Health and Independence
Jane Shayler	Bath & North East Somerset Council

Observer: Cllr Robin Moss

15 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

16 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the evacuation procedure as listed on the call to the meeting.

17 APOLOGIES FOR ABSENCE

Apologies for absence were received from:

Mark Coates – Liverty Housing
Cllr Eleanor Jackson – Observer (substitute Cllr Colin Moss)
Steve Kendall – Avon and Somerset Police
Kirsty Matthews – Virgin Care
Bernie Morley – University of Bath
Laurel Penrose – Bath College
Hayley Richards – Avon and Wiltshire Partnership Trust (substitute Nicola Hazle)
Elaine Wainwright – Bath Spa University (substitute Sara Gallagher)

18 DECLARATIONS OF INTEREST

Cllr Paul May declared a non-pecuniary interest as a Non-Executive Director on the Board of Sirona.

19 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

There was no urgent business.

20 PUBLIC QUESTIONS/COMMENTS

- (a) Mr Viran Patel submitted some questions regarding waiting list information. A copy of the questions and responses were circulated at the meeting and this document is attached as *Appendix 1* to these minutes.
- (b) Cllr Will Sandry introduced two young people – Phage Butt and Aviana Read – who made a statement to the Board regarding transgender health issues and the barriers they had found when accessing health care and support. They had received excellent support from the LGBT Group in the “Off the Record” organisation.

21 MINUTES OF PREVIOUS MEETING - 26 JUNE 2018

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

22 BETTER CARE FUND UPDATE

The Board considered a report which outlined how B&NES was meeting the refreshed guidance and, in particular, how it will meet the requirements against reducing delayed transfers of care (DTOCs) from hospital which had been identified in the guidance as one of the key priorities for year two.

It was noted that the Board was constrained to a certain extent by the national policy guidance. Caroline Holmes, Senior Commissioning Manager, presented the report and outlined the revised plan. Local areas were asked to agree and report metrics in the following four areas:

- Delayed transfers of care from hospital.
- Non-elective admissions in acute hospitals (using the same metric which is agreed in the CCG's operational plan).
- Admissions of older people (65+) to residential and care homes.
- The effectiveness of reablement.

Non-elective admissions were 12.5% above plan but this reflected business rules not being updated to reflect the changes to service delivery where ambulatory care episodes were being recorded as admissions.

The following five new schemes have been agreed to 2018/19:

- Mental Health Pathway Review
- Liquid Logic
- Delirium Pathway
- Enhanced Discharge – Care Home Selection
- Trusted Assessor – it was noted that this post had now been filled.

An update report was circulated at the meeting which set out progress on DTOCs since 2017. The Board noted the improvement since January 2018. The September target for the DTOC trajectory would not be met this year but it was anticipated that the target would be met by March. Confirmation from NHS England was awaited that the revised trajectory would be accepted.

Tracey Cox explained that the CCG was working hard to drive down DTOCs and waiting times. The CCG had supported Virgin Care with the Home First scheme but there was still work to do to develop a Demand and Capacity Plan.

Jane Shayler explained that the Joint Commissioning Committee was a Sub-Committee of the CCG Board including representatives of the Council and the CCG Board members. The better care fund scheme plans had been considered by the Joint Commissioning Committee and the Finance and Performance Committee prior to being brought before this Board for sign off.

Bruce Laurence stressed the need to focus on prevention as well as the speed of transfers.

Alex Francis noted that good work was taking place and stated that it was important to communicate this to local residents to raise awareness. Caroline Holmes agreed to discuss this with the Communications Team.

A copy of the update report is attached as *Appendix 2* to these minutes.

RESOLVED:

- (1) To note the Better Care Fund plan 2017-19 update provided in the report and attached appendices.
- (2) To approve the funding commitments to schemes outlined in the report at Appendix 3.

- (3) To approve the revised Delayed Transfer of Care (DTOC) trajectories but to note the risks to assurance which will be addressed with NHS England.

23 CHILDREN AND YOUNG PEOPLE PLAN 2018 - 2021

The Board considered a report which requested members to note the development of the Children and Young People Plan 2018-2021 and to consider how they could support the delivery of the plan.

Mary Kearney-Knowles, Senior Commissioning Manager, presented the plan and covered the following matters:

- The plan set out the vision, outcomes and key priorities that will best support children and young people in B&NES to achieve the best possible outcomes.
- The vision was that all children and young people will enjoy childhood and be well prepared for adult life.
- The 4 outcomes set out in the plan were:
 - All children and young people are safe.
 - All children and young people are healthy (physically and emotionally).
 - All children and young people have fair life chances.
 - All children and young people are active citizens within their own community (*New outcome*).
- The 4 cross-cutting themes were:
 - Strengthen Early Help
 - 'Think Family' approach
 - Narrowing the achievement gap
 - A skilled and competent workforce
- The CAMHS Transformation Plan was developed and delivered by one of the sub-groups and the emotional health and wellbeing of young people was a key priority.
- A number of areas had attracted additional investment including the development of a one year perinatal mental health project offering a peer support service.

Cllr Paul May noted the outcome of the recent OFSTED inspection of children's services in which B&NES had performed better than any other local authority in the South West. He congratulated officers and the voluntary sector on their quality of work. He also stressed the importance of increasing the educational standards of disadvantaged children and young people.

Bruce Laurence recognised the large amount of work within the Plan and highlighted the need to focus on outcomes for areas such as mental health needs and childhood obesity.

Tracey Cox pointed out the importance of support and sign up from all partner agencies in B&NES to enable the success and delivery of the outcomes identified in the Plan.

Nicola Hazle noted that the speed at which young people are able to access mental health services was very important. A quick response and range of interventions was key. The CAMHS transformation had improved services and online, school and

community based counselling services were now available.

A copy of the presentation slides is attached as *Appendix 3* to these minutes.

RESOLVED:

- (1) To note the development of the Children and Young People's Plan 2018-2021.
- (2) To note the Year 4 review of the Children and Young People's Plan 2014-2017.
- (3) To agree to receive an Annual Report from the Children and Young People Sub-Group in September each year and to receive other reports from the Sub-Group as and when requested.
- (4) To note the B&NES Local Safeguarding Children Board (LSCB) Challenges 2017-2018 to the Children and Young People's Sub-Group from the work of the LSCB and its Annual Report 2016-17 and Business Plan 2017-18.
- (5) To endorse the draft CAMHS Transformation Plan 2018-2019 which details the range of additional support commissioned by the CCG to improve children and young people's emotional health and wellbeing.

24 **LOCAL SAFEGUARDING CHILDREN BOARD (LSCB) AND LOCAL SAFEGUARDING ADULTS BOARD (LSAB) ANNUAL REPORTS FOR 2017/18 AND STRATEGIC PLANS FOR 2018/20**

The Board received a presentation regarding the Annual Reports of the Safeguarding Adults and Safeguarding Children Boards. The report was presented by Robert Lake, Chair of the Safeguarding Adults Board. The presentation covered the following issues:

- Mr Lake thanked the former Chair of the Adults Safeguarding Board, Mr Reg Pengelly, for all his work along with the officers from the Safeguarding Team. The transition to a new Chair had been very smooth.
- The OFSTED for the Children's Board had given a rating of "very good". However, it remained important not to become complacent but to feel empowered by this excellent outcome.
- The majority of the safeguarding work was carried out by the Sub-Groups overseen by the Boards.
- There had been an increase in the number of children safeguarding referrals.
- The Adult Safeguarding Board would continue to use the "Think Family" approach with an emphasis on "making safeguarding personal."
- More work had to be carried out regarding mental capacity and to gain a full understanding of the Mental Capacity Act.
- The Children's Board continued to work with families and to focus on prevention, early intervention and listening to the voice of the child.
- It was important for all agencies to work together to find an effective way of working locally.

Cllr Paul May acknowledged the safeguarding pressures on the police and the probation service. He also stressed the importance of a smooth transition from child to adult services to ensure no gap in provision.

Mike Bowden noted that safeguarding issues change over time and drew attention to the current risks around county lines and cuckooing. Robert Lake confirmed that the Board had considered these issues and informed the Board that the Police were the lead organisation on this. Future training sessions and newsletters would cover county lines and cuckooing to raise awareness.

Ashley Ayre stated that although legislative changes would be soon be coming into effect regarding safeguarding it was important to focus on the core business which was the protection of children and vulnerable adults.

RESOLVED: To note the LSCB and LSAB Annual Reports and respective Executive Summaries and their new Strategic Plans for 2018-21.

25 FORWARD WORK PLAN

The Board considered its forward work plan and discussed which items should be discussed at future meetings.

Mental health was identified as a key area for future discussion.

RESOLVED:

(1) To approve the current forward plan.

(2) To agree to consider mental health, including autism and wider SEND issues, at the January meeting.

26 DATE OF NEXT MEETING

The next meeting will take place on Tuesday 27 November 2018.

27 CLOSING REMARKS

The Chair thanked everyone for attending the meeting.

The meeting ended at 12.20 pm

Chair

Date Confirmed and Signed

Prepared by Democratic Services

**Questions to Health and Wellbeing Board
25 September 2018**

The organisation in charge of the Health and Wellbeing Board I.e. the council must take these questions and statements and have them answered by the board under the Public Sector Equality Act. Circumventing any relevant policy that is not a law, that would block these questions or statements, any non-compliance of this request will be subject to a legal challenge by myself Mr Viran Patel and any relevant persons or peoples to whom the issue applies.

Statement:

JSNA does not provide the full waiting list for primary care and secondary care services for assessment and diagnosis. Given that it is up to the statutory authority to deal with making sure that public sector equality is upheld will they do the following:

Questions 1) Will the chair including all associated bodies that commission local services, now ask or provide waiting lists for each contract in place for assessment and diagnosis, in the NHS and provide the total cost of clearing each waiting list?

Question 2) Will the chair request that the waiting list for all Social Care services are published on a monthly basis for review emergency or otherwise, and the first assessment and provide a cost for each month to clear that waiting list?

Question 3) Will the board then provide the list to the Sectary of State for Health and Social Care, to make sure they are aware of the waiting list and hold them to account on funding the clearing of such waiting list under the health and social care act and the care act?

Please do the above in 3 months of your next board meeting.

Failure to comply could lead to corporate manslaughter charges as this could be deemed a failure of each body, its associated professionals in not meeting the public sector equality duty.

Response:

Section 192 of the Health and Social Care Act 2012 amended section 116 of the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for Health and Wellbeing Boards in relation to Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies.

Statutory Guidance for Local Authorities published by the Department of Health (now Department of Health and Social Care) in March 2013 advises:

“JSNAs are assessments of the current and future health and social care needs of the local community – these are needs that could be met by the local authority, Clinical Commissioning Groups, or the NHS Commissioning Board. JSNAs are produced by health and wellbeing boards, and are unique to each local area. The

*policy intention is for health and wellbeing boards to also consider wider factors that impact on their communities' health and wellbeing, and local assets that can help to improve outcomes and reduce inequalities. **Local areas are free to undertake JSNAs in a way best suited to their local circumstances – there is no template or format that must be used and no mandatory data set to be included.***

Local authorities and CCGs have equal and joint duties to prepare JSNAs through the health and wellbeing board.

Similarly, The Equality Act does not include any specific requirements to publish waiting list information for health or care services.

Although there are no specific requirements either under the Health and Social Care Act 2012 or the Equality Act, the Council and CCG recognise that there may be instances when waiting list information can make an important contribution to JSNA. Also, that whilst the Equality Act does not require the publication or assessment, specifically of waiting lists the Council and CCG is required under equalities legislation to know if specific types of people are being disadvantaged by the way they are slotted into their place on a waiting list due to their personal characteristics.

The responses to your specific questions to the Health and Wellbeing are provided in this context.

Questions 1) Will the chair including all associated bodies that commission local services, now ask or provide waiting lists for each contract in place for assessment and diagnosis, in the NHS and provide the total cost of clearing each waiting list?

Response:

Information on numbers of people on waiting lists with our main local providers, and performance against targets relating to patients awaiting planned care are published in the CCG and Council's [Integrated Quality and Performance Report](#).

The CCG does not hold patient level data in relation to waiting lists. This is held by individual providers and is personal confidential data which can only be shared with other parties in accordance with strict data protection legislation.

It is not possible to identify how many individuals on a waiting list may be awaiting assessment and diagnosis as opposed to, or as well as, treatment. The original referral may be for assessment and diagnosis, or treatment, or both, and the range of diagnostic tests and any treatment required by an individual patient will not be confirmed until assessment has taken place. A number of patients will be referred following assessment to alternative services, for example a community or primary care based service, or will decline treatment. It is therefore not possible to calculate the cost of clearing a waiting list at any point in time. If such a calculation were possible, it would become out of date in a very short space of time, as waiting lists change on a daily basis.

For these reasons the CCG is unable to provide a cost of clearing waiting lists.

Question 2) Will the chair request that the waiting list for all Social Care services are published on a monthly basis for review emergency or otherwise, and the first assessment and provide a cost for each month to clear that waiting list?

Response:

Performance against locally agreed targets for completion of social care assessments and reviews and receipt of packages of care following an assessment are published in the Council and CCG's Integrated Quality & Performance Report and can be found via the CCG's website. The cost of reducing waiting times for social care assessments and reviews is dependent on a number of factors, including the complexity of the needs of the individual and the context within which the assessment or review is being undertaken. It is not, therefore, possible, to publish a cost per month of reducing waiting times for assessments and reviews.

Question 3) Will the board then provide the list to the Secretary of State for Health and Social Care, to make sure they are aware of the waiting list and hold them to account on funding the clearing of such waiting list under the health and social care act and the care act?

Response:

Neither the Council nor the CCG will publish or provide to the Secretary of State for Health and Social Care patient or service user level information as this would breach legislation, including General Data Protection Regulations, which is in place to protect the personal information of individuals and govern the use of that information.

The Secretary of State for Health and Social Care does, however, already, receive information on waiting times and whilst very detailed information regarding the cost of clearing waiting lists is not provided the Secretary of State does receive regular reports on the financial status of the CCG and NHS providers, including cost pressures which would include where appropriate an assessment of costs associated with clearing or reducing waiting lists. The Health and Wellbeing Board does not have powers that would enable it to hold the Secretary of State to account for funding the clearing of waiting lists.

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Health and Wellbeing Board

BCF Plan 2018-19

DTOC Update

25th September 2018

1.0 Brief Summary of position:

The July BCF guidance set out baselines and a trajectory for each CCG. The baseline was set using Q3 data when B&NES was not including community hospital DTOC data nationally and gave B&NES a target of **13.8** delayed days per 100,00 population per day. This trajectory and target was challenged by B&NES using nationally reported Q4 performance when community hospitals were included. A revised proposed trajectory was submitted to NHSE with a rate of **20.1** delayed days per day.

2.0 Revised target received:

In early September, NHSE issued B&NES with a revised, stretched trajectory of **17.9** delayed days per day and modelling has since taken place to assess whether this is achievable. NHSE changed their methodology slightly between those areas who appealed against their original target, in order to maintain the national aim of no more than 4000 delayed days per day. This means that B&NES has a “stretched” target to meet compared to other areas of 17.9 days. Had our Q4 performance been used originally by NHSE to calculate the trajectory, the target would have been 19.9 delayed days per day.

3.0 Adjustments made to trajectory and implications:

B&NES has assessed that it can meet the new target received by NHSE in March 2019 but not September 2018. This is because a number of schemes modelled for the year will not have started by September 2018. These include:

- The additional 6 discharges per week from Home First
- The pilot Trusted Assessor role between hospitals and care homes – due to start in November 2018.
- Delirium pathway due to be piloted from October 2018

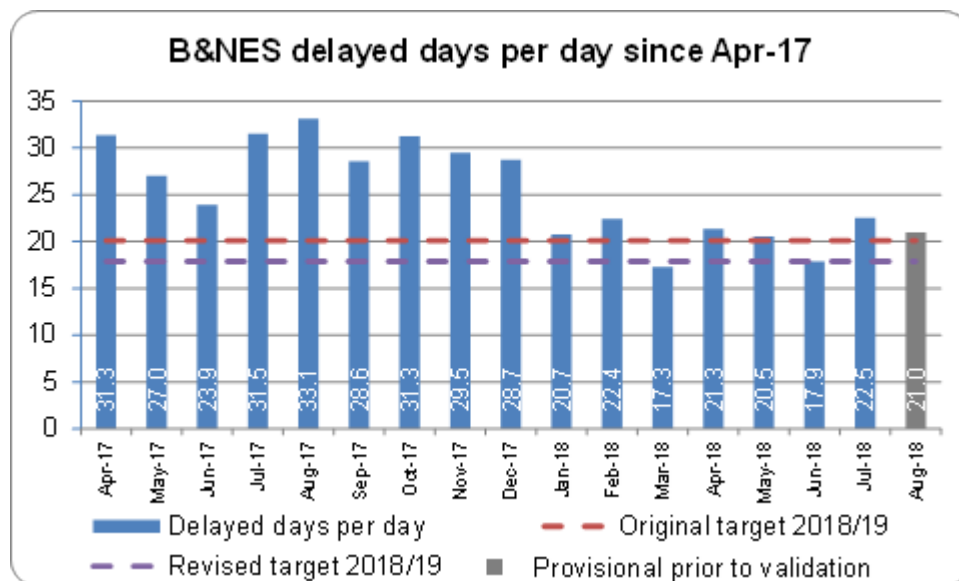
Previous modelling has been adjusted and caps applied to DTOC rates have been lowered slightly to be capped at the lowest levels of DTOCs recorded in 2018-19 so far but with continued flexibility over the winter months. This means that estimated levels of DTOCs will not fall below the best performing months of 2018-19 so far but it does mean that we need to be consistently better. This is challenging but believed to be realistic. This position has been shared with both the RUH and Virgin Care. There is no change for AWP or out of area acute hospitals.

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
RUH	8.4	7.5	6.4	8.1	12.9	7.2	10.3	7.1	10.7	7.5	6.3	6.3
VCSL	10.1	9.6	7.2	8.9	10.0	8.3	8.5	8.8	7.7	7.6	7.2	7.2
AWP	0.4	3.2	3.4	3.3	3.3	3.3	3.3	3.3	3.3	3.3	3.3	3.3
UHB	1.5	0.2	0.4	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6
NBT	0.9	0.1	0.5	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4
	21.3	20.5	17.9	21.2	27.2	19.8	23.1	20.2	22.7	19.4	17.8	17.8
	3.4	2.6	0.0	3.3	9.3	1.9	5.2	2.3	4.8	1.5	-0.1	-0.1
Better than baseline?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Achieving adj target?						No						Yes
Achieving unadj target?						Yes						Yes
Better than same month in 2017-18?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No

This position will be confirmed with NHSE following discussion at the Health and Wellbeing Board. Implications of this position may mean that the B&NES BCF submission is escalated as the target must be met in September 2018 and March 2019 and by not meeting the expectation in September 2018, the plan may be assessed as not meeting one of the four national conditions. However it is very important that our system signs up to realistic and achievable targets with evidence-based modelling to support them and this should be the main priority.

4.0 September Performance so far:

Current performance sees B&NES at an estimated 19.7 delayed days per day as at 21st September 2018 against the target of 17.9 days set. The graph below shows the overall performance for DTOCs across our system since April 2017 and shows sustained improvement since January 2018.



5.0 Recommendation

It is recommended that the Health and Wellbeing Board approve the revised DTOC trajectory but note the risks to assurance which will be addressed with NHSE following Board approval.

Caroline Holmes
Senior Commissioning Manager – Better Care

Children and Young People's Plan 2018 - 2021

- Children and Young People's sub group of the Health and Wellbeing Board oversee the delivery of the plan and reports on the delivery of the CYPP outcomes.
- It sets out the vision, outcomes and key priorities that will best support children and young people in B&NES to achieve the best possible outcomes.
- Describes how B&NES and partner agencies must work collaboratively to promote good emotional health and well-being and reduce inequalities.
- Details the Implementation Plan – how we will deliver on the priorities (work in progress)
- The CYPP links to H&WB strategy, LSCB Business Plan, Workforce Strategy and shared with other directorates

Our Vision

All children and young people will enjoy childhood
and be well prepared for adult life

Our 4 Outcomes

- All children and young people are safe
- All children and young people are healthy
(physical and emotional)
- All children and young people have fair life chances
- All children and young people are active citizens
within their own community (new)

Our 4 Cross Cutting themes

- Strengthen Early Help
- 'Think Family' approach
- Narrowing the achievement gap
- A skilled and competent workforce

What we would like from the H&WBB?

- How can your organisation help us to deliver the priorities in the CYPP over the next 3 years?
- How can the CYP sub group support you to embed a 'Think Family' approach to the work you do?