
HEALTH & WELLBEING BOARD

Minutes of the Meeting held

Tuesday, 29th January, 2019, 10.00 am

Dr Ian Orpen (Chair)	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
Jocelyn Foster (in place of James Scott)	Royal United Hospital Bath NHS Trust
Alex Francis	The Care Forum – Healthwatch
Sara Gallagher (in place of Elaine Wainwright)	Bath Spa University
Caroline Holmes (in place of Jane Shayler)	Bath & North East Somerset Council
Bruce Laurence	Bath & North East Somerset Council
Kirsty Matthews	Virgin Care
Councillor Paul May	Bath and North East Somerset Council
Professor Bernie Morley	University of Bath
Dr Andrew Smith	BEMS+ (Primary Care)
Sarah Shatwell	(VCSE Sector) - Developing Health and Independence
Observers:	Councillors Tim Ball, Eleanor Jackson and Robin Moss

28 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

29 EMERGENCY EVACUATION PROCEDURE

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

30 APOLOGIES FOR ABSENCE

Apologies for absence were received from:

Ashley Ayre – B&NES Council
Nicola Hazle – Avon and Wiltshire Partnership
Steve Kendall – Avon and Somerset Police
Stuart Matthews – Avon and Fire Rescue Service
Laurel Penrose – Bath College
James Scott – Royal United Hospital (substitute Jocelyn Foster)
Jane Shayler – B&NES Council (substitute Caroline Holmes)

31 DECLARATIONS OF INTEREST

There were none.

32 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

There was no urgent business.

33 PUBLIC QUESTIONS/COMMENTS

Mr Bernie Brandon made a statement regarding health and fire safety matters at the Bath Riverside apartments. He raised a number of issues including lack of maintenance, a leaking building, seagulls getting into the building, odours from other flats and residents being allowed to smoke in their flats. Mr Brandon stated that he would follow up his statement with a detailed report setting out his concerns.

34 MINUTES OF PREVIOUS MEETING - 25 SEPTEMBER 2018

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

35 LOCAL INDUSTRIAL STRATEGY

The Board considered a report which set out the purpose of the West of England Industrial Strategy. Duncan Kerr, B&NES Business Growth Team Manager, gave a presentation regarding the strategy including the following points:

- The aim of the (National) Industrial Strategy is to boost productivity by backing businesses to create good jobs and increase the earning power of people throughout the UK with investment in skills, industries and infrastructure.
- The 5 pillars - consisting of ideas, people, infrastructure, business environment and places.
- Challenges – such as an aging society

- The West of England Local Industrial Strategy will help to deliver the region's ambition to be a driving force for sustainable, inclusive growth.
- Delivery
- Creative Collisions
- Governance

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

Cllr Paul May stressed the importance of considering the whole process that was involved to ensure that young people were fully prepared for entering the workforce. A skills academy was needed in the B&NES area to address the gap between people with different levels of educational attainment.

Cllr Robin Moss was concerned that no mention of the impact of Brexit on business and growth was included in the report.

Bruce Laurence highlighted the importance of considering all types of jobs in the local economy to include the range of people and skills in the wider community. Local colleges should take this into account.

Cllr Tim Ball felt that it was important to have a clear idea of how any funding would be spent within the local economy and to ensure that the strategy was written in plain language that could be easily understood.

Sarah Shatwell noted the need to consider resilience to ensure that people were supported to avoid issues such as work related stress.

Dr Ian Orpen noted that the workforce was aging and that people now often worked beyond retirement age. Employers had a responsibility to support these older workers and to enable them to retrain if necessary.

Caroline Holmes welcomed the links to artificial intelligence and robotics.

RESOLVED: To provide a co-ordinated consultation response to the draft strategy on its release in May 2019.

36 **B&NES AUTISM SERVICES SELF-ASSESSMENT - DECEMBER 2018**

The Board considered a report which provided an overview of the recently completed Autism Self-Assessment detailing local progress in the implementation of the national Autism Strategy. The report highlighted key areas of strength and need for improvement and identified future priorities for the commissioning and provision of services to children and adults with Autism.

Mike MacCallam, Senior Commissioning Manager, presented the report. He explained that the self-assessment form was completed annually. The one area of work that had a red rating was the recommended waiting times and this had proved a challenge due to the high number of referrals which have increased year on year. The service was strong in a large number of areas and the pathway for young people moving onto adult services has improved. Training has also been identified

as an area of strength. An urgent need has been identified to re-establish the Autism Partnership Board to develop and deliver local strategy in line with national guidance.

The following issues were then discussed:

- It was noted that more referrals were being made each year but that only 40% of these actually resulted in an autism diagnosis.
- The children's service now has a more robust pathway and work has been carried out in conjunction with Wiltshire Council. The waiting time for children is now 9 weeks which is similar to the adult service.
- Sara Gallagher acknowledged the challenges relating to autism within the higher education service and recognised opportunities to forge links between the autism services and higher education.
- It was confirmed that the service is already engaged with the local Universities and research being carried out in this area.
- Cllr Tim Ball stated that waiting times for children are still too high and that if time is lost in obtaining a diagnosis then this could lead to mental health problems later in life.
- Jocelyn Foster stated that the acute health sector had limited resources in relation to autism services and would welcome training from the Bath and North East Somerset Autism Spectrum Service (BASS).
- Dr Ian Orpen stated that he would welcome a discussion with officers from BASS regarding the number of referrals and how these could be reduced. He also supported the idea of triage.
- Officers were not aware of any peer-review process but stated that results for all local authorities are available on-line.
- Officers confirmed that there was further support available through the mental health service for those people who do not receive an autism diagnosis.

RESOLVED:

- (1) To note the content of the report and the self-assessment evaluation.
- (2) To note that further analysis will be undertaken to develop a comprehensive strategy and implementation plan for 2019/20 onwards, based on the findings from the self-assessment.
- (3) As a matter of urgency to establish a revised Autism Partnership Board, bringing together Children's and Adults' services along with key stakeholders, under the new commissioning management structure currently being put in place by the Council and the CCG to oversee this work.
- (4) To agree that B&NES Council and the CCG explore all opportunities for joint working across the STP with colleagues in Swindon and Wiltshire to develop best practice and outcomes for all people with an autism diagnosis.
- (5) To ask the Autism Partnership Board to take forward the resolution agreed at the Council meeting on 13 September 2018 regarding autism awareness.

The Board considered a report which set out the progress made by the Health Protection Board on the priorities and recommendations made in the 2016/17 report, highlighted the key areas of work that had taken place in 2017/18 and identified priorities for the next 12 months.

Becky Reynolds, Consultant in Public Health and Anna Brett, Health Protection Manager, gave a presentation regarding the work of the Board which covered the following issues:

- What is health protection?
- Specialist areas covered by the Board
- Progress on 2016/17 priorities that were implemented in 2017/18
- Priorities that were RAG rated GREEN in 2017/18
- Ensuring that the public are informed about emerging threats to health – such as outbreaks of measles
- Supporting the review of the Bath Air Quality Action Plan and the implementation of the actions in the Saltford and Keynsham Air Quality Action Plans
- St Andrew's C of E Primary School Clean Air Day
- Priorities that were RAG rated AMBER in 2017/18
- Reduction of health inequalities in screening and immunisation programmes
- Improving uptake of flu vaccinations
- Priorities for 2018/19

A copy of the presentation slides is attached as *Appendix 2* to these minutes.

Cllr Vic Pritchard welcomed the comprehensive report and noted the low rate of teenage conceptions in B&NES and noted that this was the fourth biggest local authority reduction - over the period from 1998 to 2016 in England. He expressed disappointment regarding the low uptake of seasonal flu vaccination by staff working for Virgin Care Services and hoped that they would take a more proactive approach this year.

Sarah Shatwell stated that she would welcome the inclusion of voluntary sector workers in the NHS England seasonal flu vaccination programme.

RESOLVED:

(1) To note the annual report of the Health Protection Board for 2017/18.

(2) To support the following priorities for the Health Protection Board in 2018/19:

- Assurance: continue to monitor performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary.
- Continue to actively participate in the management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards.

- Continue to ensure that the public are informed about emerging threats to health.
- Support the development and implementation of the Air Quality Action Plans for the five Air Quality Management Areas.
- Improve the uptake of flu vaccinations in at risk groups, pregnant women, health and social care workers (including those in the voluntary sector) and carers.
- Continue to reduce health inequalities in screening and immunisation programmes

38 **NHS PLANNING GUIDANCE AND LONG TERM PLAN UPDATE**

The Board received a presentation from Tracey Cox, Chief Officer, B&NES CCG, regarding the NHS Long Term Plan. In June 2018, the Prime Minister made a commitment that the Government would provide more funding for the NHS for each of the next five years, with an average increase of 3.4% a year. In return the NHS was asked to come together to develop a long term plan for the future of the service, detailing ambitions for improvement over the next decade and plans to meet them over the five years of the funding settlement. The presentation covered the following points:

- How the NHS Long Term Plan was developed
- What the Plan will deliver for patients
- Delivering the ambitions of the Plan
- Making sure everyone gets the best start in life
- Delivering world-class care for major health problems
- Supporting people to age well
- Doing things differently
- Preventing illness and tackling health inequalities
- Backing the NHS workforce
- Making better use of data and digital technology
- Getting the most out of taxpayers' investment in the NHS
- Strategies to be developed over the next five years
- What the Plan will mean for staff, patients and the public
- Planning in 2019/20
- Clinical priorities

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

Members of the Board made observations on the Plan and noted that it focussed mainly on the health service and not on social care or prevention. The need to also invest in community services as well as acute services was highlighted.

Dr Ian Orpen stated that he had some concerns around the focus on digital services which was not suitable for all patients.

Bruce Laurence was disappointed at the lack of focus on social care and also

stressed the need to consider education, housing, jobs and health inequalities in future planning. He also noted the current crisis in the health service due to staff shortages and expressed concern at the constant reduction in administrative roles as this support was still required within the service.

RESOLVED: To note the presentation regarding the NHS Long Term Plan.

39 **COMMUNITY ASSET BASED APPROACH TO HEALTH AND WELLBEING**

The Board considered a report which built on initial discussions held by the Health and Wellbeing Board at a development session on community asset based approaches to health and wellbeing. The report also presented a draft Statement of Commitment for consideration and further discussion.

James Carlin (B&NES Third Sector Group) and Steve Dale, Head of Community Partnerships at Dorothy House Hospice Care also gave a verbal update on the developing work of the Compassionate Communities project. They stated that it was important for health and social care to work in a co-ordinated way. The concept of the community asset based approach was to provide a framework for building communities that support each other in their time of need. It was important to improve community capital and reduce social isolation across the social gradient. Resources such as time, expertise, buildings and funding opportunities would be required.

Cllr Vic Pritchard stated that the development event had inspired enthusiasm for this approach and queried who would be leading on this. It was anticipated that the Third Sector Group would take the lead along with Dorothy House Hospice Care. The Council was also looking to build more resilient communities and was encouraging projects at Parish level. It would be important to identify which opportunities are already available in the communities and it was proposed that this be considered at a future development session.

Dr Ian Orpen supported the approach and referred to the “Wigan Deal” which offered a broader approach. He felt that the “end of life” aspect only formed part of the proposal.

Alex Francis stated that it was important to listen to people and felt that Healthwatch could assist by identifying needs within the local communities.

Sarah Shatwell welcomed the approach and felt that the Board should take some ownership of the project. Developing a strategy would be important along with investment in communities, for example, through community asset transfers.

Tracey Cox stated that the role of the Board was to enable this approach to happen and for a vision to develop. She proposed that a joint meeting should take place with the Third Sector Group to discuss the way forward.

RESOLVED:

- (1) To adopt the Health and Wellbeing Board Statement of Commitment set out in the appendix to the report.

(2) To note the Compassionate Communities update and to support this project.

(3) To receive a progress report at the next meeting.

40 **3 CONVERSATIONS MODEL OF CARE - PROGRESS REPORT**

The Board received a presentation from Helen Wakeling giving a progress report on the three conversations model of care including the impact of the approach for people who contact social care and the impact on social care staff and resources. This covered the following points:

- Overview of the three conversations model
- Progress to the end of December 2018
- Experience of the model to date
- What is going well
- Improved process for staff
- Innovation site activity
- Financial impacts on the community teams
- Community connections
- Reduction of waiting times
- Quality of service
- Ongoing actions and next steps

The following benefits were highlighted:

- Supporting reduction in waiting lists
- Supporting reduction in delayed transfers of care
- More responsive service
- Simplified and reduced paperwork
- Easier access to preventative support

The following challenges were identified:

- Data is not sufficient at present to evidence any financial impact
- Level of cultural change required
- Staffing issues in social care

A copy of the presentation slides is attached as *Appendix 4* to these minutes.

The Health and Wellbeing Board congratulated Helen Wakeling and her team on the work that they had undertaken on this project which had involved a large investment of time as well as cultural change.

Bruce Laurence noted that the model complemented the community asset approach to health and wellbeing which had been discussed earlier in the meeting.

RESOLVED: To note the progress report on the three conversations model of care.

41 **DATE OF NEXT MEETING**

The next meeting will take place on Tuesday 19 March 2019.

42 **CLOSING REMARKS**

The Chair thanked everyone for attending the meeting.

The meeting ended at 12.40 pm

Chair

Date Confirmed and Signed

Prepared by Democratic Services

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West of England Local Industrial Strategy

Background

The aim of the (National) Industrial Strategy is to boost productivity by backing businesses to create good jobs and increase the earning power of people throughout the UK with investment in skills, industries and infrastructure

5 Pillars

- » Ideas: the world's most innovative economy
- » People: good jobs and greater earning power for all
- » Infrastructure: a major upgrade to the UK's infrastructure
- » Business Environment: the best place to start and grow a business
- » Places: prosperous communities across the UK.

Grand Challenges

- » Artificial Intelligence and data
- » Ageing society
- » Clean growth
- » Future of mobility



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

West of England Local Industrial Strategy

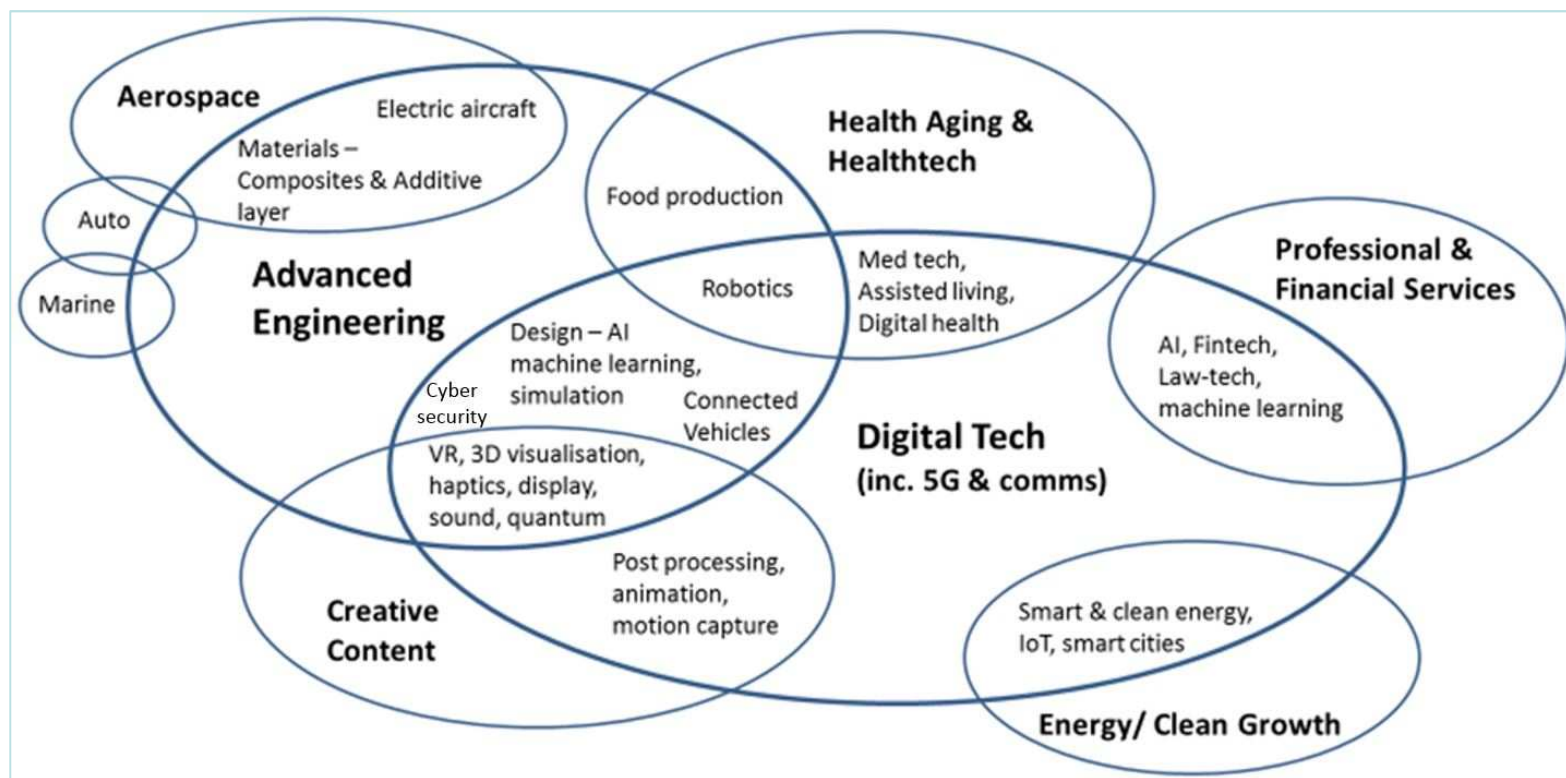
“Local Industrial Strategy will help deliver the region’s ambition to be a driving force for **sustainable, inclusive growth**”

Delivery

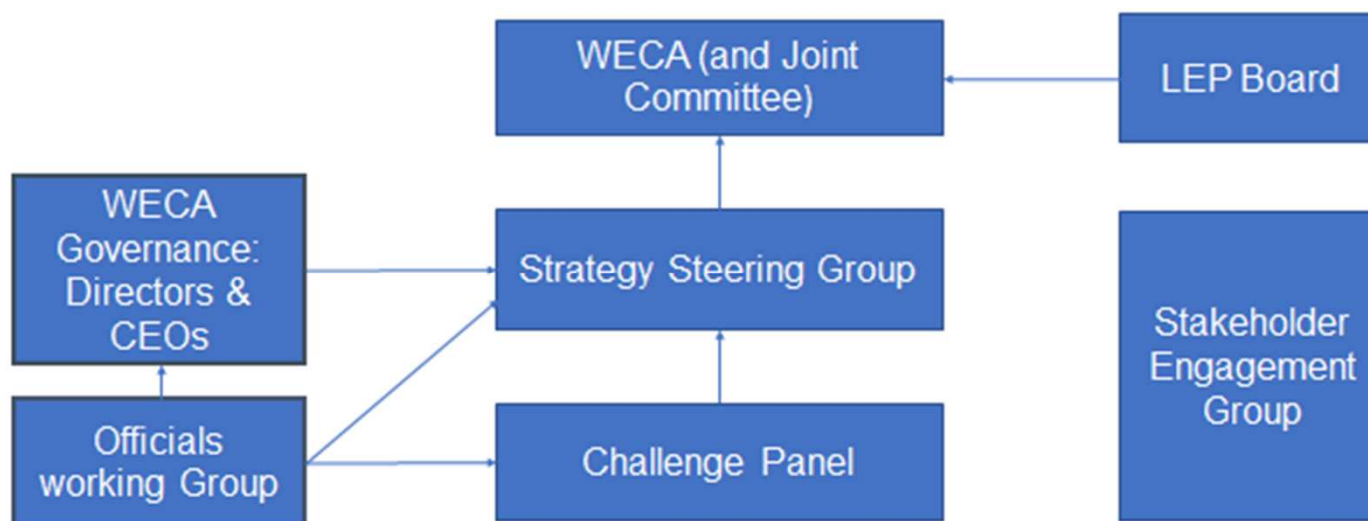
West of England LIS will be delivered through three main strands:

- » Evidence Base
- » Grand Challenge Workshops
- » Deep Dives

Creative Collisions



LIS Governance



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B&NES Health Protection Board's 2017/18 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

29 January 2019

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)

Key Performance Indicators:
MRSA, *C.difficile* & *E.coli*
bacteraemia

Communicable Disease Control & Environmental Hazards

Key Performance Indicators:
Private Water Supplies & Air
Quality Management Areas

Health Emergency Planning

Key Performance Indicators:
Civil Contingencies Act
requirements

Sexual Health

Key Performance Indicators:
HIV & under 18 conceptions

Substance Misuse

Key Performance Indicators:
Hep B vaccination, Hep C
testing, Opiates & Non-Opiates
& Alcohol

Screening & Immunisation

Key Performance Indicators:
National screening
programmes & uptake of
universal immunisation
programmes

Progress on 2016-17 priorities that were implemented in 2017-18

No.	Priority	Progress
1	Assurance: continue to monitor the performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary	Green
2	Support activities to slow the development and spread of antimicrobial resistance	Green
3	Continue to ensure that the public are informed about emerging threats to health	Green
4	Support the review, development and implementation of all Air Quality Action Plans	Green
5	Continue to reduce health inequalities in screening and immunisation programmes	Amber
6	Improve the uptake of flu vaccinations in at risk groups, pregnant women, health and social care workers, and carers; and pneumococcal vaccination amongst under 65s at risk and over 65 year olds	Amber

Priorities that were RAG rated **GREEN** in 2017-18

1. Assurance: continue to monitor the performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary
2. Support activities to slow the development and spread of antimicrobial resistance
3. Continue to ensure that the public are informed about emerging threats to health
4. Support the review, development and implementation of all Air Quality Action Plans

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



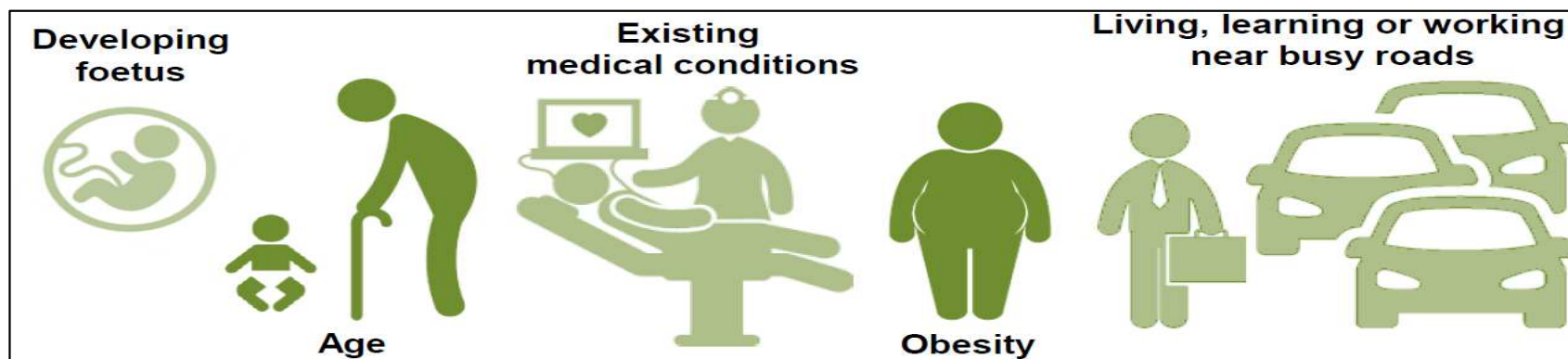
Spots in the mouth: the NHS website, 2018.



Measles rash: the NHS website, 2018.



Support the review of the Bath Air Quality Action Plan and support the implementation of the actions in the Saltford & Keynsham Air Quality Actions Plans



Air pollution can be harmful to everyone; however there are some factors which make some people more vulnerable.



Left: St Andrews C of E
Primary School Walking
Bus on 25 January 2018

St Andrew's C of E
Primary School
Clean Air Day!



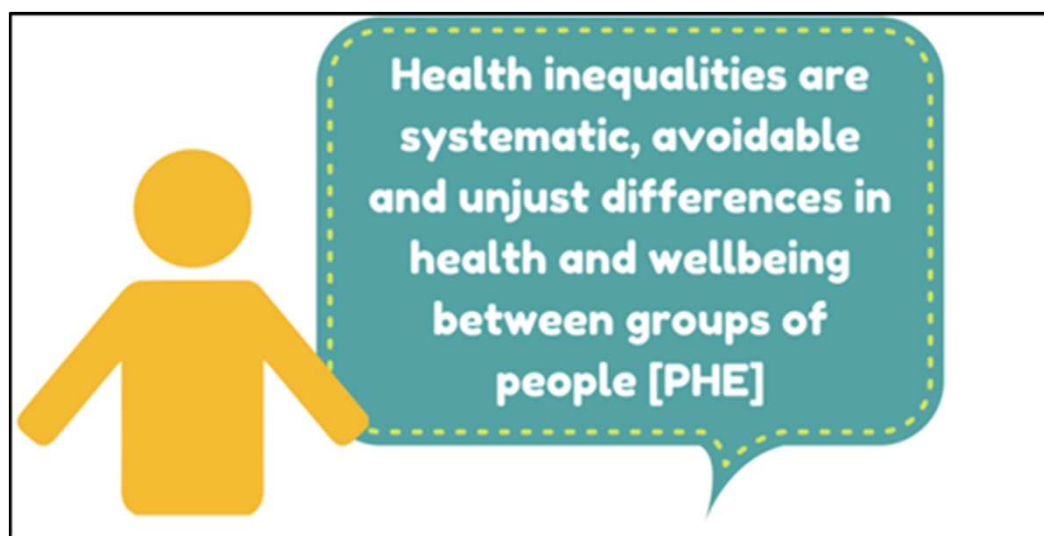
Above - A few of the children's posters

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

Priorities that were RAG rated **AMBER** in 2017-18

- Continue to reduce health inequalities in screening and immunisation programmes
- Improve the uptake of flu vaccinations in at risk groups, pregnant women, health and social care workers, and carers; and pneumococcal vaccination amongst under 65s at risk and over 65 year olds

Continue to reduce health inequalities in screening and immunisation programmes



12-month pilot for reducing inequalities in screening and immunisations across B&NES.

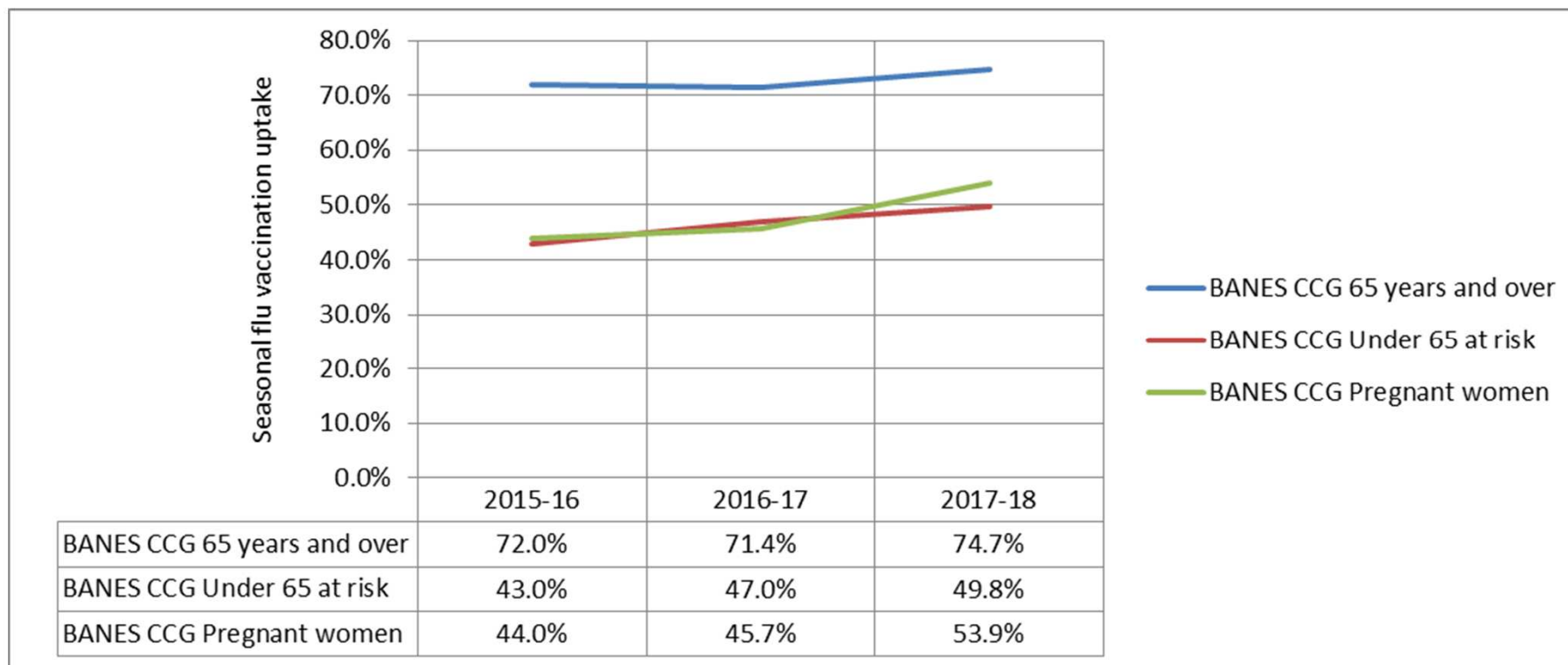
Objectives of the pilot:

- Use focus groups to identify barriers and facilitators to access and completion of cervical screening for younger women.
- Feasibility study looking at two interventions to improve uptake/reduce inequalities in cervical and bowel screening amongst people who have not participated in 2 rounds of screening.
- Identify and share best practice from general practice on the delivery of childhood immunisations.
- Develop a multi-disciplinary pilot with an early years' provider (and GP practice) to explore innovative ways to promote vaccination uptake in Twerton
- Increasing screening and childhood immunisation uptake in the Gypsy, Traveller and Boater community.

Improve the uptake of flu vaccinations in at risk groups, pregnant women, health and social care workers, and carers; and pneumococcal vaccination amongst under 65s at risk and over 65 year olds

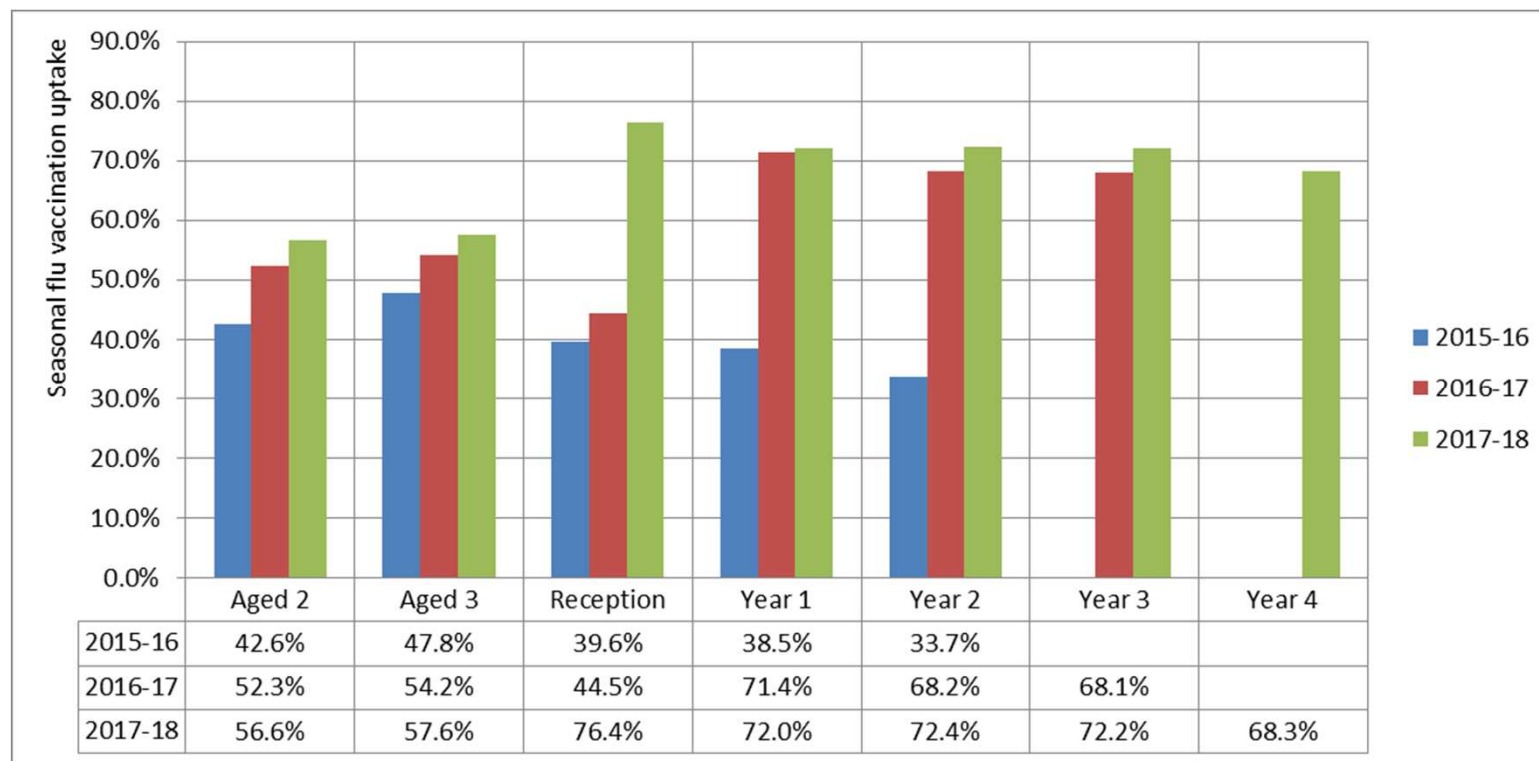
**STAYWELL
THISWINTER**

Uptake of seasonal flu vaccination, adult programme - BANES CCG



Source: ImmForm

Uptake of seasonal flu vaccination, childhood programme – BANES CCG



Source: ImmForm

Uptake of seasonal flu vaccination of Health Care Workers by provider

Provider Organisation	Uptake (%) 2017-18
B&NES Enhanced Medical Services (BEMS)	100%
BMI Bath	76.4%
Circle Bath	73.0%
Royal United Hospitals Bath NHS Foundation Trust	71.6%
Care UK	61.3%
Avon and Wiltshire Mental Health Partnership NHS Trust (AWP)	60.7%
Virgin Care Services	29.7%

The following 6 priorities have been identified for 2018-19

- Assurance: continue to monitor performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary.
- Continue to actively participate in the management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards.

- Continue to ensure that the public are informed about emerging threats to health.
- Support the development and implementation of all the Air Quality Action Plans.
- Improve the uptake of flu vaccinations in at risk groups, pregnant women, health and social care workers, and carers.
- Continue to reduce health inequalities in screening and immunisation programmes.

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**Bath and
North East Somerset**
Clinical Commissioning Group

The NHS Long Term Plan

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Find out more: www.longtermplan.nhs.uk | **Join the conversation:**
#NHSLongTermPlan



Healthier. Stronger. Together

Background

In June 2018, the Prime Minister made a commitment that the Government would provide more funding for the NHS for each of the next five years, with an average increase of 3.4% a year.

In return, the NHS was asked to come together to develop a long term plan for the future of the service, detailing our ambitions for improvement over the next decade, and our plans to meet them over the five years of the funding settlement.

That plan has now been published.

How the NHS Long Term Plan was developed

200

distinct engagement events, 150 of which were over August and September

500

direct submissions by letter or email

Working groups – made up of **local and national NHS and local government leaders, clinical experts and representatives from patient groups and charities** – were formed to focus on specific areas where the NHS could improve over the next ten years.

2000+

submissions via the online form

3.5M

Individual or organisational members represented through submissions

They then engaged extensively with stakeholders to come up with and test practical ideas which could be included in a plan.

5427

readers of blogs about the [long term plan](#)

21,788

views of the online discussion guide webpage

Over Autumn, working group members organised or attended over **200 events** to hear a wide range of different views, and received over **2,500 submissions** from individuals and groups representing the opinions and interests of **3.5 million people**.

What the NHS Long Term Plan will deliver for patients

The working groups have developed a range of specific ideas and ambitions for how the NHS can improve over the next decade, covering all three life stages:

- Making sure everyone gets the best start in life
- Delivering world-class care for major health problems
- Supporting people to age well

Delivering the ambitions of the NHS Long Term Plan

To ensure that the NHS can achieve the ambitious improvements for patients, the NHS Long Term Plan also sets out actions to overcome the challenges that the NHS faces, such as staff shortages and growing demand for services, by:

1. Doing things differently
2. Preventing illness and tackling health inequalities
3. Backing our workforce
4. Making better use of data and digital technology
5. Getting the most out of taxpayers' investment in the NHS

Making sure everyone gets the best start in life...

...including:

- reducing stillbirths and mother and child deaths during birth by 50%
- ensuring most women can benefit from continuity of carer through and beyond their pregnancy, targeted towards those who will benefit most
- providing extra support for expectant mothers at risk of premature birth
- expanding support for perinatal mental health conditions
- taking further action on childhood obesity
- increasing funding for children and young people's mental health
- bringing down waiting times for autism assessments
- providing the right care for children with a learning disability
- delivering the best treatments available for children with cancer, including CAR-T and proton beam therapy.

Delivering world-class care for major health problems...

...including:

- preventing 150,000 heart attacks, strokes and dementia cases
- providing education and exercise programmes to tens of thousands more patients with heart problems, preventing up to 14,000 premature deaths
- saving 55,000 more lives a year by diagnosing more cancers early
- investing in spotting and treating lung conditions early to prevent 80,000 stays in hospital
- spending at least £2.3bn more a year on mental health care
- helping 380,000 more people get therapy for depression and anxiety by 2023/24
- delivering community-based physical and mental care for 370,000 people with severe mental illness a year by 2023/24.

Supporting people to age well...

...including:

- increasing funding for primary and community care by at least £4.5bn
- bringing together different professionals to coordinate care better
- helping more people to live independently at home for longer
- developing more rapid community response teams to prevent unnecessary hospital spells, and speed up discharges home.
- upgrading NHS staff support to people living in care homes.
- improving the recognition of carers and support they receive
- making further progress on care for people with dementia
- giving more people more say about the care they receive and where they receive it, particularly towards the end of their lives.

1. Doing things differently

The NHS will:

- give people more control over their own health and the care they receive,
- encourage more collaboration between GPs and their teams and community services, as 'primary care networks', to increase the services they can provide jointly;
- place an increasing focus on NHS organisations working with each other and their local partners, as 'Integrated Care Systems', to plan and deliver services which meet the needs of their communities.

2. Preventing illness and tackling health inequalities

The NHS will:

- increase its contribution to tackling some of the most significant causes of ill health, including new action to help people stop smoking, overcome drinking problems and avoid Type 2 diabetes, with a particular focus on the communities and groups of people most affected by these problems.

3. Backing our workforce

The NHS will:

- continue to increase the NHS workforce, training and recruiting more professionals – including thousands more clinical placements for undergraduate nurses, hundreds more medical school places, and more routes into the NHS such as apprenticeships.
- take steps to make the NHS a better place to work, so fewer staff leave and more feel able to make better use of their skills and experience for patients.

4. Making better use of data and digital technology

The NHS will:

- provide more convenient access to services and health information for patients, with the new NHS App as a digital 'front door';
- provide better access to digital tools and patient records for staff, and;
- improve the planning and delivery of services through the greater use of analysis of patient and population data.

5. Getting the most out of taxpayers' investment in the NHS

The NHS will:

- continue working with doctors and other health professionals to identify ways to reduce duplication in how clinical services are delivered;
- make better use of the NHS' combined buying power to get commonly-used products for cheaper, and;
- reduce spend on administration.

What happens next?

Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs) now need to develop and implement their own strategies for the next five years.

These strategies will set out how they intend to take the ambitions that the NHS Long Term Plan details, and work together to turn them into local action to improve services and the health and wellbeing of the communities they serve – building on the work they have already been doing.



What this means for staff, patients and the public

This means that over the next few months, staff, patients and the public will have the opportunity to help shape what the [NHS Long Term Plan](#) means for their area, and how the services they use or work in need to change and improve over the next few years.

[Local Healthwatch](#) groups will receive national funding to support NHS teams in ensuring that the views of patients and the public are heard, and [Age UK](#) will be leading work across a range of other charities to provide specific opportunities to hear from people with specific health needs.

Planning in 2019/20

- Foundation year for Long Term Plan (LTP)
- Significant changes to the architecture of the NHS – groundwork for LTP delivery
- Clinically led review of standards
- More effective approach to workforce and physical capacity
- New financial framework – more sustainable footing rewarding system working
- Organisational level plans which combine to frame a coherent system level plan

Headlines

- Increased investment in adult and Children and Young People's Mental Health services
- Working with RightCare to reduce variation – national priority initiatives Cardiovascular and respiratory conditions
- Digital Strategies
- 20% reduction in administration costs during 19/20 for implementation in 20/21
- NHS App with NHS login – secure way to access NHS 111 online; GP records; book appointments; set data sharing preferences and register organ donation

Clinical Priorities

- Comprehensive model of same day care for emergencies
- Further reductions in Length of stay
- Focus on transforming outpatient services
- Focus on reducing waiting lists and 52 week waiters
- Cancer remains a high priority – 8 cancer waiting times
- Workforce expansion prioritising mental health
- Increased investment in primary and community care and development of primary care networks

Find out more

The NHS Long Term Plan, along with accompanying resources, case studies and videos, is available online at www.longtermplan.nhs.uk.

And over the coming months, local NHS organisations and their partners will be sharing details of what the NHS Long Term Plan could mean in their area.

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3 Conversations – a personalised approach to Adult Care

A presentation for the Health and Wellbeing
Board
January 29th 2019

Helen Wakeling and Natalie Steadman

Update

- To provide an update on the progress of the 3 conversations (3 Cs) innovation sites
- To share the evidence we have to date regarding the impact of the approach for people who contact social care
- To share the evidence we have to date regarding the impact on social care staff and resources

Overview

- The 3 Cs model aims to create a new relationship between professionals and people who need support, providing a graded process of conversations aimed at helping people lead independent lives, with traditional (funded) support packages offered only when other options have been exhausted.
- The approach draws on the individual's own resources and encourages professionals to forge stronger links with the wider community, especially the voluntary sector, in order to support individuals. It is referred as a strengths based approach
- For some people information and advice will be enough, while others may find an item of equipment or identifying a local group to attend makes all the difference. However, there will still be care and support for those who need it.

The model

1 Conversation 1 : Listen & Connect

Listen hard. Understand what really matters. Connect to resources and supports that help someone get on with their chosen life, independently.



2 Conversation 2 : Work intensively with people in crisis

What needs to change urgently to help someone regain control of their life? Put these into an emergency plan and, with colleagues, stick like glue to help make the most important things happen.



3 Conversation 3 : Build a good life

For some people, support in building a good life will be required.
What does 'a good life' look like? What resources, connections and support will enable the person to live that chosen life? How do these need to be organized?



Progress to end of December 18 (1)

- An Innovation site has been in place in the Midsomer Norton/Keynsham Social Care Community Team since May 2018. The Bath Social Care Team innovation site had been live since March 18, but was suspended in November 18 due to staffing issues.
- The RUH innovation site ran between March and September 18. It ceased as the team were no longer able to manage the demands for discharges and provide the support in the community post discharge. It has been agreed that the Community Teams will work with people as soon as they are discharged from the hospital using the 3 Cs approach. It is, however, recognised that this change will adversely affect some of the benefits that had been seen from this site.

Progress to end of December 18 (2)

- Annual Review Team - This team undertake the yearly reviews for people already receiving funded support from social care. The team will be using the strengths based approach to identify if the person can be supported differently. The team went live with this approach on the 12th of November 2018.
- Autism and Asperger's Team - This team work with people with a diagnosis of Autism or Asperger's. The majority of their referrals come from one organisation. Their innovation site focuses on how many people being referred to the team by this organisation can be supported through Conversation 1. The team went live with this approach on the 14th of November 2018.

Experience: what are people saying?

Compliments and complaints

Comparative analysis of the level of complaints against last years reported level is underway but is not available for this report.

“Friends and Family” type feedback

The Social work teams were already developing an ongoing method of collecting feedback from people as they are supported. The social care specific questions have been developed have begun to be used.

Community Team Social Worker offering consistent support

Contact made by carer who cares for his wife. He was concerned because he cannot leave her for extended periods of time due to her medication regime. Struggling to do his shopping. He is unable to fund any support himself, he was asking for “a sitting / respite service”

Conversation 1 took place on the same day and it was mutually agreed that the worker would visit. On the home visit it was established that the person would like to have some social interaction with others which would also provide her carer with an opportunity to have some time to himself. The person would not be eligible for any funded services. The worker established that the carer had previous experience of social care. At that time he had waited for a worker to make contact and had become more stressed whilst waiting. On this occasion he felt that knowing when someone was coming to visit (within 10 days) he was less stressed and he did not need to constantly have to call the office for an update. This has been far better for his wellbeing.

The worker is currently seeking to connect the person with some appropriate social clubs and her carer is feeling supported by having a named worker.

Experience: what's going well?

Taking a personal approach

Referral received from a wife and carer who was struggling with the feeling of being unable to leave her husband. He has recently been discharged from hospital following a stroke and his wife had assured everyone she could provide all care for him. She was now struggling.

Wife wanted a sitting service, however the man wasn't so keen, it was uncertain how much insight he had into his situation from early conversations and his wife was always quick to answer on his behalf.

When the social care worker visited they were asked to arrange a sitting service for an hour the next day as it was the wife's birthday. This was done and the worker also used the opportunity to speak with husband alone, gauge his understanding and acceptance of support and have a discussion about how to relieve pressure on wife.

Links made with Age UK for AA, SAFFA and Red Cross. Sitting service to be funded from the persons Attendance Allowance.

Helping people to be independent

Mrs Z is an older lady who probably has some low level learning needs, however nothing formally recognised. She was supported by her husband, and since his death she has struggled to maintain a safe living environment. Mrs Z lives in the home she shared with her mother, the home is in a poor condition.

3C's has enabled the worker to build a good relationship with this lady over a period of time, which has built her trust. Together they have been able to work through her crisis one step at a time, to firstly facilitate her discharge home and on-going. Through conversations she has been able to start thinking what a good life looks like to her, and what her future goals are. Mrs Z had linked up to community resources such as a painting group, and a farm that she can visit horses – something she used to love to do. She is now working with Curo ILS who are helping with organising her paperwork, bills and benefits.

Mrs Z has now had the confidence to contact old friends that she has not spoken to in a long time, and has begun re-building these relationships. She is now accepting that her living conditions are not how she wants to live and is for the first time motivated to change this.

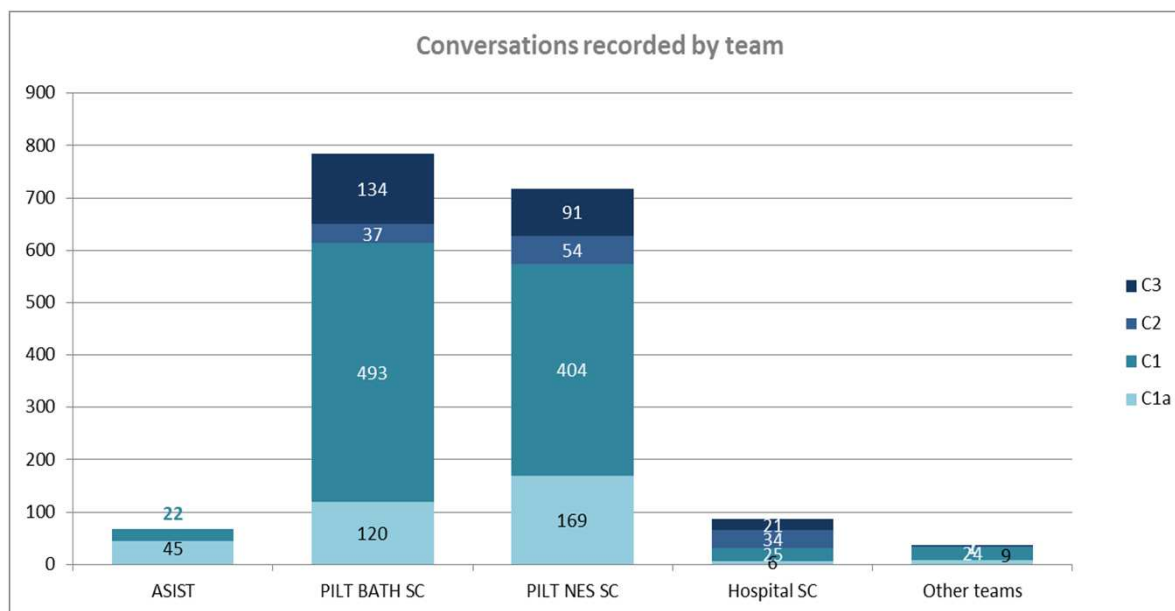
This is an on-going piece of work however, she reports that she is feeling more in control of her life than she has for a long time.

Experience – Improved process for staff

Including:

- Simplifying and reducing the paperwork that has to be completed.
- Enabling short term funded support to be provided in a crisis.
- Ability to access funds to meet one off need that would support a person to continue to maintain independence. (To date no funds have been accessed by the innovation sites.)
- Development of templates to support the sharing of information with people in an accessible format.
- Confirmation that care and support plans should include both funded and non funded support to show how the persons needs are being met.

Innovation Site Activity



1691 conversations have been recorded by the social care front door and the innovation sites up to the end of Dec.

1039 people have been supported by the 3 conversations model since launch.

Each person's support consisted of one or more conversations and the progression is as expected. Most conversations start with a 1 (or 1a) unless a person is in crisis and goes straight to a conversation 2.

People that have been supported with 3 Conversations and their 3 Conversation Progression

Start	End				Total
	C1a	C1	C2	C3	
C1a	67 6%	169 16%			1039
C1		527 51%	35 3%	198 19%	
C2			16 2%	27 3%	
C3					

The Social Care Community Teams have recorded 88% of the conversations.

73% of people were supported by Conversation 1 while 22% went on to Conversation 3 – a full assessment for care and support.

Financial Impacts – Community Teams

These results focus on the Community Teams where the 3 Cs model is most embedded. The chart below shows that by Dec 2018 160, 22% of people with a package have had some engagement with the 3 Cs approach.



The financial impact of 3 Cs is being analysed. There are some positive signs of the approach meeting needs through non funded support. However further work is required to fully measure the impact on social care spend.

Community Connections

We do know that people have been connected to their community resources at all Conversation levels supported by, amongst others:

- ✓SAFFA
- ✓Age UK
- ✓Larkhall Circle of Friends
- ✓Red Cross
- ✓Alzheimer's Society
- ✓MS Society
- ✓MND Society (will provide specific funding for specialist equipment or social activities)
- ✓Winston's Wish

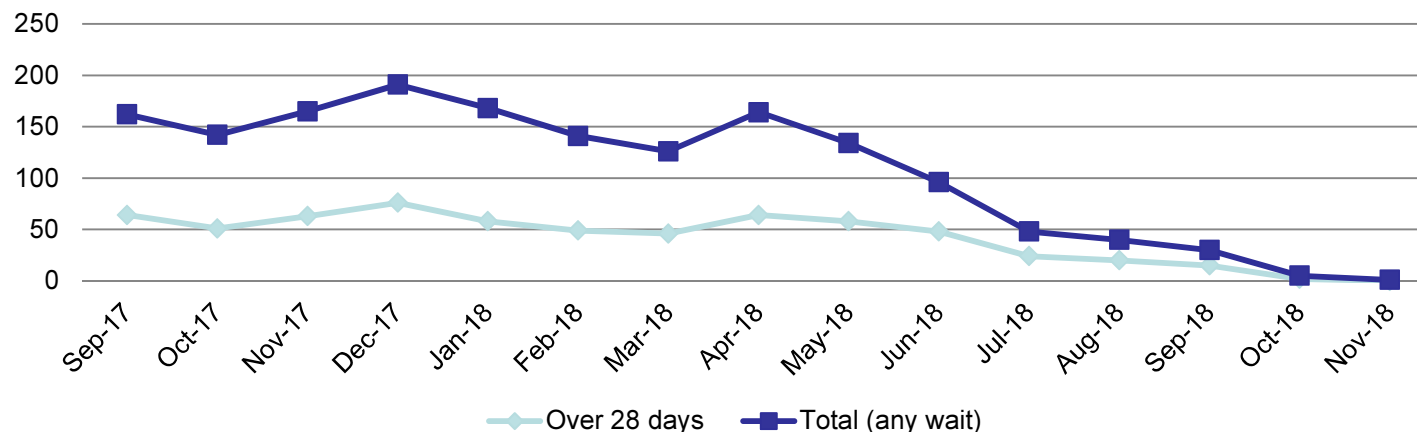
Reducing Waiting Times

Social Work Waiting List Trends – Community Teams

Since January 2018, a great deal of work has been undertaken by the Community Teams to reduce their waiting list. This work has been supported by the 3 conversations approach, but cannot be attributed solely to the approach. By November 18 there was only 1 person waiting for an assessment which compares with 158 in June 2017.

The 3 Cs approach has supported this work by supporting the teams to contact the person straight away. If a conversation is required (rather than very quick advice and navigation) a time is agreed for the next conversation, depending on urgency and type of conversation needed. So far these conversations are mostly the same week, and often the same / next day if the person is in crisis.

Waiting List - Social Care Needs Assessments



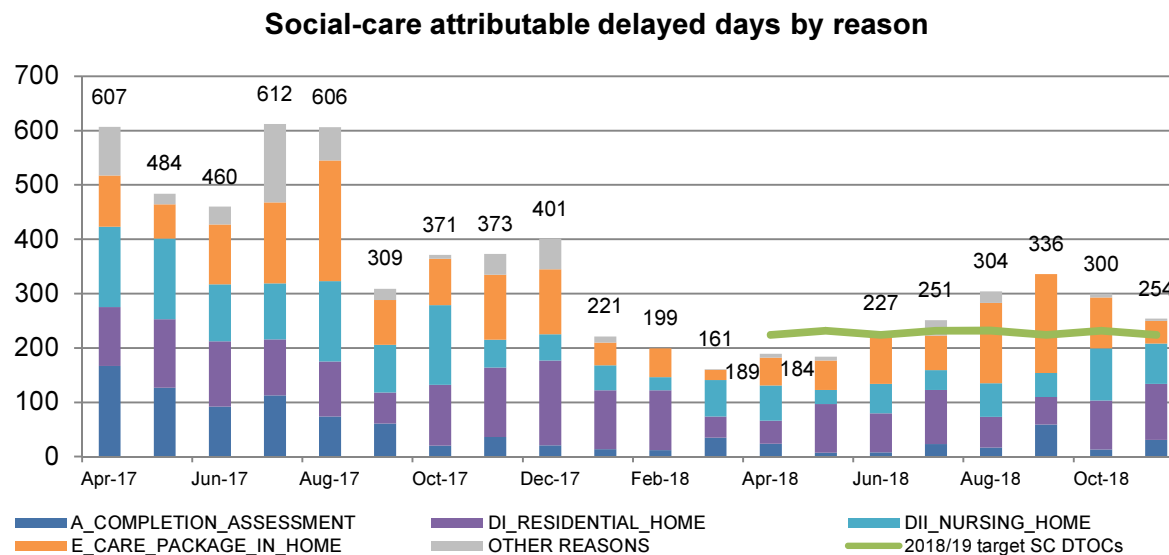
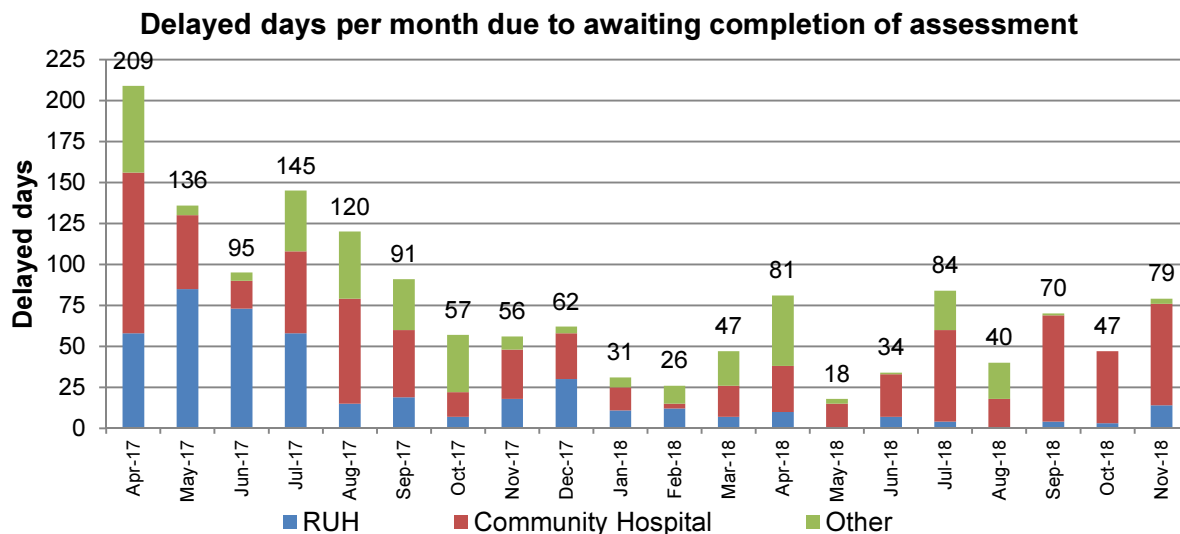
Delayed Transfers of Care

All local authorities have been targeted to reduce all delays for patients waiting in hospital for social care support to be put in place. A number of initiatives are in place including Better Care Fund schemes to support this.

Delays due to awaiting social care assessment (top chart) have been improved by reducing social care waiting times and the 3Cs approach. Delays shown relate to all social care teams, including mental health, not just those in the 3C's innovation sites

The 3 Cs model indirectly supports wider reductions in DTOCs by reducing the need for funded support which will help reduce delays due to package / placement availability. More directly these are affected by wider market availability including community and residential packages and reablement (Home First).

No waiting times – DTOCs



Quality of Service

Qualitative audits of social care records are to be undertaken from January – March 19. To consider:

- the quality of recording
- the use of a strengths based approach
- use of resources available to the person
- provision of clear and accessible information to the person
- adherence to governance requirements i.e. regarding financial authorisation
- responsiveness to need
- legal and financial compliance

Ongoing Actions and Next Steps

Ongoing actions

- Review the challenges experienced by the RUH Team and Bath Community Team to support the restarting of the 3Cs approach within these teams
- Embed 3Cs philosophy and strengths based model in induction and appraisal of all Social Care staff
- Continue data analysis and monitoring of financial impact

Next Steps

- Explore use of 3Cs in the Learning Disability and Sensory Loss Teams
- Agree governance, leadership and future priorities for Year 2
- Use learning from innovation sites to inform the Council's charging policy

Summary

Benefits from 3 conversations

- Supporting reduction in waiting list
- Supporting reduction in DToCs
- More responsive service
- Simplified and reduced paperwork
- Easier access to preventative support

Challenges

- Data is not sufficient at present to evidence any financial impact
- Level of cultural change required
- Staffing issues in social care

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