

## **HEALTH AND WELLBEING BOARD**

### **Minutes of the Meeting held**

Monday, 4th December, 2023, 2.30 pm

Paul Harris	Curo
Laura Ambler	Integrated Care Board
Councillor Alison Born	Bath and North East Somerset Council
Scott Hill	Avon and Somerset Police
Sara Gallagher	Bath Spa University
Will Godfrey	Bath and North East Somerset Council
Julia Griffith	B&NES Enhanced Medical Services (BEMS)
Nicola Hazle	Bath and North East Somerset, Swindon and Wiltshire (BSW) Integrated Care Board (ICB)
Mary Kearney-Knowles	Bath and North East Somerset Council
Alex Luke Kate Morton	AWP Bath Mind
Stephen Quinton	Avon Fire & Rescue Service
Val Scrase	HCRG Care Group

#### **31 WELCOME AND INTRODUCTIONS**

The Vice-Chair welcomed everyone to the meeting.

#### **32 EMERGENCY EVACUATION PROCEDURE**

The Democratic Services Officer drew attention to the emergency evacuation procedure.

#### **33 APOLOGIES FOR ABSENCE**

Apologies for absence were received from:  
Cllr Paul May

Sophie Broadfield  
Cara Charles-Barks  
Jayne Davis  
Sara Gallagher  
Alice Ludgate  
Rebecca Reynolds  
Alison Smith (Alex Luke substituting)

34 **DECLARATIONS OF INTEREST**

Nicola Hazle declared an interest in item 12 as a CQC Inspector but confirmed that as she did not undertake the role within the BSW area.

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

There was no urgent business.

36 **PUBLIC QUESTIONS, STATEMENTS AND PETITIONS**

Gail Grant read a statement emphasising the importance of parks and green spaces to health and wellbeing and expressing concern that access to Royal Victoria Park was unsafe due to the lack of clear places to cross roads and the behaviour of users of bikes, e-scooters and in particular, cars which were being driven above the speed limit in the internal park roads.

Scott Hill undertook to contact Ms Grant to discuss her concerns and it was also agreed that her comments be fed back to the Liveable Neighbourhoods Team.

37 **MINUTES OF PREVIOUS MEETING**

**RESOLVED** that the minutes of the meeting of 26 September 2023 were approved as a correct record and signed by the Chair.

38 **JOINT HEALTH AND WELLBEING STRATEGY - PRIORITY INDICATOR SET**

Gareth Jones (B&NES Business Intelligence Team) gave a live demonstration of the Power BI report which would be used as one of the processes for monitoring the implementation of the Joint Health and Wellbeing Strategy. He confirmed that not all measures had been finalised and asked the Board for any comments on the work undertaken so far.

In response to questions, the Board was advised:

1. Some of the measures would be static, e.g., energy performance and so it was important to consider this process along with the complementary processes (1) reports from partners on relevant projects across the year; (2) exception reporting on delivery of all the actions in the Implementation Plan twice a Year and (3) Development Sessions with the HWB that enable longer scrutiny and discussion of progress or delays within the implementation plan.
2. The air quality indicator referred to was nitrogen dioxide.
3. It would be possible to benchmark this data with the English average.
4. The indicator set would be finalised in time for Quarter 4 (February) and

- would be refreshed annually.
5. Board members would be able to access the data directly via a link.

Board Members raised the following comments:

1. It was useful to see the data in this format.
2. The data was a helpful articulation of what was being achieved, but it was generic, and it would be useful to also report on some specific examples.
3. Consideration needed to be given on how the indicators could translate to targets.

**The Board RESOLVED to agree the priority indicator set and the proposed process for accessing and monitoring the indicators.**

## 39 **BETTER CARE FUND UPDATE**

Laura Amber introduced the item which sought the Board's approval for the Quarter 2 return.

Board Members raised the following comments:

1. There was a need for a strategic discussion about the use of the Better Card Fund over the next 18 months to ensure that the fund was being used in the most effective way.
2. There needed to be a more imaginative approach to the funding as continuing to roll out current activity may not get the best return.
3. It was agreed that it would be useful to have an in-depth discussion at a future meeting of the Board.

**The Board RESOLVED to ratify the Quarter 2 return.**

## 40 **AGE-FRIENDLY COMMUNITIES**

The Board received a presentation (attached to the minutes) on a jointly funded 2-year programme by Age Concern and St John's Foundation working towards Bath and North East Somerset becoming an Age Friendly Community, as defined by the World Health Organisation (WHO) with contributions from:

Simon Allen, Chief Executive of Age Concern, Bath  
Louise Harvey: Executive Director, St. John's Foundation  
Melissa Hiller: CEO, Rice Clinic  
Becky Brooks: Director, 3SG

The Board was asked to support the programme as follows:

1. Provide political support for the application to the WHO to become an Age Friendly Community.
2. Nominate a representative from the HWB to sit on the Steering Group.
3. Receive Quarterly Reports on the progress of the Ageing Well/Bath & North East Somerset programme.

The Board considered the above request and responded as follows:

1. The Board was unanimous in supporting the programme, but in terms of "political" support, it was agreed that as the Health and Wellbeing Board was not a political body, a cross party motion to B&NES Council may be a more

appropriate route for achieving “political” support. It was noted that “political” support was a requirement of the WHO application.

2. The request for nominations to sit on the Steering Group would be followed up after the meeting.
3. It was noted that the programme aligned with priorities (3) and (4) of the Health and Wellbeing Strategy and reports to the Board could be picked up through the exception reporting and/or Development Sessions.

**The Board RESOLVED to support the Age-Friendly Communities programme.**

#### 41 **BSW PRIMARY AND COMMUNITY CARE DELIVERY PLAN**

Caroline Holmes, Deputy Place Director (Swindon Locality BSW ICB) gave a presentation on the BSW Primary and Community Care Delivery Plan as included in the agenda pack.

She asked the Board to consider the following questions:

1. Are the actions and interventions we have identified the right ones to help deliver our transformation priorities?
2. Which of the actions and interventions are most important to you and why?
3. In what order do you think we should undertake or prioritise these?
4. Which groups, individuals and organisations do you think are most important to involve in further work around the actions and interventions? How should we best engage with them?
5. Do you have any other comments, ideas or observations that you would like to make?

The following comments were raised by Board Members:

1. Contracts and commissioning were significant issues for the Third Sector.
2. A co-ordinated approach was important to make sure all relevant organisations were involved.
3. Co-production with communities was essential to ensure their priorities were identified.
4. The plan was written for people within the system and consideration needed to be given to making the language more accessible to all.
5. More information was required on the financial modelling.
6. Priorities needed to be more explicit in articulating support for the workforce.
7. There needed to be more information on what difference would be made on the ground, e.g., to families of children whose learning had suffered as a result of the Covid pandemic.
8. The model needed to be flexible to allow for the local differences in the B&NES, Swindon and Wiltshire Communities.

It was noted that the plan would be finalised towards the end of the financial year and Laura Ambler undertook to update the Board at a future meeting.

**The Board RESOLVED to note the presentation.**

#### 42 **ICB AND DEALING WITH PATIENT SAFETY**

Gill May, ICB gave a presentation (attached to the minutes) on Care Quality Commission (CQC) inspections of Integrated Care Boards (ICBs).

In response to questions from Board members, it was confirmed:

1. There would be one dashboard for all providers which Board members would be able to see, but this would take a few months to develop.
2. The inspections would include services provided for all age groups. Feedback would be used from existing data and therefore children and young people would not need to participate in a separate data gathering exercise.
3. In terms of how the HWB Board could interact with the System Quality Groups, Laura Ambler would be a link between the groups and the Board.

**The Board RESOLVED to note the update.**

**43 TERMS OF REFERENCE - REVIEW**

**The Board RESOLVED to agree the minor changes to the Terms of Reference.**

**44 SEXUAL HEALTH BOARD ANNUAL REPORT 2022/23**

Board Members acknowledged the positive achievement of preventative work undertaken to minimise Mpox cases in B&NES throughout the outbreak.

**The Board RESOLVED to note the report.**

**45 PHARMACY CONSOLIDATION AND ASSOCIATED PHARMACEUTICAL NEEDS ASSESSMENT (PNA) SUPPLEMENTARY STATEMENT**

**The Board RESOLVED to note that a supplementary statement would be published.**

**KEY MESSAGES FROM THE MEETING**

1. Progress on developing performance indicators for H&WB priorities welcomed and supported.
2. Good progress being made on this year's Better Care funded projects. A future meeting to include a strategic discussion on future priorities for the fund.
3. Unanimous support for developing B&NES as an Age Friendly Community which will help deliver priorities 3 and 4 of the H&WB strategy. Thanks to Age UK and St John's for their support and leadership on the project.
4. Good to hear of ICB led plans to transform primary and community services across BSW.
5. A CQC inspection programme is being developed for ICBs. This together with provider inspections and the new local authority inspection should provide assurance of health and care quality on a community basis.

The meeting ended at 4.10 pm

Chair .....

Date Confirmed and Signed .....

**Prepared by Democratic Services**

# AGEING WELL

Bath & North East Somerset



# WHAT IS AGEING WELL | BATH & NORTH EAST SOMERSET?



Jointly funded 2-Year Programme, **Ageing Well | Bath & North East Somerset**, working towards Bath & North East Somerset becoming an Age Friendly Community, as defined by the **World Health Organisation**.

Facilitating the **Ageing Well Network** which brings together voluntary sector organisations who support people to age well





## WHAT IS AN AGE FRIENDLY COMMUNITY?

Age-friendly Communities commit to following the World Health Organisation's Age-friendly Communities framework.

This approach has two elements that guide communities through the process of becoming a better place to age: the **Eight Domains** and the **Four-Step Programme Cycle**

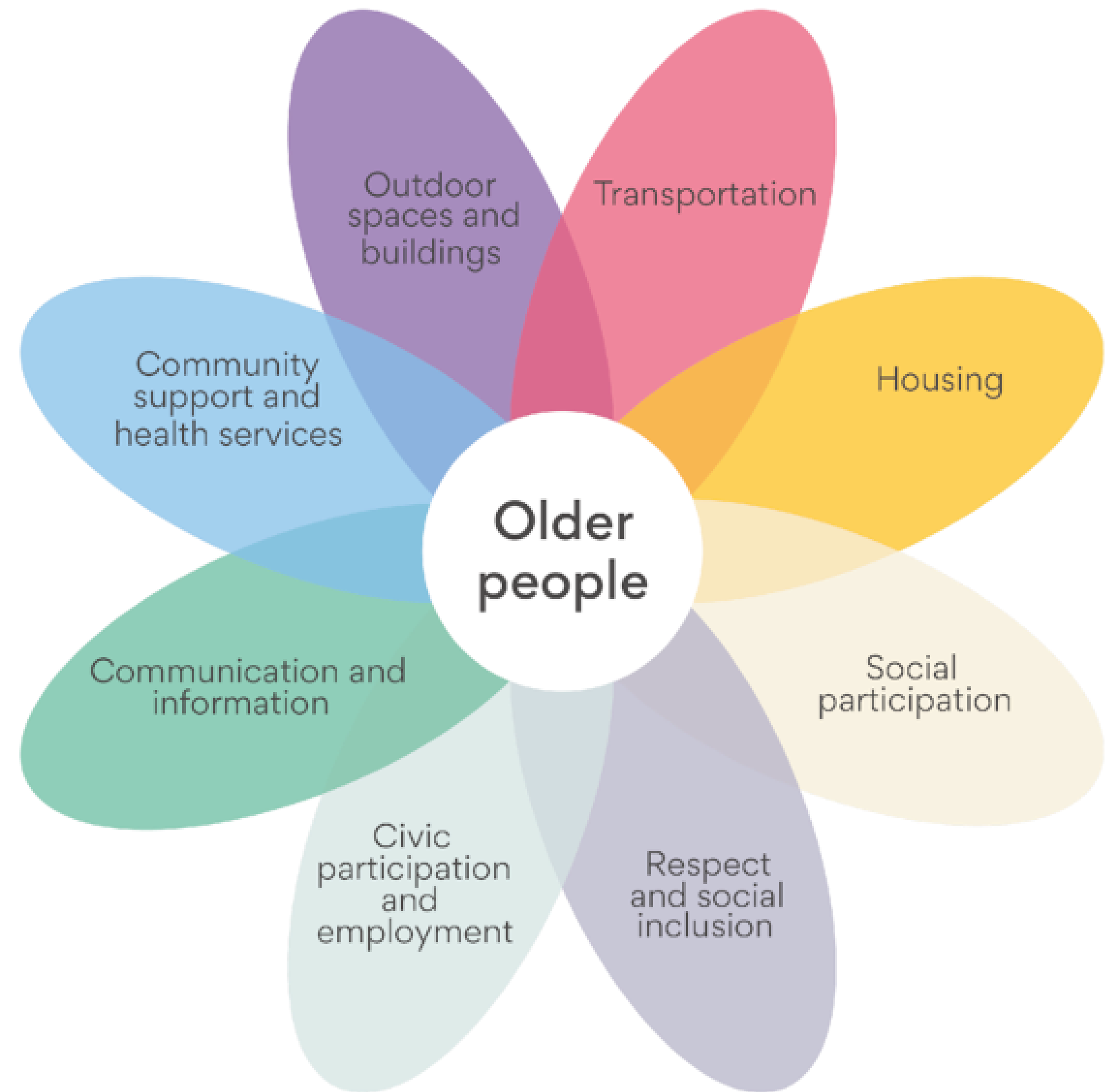


# THE EIGHT DOMAINS

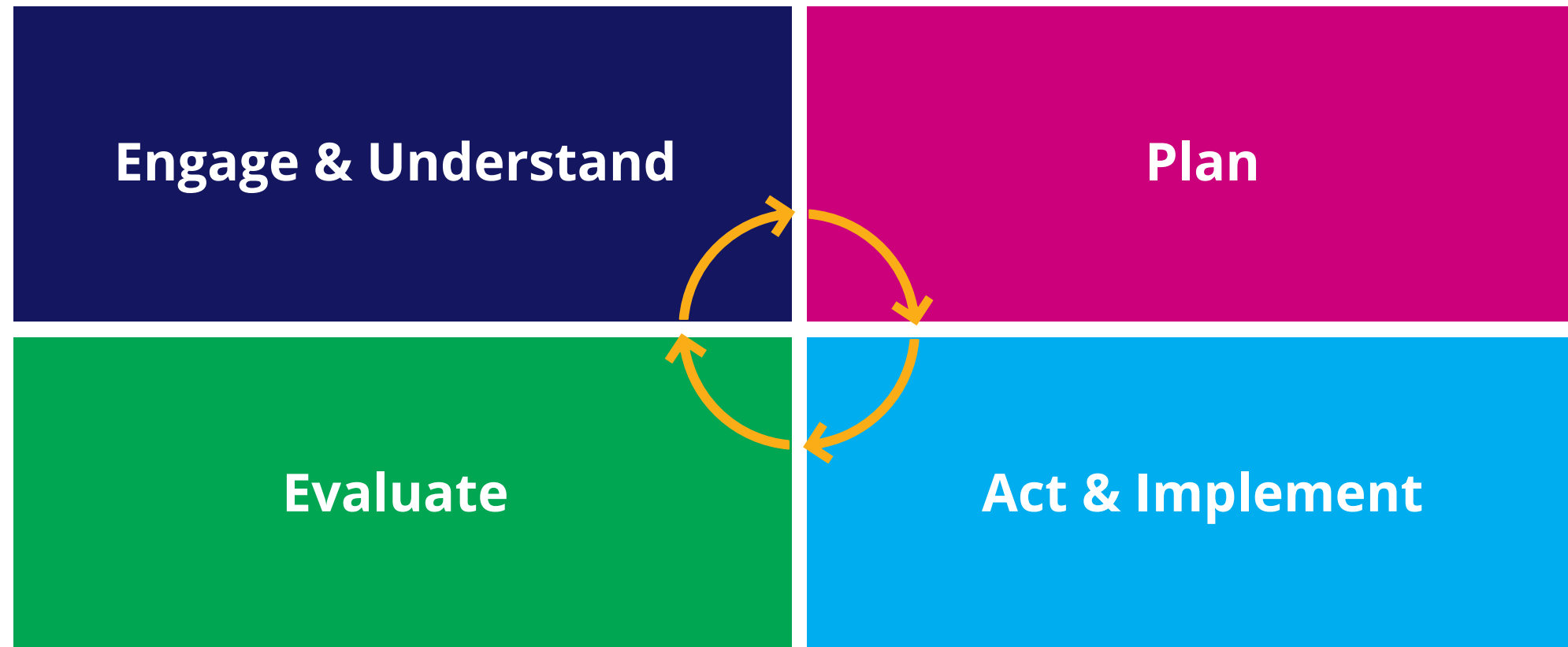
The **Eight Domains** are the areas of the built and social environment which, when acted upon, can help to address barriers to ageing well.

Age Friendly Communities will use this framework as a lens to view their place.

They will collect data, build partnerships and commit to actions under these domain areas.



# THE FOUR STEP PROGRAMME CYCLE



The **Four-Step Programme Cycle** is a development process that places go through to embed an age-friendly way of working.

It involves gaining political commitment for the work, understanding where you are starting from, listening to older people, deciding strategic priorities, delivering actions, and evaluating impact.

# What might an Age Friendly Community do?\*

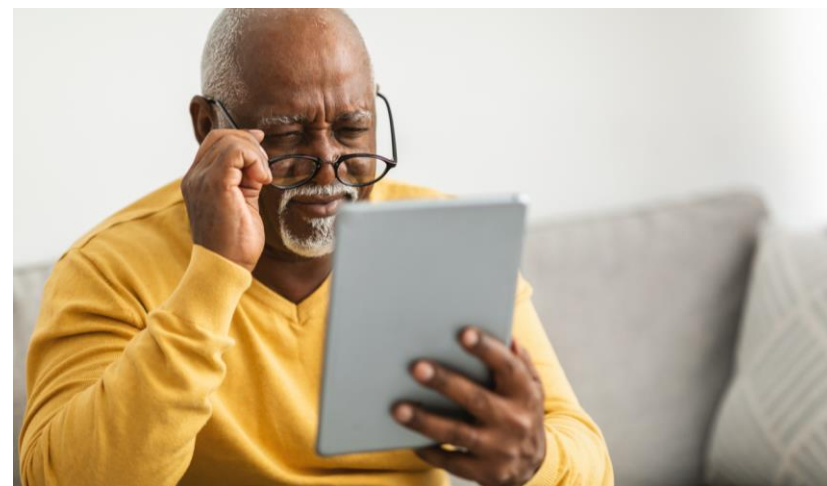


Swap out pictures of wrinkly hands in their communications with positive and realistic images of a diverse range of older people

Develop a “Framework for Creating Age Friendly Homes” which sets out a vision for housing choices to be diverse, respond to different needs and aspirations, promote social connections and support equality, positive health, wellbeing and independence.



Collectively run targeted campaigns around Pension Credit uptake – ensuring everyone knows about what they might be entitled to and are able to access it.



\*All real examples from Age Friendly Communities across the UK.

# WHAT WILL THE PROGRAMME DELIVER? OUR 8 GOALS

## Ageing Well Forum

- 1 Create a platform for older people's voices to be heard in decision-making  
The forum will gather insights from older adults to inform project activities and ensure their needs are met. It will operate in conjunction with the Ageing Well Network.

## State of Ageing Report

- 2 Produce a comprehensive report on the ageing landscape in Bath & North East Somerset.  
The report will provide baseline data for project evaluation and will be updated annually. It will be developed in collaboration with the Ageing Well Network.

## Steering Group

- 3 Establish a diverse committee comprised of key stakeholders to guide the project.  
Responsible for setting the strategic direction, approving budgets, and ensuring milestones are met. Oversee the alignment with the Age Friendly Community process & the Ageing Well Network.

## Long-term Programme Funding

- 4 Secure long-term financial support for the programme.  
Identify and apply for grants, sponsorships, and other funding sources to ensure project sustainability. The Ageing Well Network will assist in identifying potential funding sources.

## Community Researchers

- 5 Train volunteers to gather insights and data from the older population.  
These researchers will conduct surveys, interviews, and other data collection methods to inform project activities. Their findings will be shared with the Ageing Well Network for further action.

## Ageing Well Network

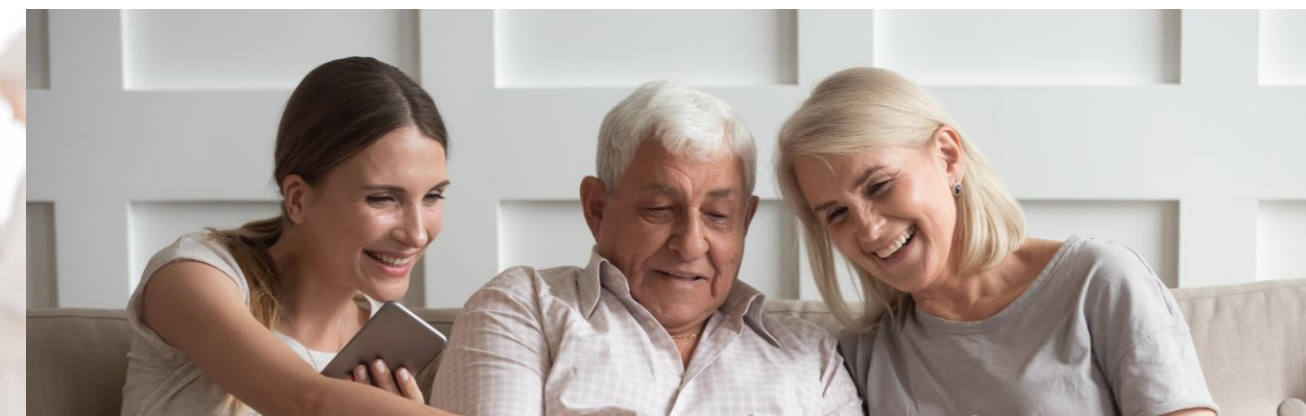
- 6 Continue the existing Ageing Well Network meetings  
The network will serve as a platform for knowledge exchange, engagement, & programme delivery. It will interact with the Steering Committee & Programme Lead for strategic alignment.

## Strategic Plan

- 7 Develop a comprehensive strategic plan outlining long-term goals and KPIs.  
The plan will serve as the roadmap for project implementation and will be reviewed regularly for adjustments. It will be developed in consultation with the Ageing Well Network.

## Small Grants

- 8 Establish and manage a fund for community-owned solutions.  
This programme will allocate small grants to local initiatives that align with project objectives. The Ageing Well Network will be involved in the selection process.





## HOW CAN THE HEALTH & WELLBEING BOARD SUPPORT?



Provide political support for our **application** to the WHO to become an **Age Friendly Community**



**Nominate a representative** from the HWB to sit on the **Steering Group**



**Receive Quarterly Reports** on the progress of the Ageing Well | Bath & North East Somerset programme



*“I have reached an age where if someone tells me to wear socks, I dont have to.”*

**Albert Einstein**



**THANK YOU**



# CQC Inspection of ICBs

4th of December 2023

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# Context

- For integrated care systems, CQC will start to form a national view of performance, initially focused on themes:
  - Equity in access is the first theme
- This would show whether systems are working together to support people to access the care, support and treatment they need when they need it. It includes how we are responding to inequalities of access across our population. Their findings will inform CQCs annual 'State of Care' publication.
- Pilots are taking place in Dorset and Birmingham ICBs to test the approach before starting formal assessments.
- CQC are working closely with the Department of Health and Social Care on how they will deliver further assessments beyond this point.

There are three main reasons for the change:

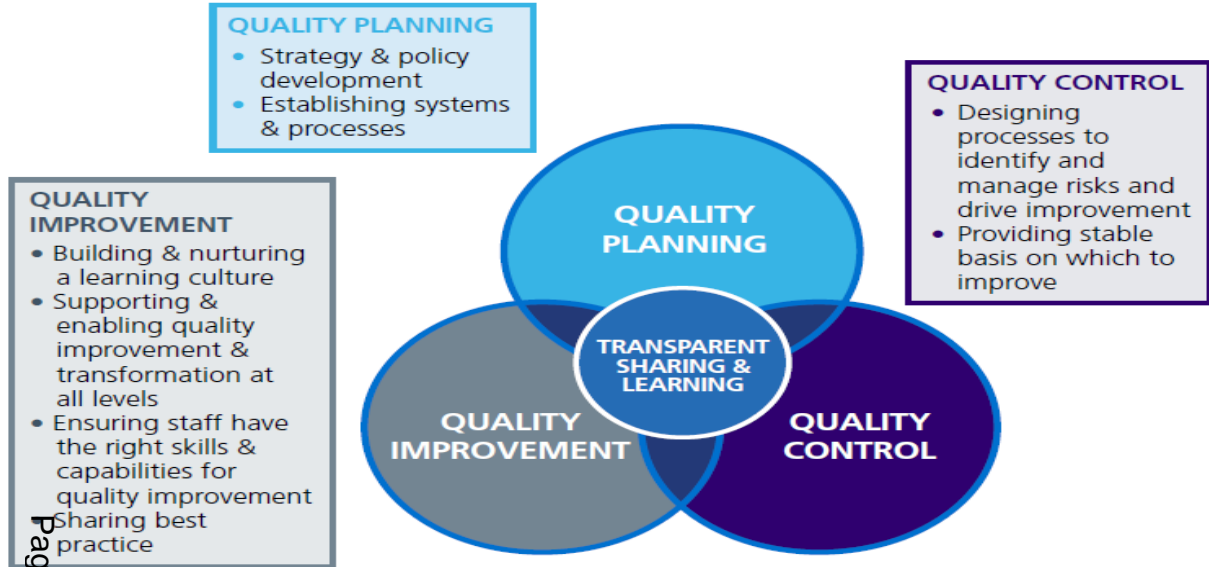


- To make things simpler so CQC can focus on what really matters to people.
- CQC to better reflect how care is actually delivered by different types of service as well as across a local area.
- To have one framework that connects their registration activity to their assessments of quality.

Judgements will be more structured and consistent, CQC have developed six categories for the evidence they collect:

- people's experiences
- feedback from staff and leaders
- observations of care
- feedback from partners
- processes
- outcomes of care.

## Delivering quality care in systems: the Juran trilogy



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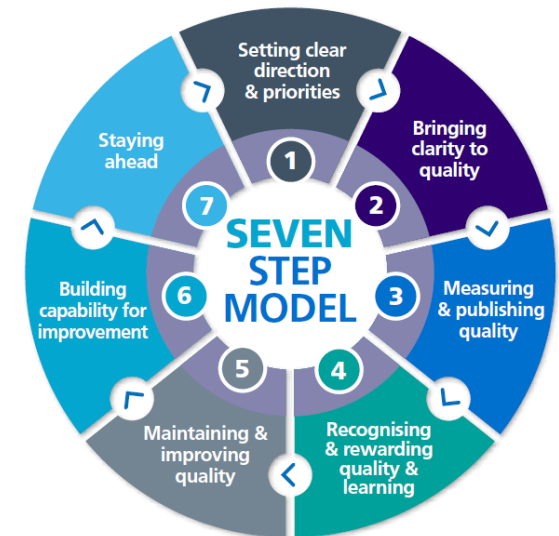
## A shared single view of Quality



## Delivering quality care in systems: key principles



## Delivering quality care in systems: The 7 steps



# Quality Insight

Internal	External
<b>Quantitative</b> <ul style="list-style-type: none"> <li>• Serious Incidents data and National Patient Safety Alert data</li> <li>• Infection prevention and control data including HCAs</li> <li>• Hospital mortality data</li> <li>• Freedom to Speak Up (FTSU) data</li> <li>• Integration Index (forthcoming 2022/23)</li> <li>• Staff Survey results data</li> <li>• Workforce data - absence rates and turnover rates</li> <li>• Quality Accounts data</li> <li>• Maternity reporting tool data on quality</li> <li>• Quality data in Model Health System and the Quality Toolkit</li> <li>• Adult and child safeguarding</li> <li>• Local Authority data (eg ASCOF)</li> <li>• Charity/voluntary organisation data</li> <li>• Quality data in the Commissioning for Quality and Innovation (CQUIN) Framework</li> <li>• Workforce Race Equality Standard (WRES) data</li> </ul>	<b>Quantitative</b> <ul style="list-style-type: none"> <li>• CQC inspection ratings data</li> <li>• Quality data in the System Oversight Framework (SOF)</li> <li>• Quality data in the GP Quality and Outcomes Framework (QOF)</li> <li>• External Audit data</li> <li>• External benchmarking data</li> <li>• Clinical Audits data</li> <li>• NHS Digital data/intelligence on quality</li> <li>• UK Health Security Agency (UKHSA) data/intelligence</li> <li>• External horizon scanning data</li> <li>• Homicides/unlawful killings – historic and ongoing including action plans</li> <li>• National surveys data - CQC patient surveys, HEE training surveys, GMC National Training Survey, GP patient survey (GPPS)</li> <li>• Public Health Outcomes Framework</li> <li>• Friends and Family Test</li> </ul>
<b>Qualitative</b> <ul style="list-style-type: none"> <li>• Complaints, PALS and concerns data</li> <li>• Quality Accounts information</li> <li>• Speaking up reports from staff</li> <li>• Serious Incident investigations and action plans</li> <li>• Internal Audit reports and action plans</li> <li>• Internal reviews (lessons learned, peer reviews, thematic), recommendations and action plans</li> <li>• System Quality Groups/Quality Committees</li> <li>• Staff feedback/survey information</li> <li>• Mandatory and statutory training records</li> <li>• Staff professional development plans (PDPs)</li> <li>• Maintaining High Professional Standards (MHPS)</li> <li>• Risk and issues registers</li> <li>• Contractual and legal action</li> <li>• Quality impact assessments</li> <li>• Healthwatch reports library</li> </ul>	<b>Qualitative</b> <ul style="list-style-type: none"> <li>• CQC Inspection reports, warning notices, related notifications</li> <li>• HSCRF emerging concerns protocol</li> <li>• HEE intensive support framework and Deanery reports</li> <li>• Professional regulators intelligence</li> <li>• Oversight and Scrutiny Committees, Health and Wellbeing Boards</li> <li>• Central Alerting System (CAS) safety alerts</li> <li>• Patient/service user websites, groups and forums</li> <li>• Traditional media and social media</li> <li>• Getting it Right First Time (GIRFT) and RightCare reports</li> <li>• Regulation 28 Prevention of Future Death reports</li> <li>• Judicial review reports</li> <li>• Safeguarding serious case reviews</li> <li>• Charity Commission case reviews/reports</li> <li>• Use of NICE Quality Standards</li> <li>• Independent Reviews</li> </ul>

‘Insight’ work aims to improve understanding of safety across the whole system by drawing intelligence from multiple sources of patient safety information.



# Assurance- good practice (Good Governance Institute)

## The right amount of assurance

- more is not necessarily better.
- Ensuring balance between assurance and reassurance.
- Assurance is more than metrics- metrics are just one of the forms of assurance a board can receive. Action plans, strategy updates, service users' feedback and deep dive presentations are all forms of assurance and help determine whether controls for strategic risk is working.
- Assurance should be additive, not duplicative, with providers monitoring and improving performance, Place providing assurance on point of intersection and system assurance focused on system-level outcomes and improvements.

## Triple A Approach

### Alert

- To escalate any issues that require board discussion or action. There is no requirement to put anything in the alert section unless the committee absolutely needs to escalate a risk or issue. Please state 'none' rather than leaving the section blank.

### Advise

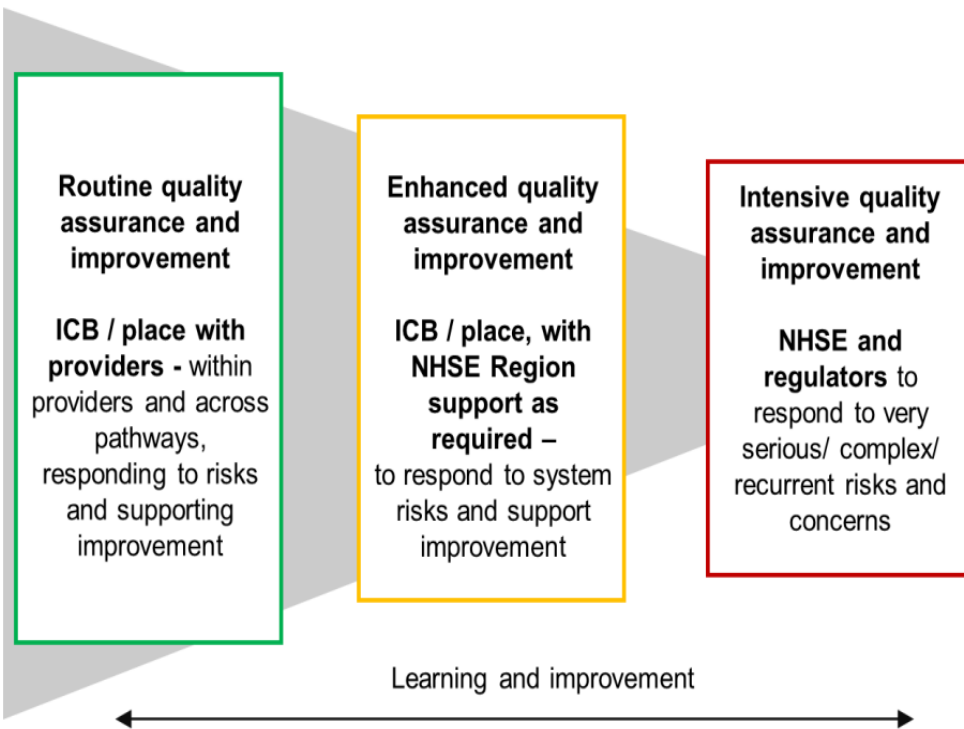
- To highlight an issue that may require further monitoring by the committee over a period.

### Assure

- To provide positive news on performance, best practice or to celebrate successes/ awards.

# Risk response and escalation (National Quality Board)

Risk response and escalation and the three levels of quality assurance and support.



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- The move into enhanced assurance for health commissioned providers will be authorised by the ICB
- The move into intensive assurance by NHSE.
- Decision must reflect the risk profile and regulatory and accountability arrangements.
- Role of System Quality Groups will be integral to decision making as they provide joined up quality intelligence and engagement, enable improvement and support to system risks.
- Where there is an emerging risk that is deemed to be a significant or immediate risk to quality, including safety, which is not being addressed in wider discussions and the need to rapidly share intelligence, diagnose, profile risks, and develop action/improvement plans, the ICB or other key partners such as NHSE, regulators or Local Authorities will instigate Rapid Quality Review meetings
  - including the development of an Improvement plan and if required
  - additional Quality Improvement Groups to ensure the required actions are taken forward and improvements realised.