

HEALTH & WELLBEING BOARD

Minutes of the Meeting held

Wednesday, 26th March, 2014, 10.00 am

Dr. Ian Orpen	Member of the Clinical Commissioning Group
Councillor Simon Allen	Bath & North East Somerset Council
Bruce Laurence	Bath & North East Somerset Council
Dr Simon Douglass	Member of the Clinical Commissioning Group
Councillor Dine Romero	Bath & North East Somerset Council
Pat Foster	Healthwatch representative
Diana Hall Hall	Healthwatch representative
John Holden	Clinical Commissioning Group lay member
Jane Shayler	Bath and North East Somerset Council
Douglas Blair	NHS England

43 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

44 EMERGENCY EVACUATION PROCEDURE

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

45 APOLOGIES FOR ABSENCE

Councillor Katie Hall, Jo Farrar and Ashley Ayre sent their apologies for this meeting. Jane Shayler was a substitute for Jo Farrar.

46 DECLARATIONS OF INTEREST

There were none.

47 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

There was no urgent business.

48 PUBLIC QUESTIONS/COMMENTS

The Chair invited Karen Wilkinson (Patient Member of the RUH Bath) to address the Board.

Karen Wilkinson congratulated the Board on the Peer Challenge outcomes; in particular on the strong leadership across the Council and in the CCG and also on the clear vision and focus.

Karen Wilkinson said that the Board could consider more of the public engagement at their meetings.

The Chair replied that the public would be involved more in the meetings of the Board by watching live webcasts and also by tweeting their comments and questions during the debate. Tweets and comments would be read at the end of the meeting.

49 MINUTES OF PREVIOUS MEETING

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

50 10.05AM THE ROYAL UNITED HOSPITAL BATH PRESENTATION ON THE LATEST CARE QUALITY COMMISSION INSPECTION (15 MINUTES)

The Chairman invited James Scott (Chief Executive of the RUH Bath) to give a presentation to the Panel.

James Scott highlighted the following points in the CQC presentation about the inspection of the RUH Bath (attached as appendix to these minutes):

- Our new approach
- CQC New approach: Site visits
- Key Findings by service
- Areas of Good Practice
- Areas for improvement: Should

The Board congratulated James Scott and the staff of the RUH Bath on good result and on the outcome of the CQC inspection.

The Chairman asked what would be happening from now on with the RUH considering that the CQC inspection outcomes were quite positive. The Chair asked what the CQC would be looking for in future inspections.

James Scott replied that the CQC would be keeping an eye on how the RUH would be delivering their improvement plan. James Scott also said that he would not

expect another CQC inspection for the next two years.

James Scott also said that the RUH had been placed in Band 6 Hospitals (those with the lowest risk and challenge).

Councillor Romero said that the Council held Alcohol Harm Reduction Scrutiny Inquiry Day and one of the concerns raised was on people in a need of emergency services during weekends, because of alcohol related health issues. Councillor Romero asked if the hospital had had a capacity to continue dealing with these issues effectively.

James Scott replied that gastroenterology service (specialist to look after liver disease) consultants, which were specialised in that area, had been working together with an emergency staff. The RUH had been working with the other partners to address an increase in demand of services in this area.

Bruce Laurence asked if the latest CQC inspection had been a driver for improvement.

James Scott responded that the latest CQC inspection was not a 'light touch' inspection. It was comprehensive in a way that previous inspections had not been. There was an estimate that 30 out of 35 inspectors were clinicians elsewhere in the UK, from all health backgrounds.

James Scott also said that the RUH had been incredibly active around Patient Safety Programme. The Patient Safety Programme was set in 2009 for the South West region, hosted by the RUH. The whole programme has been based on global organisation that leads patient safety across the world, called an Institute of Health Care and Improvement, based in Boston, the USA.

Diana Hall thanked the RUH for inviting the Healthwatch to comment on the report. The Healthwatch also met with the CQC and welcomed their new way of working. The Healthwatch would like to work more with the RUH and be more present within the hospital.

Dr Simon Douglass and Dr Ian Orpen commented that quality summit, organised by the RUH, had been quite successful because it highlighted staff's passion and dedication and also highlighted hospital's focus on patient safety.

It was **RESOLVED** to note the presentation and to congratulate the RUH Bath on the outcome of the Care Quality Commission inspection.

RUH Presentation

51 10.20AM FEEDBACK FROM THE LOCAL GOVERNMENT ASSOCIATION HEALTH AND WELLBEING PEER CHALLENGE (20 MINUTES)

The Chairman invited Helen Edelstyn (Strategy and Plan Manager) to give a presentation to the Board (attached as appendix to these minutes)..

The Board highlighted the following points:

The Chair said that Dr Orpen and he were invited to speak at the Local Government Association event looking at the Health and Wellbeing Boards – One Year On. Progress of the Health and Wellbeing Boards across the country has been different, but some of the work carried out by this Board has been recognised as a good practice.

Councillor Romero commented that the value of the Director of Public Health awards should be acknowledged and highlighted. Councillor Romero felt that volunteer element had not been sufficiently structured and perhaps it could be picked up within Connecting Communities work

Diana Hall drew the Board's attention on the part that the Healthwatch has in the whole process.

John Holden highlighted that there was quite a lot of partnership work and the Board should not lose the sight on the accountability because of it.

The Chair agreed with a comment from John Holden.

Councillor Vic Pritchard (Chairman of the Wellbeing Policy Development and Scrutiny Panel) congratulated the Board on the outcome of the Peer Challenge though he didn't agree with the comment on the lack of joint work between the Board and Wellbeing PDS Panel. Councillor Pritchard said that he has been meeting on regular basis with Councillor Allen (quarterly meetings) to discuss future workplans.

Bruce Laurence highlighted the focus on inequalities and also on provider side.

Dr Simon Douglass commented that the Board should commit to reduce inequalities.

The rest of the Board welcomed the feedback from the Peer Challenge.

It was **RESOLVED** to:

1. Thank stakeholders from across the health and wellbeing sector for the participation in and contribution to the peer challenge;
2. Note the key feedback from the Health and Wellbeing Peer Challenge; and
3. Agree that the next step, in response to the feedback, would be a development session in April 2014.

Peer Challenge

52 10.40AM 'WHAT WORKS' MENTAL HEALTH CONFERENCE (20 MINUTES)

The Chairman invited Ronnie Wright to introduce the video showing 'What Works' Mental Health Conference.

The Health and Wellbeing Board welcomed the video.

53 11.00AM NHS B&NES CLINICAL COMMISSIONING GROUP 5 YEAR PLAN AND

BETTER CARE FUND (50 MINUTES)

The Chair invited Dr Ian Orpen, Dr Simon Douglass and Jane Shayler to give a presentation and introduce the report.

Dr Orpen and Dr Douglass gave a presentation (attached to these minutes) where they highlighted the following points:

- Patient - a real case study : Bath & North East Somerset CCG
- History: context of CCG
- Symptoms: challenges facing CCG
- The uncomfortable truth: financial challenge going
- Diagnosis, treatment plan and Prescription: how the CCG plans to tackle the issues facing it focussing on the 6 priority areas
- Prognosis: the object of developing a sustainable health and social care service
- Transformational Leadership Board – that will be responsible for delivery of the plans
- Operation Plan for 2014-16 with special focus on
 1. Urgent Care
 2. Primary Care
 3. Long Term Conditions and Frail Older People
 4. Planned care
- Quality Objectives that support the plans
- Enablers that will help deliver the plan

The Chair thanked officers and providers who worked on the 5 Year Clinical Commissioning Group Plan.

Councillor Romero welcomed the Plan though she expressed her concern that, although 30% of the population were 'under 25', there was hardly any mention of the young people in the Plan. Councillor Romero hoped that the Better Care Fund would have more focus on the young people. Councillor Romero welcomed that databases and IT had been joined up between organisations.

Dr Orpen responded that children services were an important part of the Plan. The CCG had to concentrate on key areas, on priorities, which didn't mean that the other areas were forgotten.

John Holden highlighted three points of the Plan:

- a) Provision of health services in the community with reference to provision of services in a cluster population of 30-50,000. John Holden commented that, for him, it looked like GPs would operate on cluster level, rather than on individual level.
- b) Organisational chart – John Holden expressed his concern on the accountability in the system. There should be much tighter, smaller

membership, practice.

- c) The whole ethos was about getting money out of the acute centre into the community arena. John Holden expressed his concern that it was hard to see a mechanism for making that happen, as there was nothing to force the pace of that transition.

The Chair commented that the involvement of Primary Care in terms of our strategies was vital.

Dr Douglass commented that the Plan was still in draft. In terms of getting money out of the acute centre into the community arena – these were still untested waters. There has been an opportunity to make this happen because of the investment into great working relationships. Dr Douglass also said that he noticed change in the way providers work, for the better.

Diana Hall Hall commented that the patient was, and should be, in the centre of thinking. Diana Hall Hall said she was interested in the public engagement at the primary care. Diana Hall Hall said it would be helpful to know what the local GPs think about this.

The Board agreed with the comments from John Holden, Dr Douglass and Diana Hall Hall.

Douglas Blair commented that the NHS England was responsible for the primary care commissioning. The NHS England would need to be clear what would be locally expected from the primary care.

Pat Foster commented that the Healthwatch welcomed the Plan and also the Better Care Fund.

It was **RESOLVED** to approve recommendations as listed in the report.

CCG 5 Year Plan

54 11.50AM TWITTER QUESTIONS (10 MINUTES)

The Chair welcomed twitter questions and comments from the public.

Jeremy Bond welcomed the opportunity to watch live webcast of the meeting and to be able to submit his comment via Council's website.

The Chair also welcomed some other comments from Twitter and replied that questions/comments would be forwarded to the Wellbeing Policy Development and Scrutiny Chairman as it did fall within the Health Scrutiny remit.

The meeting ended at 12.15 pm

Chair

Date Confirmed and Signed

Prepared by Democratic Services