Health and Wellbeing Network – Meeting Notes

Tuesday 13 May, Guildhall, Bath

The meeting was attended by 35 people. Apologies were given by 15 people. Details are given at the end of the meeting notes.

B&NES Clinical Commissioning Group (CCG) Five Year Plan

Update on the Commissioning Landscape – Ian Orpen

Ian explained what services the CCGs are responsible for and commented that whilst B&NES CCG has a stable financial history there are challenges coming in 2015/16. Ian stressed that there is still time to contribute to the draft plan outside of the meeting and asked for comments to be sent to Ronnie who will feed them through to the CCG to contribute to the development of the five-year plan. There will be an extraordinary meeting of the Health and Wellbeing Board in early June where the five-year plan will be discussed.

Overview of the CCG's Draft Strategic Plan – Simon Douglass and Tracey Cox

Simon talked through the CCG's vision and five-year plan. He highlighted the 'tough challenges' ahead particularly with a growing number of older people and a student population of 25,000. There are inequalities in B&NES with pockets of significant deprivation and a widening picture of health inequalities. Life expectancy is rising, the 75+ population is set to increase by 20%.

The uncomfortable truth is that if changes in services and delivery are not made there will be a £60.8m gap by 2018/19. Care in hospital is very costly and there needs to be a shift to more community based care situations. The CCG plans to group services into clusters that centre around GP practices with patients and carers at the centre. Simon gave the example that those with type 2 diabetes who have support to manage their condition do much better. How to manage those with a complexity of long term conditions is a difficult question.

Tracey said that the plan is in draft form and is a 130 page document on how to transform and deliver services. The CCG believes that the priorities to concentrate on are: -

- Frail older people
- Prevention and self-care
- Diabetes
- Urgent care
- Musculoskeletal services
- Records

She went on to explain the 'What, Why, So? and 1 Result' for each of the categories and asked people to consider these and respond to six questions in feeding back to the CCG any comments around the five year plan:

1. What's your overall response?
2. Are we being realistic, given the context?
3. Are there any obvious 'quick wins' to help us achieve our goals?
4. What should our first steps be?

5. Are there any further opportunities which we have missed?
6. Have we missed anything obvious in connection to the wider integrated care picture?

Break Out Session 1 - Prevention and self-care: Becky Reynolds

Question 1: - Given the major causes of early death, what do you think about our suggested focus on one or more of the following areas of prevention:

- **Smoking/tobacco control**
- **Physical activity**
- **Healthy eating**
- **Mental health and wellbeing?**

Group 1
Inequalities focus and geographical focus
Higher impact – more capacity and awareness
– mapping existing provision
– provision outside of health and social care?
Workforce focus by local providers

Group 2
Significant challenge! Can't focus on more than 5 areas
***** Smoking is already quite successful
Presentations were really good: 'Bus stops' e.g. should also reflect the amount of time spent experiencing poor quality of health
Focus on self – prevention very good
- must develop link with housing
- have seen fantastic programmes looking at improving people's motivation and accomplishment e.g. expert patient

Bigger picture e.g. around housing, motivation etc good but very big
Education/schools also key: cross fertilisation
Housing – role for more joined up working – front line services and housing professionals: health impacts of cold homes/potential housing loss
Housing adaptations to promote independent living – also has an impact for mental health wellbeing
Joined up – must trust each other as professionals

Group 3
Define mental health and wellbeing – does it include social isolation
Will all 6 aims be thought of together?
e.g. physical activity → Prevention
→ Diabetes
→ Elderly and frail
→ Managing Long Term Conditions
Longevity of impact of services – voluntary sector
Links between commissioned services and voluntary/community services
Specific support voluntary sector open/generic services

Group 4
Although a range of interventions may be offered they need to be delivered collaboratively, not in silos, i.e. whole system approach
Need to look 'upstream' – what causes people to undertake 'risky behaviours' e.g. smoking, alcohol, unprotected sex. Impact on lifestyle etc
Communication between service providers/organisations they are supported by, to prevent a person's care being broken down (Integrated care)
Community engagement approach – deliver services where people are = in the community

Identifying patients/'at risk' groups who could benefit from support before a condition/issue presents → need a presence within the community who understands the 'inner workings'

Group 5
Ensure we focus on collaboration rather than directing public health
Embed the prevention messages throughout all intervention – from GP message to consultant
Work more closely with services that see people before they become patients e.g. housing associations, sexual health clinics. Third sector must be a system player

Question 2: - What can the CCG do to reduce differences in health that exist between different parts of our population (health inequalities)?

Group 1
Maximise opportunities through contacts
Engage through existing local services – develop plan with existing local providers

Group 2
Physical activity – Birmingham Council is working with particular disadvantaged areas to involve communities in determining what they want
- identify key players in the community

Housing approach – key, must be joined up
Everyone plays a part
Isolation is a big issue. Not just older people
- village agents

Work and inequalities. Having a job and being engaged. Also crucial cultural issue: e.g. smoking and manual labour
What's missed – always asked about history of health issues but this isn't followed up
Local identity/ communities: any ways of tapping into local culture? Local identity?
- people must see the results of having been engaged!

Group 3
Inclusive process of service development to lower barriers
Research into different population needs
Understanding that change takes time
Rural isolation – difficulty reaching the population

Group 4
BME communities/traveller communities
Need to understand demographics
Recognise those people that need support to navigate health services e.g. ALDs
E.g. Dorothy House attracts some people who may be in equality groups – understand their needs
→ changing consumer trends – Primark?
Churches/faith community contacts, food bank, BEMSCA
Bus route example – extending participation of community groups to a wider demographic, not just within a small community
Wider determinants of Public Health – housing/education/employment
Carers – recognising who is (helping them to) support, Quality of Life
Resources management – (NCMP/IMD etc. data)
→ use this to identify areas which would/could benefit most

Group 5
Better integration of services
Planned health checks for more groups and better accessibility of information

Question 3: - What can we do to help people to manage their health better?

Group 1
Joint campaigns, marketing and promotion
Smarter working between providers – joint events
Well Aware – link to surgery websites
Financial incentives?
Targeted efforts

Group 2
Self-care really important and empowering
Healthy eating messages aren't helpful – confusing
Culture change vital
Links and Children and Young People – think about how we collaborate
Being clear about where responsibilities sit
Also links with planning
Role of the Health and Wellbeing Board – understanding of health being part of everyone's responsibility
Role of prevention in surgeries. Role of social prescribing e.g. Bromley-by-Bow work

Group 3
What do we mean by individual responsibility?
Education and early intervention
Digital technology for all
HIAs, ensuring health is high on the agenda for all public sector bodies
Public transport access and improvement
Ensure sporting bodies promote healthy activity

Group 4
Need to make legislation and public health messages more positive i.e. 'how could life be better' 'what do you want'
→ elements of motivational interviewing
→ empower people to decide what they want
→ patient as expert
→ peer support
Work places
Sharing patient data to identify/support people who could benefit from services
→ data confidentiality
→ cost of writing out/contacting people
→ consent

Group 5
A sense that people who need the most support don't seek it – so how to find them?
Telehealth/Apps/Befriending – companionships
Better promotion of the successes – the human stories and benefits
Provide the knowledge for people to be able to self manage

Break Out Session Two - Care for Frail Older People: Dawn Clarke

Dawn Clarke particularly highlighted the commissioning guidance on Safe Compassionate Care for Frail Older People produced by the Department of Health.

Question 1: Are there any obvious 'quick wins'?

Group 1
Planning for being frail/old
Independent Living Centre – access around adaptations in B&NES
Wellbeing for older people. Sense of being part of their community – not isolated

Transport – key. Does a lot of good for mental wellbeing, and better use of rural care agencies: Domestic Care Agencies. Increasing social stimulation. Not just physical care
→ must be commissioned
Making every contact count
Joining up the information – and for signposting
Encouraging people to talk about it more – Death cafe style?
Retirement – dealing with it beforehand
Promoting independence needs also to think about purpose and structure
Example of older people's home being built within a school – very positive links
Focus on earlier old age important for later old age
Needs joining up of work and older people – better collaboration

Group 2
There are 5 GP cluster areas in B&NES – Sirona will go in and support this
Befriending
Make use of contact that is already being made, i.e. social care support/community health services, care/support plans coming out of hospital
Home from hospital scheme (Age UK and British Red Cross)
Contact the elderly
Use Well Aware for information
Town/Parish Councillors (Councils)
e.g. First Contact/Good Neighbours scheme (both South Glos Council)
Linage example in Bristol
Sheltered housing scheme in Wellow
UJA
Use of volunteers – Dorothy House, British Red Cross

↳ recognise capacity here} Community and
Invest in sharing ideas } Voluntary Service

Directory of services (111)/one stop shop

↳ are these aligned and accessible to cluster teams?

Older people serving as carers → reliance on one another despite long term conditions/need
Bereavement support

↳ DRC are doing a joint project with Age UK in Gloucester (DLF)

Group 3
Shared contact details – transport = public and private
Companionship (loneliness → heart conditions, smoking)
↓ ↓ ↓
Healthy homes (reduce clutter and therefore reduce trips and slips and falls
Slipper exchange/doormats/carpet tacks
EOL care planning – shift the social perspective on death!
Ensure a work force is in place to do it!

Group 4
Transport
Better co-ordination of support services
Lifestyle MOT – Active Aging – RUH – all public health staff
Normalizing of a healthy lifestyle
Marrying of 'support services' and 'normal activities'
Investing in building community support

Question 2: What should our first steps be?

Group 1
Revive Older People's Strategy – transport was a key issue within that

Examples of volunteering projects
Lack of time for people e.g. ‘posties’, a lost opportunity
Being ‘old’ a relative concept
Day care: could change the model of how day care works. More flexibility. More creative about what’s provided. Support to overcome e.g. health and safety

Further information

A copy of the CCG’s Draft 5 Year Strategic Plan can be found under the News Section on the CCG’s website at: http://www.bathandnortheastsomersetccg.nhs.uk

The presentations from the meeting can be found at http://www.healthwatchbathnes.co.uk/notes-and-presentations

Evaluation

Content	Average mark (out of 5)
Your understanding of subject at start	3.4
Your understanding of subject at end	4.3
Sessions	
Speakers	4.4
Other elements	4.3
Organisation	
Pre-event information	3.8
Facilitation	4.5
Organisation on day	4.6
Venue	
Access	4.4
Refreshments	4.1
Standard of room	4.4

What was the most significant outcome of the event for you?

- Prevention and self-care discussion - inclusion of minority groups
- Enlightenment on plan and reasons behind priorities
- Understanding more about CCG and Healthwatch and the importance of prioritising how they deliver services.
- Networking and knowledge of area priorities.
- Meeting colleagues in the health sector that I have not been able to interact with before.
- Diverse range of thoughts and ideas - not just 'single issue' thinking. Refreshing! But general agreement that integration is the only solution.
- Networking with others. Hearing overview of CCG priorities.
- Understanding of ongoing discussion at B&NES CCG.
- Getting an insight into CCG aims.
- The depth of the problem.
- Seeing a bigger picture of NHS care.
- To be able to meet the decision makers.
- Feeling that I could contribute. Realisation of a clear sense of direction and purpose from CCG.
- Understanding the plan, which is big, joint working will make it deliverable.
- Great to meet with so many like-minded people.

Do you have any suggestions regarding topics/speakers for future meetings?

- Needed more time to delve into discussions.

- Discussion of opportunities.
- Joining up former/current supporting people services with health.
- Linking further with housing associations.
- Submission of written evidence of what works.
- Dying matters and end of life care.

Are there any other comments you would like to make?

- Learnt a lot and enjoyed it.
- Thank you!
- A good opportunity to contribute to what is a significant challenge.

Present

Ian Orpen	Bath and North East Somerset CCG
Simon Douglass	Bath and North East Somerset CCG
Tracey Cox	Bath and North East Somerset CCG
Dawn Clarke	Bath and North East Somerset CCG
Adam Bladwell	British Red Cross
Katy Berwick	Alzheimer's Society
Steve Bryce	Consensus Support
Jos Clarke	WE Care and Repair
Mark Coates	Developing Health and Independence
Julia Cook	Riverside
Beverley Craney	Swallow
Simone Fullagar	University of Bath
Karen John	Age UK
Simon Knighton	Sirona Care and Health
Peter Miles	Developing Health and Independence
Claire Graham	Bath and North East Somerset Council
Chris Mordaunt	Bath and North East Somerset Council
Martin Pellow	Bath and North East Somerset Council
Viv Pritchard	Bath and North East Somerset Council
Becky Reynolds	Bath and North East Somerset Council
Helen Edelstyn	Bath and North East Somerset Council
Jane Pye	Regional Rheumatology Group
Richard Smith	Way Ahead Care
Jill Souter	Dorothy House Hospice
Justin Wride	Sirona Care and Health
Fiona Cook	Sirona Care and Health
Clare Emery	Julian House
Sarah Maclennan	Central Southern CSU (NHS)
Tom Baxter	RV Care
Sabrina Kahn	GMC
Laura Marsh	CCG (NHS)
Oliver Jones	Creativity Works
Ronnie Wright	The Care Forum
Alex Francis	The Care Forum
June Aland	The Care Forum

Apologies

Jessica Brodrick	Bath and North East Somerset Council
Lynda Deane	Bath and North East Somerset Council
Sandra Elmer	Bath and District Cruse
Tom Fox-Proverbs	Bath and North East Somerset Carers Centre
Elizabeth Griffin	Minerva

Angie Jakubowska	Avon and Wiltshire Mental Health Partnership Trust
Sheena Jones	Sirona Care and Health
Adrian Marchment	Priory Group
Rachel McKenty	Sirona Care and Health
Kate Moreton	Bath Mind
Rosie Phillips	Developing Health and Independence
Janet Rice	Sirona Care and Health
Karen Webb	Four Seasons Health Care
Tracey Wilmot	Support Empower Advocate Promote
Melanie Woolgar	Avon and Wiltshire Mental Health Partnership Trust
Audrey Spearing	