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## HEALTH & WELLBEING BOARD

### Minutes of the Meeting held

Wednesday, 8th June, 2016, 10.00 am

Dr Ian Orpen	Member of the Clinical Commissioning Group
Councillor Vic Pritchard	Bath & North East Somerset Council
Bruce Laurence	Bath & North East Somerset Council
Councillor Tim Warren	Bath & North East Somerset Council
Councillor Michael Evans	Bath & North East Somerset Council
Diana Hall Hall	Healthwatch representative
Alex Francis	The Care Forum – Healthwatch
Tracey Cox	Clinical Commissioning Group
Jane Shayler (in place of Ashley Ayre)	Bath & North East Somerset Council
David Trethewey (in place of Jo Farrar)	Bath & North East Somerset Council

#### Co-opted Non-Voting Member:

#### 1 WELCOME AND INTRODUCTIONS

The Chair (Councillor Ian Orpen) welcomed everyone to the meeting. He stated that the meeting was being webcast live and the recording stored on the Council's website.

#### 2 EMERGENCY EVACUATION PROCEDURE

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

#### 3 APOLOGIES FOR ABSENCE

Apologies for absence were received from:

Ashley Ayre (substitute Jane Shayler)  
Morgan Daly (substitute Alex Francis)  
Jo Farrar (substitute David Trethewey)  
John Holden  
Councillor Eleanor Jackson

#### 4 **DECLARATIONS OF INTEREST**

There were no declarations of interest.

#### 5 **TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR**

There was no urgent business.

#### 6 **PUBLIC QUESTIONS/COMMENTS**

There were no questions or comments from the public.

#### 7 **MINUTES OF PREVIOUS MEETING**

The minutes of the meeting held on 23 March 2016 were approved as a correct record and signed by the Chair.

#### 8 **SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE**

The Board received a presentation from Tracey Cox, Chief Officer, BaNES CCG regarding the Sustainability and Transformation Plan (STP). The following issues were covered and highlighted:

- The Plan offered a shared vision for securing a sustainable local health and social care system.
- The aims of the plan were to:
  - Improve the health and wellbeing of the local population
  - Improve the quality of local health and care services
  - Deliver financial stability and balance throughout the local health care system.
- The five year plan was place based and drove the five year forward view.
- Leadership, governance and engagement.
- BaNES, Swindon and Wiltshire Footprint.
- Challenges and positives of the Plan.
- Place-based models of care.
- Emerging design principles for BaNES, Swindon and Wiltshire collaboration.
- Collaboration within the BaNES, Swindon and Wiltshire integrated model of health and care.
- Current position and next steps.

*A full copy of the presentation is attached as an appendix to these minutes.*

Tracey Cox explained that it was important for the three different areas to work together to ensure a more strategic approach. It was also important to balance the pace of change with public engagement. Further public engagement work would be continuing after the end of June deadline and work would also take place to quantify the financial situation. Organisations locally were already considering savings and efficiencies and the STP simply brought this more into focus.

The Chair noted the rapidly changing circumstances and stressed the positive aspects of working with local authorities.

Jane Shayler pointed out that there were concerns relating to the footprint of the Plan and how people would access services in the future. People in the west of the BaNES area would normally travel to Bristol for specialist services and may be concerned that they would have to travel to Swindon or Salisbury instead.

Councillor Vic Pritchard stressed the importance of working together and forming a local interpretation. It would be important to ensure that it is clear from the outset that people would still have a choice as to where they are treated and could continue to choose the Bristol area if this was their preference.

Bruce Laurence stated that there was already some excellent place based work happening locally and that this must be protected. He was impressed with how Councils and the NHS were working together.

Councillor Tim Warren expressed some concern regarding the footprint and noted that if devolution was agreed then this could be challenging. The Chair explained that these issues could be discussed further once the outcome of the devolution decision was known.

Alex Francis informed the Board that Healthwatch had held various meetings regarding public engagement and would be formulating an engagement plan to include key messages and strands.

It was **RESOLVED** to note the update.

## 9 **PRIMARY CARE UPDATE - DRAFT STATEMENT OF INTENT**

The Board considered a report by the Head of Commissioning Development, BaNES CCG. The report informed members of the Draft Statement of Intent and gave them the opportunity to contribute to the development of the Statement. It was noted that the CCG would engage more widely with stakeholders later in the year.

Corrine Edwards, Head of Commissioning Development, explained that local GP surgeries were currently being consulted on the Draft Statement of Intent and that there had been a good response rate so far. The quality outcomes framework (QOF) model would be changing and a new model introduced. There were a number of issues that needed to be addressed, for example, recruitment difficulties, 7 day working, use of technology and multi-disciplinary team working. There would now be further consultation to engage more widely with patients and the public. Final decisions by NHS England about funding were still to be confirmed but the BaNES area was starting from a solid foundation.

The Chair noted the positive aspects of multi-disciplinary team working and pointed out that 50% of GP time is currently spent on 5% of the patient population.

Bruce Laurence welcomed the document and stressed the need to retain the positive aspects of QOFs such as the importance of pro-active care for chronic health conditions.

Councillor Vic Pritchard had concerns about national rather than local direction. He pointed out the need for multi-disciplinary teams to be relevant to patient needs. It was also important to ensure that new technology did not leave some patients behind.

It was **RESOLVED** to note the report and to provide further feedback in due course.

## 10 **HEALTHWATCH UPDATE**

The Board considered a report from Healthwatch giving an update on its priorities and new approach to delivery.

The proposed priorities were:

- Supporting the role of PPGs
- Local innovation towards improving mental health services
- Supporting the STP
- The implementation of your care, your way

Integration of health and social care was also an issue for Healthwatch including the discharge of patients. The RUH has carried out some good work to review its process for discharge into the community.

Diana Hall highlighted the importance of Healthwatch remaining independent and relevant to the work of the Health and Wellbeing Board. It was often difficult to recruit lay people to Healthwatch and training would be provided in future for these volunteers to enable them to be more effective in their roles.

Tracey Cox queried whether the Health and Wellbeing Board could help with the support of lay members, for example by meeting with them to talk about the work of the Board.

Councillor Tim Warren informed Healthwatch that there was now a new Cabinet member who had responsibility for volunteers as part of his remit. He agreed to put Healthwatch in touch with this Cabinet member.

It was **RESOLVED** to note the Healthwatch report.

## 11 **THE CCG DRAFT DIGITAL IT ROADMAP**

The Board received a presentation from Jason Young, Information Manager, BaNES CCG regarding the background and rationale behind the CCG draft digital IT roadmap.

The following issues were covered in the presentation:

- Why a Local Digital Roadmap (LDR) is required.
- Main organisations involved
- Scope of the LDR
- Aspects of digital transformation
- LDR capabilities in relation to “Paper free at point of care” – this will come into effect in 2018
- How the initial LDR is being produced
- Timetable for the LDR
- BaNES LDR footprint
- How digital transformation enables STP goals
- Vision for Digital Transformation
- Universal capabilities and issues
- Digital maturity self-assessment current baseline – the RUH was better than the national average for digital maturity
- Paper free at point of care trajectories, deployment and issues
- Patient/client information sharing and interoperability
- Information sharing approach
- Gaps identified
- Priorities to be delivered in 2016/17
- Priorities to be delivered beyond March 2017
- Governance of LDR delivery

*A full copy of the presentation is attached as an appendix to these minutes.*

It was noted that the NHS is still a very paper based organisation and that there were opportunities to provide services such as booking appointments through use of technology. There were also opportunities to work with other organisations, for example sharing networks between health and social care in BaNES and Wiltshire.

The Chair noted that more and more people now expect digital services and that these developments could be helpful to patients.

In response to a query from Alex Francis from Healthwatch, Jason Young explained that some patients are confused regarding shared data. Often they assumed that data was shared between different NHS organisations. Patients must also be clear about how their data is used.

Councillor Vic Pritchard stressed the importance of not excluding people who do not have access to the relevant technology and to ensure that alternative ways of accessing services remain for those who do not wish to use a digital service.

It was **RESOLVED** to note the presentation.

## 12 **SEXUAL HEALTH BOARD ANNUAL REPORT**

The Board considered the Annual Report of the Sexual Health Board. The report detailed the key work overseen and completed during 2015/16 and highlighted priorities for 2016/17.

Becky Reynolds, Consultant in Public Health, gave a presentation regarding the annual report. The presentation covered the following issues:

- Background and context
- Statistics regarding sexual health in BaNES
- Development of the sexual health strategy and action plan
- Priorities for 2016/17:
  - Review membership of the Sexual Health Board
  - “Your Care Your Way”
  - Continued implementation of sexual health action plan

*A full copy of the presentation is attached as an appendix to the minutes.*

It was noted that conception rates for under 18s have dropped by 50%. This was a good indicator of adolescent health. The abortion rate gave an indication of how easily people can access advice about contraception. The number of cases of gonorrhoea has increased nationally and within BaNES which indicated both an increase in risky behaviours and improved testing rates. Education was very important and there are a number of different training courses regarding sexual health that are provided within the BaNES area.

The reason for the decrease in the amount of teenage pregnancies was unclear and could be due to increased access to contraception, support to teenage parents and strategic plans needing time to take effect.

Bruce Laurence noted that the education and the availability of contraception was proving successful in the reduction of teenage pregnancy. He highlighted the impact of sexual health on people’s lives and on society.

Councillor Vic Pritchard noted the positive local statistics compared to the national figures.

It was **RESOLVED** to approve the contents of the Sexual Health Board Annual Report.

The meeting ended at 12.00 pm

Chair .....

Date Confirmed and Signed .....

**Prepared by Democratic Services**