

## HEALTH & WELLBEING BOARD

### Minutes of the Meeting held

Wednesday, 6th September, 2017, 10.30 am

Councillor Vic Pritchard (Chair)	Bath & North East Somerset Council
Dr Ian Orpen	Member of the Clinical Commissioning Group
Ashley Ayre	Bath & North East Somerset Council
Mike Bowden	Bath & North East Somerset Council
Jayne Carroll	Virgin Care
Mark Coates	Knightstone Housing
Tracey Cox	Clinical Commissioning Group
Jocelyn Foster (in place of James Scott)	Royal United Hospital Bath NHS Trust
Alex Francis (in place of Diana Hall Hall)	The Care Forum – Healthwatch
Bruce Laurence	Bath & North East Somerset Council
Councillor Paul May	Bath and North East Somerset Council
Professor Bernie Morley	University of Bath
Laurel Penrose	Bath College
Hayley Richards	Avon and Wiltshire Partnership Trust
Andrew Smith	BEMS+ (Primary Care)
Jane Shayler	Bath & North East Somerset Council

**Also present:** Cllr Eleanor Jackson (Observer)

## 12 **WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting.

He explained that two information reports had been circulated to Board members, regarding the Community Pharmacy update and the Local Safeguarding Children's Board Annual Report for 2016/17. These reports were circulated for information only and would not be discussed at this meeting.

## 13 **EMERGENCY EVACUATION PROCEDURE**

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

## 14 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from:

Cllr Tim Ball – B&NES Council (Observer)  
Jermaine Ravalier – Bath Spa University  
James Scott – Royal United Hospital NHS Trust – Substitute Jocelyn Foster  
Sarah Shatwell – VCSE Sector – Developing Health and Independence  
Elaine Wainwright – Bath Spa University

## 15 **DECLARATIONS OF INTEREST**

Councillor Paul May declared a non-pecuniary interest as a Non-Executive Director on the Board of Sirona.

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

There was no urgent business.

## 17 **PUBLIC QUESTIONS/COMMENTS**

Councillor Eleanor Jackson made a statement regarding the Commissioning Process and stressed the need for full consultation with local residents regarding health projects in their areas.

Dr Ian Orpen stated that he recognised the need for full public consultation. He also highlighted the funding pressures which the NHS was currently experiencing and pointed out that time-pressures in relation to funding were a reality.

A copy of the full public statement is attached as *Appendix A* to these minutes.

## 18 **MINUTES OF PREVIOUS MEETING**

The minutes of the previous meeting, held on 12 July 2017, were approved as a correct record and signed by the Chair.

## 19 SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) UPDATE

Tracey Cox, Chief Officer, B&NES Clinical Commissioning Group gave a presentation which provided an update on the Sustainability and Transformation Partnership (STP).

- A Five Year Forward View Next Steps document has been published which sets out nine focus areas.
- STPs will evolve into an Accountable Care System which will work as a locally integrated health system, in which NHS organisations, often in partnership with local authorities, choose to take on responsibility.
- Only when the STP is able to demonstrate it is ready for the new system will it cease to exist.
- Collaborative working is very important across the B&NES, Swindon and Wiltshire areas.
- An update was given on each of the following areas:
  - Proactive and preventative care
  - Planned care
  - Acute collaboration
  - Digital
  - Workforce
- James Scott recently stood down as Senior Responsible Officer for the STP and a new Officer will be appointed in the near future.
- Bridget Musselwhite has been appointed as Programme Director for the STP.
- Governance arrangements have also been reviewed and a stakeholder forum has been introduced. The Forum will meet quarterly.
- STP priorities will be reviewed during September and October to ensure that the focus is on the right areas.
- A Communications Manager is now in post and a stakeholder engagement event is planned for October.

The following issues were then discussed:

- Councillor Vic Pritchard highlighted the advantages of the STP. However, he noted the absence of any reference to social care and felt that this was not receiving the profile that elected members would like. Tracey Cox stated that this was a problematic issue nationally and stressed the need for the agenda to be aligned through the development of an accountable care process.
- Alex Francis was encouraged to see that a Communications Manager was now in post. She also noted the importance of considering the different types of stakeholders and groups and the need to take into account the specific audience during the communication process.
- Dr Ian Orpen noted that the alignment of policies across B&NES, Swindon and Wiltshire should minimise any postcode lottery issues.

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

**RESOLVED:** To note the STP update.

## **B&NES/SWINDON/WILTSHIRE (BSW) SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) MENTAL HEALTH DELIVERY PLAN**

The Board considered a report which presented the STP Mental Health Delivery Plan. The Plan contained further information on priority actions to deliver the Five Year Forward View for Mental Health across the B&NES/Swindon/Wiltshire area and also set out actions for each constituent part of the STP. The Plan has been informed by the Joint Strategic Needs Assessment, a gap analysis against the Five Year Forward View and by previously identified local priorities, including those in local Mental Health Strategies and Plans.

Mental Health at STP level is implicit and it is important to provide a priority focus in its own right. There has been a powerful partnership approach in preparing the Plan. It was noted that mental health impacts across all service areas and can affect inequalities, life expectancy and other health related issues. Early intervention before a crisis occurs is key along with early help for children and young people.

The evidence showed that if more were invested in mental health services then large savings would be made. This would reduce hospitalisation and improve both physical and mental health. The challenge is to identify where the greatest value can be added and the Plan is intended to provide clear evidence based priorities.

A workshop was held in August which had highlighted the following priority/high impact areas:

- Urgent and emergency care
- Improving transitions
- In-patient access
- Workforce development

The following issues were then discussed:

- Councillor Paul May stressed the importance of employers taking action to improve the health of their employees. Hayley Richards explained that the STP is aware of this issue and that Forums are in place for this area of work. There are also links with the education sector.
- Bruce Laurence explained that some work is already taking place with employers around mental health issues. He noted that mental health is about the way society operates and stated that the Health and Wellbeing Board could take a wider view of this area to improve the resilience of the local population.
- Mike Bowden acknowledged the amount of work that has gone into the production of this Plan.
- Alex Francis pointed out that there is lots of energy and enthusiasm in the voluntary sector for this particular area of work.

**RESOLVED:** To note the priority actions set out in the Sustainability and Transformation Partnership (STP) Mental Health Delivery Plan.

## 21 **BETTER CARE FUND PLAN 2017-19**

The Board considered a report regarding the Better Care Fund Plan 2017/19 which set out the vision for integrated services in B&NES up to 2020 and how the Improved Better Care Fund grant monies (iBCF) will be utilised to support the Better Care Fund Plan.

Additional funding has been awarded for adult social care and certain conditions have to be met. Spending will need to demonstrate how it will improve performance against the following four national metric measures:

- Delayed transfers of care
- Non-elective admissions to hospital
- Admissions to residential and nursing homes
- The effectiveness of reablement

One of the main areas of focus is around patients leaving hospital, how well this works and ensuring that best practice is being followed.

The Better Care Fund schemes all have plans and these are aligned where relevant with CCG QIPP schemes and the Council Savings schemes.

The Plan has to be submitted by 11 September 2017 and provisional feedback from NHS England is positive with only a few minor amendments being suggested.

The following issues were then discussed:

- It was noted that the higher level of grant funding in the first year is to support the necessary transformational change.
- Tracey Cox stated that this is a very complex piece of work and is a robust plan.
- Hayley Richards pointed out that there are twice as many delayed transfers for mental health patients than for patients in acute care. She requested that consideration be given as to how this issue might be addressed. The report author agreed to consider this matter in the context of the Better Care Fund Plan.
- Bruce Laurence expressed concerns regarding future projections due to the anticipated decrease in the ratio of economically active people compared to those who are not economically active. This would need to be addressed to avoid difficulties in the future.
- Jane Shayler pointed out that there are a number of schemes that provide for adults of working age such as pre-crisis beds for mental health patients.

### **RESOLVED:**

- (1) To strengthen the wording on the Better Care Fund (BCF) Narrative Plan 2017-19 in relation to mental health.
- (2) To approve the proposed utilisation of the BCF funds 2017-19 and the utilisation of iBCF grant monies.
- (3) To delegate formal sign off of the final submission of the Plan on 11

## 22 HEALTH OPTIMISATION

The Board received a presentation from Dr Ruth Grabham and Jon McFarlane regarding pre-operative health optimisation.

- It is important for patients to be as fit as possible prior to undergoing surgery. Evidence relating to the effects of smoking and obesity on outcomes has been considered.
- Smokers are 38% more likely to die after surgery and are at increased risk of heart and lung complications, post-surgical infections and poor wound healing. Pre-operative smoking cessation is effective.
- The statistical evidence relating to obesity is more limited. However, there is an overall increased risk of anaesthetic airway complications and surgical site infection for all surgeries.
- It was proposed that prior to surgery GPs would discuss smoking cessation and weight loss with patients as appropriate. Patients would then be offered physiotherapy and advice about weight loss and giving up smoking. Patients would then have three months in which to prepare for surgery.
- There will be a staged approach to the pathway as follows:
  - Stage 1 – Hip and knee replacement surgeries – this will aim to build on the success of the Hip and Knee Programme
  - Stage 2 – Smoking cessation across all surgeries
  - Stage 3 – Weight loss across all surgeries
- This will be introduced from 1 October 2017.
- The proposals will lead to improved patient outcomes following surgery and reduced length of stay in hospital.
- There will be a public engagement process.

The following issues were then discussed:

- Councillor Vic Pritchard noted the strong evidence relating to smoking. It was acknowledged that some patients will not wish to engage and that they cannot be compelled to take part.
- Councillor Paul May stressed the need for publicity about the proposals to raise awareness. Tracey Cox confirmed that further patient engagement is planned prior to the introduction of stages 2 and 3.
- Alex Francis stated that Healthwatch has been involved in this project. She queried the capacity for health organisations to support patients. She also noted the complexity of patients and the many different reasons for certain lifestyle choices such as smoking. It will be important to support healthcare professionals to enable them to carry out these, often difficult, conversations with patients.
- Dr Grabham stated that Virgin Care has the capacity to support patients through this process. The initial conversations with patients will be with their GP who will then make a referral. The referral support service will then provide the necessary support and advice.
- Professor Bernie Morley commented on the data provided and the need to make this as clear as possible to understand.
- Ashley Ayre noted that people are often more willing to make lifestyle

changes at a time of crisis.

- Hayley Richards endorsed the proposals and pointed out that people suffering from a mental illness are often less likely to attend for regular health checks. It will be important to evaluate the impact of intervention on different sectors of the population.
- Bruce Laurence felt that it was very important to give people support and opportunities to improve their health. He noted that this proposal appears to be the right level of “carrot and stick” as it provides an assertive approach while not being mandatory.
- Mark Coates recommended that patients should be asked why they did or did not take up the offer of advice and support.

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

**RESOLVED:** To fully endorse the pre-operative health optimisation proposals.

23 **DATE OF NEXT MEETING**

It was noted that the next meeting would take place on Wednesday 25 October 2017.

The meeting ended at 12.35 pm

Chair .....

Date Confirmed and Signed .....

**Prepared by Democratic Services**