

Briefing for the Health and Wellbeing Select Committee Meeting

Wednesday 29 November 2017

1. A&E performance

In October 89.9 per cent of patients were seen in A&E within four hours against a national target of 95 per cent. We continue to work closely with the Royal United Hospital to help coordinate a whole-system response to manage pressure on services and drive up four hour waiting time performance. The CCG is making sure that primary care and community services are operating as effectively as they can, so that patients can be cared for out of hospital wherever possible.

A number of initiatives are being introduced to help reduce the pressure on hospitals. Home First enables patients who no longer need hospital care, but might need a bit of extra support, to go home as soon as possible. Patients are only discharged when the ward team have completed the necessary checks to make sure they are medically fit. Once at home, the patient is met by a therapist and reablement workers who immediately provide a detailed assessment and organise support for up to six weeks to help the patient regain the skills and confidence to live at home independently – rather than stay in hospital. This support includes making meals, helping them get in and out of bed on their own and getting dressed.

Home First is being extended so it accepts referrals at weekends, in addition to Monday to Friday. We are also funding additional appointments at GP practices from January to March 2018 to help divert patients away from A&E and expanding our Early Home Visiting Service across all our practices. This scheme is for people who are unwell and cannot get to their GP surgery to be seen. They can now call the practice first thing in the morning to request an early home visit so that patients who might need to go to hospital for a check can do so and return home again on the same day.

2. Integration of health and social care services

Plans to improve existing joint working arrangements between the CCG and Council have been approved at Council Cabinet (8 November) and CCG Board (9 November).

At these meetings, Cabinet and Board members approved plans for a future joint governance and decision-making framework and to undertake more detailed work to further join up the delivery of NHS-provided health and Council-provided (social) care services in order to improve the health outcomes for local people.

The Council and CCG's two-year review of local community services ***your care, your way*** (2014-2016) highlighted how people would like to see services better coordinated around the individual so the right care is offered at the right time and in the right place. Our plans for integration are an important step forward to achieving that vision. The focus on further integration is also in response to the changing needs of the local population, challenging budgets and to ensure services are sustainable in the longer term. By joining up the delivery of services, more of the local health and care budgets can be pooled and commissioners will be able to plan and deliver services for local people more effectively.

3. Plans to restrict access to three non-urgent services

We have begun engaging with the public on proposals to restrict access to fertility treatment, vasectomies and female sterilisations. In June we announced publicly that, like many NHS organisations across the UK, BaNES CCG is facing unprecedented financial pressures. We also signalled that we would need to make difficult decisions about the best way to fairly distribute NHS resources in B&NES.

We have a savings plan in place to help reduce expenditure and have already made some significant efficiencies whilst maintaining high quality, safe services. However we need to go further and look at other ways we can save money in order to fulfil our duty to live within our budget.

We are proposing to remove NHS funding for vasectomies and female sterilisations in all but exceptional circumstances.

We are also proposing to continue providing one cycle of IVF for individuals who qualify for NHS-funded fertility treatment, but that to qualify, women need to be aged under 35 years, men under 55 years and couples need to have been trying for a baby for at least two years.

As with vasectomies and sterilisations, the CCG will still consider funding IVF treatment for people who do not meet these criteria but for whom there are exceptional circumstances.

The CCG has already taken the decision to stop funding for gluten-free foods and over-the-counter medicines for short-term ailments for all but the most vulnerable patients.

The consultation is open until 27 December to allow as many people as possible to give their views on the proposals. The CCG is particularly interested in hearing from

anyone who would be affected directly by the proposals, including health professionals, any suggestions people have about additional and/or alternative proposals to consider.

You can find out more via the CCG website banesccg.nhs.uk

4. Helping patients get fit for surgery

People living in Bath and North East Somerset are invited to help shape new plans to tackle obesity and smoking, by encouraging patients who need routine surgery to quit smoking and/or lose weight beforehand. Studies show that patients who succeed in adopting a healthier lifestyle have a reduced risk of complications during and after their operation, recover more quickly and experience long-term health benefits.

People in B&NES with osteoarthritis who need a hip or knee replacement already go through a six-week programme of physiotherapy and physical exercise to help them get fitter for their operation. From this November, patients with a BMI of 30 or above, and those who smoke, are being encouraged to try to lose weight and/or stop smoking for a period of up to three months, before they are referred for physiotherapy and surgery.

The CCG plans to introduce a similar scheme for other types of non-urgent surgery in the New Year and patients who smoke or have a BMI of 30 or above, will be encouraged to try to stop smoking and/or lose weight for a period of time, before they are referred for non-urgent operations. The CCG is keen to understand the needs of people who may be affected by this scheme and has launched a period of consultation. You can find out more via the CCG website banesccg.nhs.uk

5. STP Update

Chris Bown has been appointed as the new Senior Responsible Officer for the BaNES, Swindon and Wiltshire STP. Chris has a strong leadership record within the NHS. He started his career at St Thomas' and Guy's Hospitals in London. He took up his first executive level post at Birmingham Children's Hospital in 1991 as Director of Operations and subsequently has held trust Chief Executive posts in Suffolk and Dorset. Chris has since 2014, also undertaken freelance management consultancy and interim CEO executive assignments both in the UK and overseas. Chris took up his post at the start of November and will be based at St. Martin's Hospital with the rest of the STP Programme Management Team.



An STP Stakeholder Engagement Event was held in Bath on Friday 20 October. Nearly 70 people representing voluntary, charity and third sector organisations came together to hear the STP's emerging proposals to focus on Older People and the Mental Health and Wellbeing of our populations.

A regular Newsletter called STOP Press is being published to provide updates on all STP wide developments. A link to the latest edition is <http://www.bswstp.nhs.uk/news>