

Briefing for the Health and Wellbeing Select Committee Meeting

Wednesday 28 March 2018

1. A&E performance

Local system performance against the A&E waiting time target (95 per cent of attendees to be seen within four hours) was 74.5 per cent in February. Across England there continues to be extremely high demand, compounded by the recent adverse weather, and this is putting local health and care services under significant pressure. The CCG, RUH and Community Providers across B&NES and Wiltshire have worked together to produce a revised Four Hour Recovery Plan which is monitored and reviewed on a weekly basis. The plan consists of actions for both the RUH and community providers with a significant focus on reducing the numbers of delayed discharges and patients who have been in hospital for more than 21 days.

2. Maternity update

At November's Select Committee meeting there was a briefing on the new arrangements being put in place to improve and transform maternity services across B&NES, Swindon and Wiltshire as part of the Sustainable Transformation Partnership (STP). These new arrangements follow the national maternity review and the publication of Better Births and Five Year Forward view.

A Local Maternity System (LMS) has been created across our STP footprint to respond to the Better Birth recommendations and further improve the experience for our local women and families. The LMS has co-created, with service users and partner stakeholders, a Maternity Transformation Plan (MTP) to create a strategic vision for the future.

One of the key work streams for the LMS is the delivery of personalised care and choice. A Maternity Services Steering group has been established to oversee the redesign work and the consultation process associated with the delivery of antenatal, post-natal and birth services across the STP. This work stream has been aligned with a project commenced by the RUH to review the delivery of antenatal, birth and postnatal pathways.

A shortlist of options is being co-created with service users and stakeholders by the end of March 2018. These options will be shared with the Health and Wellbeing committee once they are confirmed along with the formal consultation process which would be expected to start in September 2018.

3. Local response to Storm Emma

Health and care organisations, voluntary groups and members of the public all came together to put patients and the vulnerable first during early March's snow and ice that also led to widespread disruption for our transport system.

There are countless heroic tales of staff going the extra mile to continue delivering essential services including domiciliary care team members travelling long distances on foot to check on elderly residents living alone, RUH staff bedding down overnight at work to make sure they didn't miss the morning shift and community nurses walking to the hospital to deliver patient specimens.

One local GP from Harptree, Dr Will Coppock (*pictured below*), commuted to work on tractor so as to not let his patients down.



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

Our Board met on 8 March to review feedback from our public consultation on fertility and sterilisation services and to make a decision on whether to change the existing policies. They agreed that male vasectomies will continue to be available on the NHS and female sterilisations will continue to be funded for women for whom there is no suitable alternative, long-acting form of contraception. On access to fertility services, the Board agreed that:

1. The female partner receiving treatment must be aged between 23 and 37 years.
2. The male partner of the woman receiving treatment must be aged 55 years or under.

3. The female partner receiving treatment must have a body mass index (BMI) in the healthy range for women wanting to conceive, of 19–30.
4. The male partner of the woman receiving treatment must have a healthy BMI of 30 or less.
5. Couples must have been trying to conceive for at least two years where the female partner is aged 35 years or younger, and one year where the female partner is aged 36-37 years.

You can read the full press release and consultation report [here](#).

4. Helping patients to get fit for surgery

Between 30 October 2017 and 8 January 2018 we consulted with the public on proposals to support patients who smoke or who have a Body Mass Index of 30 or above to try to stop smoking and or/lose weight before their non-urgent operation. The consultation findings will be reviewed by the Board on 29 March. You can read the papers [here](#).

5. Heart of Bath merger announced

Last month two GP practices in Bath announced they are set to merge this Spring, with plans for an additional practice to join them later in the year. From 1 April 2018, Oldfield Surgery and St James's Surgery will form the Heart of Bath partnership.

In October 2018, it is expected that Number 18 Surgery will also join the partnership before closing its current premises in Oldfield Park. Once finalised, the plan will be for Number 18 patients and staff to transfer to the Heart of Bath partnership, in a move that is supported by Wessex Local Medical Committee, Bath and North East Somerset Clinical Commissioning Group and NHS England. [More information here](#).

6. Our financial position

Despite starting 2017/18 with a forecast funding gap of £11.6m, we have achieved a breakeven position at the end of the year. We have delivered efficiency savings through the hard work and dedication of all our staff and support from partner organisations. We are also grateful to the public who are increasingly aware of the financial pressures facing the NHS and are playing their part to help reduce costs, for example by paying for over-the-counter medicines rather than getting them on prescription and only using A&E for medical emergencies. Our budget for 2018/19 is £266m but we must make at least £5.7m in savings in order to keep to our funding allocation this year.

7. CCG and Council integration plans

Last week Council Cabinet members and the CCG Board meet to review progress to join up our commissioning teams as one combined function. Currently the focus is on developing the joint governance to support this change that is compatible with two very different legal frameworks. A joint workshop for CCG and the Council's People and Communities staff was held last month to start to discuss the direction of travel and explore together the implications for day to day operations as well as more intangible aspects of work such as culture and behaviours.

8. Launch of local '3 before GP' campaign

This week we have lent our support to the Royal College of GPs' '3 before GP' campaign which aims to get people to consider trying three things – self-care, visiting the NHS Choices website and speaking to their local pharmacist – before contacting their GP for an appointment. CCG Board Member and local GP Dr Daisy Curling is fronting the campaign and took part in a short video to explain the initiative. More on our website [here](#).