

Briefing for the Health and Wellbeing Select Committee Meeting

Wednesday 21 November 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) during October was 81.7 per cent. The A&E Delivery Board continues to work on developing our plans for managing anticipated increases in activity and pressure during the coming months through the development of a system wide winter plan.

2 Winter Campaign

We are supporting roll out of the national *Help Us Help You* campaign this Winter. This family of campaigns includes NHS111 (which launched on 1 October), flu immunisation (launched 8 October), staying well in winter, pharmacy and extended GP hours, known as Improving Access.

Help Us Help You is based on the principle of reciprocity – by following their advice, patients can help GPs, pharmacists and other health professionals to help them stay well, prevent an illness getting worse, take the best course of action and get well again. *Help Us Help You* resource packs were sent out to all GP practices during October.

3 Improving access

From 1 October, patients in Bath and North East Somerset (B&NES) can book appointments with a local GP or nurse in the evening and at the weekend. These appointments will be offered at one of three existing local practices. All patients need to do to book an appointment is contact their surgery in the same way as usual. The practice receptionist will advise which surgery the appointment will be held at.

This additional evening and weekend service is being provided by B&NES Enhanced Medical Services (BEMS), which is a local GP federation to which all GP practices in B&NES belong and is in line with a national launch of creating extra GP appointments at evenings and weekends from October.

4 Greater collaboration between BaNES, Wiltshire and Swindon CCGs

BaNES, Swindon and Wiltshire Clinical Commissioning Groups share ambitions and plans to work more closely together, maximising the benefits afforded by working collaboratively and commissioning at scale. This is in recognition of the changing NHS context which includes the move to planning, commissioning and delivering services at a strategic, place-based and neighbourhood level.

To enable progress towards this vision, at a meeting in common on 4 October 2018, the three CCGs' Governing Bodies discussed four options for future arrangements for the commissioning and delivery of care services, recognising that some functions could be better done at scale to improve the consistency and quality of outcomes for patients, without losing local clinical decision making.

Of the four options proposed – no change; a formal joint committee for strategic issues; maintain three CCGs with one management team; formal merger of the three CCGs – the three Governing Bodies unanimously agreed that maintaining the three CCGs with one management team would be the most workable solution at this point in time. To support a single management team, it was agreed the three organisations would seek to streamline governance arrangements to facilitate joint and/or aligned decision-making. These changes have been ratified by the three Governing Boards in public during October and November.

A new joint accountable officer will be appointed early in the New Year and a single management team will be introduced from 1 April 2019.

5 Integration

In July 2018, the CCG approved the establishment of the Integrated Health and Care Board (H&CB) which is the main governance vehicle supporting our integrated approach with B&NES Council.

The H&CB currently meets in shadow form (till April 2019 when it is expected to go live), and will continue to support our work with the BaNES Council to collaborate in order to provide the best health and care services for our population, in parallel to our work with Swindon and Wiltshire CCGs.

6 Appointments to the CCG Board, committees and sub-committees

We are pleased to report that following due process, Dr Daisy Curling has been confirmed as a GP member of the Board for a second four-year term. This appointment commences on 1 December 2018.

7 Proposed relocation of national, specialised pain service

The Royal United Hospitals Bath NHS Foundation Trust (RUH) is inviting feedback from those who use or have an interest in pain services currently provided at the Trust's Royal National Hospital for Rheumatic Diseases (RNHRD) site.

The RNHRD in Bath provides national, specialised services for people with chronic pain, where pain is persistent, disabling and not adequately helped by other treatments. These include pain rehabilitation services provided by the Bath Centre for Pain Services (BCPS), as well as the Complex Regional Pain Syndrome (CRPS) and Complex Cancer Late Effects Rehabilitation (CCLER) services.

The Trust is proposing to relocate these services to the RUH in summer 2019. Patients will have access to the same high quality services, provided by the same team, in a dedicated environment.

This is part of a careful and phased approach to relocating all RNHRD services to the RUH or appropriate community settings, to maximise patient benefit. All other services currently provided at the RNHRD site, including Rheumatology, Therapies, the Bath Centre for Fatigue Management and diagnostic services, will be relocating to the RUH in summer 2019.

The Trust is seeking views from patients, carers, healthcare partners and anyone who has an interest in pain services to help their planning and to ensure that they continue to provide the best services for current and future patients. More information and a brief survey is available on the RUH website.

8 Proposals to transform maternity services

This is a separate agenda item at November's meeting. For more information visit www.transformingmaternity.org.uk