

HEALTH & WELLBEING BOARD

Minutes of the Meeting held

Tuesday, 29th January, 2019, 10.00 am

Dr Ian Orpen (Chair)	Member of the Clinical Commissioning Group
Councillor Vic Pritchard	Bath & North East Somerset Council
Mike Bowden	Bath & North East Somerset Council
Tracey Cox	Clinical Commissioning Group
Jocelyn Foster (in place of James Scott)	Royal United Hospital Bath NHS Trust
Alex Francis	The Care Forum – Healthwatch
Sara Gallagher (in place of Elaine Wainwright)	Bath Spa University
Caroline Holmes (in place of Jane Shayler)	Bath & North East Somerset Council
Bruce Laurence	Bath & North East Somerset Council
Kirsty Matthews	Virgin Care
Councillor Paul May	Bath and North East Somerset Council
Professor Bernie Morley	University of Bath
Dr Andrew Smith	BEMS+ (Primary Care)
Sarah Shatwell	(VCSE Sector) - Developing Health and Independence
Observers:	Councillors Tim Ball, Eleanor Jackson and Robin Moss

28 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

29 EMERGENCY EVACUATION PROCEDURE

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

30 APOLOGIES FOR ABSENCE

Apologies for absence were received from:

Ashley Ayre – B&NES Council
Nicola Hazle – Avon and Wiltshire Partnership
Steve Kendall – Avon and Somerset Police
Stuart Matthews – Avon and Fire Rescue Service
Laurel Penrose – Bath College
James Scott – Royal United Hospital (substitute Jocelyn Foster)
Jane Shayler – B&NES Council (substitute Caroline Holmes)

31 DECLARATIONS OF INTEREST

There were none.

32 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

There was no urgent business.

33 PUBLIC QUESTIONS/COMMENTS

Mr Bernie Brandon made a statement regarding health and fire safety matters at the Bath Riverside apartments. He raised a number of issues including lack of maintenance, a leaking building, seagulls getting into the building, odours from other flats and residents being allowed to smoke in their flats. Mr Brandon stated that he would follow up his statement with a detailed report setting out his concerns.

34 MINUTES OF PREVIOUS MEETING - 25 SEPTEMBER 2018

The minutes of the previous meeting were approved as a correct record and signed by the Chair.

35 LOCAL INDUSTRIAL STRATEGY

The Board considered a report which set out the purpose of the West of England Industrial Strategy. Duncan Kerr, B&NES Business Growth Team Manager, gave a presentation regarding the strategy including the following points:

- The aim of the (National) Industrial Strategy is to boost productivity by backing businesses to create good jobs and increase the earning power of people throughout the UK with investment in skills, industries and infrastructure.
- The 5 pillars - consisting of ideas, people, infrastructure, business environment and places.
- Challenges – such as an aging society

- The West of England Local Industrial Strategy will help to deliver the region's ambition to be a driving force for sustainable, inclusive growth.
- Delivery
- Creative Collisions
- Governance

A copy of the presentation slides is attached as *Appendix 1* to these minutes.

Cllr Paul May stressed the importance of considering the whole process that was involved to ensure that young people were fully prepared for entering the workforce. A skills academy was needed in the B&NES area to address the gap between people with different levels of educational attainment.

Cllr Robin Moss was concerned that no mention of the impact of Brexit on business and growth was included in the report.

Bruce Laurence highlighted the importance of considering all types of jobs in the local economy to include the range of people and skills in the wider community. Local colleges should take this into account.

Cllr Tim Ball felt that it was important to have a clear idea of how any funding would be spent within the local economy and to ensure that the strategy was written in plain language that could be easily understood.

Sarah Shatwell noted the need to consider resilience to ensure that people were supported to avoid issues such as work related stress.

Dr Ian Orpen noted that the workforce was aging and that people now often worked beyond retirement age. Employers had a responsibility to support these older workers and to enable them to retrain if necessary.

Caroline Holmes welcomed the links to artificial intelligence and robotics.

RESOLVED: To provide a co-ordinated consultation response to the draft strategy on its release in May 2019.

36 **B&NES AUTISM SERVICES SELF-ASSESSMENT - DECEMBER 2018**

The Board considered a report which provided an overview of the recently completed Autism Self-Assessment detailing local progress in the implementation of the national Autism Strategy. The report highlighted key areas of strength and need for improvement and identified future priorities for the commissioning and provision of services to children and adults with Autism.

Mike MacCallam, Senior Commissioning Manager, presented the report. He explained that the self-assessment form was completed annually. The one area of work that had a red rating was the recommended waiting times and this had proved a challenge due to the high number of referrals which have increased year on year. The service was strong in a large number of areas and the pathway for young people moving onto adult services has improved. Training has also been identified

as an area of strength. An urgent need has been identified to re-establish the Autism Partnership Board to develop and deliver local strategy in line with national guidance.

The following issues were then discussed:

- It was noted that more referrals were being made each year but that only 40% of these actually resulted in an autism diagnosis.
- The children's service now has a more robust pathway and work has been carried out in conjunction with Wiltshire Council. The waiting time for children is now 9 weeks which is similar to the adult service.
- Sara Gallagher acknowledged the challenges relating to autism within the higher education service and recognised opportunities to forge links between the autism services and higher education.
- It was confirmed that the service is already engaged with the local Universities and research being carried out in this area.
- Cllr Tim Ball stated that waiting times for children are still too high and that if time is lost in obtaining a diagnosis then this could lead to mental health problems later in life.
- Jocelyn Foster stated that the acute health sector had limited resources in relation to autism services and would welcome training from the Bath and North East Somerset Autism Spectrum Service (BASS).
- Dr Ian Orpen stated that he would welcome a discussion with officers from BASS regarding the number of referrals and how these could be reduced. He also supported the idea of triage.
- Officers were not aware of any peer-review process but stated that results for all local authorities are available on-line.
- Officers confirmed that there was further support available through the mental health service for those people who do not receive an autism diagnosis.

RESOLVED:

- (1) To note the content of the report and the self-assessment evaluation.
- (2) To note that further analysis will be undertaken to develop a comprehensive strategy and implementation plan for 2019/20 onwards, based on the findings from the self-assessment.
- (3) As a matter of urgency to establish a revised Autism Partnership Board, bringing together Children's and Adults' services along with key stakeholders, under the new commissioning management structure currently being put in place by the Council and the CCG to oversee this work.
- (4) To agree that B&NES Council and the CCG explore all opportunities for joint working across the STP with colleagues in Swindon and Wiltshire to develop best practice and outcomes for all people with an autism diagnosis.
- (5) To ask the Autism Partnership Board to take forward the resolution agreed at the Council meeting on 13 September 2018 regarding autism awareness.

The Board considered a report which set out the progress made by the Health Protection Board on the priorities and recommendations made in the 2016/17 report, highlighted the key areas of work that had taken place in 2017/18 and identified priorities for the next 12 months.

Becky Reynolds, Consultant in Public Health and Anna Brett, Health Protection Manager, gave a presentation regarding the work of the Board which covered the following issues:

- What is health protection?
- Specialist areas covered by the Board
- Progress on 2016/17 priorities that were implemented in 2017/18
- Priorities that were RAG rated GREEN in 2017/18
- Ensuring that the public are informed about emerging threats to health – such as outbreaks of measles
- Supporting the review of the Bath Air Quality Action Plan and the implementation of the actions in the Saltford and Keynsham Air Quality Action Plans
- St Andrew's C of E Primary School Clean Air Day
- Priorities that were RAG rated AMBER in 2017/18
- Reduction of health inequalities in screening and immunisation programmes
- Improving uptake of flu vaccinations
- Priorities for 2018/19

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

Cllr Vic Pritchard welcomed the comprehensive report and noted the low rate of teenage conceptions in B&NES and noted that this was the fourth biggest local authority reduction - over the period from 1998 to 2016 in England. He expressed disappointment regarding the low uptake of seasonal flu vaccination by staff working for Virgin Care Services and hoped that they would take a more proactive approach this year.

Sarah Shatwell stated that she would welcome the inclusion of voluntary sector workers in the NHS England seasonal flu vaccination programme.

RESOLVED:

- (1) To note the annual report of the Health Protection Board for 2017/18.
- (2) To support the following priorities for the Health Protection Board in 2018/19:
 - Assurance: continue to monitor performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary.
 - Continue to actively participate in the management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards.

- Continue to ensure that the public are informed about emerging threats to health.
- Support the development and implementation of the Air Quality Action Plans for the five Air Quality Management Areas.
- Improve the uptake of flu vaccinations in at risk groups, pregnant women, health and social care workers (including those in the voluntary sector) and carers.
- Continue to reduce health inequalities in screening and immunisation programmes

38 **NHS PLANNING GUIDANCE AND LONG TERM PLAN UPDATE**

The Board received a presentation from Tracey Cox, Chief Officer, B&NES CCG, regarding the NHS Long Term Plan. In June 2018, the Prime Minister made a commitment that the Government would provide more funding for the NHS for each of the next five years, with an average increase of 3.4% a year. In return the NHS was asked to come together to develop a long term plan for the future of the service, detailing ambitions for improvement over the next decade and plans to meet them over the five years of the funding settlement. The presentation covered the following points:

- How the NHS Long Term Plan was developed
- What the Plan will deliver for patients
- Delivering the ambitions of the Plan
- Making sure everyone gets the best start in life
- Delivering world-class care for major health problems
- Supporting people to age well
- Doing things differently
- Preventing illness and tackling health inequalities
- Backing the NHS workforce
- Making better use of data and digital technology
- Getting the most out of taxpayers' investment in the NHS
- Strategies to be developed over the next five years
- What the Plan will mean for staff, patients and the public
- Planning in 2019/20
- Clinical priorities

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

Members of the Board made observations on the Plan and noted that it focussed mainly on the health service and not on social care or prevention. The need to also invest in community services as well as acute services was highlighted.

Dr Ian Orpen stated that he had some concerns around the focus on digital services which was not suitable for all patients.

Bruce Laurence was disappointed at the lack of focus on social care and also

stressed the need to consider education, housing, jobs and health inequalities in future planning. He also noted the current crisis in the health service due to staff shortages and expressed concern at the constant reduction in administrative roles as this support was still required within the service.

RESOLVED: To note the presentation regarding the NHS Long Term Plan.

39 **COMMUNITY ASSET BASED APPROACH TO HEALTH AND WELLBEING**

The Board considered a report which built on initial discussions held by the Health and Wellbeing Board at a development session on community asset based approaches to health and wellbeing. The report also presented a draft Statement of Commitment for consideration and further discussion.

James Carlin (B&NES Third Sector Group) and Steve Dale, Head of Community Partnerships at Dorothy House Hospice Care also gave a verbal update on the developing work of the Compassionate Communities project. They stated that it was important for health and social care to work in a co-ordinated way. The concept of the community asset based approach was to provide a framework for building communities that support each other in their time of need. It was important to improve community capital and reduce social isolation across the social gradient. Resources such as time, expertise, buildings and funding opportunities would be required.

Cllr Vic Pritchard stated that the development event had inspired enthusiasm for this approach and queried who would be leading on this. It was anticipated that the Third Sector Group would take the lead along with Dorothy House Hospice Care. The Council was also looking to build more resilient communities and was encouraging projects at Parish level. It would be important to identify which opportunities are already available in the communities and it was proposed that this be considered at a future development session.

Dr Ian Orpen supported the approach and referred to the “Wigan Deal” which offered a broader approach. He felt that the “end of life” aspect only formed part of the proposal.

Alex Francis stated that it was important to listen to people and felt that Healthwatch could assist by identifying needs within the local communities.

Sarah Shatwell welcomed the approach and felt that the Board should take some ownership of the project. Developing a strategy would be important along with investment in communities, for example, through community asset transfers.

Tracey Cox stated that the role of the Board was to enable this approach to happen and for a vision to develop. She proposed that a joint meeting should take place with the Third Sector Group to discuss the way forward.

RESOLVED:

- (1) To adopt the Health and Wellbeing Board Statement of Commitment set out in the appendix to the report.

(2) To note the Compassionate Communities update and to support this project.

(3) To receive a progress report at the next meeting.

40 **3 CONVERSATIONS MODEL OF CARE - PROGRESS REPORT**

The Board received a presentation from Helen Wakeling giving a progress report on the three conversations model of care including the impact of the approach for people who contact social care and the impact on social care staff and resources. This covered the following points:

- Overview of the three conversations model
- Progress to the end of December 2018
- Experience of the model to date
- What is going well
- Improved process for staff
- Innovation site activity
- Financial impacts on the community teams
- Community connections
- Reduction of waiting times
- Quality of service
- Ongoing actions and next steps

The following benefits were highlighted:

- Supporting reduction in waiting lists
- Supporting reduction in delayed transfers of care
- More responsive service
- Simplified and reduced paperwork
- Easier access to preventative support

The following challenges were identified:

- Data is not sufficient at present to evidence any financial impact
- Level of cultural change required
- Staffing issues in social care

A copy of the presentation slides is attached as *Appendix 4* to these minutes.

The Health and Wellbeing Board congratulated Helen Wakeling and her team on the work that they had undertaken on this project which had involved a large investment of time as well as cultural change.

Bruce Laurence noted that the model complemented the community asset approach to health and wellbeing which had been discussed earlier in the meeting.

RESOLVED: To note the progress report on the three conversations model of care.

41 **DATE OF NEXT MEETING**

The next meeting will take place on Tuesday 19 March 2019.

42 **CLOSING REMARKS**

The Chair thanked everyone for attending the meeting.

The meeting ended at 12.40 pm

Chair

Date Confirmed and Signed

Prepared by Democratic Services