Bristol Clinical Commissioning Group

Bristol Health & Wellbeing Board
'Working together to improve the health and wellbeing of Bristol'

Minutes of an Extraordinary Meeting of the Health and Wellbeing Board
11th February 2014 at 4.30 p.m.

Attendees

Members of the Board:
Cllr Barbara Janke – Chair and Assistant Mayor for Health & Social Care
Ewan Cameron - Chair, Inner City & East Locality Group
Steve Davies - Vice Chair South Bristol Locality Group
Cllr Glenise Morgan - representing Leader of Lib Dem Group
Cllr Tess Green – representing Leader of Green Group
Cllr Margaret Hickman – representing Leader of Labour Group
Cllr Claire Hiscott – representing Leader of Conservative Group
Dr Ulrich Freudenstein - Chair, North & West Locality Group
Dr Martin Jones, Chair - Bristol Clinical Commissioning Group
Kelechi Nnoaham – Interim Director of Public Health
Rachel Robinson – HealthWatch (The Care Forum)
Jill Shepherd – Chief Officer Bristol CCG
Christine Teller – HealthWatch (Volunteer Representative)
Peter Walker – Voluntary and Community Sector Assembly
Alison Comley – Strategic Director Neighbourhoods
John Readman – Strategic Director People
Linda Prosser – Director of Commissioning NHS England

Provider Trusts
James Rimmer – Chief Operating Officer, UHB
Hazel Braund – Director of Adult Community Health Services NBT
Michele Narey – Director of Operations, Bristol Community Health
James Eldred – Clinical Director AWP

Others in attendance:

Cllr Lesley Alexander

Hilda Kalap – BCC Communications team
Petra Manley - SW Public Health Training programme
Kate Conlon – SW Public Health Training programme

Support Officers
Claudia McConnell – Service Director Strategic Commissioning
Kathy Eastwood - Service Manager: Health Strategy (supporting the Board)
Kay Russell – Strategic Planning Manager
Graham Wilson – Better Care Fund Project Manager (Bristol CCG)
Suzanne Ogborne - Project Administrator, Health & Wellbeing Board
Ruth Quantock - Democratic Services Officer

Apologies – Nicola Yates, Keith Sinclair, Cllrs Holland and Radice

1. Welcome and introduction

The Chair welcomed everyone to the meeting, particularly the Provider Trusts' representatives who had attended at short notice.

The purpose of the Extraordinary meeting of the Health and Wellbeing Board (HWB) was to discuss the Better Care Fund (BCF) approach that has been taken by the Bristol Clinical Commissioning Group (CCG) and Bristol City Council to determine how the BCF best supports the integration of social care and NHS delivery in Bristol, and for the HWB to approve the draft funding submission before the deadline of 14th February 2014.

2. Better Care Funding Submission (agenda item 5)

The Board received a report from Alison Comley, Strategic Director Neighbourhoods which had been circulated with the agenda.

The Better Care Fund vision document had been circulated separately in advance of the meeting. The BCF is a single pooled budget to support health and social care services to work more closely together in local areas in order to deliver better services to older people and those with long term conditions, keeping them out of hospital and avoiding long hospital delays.

To enable the Better Care Funding to be accessed, the CCG and the Council are required to have a jointly agreed action plan for implementation, which has been consulted on with stakeholders and

agreed by the Health and Wellbeing Board. The deadline for the final submission is 4th April 2014.

Alison Comley and Jill Shepherd gave a joint presentation 'Better Care Fund Integration in Bristol' (Appendix A to the minutes). The objective of the document is to provide a simple message which can be used and understood across organisations and with wider stakeholders, to set out what we are all working together to achieve.

Four discussion groups comprising of Board Members and stakeholders were then asked to consider the following questions:-

- Do you agree with the vision and broad principles in the template?
- Have we captured the right priorities for change that will deliver integration at scale and pace?
- Is there anything missing that you would want to add?
- As the acute trusts cover more than Bristol, is the HWB happy for us to explore our plans with neighbouring HWB's, so that our plans are aligned?
- How would the Board want us to involve patients, service users, carers and the public in an ongoing discussion?

A facilitator and note taker was provided for each table and at the end of the session a representative from each group was asked to feedback one or two key issues from the discussion that had taken place.

The notes from the individual group discussions are attached at Appendix B.

The key issues presented back to the main meeting were as follows:-

- **7 days access to Health and Social Care to support users (potential future initiative)**
  - Sunday services were supported providing they were the right services which add value and have a benefit. We would need to look at how we do 7 days in partnership to ensure seamless care.
  - The patient 'experience' story was different depending on the service and the organisation which was currently delivering it. The future joined up approach would need to deliver a consistent level of service.

- **How would the Board want us to involve patients, service users, carers and the public in an ongoing discussion?**
  - It was suggested that HealthWatch (the national consumer champion in health and care) might be able to facilitate this through their work.
  - It was important to raise the profile of the key message and what improvements to the patient experience this new joint approach will deliver, eg perhaps one contact number / single access point.
- **Is there anything missing that you would want to add?**
  - Consider adding details of how community pharmacists may help, for example:-
    * Getting repeat prescriptions out for people more quickly
    * Delivering prescriptions for people who find it difficult to get out
    * Using Community Pharmacists as a 'point of contact' who can potentially signpost someone on if they feel they are at risk
    * Community Pharmacists to review medications
- **Group 1 focussed less on the detail of the submission and more about how the vision can be achieved.**
  - Many of the issues have been discussed before, why haven't they happened, what are the blocks to change?
  - Look at what's worked well and learn from our peers where good progress has already been made.
  - Working with our neighbouring Health and Wellbeing Boards will be important in order to give a clear direction to provider organisations and to ensure plans are aligned.

Following a request from a Board Member, HWB agreed that a joint meeting with Health & Wellbeing Boards in neighbouring areas be arranged to discuss respective Better Care Fund and related intentions. **Action: Kathy Eastwood**

The Board agreed to the recommendations as set out in the report and delegated authority to the Chair of the HWB to agree the final plan following the Health and Wellbeing Board meeting. **Action: Chair of HWB**

Better Care Fund

Integration in Bristol

University Hospitals Bristol NHS Foundation Trust
North Bristol NHS Trust
Avon and Wiltshire Mental Health Partnership NHS Trust
Bristol Community Health
Bristol City Council
healthwatch Bristol
NHS Bristol Clinical Commissioning Group

Vision

* "A city where people live happier and healthier lives and their care and support needs are met at the right time, to the right quality and in the right place for them."
* Agreed by the partners on the board
* Provides a simple message which can be used and understood across organisations and with wider stakeholders, to set out what we are all working together to achieve.

University Hospitals Bristol NHS Foundation Trust
North Bristol NHS Trust
Avon and Wiltshire Mental Health Partnership NHS Trust
Bristol Community Health
Bristol City Council
NHS Bristol Clinical Commissioning Group
healthwatch Bristol

Funding

National

2014-2015	2015-2016
Preparatory Year **£200m** new funding	Better Care Fund **£3.8bn** £1.9bn from NHS £1.9bn already allocated inc £130m Carers' Breaks £300m Re-ablement £220m DFG

Bristol

2014-2015	2015-2016
Preparatory Year **Total £9.3m** (recurring, min) £1.7m new funds £7.6m S.256 Fund	Better Care Fund **£30.4m** (recurring, min) £15m Prescribed £15m Transformation

National Conditions

Release of Funding contingent on 7 National Conditions:-

1. Protection for adult social care services
2. Jointly agreed plans and outcomes (2 and 5 Year Plans)
3. 7-day services in health and social care to support hospital discharge and prevent unnecessary admissions
4. Better data sharing, based on the NHS number
5. Joint assessments and an 'accountable professional'
6. Agreement on the impact of changes in the acute sector
7. Risk assessment of impact of failing to achieve change

University Hospitals Bristol NHS Foundation Trust
North Bristol NHS Trust
Avon and Wiltshire Mental Health Partnership NHS Trust
Bristol Community Health
Bristol City Council
NHS Bristol Clinical Commissioning Group
healthwatch Bristol

Key Local Drivers

Health & Wellbeing Board:

- Reduce Health Inequalities
- Building social capital
- Developing community assets and voluntary action
- Improving community cohesion and perceptions of safety
- Addressing poverty and social isolation, particularly in older age

Council:

- To ensure that Bristol is a **healthy and caring** City

Clinical Commissioning Group:

- Better Health and sustainable health care for Bristol

University Hospitals Bristol NHS Foundation Trust
North Bristol NHS Trust
Avon and Wiltshire Mental Health Partnership NHS Trust
Bristol Community Health
Bristol City Council
NHS Bristol Clinical Commissioning Group
healthwatch Bristol

In Bristol, we want to…

- Bring together health and social care support. At first we will focus on older people and people with long term health conditions and their carers
- Make sure that services work well together
- Give people good information, advice and support
- Help people live as independently as possible

University Hospitals Bristol NHS Foundation Trust
North Bristol NHS Trust
Avon and Wiltshire Mental Health Partnership NHS Trust
Bristol Community Health
Bristol City Council
NHS Bristol Clinical Commissioning Group
healthwatch Bristol

By 2018 we will have..

Community/Neighbourhood

Greater use of assistive technology and telehealth

Social prescribing

Joint health services and social care services

Single point of contact

Care Co-ordinator

Integrated care packages

University Hospitals Bristol NHS Foundation Trust
North Bristol NHS Trust
Avon and Wiltshire Mental Health Partnership NHS Trust
Bristol Community Health
Bristol City Council
Bristol Clinical Commissioning Group
healthwatch Bristol

By 2018 we will have…

Hospital Services

Joint rehabilitation and re-ablement teams

Joint discharge co-ordination centres

Other changes that 'enable' integration

Shared data

7 day working

Joint induction and training

Generic job roles and integrated policies and procedures

Online appointments for patients

University Hospitals Bristol NHS Foundation Trust
North Bristol NHS Trust
Avon and Wiltshire Mental Health Partnership NHS Trust
Bristol Community Health
Bristol City Council
Bristol Clinical Commissioning Group
healthwatch Bristol

Timescales

* **Summary of key milestones**
- 14th February – deadline for draft submission of plans
- 21st February – deadline for initial (headline) assurance returns
- 28th February – deadline for second assurance returns
- 4th April – deadline for final submission of plans to Area Teams
- W/B 21st April – Plans and support requirements signed off by Ministers and communicated to local areas

University Hospitals Bristol NHS Foundation Trust
North Bristol NHS Trust
Avon and Wiltshire Mental Health Partnership NHS Trust
Bristol Community Health
Bristol City Council
NHS Bristol Clinical Commissioning Group
healthwatch Bristol

Questions?

* Do you agree with the vision and broad principles in the template?
* Have we captured the right priorities for change that will deliver integration at scale and pace?
* Is there anything missing that you would want to add?
* As the acute trusts cover more than Bristol, is the HWB happy for us to explore our plans with neighbouring HWB's, so that our plans are aligned?
* How would the board want us to involve patients, service users, carers and the public in an ongoing discussion?

University Hospitals Bristol NHS Foundation Trust
North Bristol NHS Trust
Avon and Wiltshire Mental Health Partnership NHS Trust
Bristol Community Health
Bristol City Council
NHS Bristol Clinical Commissioning Group
healthwatch Bristol

APPENDIX (3ii) B

Bristol Clinical Commissioning Group

Bristol Health & Wellbeing Board

Extraordinary Meeting – Better Care Fund Submission
Tuesday 11 February 2014 4:30pm – 6.00 pm

Feedback from Discussion Groups

Group 1 (Graham Wilson's table)

The discussion focussed less on the detail of the submission and more about how the vision can be achieved. Many of the issues have been discussed numerous times over several years. What are the absolute blocks to change? Where do we start?

- We are not yet putting patients at the centre of our services.
- Patients do not fit a standard model, yet our services seem to expect them to.
- Staff are afraid to break the rules – leaders have to empower them
- Learning from complaints, most people do not want compensation when something goes wrong, they want acknowledging and to receive an apology

It was agreed that there are pockets of good practice and that these could be a starting point to "scale-up" from.

It was also agreed that the submission needed to be focussed and clearer about specifics, to agree priorities. We need to be focussed about what we want to achieve.

It was suggested that a group of people should be tracked through their whole experience of using services and also to look at some high risk examples of where things did not work well. This should be done without blame. There needs to be some deep dives with patients and carers.

It was agreed that asking the right questions of patients and carers is crucial. There is a risk of finding out what we already know. It was also

acknowledged that there are a large number of groups and partnerships that can be helpful in this process.

It was also acknowledged that in some areas a great deal of progress has been made and that we should learn from our Peers. There was also scope to learn from experience internationally.

Workforce planning was identified as a key issue. We need to plan this now for the future design of services.

Working with our neighbouring Health and Wellbeing Board areas will be important in order to give a clear direction to provider organisations, we need a jointed up approach for example on urgent care.

Group 2 (Jill Shepherd's table)

Do you agree with the vision and broad principles in the template?

Comments:

- This group agreed with the Vision
- Vision needs to have structure, commissioning and culture change
- Should have 7 day services as long as they are the right services, add value and have a benefit.
- Need to look at how we do 7 days in partnership; service pathway may need to be 7 days
- Need to listen to patients, providers and social care
- Need a common story eg acute care in a home setting. Also the patient „experience" story
- Note that half the population of Bristol go to NBT
- Need to be clear about where „consistency" across providers is beneficial
- Patients should know the proposed pattern of care
- Need to look at the speed of transfer of acute care – need to align agencies
- Suggest that where possible, we predict a care plan before patient goes into hospital
- Need to change gear
- Need to have a „we" culture – respect between all concerned organisations eg social care and providers
- Health & Wellbeing Board has a critical role in driving this
- There needs to be training to look at the lack of trust in the community

Have we captured the right priorities for change that will deliver integration at scale and pace?

Comments:

- Agreed that we broadly have the right priorities
- Do the CCG have sufficient information to support the priorities?
- Do we know what the baseline is we all have to achieve?
- Need to work together to get the most cost effective and clinically effective outcome
- Culture change and communication key
- What more can we do?

Is there anything missing that you would want to add?

Comments:

- Need to include „admission" (particularly of older people) and not just „discharge"
- Plan for old age and end of life plans
- Providers need to listen to patients and carers
- Who will decide who is the „care co-ordinator" – who takes the final decision on this - is it the GP?

How would the board want us to involve patients, service users, carers and the public in an ongoing discussion?

Comments:

- Make sure that we use common language easily understood by all
- Would you recommend services to family and friends – need to listen and take forward eg „you said, we did" in hospitals

Group 3 (Alison Comley's table)

Have we captured the right priorities for change that will deliver integration at scale and pace?

Comments:

- The plan focuses on expanding community services that maximise independence and prevent unnecessary admissions to hospital and permanent residential / nursing care and reduce time in hospital – this was a positive step forward, patients „length of stay" in Bristol was costing a lot of money and the plan will achieve a better use of the money and cost less.

- Achieving delivery of the plan will involve a huge cultural change and whole system approach. Wider groups including the voluntary sector will need to be involved and supported during the transformation of integrated health and social care.
- Strong leadership was essential to the delivery of the plan which also needed to be monitored by a steering group/programme board. It was important for frontline staff to be able to feedback to the monitoring body.

Is there anything missing that you would want to add?

Comments:

- There was little reference in the document to mental health issues. Self harming by young people, suicide and alcoholism were on the increase and any signs needed to be identified as early as possible.

As the acute trusts cover more than Bristol, is the HWB happy for us to explore our plans with neighbouring HWBs so that our plans are aligned

Comments:

- Providers were keen for the Bristol Plan to be linked up with neighbouring HWBs, particularly South Glos. It was important for care pathways to be joined up.

How would the board want us to involve patients, service users, carers and the public in an ongoing discussion?

Comments:

- It was important to get stakeholders involved, perhaps a stakeholder day/ official launch (like Health & Wellbeing Strategy) to raise the profile as to what the new service might look like and how it might affect them.
  - It was important to raise the profile of the key message - what is the message that we want to give out? What will be the difference in patient experience?. A quick fix could be a single point of contact so that users are not passed from one provider to another.
- It was suggested that HealthWatch (the national consumer champion in health and care) might be able to facilitate this through their work.
  - Cllrs on the table indicated that they did not know much about this group and it was important to brief Councillors about

HealthWatch so they could spread the word through Neighbourhood Partnership meetings

Group 4 (Kay Russell's table)

Do you agree with the vision and broad principles in the template?

Comments:

- This group agreed with the Vision
- Good to see Training identified and the group commented that training is essential for care providers who are external to the NHS or the Council as well as those within
- GPs are key to ensure that we prevent the escalation of people"s needs. Critical to ensure that GPs are on board and that they know what they need to do (e.g. do they know about activities on offer to people who may be at risk of social isolation?)
- Good to see transport referred to. There was felt to be a need to ensure greater collaboration with neighbouring local authorities so that community transport across borders can be considered. It was hoped that integration might enable a better response to people"s transport needs so they are able to access their GP surgery.
- 7 day working will require pooled staff group

Have we captured the right priorities for change that will deliver integration at scale and pace?

Comments:
Agreed that we broadly have the right priorities

Is there anything missing that you would want to add?

Comments:

- Community pharmacy. Consider adding in details of how community pharmacists may help e.g.
    - Getting repeat precriptions out for people more quickly
    - Delivering prescriptions for people who find it difficult to get out
    - Using Community Pharmacist as a „point of contact" who can potentially signpost someone on if they feel they are at risk
    - Community Pharmacists to review medications.