BATH AND NORTH EAST SOMERSET

WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL

Friday, 18th November, 2011

Present:- Councillors Vic Pritchard (Chair), Katie Hall (Vice-Chair), Eleanor Jackson, Anthony Clarke, Kate Simmons, Sharon Ball, Gerry Curran, Brian Simmons and Ben Stevens

34 WELCOME AND INTRODUCTIONS

The Chairman welcomed everyone to the meeting.

35 EMERGENCY EVACUATION PROCEDURE

The Chairman drew attention to the emergency evacuation procedure.

36 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillors Organ, Bevan and Brinkhurst had sent their apologies to the Panel. Councillors Brian Simmons, Ben Stevens and Gerry Curran were their substitutes respectively.

37 DECLARATIONS OF INTEREST UNDER THE LOCAL GOVERNMENT ACT 1972

Councillor Anthony Clarke declared personal and non-prejudicial interest on the agenda item 'Referral to treatment times briefing' as he is member of the RUH Foundation Trust and also member of the Friends of the RUH.

Councillor Katie Hall declared personal and non-prejudicial interest on the agenda item 'Referral to treatment times briefing' as she is a member of the RUH Foundation Trust.

Councillor Eleanor Jackson declared personal and non- prejudicial interest on the agenda item 'Transfer of Community Services to Sirona Care & Health Community Interest Company' as she is Council's representative on Sirona Care & Health Community Interest Company.

Councillor Vic Pritchard declared personal and non-prejudicial interest on the agenda item 'Transfer of Community Services to Sirona Care & Health Community Interest Company' as he is Council's representative on Sirona Care & Health Community Interest Company.

Councillor Simon Allen (Cabinet Member for Wellbeing) declared personal non-prejudicial interest on the agenda item 'Cabinet Member update' as he is employed by the National Autistic Society in Bristol.

38 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

39 ITEMS FROM THE PUBLIC OR COUNCILLORS - TO RECEIVE DEPUTATIONS, STATEMENTS, PETITIONS OR QUESTIONS RELATING TO THE BUSINESS OF THIS MEETING

The Chairman informed the meeting that Mr Philip Gait will address the Panel under item 15 on the agenda (Home Improvement Agency Commission update).

40 MINUTES 07/10/2011

The Panel confirmed the minutes of the previous meeting as a true record and they were duly signed by the Chairman subject to the following amendments:

- Minute 23, Page 2, 4th paragraph, last sentence should read 'their services' instead of 'there services'.
- Minute 28, Page 5, 4th paragraph, last sentence should read 'but dissatisfied' instead of 'but not satisfied'.
- Minute 28, Page 6, 6th paragraph, last word should read 'efficiently' instead of 'inefficiently'

41 CABINET MEMBER UPDATE (15 MINUTES)

The Chairman invited Councillor Simon Allen (Cabinet Member for Wellbeing) to give an update to the Panel (attached as Appendix to these minutes).

The Panel asked the following questions and made the following points:

Councillor Allen said, related to the Autism Strategy, more information is needed about our population with autism and overall numbers and needs are not known hence why it will be difficult to plan the right services and support for the future.

Councillor Clarke commented maybe the Council should wait with the strategy before they get the right information and numbers.

Councillor Curran commented that our schools provide excellent services for children with autism. Councillor Curran asked when the consultation on Autism Strategy will start/finish.

Councillor Allen said that he will provide more information about the consultation on one of the future meetings. Councillor Allen also said that the strategy will be reviewed nationally in 2013.

Councillor Jackson asked if there were any updates on the Laurels Nursing Home in Timsbury. Councillor Allen replied that he was not aware of any outstanding issues

for that nursing home. Councillor Jackson asked if the update could be provided for the next meeting.

The Chairman thanked Councillor Simon Allen.

The Chairman invited Councillor David Bellotti (Cabinet Member for Resources) to provide an answer to Panel's question from the last meeting. The question for Councillor Bellotti was: What is the intention of £230k allocated the revenue support of hostel facility for homeless?

Councillor David Bellotti answered that there was nothing in the capital programme. Councillor Bellotti also said that the intention of the current administration is to reduce the borrowing. £230k is still there and it could be used within the budget process. It is for the lead Cabinet Member and the relevant Director to decide how the money will be spent. The new medium term plans will be consolidated to form the Council budget which will be considered in February by Council.

The Chairman thanked Councillor Bellotti for providing the answer.

Cabinet Member update

42 NHS UPDATE (15 MINUTES)

The Chairman invited Jeff James (NHS BANES Chief Executive) to give an update to the Panel (attached as Appendix to these minutes).

The Panel noted the update.

NHS update

43 BATH AND NORTH EAST SOMERSET LOCAL INVOLVEMENT NETWORK UPDATE (15 MINUTES)

The Chairman invited Diana Hall-Hall and Mike Vousden to take the Panel through the update.

The Chairman thanked LINks representatives for an update.

44 MEDIUM TERM SERVICE & RESOURCE PLANNING - 2012/13-2015/16 (20 MINUTES)

The Chairman invited Jane Shayler (Programme Director for Non-Acute Health, Social Care and Housing) to introduce the report.

The Panel asked the following questions and made the following points:

Sirona Care & Health Community Interest Company (CIC) will deliver recurring annual savings of £1.9m for the Council by year five of the contract, total saving for the Council will be £7.4 million over the five year period.

The Panel asked if the most vulnerable users will receive the same level of service considering the proposed reductions to balance budgets.

Jane Shayler said that most vulnerable users will receive the same level of service although it will be a challenge to ensure that the delivery of challenging efficiency savings in the adult social care purchasing budget does not impact on service quality or safety. The Contracting and Commissioning Team will continue to visit residential and nursing care facilities to check that everything is in order in terms of service delivery.

Jane Shayler informed the Panel that draft Equality Impact Assessment (EIA) had been undertaken but it wasn't published yet. No specific issues were identified in terms of adverse impact. Current administration, like the previous one, decided not to reduce the eligibility criteria for adult social services.

The Panel felt that there were no issues requiring further consideration and highlighting as part of the service action plan for January meeting. The Panel also didn't identify any issue in the plan that needs to be referred to the relevant Cabinet Member for further consideration.

It was **RESOLVED** to note the report.

45 REFERRAL TO TREATMENT TIMES BRIEFING (20 MINUTES)

The Chairman invited Tracey Cox (NHS BANES Programme Director for Commissioning) and Lisa Hunt (RUH Chief Operating Officer) to introduce the report.

Tracey Cox took the Panel through the report. Lisa Hunt added that admitted performance had been sustained, non-admitted performance stayed the same and that the incomplete pathways were not reported accurately by some colleagues. Some patients said that new referral to treatment times are too quick for them (i.e. they might go away on holiday, etc) but those are only small number of patients.

The Panel asked the following questions and made the following points:

The Panel asked if 18 weeks target is still considered to be long time.

Lisa Hunt replied that as far as she is concerned she would like to see patients treated sooner. However, due to financial constraints it is difficult to set waiting time lower than 18 weeks.

The Panel asked to what extent the treatment of patients is affected with the outbreak of viruses, such as Norovirus, where hospital has to close some wards.

Lisa Hunt replied that she built her own winter plan with consideration given to enablement of additional 50 beds if needed although the infection control rate was quite satisfactory.

The Panel asked what percentage of patients missed their appointments.

Tracey Cox and Lisa Hunt replied that the number is not that high and it is variable by department.

It was **RESOLVED** to note the improved local position in terms of performance by the RUH Bath and to note the range of actions being taken to strengthen local performance.

46 VERBAL UPDATE ON CONSULTATION ON THE HIGH DEPENDENCY UNIT BEDS IN HILLVIEW LODGE (10 MINUTES)

The Chairman invited Jane Shayler to give a verbal update on the High Dependency Unit in Hillview Lodge.

Jane Shayler informed the meeting that some Panel Members had a site visit to Hillview Lodge. The AWP and Andrea Morland had staff meeting on 31st October. On the same day there was engagement session with the stakeholders. The session did not make conclusion and commitment was made by providers and commissioners that more information will be provided. A meeting to undertake a formal Impact Assessment will be set in December this year. All stakeholders will be invited to participate in Impact Assessment. The Panel will receive the outcomes of the Impact Assessment in January 2012.

Bath Mind representative said that their main concern is that people who are diagnosed as significantly unwell would not be able to go to Hillview Lodge.

Jane Shayler commented that this issue will be part of the consideration in the Impact Assessment.

The Panel thanked the staff at Hillview Lodge for making them welcome during their site visit.

It was **RESOLVED** to note the update.

47 UPDATE ON DEMENTIA (15 MINUTES)

The Chairman invited Jane Shayler to introduce the report.

Jane Shayler took the Panel through the report.

It was **RESOLVED** to note the update and to receive a further update on one of the future meetings.

48 HOME IMPROVEMENT AGENCY COMMISSION UPDATE (15 MINUTES)

The Chairman invited Mr Philip Gait to read out his statement.

A full copy of the statement is available on the minute book in Democratic Services.

The Chairman invited Graham Sabourn (Associate Director for Housing Services) to introduce the report.

Graham Sabourn took the Panel through the report and highlighted the following points:

- Increase in demand whilst the budget stayed the same
- All information are available on website
- Extensive consultation had been carried out although the service struggled to engage with clients that are house bound
- Status quo is not an option. The Home Improvement Agency commissioning process aims to achieve better value for money both by undertaking joint procurement with neighbouring local authorities and from the organisation or organisations that are successful in securing the contract.

The Panel asked the following question and made the following points:

The Panel asked if Mendip Care & Repair had been precluded to make a bid.

Graham Sabourn responded that Mendip Care & Repair were not precluded at all.

The Panel asked how many responses were received from users.

Graham Sabourn responded that in total 65 users responded, mostly from outside the district. The service is now in the process of sending 200 letters to current clients. Graham Sabourn also said that nobody yet knows how many people completed online survey so far.

The Panel asked about the range of services that the provider will be expected to offer to authorities, as described in the bullet point 4.7 of the report, and asked how those services are provided now.

Graham Sabourn responded that that those services are provided by number of organisations now.

The Panel asked if there was a concern that only one organisation would be expected to provide those services in near future.

Graham Sabourn responded that only one bidder had been registered and usually there is no much competition in this field. Users do not have complaints about the locality of the provider. We have to move from status quo. Each Local Authority would present what they want from Home Improvement Agency and we would prepare individual agreement with the provider in order to protect ourselves (i.e. our requirements are different from Bristol requirements).

Graham Sabourn said that Mendip Care & Repair has chance to bid again if they wish. Bristol Care & repair might have the same concerns as others. The Panel of 4 people from each Unitary Authority will decide on the outcome.

Graham Sabourn confirmed that the Home Improvement Agency will provide the same service to service users in all parts of Bath & North East Somerset, including those in more isolated rural areas.

It was **RESOLVED** to note the report and for the officers to take on board comments made in the debate.

49 TRANSFER OF COMMUNITY SERVICES TO SIRONA CARE & HEALTH COMMUNITY INTEREST COMPANY (CIC) (15 MINUTES)

The Chairman invited Jane Shayler to introduce the report. Jane Shayler took the Panel through the report and circulated a photographic record of key events in Sirona's establishment.

Jane Shayler also highlighted that Sirona had cross party support in the Council, clinical support and also the PCT support.

The Chairman said that he and some other Panel Members had a chance to visit some services within Sirona. The Chairman said that services, such as Stroke Service, should promote themselves on how good they are (Stroke Services within top 20 nationally) for the benefit of residents.

It was **RESOLVED** to note the update.

50 CLINICAL COMMISSIONING PRESENTATION (30 MINUTES)

The Chairman invited Dr Ian Orpen (Member of the Clinical Commissioning Group) to give a presentation.

Dr Ian Orpen highlighted the following points in his presentation named 'B&NES Clinical Commissioning Group':

- Agenda (perspective, timescale, clustering, commissioning support, commissioning intentions)
- The Health White Paper 2010
- B&NES GP response
- Who is in the Clinical Commissioning Group
- The story so far
- Authorisation timeline
- What will Clinical Commissioning Group look like?
- Commissioning Support
- The financial challenge
- Vision
- Achieving the Vision
- What will this mean?
- NAPC Conference 2011 in Birmingham

A full copy of the presentation is available at minute book in Democratic Services.

The Panel **RESOLVED** to note the presentation.

51 WORKPLAN

It was **RESOLVED** to note the workplan with the following additions:

- High Dependency Unit (Hillview Lodge) Impact Assessment – January 2012
- Further update on Dementia – date to be confirmed

The meeting ended at 2.10 pm

Chair(person) .....

Date Confirmed and Signed .....

Prepared by Democratic Services

Bath & North East Somerset Council

NHS Bath and North East Somerset

Working together for health & wellbeing

Cllr Simon Allen, Cabinet Member for WellBeing
Key Issues Briefing Note

Wellbeing Policy Development & Scrutiny Panel – November 2011

1. PUBLIC ISSUES

Autism Strategy

The Autism Act was passed by Parliament in 2009. The Act puts a legal duty on PCTs and local authorities to provide an appropriate range of services for adults with Autism Spectrum Conditions. Subsequently the Department of Health published in 2010, The National Autism Strategy – and the first year delivery plan. The National Autism Strategy and delivery plan sets the direction for long term change.

In response to this, a Local Autism Partnership Group was formed in B&NES in July 2010. Key aims of the group are the development of an integrated strategy, identifying local commissioning priorities and to provide a more strategic approach to developing better outcomes for people with autism.

In addition to the multi-agency group there is an Autism Providers Group in B&NES. The group membership consists of local service providers and carers who work together to improve the quality and range of local services.

The learning from both groups and the completion of a self-assessment has confirmed that, in line with national findings:

- more information is needed about our population with autism. Overall numbers and needs are not known and therefore it is difficult to plan the right services and support for the future
- the numbers of people with autism who are on the caseload of the specialist mental health teams is known and the associated spend on services is quantifiable – however as the client group is “hidden” in mental health services we do not use this information properly to improve planning.
- some, but not all, people with learning disabilities or mental health conditions, who also have autism, receive a service but those services are sometimes not ideal
- people on the autistic spectrum who do not have a learning disability or a mental health condition are even less well-supported
- assessment and diagnosis services have no clear pathway for referral

- B&NES does not understand the full range of autism/Asperger specific services or non-specific services with the experience and expertise to support people with autism well
- The workforce in both statutory and independent sectors needs further training and support to understand and meet the needs of people with autism
- We need to continue to strive to help people with autism live in appropriate accommodation and to take up employment opportunities.

This information has formed the basis of the strategy development and a 5 year draft strategy has been produced. The key strategy areas have designated lead officers who are responsible for the development and implementation of action plans in line with the commissioning intentions in the strategy. The group are currently planning the consultation process on the draft strategy, which is planned for early 2012.

2. PERFORMANCE

First Annual Adult Social Care Survey & Annual Account

This annual survey is a key element of the government's new Adult Social Care Outcomes Framework (ASCOF). The survey was completed for the first time in Q4 of 2011/12 and preparations for the administration of the second survey in Q4 of 2011/12 are now underway.

The 2011 survey was the first of its kind to cover all service users aged 18+ who receive a social care service, either in a residential/nursing home or as a package of care in the community. The aim was to learn more about whether or not the services help people to live safely and independently in their own home and how they affect their quality of live. The table below provides comparator data for all key outcome measures. Overall the survey results for B&NES are better than the average for England as a whole although they are very slightly below the average for the South West region. In relation to benchmark Local Authorities, B&NES results are slightly better than average.

Key Outcome Measure	B&NES	All England	South West	Benchmark
Social Care Related Quality of Life	18.8%	18.7%	18.9%	18.75%
Proportion of people who use services who have control over their daily lives	77.5%	75%	77.4%	77.9%
Overall satisfaction with care & support services	63.9%	60.9%	62.1%	60.6%
Overall satisfaction with care & support serves (LD specific question)	75.8%	69.4%	71.2%	73.7%
People who use services who find it easy to find information	58.6%	55%	55.2%	55.9%
People who use services who feel safe	64.3%	62.4%	64.2%	62.9%

In addition to the survey each Local Authority must produce an annual 'Local Account' or narrative to describe key areas of good performance as well as areas for improvement. The local account will form the basis of a peer review process which will replace the previous Annual Performance Assessment visits carried out by the CQC. In preparing our first local account in B&NES it will be important to capture all issues across the social care system including equalities, financial, demographic and performance themes. A draft outline local account will be produced by December 2011.

3. SERVICE DEVELOPMENT UPDATES

Care Home with Nursing Local Enhanced Service

A care home local enhanced service has recently been offered to GP practices in B&NES. Practices have been asked to express an interest in providing this service to local care homes with nursing care, by 18th November, with the aim of implementing the service from January 2012. This service seeks to:

- Deliver pro-active health care based on a minimum of weekly routine visits to the care home;
- Provide high quality care in the care home setting, working in partnership with staff in the care home and other health and social care providers to prevent inappropriate admissions to hospital; and
- Enhance the quality of medical cover for the residents of the care home.

This page is intentionally left blank

Minute Annex

Bath & North East Somerset Council

NHS Bath and North East Somerset

Working together for health & wellbeing

Wellbeing Policy Development and Scrutiny Panel
18th November 2011

Key Issues Briefing Note

---

1 Management Arrangements
Jeff James resigned as Chief Executive of NHS Bath & North East Somerset and NHS Wiltshire on 20 October 2011. Jeff will remain in post whilst arrangements for covering Chief Executive responsibilities are sought. Further updates will be brought to the panel as appropriate.

2 Cluster Governance
The NHS has received guidance in a letter released by Jim Easton National Director for improvement and efficiency on 29th September 2011 which requires PCT clusters to move towards more aligned governance during the transitionary period up to April 2013 when PCTs will be abolished and Clinical Commissioning Groups will be fully established. The directive calls for single Boards to be created across each cluster. The timescale for making this change was set at December 1st 2011 other than in exceptional circumstances. It is important to note that this development is not a disestablishment of existing PCTs. Bath and North east Somerset PCT would continue to exist as a separate legal entity as would NHS Wiltshire but the Board for both organisations would be led by a single chairman a single set of Non Executive Directors and a single executive team. A single executive is already in place across B&NES and Wiltshire and the panel received information about the strategic director appointments at its last meeting. Since the release of the letter local discussions have been taking place concerning the benefits and risks of such an alignment and the impact of implementing it to the proposed timescale. Bath and North East Somerset Council have made representations to the Strategic Health Authority expressing concerns that the proposals may impact on local partnership arrangements and calling for a delay to the intended implementation date and additional consultation. A contributor session is now being organised to enable the panel to hear the details of the proposals and to consider the issues from the perspective of the key partners concerned. A date for the session has been set at November 29th 2011.

3 NHS Reform The Department of Health has issued further guidance for commissioners: "Developing commissioning support: towards service excellence" which sets out a framework to support the Clinical Commissioning Groups (CCGs) and the NHS Commissioning Board. The Department envisages the establishment of between 25 and 35 commissioning support organisations (CSOs) across England, which will provide a range of support services to be shared by CCGs. The provision would be likely to include infrastructure services such as finance, Information management, business intelligence, pathway design, performance monitoring, communications and engagement and contract management. The NHS Commissioning Board is likely to host NHS CSOs from 2013 until no later than 2016 when CSOs will establish themselves as independent providers. It is understood that the NHS Commissioning Board itself will be represented through 4 regions in England. The

establishment of SHA clusters into 4 regions as reported to the panel at its previous meeting is expected to form the footprint of the commissioning board regions.

4 Establishment of national NHS 111 service

The Secretary of State for Health has made a national commitment for the roll-out of a single NHS telephone number – 111 – which is a free to call number, available 24 hours a day, 365 days a year. NHS 111 is a telephone advice line and signposting service for patients with unscheduled health problems which require assessment but which are not so serious as to require a 999 call.

Overview and Scrutiny Committee Chairs and chief Officers and Local Involvement Network leads have previously received a verbal briefing on these proposals from the Head of Engagement and Stakeholder Relations at the South West Strategic Health Authority. A paper is included as an appendix to this update which sets out information about plans to introduce NHS 111 services across the seven Primary Care Trust clusters in the South West region.

NHS Briefing Note Nov 2011 -Appendix 1

South West Strategic Health Authority

Briefing for Overview and Scrutiny Committees

Introduction of NHS 111 in the South West

1. Purpose of the report

1.1 The aim of this paper is to provide Overview and Scrutiny Committees with information about plans to introduce NHS 111 services across the seven Primary Care Trust clusters within NHS South West.

1.2 Overview and Scrutiny Chairs and chief Officers and Local Involvement Network leads have previously received a verbal briefing on these proposals from the Head of Engagement and Stakeholder Relations at the South West Strategic Health Authority.

2. Decisions/actions requested

2.1 Overview and Scrutiny Committees are asked to receive and note proposals for the introduction of NHS 111 within the South West.

3. Background

3.1 NHS 111 is a new national NHS service. It is a telephone advice line and signposting service for patients with unscheduled health problems which require assessment but which are not so serious as to require a 999 call.

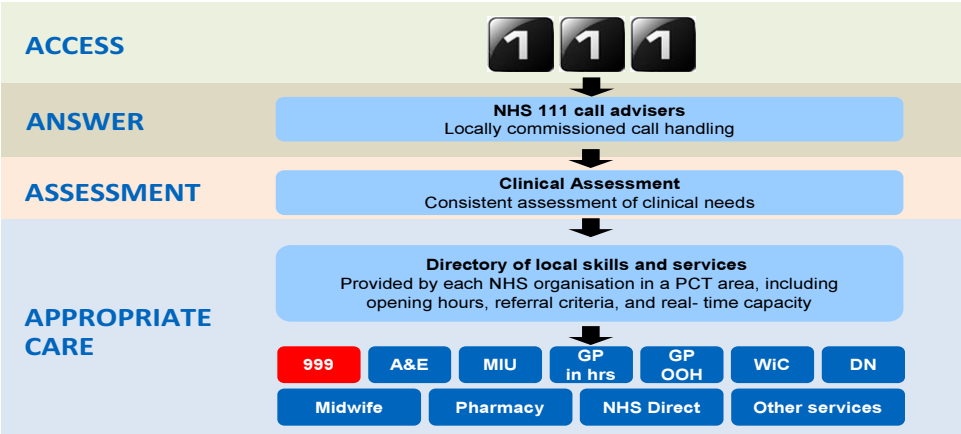
3.2 NHS 111 is a free to call number available 24 hours a day, 365 days a year to respond to people's healthcare needs when:

- they need medical help fast, but do not believe it is a 999 emergency;
- they do not know who to call for medical help, for example they do not have a general practitioner to call or are away from home;
- they think they need to go to Accident and Emergency or another NHS urgent care service;
- they require health information, signposting, or reassurance about what to do next.

3.3 The service is intended to provide consistent clinical assessment at the first point of contact and route customers to the right NHS service first time, without the need for the caller to repeat information. The service provider will have a call handling system with support software, which links automatically into a comprehensive local directory of service.

3.4 A flowchart showing the service model is below in Table 1.

Table 1: NHS 111 – service model



1

3.5 NHS 111 was introduced in four national pilot sites in 2010. These are in County Durham and Darlington, Nottingham City, Lincolnshire and Luton.

3.6 The Department of Health has committed to ensuring that NHS 111 is available in all localities by April 2013. Each Strategic Health Authority, in conjunction with Primary Care Trust Clusters and Clinical Commissioning Groups, has been asked to put plans in place to deliver this.

3.7 National research in 2009 found that 38% of those questioned were not sure of the care options available for non-emergencies outside general practitioner surgery hours.

3.8 The Strategic Framework for Improving Health in the South West similarly identified a need to simplify public access to urgent care, with the current system leaving many people unclear which number to call. NHS 111 is intended to address that need directly.

3.9 NHS 111 will be the gateway to the urgent care system. It will direct people to the most appropriate service for their needs, underpinned by well developed local pathways of care.

4. Current service arrangements – what happens now?

4.1 Currently, people with urgent care needs have a number of choices. They may request an urgent appointment with their general practitioner, ring their out of hours provider, call NHS Direct, attend a minor injury unit, urgent care centre, Accident and Emergency department or other local service.

4.2 In a significant proportion of cases the first destination may not be the most appropriate for that patient, and there is no opportunity for them to be signposted elsewhere early on.

4.3 Callers to current services frequently need to wait to be called back by an advisor, and to repeat their name, details and other information each time they speak to a new advisor.

4.4 There is also potential for both duplication and gaps in current provision of urgent care services.

5. Proposed service development – what will change?

5.1 The seven Primary Care clusters within the South West have been working with Clinical Commissioning Groups and the Strategic Health Authority to develop plans to implement NHS 111 by April 2013.

5.2 The NHS 111 service will provide a single, easy to remember and free to call number for people with any urgent care need. It will route them through to the right service for them, first time.

5.3 The aim of the South West service, in line with the national specification, is to simplify access to the urgent care system by:

- improving public access to urgent healthcare;
- helping people use the right service first time, including self-care;
- providing management information on usage of services to commissioners;
- enabling and supporting quality and productivity plans for urgent care.

5.4 The core principles that the new service will deliver are the ability, 24 hours a day, 365 days a year, to:

- dispatch an ambulance without delay where the call is an emergency;
- complete a clinical assessment on the first call without the need for call back;
- refer calls to other providers without re-triage;
- transfer clinical assessment information to other providers;
- book appointments where appropriate;
- signpost to another service, where outside the scope of 111;
- conform to national quality and clinical governance standards.

5.5 These represent an improvement on the current system and will help people to navigate the urgent care system much more rapidly.

5.6 The new system also involves the development of a comprehensive directory of service. The directory of service lists and defines all local services with daily availability. When people ring NHS 111 the call handlers will have access to the local directory of service and be able to direct the caller to the service most appropriate to their needs.

5.7 Suitable providers for the NHS 111 services in the South West are being sought through a procurement process. There is a single collaborative procurement across the South West with local geographical lots based on the seven Primary Care Trust clusters:

- NHS Bath and North East Somerset and Wiltshire;
- NHS Bristol, North Somerset and South Gloucestershire;
- NHS Cornwall and Isles of Scilly;
- NHS Devon, Plymouth and Torbay;
- NHS Dorset, Bournemouth and Poole;
- NHS Gloucestershire and Swindon;
- NHS Somerset.

5.8 Potential suppliers may bid to provide a service for one or all lots.

5.9 Other services are being developed in parallel with the procurement. Population of a comprehensive Directory of Service is already underway in all cluster areas. This will provide the link between the clinical triage and the most appropriate service available for the caller in their local area.

5.10 The national requirement for NHS 111 is to replace the NHS Direct 0845 4647 service which will cease from April 2013. Primary Care Trust Clusters, with Clinical Commissioning Groups and other local partners, are specifying what should be available within the local NHS 111 service and alongside, to ensure patients can be routed as quickly as possible to the service they need. The range of services under consideration includes out of hours telephony, other local call handling or telephone advice services, and direct booking of slots or visits.

5.11 NHS 111 services will be organised at Primary Care Trust cluster level, with clinical governance arrangements managed locally.

5.12 The NHS 111 service in the South West will conform to a national service specification so that a consistent identity and quality of service is maintained across the country, but delivered locally by the NHS in a way that is most appropriate for each area.

6. Expected benefits from the proposed service development

6.1 The chief benefits anticipated are:

- for the public and patients:

- streamlining access to urgent healthcare;
- avoiding confusion about which service to call or visit;
- speedier route to diagnosis and treatment;

- for the NHS:
  - good information about usage and availability of services leading to improved commissioning and provision of urgent care to meet local needs;
  - increased public satisfaction with NHS services.

7. The engagement process

7.1 This briefing is being shared with all Overview and Scrutiny Committees within NHS South West. Each Primary Care Trust cluster will have an identified lead to link with the Overview and Scrutiny Committee who will be able to respond to questions and share details about local plans and timescales.

7.2 Presentations and discussions are being held with Local Involvement Network leads and groups.

7.3 It is intended that there should be an opportunity for engagement in the development of the NHS 111 service locally.

7.4 A further briefing will be provided following the conclusion of the procurement to update Overview and Scrutiny Committees on the outcome and to outline the next steps.

7.5 Communications to the public about the new service will be very important. There will be a consistent identity and marketing strategy organised nationally for NHS 111. The local NHS is developing its strategy in line with this to ensure awareness and understanding of the new service.

8. Current timescales

8.1 A Pre-Qualification Questionnaire will be published at the beginning of November 2011 inviting suppliers who have expressed an interest in the procurement to submit initial information. The full Invitation to Tender is scheduled to be published in January 2012 and the provider to be selected in June 2012.

8.2 There will be a substantial period for development and mobilisation of the service, to ensure that robust technical, service and clinical governance arrangements are in place. The planned date for the start of the NHS 111 services across the South West is March 2013.

9. Conclusion and Recommendations

9.1 Overview and Scrutiny Committees are asked to:

- receive and note proposals for the introduction of NHS 111 within the South West.

This page is intentionally left blank