

BATH AND NORTH EAST SOMERSET

WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL

Friday, 22nd November, 2013

Present:- Councillors Vic Pritchard (Chair), Sharon Ball, Sarah Bevan, Eleanor Jackson, Anthony Clarke, Bryan Organ and Kate Simmons

48 WELCOME AND INTRODUCTIONS

The Chairman welcomed everyone to the meeting.

49 EMERGENCY EVACUATION PROCEDURE

The Democratic Services Officer drew attention to the emergency evacuation procedure.

50 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillor Cherry Beath had sent her apologies to the Panel.

51 DECLARATIONS OF INTEREST

Councillor Eleanor Jackson declared an 'other' interest as a Council representative on Sirona Care and Health Community Interest Company.

Councillor Vic Pritchard declared an 'other' interest as a Council representative on Sirona Care and Health Community Interest Company.

Councillor Anthony Clarke declared a 'disclosable pecuniary interest' in item 12 on the agenda 'Royal National Hospital for Rheumatic Diseases NHS FT – organisational update'. Councillor Clarke withdrew from the meeting for the duration of this item.

52 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

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

There were none.

54 MINUTES

The Panel confirmed the minutes of the previous meeting as a true record with the following stylistic corrections:

- Page 5, minute 41, paragraphs 2 and 3 should read:

The Chairman commented that under the operational procedures, as described in the report on page 135, it is, in his view, not having a dedicated transitions team or specific transitions social workers is a much better approach. Instead, case management can be accepted by any qualified social worker within the disability teams. It is far less likely to cause the young people anxiety as they transition to adult social care services; particularly as people develop a special bond with their social worker.

Mike MacCallam replied that the aim is to develop the expertise in all teams. Rather than having dedicated transitions workers in the teams there are people who primarily take transitions lead. A few years ago there was an attempt to have dedicated transitions workers and that didn't work well. Transitions cases are now brought to the adult teams earlier so that there can be good planning between children's services and adult services to ensure the best possible transition for each individual.

55 CABINET MEMBER UPDATE (10 MINUTES)

The Chairman invited Councillor Simon Allen (Cabinet Member for Wellbeing) to give an update to the Panel (attached as Appendix 1 to these minutes).

The Panel made the following points:

Councillor Eleanor Jackson asked if the Council looked at the data provided in the table under the 'Care Quality Commission Data' update and also if the Council is sure that there is no cross-subsidy of clients in care homes.

Councillor Allen replied that the Council cannot tell external providers how much they charge individuals as this is a private arrangement. The Council has fee levels, which, benchmarked against other neighbouring local authority's fee levels, are in line with the benchmark.

Jane Shayler (Deputy Director for Adult Care, Health and Housing Strategy and Commissioning) added that fee levels are beyond the scope of the CQC's regulatory inspection role. Jane Shayler went on to say that whilst the Council does have indicative fee levels to ensure best use of public resources, if necessary in order to secure a placement to meet assessed, eligible care needs, a "market supplement" may be agreed.

The Chairman asked what would happen if the CQC did not get the satisfactory action in relation to compliance with the twenty eight quality standards, known as the 'essential standards'.

Councillor Allen replied that the CQC and Council officers would monitor the service delivery. The Council's contracts cover more than the essential standards and the regulatory requirements that the CQC inspects against.

Jane Shayler added that if any regulated provider did not meet standards then they would be required by the CQC to put in place an action plan. The CQC and Council's Contracts and Commissioning Team would take an overview of the action plan implementation. The Contracts and Commissioning Team also works closely with the Adult Safeguarding & Quality Assurance Team, looking at the Care Home's shortcomings and considering whether or not, with the CQC, the fall in standards represent any specific risk of harm to service users. If there is a significant level of concern then a "whole home" review of the care home would be undertaken by appropriately qualified staff, which might include health staff. This would lead towards making a judgement about whether to temporarily suspend the placement of people in that home and in extreme circumstances move people away from that home. Jane Shayler concluded that these situations are very rare.

The Chairman thanked Councillor Allen for an update.

Appendix 1

56 CLINICAL COMMISSIONING GROUP UPDATE (10 MINUTES)

The Chairman invited Dr Ian Orpen (Clinical Commissioning Group – CCG) to give an update to the Panel.

Dr Orpen updated the Panel with current key issues within BANES CCG (attached as Appendix 2 to these minutes).

The Panel made the following points:

Councillor Jackson commented that robust arrangements mentioned in the update on Urgent Care included great improvements in fall prevention and stroke mitigation.

Dr Ian Orpen responded that a lot of changes took place to improve the flow of patients, which involved organisations such as Sirona Health & Care, Clinical Commissioning Group (CCG), the RUH, etc.

The Chairman asked Dr Orpen if he is confident how the NHS 111 is developing now.

Dr Orpen responded that the CCG are confident with the current development but not completely relaxed.

The Chairman thanked Dr Orpen for an update.

Appendix 2

57 HEALTHWATCH UPDATE (10 MINUTES)

The Chairman invited Pat Foster (Healthwatch representative) to introduce the report.

Pat Foster took the Panel through the report and highlighted the impact that social media (twitter, Facebook, etc.) had recently on the promotion of Healthwatch B&NES.

Members of the Panel welcomed the report, in particular the role of volunteers. The Panel asked if all 8 volunteers are covering every area in Bath and North East Somerset.

Pat Foster replied that some pockets of the area are not yet covered though the expectation is that this will be achieved with the new group of volunteers.

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

58 MEDIUM TERM SERVICE & RESOURCE PLANNING - 2013/14-2015/16 (30 MINUTES)

The Chairman invited Jane Shayler to introduce the report.

Jane Shayler took the Panel through the report by outlining that the first part of the report is the same to all Medium Term Plans presented to PDS Panels. The whole Council is required to make additional savings of £4m in 2014/15 in order to balance the books.

Appendix 1 of the report sets out the additional Adult Social Care and Housing savings details for 2014/15. Page 51 of the report shows the additional savings of £500k and £280k. Jane Shayler gave, as per the report, an update on the additional savings.

The Panel made the following points:

The Chairman pointed to page 44, and the bullet point about Integration Transformation Fund (ITF) and asked if £9.8m is all that this Council will get from the government.

Jane Shayler responded that those figures were not confirmed yet. The ITF detailed guidance, by the Department of Health, is expected to be available mid- December this year. The finance officers have made some reasonable assumptions on the amount that is likely to be allocated to this area. That is based on the experience of how the national allocation usually converts to local allocation for B&NES. It is an informed estimate though the Council and Clinical Commissioning Group cannot be

absolutely certain until the the funding allocations and detailed guidance are issued. Jane Shayler reminded the Panel that the ITF does not come into effect until 2015/16. The challenge is that every area has to agree plans for the investment of that fund by the end of this financial year. There is a process to navigate those plans through – the plans do need to be signed by the Clinical Commissioning Group, the Council, NHS England area team and the Health and Wellbeing Board.

Jane Shayler said that the figure of £9.8m is the best estimate of how much will be available locally as is the maximum of £1.2m which represents new money into the local health and social care system.

The Council is already receiving funding in support of demand pressures in the health and social care system, which is usually referred to as “Section 256” money. The Section 256 money is already invested in services, such as re-ablement services, 7-day social work services, and some therapy services in the hospital and similar.

Jane Shayler informed the Panel that one of the significant differences in the ITF is that it will go into a pooled budget is likely to be administered by the local authority.

The Chairman read out Risk & Opportunities section on page 45 and said that the section should be more focused on B&NES than London though it is a measure on what might happen in this Council.

Jane Shayler reminded the Panel that an update on the Care and Support Bill is scheduled for January 2014 meeting of the Panel. On national level, most local authorities are saying that although they welcome the changes in the Bill/Act it does also represent an additional financial burden for local authorities. There will be pressures on the local authority and any other organisations that work on behalf of the local authority to deliver adult social care. The most significant provider of adult social care services in this area is Sirona, who are likely to undertake higher number of assessments of carers’ needs.

The Chairman said that the Panel’s task is to scrutinise the Medium Term Plan but there are limitations because if the Panel wants to amend anything then it has to be compensated from somewhere else.

The Chairman commented that information provided on pages 49-53 is denial of services and loss of frontline services.

Councillor Organ commented that a lot of good work had been done by officers to identify savings and it should not be understood as a guess work.

The Chairman acknowledged the good work done by officers but he was not comfortable with the proposed reduction of services for the most vulnerable people.

The Chairman said that the Panel made a resolution last year that the current administration should offer more support to Adult Social Care and Housing Services.

Councillor Clarke agreed with the Chairman’s comments and said that the Panel should continue to support the same position they had last year. Councillor Clarke

said that the Panel should recognise that it is very difficult to alter the current plan but Adult Social Care and Housing need to be handled in different way. The Panel should make it clear that they do not think that one size fits all type approach is satisfactory.

It was **RESOLVED** the Panel were uncomfortable with officers being obliged to implement the cuts that have an adverse effect on the most vulnerable.

The Panel also **AGREED** to send the message to the Cabinet, in particular to Cabinet Member for Resources, to identify funding elsewhere in the Council to support Adult Social Care and Housing.

59 ROYAL NATIONAL HOSPITAL FOR RHEUMATIC DISEASES NHS FT - ORGANISATIONAL UPDATE (20 MINUTES)

The Chairman invited Kirsty Matthews (Chief Executive of the RNHRD) to introduce the report.

Kirsty Matthews took the Panel through the report and introduced Eugene Sullivan as the new Chair of the RNHRD and the Council of Governors.

The Chairman commented that the hospital was able, in very short time, to reduce their forecast deficit from £3.7m to £2.6m. The Chairman said that this was extremely positive and asked if they could continue to reduce the deficit.

Kirsty Matthews replied that the hospital had been able to improve the financial position in a year. The hospital was able, during this financial year, to pull additional clinical activity in of around £250k. Part of the plan to reduce the deficit was improvement with pain services – moving all Pain Services to Specialised Commissioning. There is also an increase of 4.5% of outpatients in Rheumatology Services. Kirsty Matthews also said that, at the beginning of the year, some money had been put in reserves for some unknown factors, such as non-clinical staff and corporate services. These reserves (around £350k) were released back out as there was no need to spend that money. The hospital was able to work through some cost improvement programmes which contributed to improve end of year position. The hospital had to work with a very cautious budget.

The Chairman asked why the endoscopy referrals are reducing dramatically.

Kirsty Matthews responded that the reduction in referrals was more to do with the fact that it is a single handed consultant service, which always creates a risk. When the consultant was unavailable for a number of reasons then it was very difficult for the hospital to get the right level of cover for that post. The impact on the hospital was that they could not operate at optimum capacity. There are also greater ranges of providers in the community and GPs have a greater level of choices where they can send their patients.

The Chairman commented that the endoscopy could be at risk in the same way as Neuro-rehab services were.

Kirsty Matthews responded that the hospital wanted to flag to the Panel that endoscopy referrals are significantly reduced. The Board of the hospital is aware what the minimum number of referrals is in order to continue provision of endoscopy. The hospital is also looking quite closely with the commissioners on what is the best plan for services in 2014/15.

Councillor Organ said that despite the deficit of £2.6m, the public are delighted with the services provided by the hospital.

Councillor Bevan said that the issues such as fall in referrals for endoscopy and/or rise in referrals for Pain Services often change in time and asked how flexible the hospital would be to deal with these issues.

Kirsty Matthews responded that the hospital saw an enormous degree of change in Pain Services. The team at Pain Services had adapted in looking at different types of programmes and made adjustments in how they run their programme to meet those needs. Kirsty Matthews added that she is working quite closely with the clinical lead to adapt their staff to be as flexible as they can. The hospital is able to manage that flexibility to meet the change in patients' demands.

The Chairman noted that Kirsty Matthews will be standing down as Chief Executive of the RNHRD with effect from 31st December 2013. The Chairman said that it is sad news because of the very good working relationship.

The Chairman wished Kirsty Matthews every good fortune for the future.

The Chairman also welcomed Eugene Sullivan in his new position, as the Chairman of the RNHRD Board.

Eugene Sullivan thanked the Chairman for kind words and said that the hospital will miss Kirsty Matthews. The hospital will interview candidates for the Chief Executive position next week.

Eugene Sullivan also said that the hospital will do their best to come out of financial difficulties though it will be difficult task considering that the RNHRD is small hospital.

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

60 UPDATE REPORT ON THE RE-PROVISION OF NEURO-REHABILITATION PREVIOUSLY PROVIDED AT THE ROYAL NATIONAL HOSPITAL FOR RHEUMATIC DISEASES (RNHRD) (30 MINUTES)

The Chairman invited Tracey Cox (B&NES Clinical Commissioning Group), Steve Sylvester (NHS England Specialised Commissioning Team) and Carrie Wedgewood (Sirona Care & Health Rehabilitation Service) to introduce the report.

Members of the Panel welcomed the report, in particular the seamless transition of services for outpatients, which are now provided by Sirona Care & Health.

The Panel asked if the same seamless transition of services happened to inpatients from B&NES who required Level 1 and Level 2a beds.

Steve Sylvester responded that all the patient feedback received from Frenchay's Brain Injury Rehabilitation Centre was positive and there have been no complaints from Level 1 or 2a patients at any of the providers.

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

61 DRAFT HOMELESSNESS STRATEGY 2014-2018 (20 MINUTES)

The Chairman invited Sue Wordsworth (Planning and Partnership Manager) to introduce the report.

The Chairman read out paragraph 5.2 on page 80 of the report and asked from what figure the number of households in temporary accommodation was halved.

Sue Wordsworth responded that all Local Authorities received a target, from the government, to halve the use of temporary accommodation and this Council had achieved the target. Sue Wordsworth also said that she could not specify when the Council was set the target but it had to happen within three years of setting the target and this was achieved.

The Chairman read out paragraph 5.3 on page 81 of the report and asked what evidence the Council has that welfare reform is having an adverse effect on households at risk of homelessness.

Sue Wordsworth responded that the number of people that are approaching the housing options team for debt advice is increasing. The other aspect is an increase in rough sleepers in B&NES. This is because of the change in the way that rough sleepers are counted, which is believed to be more realistic. It may also be because some other local authorities have reduced the spend on provision for rough sleepers as a result of financial pressures.

The Chairman said that he is fully in support of the strategy. However, the ten priorities within the strategy present a considerable challenge with the present budgetary constraints.

Councillor Bevan asked about the change of method in counting homeless people.

Sue Wordsworth replied that the government wanted everyone in the country to count homeless people in the same way and they produce the guidelines on how to do that. Sue Wordsworth also said that the new way of counting homeless people is much more realistic.

Councillor Jackson expressed her concern that heavily pregnant women are counted as single and treated as such. Councillor Jackson asked if there is still a facility to help vulnerable people get settled in private accommodations.

Sue Wordsworth said that the Council still have rent deposit schemes for support for people settling in private accommodations. The intention is to retain the scheme despite the budget pressure. The difference between the cost of social rented housing and private rented housing is reducing as a result in changes in the social rented sector, which may be helpful.

Sue Wordsworth also said that in homelessness legislation pregnant women, as well as parents with children, have a priority need for housing.

Councillor Jackson asked if there is evidence of the bedroom tax making people homeless.

Sue Wordsworth responded that there is limited evidence at the moment. The number of people that were predicted to be affected with the bedroom tax has reduced dramatically. A lot of people have found ways of coping with the bedroom tax.

Sue Wordsworth also said that all registered providers are doing their best to limit the impact on tenants. Sue Wordsworth repeated that the Council's funding of the rent deposit scheme does help people to access private sector housing even if they have low incomes or are dependent on benefits.

It was **RESOLVED** that the Panel fully supported the strategy and **AGREED** that the strategy will have a positive impact on vulnerable people and reduce inequalities.

62 ALCOHOL HARM REDUCTION SCRUTINY INQUIRY DAY (30 MINUTES)

The Chairman invited Emma Bagley (Policy Development and Scrutiny Project Officer) to introduce the report.

The Chairman thanked the officers who put a tremendous amount of work into the report and also for organising the scrutiny inquiry day to hear from different stakeholders.

The Chairman also welcomed Councillor Patrick Anketell-Jones as the Economic and Community Development PDS Panel representative.

The Chairman explained that the reason why the Panel is having this report before them is that the Policy Development and Scrutiny Chairs and Vice-Chairs decided that the Wellbeing PDS Panel would receive the final draft of the report and recommendations with invitation to other PDS Panels to participate in the debate.

The resource implications are not to be considered by the PDS Panels. It is down to the relevant Cabinet Members to consider resources issues.

Members of the Panel, along with Councillor Anketell-Jones, focused on the subject of education of young people in order to prevent alcohol related deaths.

The Panel made couple of suggestions in terms of re-wording and priority of the recommendations which were noted by Emma Bagley. Emma Bagley said that all suggestions from the Panel will be incorporated in the final version of the report.

It was **RESOLVED** to **AGREE** with the report and recommendations response table to the relevant Cabinet Members subject to 'fine tuning' of recommendations by Emma Bagley, namely with the following amendments:

Page 9 – should read 68 people including the parties mentioned rather than 68 councillors

Recommendation 1 (c) - add "over 65s" into the scope – suggested by Councillor Jackson

Recommendation 4 – add "and colleagues" regarding workplace health – suggested by Councillor Jackson

Recommendation 6 Move (f) regarding health to position (a) to reflect the importance of this factor – suggested by Councillors Clarke and Anketell-Jones.

63 WORKPLAN

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

- Home Care update for January 2014 meeting
- Connecting Families – Health update (July 2014)
- Sexual Health (HIV) – date to be confirmed

The meeting ended at 1.25 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services

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

Wellbeing Policy Development & Scrutiny Panel – November 2013

1. PUBLIC ISSUES

King's Fund launches report on research paper on Health and Wellbeing boards

The Kings Fund have recently launched a research paper: Health and wellbeing boards: 12 months on. This paints a positive picture of the development of health and wellbeing boards. Please see link below for full report:

<http://www.kingsfund.org.uk/publications/health-and-wellbeing-boards-one-year-on>

2. CARE HOMES PERFORMANCE QUARTERLY UPDATE (JULY – SEPTEMBER 2013)

Baseline Data This page is intentionally left blank

At the time of writing there were 57 residential and nursing homes under contract in B&NES including those providing services to people with learning disabilities and people with mental illness.

As at 3rd October 2013 1176 individuals were recorded as being 'permanently placed' in residential/nursing care, supported living or extra care settings although this figure also includes a number of individuals who are placed out of area i.e. not with a contracted provider in the B&NES local authority area.

Care Quality Commission Data

The Care Quality Commission came into being in April 2009 and required all adult social care and independent health care providers to register by October 2010. Part of the role of CQC is to carry out inspections of care homes and to assess compliance against twenty eight quality standards, known as the 'essential standards'.

In Bath and North East Somerset all homes under contract have been inspected by CQC, the performance for the July-September period is summarised in the table below.

All standards met	41 homes
One standard requiring improvement	9 homes
Two standards requiring improvement	3 homes
Three standards requiring improvement	4 homes

When one or more essential standards are not met *and* there are serious concerns regarding the quality of care provision in a home, CQC may issue compliance notices which require providers to respond within specific timescales, after which follow up inspections take place. At the time of writing 14 homes in B&NES were under compliance action. The action was evidenced to have a minor impact to service users for 6 homes, a moderate impact to 3 homes and a mix of minor and moderate to 5 homes.

All homes with outstanding compliance issues are required to produce action plans setting out how, and in what timescales full compliance will be achieved. This information is utilised to inform the review B&NES schedule and to inform contract monitoring activity.

A report published by Age UK on 28th June 2012 suggests that around 73% of adult social care provision is fully compliant with CQC standards and this figure is corroborated by the analysis above which indicates that 72% of homes inspected in B&NES are fully complaint.

Service User & Stakeholder Feedback

Information regarding the quality of care homes is collected at each individual service user review and collated on a 'feedback database' by commissioners. The database is also used to store 'adverse incident' reports received from health colleagues. During the period July 2013 to September 2013 concerns relating to 8 care homes were received via the feedback database, these are summarised in the table below.

Nursing home	Good feedback regarding care, poor communication with manager
Residential home	Security of the Building
Nursing home	Meeting care needs well, communication/language barrier identified with some care staff
Nursing home	Concern regarding moving & handling needs Concern re care plan documentation Concern re meeting preference (preferred retiring times)
Nursing home	Concern raised re wait time for call bells and accessibility of the manager
Residential home	Gaps in Care plan documentation
Nursing home	Communication issues

Commissioning & Contracts Review

Of the above homes 5 have been reviewed by Commissioning & Contracts Officers, 1 is in the process of being reviewed and 1 is scheduled for review before the end of December 2013.

Four of the above homes have been recently inspected by CQC and found to be fully compliant whilst three homes currently have one outstanding compliance action following CQC inspection; one home has been inspected by CQC and has three outstanding compliance actions.

Officers liaise closely with CQC and with health and social care colleagues to triangulate intelligence and to agree collaborative responses to all concerns identified. This information sharing process is relied on to prioritise inspection and review activity, thus making most effective use of limited capacity in the commissioning team.

Financial Monitoring

Cross authority work has been completed to establish a regional cost model for care homes based on locally collated data covering six main cost drivers including:

- Nursing/care staff costs
- Other staff costs
- Capital costs/rent
- Fixtures/fittings
- Food/laundry
- Utilities/rates

The weekly rates for residential and nursing home placements currently operational in B&NES have been set using the regional cost model and prices within each individual cost driver can be reviewed separately under these arrangements.

The Council's Sept 2013 revenue forecast for adult social care summarises performance against financial plan targets for 2013/14. The net end of year forecast shows a balanced budget.

3. SERVICE DEVELOPMENT UPDATES

Wellbeing College Transformation Project

The development of a Wellbeing College is an idea led by a sub-group of the Mental Health Wellbeing Forum, made up of mental health commissioners, organisations providing services for people with mental health needs and service user and carer representative groups.

The idea of a wellbeing college is an expansion of the notion of (mental health) Recovery Colleges and seeks to shift care pathways to prevention, wellbeing, resilience and social inclusion on a long term basis. The College offers an educative, co-produced or peer-led supportive course led approach to early intervention and self-management.

The Council and Clinical Commissioning Group has agreed to fund this project for two years in order to:

- Set up and administrate a small scale college using existing courses provided by Sirona Care & Health, Avon & Wiltshire Mental Health NHS Partnership Trust (AWP) and Council funded community providers, including Second Step, St Mungos and Creativity Works;
- Raise awareness of the courses being provided through the Wellbeing College;
- Evaluate uptake, citizen experience and outcomes;
- Develop the business case for future development;
- Work with commissioners to lever in external funding and potential venue.

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B&NES Clinical Commissioning Group update for Wellbeing PDS on 22nd November 2013

Urgent Care Centre

Following a thorough and very rigorous procurement process which began in July of this year, a preferred bidder has now been chosen to provide the Bath Urgent Care Centre, BaNES GP Out of Hours and Care of the Homeless Services. The preferred bidder is an organisation, hugely experienced in providing urgent and out of hours care, called Northern Doctors Urgent Care (NDUC). They are part of the Vocare Group, established as a GP Co-operative in 1996. The Group now delivers GP Out of Hours Services to 2.2m patients and works across the North East and Staffordshire. The bids and subsequent procurement process involved evaluating the detailed bids on a number of key areas. These included their proposals for quality and governance, service delivery, workforce training and support, information management and technology and how the bidders would implement the service. The calibre of the bids was very high and as a Clinical Commissioning Group we were very impressed with the standards of each. The bid by Northern Doctors demonstrated an excellent understanding of providing high quality of care, working in partnership with existing providers and ensuring they provide a service based on local need. A mobilisation project group has been formed between NDUC and the CCG to ensure the successful launch of these services from 1st April 2014.

Winter Planning

As you may be aware, the Department of Health identified the RUH and the local health community as being in need of support to ensure it can cope with the pressures that the onset of winter has historically brought to bear. £4.4m has been allocated, split between the RUH and community health and that funding has enabled us to develop innovation and resilience to our winter plans. We are working with the RUH and other providers and have been for several weeks now through the Urgent Care board. This is to ensure there are robust plans in place to cope with an increase in attendances at the emergency department, to avoid delayed transfers of care and to ensure there is sufficient capacity in the community to care for patients once they have left hospital. We will also have a local public communication campaign to help direct people towards the most appropriate care for their particular need.

NEPTS contract implementation

On December 1st, Arriva Transport Solutions begins to provide the non-emergency patient transport across BaNES, Wiltshire, Swindon and Gloucestershire. There has been a three month long mobilisation phase which has involved a huge amount of engagement and participation with an enormous range of stakeholders. Following a thorough procurement process, Arriva Transport Solutions has now been selected to provide non-emergency patient transport services across B&NES, Wiltshire, Gloucestershire and Swindon. The service will run 24 hours, 7 days a week, which is an extension of some existing services which currently run only Monday to Friday, 9am – 5pm. The service will run a single access centre which will provide a convenient booking and enquiries service across the region. Through the use of modern technology and systems, the service will be able to manage demand for patient transport efficiently and will co-ordinate and provide journeys in and out of Bath and North East Somerset. The service will offer flexibility to respond to changing needs; for example, new healthcare locations and flexible times for pick up and return home including evenings and weekends. The single access centre will also provide information and advice for those patients who do not meet the current Department of Health eligibility criteria. This will include signposting to alternative transport options, including the national Healthcare Travel Costs Scheme, voluntary and community providers and in this we are being supported by Healthwatch Wiltshire.

NHS111

The NHS 111 service, provided by Harmoni was fully rolled out at the end of October and is continuing to meet the majority of its performance targets. Commissioners will continue to monitor progress and we are aware that SWAST has reported an increase in the number of ambulances being dispatched for 999 calls over the past few weeks. SWAST is working with Harmoni and the commissioners to ensure this trend is quickly reversed. SWAST has told us they have requested an independent review of activity and demand. This will allow them to review the current allocation of resources across the trust which may lead to changes in staff rotas, additional resources are required to meet the new level of demand in the area.

Maternity Services Tender

The Maternity Services tender is currently underway with the re-procurement of the existing services. This is a re-provision of existing arrangements and a tender process is required due to the fact that the existing contract with Great Western Hospital NHS Foundation Trust expires early next year. The timescales for this procurement process were extremely tight and we have extended the process by an extra month, therefore the go-live date for the new service will be 1st June 2014. The change in timescales means that the Preferred Provider will be known in late January 2014, with Board ratification soon after. In addition to a Bath based GP, an independent clinician has been sourced via the Royal College of Obstetricians and Gynaecologists to support the evaluation process and provide impartial advice.

Stakeholder Event feedback

The CCG has held three stakeholder events across Bath and North East Somerset recently. We had about 100 people in all coming along and there was good range of questions asked and point raised. We wanted to gain peoples understanding on current health issues, where the CCG can provide more support and advice and encourage public participation in our future service redesign and service provision. Those who attended were keen to make suggestions about how we can encourage people to take more responsibility for their own health and wellbeing and how we can improve the management of long term conditions. All the feedback will be sifted and analysed and help us with our decisions going forward.