

BATH AND NORTH EAST SOMERSET

WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL

Friday, 13th March, 2015

Present:- Councillors Vic Pritchard (Chair), Sharon Ball, Sarah Bevan, Neil Butters, Eleanor Jackson, Sally Davis, Douglas Nicol, Brian Simmons and Tim Warren

80 WELCOME AND INTRODUCTIONS

The Chairman welcomed everyone to the meeting.

81 EMERGENCY EVACUATION PROCEDURE

The Chairman drew attention to the emergency evacuation procedure.

82 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillors Clarke, Organ, Hall and Kate Simons had sent their apologies for this meeting.

Councillors Tim Warren, Sally Davis, Douglas Nicol and Brian Simmons were their substitutes respectively.

83 DECLARATIONS OF INTEREST

Councillor Vic Pritchard declared an “other” interest as a representative of the Council on Sirona Care & Health Community Interest Company.

Councillor Sally Davis declared an “other” interest as a representative of the Council on Sirona Care & Health Community Interest Company.

Councillor Eleanor Jackson declared an “other” interest as a representative of the Council on Sirona Care & Health Community Interest Company.

Councillor Simon Allen (Cabinet Member for Wellbeing) declared an “other” interest as an employee of Sirona Care & Health Community Interest Company.

84 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

The Chairman had invited the Panel to confirm the nominations for the AWP Task and Finish group (looking into AWP response to the CQC inspection results from Sep 2014).

The Chairman had informed the Panel that nominated Panel Members were Councillor Eleanor Jackson and the Chairman himself.

The Chairman also informed the Panel that the above Task and Finish group meetings had been scheduled for the 20th March and the 7th April.

The Panel unanimously **AGREED** with Chairman's proposal.

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

There were none.

86 MINUTES

The Panel confirmed the minutes of the previous meeting as a true record and they were duly signed by the Chairman.

87 CABINET MEMBER UPDATE (10 MINUTES)

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

Members of the Panel paid a tribute to Councillor Allen and all officers for their work in the past four years.

The Chairman had commented that the Panel, and the Council, should be proud of achievements made in the last four years. The Chairman had highlighted great working relationship with Clinical Commissioning Group and other NHS bodies in the area.

The Chairman suggested that the update from Councillor Allen had summed up what had been happening in the last four years and suggested to the Panel that briefing paper should be sent to the Communications and Marketing team with request that the document should be included in the next edition of Council Connect as well as all other relevant press and media means in the Council.

It was **RESOLVED** to:

1. Note the update from Councillor Allen;
2. Congratulate Councillor Allen and team of officers, including external partners, for the achievements made over the last four years;
3. Request that Communications and Marketing publish the update from Councillor Allen in next edition of Council Connect as well as all other relevant press and media means in the Council.

88 CLINICAL COMMISSIONING GROUP UPDATE (10 MINUTES)

The Chairman invited Dr Ian Orpen to give an update (attached to these minutes).

Members of the Panel had expressed their concerns on the provision of Independent Sector Treatment Centres (ISTCs), especially on those centres where patients have to travel long distance.

Dr Orpen had commented that he had understood concerns made by the Panel though the CCG has a duty not to discriminate against or in favour of any particular sector or provider and this duty is contained in legislation which governs how we conduct our procurement. For example, excluding private sector organisations, solely on the basis of their ownership, is contrary to The National Health Service (Procurement, Patient Choice and Competition) Regulations 2013.

Councillor Jackson had asked if the CCG would be commissioning GP services in future.

Dr Orpen had responded that this would be looked at possibly after May 2015 elections.

The Chairman concluded the debate by thanking Dr Orpen and the team for their work over the last four years. The Chairman also highlighted that partnership between the Council and the CCG had been nationally recognised.

It was **RESOLVED** to:

4. Note the update from Dr Orpen;
5. Congratulate Dr Orpen and his team for the achievements made over the last four years.

89 HEALTHWATCH UPDATE (10 MINUTES)

The Chairman invited Helen Francis (Healthwatch representative) to introduce the update (attached to these minutes).

The Chairman has asked about the responses in table 2 of the document, in particular why there were no responses to date from Bath and North East Somerset Council.

Helen Francis had said that the Health would not expect to receive responses on those issues, though this would be something that the Healthwatch would continue to follow up.

The Chairman had said that Healthwatch B&NES had had 'shaky' start in the way how they conducted their role and also how they have reported to the Panel. However, for some time now the Healthwatch had been proactive and provided clear and concise information to the Panel and public.

The Panel congratulated the Healthwatch on the achievements so far and wished that the same level of service and standards continue.

It was **RESOLVED** to:

1. Note the update from Helen Francis;
2. Congratulate the Healthwatch for the achievements and good work so far.

90 CARE QUALITY COMMISSION - FUNDAMENTAL STANDARDS (20 MINUTES)

The Chairman invited Justine Button (Care Quality Commission Inspection Manager for North Somerset & BANES and Swindon Wiltshire Region) to give a presentation, as per report.

The Chairman has asked about the new regulations, and what those would be in comparison to old ones.

Justine Button had explained that the new regulations on fundamental standards means that all registered providers must demonstrate that they would be meeting regulatory requirements in order to register with CQC and then continue to deliver regulated services.

The new regulations would strengthen CQC's approach to assessing applications for registration with CQC and the registration process.

In comprehensive inspections (which lead to ratings of individual services and of the provider overall), CQC would primarily look for good care, rather than checking compliance with regulations.

CQC would consider whether a regulation has been breached. CQC would take this guidance into account to determine whether a provider has been meeting the new regulations. This then would lead to what enforcement action CQC would take to address breaches of regulations.

Justine Button had also said that the previous 16 regulations (also known as the 'essential standards') had been replaced by 11 regulations that set out the fundamental standards of quality and safety. These regulations would be clearer statements of the standards of care below which care should never fall. There would be two new regulations, on fit and proper person requirements for directors and on a statutory duty of candour.

CQC had consulted on guidance for providers about fundamental standards and the final guidance is available on their website.

Justine Button concluded that the new guidance would entirely replace, from April 2015, CQC's current Guidance about compliance: Essential standards of quality and safety and current enforcement policy.

CQC's inspections would focus on rating providers on the five key questions for identifying good care. However, where CQC identify poor care, this guidance would help them to also determine whether there had been a breach of regulations and, if so what action to take.

The Chairman thanked Justine Button for a presentation.

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

91 DEMENTIA WORK PROGRAMME UPDATE (20 MINUTES)

The Chairman invited Laura Marsh (CCG) to introduce the report.

The Chairman had asked why is that, as of January 2015, the diagnosis rate in BaNES has been 57.3% compared to 54.02% in the South of England.

Laura Marsh responded that only one of the 50 CCG's in the South of England had achieved the 67% target and locally, despite best efforts to improve the diagnosis rate, there were three key reasons why the 67% target was unlikely to be achieved.

Firstly, the estimated prevalence may not be accurate. The number of people who have been expected to have dementia has been based on the 2007 Alzheimer's Society Dementia UK report which had used the Expert Delphi Consensus approach based on studies from 1986-1993 in a limited number of areas in the UK and not including any sites in the South West. No allowance has been made for the type of area (e.g. inner city, rural, small town) or any other health factors.

Secondly, most of the diagnosis rate increase over the last six months has been due to coding corrections and not new people diagnosed with the disease.

And, thirdly, there has been a considerable increase in referrals to RICE over the past few years. This indicates a greater awareness of dementia but the number of new diagnoses has not been increasing at the same rate as referrals. This was because over the last decade the patients presenting were older but their memory problems are considered milder as judged by the Mini Mental Score Examination and therefore they were not being diagnosed as having dementia.

The Panel had made a few comments by saying that dementia and depression had been seen as the same issue; training for social workers on how to deal with dementia; and work with care providers.

Laura Marsh had responded that the CCG would be looking into provision of awareness training to all those who would be in contact with people with dementia.

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

92 UPDATE ON - NHS 111 SERVICE (20 MINUTES)

The Chairman invited Catherine Phillips (CCG) to introduce the report.

The Chairman had commented that the NHS 111 service had improved a lot since its launch. The Chairman also said that feedback from the Health on the NHS 111 had been positive.

The Panel suggested that regular updates on the NHS 111 services should be provided to future Scrutiny Panel.

It was **RESOLVED** to note the report and to put NHS 111 services update in the forward plan for future Scrutiny meetings.

93 NON EMERGENCY PATIENT TRANSPORT SERVICE UPDATE (20 MINUTES)

The Chairman invited Dominic Morgan (CCG) to introduce the report.

Councillor Jackson had commented that report appears to focus mostly on services in Bath area. Councillor Jackson had said that residents in her Ward (Radstock) had been having issues in getting transport back from the hospital. Councillor Jackson had asked if services had improved since the last update.

Dominic Morgan explained that during the first 14 months of the contract there had been a number of challenges involved in the provision of a Non-Emergency Patient Transport Service (NEPTS) to patients across four CCG areas; patients attending four acute trusts within the CCG boundaries and a number of significant patient flows to acute trusts outside the CCG boundaries. The contract had replaced a multitude of bespoke service arrangements that had developed over time within the different acute trusts. A significant challenge had been the misalignment of predicted versus actual activity and mobility profiles.

Dominic Morgan had responded that NEPTS services had significantly improved since its launch though there was still some room for improvement.

Currently the four CCGs who contract with Arriva Transport Solutions Ltd have been in the process of contract rebasing negotiations. This would result in a re-based contract, which would enable the core service to better match known demand; and the cessation of non-recurrent monthly top-up funding, currently used to purchase additional third party resource.

Included within the rebasing were amended contract penalties and incentives for the Key Performance Indicators (KPIs). This would reinforce the focus on the main KPIs which relate to the timeliness of service delivery for both inbound and outbound journeys and a particular focus on the longest-wait journeys. Incentives would also apply to other patient experience measures.

The Chairman thanked Dominic Morgan for an update.

The Panel suggested that regular updates on Non Emergency Patient Transport Services should be provided to future Scrutiny Panel.

It was **RESOLVED** to note the report and to put Non Emergency Patient Transport Services update in the forward plan for future Scrutiny meetings.

94 REFRESH OF SHAPING UP HEALTHY WEIGHT STRATEGY (20 MINUTES)

The Chairman invited Jameelah Ingram (Public Health Development and Commissioning Manager) to give a presentation to the Panel.

The following points had been highlighted in the presentation:

- Why is obesity an issue?
- How obesity harms communities
- Key facts – Healthy Weight
- Vision for discussion
- Aim
- Objectives
- 3 Levels of Action
- Prioritising Need
- Monitoring Outcomes
- Local Governance
- Initial Consultation Plans
- Next steps

A full copy of the presentation is available on the Minute Book in Democratic Services.

Members of the Panel had commented that new technology (such as electronic devices and video games) had increased fast food regime.

Councillor Jackson had commented that overweight could be genetic issue as well. Councillor Jackson had asked why eating disorders had not been included in the strategy.

Jameelah Ingram had responded that eating disorders had been deliberately excluded from the strategy as they would fall within remits of other health services.

The Panel had requested that officers should specify in the strategy why eating disorders have not been included in the paper.

Jameelah Ingram had said that Public Health Team had been working closely with Sirona on finding out what people want and also on how to work with young people.

It was **RESOLVED** to support the Strategy and that should specify why eating disorders have not been included in the paper.

95 CHAIRMAN'S SUMMARY

The Chairman had used this opportunity to summarise the work that the Panel have done, or have been engaged, in the last 4 years.

The Chairman had said that the Panel had been involved in the following:

- External
 - Neuro Rehab services at the Mineral Hospital
 - The Mineral Hospital acquisition by the RUH
 - Foundation Trust status to the RUH
 - Joint Scrutiny of South West Ambulance (Cllr Clarke's involvement as the Chair of the Joint Panel considerable time)

- Mortuary Services (at the RUH)
- Non-Emergency Patient Transport Services
- NHS 111
- Mental Health services
- Ongoing dialogue with the CQC and their presence at Panel meetings
- Urgent care and Winter Pressures
- Dementia
- And many more
- Internal
 - Public Health (an excellent working relationship) – with that, Panel’s involvement in issues such as Teenage Pregnancy, Alcohol Strategy (Joint Scrutiny Inquiry Day), Sexual Health (national leaders in encountering problems with the HIV)
 - Homecare Review
 - Care Act 2014
 - Homelessness and rough sleepers
 - Loneliness
 - Connecting Families programme
 - And many more from our Council services

The Chairman thanked Panel Members for their contribution, Clinical Commissioning Group, other NHS bodies and special ‘thank you’ to people/staff who deliver health and social services to the community.

The meeting ended at 1.20 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 – March 2015

Introduction

I would like to take this opportunity in this, my final Cabinet Member briefing, to reflect on key achievements during my time as the Cabinet Member for Wellbeing, which are drawn from my briefings to this Panel over the past four years. These achievements, which appear in chronological order, have been delivered through a range of partnerships, which have often transcended organisational, sector and professional boundaries and any particular political affiliation demonstrating the local commitment to achieving the best possible outcomes for the people and communities of Bath and North East Somerset.

Sirona Care & Health Community Interest Company

The creation of Sirona Care & Health Community Interest Company (CIC) as an integrated health and social care provider operating as a form of social enterprise in October 2011 is a huge achievement and one of which we are very proud – it was only possible because of the very close working relationship between the Council and the local NHS and is one of the very few independent organisations in the country to include both health and social care professionals.

Sirona provides a wide range of publicly-funded care and support services, including community healthcare, children's healthcare, public health services and adult social care services.

Nursing Home Local Enhanced Service

Highlighted nationally as an example of best practice, this service, which was implemented in January 2012, is provided by local GPs and seeks to:

- Deliver pro-active health care based on a minimum of weekly routing 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.

Specialist Social Work Service for adults with Autism Spectrum Condition

A specialist social work service was established as part of the Sirona Complex Health Needs team. This key development in April 2012 recognised the need to ensure that the assessment and care management of adults with ASC is undertaken by staff who have a

good understanding and awareness of the needs of people with ASC, and an ability to commission quality services from skilled providers to meet the individual's needs.

The Independent Living Service

In January 2013, the Independent Living Service (ILS) commissioned by the Council and provided by Curo was named national winner of the National Housing Federation's Community Impact Awards. For many the Independent Living Service, which has been operating since January 2011, has been an alternative to residential care through simple adjustments that make life easier – from home adaptations and shopping deliveries to money advice. Awards' judge Claire Bailey-Jones said "The scheme has a positive impact upon family, friends and neighbours of those who use the service. It can be used as a template for housing associations across the UK to help people stay in their own homes for longer. Absolutely fantastic and cannot be commended enough!"

Intensive Community Detoxification

In May 2012 it was confirmed that the first three clients had successfully completed an Intensive Community Detoxification programme at a specialist supported living scheme run by DHI in Bath. The service, commissioned by the Council and delivered in partnership with DHI and the Specialist Drug and Alcohol Service, (SDAS) and was set up in November 2011. As well as the detox unit, the supported living scheme provides a further 10 'Dry house Units' and another 6 continue to be delivered in an established supported living scheme also run by DHI. By remodelling and integrating the supported houses fully into treatment provision, this redesigned service model aims to offer a sufficiently robust structured package of support to those wishing to become drug and alcohol free. More people will be given an opportunity to detoxify and experience rehabilitation and this is of particular value to offenders returning to the community homeless, and other homeless people who wish to become abstinent.

Adult Safeguarding

An internal audit undertaken by the Council's Audit & Risk team was reported, in May 2013, to have found the overall framework of control for adult safeguarding to be "excellent" (an Audit Rating Level 5, which is the maximum available on a range 1 (poor) to 5 (excellent)).

The audit focused on the following six key objectives:

- An up to date Safeguarding Policy is in place with clear procedures documented and disseminated to the appropriate agencies/organisations.
- Assurance is obtained from organisations commissioned by the Council to support and protect vulnerable adults, which confirms appropriate safeguarding training is provided.
- The role and responsibilities of the Local Safeguarding Adults Board is clearly defined.
- Procedures are in place to ensure all alerts are correctly recorded and the 'Procedure for Safeguarding Adults' is effectively and accurately applied in all cases.
- Procedures are in place to identify reoccurring alerts/ themes by service user and agency/ organisation, and action taken where appropriate.
- Procedures are in place to monitor alerts in respect of clients who are receiving services commissioned outside the authority.

Annual Learning Disabilities Partnership Conference

About 245 people came to all or part of the Partnership Conference in 2013 – more than 100 people at the Conference had a learning disability. There were also more than 25 family members as well as professionals, support staff, providers and officers and staff of the Council and Sirona.

The Conference opened with local good news stories. Some were very personal to the people telling the story and some were about group or organisational achievements. These included:

- Brian and Alex shared some really exciting images of work that Action on Hearing Loss had created during a project called Transient Graffiti. This was a community arts project and working with local artists the group created images to project onto Bath Abbey at the start of the Christmas Market.
- There was a short film of Simon at Somer FM – where he is a DJ twice a week. Simon then shared with the conference his love of music and how he had always wanted to be a radio DJ. With support from Dimensions Simon now has a show twice a week on Somer FM.

Approximately 220 people recently attended the Bath and North East Somerset annual Learning Disabilities Partnership conference in 2014, of whom more than 100 were people with learning disabilities and more than 30 family members also attended. The theme for this year's conference was one of Partnership and how people with learning disabilities have worked with other agencies, particularly around keeping safe and being healthy. Amongst the highlights were presentations from Avon and Somerset Police about a new Safe Places scheme; Aquaterra and the Active Sports and Lifestyles team who presented information about an innovative 'Sports Buddy' scheme to support people to take exercise and use the local leisure facilities. Plus Bath University who have supported students to volunteer at the Bath Bistro, and a monthly restaurant night run by and staffed by people with learning disabilities.

Health and Wellbeing Board

The Health and Wellbeing Board was established in April 2013 and is committed to extending and further developing joint working arrangements to ensure best use of public funds and optimal outcomes for local people.

The Council Cabinet Member for Wellbeing chairs the Board and the Chair of the CCG is the vice chair. Healthwatch has two seats on the Board. Prior to the Health and Wellbeing Board a Health and Wellbeing Partnership Board provided the leadership and political support for local health and social care integration.

Joint Health and Wellbeing themes and priorities

Theme one: Helping people to stay healthy

- Helping children to be a healthy weight
- Improved support for families with complex needs
- Reduce the rates of alcohol misuse
- Create healthy and sustainable places

Theme two: Improving the quality of people's lives

- Improved support for people with long term health conditions
- Promote mental wellbeing and support recovery
- Enhanced quality of life for people with dementia

- Improved services for older people which support and encourage independent living and dying well

Theme three: Fairer life chances

- Improve skills, education and employment
- Reduce the health and wellbeing consequences of domestic abuse
- Increase the resilience of people and communities including action on loneliness.

“Fit For Life” Strategy

The Fit for Life Strategy, developed during 2014 seeks to find ways to make physical activity more central to people’s lives through making explicit links to the Health and Wellbeing Strategy.

The strategy also considers the contribution sport and physical activity can make to the economy of the area, how they can help to enhance the area and communities through bringing people together and reducing social isolation. The strategy also seeks to make a contribution to improving the environment and supporting the sustainability agenda and so is a truly cross-cutting view of this important area of work.

The Vision

The overarching vision for ‘Fit for Life’, agreed by all partners and delivery organisations is: To get more people, more active, more often, in a safe, sustainable environment leading to improved health and wellbeing for all.

The strategy has 4 key themes:

Theme 1 - Active Lifestyles

Active Lifestyles is about increasing opportunities for everyday activity, sport, recreation and preventing and treating ill health for all ages and abilities across the locality. We want to develop and support activities that start where people are, are fun and sociable and help to build and strengthen communities.

Theme 2 - Active Travel

Active Travel is about encouraging walking and cycling as a means of getting to school, work and getting around as part of everyday life.

Theme 3 - Active Design

Active Design is about developing planning policy and practice which supports an increase in physical activity and facilitates positive wellbeing for all residents.

Theme 4 - Active Environments (Facilities and outdoor space)

Active Environments is about maintaining and improving the standard and safety of our parks, play and leisure facilities, green spaces and access to the natural environment in order to encourage their use by local residents and visitors.

Homeless Patient Discharge Service (HPDS)

For vulnerable people at risk of rough sleeping

In May 2014, it was confirmed that funding had been obtained via the Avon and Somerset Rough Sleeper fund to pilot the Homeless Patient Discharge Service (HPDS) for 12 months from April 2014.

The work will target prevention of homelessness/rough sleeping and ensure planned move-on following admission across the RUH, with specific emphasis on three identified wards - Haygarth, Waterhouse and Parry.

The emphasis is on holistic assessment, multi-agency working/co-ordination and positive client outcomes including reducing rough sleeping, reducing hospital re-admission, improved health and working within the No Second Night Out principles.

The HPDS aims to achieve the following outcomes:

- Decrease in rough sleeping as people are not discharged with No Fixed Abode, to a full hostel or B&NES Housing Options Team when there is not a case for Priority Need assessment or have no local connection.
- Decrease in the number of women who are admitted from attendance at A&E as other options are identified with both health and support needs met.
- Prioritising of women to remove the need to sleep rough and contribute to the NSNO B&NES target that "No woman needs to sleep rough on the streets of B&NES".
- Increase in the number of written Single Service Offers including reconnection.
- Reduced cost to critical services such as B&NES Housing Options with less presentation as housing options are given prior to discharge; and to the NHS through reduced bed days.
- Increased Health outcomes for individuals which will increase the exit time from a homeless lifestyle which includes rough sleeping.
- Early intervention enhancing planning processes which focus on appropriate discharge from the point of admission.

Integrated Reablement Expansion and Adult Social Care Pathway Redesign

The overarching aim of the expanded and extended integrated reablement service and the adult social care pathway redesign is to deliver an integrated service that will support and safeguard older and vulnerable people to remain independent through timely interventions that contain, stabilise, decrease and/or de-escalate emerging risks, care and support needs. This will involve a shift in focus and of resources to the 'front end' of the social care pathway to place greater emphasis on prevention and early intervention.

For those who appear to be in need of social care services, within the current eligibility framework, a short-term, intensive period of integrated reablement to reduce or delay the need for a long term package of care and support will be offered. This significant expansion of the reablement service, which has been commissioned by the Council and is being provided by Sirona Care & Health working together with Domiciliary Care Partners, went live from 1st July 2014.

For those with the most complex needs the new adult social care service model will focus on in depth assessment, support planning and regular review to avoid the need for hospital/residential admission or escalation of need

In facilitating these fundamental changes in the adult social care pathway, the key objectives are to:

- Enhance opportunities for co-producing solutions with potential service users and carers
- Be explicit about the intended outcomes of interventions, placing a stronger emphasis on the achievement of independence
- Prioritise the development of enabling approaches, in the broadest sense, as well as specific service interventions to support recovery
- Challenge the assumption that services will always continue at the same level for relatively long periods of time
- Promote a culture within adult social care that engenders independence and community inclusion
- Empower people to remain in control of their own lives by extending self-directed support and direct payments

Winterbourne View Update – Improving Lives Reviews

As an action from the Winterbourne View Concordat of Action, which is overseen by a national Joint Improvement Programme, the Improving Lives team was commissioned to undertake reviews of the ex-patients of Winterbourne View plus a number of other cases of concern. A total of 44 reviews were undertaken by the Improving Lives Team. These reviews were completed during the spring/summer of 2014, and included two people funded by Bath and North East Somerset.

The three primary themes of the review were to look at:

- 1) Are people safe now?
- 2) What do people think of their current support?
- 3) What are the plans for the future?

Members of the Improving Lives Team visited Bath and North East Somerset and met with the individuals concerned, their advocate and members of staff. A report was then compiled detailing their findings and conclusions.

It was reported in September 2014 that feedback from the two reviews completed for people supported by Bath and North East Somerset were excellent, with recognition of the very positive support that both people receive from their support staff, the life that each person is now building in their own community and the optimism for a successful future. To quote the Improving Lives lead – *“all professionals involved in the individuals care need to be praised for supporting this person to lead such an independent life”*.

Better Care Plan 2014/15 – 2018/19

Our vision for integrated care and support, as articulated in the Better Care Plan, which was agreed by Health and Wellbeing Board in September 2014, is to provide care and support to the people of Bath & North East Somerset (B&NES), in their homes and in their communities, with services that support people to take control of their lives and reach their potential and are characterised by:

- Empowered individuals, carers and communities who are supported, confident and able to:
 - take increasing responsibility for their own health and wellbeing;
 - manage their long term conditions;
 - be part of designing health and social care services that work for the people that use them.
- Enhanced and integrated primary, community and mental health services, support and expertise working 24/7 with clusters of populations in order to respond to health and wellbeing needs close to home and ensure that hospital admissions are driven by the need for specialist and emergency treatments
- Innovative and widely integrated and utilised pathways of care understood for each long term condition and including self-management, transition, urgent and contingency planning elements as routine
- A focus on the most vulnerable, at risk, frail or excluded citizens as a matter of priority regardless of age
- Local people of all ages who have worked with clinicians and practitioners to design, inform and then have access to information that enables them to be confident in the quality and safety of services and, where they are not confident, to voice and raise concerns easily
- Integrated information and care record systems that facilitate the delivery of integrated health and care services
- Services that represent excellent value for money, measure by quality and effectiveness of outcomes as experienced by the people who use them.

The BCF will support a number of components of our integrated system and safeguard key services including: -

- 7 Day working
- Protection of Social Care
- Increased capacity in Approved Mental Health Practitioner and DOLS
- Increased capacity in the Learning Disabilities Social Work Service
- Support for Integrated reablement
- Social care pathway redesign
- Expansion of Social prescribing
- Mental health reablement beds pilot
- Hospital discharge initiatives
- Intensive home from hospital support

- Step down accommodation
- Support for carers
- Disabled Facilities Grants

Bath and North East Somerset's Better Care Fund Plan 2015/16-2018/19 has been identified by the Better Care Fund Task Force, comprising Department of Communities & Local Government; Local Government Association; NHS England and the Department of Health as an example of best practice. The full plan can be viewed by following this link:

http://www.bathandnortheastsomersetccg.nhs.uk/sites/default/files/BCF%20BNES%20Submission%20Part%201%20Nov%202014_0.pdf

Wellbeing College Pilot

The Council and Clinical Commissioning Group (CCG) have agreed to jointly fund the development of a Wellbeing College for two years. It 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 emphasis of the Wellbeing College will be on early intervention, prevention and self-management of long term conditions across the wellbeing spectrum, involving both physical and mental health.

The funding will enable:

- The setting up of a small scale college as a pilot using existing and new 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;
- Independent evaluation by an organisation called *Talking Health* of the effectiveness of the courses and the approach, citizen experience and outcomes against agreed criteria;
- Develop the business case for future development;

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 will offer an educative, co-produced or peer-led supportive course led approach to early intervention and self-management. Subject to evaluation, evidence from mental health Recovery Colleges suggests that the following benefits are likely to be achieved: improved quality of life through improved support for people with long-term conditions; reduced rates of mental ill-health in the longer term; improved skills, education and employment; and increased resilience of people and communities, including reduced loneliness and social isolation.

The launch took place in January 2015 and the full range of courses can be seen on the website: www.wellbeingcollegebanes.co.uk.

Mental Health Respite Beds

B&NES Better Care Fund Plan identifies funding for the development of Respite Beds (with a community and therapeutic approach) as an additional resource offered through the Sirona Care & Health Mental Health Reablement Service, to help avoid admission to hospital and to prevent crises from occurring.

B&NES has one of only two adult of working age mental health reablement services in the country and the addition of three beds in a community setting would enhance their ability to intervene early without escalation into secondary services.

Learning from other respite facilities has informed the development of the local service. Important factors that these existing facilities share are: peer support, a homely welcoming feel and approach, availability of reparative therapies and communal activities and a recovery focus. The recruitment and training of volunteers and peers to work within this facility is being progressed.

Social Prescribing Service

Following a pilot in 3 GP practices in Keynsham, the Social Prescribing Service has been extended across the whole of B&NES with funding from the BCF. This service has the potential to affect both health services usage and outcomes as well as social inclusion and social care outcomes and so the funding has been made available through the joint commissioning arrangements.

Briefly, the aim of the service is to enable clinicians and health workers to redirect suitable patients away from the NHS and towards opportunities in their local community which can support their needs. People referred to the service may have mental health problems, long term conditions, or other practical issues which affect their mental and physical wellbeing, and they may lack support mechanisms in their lives (e.g. friends, family etc). Priority will be given to people who are identified by GPs as frequent attendees, although non-medical support will also be provided to other people where it is assessed that the involvement of the service may reduce future GP / health service attendance.

The new authority-wide service, provided by Developing Health & Independence (DHI) went live in January 2015.

Community Links Service

Two Sirona Care & Health provided mental health social care services, the Floating Support and Building Bridges Services, have merged to form a Community Links Service. The aim of the remodelled service is to help establish and develop community networks across B&NES, which are linked by participants' geography or shared interests. These will be peer led networks of support for people with mental health issues living independently in the community, and will incorporate strong elements of social prescribing, peer support and mentoring, with skilled, paid Sirona staff acting as a resource at the heart of the networks, and to help prevent people's mental health deteriorating if this is seen to occur.

To complement the networks, and as a means of preventing crises and maintaining people's mental wellbeing, the Service is currently looking at establishing 'pop-up hubs' in a range of community venues across B&NES. These will provide a drop in facility for people who need advice, information and practical help on issues which may affect their mental wellbeing, without them having to enter a 'service'.

The main focus over the next few months will be the further development of the peer mentoring approach and establishment of peer led community groups and networks.

And finally...

It has not been possible, in this, my final briefing as Cabinet Member for Wellbeing, to list all the developments of the past four years but I hope that this does give a flavour of some of the outstanding achievements. These achievements have been delivered by a diverse range of partners; all with a shared commitment to working ever closer together to meet the needs of our local community. I would like to extend my sincere thanks to all those partners.

CCG Briefing: Wellbeing Policy Development & Scrutiny Panel Meeting

Friday 13th March 2015

Primary care co-commissioning

The CCG has been authorised by NHS England to take on joint commissioning responsibility for primary care. This means that the CCG will form a joint commissioning committee with the NHS England Area Team to commission primary care in Bath and North East Somerset. This provides the following benefits:

- Increased CCG influence on funding allocations in primary care
- Enables the CCG to align primary care strategy to the CCG's wider remit
- More local influence on decision making and service redesign across pathways
- Enables the CCG to develop closer links between primary, community and social care

41% of CCGs across England have opted for a joint commissioning arrangement with NHS England whilst 30% have been approved for fully delegated commissioning. To enhance our capacity, the CCG has appointed James Childs-Evans to lead on primary care commissioning and we have updated our Standards of Business Conduct Policy to ensure that any conflicts of interests can be managed effectively.

Whilst the CCG has been given formal approval by NHS England these changes are dependent on support from all member practices before the end of March. An update on progress will be given at the meeting.

Norovirus and RUH pressures

A number of hospitals in the region have been facing increased pressures in recent weeks. The RUH has faced an increase in attendances at A&E whilst being hampered by an outbreak of norovirus which resulted in the closure of several wards and a reduction in the number of beds available. As a result, the hospital was operating at an internal black level of escalation and visiting restrictions were in place until Friday 6 March.

Hospitals use different levels of escalation in order to identify and manage capacity proactively and to create a clear plan of action and management relevant to the level of demand. The policy aims to maintain high standards of patient safety, patient experience and performance against key waiting time and quality standards of care.

The CCG chairs the BaNES System Resilience Group which includes partners across the local health and social care system including the RUH, the Council,

Sirona, the South West Ambulance Service, 111 and neighbouring CCGs. The group met on 26th March to review how the whole system was operating and to focus on managing the increased pressure on services as effectively as possible.

Plans for the forthcoming Easter Bank holiday weekend are being developed. These are likely to include a continuation of all Operational Resilience and Capacity schemes that operated through the winter months until the end of April 2015.

Consultation on Independent Sector Treatment Centres (ISTCs)

Please refer to Appendix 1

Update on ‘*your care, your way*’

Your care, your way is the CCG and the Council’s joint review of community health and social care services in Bath & North East Somerset. Community services are health and care services that are delivered in a person’s home or in a nearby local care setting and the CCG and the Council currently commission over 400 different community services from a range of different providers.

The CCG and the Council want to be bold, ambitious and imaginative and to involve local people and organisations in the development of our plans. We also want to build on our strong track record of partnership working between health and social care professionals to commission care that blurs the organisational boundaries between GPs and hospitals, between physical and mental health and between health and social care.

We have commenced a comprehensive programme of engagement with patients, service users, providers and partners to design a model for community services that places the service user at the centre of their care. The *your care, your way* launch event at the Bath Assembly Rooms was attended by over 200 people and generated a wealth of useful feedback and ideas. Workshops have also been run at the Area Form meetings in Keynsham, Somer Valley and Chew Valley which generated additional feedback about community services available in those areas.

We are engaging with GPs, pharmacists and other health professionals and working closely with Healthwatch to carry out proactive field work with the general public at the RUH and in local community settings. Over 15 meetings with stakeholder groups such as Bath Carers Centre, Age UK and Dorothy House Hospice have been arranged to ensure their views are also incorporated into the review.

This first phase of engagement will be complete at the end of April with a full report made to the Joint Commissioning Committee on 30th April.

Full details of the review including details of upcoming events and feedback collected so far can be found at www.yourcareyourway.org. We are also encouraging councillors to generate further discussion online using the Twitter hashtag #ycywbanes.

RUH completes acquisition of RNHRD

The acquisitions of the RNNRD by the Royal United Hospitals NHS Foundation Trust took place on 1st February 2015 with four staff from the RNHRD endoscopy service transferring across to join the RUH endoscopy team on the same day. All other RNHRD clinical services will continue to be provided from the RNHRD hospital site and patients will be seen and treated by the same team of staff.

The CCG welcomes the completion of the acquisition which signifies a sustainable future for world-class rehabilitation and rheumatology care in Bath and North East Somerset. Continuation of high quality services is at the heart of the three-year transition programme that will see a phased approach to integrating services. Careful planning, engagement and consultation will take place with patients and relevant partners over any future changes.

Books on Prescription launch

Dr Ian Orpen was delighted to attend the launch of the new Books on Prescription service in Bath and North East Somerset for people with dementia. Available free of charge at all local libraries, the service was launched at an event in Midsomer Norton Library on 18 February.

The 25 titles on the Books on Prescription list have been recommended by health experts as well as people with experience of dementia. The list includes a range of books offering information and advice about dementia and normal ageing, support with living well after diagnosis, practical advice for carers, personal accounts and suggestions for shared therapeutic activities.

Dementia Support Workers featured in Department of Health film

A team from the Department of Health was in Bath on 11th February to make a short video about the new Dementia Support Worker service provided by the Alzheimer's Society. The completed video will appear on the Department of Health website as an example of best practice for other CCGs across the UK to follow.

Being diagnosed with dementia can be a frightening and overwhelming experience. Alzheimer's Society's Dementia Support Workers help people take control of their lives and make sense of what is happening. From understanding benefits to how dementia progresses and the importance of getting your financial affairs in order, Dementia Support Workers are there to explain about the condition but also signpost people to the support services available.

CCG Digital Communications

The CCG has recently launched an official Twitter account (@nhsbanescg) and the CCG's Clinical Chair, Dr Ian Orpen has also launched his own personal twitter feed (@bathorps). It is hoped that facilitating two way conversations through Twitter will help the CCG to engage younger and working age populations in the design of their

health services whilst also providing a platform for the CCG to promote the work going on in Bath and North East Somerset to a wider national audience.

The CCG is also in the process of redesigning its website so that it can offer a better platform for engagement with the local population and provide helpful signposting to other sources of information about health services such as NHS Choices and Well Aware. The new website is expected to be launched in June alongside a new intranet for staff and a separate web resource for GPs that will help to promote greater collaboration and sharing of expertise.

Appendix 1

Consultation on Independent Sector Treatment Centres (ISTCs)

The current contract with the ISTCs across Avon, Gloucestershire and Wiltshire is an NHS England contract, between the Secretary of State and Care UK. It commenced in October 2009 with the intention being to stimulate the independent sector to increase elective surgery capacity within the area. There are three locations across the area from which the activity is being delivered - Emerson's Green, Devizes and Cirencester. The contract covers patients in the seven CCGs of Bristol, North Somerset, South Gloucestershire, Gloucestershire, BaNES, Wiltshire and Swindon. The contract is due to expire in October 2015 and cannot be extended. The current contract is based on a fixed level of activity with guaranteed levels of income for the provider.

The ISTCs have provided significant additional elective services capacity to the CCGs and this will continue to be required. Without this extra capacity, waiting times for elective services within the area would have been substantially higher and pressures on acute trusts even greater than they are currently.

BaNES CCG has joined four of the other CCGs in a commissioning exercise to ensure the continued provision of elective surgery from 1st November 2015. The five CCGs are committed to a joint procurement process that would make services available from 1st November 2015. Swindon CCG has decided not to re-commission with the other CCGs and Wiltshire CCG have decided to re-commission work through Devizes separately.

The ISTC contract will not be re-commissioned in its current form and this is not a reprocurement of the independent sector treatment centre contract. The procurement is focussing on the commissioning of the services currently provided through the ISTCs.

The five CCGs who currently wish to move forward are not planning to make significant changes to the range and levels of the existing service but wish to enhance the patient's choice of provider. To achieve this, the CCG's will not be carrying out a tendering process to select one provider but will run an accreditation process called 'Any Qualified Provider'. This will enable a range of suitably qualified providers from both NHS and non-NHS organisations to be able to provide services and extend patient choice. As far as patients and local people are concerned, from November 2015 the service will still:

- Provide the same range of planned surgical procedures with associated diagnostic and outpatient services;
- Provide similar extra capacity for planned surgical procedures for the local health economy;
- Help to ensure that local people are able to make choices about where and when they have certain clinical procedures;

- Provide high quality clinical care, excellent patient safety and satisfaction; and
- Provide services from a range of accessible locations.

There will however be some changes for the providers and the commissioners. The most significant of which is that the contract used will not offer any activity or payment guarantees to the providers and national tariff rates will be used. The patient will select from a range of organisations and locations to meet their personal requirements.

The CCG has a duty not to discriminate against or in favour of any particular sector and this duty is contained in legislation which governs how we conduct our procurement. For example, excluding private sector organisations, solely on the basis of their ownership, is contrary to The National Health Service (Procurement, Patient Choice and Competition) Regulations 2013.

The Accreditation process will commence in early Spring and be completed by early Summer to enable all accredited organisations sufficient time to mobilise, take bookings and be ready for a 1st November contract start.

With regards to Emersons Green, the contract between the Secretary of State and the current provider (Care UK) contains terms which mean that the provider does not have to make clear their intentions regarding their continuing operation of the facility until April 2015. This could mean that the facility is made available to another provider after 1st November 2015 but at this stage it is too early to state what will happen. However, the CCG is confident that this facility will continue to be available as an important part of the local healthcare landscape after 1st November 2015.

The five CCGs are putting in place arrangements to provide a range of different opportunities for patients and the public to become involved in the re-commissioning of those services. The PPI process has now commenced, and the CCGs have placed details on their websites as to how patients and the public can feed back their views on current and future services.

GPs will also be communicated with throughout this process, and it is hoped that they will provide some equally valuable information both on how the current service performs as well as helping to shape future contracts.

Bath & North East Somerset Council		
MEETING/ DECISION MAKER	Policy Development & Scrutiny Panel Committee	
MEETING/ DECISION DATE:	13.3.2015	
TITLE:	Healthwatch Bath and North East Somerset update	

1 THE ISSUE

- 1.1 Update report from Healthwatch Bath and North East Somerset

2 THE REPORT

Report to the Wellbeing Policy Development and Scrutiny Panel 13 March 2015

Healthwatch Bath and North East Somerset: Issues and Concerns Year 2 Quarter 3: October – December 2014

Healthwatch Bath and North East Somerset has heard 41 issues and concerns from health and social care service users, carers, family members, and service providers since October 2014.

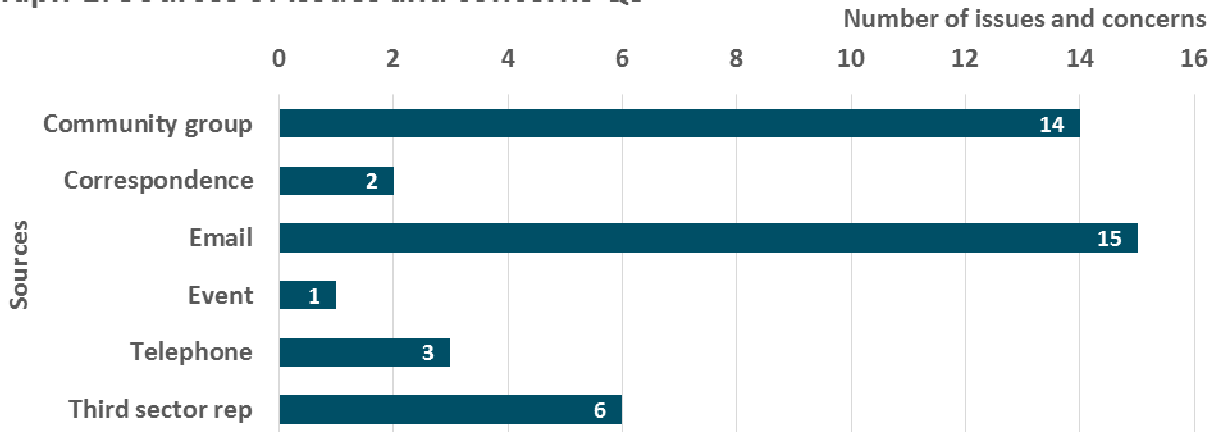
This report considers the types of comments and the services they relate to, and the themes emerging from the issues and concerns heard between October and December 2014 (Q3).

1. Sources of Comments

Healthwatch Bath and North East Somerset uses several channels through which it hears issues and concerns about health and social care services from the public (see Graph 1).

In Q3, the most commonly used method of capturing service users' feedback was responses to a survey, which was carried out as part of a special inquiry into hospital discharge.

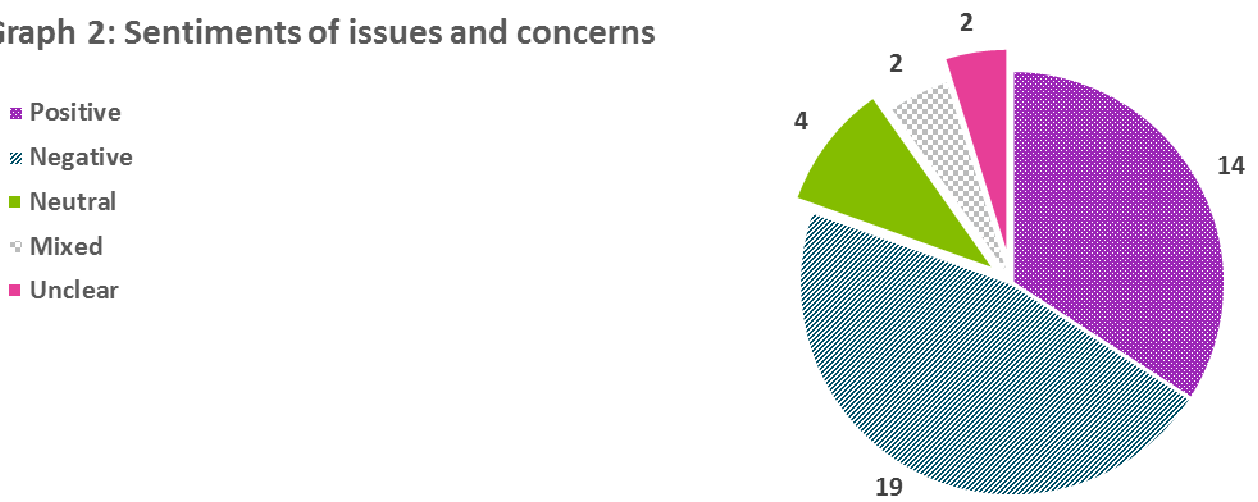
Graph 1: Sources of issues and concerns Q3



2. Sentiments of comments

The sentiments of the service feedback heard by Healthwatch Bath and North East Somerset are shown in Graph 2:

Graph 2: Sentiments of issues and concerns

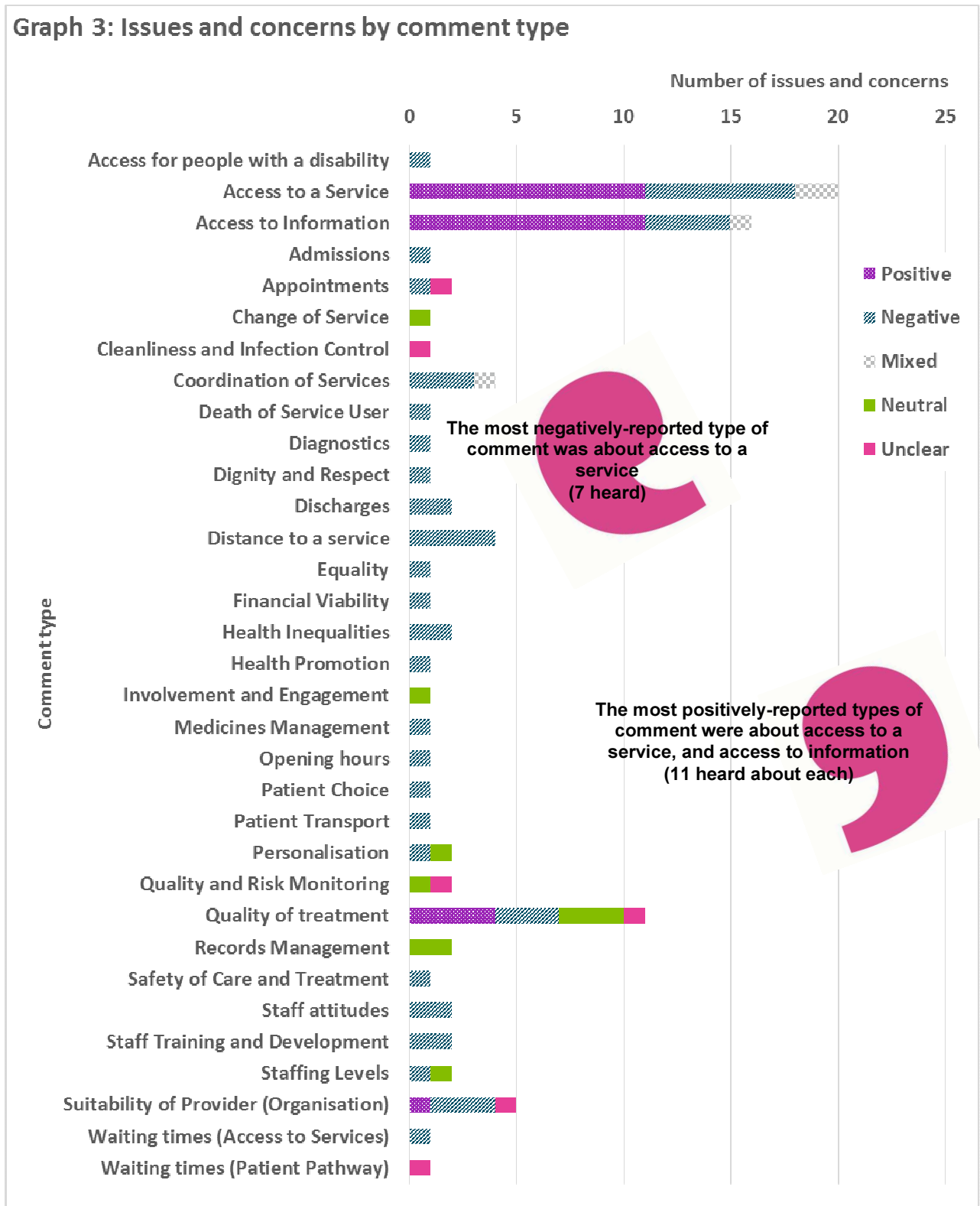


3. Comment types

Graph 3 shows the issues and concerns heard by Healthwatch Bath and North East Somerset, according to the type of comment. Some stories could be categorised by more than 1 type of comment.

The most often-heard types of issue and concern in Q3 related to access to a service (20 in total; 11 positive, 2 mixed and 7 negative).

Graph 3: Issues and concerns by comment type

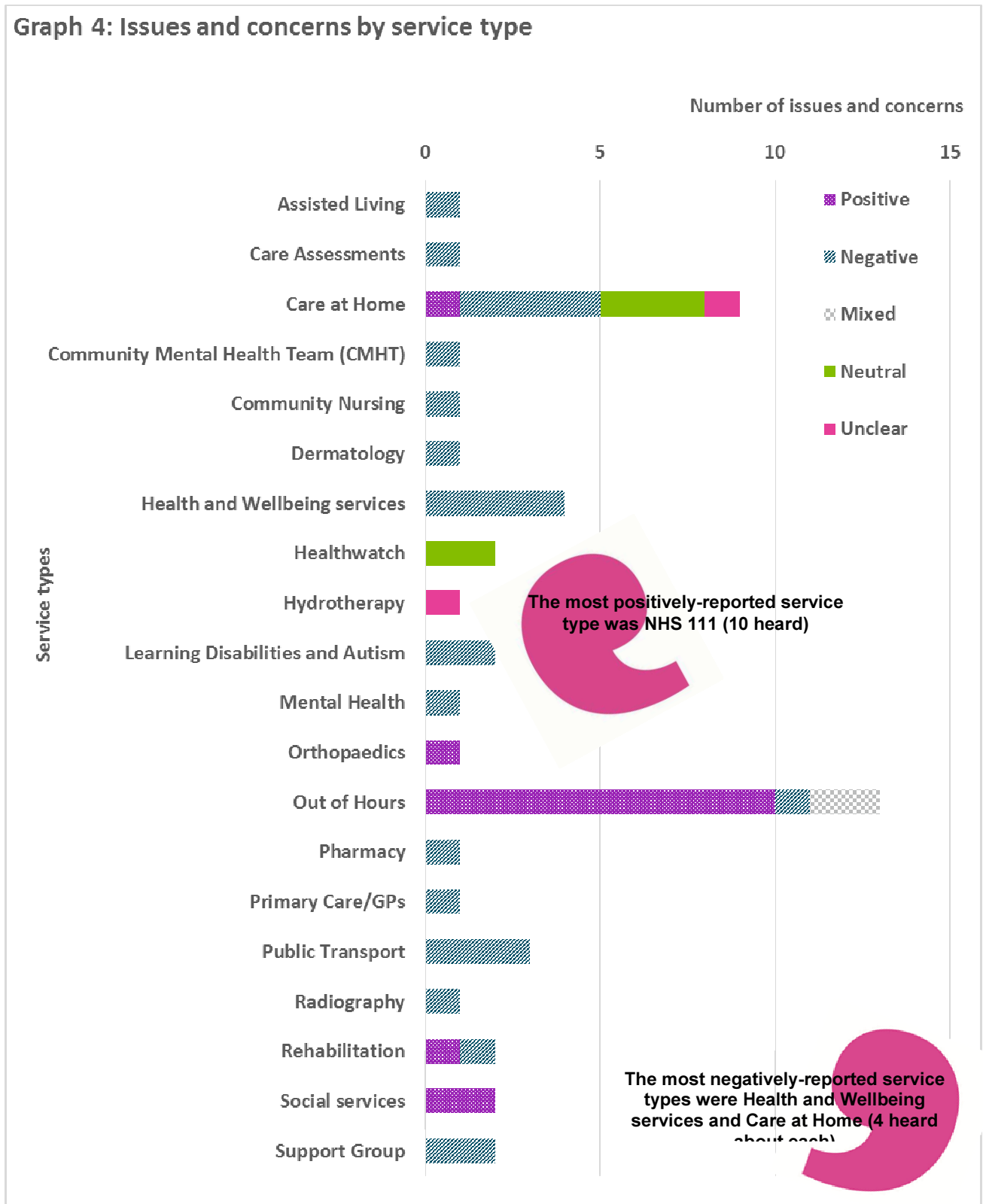


4. Service types

Graph 4 shows the issues and concerns heard by Healthwatch Bath and North East Somerset, according to the service they refer to. Some stories could be categorised by more than 1 type of service.

The most commonly referred-to service in Q3 was out of hours (the NHS 111 service) (20 in total; 10 positive, 2 mixed and 1 negative).

Graph 4: Issues and concerns by service type



5. Themes

From analysis of the issues and concerns heard in Q3 of Year 2 of Healthwatch Bath and North East Somerset, the following themes have been identified:

- **NHS 111 Service***

Healthwatch Bath and North East Somerset have heard from residents that the NHS 111 service is prompt and efficient, and is highly valued as an alternative to out of hours GP services which often aren't available.

- **Signposting to Voluntary and Community Sector (VCS) organisations from primary and secondary care***

Engagement with different community groups in BaNES has highlighted an overarching theme which encompasses signposting to the voluntary and community sector from different care settings. Concerns have been raised around the availability of VCS services within BaNES, and whether this meets the needs of different patient and service user groups being discharged into the community. Additionally a concern has been identified around the awareness of health and social care professionals of what services are available, and whether or not they are signposting to these.

This theme corroborates with one of the key findings from the Healthwatch Bath and North East Somerset report on hospital discharge in Quarter 2:

'Approximately 90% of respondents received little or no Voluntary and Community Sector (VCS) support post-discharge. Many felt that an effective referral into the VCS would have improved their experience.'

(Full report available on the Healthwatch Bath and North East Somerset website:

<http://tinyurl.com/lo7mdx3>).

(* these themes are likely to have emerged as a result of direct, targeted engagement with specific service user groups).

6. Next steps

Healthwatch Bath and North East Somerset will take this information to their partners, stakeholders, and to their Advisory Group, who will advise on any further work to be undertaken to investigate these themes further. Individual issues that have been 'acute' or ongoing at the time they were fed back to Healthwatch Bath and North East Somerset, have been considered by the Project Coordinator or Development Officer, and remedial action taken where necessary/possible/appropriate.

For 5 of the issues and concerns heard, we have been able to capture the specific 'next steps' taken by or advised to the commentator:

- **Table 1: Issues and concerns - next steps**

Next step	No. of cases
Shared with BaNES CCG Quality Group	13
Issue passed to Safeguarding Team	4
HW BaNES represented in re-commissioning process	2
Signposted to advocacy	1
Commentator signposted to/HW contacted PALS	1

Where issues and concerns heard in Quarter 3 specify a service, Healthwatch Bath and North East Somerset will contact the service provider and request a response on that issue or concern. Responses will be reported on in Quarter 4.

7. What we heard, who we told, what they did

Where issues in Quarter 2 specified a service, Healthwatch Bath and North East Somerset contacted the service provider and requested a response on that issue. Of the 45 issues and concerns reported in Q2, the relevant service was identifiable from 9 comments. We wrote to the service commissioner and the responses gathered are detailed in Table 2 (page 7).

8. What we heard in Quarter 3

The issues and concerns heard in Q3 are presented in Appendix 1. They have been sorted by service type, as feedback has stipulated that this would be the most useful format for commissioners and service providers to access and use meaningfully in service planning and improvements.

Table 2: What we heard, who we told, what they did

Issue/Concern	Organisation - Provider	Response
Commentator received feedback from the group: the Community Care Assessment form is completely inappropriate for autism.	Bath and North East Somerset Council	No response to date.
Commentator received feedback from the group: autism social workers need to work closer with the clients and not just signpost to other services.	Bath and North East Somerset Council	No response to date.
Commentator received feedback from the group: Housing – must be consideration that some need their own space and can't share even if under 35.	Bath and North East Somerset Council	No response to date.
Commentator received feedback from the group: Need understanding that some with ASC just need sheltered accommodation which is very quiet, clean and safe.	Bath and North East Somerset Council	No response to date.
Commentator received feedback from the group: Housing forms are discriminatory and don't have a box in which to prompt disclosure of autism.	Bath and North East Somerset Council	No response to date.
<p>Commentator was readmitted after potentially unsafe discharge following C-section with a painful haematoma. The care was fine in RUH but she had huge problems getting the right care afterwards. It was not clear who had responsibility for wound management.</p> <p>Commentator had 13 weeks of trouble before the wound closed. The midwives could not continue their care; district nurse came out but had wrong dressings.</p>	Sirona	<p>The care of the individual when they leave hospital should be managed by the GP, in liaison with the RUH. District nurses will visit a person who is housebound to support their wound care whilst they are not able to visit the practice. They will endeavour to provide the right dressing where this is clearly identified; however, where this is not the case, they may not always have all types of dressings particularly where this is an unusual presentation. Once someone is able to travel, the care will transfer to the practice nurse as the responsibility for the care of the individual will be through the practice.</p>

<p>Commentator described concerns about admissions to RUH Bath, particularly people with dementia. Concerns around safety, falls prevention and staff awareness/ understanding of the condition, particularly if admitted via A&E. Discharge liaison nurses are excellent.</p> <p>Page 32</p>	<p>Royal United Hospital, Bath</p>	<p>A considerable amount of work is in place to improve the experience of RUH patients with dementia, which is being led by Dr Chris Dyer, Consultant Geriatrician. A Healthwatch report following a recent Enter and View visit to Combe Ward to review the experience of patients with dementia was very positive.</p> <p>Preventing patients from falling while they are in hospital has been a Quality Accounts priority for the Trust in 2014/15. The Falls Steering Group oversees a work plan to make sure that staff in all areas of the hospital are actively involved with preventing falls and making safety improvements across the hospital, with a particular focus on including patients who are at risk of falling and making sure that people with dementia are kept safe.</p> <p>Numbers of falls are reported by ward in the Trust Board public papers for the public to see on board papers on the RUH hospital website.</p>
<p>Commentator was readmitted after potentially unsafe discharge following C-section with a painful haematoma. The care was fine in RUH but she had huge problems getting the right care afterwards. It was not clear who had responsibility for wound management. Commentator had 13 weeks of trouble before the wound closed. The midwives could not continue their care; district nurse came out but had wrong dressings.</p>	<p>Royal United Hospital, Bath</p>	<p>This feedback is positive about the RUH episode of care and has been shared with the relevant staff. We understand that the problems that were experienced in the community, following discharge from the RUH, have been raised with Sirona.</p>
<p>Commentator went to day assessment unit for help with wound following C-section, and was given a prescription for dressings to be dispensed by RUH pharmacy. That pharmacy then told them that RUH had not dispensed dressings for several years. Commentator then had to</p>	<p>Royal United Hospital, Bath</p>	<p>This feedback seems to relate to the maternity service while it was managed by the previous Trust before the RUH took over management on 1 June 2014. Now that the RUH manages all the relevant services for Maternity, the pathway for mothers has been streamlined and this situation would</p>

<p>get a GP to convert the prescription to a GP one, so that a normal pharmacy could dispense it. Even then, the dressings were far too small for the size of the wound! In some pain, and with her new born in tow, commentator ended up with practice nurse who finally sorted them out, dealt with the 4 infections, prescribed antibiotics, and managed to set out a programme for wound cleansing and redressing twice weekly, she also gave correct sterile dressings. This was a stressful experience and the commentator is sure this delayed their recovery.</p>		<p>not occur. This is because the RUH clinical experts for the clinical treatment that is required in the situation described in the feedback, are able to become involved and the treatment and support provided would now be better than this patient's experience.</p>
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Appendix 1

Assisted Living

- Commentator raised concerns about the standard of care being provided at a supported living facility for adults with learning disabilities in Bath. Frequent turnover of management and support staff.

Care Assessments

- Commentator raised concerns about the standard of care that had been provided to a relative at a sheltered accommodation setting for adults with physical/ learning disabilities in Bath. The commentator feels that the relative's care plan was not implemented and they were allowed to become isolated and withdrawn. The commentator feels this, and a lack of support from social services and the GP, led to a deterioration in their relative's physical and mental health.

Care at Home

- Commentator tells of their friend who was means-tested for access to equipment at home. They were deemed not eligible and asked to purchase an expensive bed for rehabilitation. The bed now occupies the living room, and as it is not borrowed they can't return it. Commentator feels that the OT/Social care staff should have ensured that the service user had a good understanding of the implications of this action prior to them spending the money.
- Commentator tells of their friend who was assessed for a hoist to help them get in and out of the bath. On exiting the friend's home, the social worker saw children's toys, belonging to the person's grandchildren. The social worker then informed the person they could not have the hoist in case the children were injured by the mechanism, e.g. by catching their fingers in it.
- Commentator expressed the need for home carers to communicate effectively, especially as they often don't visit the same people every day. It is important that care plans are used to record any concerns, day to day condition and issues. This is not always done. Also useful for relatives and family to know what is happening if this is kept up to date.
- Commentator raised the fact that it is important that home carers talk through what they have written in the care plan before they ask the service user to sign it. Service users also need to know that they are allowed to read their care plan.
- Commentator discussed an issue she had encountered with her home care provider. She felt that she had experienced some prejudice in her care with her cultural and religious beliefs/lifestyle not being taken into consideration with the care she received. It is important to try and provide a bespoke, tailored service for clients, especially where care is being provided in their home.
- Commentator discussed an issue she had encountered with her home care provider. She was eligible to receive 2 days' worth of funded care per week from Care South. For 1.5 years the provider came in and helped with jobs around the home, then one day they said they were no longer able to help with this and would

only provide support with personal care. The resident asked to go in a care home as she was unhappy with the support she was getting, but was told she wasn't eligible due to her mobility. The provider agreed to continue providing support at home as before, but after a couple of weeks it returned to personal care only. The resident met with the Council, CCG and the care provider and it resulted in the care provider being told they were to continue providing the service as agreed. This resolution took a lot of determination and persistence - commentator is concerned that other BME residents may not have the language skills, ability, support and knowledge to fight for the support they require.

- Concerns were raised by the group about who monitors the quality of care received in people's homes - how is this measured?
- Group asked what Healthwatch is doing to ensure high quality is maintained in community services delivered in peoples own homes.

Community Nursing

- Anecdotal evidence was provided around patient discharge. It was felt that community support for discharged patients following serious operations has dramatically reduced over the last 2-3 years to a level which is worryingly low.

Dermatology

- Commentator reported the experience of a relative at RUH Bath's Dermatology department. Apparently the department is currently only accepting referrals for patients with suspected cancer, not for other conditions.

Health and Wellbeing services

- Commentator expresses her frustration at B&NES Council's free electric blanket testing sessions being confined to times during the week when most people are at work. She has called B&NES Council in previous years to discuss this, but there seems to be no change or improvement. She feels it would be very helpful if provision could be made to include everyone in what is a very valuable service, for example an early evening session.
- Commentator explained that she is waiting for gym/exercise classes from Sirona. Commentator doesn't have personal transport, she was told that if she wants a date/ time where a relative can take her she will have to wait until December 2015.
- New osteo-arthritis class set-up during October in Paulton. Commentator cannot attend due to transport.
- Concerns were raised about the independence agenda for older adults. It was felt that keeping people at home for longer is good when there are adequate services available in the local area to support their wellbeing. If this is not the case, you run the risk of having lots of isolated lonely older people trapped in their homes. Do health and social care professionals know what is available in the area, and do they signpost people to it?

- Group stressed the importance of Healthwatch being involved with the re-commissioning of community care services in B&NES prior to 2016.

Hydrotherapy

- Commentator raised concerns about hydrotherapy services being transferred from the Royal Min to RUH Bath, given that there have been serious problems with RUH's hydrotherapy provision, including long waiting lists and closures due to outbreaks of infection.

Learning Disabilities and Autism

- Commentator raised concerns about the level of community support being provided to clients by a service provider in Bath. Clients are not receiving the allocated support as per their support plans, and the hours that are being funded.

Mental Health

- Group discussed their concerns around inpatient care being very difficult to access. Also acknowledged that support in the community for those with mental health needs and their carers is not adequate to the level of need.

Orthopaedics

- Commentator had a hip operation at RUH Bath in October 2014 - received an excellent service.

Out of Hours

- Commentator reported the following experience: I recently used the 111 service for my 6 year old son, as he had an ear infection. We have no out of hours surgery that we can go to and the walk in centre at the local hospital closes at 8pm. My son woke in extreme pain in his ear. On calling 111 the response from the handlers was great, all of my information was taken quickly and I was given a timescale as to when I would get a call back. The team called me back promptly, my only issue is having a 6 year old son with an ear infection I was told to put a warm flannel on his ear which should take the pressure off his ear and to then go to the doctors the following morning, as there was no doctor that could come out to me at home.
- Commentator said: Great service. I used earlier in year for advice following spill of hot coffee - which was hard to know how serious it was. Reassured that needed to go to A&E who in turn referred to local burns unit. Helpful as I wouldn't have wanted to take up valuable services unnecessarily. Everyone kind and very helpful.
- Commentator said: I used the 111 service one Sunday morning about 7 am. The call was answered quickly and efficiently, I had an appointment with the GP service at the Royal United Hospital at 8am, was seen, diagnosed and prescribed before 9am. Took longer to get the prescription but I had started treatment for shingles before midday.
- Commentator told his recent experience: It was a Sunday and I was trying to find an emergency dentist, so I called 111, only to be told that 111 doesn't cover this

area. I found the number and called the local 'walk-in' emergency dentist, but got a recorded message telling me they were now closed (for good) and to call 111 to get the nearest dentist. I finally spoke to someone at 111 and they gave me a different number – for the same dentist. So, I phoned 111 again, but it was no use - I was stuck in an endless loop of agony and had to wait for the next day. I haven't used it again.

- "Commentator explained her recent experiences: I had to use the 111 service on two occasions recently for my husband. On one occasion following all the questions we were directed to RUH A&E and all the details of the conversation were there when we arrived, so helped the triage process at the hospital work quickly. On the second occasion a paramedic was sent to our house. He arrived within the time we had been told and was able to deal with the critical situation quickly and successfully. We have had a very positive experience.
- The commentator told her recent experience: 'my daughter has recently had a baby and has had to use the service on 2 occasions. Firstly when she had stomach pains 6 weeks after having a C-section. The operator was excellent arranging for her to see a doctor on a Sunday afternoon. She got straight through. She also had concerns about her excessively crying baby in the middle of the night and the operator again was able to give advice and guidance. This was excellent and helped to pacify a new mum. Normally a trip to A&E would have been needed, my daughter doesn't drive so this would have been an ambulance.

As a family we feel this service has been so valuable to us.

- Commentator called NHS 111 last week for advice regarding her son. The call was around 7am. She received prompt service and sound advice with the suggestion that she attend the out of hours service at the RUH within the hour if he did not improve. Fortunately, he did improve and they did not need to go to the RUH. The commentator was very happy with the call as so often it is reassurance and advice that is needed when anxious.
- The commentator used the NHS 111 service about 1- 2 years ago. She was very relieved to have a more positive experience last week.
- Commentator told their recent experience: I needed to see an out of hours doctor as being a Saturday my local GP centre was closed. I was able to speak to a call handler very quickly who explained he would need to refer to a colleague and telephone me back within the hour. In fact he called back within 10 minutes and had booked an appointment at my nearest local hospital to see the GP within an hour of my call. All in all I received excellent service in this instance.
- Commentator explained that both his daughter and granddaughter used the service, they found they were very quick and helpful.
- Commentator explains that her organisation used to have a lot of problems getting through and were kept on the phone for ages, but since they have been given another number, which is specifically for health care professionals and care homes, they have had no problems and found the service to be very good.

- Commentator has used 111 and found the response very good. They had a call back within 1 hour after explaining their problem, and was able to get medical treatment.
- Commentator has used this service recently for her daughter. She can only give praise to the call operators, who were most efficient. The service was fairly quick and we were seen at our local hospital (RUH Bath) after being given an appointment time, all this happened within a few hours.
- Commentator has used the 111 service quite a few times for her one year old. She has found it to be an excellent resource. They answered very quickly, were helpful and most importantly reassuring.

Pharmacy

- 1 month ago, commentator's nephew had an operation at Bristol Children's Hospital for a gastro illness. After the operation, commentator's nephew remained ill and was prescribed medication by a doctor at Bristol Children's Hospital. The prescription, however, never arrived at the RUH or with the boy's GP in B&NES. After 1 month of chasing the different services involved, the family have still not been able to get the prescription and as such the boy is without the medication he needs. Commentator has contacted Bristol Children's Hospital and has had some response from them, but they have not resolved the issue.

Public Transport

- Commentator expressed their frustration at the venue for Sirona Care & Health's AGM and public engagement session in September (Bath Racecourse) and the inaccessibility of the venue. Access via public transport is limited and there is no pavement from the nearest bus stop to the long drive leading to the racecourse. Sirona claim to have offered free transport to people wishing to attend but the commentator feels this was not publicised. He feels that by organising public engagement events at venues like this, during working hours, Sirona are excluding a lot of people from being able to attend - including some hard-to-reach groups who don't have the benefit of their own car or the financial means to use a taxi to get there.

Radiography

- Commentator explained that she is waiting for a hip operation. She has had the x-ray but the results were not received by her GP from Paulton Hospital.

Rehabilitation

- Commentator expressed a positive experience of the reablement service provided by Sirona Care & Health, following a 1 month stay in RUH Bath after a fall.

Social services

- Commentator reported that she now has to travel to Keynsham in order to have a physical assessment for her Blue Badge. The commentator queried the feasibility of people having to access Keynsham for tests.

Support Groups

- Butterflies (a support group for families with children with autism) is excellent.
- Attending Bath Ethnic Minority Senior Citizens Association (BEMSCA) is like therapy - it keeps you sane!

For copies in another format, or to find out more, please contact us using the details below.

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Background papers	<p><i>List here any background papers not included with this report because they are already in the public domain, and where/how they are available for inspection.</i></p>
<p>Please contact the report author if you need to access this report in an alternative format</p>	