

HEALTH AND WELLBEING SELECT COMMITTEE

Minutes of the Meeting held

Wednesday, 30th September, 2015, 10.00 am

Bath and North East Somerset Councillors: Francine Haeberling (Chair), Bryan Organ, Paul May, Eleanor Jackson, Tim Ball and Lin Patterson

Officers : Jane Shayler (Deputy Director of Adult Care, Health and Housing Strategy and Commissioning), Bruce Laurence (Director of Public Health), Dr Ian Orpen (Clinical Chair, B&NES CCG), Jo Lewitt (Public Health Development and Commissioning Manager), Sue Blackman (Your Care, Your Way Programme Manager), Denice Burton (Assistant Director of Health Improvement), Alex Francis (Healthwatch B&NES Project Coordinator) and Mike MacCallam (Senior Commissioning Manager)

Cabinet Members in attendance: Councillor Vic Pritchard, Cabinet Member for Adult Social Care and Health

18 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

19 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the emergency evacuation procedure.

20 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillor Geoff Ward had sent his apologies to the Panel.

21 DECLARATIONS OF INTEREST

Councillor Paul May declared an other interest as he is Sirona board member.

22 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

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

There were none.

24 MINUTES - 29TH JULY 2015

The Democratic Services Officer reminded the Select Committee that at the last meeting they were asked to make nominations to the South Western Ambulance Service (North Area) Joint Health Overview and Scrutiny Committee and that at the meeting Councillor Geoff Ward was nominated to take up one of the three nominations available.

Following the meeting the Democratic Services Officer said that he had received communication from Councillor Tim Ball that he would like to take up one of the nominations and therefore the Democratic Services Officer asked that this be confirmed by the Select Committee.

The Panel duly agreed to his nomination.

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

25 CLINICAL COMMISSIONING GROUP UPDATE

Dr Ian Orpen gave the Select Committee an update on behalf of the Clinical Commissioning Group (CCG), a summary is set out below.

He informed them that Bath and North East Somerset ranks top for preventing people from dying prematurely. He said that the latest data released on 23rd September that measures the number of years of life lost (per 100,000 registered patients) from conditions that are usually treatable shows we are the best performing CCG in England.

Councillor Eleanor Jackson said that she was concerned about an inequality within some areas of the Council.

Dr Ian Orpen replied that it would be a challenge to maintain these current figures and that they would seek to tackle inequality.

Councillor Lin Patterson asked how B&NES currently performs on winter deaths.

Dr Bruce Laurence replied that he felt that we perform well on this matter these days.

The Director of Adult Care and Health Commissioning added that a great deal of energy efficiency work had been carried out on older properties and the homes of elderly people.

Councillor Tim Ball asked if within a future report that some of those inequality factors could be addressed and thought given to as to how those concerned can seek to elongate their lives.

Dr Ian Orpen said that 85% of health outcomes are down to the individual, their lifestyle and employment, but acknowledged the role that they have to play.

He explained to the Select Committee that there is ongoing poor performance in terms of delivering against the national target for A&E waiting times. He said that the

position for August 2015 was 86% compared to the national target of 95% of patients in A&E to be seen within four hours. He added that not many areas reach the 95% target.

Councillor Tim Ball asked if the four hour period was broken down into categories at all as he had always felt that any children or those with serious injuries had been seen swiftly.

Dr Ian Orpen replied that he felt that the figures relating to patients arriving at A&E were quite stable, but that the complexity of conditions had increased. He added that on average patients were staying around half a day to a day longer in hospital. He stated that there was never a handover delay between ambulances arriving at the RUH.

Councillor Paul May asked if there was an issue with patients being discharged from A&E.

Dr Ian Orpen replied that the RUH had low numbers in terms of delayed transfer of care.

He informed the Select Committee that the CCG supported the roll out of the new Meningitis B vaccine to protect babies from the disease. He stated that GPs now offer the vaccine alongside other routine infant vaccines at two months, four months and 12 months of age. He added that in August the CCG also promoted availability of the new Meningitis W vaccine for teenagers.

He said that two CCG employees had been selected as finalists in the 'Excellence in Healthcare Analytics' category of the E-Health Insider Awards for their work on collating and analysing local data for patients with Type 2 diabetes. The winner will be announced on 1 October 2015.

He added that the CCG had also been shortlisted for a Health Service Journal (HSJ) Healthcare Award in the 'Commissioning for Carers' category in recognition of its collaborative working alongside the Council and Bath Carers' Centre. The winner will be announced on 18 November.

The Chair thanked Dr Orpen for his update on behalf of the Select Committee.

26 CABINET MEMBER UPDATE

The Cabinet Member for Adult Social Care & Health, Councillor Vic Pritchard addressed the Select Committee.

He wished to add his congratulations to Curo for the work they did with regard to the case of Legionnaires' disease.

He said that he would try to make progress on the publication of the AWP - Joint Health Scrutiny Working Group report.

He said that he wished to expand on his response at the previous meeting on how the Health & Wellbeing Board differed from the Health & Wellbeing Select

Committee. He said that the Select Committee would scrutinise the role of the NHS and that they have the power to refer matters direct to the Secretary of State.

Councillor Tim Ball asked if the cuts to Public Health budgets are deeper than expected how this impact would be mitigated.

Councillor Pritchard replied that measures are in hand for the expected level of cuts and that he would be addressing the LGA on the matter of removing ring fenced funding to attempt to protect it.

Councillor Eleanor Jackson agreed that it was important to protect the ring fenced funding and welcomed his attempts to progress the AWP report.

The Director of Adult Care and Health Commissioning assured the Select Committee that the specific actions identified by the CQC, including those relating to potential ligature points were addressed as a matter of urgency.

Councillor Paul May commented that he hoped the Council would look to minimise cuts to frontline services within the Health & Social Care budget.

The Chair thanked Councillor Pritchard for his update on behalf of the Select Committee.

27 PUBLIC HEALTH UPDATE

Dr Bruce Laurence addressed the Select Committee, a summary is set out below.

Improving fitness and health in older people

He explained that Retirement in ACTion (REACT) is funded by the National Institute for Health Research. REACT is a UK study based on a successful US programme called LIFE. It is designed to support older adults to become more active. It is being run by the University of Bath in conjunction with others and Bath will be one of the pilot sites.

He said that a 12 month programme would be delivered in leisure centres and health clubs. Participants will be offered group sessions (15-20 per group) targeting cardiovascular, strength, co-ordination and flexibility. It includes a focus on socialising opportunities and enjoyment and promotes local activities to sustain long term impact.

He added that a pilot REACT study would start in Spring 2016 to test the recruitment and measurement strategies. 180 people (60 in Bristol/Bath) will take part across the three centres. The main trial would begin in Autumn 2016.

Sexual Health Needs Assessment

He shared some of the findings with the Select Committee.

B&NES is a low prevalence area for gonorrhoea with 27 infections per 100,000 population in B&NES in 2013, compared to 55 per 100,000 in England), genital herpes (38 per 100,000 in 2013, compared to 60 per 100,000 in England) and genital

warts (123 per 100,000 compared to 137 per 100,000 in England); In 2013, B&NES had a very low incidence of syphilis (5 per 100,000 compared to 6 per 100,000 in England)

Chlamydia detection rates in B&NES are below the recommended rate of 2,300 chlamydia diagnoses per 100,000 15 to 24 year olds

B&NES has a low level of under 18 conceptions, and low level of teenage conceptions when compared to statistical neighbours (18 per 1,000 females aged 15-17 in B&NES in 2013, 21.7 per 1,000 females in statistical neighbours and 28 per 1,000 females in England)

B&NES has a lower rate of abortions than both the regional and national comparators (12.7 per 1,000 women aged 15-44 in 2013, compared to 14 per 1,000 women aged 15-44 in the South of England, and 16.1 per 1,000 women aged 15-44 in England)

He said that five key themes for improvement, with associated actions had been identified as detailed below:

1. Strengthening intelligence and research: including investigating in greater depth the sexual health needs of and service provision for vulnerable and at risk cohorts; and improving the content of sexual health data;
2. Strengthening sexual health service provision: including examining ways to increase the numbers of young people attending GUM and CaSH services; increasing the level of chlamydia testing amongst under 25s; increasing the level of LARC provision amongst women; and improving understanding of the strengths and areas for development in school-based relationships and sex education provision
3. Strengthening prevention and promotion: including developing the SAFE branding scheme; improving website access to information about services; and ensuring all sexual health media and communications campaigns are clearly targeted and evaluated
4. Working with recent technologies: including reviewing and developing the use of new technologies amongst sexual health service providers
5. Strengthening training and development: including developing the Sexual Health Training Programme and holding regular networking events for all of those involved in sexual health across B&NES

Alcohol and drug treatment progress

He informed them that PHE have commended B&NES for their rate of successful completions for 'alcohol only' clients, for its hospital alcohol liaison service and also for work on blood-borne virus testing and immunisation.

Flu campaign beginning

He explained that this has become a complex campaign, now including 8 groups. Over 65s, pregnant women, various young children's groups, carers, health and

social care workers, those living in residential homes, clinical at risk groups (ie people with heart, lung and other diseases that make them particularly vulnerable to flu at any age)..

Adults will now be able to get vaccinated through pharmacies as well as GPs. Good example of combined efforts of NHSE, PHE providers and the Council.

He said there was a focus on flu because of the impact on individuals, health and social care system and the economy.

Public Health Budgets

He stated there was still no final confirmation of in year cuts and that they were awaiting the comprehensive spending review as guide to the longer term budget. He added that there was much speculation on whether the public health grant will lose its ring-fence or not, and if it does what will happen in terms of mandation of services.

Councillor Paul May asked how people would be recruited for the REACT study.

Dr Bruce Laurence replied that this would be done via a number of routes and that they were working with partners as part of the recruitment process.

Councillor Paul May said that he was pleased to see the low figures regarding the Sexual Health Needs Assessment. He asked if any specific work had been carried out with the universities.

Dr Bruce Laurence replied that they do have a good dialogue with them and Bath City College and that comprehensive services were available at all sites.

Councillor Tim Ball asked if a future update could expand on how we deal with the trauma of incidents involving alcohol and drugs.

Councillor Eleanor Jackson commented that whilst there had been a national trend that showed a reduction in alcohol consumption in young people there was an increase in the use of Ketamine and other legal highs. She added that there was also an increase in the number of patients aged 55+ reporting to the RUH with alcohol related incidents.

She said that all concerned should be commended for the low teenage pregnancy figures and called for services in this area to not be cut.

Dr Bruce Laurence replied that in terms of legal highs he felt that we still only know a small amount about these drugs. He added that the services related to teenage pregnancy had been well invested in and that he looked to maintain those services.

The Director of Adult Care & Health Commissioning added that the trends relating to legal highs can change quickly. She suggested that the Select Committee receive an update at a future meeting from the Senior Commissioning Manager, Mental Health and Substance Misuse.

The Chair commented that loneliness in older people was also a problem that needed to be considered.

Dr Bruce Laurence replied that this was one of the priorities of the Health & Wellbeing Strategy.

The Chair asked how Shingles was monitored currently.

Dr Bruce Laurence replied that there was a phased project in place that offered vaccination to those aged either 70 or 79.

Councillor Eleanor Jackson commented that she was aware of a number of recent cases of Scarlet Fever.

Dr Bruce Laurence replied that there had been a slight increase over the last few years, but in all cases it had been treatable.

He then addressed the Select Committee regarding a recent case of Legionnaires' disease in Radstock.

He explained that B&NES has a number of procedures in place to investigate a case of Legionnaires' disease:

- Public Health England Health Protection Unit have a 24/7 Acute Response Centre including out of hours provision.
- B&NES Council also have a 24/7 contact system including an out of hours contact centre, on-call Emergency Planning Officer and Public Protection & Public Health out of hours contact help list.
- Procedures to investigate a single case or an outbreak of Legionnaires' disease are included in the Communicable Disease Incident & Outbreak Response Framework - an Avon & Somerset Local Health Resilience Partnership document and the B&NES Health Protection Incident Response Plan (draft) which has consolidated a number of documents/procedures.
- There are a number of other related guidance documents including the Health & Safety Executives guidance on managing legionella in hot and cold water systems.

He stated that the case in Radstock had been identified towards the end of August 2015 and explained the timeline of events to the Select Committee.

He praised Curo's approach to the incident with regard to testing a large number of properties nearby.

Councillor Eleanor Jackson wished to also commend Curo for their actions as this incident involved 46 flats being investigated. She asked if there had been a delay between the patient being admitted to hospital and the property being cleaned.

Dr Bruce Laurence replied that the Environmental Health Officer went to the property immediately upon receiving notification and had decided after investigating that there was no further risk to other residents.

The Chair thanked him for his update on behalf of the Select Committee.

28 HEALTHWATCH UPDATE

Alex Francis, Healthwatch B&NES Project Coordinator addressed the Select Committee, a summary is set out below.

Preventing ill health by helping people to stay healthy

She said that work was progressing with Julian House to understand the experiences of local homeless people and how we can help them to improve their health. She explained that a survey has been drafted by Healthwatch and is now being agreed with Julian House staff. The survey includes questions about a range of health and social care services in addition to the commissioned in-house medical service provided at Manvers Street Hostel and Julian House's own services, namely the hostel and homeless discharge work at the Royal United Hospital Bath. She said that they hope to run the survey during the autumn.

Improving the quality of people's lives

She informed them that Healthwatch regularly receives feedback regarding primary care and that this feedback varies greatly, but often includes:

- Concerns about waiting times for appointments;
- The need for more information and signposting to voluntary and community-based services to help people manage their health independently; and more recently,
- Concerns about new housing developments and the provision of primary care services in areas where there is already a perceived strain on resources, for example, Foxhill and the Mulberry Park development

She said that Healthwatch also hears positive comments regarding primary care services, for example:

- The group said that Newbridge Surgery has a really easy telephone appointment system for practice nurses and GPs. The GPs aren't always able to call back on the same day but you get allocated a day and time slot.
- Commentator said that St. Chads is a great surgery. They provide staggered GP surgery start times to cover 7am - 8pm. The surgery also has a Friends group that raises funds for the surgery.

She explained since April 2015, people have been able to rate and review health and social care services via the online Healthwatch B&NES feedback centre. She added that Healthwatch is seeing a steady increase in use of this feedback centre by members of the public, patients and their families/ carers and that a new feature has now been added to the website which enables providers to respond to feedback about their services.

She said that Healthwatch has also heard feedback from members of the public regarding the relocation of services from the RNHRD to the RUH. All feedback regarding the relocation of services to the RUH will be shared with the Trust and NHS BaNES Clinical Commissioning Group Quality Group.

Tackling health inequality by creating fairer life chances

She stated that Healthwatch is working with B&NES Council, St Mungos Broadway and the B&NES Health and Wellbeing Network amongst others, to develop a Mental Wellbeing Charter. The charter is linked to 'Think Local, Act Personal', a national initiative which helps organisations to make personalised services truly person-centred.

She said that the Mental Wellbeing Charter has been drafted and will be discussed with service users, carers and their families through a series of community-based focus groups to ensure that it truly reflects their expectations and aspirations. She added that these will take place during October and November and that discussion had already begun with mental health and wellbeing service providers, both statutory and voluntary/ community sector, to build on the Charter and help implement it across their work.

Councillor Tim Ball asked if as part of her work she was able to visit localities to gather information from the seldom heard.

Alex Francis replied that she does visit a number of groups as part of her role and was happy to do so by request.

Councillor Lin Patterson asked if they had done any work within the travelling community within B&NES.

Alex Francis replied that staff had received culture and awareness training regarding this work area.

Councillor Paul May thanked her for a very good report and for the important role that Healthwatch plays. He offered to invite her to a future board meeting of Sirona. He asked if within a future report there could be a section on Primary Care / Tertiary Care.

Councillor Bryan Organ commented that he was pleased that the issues of exercise and loneliness in relation to older people were being addressed.

The Chair thanked Alex Francis for her update on behalf of the Select Committee.

29 TRANSFER OF COMMISSIONING OF HEALTH VISITING AND FAMILY NURSE PARTNERSHIP SERVICES TO THE COUNCIL

The Assistant Director of Health Improvement and the Public Health Development and Commissioning Manager gave a presentation to the Select Committee regarding this item. A copy of the presentation will be available online as an appendix to these minutes and a summary is set out below.

- From 1st October local authorities will take over responsibility for commissioning 0-5 services (Health Visiting and Family Nurse Partnership) from NHS England.

- A 0-5 Transition Board has been planning for and overseeing the handover to ensure a smooth transition and has in place a risk assessment to identify and mitigate any risks associated with this transfer. The provider (Sirona Care and Health) have an agreed transition plan in place and are ready to safely manage the shift from “registered” to “resident” population.
- The contract and the novation agreement have been signed and the Public Health commissioning team are fully prepared to take on their contractual responsibilities and report on the mandatory elements within the core Health Visiting service and aspire towards continuous service improvement, in partnership with other Children’s Services commissioners.

Transition Issues

- Contractual status / Your Care Your Way
- 18 Month Stability Period
- Ring fenced public health budget
£7.183 million plus additional estimated
£2.774 million per year for HV and FNP (including commissioning costs)
- Savings review

National Health Visiting Core Specification

- Delivery of the Healthy Child Programme;
- Assessment and intervention when a need is identified; and
- On-going work with children and families with multiple, complex or safeguarding needs in partnership with other key services including early years, children’s social care and primary care.
- 5 mandated touch points
- 6 high impact areas

Transforming the service

The transformed service is described as the 4-5-6 model. Health Visitors and family nurses deliver this service and are a vital link between primary care and early years.

4 Levels of Service

Your community
Universal
Universal plus
Universal partnership plus

5 Universal Health Reviews

Antenatal health promoting visits;
New baby review;
6-8 week assessment.
3-4 month visit (local additional offer)
1 year assessment (9-12mths)
2-2½ review

6 High Impact Areas

Transition to parenthood
Maternal mental health
Breastfeeding
Healthy weight / nutrition and physical activity
Minor illness and accidents
Health and wellbeing / development

Family Nurse Partnership

This service is provided to 69 young families and will give support to them until the child is 2 ½ years old.

0-5 Sector Led Improvement

Aims to:

- Share learning and develop practice for 0-5 year old services both within and outside of the council including developing leadership to:
- Embed family-centred approaches to improve outcomes
- Implement evidence based practice to improve 0-5 and family outcomes
- Transform and integrate 0-5 and 5-19 services
- Evaluate early years' service improvement

Councillor Bryan Organ said that he was pleased that transition arrangements were now a priority.

The Director of Adult Care and Health Commissioning replied that transition planning had hugely improved under the Joint Commissioning Manager for Learning Disabilities.

Councillor Paul May asked if the staff involved saw the transfer as an advantage.

The Public Health Development and Commissioning Manager replied that the majority were very happy as it provided more opportunities to work with parents.

Councillor Paul May asked if safeguarding was integrated across the service.

The Director of Adult Care and Health Commissioning replied that the Head of Safeguarding & Quality Assurance does work closely with the Director of Nursing.

Councillor Tim Ball commented that this needs to be a seamless transfer from the point of view of the families and asked how this has been explained to them and is there a central contact point.

The Assistant Director of Health Improvement replied that Sirona have led on this work and have developed individual transition plans. She said that it was the role of the Health Visitor to communicate the changes.

Councillor Tim Ball said that some people may not engage with their Health Visitor and he asked to be assured that this is recorded and acted upon.

The Assistant Director of Health Improvement replied that the Family Nurse Partnership has a never give up policy and will always look to build relationships. She said that Health Visitors will also endeavour to carry out their required checks.

Councillor Lin Patterson asked how many families will be affected by the transfer.

The Assistant Director of Health Improvement replied that 637 families were involved with 562 transferring out of B&NES and 75 transferring in.

Councillor Lin Patterson asked if the associated budget would transfer to the Council.

The Assistant Director of Health Improvement replied that they were not expecting there to be a reduction in the budget.

The Select Committee **RESOLVED** to:

- i) Note the commissioning responsibilities being transferred to the Local Authority on 1st October 2015 and the progress made to ensure a smooth transfer.
- ii) Note the functions of the Health Visitor and Family Nurse Partnership services and the important contribution they make towards outcomes for children and families.

30 YOUR CARE, YOUR WAY: CONSULTATION BRIEFING

The Your Care, Your Way Programme Manager and the Senior Commissioning Manager gave a presentation to the Select Committee, a summary is set out below.

The Making Plans document has been circulated detailing the four models and fourteen priorities with a view to developing a top five priorities.

Currently in phase 2 of 4 – Design & Specify. Provide an outline of the business case in November / December 2015.

The need for change is because of an ageing population, an increased demand, public expectation and a lack of money.

The current provision is £69.24m to over 60 providers for 400 services.

Vision – We will have health and care services in the community that **empower** children, young people and adults to live happier and healthier lives. Supporting people to access services when they are needed in as **seamless** a way as possible, navigators will assist individuals to access pathways of care and support.

There are attributes and challenges with all four possible models and whichever one is chosen we will look to providers to work more collaboratively.

Model 1 – Focus on conditions

Model 2 – Focus on circumstances

Model 3 – GP led Wellbeing Hubs

Model 4 – Community led Neighbourhood Teams

We will try to address loneliness and isolation through this review.

New technology is to be embraced and apps may be used in future work.

Councillor Paul May asked if GP's and providers used any common IT systems as he felt that a fully integrated system was required.

The Your Care, Your Way Programme Manager replied that there were two in use in the main.

Councillor Tim Ball said that in terms of budgets we must make sure that we have the ability to deliver what we are consulting on.

The Your Care, Your Way Programme Manager replied that we have been clear to providers on the financial challenges of the future.

The Senior Commissioning Manager added that money was not the main driver behind this review and that a significant budget exists. He said that the review was a challenge to think about the best model that we can provide.

Dr Ian Orpen stated that doing nothing was not an option and that this was a real opportunity for change. He said that he had heard a lot of positive feedback so far.

Councillor Paul May said that it was very welcome to see such a customer focus to the review.

The Your Care, Your Way Programme Manager reminded those present that the consultation was open until 30th October.

The Select Committee **RESOLVED** to:

- i) Note the content and approach, for consultation, the document attached as Appendix 1 : Making Plans - Consultation Document Phase Two and;
- ii) Acknowledge the proposals for market engagement as set out in Section 5 of this report.

31 SELECT COMMITTEE WORKPLAN

The Director of Adult Care and Health Commissioning reminded the Select Committee that during the course of the meeting they had requested an update on information relating to Alcohol and Substance Misuse.

Councillor Paul May asked if specialist services could have an input into the RUH items in November.

Councillor Eleanor Jackson reiterated her previous request to have involvement from the Governors of the RUH. She also asked for the AWP - Joint Health Scrutiny Working Group report to be added to the workplan.

The meeting ended at 1.20 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services

CCG Briefing:

Health and Wellbeing Select Committee Meeting

Wednesday 30 September 2015

Bath and North East Somerset ranks top for preventing people from dying prematurely

Latest data released on 23 September that measures the number of years of life lost (per 100,000 registered patients) from conditions that are usually treatable shows we are the best performing CCG in England.

The data is collated as part of the NHS Outcomes Framework, a set of 68 indicators to measure performance in the health and care system at a national level. These indicators are grouped into five domains and the first of these is around preventing people from dying prematurely. The latest results show that our region has the lowest number of deaths that could have been avoided if effective healthcare had been provided (recorded as potential years of life lost or PYLL) and we perform particularly well for preventing premature death from respiratory and heart disease.

Update on A&E performance

There is ongoing poor performance in terms of delivering against the national target for A&E waiting times. The position for August 2015 was 86% compared to the national target of 95% of patients in A&E to be seen within four hours. There was a roundtable discussion between CCGs, the RUH, NHS England and Monitor on the 25 August to review the current issues impacting on performance and to agree some key priority actions to improve performance. These include:

- Further development around ambulatory care provision by December 2015
- Improvements to discharge planning and the creation of an integrated discharge service by the end of November 2014
- Roll out of 'Discharge to Assess' and 'Home First' approaches across Bath and North East Somerset and Wiltshire.

It was also agreed to support a whole system review with the help of NHS England's Emergency Care Intensive Support Team (ECIST). This team conducted its review from 15 – 17 September and has made a number of supporting recommendations which build on the areas outlined above. The CCG is leading the development of a revised recovery plan to set out the required actions to be delivered by the RUH and partner organisations.

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 and 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.

Phase Two of the review began on 10 September with launch of public consultation to seek views on four different models for how community services could be delivered in the future. These models or options, which have been informed by stakeholder feedback collated during Phase One of the review, include coordination of local services being handed down to groups of GP practices or local neighbourhood teams. Other proposals in the consultation include joining up IT systems between different health and care providers, providing 'care navigators' to help people find their way around the system and a single pooled budget for health and social care in Bath and North East Somerset. Consultation continues until 30 October 2015 and more information can be found at yourcareyourway.org

New Meningitis B vaccine for babies from 1 September 2015

The CCG supported roll out of the new Meningitis B vaccine to protect babies from the disease. GPs now offer the vaccine alongside other routine infant vaccines at two months, four months and 12 months of age. The CCG teamed up with local parents Ross Allen and Freya Hall whose daughter Harmonie-Rose contracted Meningitis B in September 2014 to help raise awareness of the vaccine.

In August the CCG also promoted availability of the new Meningitis W vaccine for teenagers.

Annual General Meeting

The CCG held its AGM in the Guildhall, Bath on Thursday 17 September. Over 120 people attended the event and were briefed about the annual report and accounts for 2014/15 (visit banesccg.nhs.uk/documents for the full report) and were also able to find out about and ask questions about a range of topics including the Wellbeing College and ***your care, your way*** community services review in collaboration with the Council.

Awards

Two CCG employees have been selected as finalists in the 'Excellence in Healthcare Analytics' category of the E-Health Insider Awards for their work on collating and analysing local data for patients with Type 2 diabetes. The winner will be announced on 1 October 2015.

The CCG has also been shortlisted for a Health Service Journal (HSJ) Healthcare Award in the 'Commissioning for Carers' category in recognition of its collaborative working alongside the Council and Bath Carers' Centre. The winner will be announced on 18 November.

National Updates

Health Secretary sets out vision for the future of the NHS

The Health Secretary has set out the government's ambition for a patient-led, transparent and safer NHS. In a statement to Parliament, the Health Secretary also announced the government's response to the Freedom to Speak Up consultation, the Morecambe Bay Investigation, the Public Administration Selection Committee review into clinical incident investigations and the Lord Rose report into NHS leadership. The full statement can be found on the link below: [Making healthcare more human-centred and not system-centred - Speeches - GOV.UK](#)

NHS Leadership Academy

The Secretary of State for Health asked Lord Rose to conduct a review into leadership in the NHS. The final report contains 19 recommendations, covering 4 areas:

- training
- performance management
- bureaucracy
- management support

The full review can be found below:- [Better leadership for tomorrow: NHS leadership review - Publications - GOV.UK](#)

Understanding the new NHS Guidelines

On 24th June 2015 NHS England published "Understanding the new NHS – A guide for everyone working and training within the NHS". Written by five doctors in training, the guide outlines the organisations, systems and processes that define, sustain and regulate the NHS. The guide can be accessed by the link below:

<http://www.england.nhs.uk/wp-content/uploads/2014/06/simple-nhs-guide.pdf>

CCG Assurance Operating Manual

NHS England has published the CCG assurance operating manual 2015/16, including details of the new special measures regime and a CCG quarterly self-certification for delegated functions. The link to the documents is below:

<http://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/03/ccg-assurance-framework.pdf>

NHS Atlas of Variation 2015

NHS Rightcare, NHS England and Public Health England have published the 2015 NHS Atlas of Variation. This compendium atlas is the largest yet, with 102 maps detailing widespread variation in the quality, cost, activity and health outcomes in England. For the full document, visit <http://www.rightcare.nhs.uk/wp-content/themes/rightcare/favicon.ico>

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Public Health update for Health Select Committee, September 2015
Bruce Laurence, director of public health

1. Improving fitness and health in older people

Retirement in ACTION: REACT funded by the National Institute for Health Research

REACT is a UK study based on a successful US programme called LIFE. It is designed to support older adults to become more active.

It is being run by the University of Bath in conjunction with others and Bath will be one of the pilot sites.

- REACT will recruit sedentary, community living, older adults (65 yrs and over) who are at risk of major mobility limitations –
- 758 participants will be recruited across three sites in England through primary care and third sector organisation

A 12 month programme delivered in leisure centres and health clubs. Participants will be offered group sessions (15-20 per group) targeting cardiovascular, strength, co-ordination and flexibility. It includes a focus on socialising opportunities and enjoyment and promotes local activities to sustain long term impact

REACT participants will be randomly allocated to the REACT intervention or the control group, the latter given basic information, four sessions at a healthy living education group and vouchers.

A pilot REACT study will start in Spring 2016 to test the recruitment and measurement strategies. 180 people (60 in Bristol/Bath) will take part across the three centres. Main trial begins in Autumn 2016.

Oxford University's Centre for functional MRI of the Brain will be running a sub-study within REACT to test the effects of exercise interventions on brain structure, function and cognition.

2. Sexual health needs assessment.

SHNA findings

- B&NES is a low prevalence area for gonorrhoea with 27 infections per 100,000 population in B&NES in 2013, compared to 55 per 100,000 in England), genital herpes (38 per 100,000 in 2013, compared to 60 per 100,000 in England) and genital warts (123 per 100,000 compared to 137 per 100,000 in England); In 2013, B&NES had a very low incidence of syphilis (5 per 100,000 compared to 6 per 100,000 in England)
- Chlamydia detection rates in B&NES are below the recommended rate of 2,300 chlamydia diagnoses per 100,000 15 to 24 year olds
- B&NES is a low prevalence area for HIV, with 0.66 infections per 1,000 population aged 15-59 years in 2013, compared to 2.1 per 1,000 in England
- B&NES has a low level of under 18 conceptions, and low level of teenage conceptions when compared to statistical neighbours (18 per 1,000 females aged 15-17 in B&NES in 2013, 21.7 per 1,000 females in statistical neighbours and 28 per 1,000 females in England)
- B&NES has a lower rate of abortions than both the regional and national comparators (12.7 per 1,000 women aged 15-44 in 2013, compared to 14 per 1,000 women aged 15-44 in the South of England, and 16.1 per 1,000 women aged 15-44 in England)
- In 2013 the main methods of contraception prescribed to female residents in B&NES were 27.5% Long Acting Reversible Contraception (LARC) and 72.5% user dependent method (UDM), compared to 34.2% LARC and 65.8% UDM, for residents in England. The proportion of prescribed LARC by age banding peaked in the 20-24 year old age group (PHE 2014)

There are five key themes for improvement, with associated actions as detailed below:

1. Strengthening intelligence and research: including investigating in greater depth the sexual health needs of and service provision for vulnerable and at risk cohorts; and improving the content of sexual health data;
2. Strengthening sexual health service provision: including examining ways to increase the numbers of young people attending GUM and CaSH services; increasing the level of chlamydia testing amongst under 25s; increasing the level of LARC provision amongst women; and improving understanding of the strengths and areas for development in school-based relationships and sex education provision
3. Strengthening prevention and promotion: including developing the SAFE branding scheme; improving website access to information about services; and ensuring all sexual health media and communications campaigns are clearly targeted and evaluated
4. Working with recent technologies: including reviewing and developing the use of new technologies amongst sexual health service providers
5. Strengthening training and development: including developing the Sexual Health Training Programme and holding regular networking events for all of those involved in sexual health across B&NES

6. Alcohol and drug treatment progress

PHE have commended B&NES for their rate of successful completions for 'alcohol only' clients, for its hospital alcohol liaison service and also for work on blood-borne virus testing and immunisation.

7. Flu campaign beginning.

This has become a complex campaign, now including 8 groups. Over 65s, pregnant women, various young children's groups, carers, health and social care workers, those living in residential homes, clinical at risk groups (ie people with heart, lung and other diseases that make them particularly vulnerable to flu at any age)..

Adults will now be able to get vaccinated through pharmacies as well as GPs. Good example of combined efforts of NHSE, PHE providers and council.

Focus on flu because of impact on individuals, health and social care system and economy.

8. New Vaccinations

Meningococcus B in babies, and Men. ACWY in teenagers and first year university students. W has been increasing in recent years.

9. 0-5 transfer of commissioning responsibilities as discussed in separate paper.

10. Public Health Budgets:

Still no final confirmation of in year cut and awaiting comprehensive spending review as guide to longer term budget. Much speculation on whether public health grant will lose its ring-fence or not, and if it does what will happen in terms of mandation of services.

11. All Party Parliamentary Group submission. Call for evidence on public health and primary care:

- Accelerating behaviour change
- Ensuring consistent message about health and where to go for advice and care
- Increasing health literacy

Used as an opportunity to get support to LA public health from an influential group.

12. Case of Legionnaires' disease in Radstock: see separate briefing.



healthwatch

Bath and North East
Somerset

Healthwatch B&NES report to the Health and
Wellbeing Select Committee - September 2015

INTRODUCTION

This report will demonstrate the progress made by Healthwatch B&NES to promote the needs and views of local people.

Input from the B&NES Health and Wellbeing Network is included alongside the Healthwatch update, to demonstrate how the views of providers, patients and the public are being woven together by local Healthwatch to create meaningful improvements in how health and social care services work into the future.

Healthwatch is the statutory, independent champion for patients, carers and the public. The Health and Wellbeing Network hosts provider organisations, in both the statutory and community/ voluntary sectors, to debate current issues and recommend actions for progress. The update provided below corresponds to the three themes from the B&NES Health and Wellbeing Strategy 2015 – 2019.

Preventing ill health by helping people to stay healthy

Work is progressing with Julian House to understand the experiences of local homeless people and how we can help them to improve their health.

A survey has been drafted by Healthwatch and is now being agreed with Julian House staff. The survey includes questions about a range of health and social care services, including primary care, Accident and Emergency, NHS 111, drug and alcohol services, social services and more, in addition to the commissioned in-house medical service provided at Manvers Street Hostel and Julian House's own services, namely the hostel and homeless discharge work at the Royal United Hospital Bath.

We hope to run the survey during the autumn.

Improving the quality of people's lives

Healthwatch regularly receives feedback regarding primary care. This feedback varies greatly, but often includes:

- concerns about waiting times for appointments;

HEALTHWATCH

B&NES:

- 78 comments were received from April – June 2015 (Year 3, quarter 1)
- The most positively reported type of comment was around quality of treatment.
- The most negatively reported type of comment was around coordination of services.
- The three main themes that have emerged from the quarter 1 feedback are:
 - 1) People want better access to information, particularly around access to services and referrals.
 - 2) Patients value good practice in GP settings, particularly friendly, helpful staff and flexible practice.
 - 3) Appointments at GP surgeries - negative opinions were expressed about the difficulties in accessing appointments when patients needed them and with specific staff.

- the need for more information and signposting to voluntary and community-based services to help people manage their health independently; and more recently,
- concerns about new housing developments and the provision of primary care services in areas where there is already a perceived strain on resources, for example, Foxhill and the Mulberry Park development

Healthwatch also hears positive comments regarding primary care services, for example:

- The group said that Newbridge Surgery has a really easy telephone appointment system for practice nurses and GPs. The GPs aren't always able to call back on the same day but you get allocated a day and time slot.
- Commentator said that St. Chads is a great surgery. They provide staggered GP surgery start times to cover 7am - 8pm. The surgery also has a Friends group that raises funds for the surgery.

All examples of best practice and the concerns raised by patients are shared with the Primary Care Co-commissioning Forum, which has recently been set up by NHS BaNES Clinical Commissioning Group to help shape future service provision and address areas where things need to be addressed.

Since April 2015, people have been able to rate and review health and social care services via the online Healthwatch B&NES feedback centre. Healthwatch is seeing a steady increase in use of this feedback centre by members of the public, patients and their families/ carers. A new feature has now been added to the website which enables providers to respond to feedback about their services.

Responses can be made by service providers to acknowledge positive or negative feedback received from the public, for example demonstrating where improvements have been made, or to help people find information or services that they may need.

Once a service provider's response has been approved to go on the website by Healthwatch B&NES, the person who wrote the review is notified by email that a response has been provided. The service provider response is then listed online attached to the relevant review.

To review a service, or view the feedback Healthwatch B&NES has received W: www.healthwatchbathnes.co.uk

In July 2015, Healthwatch provided an opportunity for the public and voluntary and community sector organisations to find out about the Royal United Hospital (RUH) NHS

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Foundation Trust's 'Fit for the Future' redevelopment programme. Steve Boxall, Head of Capital Projects presented the plans to the group and took questions, which included:

- improvements around disabled parking access;
- specialist support and therapy for people living with neurological conditions; and
- the experience of using the on-site pharmacy, which was an issue that Healthwatch had already raised following the week-long visit carried out to the RUH in March 2015.

Healthwatch has also heard feedback from members of the public regarding the relocation of services from the RNHRD to the RUH. All feedback regarding the relocation of services to the RUH will be shared with the Trust and NHS BaNES Clinical Commissioning Group Quality Group.

Healthwatch will continue to promote opportunities for consultation and engagement with the RUH around the relocation of services and the redevelopment programme via the Health and Wellbeing Network, monthly Healthwatch e-bulletins and social media.

Tackling health inequality by creating fairer life chances

Healthwatch is working with B&NES Council, St Mungos Broadway and the B&NES Health and Wellbeing Network amongst others, to develop a Mental Wellbeing Charter.

The charter is linked to 'Think Local, Act Personal', a national initiative which helps organisations to make personalised services truly person-centred. It helps to set out people's expectations of the support and care that they will receive through a service(s) using a range of "I" statements, for example:

"I have the maximum possible choice over how I am supported. My support is planned with family and friends and is regularly reviewed with support of staff when needed"

"I feel in control of my wellbeing and feel safe"

The Mental Wellbeing Charter has been drafted and will be discussed with service users, carers and their families through a series of community-based focus groups to ensure that it truly reflects their expectations and aspirations. These will take place during October and November. Discussion has already begun with mental health and wellbeing service providers, both statutory and voluntary/ community sector, to build on the Charter and help implement it across their work.

Taking on responsibility for commissioning 0-5 services (Health visiting and Family Nurse Partnership)

Denice Burton and Jo Lewitt

30th September 2015

Children's public health transfer

Children's health 0-5



21 February 2014

The Government has announced that children's public health commissioning for 0 to five-year-olds will transfer from NHS England to local government on 1 October 2015.

Bulletins

Keep up to date with the latest news and events:

Care and support reform

Health and Wellbeing systems

Sign up for the Health, adult social care and ageing bulletin

Publications



Making the case for public health...
18 September 2014



In good shape –

Transition Issues

- » Contractual status / Your Care Your Way
- » 18 Month Stability Period
- » Expectations – maintain 49 WTE
qualified staff and deliver and report 5
mandated points

Transition Issues

- » Ring fenced public health budget
£7.183 million plus additional estimated
£2.774 million per year for HV and
FNP (incl commissioning costs)
- » Savings review

National Health Visiting Core Specification

- Delivery of the Healthy Child Programme;
- Assessment and intervention when a need is identified; and
- On-going work with children and families with multiple, complex or safeguarding needs in partnership with other key services including early years, children's social care and primary care.
- 5 mandated touch points
- 6 high impact areas

The transformed health visiting service – the story so far

Informing the service

Our Programme set out in 2011 to **transform services, improve families' health outcomes and reduce inequalities**. The workforce has experienced rapid growth and service has focused on impacting the early years of a child's life.

In moving from a specialist to a universal service, the transformation of the Health Visiting service has been rapid and successful.

Health visitors and family nurses

Health visitors and family nurses deliver the Health Visiting Programme (HCP) for 0-5 year olds.

Health visitors are qualified nurses or midwives with specialist training in public health. They work collaboratively with individuals, communities and other agencies to address local need. They improve health through early intervention and

The transformed service is described as the **4-5-6 model** (outlined below). Health visitors and family nurses deliver this service and are a vital link between primary care and early years.



4

levels of service:

Your community
Universal
Universal plus
Universal partnership plus

5

universal health reviews*:

Antenatal
New baby
6 – 8 weeks
1 year
2 – 2 ½ years
*mandated for 18 months

6

high impact areas:

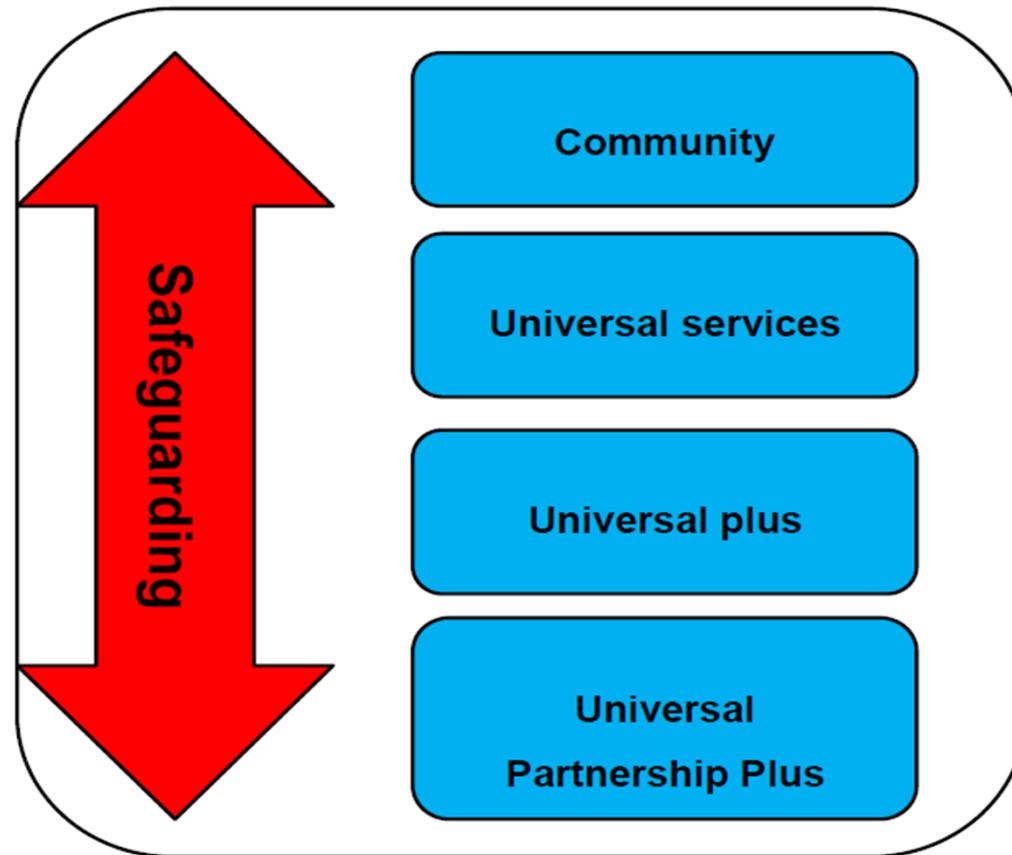
Transition to parenthood
Maternal mental health
Breastfeeding
Healthy weight
Managing minor illness & accident prevention
Healthy 2 year olds & school readiness

The role of local authorities

On 1st October 2015 the core health visiting services and the Family Nurse Partnership will transfer from NHS England to local authorities. Local authorities and NHS England have both committed to make sure these vital services are embedded in existing services and are embedded in existing universal health reviews need a standard way and will be made

This presents opportunities for

- improve short and long term health outcomes to meet the needs of local communities
- prevent or intervene early in children's lives which can lead to poor educational outcomes, youth offending rates, adult unemployment and difficult health capacity
- have an impact on key determinants of a child's life
- integrate services for 0-5 year olds
- offer locally sensitive core health visiting with CCGs for wider service
- deliver joined-up service between 0 and 19
- reduce health inequalities



5 mandated contacts / touch points

- Antenatal health promoting visits;
- New baby review;
- 6-8 week assessment.
- *3-4 month visit (local additional offer)*
- 1 year assessment (9-12mths)
- 2-2½ review

Make every contact a health promoting contact

Six High Impact Areas

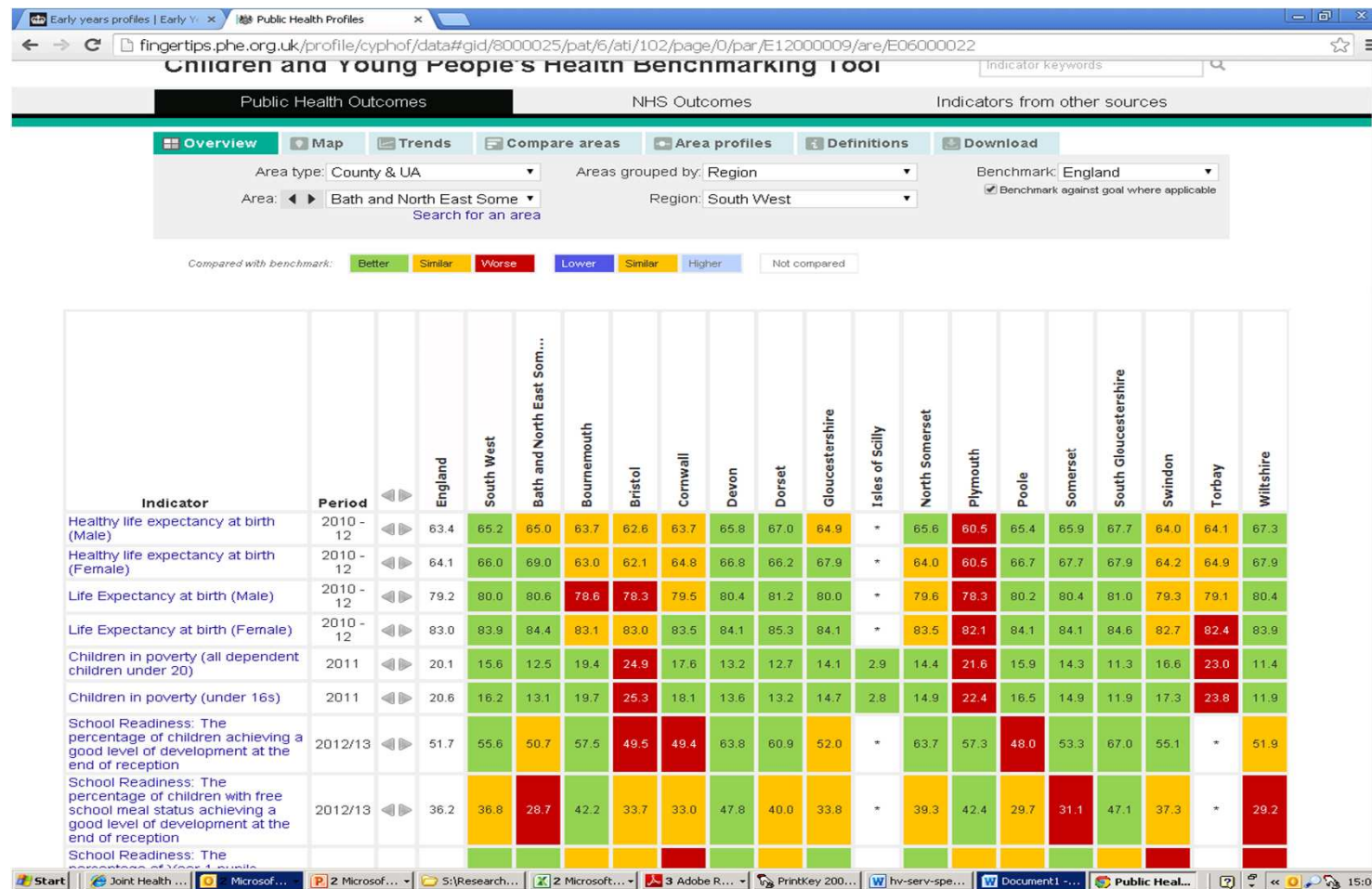
- Transition to parenthood
- Maternal mental health
- Breastfeeding
- Healthy weight / nutrition and physical activity
- Minor illness and accidents
- Health and wellbeing / development



Family Nurse Partnership: delivering a service to 69 young families, 3 graduates

0-5 Public Health Outcomes:

- Improving life expectancy and healthy life expectancy;
- Reducing infant mortality;
- Reducing low birth weight of term babies;
- Reducing smoking at delivery;
- Improving breastfeeding initiation;
- Increasing breastfeeding prevalence at 6-8 weeks;
- Improving child development at 2-2.5 years;
- Reducing the number of children in poverty;
- Improving school readiness;
- Reducing under 18 conceptions;
- Reducing excess weight in 4-5 and 10-11 year olds;
- Reducing hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14;
- Improving population vaccination coverage;
- Disease prevention through screening and immunisation programmes;
- Reducing tooth decay in children aged 5.

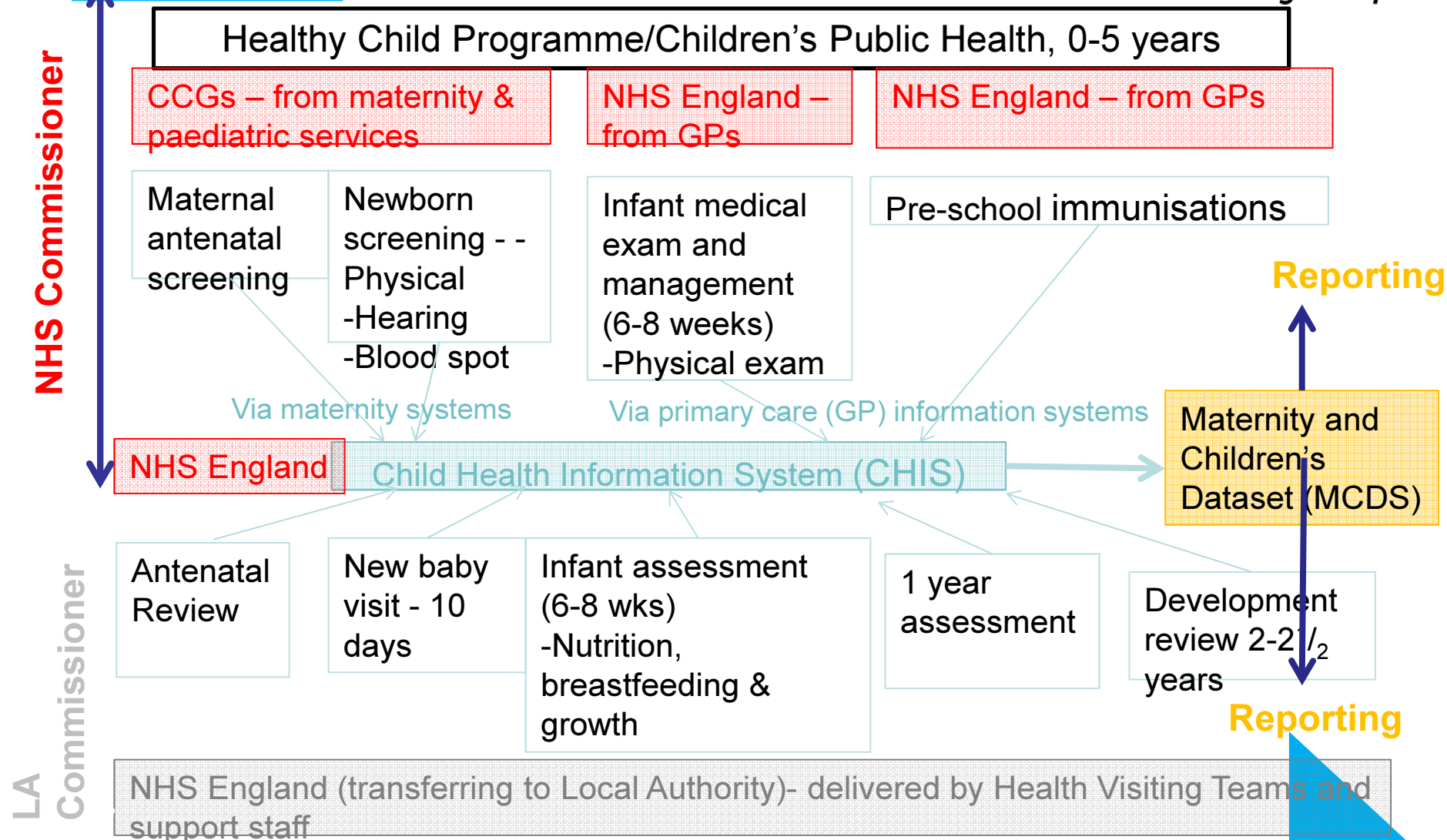


Bath and North East Somerset – The place to live, work and visit

0-5 Sector Led Improvement

Aims to:

- Share learning and develop practice for 0-5 year old services both within and outside of the council including developing leadership to:
- Embed family-centred approaches to improve outcomes
- Implement evidence based practice to improve 0-5 and family outcomes
- Transform and integrate 0-5 and 5-19 services
- Evaluate early years service improvement



Any questions ?

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