

## HEALTH AND WELLBEING SELECT COMMITTEE

### Minutes of the Meeting held

Wednesday, 25th November, 2015, 10.00 am

Councillor Francine Haerberling - Bath & North East Somerset Council  
Councillor Karen Warrington (In place of Councillor Geoff Ward) - Bath & North East Somerset Council  
Councillor Bryan Organ - Bath & North East Somerset Council  
Councillor Paul May - Bath & North East Somerset Council  
Councillor Eleanor Jackson - Bath & North East Somerset Council  
Councillor Tim Ball - Bath & North East Somerset Council  
Councillor Lin Patterson - Bath & North East Somerset Council

#### 32 WELCOME AND INTRODUCTIONS

The Chairman welcomed everyone to the meeting.

#### 33 EMERGENCY EVACUATION PROCEDURE

The Chairman drew attention to the emergency evacuation procedure.

#### 34 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillors Geoff Ward had sent his apologies to the Panel. Councillor Karen Warrington was his substitute.

#### 35 DECLARATIONS OF INTEREST

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

#### 36 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none. The Chairman informed the meeting that she would move some agenda items forward to accommodate officer's availability for the meeting.

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

The Chairman invited Brook Wheelan (from People Against Sugar Tax Group) to give his statement.

Brook Wheelan read out the following statement:

'I would just like to thank you for allowing me to speak at the meeting. 'People

against Sugar Tax' is a new campaign group opposed to a sugar tax. I would like to add that we are not funded by any food or drinks companies.

We are campaigning to get a more balanced debate about sugar. You all are probably receiving lots of views about a sugar tax, and our job is to get a more balanced debate on this important issue.

We're not saying sugar is healthy. It does cause tooth decay, and eating it in large amounts can contribute to heart disease too, but we feel that the link between sugar and obesity has not yet been proven.

We feel there are other solutions that both local and national politicians can consider such as smaller portion sizes, simplified nutritional labelling, and an end to 'buy one, get one free' offers.

In terms of the nutritional labelling, we want to see a more simplified nutritional labelling system. At the moment, it is very confusing. One brand's portion size on the label might say 23 grams, and another brand's portion size might say 40 grams. A standardized labelling system might help.

A sugar tax is a scattergun approach which would fail to help the small numbers of people who need support to eat healthier. It does though penalise the rest of us.

More effort needs to be targeted at the small numbers of people who need to eat and drink healthier, the ones who drink seven or eight fizzy drinks a day.

A sugar tax could be considered as a very last resort, but we really need to be looking at all other ways of solving the obesity issues before it can be considered.'

On a question from the Committee about the high levels of sugar in foods Brook Wheelan said that he had seen an article recently which suggested that the reason why there is now so much sugar in our foods is because the food manufacturers have had to take out fats from their foods in recent years, and have needed to replace it with something else, namely sugar. He had not been able to clarify whether this is definitive or not though.

The Chairman thanked Brook Wheelan for his statement.

## 38 **MINUTES - 30TH SEPTEMBER 2015**

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

## 39 **CLINICAL COMMISSIONING GROUP UPDATE**

The Chairman invited Dr Ian Orpen (CCG) to give an update.

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

Councillor Organ asked about the outcome of the work with the GPs in terms of the Antibiotic Guardian campaign.

Dr Ian Orpen replied that, in Bath and North East Somerset, GP practice prescribing of antibiotics has reduced from 124,500 prescriptions in 2013 to 112,157 prescriptions for antibiotics in 2015. Even so, one in four patients registered with a local GP, a total of 47,176 patients, was prescribed at least one course of antibiotics in the past year.

Councillor Ball asked if pharmacies had been monitoring, and reporting, prescriptions issued by local GPs.

Dr Ian Orpen responded that it would be hard for pharmacies to monitor regularly prescriptions issued by local GPs. However, all prescribing by GPs is carefully monitored nationally and this data is fed back to CCGs to analyse, including on antibiotic prescribing.

Councillor May asked how the CCG could make local GPs work together.

Dr Orpen responded that while the CCG could not make GPs work together as independent businesses, it had been trying to describe to local GPs the advantages of doing so and it is down to GPs to take on that advice.

Councillor Jackson expressed her concern on the non-appointment of young GPs in Bath and North East Somerset area.

Councillors Jackson and May also asked about the launch of the Primary Care Transformation Fund (a four year £1 billion investment programme to help general practice make improvements including in premises and technology) and if that money could be used for getting GPs into areas with no GP provision.

Dr Orpen responded that there had been a national campaign to get more GPs. Dr Orpen added that Your Care Your Way would influence how community health and social care services in Bath and North East Somerset would be delivered, including provision of GPs in areas such as Whitchurch.

The Chairman thanked Dr Ian Orpen for an update.

## **Appendix 1**

### **40 PUBLIC HEALTH UPDATE**

The Chairman invited Bruce Laurence (Director of Public Health) to give an update.

Bruce Laurence gave the Select Committee an update, a summary is set out below.

Members of the Panel welcomed a survey of health behaviours and attitudes in schoolchildren.

Councillor Patterson asked about approach to self-harming and why is it that only girls were included in survey.

Councillor Organ about Sun safety under Secondary schools areas for development.

Bruce Laurence explained that the survey had picked up higher level of self-harming in girls than in boys. A system for helping people who go to the hospital with self-harming related injuries to have a rapid assessment had been developed. There was an increase in self-harming over the last two years in BANES which could be either because self-harming had increased or because services that picked up on self-harming had become better, or some combination of these effects.

Bruce Laurence also said that Sun safety had been important part of the survey highlighting the risk of the skin cancer but that it was also important that children were encouraged to be outside in the sunlight for their general wellbeing and so that they produced enough vitamin D. Thus as with other public health messages it is about getting a balance right..

Councillor May asked Bruce Laurence if Members of the Council had embraced Public Health in the way they should.

Bruce Laurence responded that Council had been excellent and Members and officers of the Council had had very good understanding in terms of the Public Health, although there is always an opportunity to do more and be more engaged.

Councillor Ball expressed his concern on cuts within Public Health and asked if Public Health budget would be protected. Councillor Ball also asked what percentages of surveys were statutory.

Bruce Laurence replied that the in-year cut had been confirmed as being just over £542k which is very slightly (about £1k) less than the original figure in the consultation document. There had been a concern that, while the NHS budget has been protected in the spending review, the public health grant to local authorities may be cut despite the fact that it commissions a range of services that were very much within the NHS provision like "NHS health checks", sexual health services, drug and alcohol treatment services, health visiting and school nursing. This was at the same time as some new preventive work like the diabetes prevention programme is being developed through the NHS.

Bruce Laurence also said that, in terms of surveys, the only statutory survey was National Child Measurement Programme. The other surveys were voluntary, the SHEU survey being something the Council does every two years.

The Chairman thanked Bruce Laurence for an update.

## **Appendix 2**

### **41 CABINET MEMBER UPDATE**

The Chairman invited Councillor Vic Pritchard (Cabinet Member for Adult Social Services and Health) to give an update.

Councillor Pritchard gave the Select Committee an update, a summary is set out below. Councillor Pritchard also highlighted the launch of PAD project (Post Alcohol Detox). The project would help people to sustain their recovery through detox.

Councillor Ball welcomed PAD Project and asked Councillor Pritchard if he would lobby Licencing services on clampdown on premises who stuck up cans of special brew for cheap purchase.

Councillor Pritchard responded that he would support any measures to deny easy access to cheap alcohol.

Councillor Jackson asked about AWP report and also about CQC's report on Roswell Court.

Councillor Pritchard informed the Committee that AWP had received poor report from the CQC in the past. As a result of that there were series of meetings between AWP and Members of neighbouring Councils as part of a joint Scrutiny panel, led by Wiltshire. Councillor Pritchard explained that this joint review had progressed slowly but the report has now been shared with all the participating scrutiny panels and would be presented, with initial responses to the conclusions and recommendations, at the January meeting of the Select Committee.

Councillor Pritchard also said that Rosewell Court had been subject of three safeguarding allegations, one of which was reported in a local newspaper. One allegation had not been substantiated; the Police continue to investigate two further allegations. In the meantime Rosewell has taken appropriate action and is responding appropriately to the investigations.

Lesley Hutchinson (Head of Safeguarding & Quality Assurance) added that safeguarding team works closely with the contract and commissioning team, alongside CQC, to respond to any safety or quality concerns in Care Homes.

Councillor May asked how planning application process could include health and wellbeing issues of the population, such as GP provision.

Councillor Prichard responded that health and wellbeing, including supporting active lifestyles, has been gaining profile as part of the planning process.

The Chairman thanked Councillor Pritchard for an update.

### **Appendix 3**

#### **42 HEALTHWATCH UPDATE**

The Committee noted an update as set out below.

The Committee thanked Healthwatch officers for such comprehensive update.

### **Appendix 4**

#### **43 RNHRD - SERVICE MOVES, ENGAGEMENT & CONSULTATION**

The Chairman invited Tracey Cox (CCG Chief Officer) and Clare O'Farrell (Associate Director for Integration, RUH) to introduce the report.

The Committee highlighted the following points:

Councillor Patterson asked about hydrotherapy provision and if there would be in reduction in staff.

Claire O'Farrell responded that page 5 of the report highlights number of consultations held, including location of hydrotherapy pool. A plan for a single larger hydrotherapy pool, which could be divided in two pools, had been set. That would be located with therapy services, within the new built at the front of the hospital. Claire O'Farrell also said that there would be no staff reduction for these services.

Councillor May asked about long term funding.

Claire O'Farrell replied that the RUH had been working quite closely with the CCG in order to provide the best service to the community.

Tracey Cox added that three year plan was realistic. The CCG would be having ongoing dialogues for two to three years after the three year plan end, taking into consideration demographic changes in the area.

It was **RESOLVED** to note the update and to note next steps and the opportunities for patients, carers and the public to influence any service change proposal.

#### 44 **DIRECTORATE PLAN FOR PEOPLE & COMMUNITIES**

The Chairman invited Jane Shayler (Director, Adult Care & Health Commissioning) to introduce the report.

Jane Shayler explained that this report sets out the framework for the service planning and budget processes which lead up to the statutory and legal requirement for the Council to set a budget in February 2016. Proportionate equality analysis is being carried out on the proposals within the Directorate Plans.

Jane Shayler explained that there is a single Directorate Plan for People & Communities, which covers all ages. It has also been presented by Ashley Ayre to the Children & Young Peoples' PDS Panel. She would, therefore, focus on the Adult Care and Community Health part of the plan which encompasses provision of statutory services under the Care Act 2014, provision of residential and nursing care, re-ablement, domiciliary care, community mental health services, drug & alcohol treatment, rehabilitation and preventative support, and social work services for people with learning disability or mental health needs and those in intensive supported living and extra care services. I would also provide the provision of preventative services which prevent, reduce or delay care and support needs and slow the escalation of costs in meeting individual care and support needs; delivery of services which support the effective functioning of the wider NHS system and prevent unnecessary hospital admissions or delays to discharge from hospital; securing either directly or through commissioning of the services required to discharge all duties.

Jane Shayler took the Panel through Appendix 4 of the report (Finance & Resource Impacts) and highlighted £450k proposal for Substance Misuse which would involve contract re-negotiation and overall would be likely to impact on provider

organisations with some reduction of staff in those organisations.

The Panel highlighted the following points:

Councillor Ball expressed his concern in reduction of Substance Misuse services. Councillor Ball added that he was aware that the DHI (Developing Health and Independence) had struggled to cope with existing pressure, especially with people who were on waiting list for the programme. It would have a knock on effect if people would not be able to access services. Councillor Ball said the taking £450k out of Substance Misuse services could have large impact on the community where people, who were in detox, live. Councillor Ball concluded by saying that some reduction in services must be considered, but £450k may be a little bit too much for Substance Misuse services.

Jane Shayler acknowledged that there is a risk in terms of increased waiting times for services and on wider implications. Both providers and the commissioners were satisfied that proposals could mitigate those impacts through service redesign, efficiencies from co-location of services to reduce accommodation costs, some reduction in management costs, and a shift from residential to community detox and rehabilitation. People who go through detox would need to be properly motivated, whether it is residential or community detox.

Councillor Gerrish (Cabinet Member for Finance and Resources) commented that he viewed the changes as improvements and cited the proposal to offer fewer one-to-one sessions and more group work where peers could support each other. Councillor Gerrish also said that there would be a reduction in management side by bringing two organisations to work together, which would not result in reduction of the front line staff.

Councillor May said that he had worked with Councillor Gerrish on the Council's budget. Councillor May also said that officers should be given credit for setting up these proposals and that practical approach in working with people in detox in the community was, in his experience, preferable to placing people in residential institutions away from their community.

Councillor Organ asked if Transition services (from childhood to adulthood) had improved.

Jane Shayler responded that Transition services had improved significantly. Some years ago, after one Government assessment, B&NES had been placed in the bottom quartile. However, after the last assessment B&NES had moved to the top quartile.

Councillor Jackson expressed her concern on the last paragraph of page 56 of the report 'Greater targeting of prevention and early-intervention services may impact on access to such services for those people with lower level needs. There is also likely to be a reduction in the range and type of services offered and, therefore, the options given to individuals over the type of service put in place to meet their assessed, eligible care and support needs.' Councillor Jackson believed that this could result in increased Delayed Transfers of Care from hospital

Councillor Jackson asked what we would lose under service redesign in 'Healthy

lives, healthy people: community small grants scheme £22k' (page 57).

Councillor Jackson also asked how Public Health intelligence work and remodelling public health programme would save £13k.

Jane Shayler replied that there had been challenges on the delayed transfers of care and this was a particular issue in relation to community hospitals discharge as the community hospitals play an important part in facilitating discharge from the RUH but then it can prove difficult to identify a package or placement as the people being discharged from the community hospitals have complex needs and require ongoing intensive support. Jane acknowledged that there are growing difficulties in Domiciliary Care capacity, particularly in some geographical areas within B&NES and for people with particularly complex needs. Recently, a cloud-based IT system had been developed to match individual need with available domiciliary care capacity. The system had improved the speed at which an individual's assessed needs are matched with a domiciliary care providers able to meet those needs. The system is also gathering valuable information on the geographical shortfall in domiciliary care provision as well as the sorts of complex needs that are proving difficult to meet through "standard" domiciliary care and this will inform future commissioning intentions. Jane emphasised that B&NES still has less of a problem than neighbouring areas in terms of domiciliary care provision.

Jane Shayler commented that Public Health intelligence work and remodelling public health programme saving of £13k would be achieved through sharing and analysis of intelligence between the Council and CCG (ie "in-house") teams rather than contracting with external NHS organisations.

Jane Shayler also said that Healthy lives, healthy people: community small grants scheme of £22k would be a reduction in service as this sum was made available to voluntary organisations to help them achieve various public health related goals. The Public Health team believed that this saving could be achieved without significant impact on service users. Jane Shayler emphasised that despite this relatively small reduction, the Council has, over a long period of time, invested significantly in prevention, early-intervention and self-management and is committed to continuing this as a key priority.

It was **RESOLVED** to:

- 1) Note the report;
- 2) Forward Committee's comments and concerns (about the knock on effect) to the Cabinet to consider;
- 3) Note mitigation steps taken by officers; and
- 4) Commend officers for their work and acknowledge that further work has been undertaken in forecasting future budget.

## 45 **LSAB ANNUAL REPORT**

The Chairman invited Lesley Hutchinson and Robin Cowen (recent Independent Chair B&NES Local Safeguarding Adult Board) to introduce the report.

Robin Cowen introduced the report by saying that this annual report shows the vast



amount of work that is taking place in Bath and North East Somerset to support, deliver and promote adult safeguarding. The scale and complexity of this work had increased year on year and the Care Act had broadened it further. While welcoming the recognition the Act gives to safeguarding it also reminded that this shifting landscape had been hard enough for people involved in the work to comprehend and work with, let alone people who need support who are trying to navigate the system.

The Committee congratulated Lesley Hutchinson, Robin Cowen and the team for an excellent report.

Councillor May asked about transition services (from child to adult) development.

Lesley Hutchinson responded that she had identified a number of areas to be looked at.

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

46 **SELECT COMMITTEE WORKPLAN**

It was **RESOLVED** to note the current workplan with the following addition:

- Report from Domiciliary Care Commissioners – May 2016

The meeting ended at 1.40 pm

Chair .....

Date Confirmed and Signed .....

**Prepared by Democratic Services**

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## **Briefing for the Health and Wellbeing Select Committee Meeting**

**Wednesday 25 November 2015**

### **1. CCG publishes plans for 16/17**

The CCG has published its priorities for the coming year. Each year NHS commissioners are required to share their plans ahead of the next financial year. The *Commissioning Intentions* outline local priorities for 2016/17 and next year's plans have additionally been informed by public feedback from the **your care, your way** joint community services review as well as clinical evidence, where ever this is available.

2016/17 will be a pivotal year for the CCG and the Council as we address the challenges locally for our health and care system. We start from a position of excellent performance in many areas, but our finances are becoming increasingly constrained at a time when demand across the urgent health and care system has become challenging and waiting times for planned care continue to increase.

You can read our *Commissioning Intentions* at:

<http://www.bathandnortheast Somersetccg.nhs.uk/documents/strategies/commissioning-intentions-for-201617>

### **2. Pledge to be an Antibiotic Guardian**

The CCG is supporting Public Health England's campaign to encourage 100,000 people to make an antibiotics pledge by March 2016. During Antibiotic Awareness Week (16 – 22 November) we supported the global campaign with local PR and social media activity. Elizabeth Beech, one of our prescribing advisors seconded to NHS England to support with delivery of the five year antimicrobial resistance strategy, has also been involved in national awareness-raising events during the week.

Resistance to antibiotics is rapidly increasing so it is becoming more difficult to treat infections. This will affect routine patient care such as surgery and cancer treatment. Some countries have seen drug resistance rates more than double in the past five years, and in England the number of resistant infections is increasing each year. Research has shown that use of antibiotics can harm the good gut bacteria and leave people susceptible to other infections such as *Clostridium difficile* that are harder to treat.

In Bath and North East Somerset, GP practice prescribing of antibiotics has reduced from 124,500 prescriptions in 2013, to 112,157 prescriptions for antibiotics in 2015. Even so, one in four patients registered with a local GP, a total of 47,176 patients, was prescribed at least one course of antibiotics in the past year. Around half of all antibiotics prescribed by GP practices are for respiratory infections, and many of these are coughs and sore throats that will get better without antibiotics.

To sign up as an Antibiotic Guardian, visit [www.antibioticguardian.com](http://www.antibioticguardian.com)

### **3. 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 is now coming to a close following a two month period of provider and 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, included coordination of local services being handed down to groups of GP practices or local neighbourhood teams. Other proposals in the consultation included 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.

Over 50 community events or workshops were held during September and October and more than 500 people responded to the consultation survey. An outline business case will now be submitted to Council Cabinet and CCG Board in early December.

The consultation report can be found at [yourcareyourway.org](http://yourcareyourway.org)

### **4. Stay Well This Winter**

We are supporting the national campaign 'Stay Well This Winter' led by NHS England and Public Health England. The campaign is aimed at helping people prepare against the onset of winter and to raise awareness among those in key risk groups – such as the frail and elderly and those with long term conditions and respiratory illnesses.

Stay Well This Winter began last month with a national flu vaccination programme. It is being supported by national broadcast and print advertising and social media activity. Locally there is an ongoing direct marketing activity with leaflets distributed to homes and available at GP practices, dentists and the Council's one stop shops. Local press advertising includes a two-page spread in the Council magazine.

The campaign highlights the steps people can take to protect themselves and their families over the colder months and where to get urgent advice including visiting your local pharmacist or GP or by calling NHS 111.

## **5. Update on A&E performance**

The performance of our local health system improved in October with 93.5% of patients in A&E being seen within four hours. However this still falls short of the national target of 95%.

The System Resilience Group (SRG) is now overseeing implementation of a four-hour recovery plan to strengthen urgent care performance and ensure patients receive the highest quality care. The SRG brings together partners from across the local health and care system to plan urgent care services, reduce admissions via A&E (by ensuring non-life threatening emergency needs are met in or close to people's homes), improve patient flow through hospital and ensure appropriate after care and support at home or in the community.

One new initiative as part of the recovery plan is creation of an integrated discharge team at the RUH. This team comprises health and social care professionals so a patient's broader healthcare needs can be more effectively assessed to get them home quicker but with the appropriate level of support to ensure they continue to make a good recovery.

## **6. National Updates**

- At the time of submitting this briefing (19.11.15), the British Medical Association has announced that junior doctors have voted overwhelmingly in favour of industrial action including a full walk out. We will be monitoring how the negotiations progress and making plans with the Royal United Hospitals Bath NHS Foundation Trust (RUH) to mitigate the impact on services if industrial action does go ahead on 1, 8 and 16 December 2015.
- Simon Stevens gave a recent update at the Kings Fund about the Five Year Forward View. The key messages from this speech are that all areas will be required to produce sustainability and transformation plans by summer 2016. Nationally, consideration is being given to linking the share of £8 billion additional NHS monies to development of local plans. The focus for the future is expected to be on 'nascent health systems' and population orientated partnerships with a continued strengthening of primary care and out of hospital services.
- NHS England has announced the launch of the Primary Care Transformation Fund, a four year £1 billion investment programme to help general practice make improvements including in premises and technology. NHS England wrote to all CCGs in October inviting them to put forward proposals for investment in primary care infrastructure by end February 2016.

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## Health Select Committee Public Health Report: November 2015

### 1. Good performance against some major indicators:

- A. The latest “Healthier Lives” data is out from PHE (link below) and shows that BaNES is the 9<sup>th</sup> ranked authority in England for (low) premature mortality and the lowest in the South West if you don’t include Dorset ranked one place lower. Even taking into account our relatively strong economics that is a good outcome. This also gives us two challenges. One is to maintain that position and build on it, and the second is that it makes the point ever more strongly that we should be focusing on those sections of our communities whose health experience remains much poorer than average. And then there is the third of looking after ourselves as we get old in ever increasing numbers. <http://healthierlives.phe.org.uk/topic/mortality>
- B. The most recent sexual health data set shows that we have the lowest rate of teenage conceptions in the region too. This is after much effort has been made over many years to increase the availability and quality of both advice to young people about relationships and sexuality and also means of contraception. It is important that this is protected in economically difficult times.

The data set also showed that we have a high ratio of surgical against medical terminations in women of all ages. This is less desirable although it could be a matter of the choices that women make, but we do need to look into this to ensure that it doesn’t reflect any problems of access to medical services.

Upper Tier Local Authority	July 2013 - June 2014				Rolling average
	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	
Bath & NE Somerset	18.5*	12.1*	13.6*	13.3*	14.3
Bournemouth	21.2*	21.5*	18.6*	27.6*	22.1
Bristol	21.9	22.9	22.9	23.8	22.9
Cornwall & IOS	14.4	24.4	16.1	18.1	18.3
Devon	22.3	18.4	17.7	15.3	18.5
Dorset	15.4	23.8	18.0	18.9	19.0
Gloucestershire	17.8	17.0	18.6	13.4	16.7
North Somerset	20.7*	15.8*	16.4*	23.1	19.1
Plymouth	29.4	25.5	28.2	36.3	29.8
Poole	20.1*	21.6*	27.1*	35.9	26.1
Somerset	22.1	28.4	14.4	18.8	21.0
South Gloucestershire	10.6*	16.2	13.6*	17.8	14.6
Swindon	20.0*	24.9	16.0*	17.7*	19.7
Torbay	14.4*	32.1*	38.5	27.5*	28.2
Wiltshire	17.9	16.5	16.5	18.1	17.3
South West	19.1	21.1	18.4	19.6	19.6
England	22.2	24.3	23.9	23.2	23.4

\* denotes low reliability

Where there is updated data since the last committee meeting changes are mixed. There has been a fall in the suicide rate and an improvement in the rates of successful completion of non-opiate drug treatment, but also a small decrease in the uptake of the national breast cancer screening programme.

## **2. Public health budgets.**

The in-year cut was confirmed as being just over £542k which is very slightly (about £1k) less than the original figure in the consultation document. There is concern that while the NHS budget has been protected in the spending review the public health grant to local authorities may be cut despite the fact that it commissions a range of services that are very much within the NHS provision like “NHS health checks”, sexual health services, drug and alcohol treatment services, health visiting and school nursing. This is at the same time as some new preventive work like the diabetes prevention programme is being developed through the NHS. While all preventive work is to be welcomed, it is less than welcome that this is being channelled through the NHS in an untried programme when councils may have to lose evidence based programmes to meet targets.

## **3. Regional alcohol survey.**

Public health action conducted a region-wide survey which was just reported on. This focused both on drinking habits and on whether people knew about the range of illnesses that were increased with high alcohol consumption. The findings were alarming and some may be surprising.

- 1 in 3 adults in the South West drink at levels that exceed the Government’s guidelines and pose an increasing or higher risk of damaging their health
- 8 out of 10 of ‘at risk’ drinkers see themselves as ‘moderate’ or ‘light’ drinkers
- 7 out of 10 of these are not concerned about how much they drink
- Few understand the health risks with only 1 in 5 linking alcohol with breast cancer; 1 in 4 with dementia; 1 in 3 with bowel cancer and 1 in 2 with stroke
- Parents are more likely to drink very heavily (10+ units) than those without children when they drink
- Managers and professionals are more likely than routine or manual workers to drink heavily or binge drink (7+ units) when they drink

## **4. SHEU survey of health behaviours and attitudes in schoolchildren:** A wealth of information about our children and young people.

This will be presented in detail to children’s trust board. Findings broken down by gender and free school meals. Areas of strength and progress and areas for concern



## Other Positives : Primary

- Walking to school
- Cycle Safety
- School taking bullying seriously
- Alcohol
- Smoking



## Areas for development Primary (2015)

- Body image
- Sun safety
- Peer pressure
- Information about body changes as they grow up \*
- E-safety

\* dependent on when survey conducted

## Secondary : Areas for development

- Having lunch
- Sun safety
- Viewing upsetting images on-line
- Enjoyment of lessons
- Body Image
- Thinking school doesn't take bullying seriously (22%)
- Self harm (girls)

## Positive trends: Secondary



- More eating fruit and vegetables
- More pupils reporting they are LGB or questioning
- Fewer drinking alcohol & smoking
- More doing physical activity after school
- Better dental care
- Higher aspiration (to go to University)
- Views and opinions making a difference

### **5. Health implications of major regional plans:**

The joint spatial plans and the joint transport plans, along with place-making plans, housing and planning policies will all have major implications for health and wellbeing. The West of England Public health Partnership will look collectively at the regional level of planning and the BaNES team will be involved at local level to identify areas where health and wellbeing can be “built in”, or indeed where there may be risks.

### **6. Health improvement through contact with nature:**

BBC inside out programme and Bristol meeting on “Green Prescribing”.

### **7. Purple flag reaccreditation visit.**

Bruce Laurence

**Cllr Vic Pritchard, Cabinet Member for Wellbeing  
Key Issues Briefing Note**

**Health & Wellbeing Select Committee November 2015**

**Leadership Awards**

I am pleased to confirm that Andrea Morland, our joint Senior Commissioning Manager for Mental Health and Substance Misuse, was shortlisted for the South West Leadership Recognition Awards 2015 in the category of Leader of Inclusivity. This is for her work, along with a range of partners, including service users and carers, in leading B&NES' Mental Health Crisis Concordat, tackling the stigma associated with mental ill health and developing preventative, peer-support and wellbeing services.

Bath and North East Somerset was also shortlisted in the national HSJ (Health Services Journal) Award for the Commissioning for Carers Award. This recognises the work done in B&NES, under our joint-commissioning arrangement, which includes a joint carers lead (Angela Smith), in partnership with the Carers Centre to develop a wide range of support services for carers.

Whilst we did not win in either category, for both awards there were hundreds of nominations and to be shortlisted was a huge achievement and reason to celebrate the excellent work being undertaken in both areas.

***Your Care, Your Way***

Over the past ten months the Council and Clinical Commissioning Group have been listening to the views of local people and organisations delivering community health and care services. We have been working together to respond to what our community has told us and to develop proposals to improve the delivery of integrated health and care services for the people and communities of Bath and North East Somerset.

Formal consultation was launched on 10<sup>th</sup> September following agreement to the consultation document by Council Cabinet and CCG Board. Consultation closed at the end of October by which time we had reached 2,000 individuals, gathering feedback from service users, patients, carers and members of the public who may be services users in the future as well as from those people delivering and commissioning services. I would like to take this opportunity to thank all of those who did take the time to give us their views.

The Outline Business Case being considered by Council Cabinet on 2<sup>nd</sup> December and CCG Board on 3<sup>rd</sup> December recognises that not all aspects of community services need to change and acknowledges the need to build on the successes of the current provision and achievements of the workforce. We have a sound foundation on which to build and to ensure that community services are ready, flexible, and resilient enough for the future – not only to respond to the challenges of constrained resources but also to drive lasting and sustainable improvements in outcomes for our population.

The Outline Business Case sets out how public engagement consultation has shaped our vision, priorities and our strategy. It also sets out the proposed approach to market testing and future contracting arrangements following engagement with staff and organisations providing health and care.

The future of community health and care services in Bath and North East Somerset is a key strategic priority for the Council and will make a significant contribution to our achieving our Vision. Approval of the Outline Business Case is an important milestone in delivering health and care services that are fit for the future and achieve even better health and wellbeing outcomes for our people and communities.

### **Mental health early deaths report**

Some Committee Members may have become aware of an item on BBC news last week, which reported on a review by the Open Public Services Network which has indicated that the physical health needs of people with mental health problems are not being properly addressed. The study looked at deaths before 75 in 2011-12 in more than 200 local areas and found that almost one in four areas of England had unacceptably high rates of early deaths among people with mental health problems. In each area, the premature mortality rate was higher among those with mental health problems. B&NES was an area referenced in this report.

I, amongst others, was concerned about this report and sought assurances as this report did not appear to reflect the current understanding of performance in B&NES.

The report by the Open Public Services Network is based on data from 2011/12 when B&NES rates of early deaths amongst people with mental health conditions was higher than the national average. However, in 2012/13 (the most recent data available) our performance improved and our early mortality rate for people aged under-75 with a serious mental health condition was in line with the rest of England. This doesn't mean to say there is not still work to be done and the CCG and Council do want to reduce further the number of early deaths amongst those with a mental health condition. Both the Council and the CCG will continue to work collaboratively with our partners to ensure people receive the best physical and mental health and social care services and benefit from early intervention to help keep them safe.



# healthwatch

Bath and North East  
Somerset

Healthwatch B&NES report to the Health and  
Wellbeing Select Committee - November 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.

### **Summary of the Healthwatch B&NES year 3, quarter 2 report:**

During the period July – September 2015, Healthwatch B&NES heard 81 comments about health and social care services, covering around 35 different service providers.

44 comments were received through Healthwatch information stands at community and healthcare settings, 20 comments were received through staff attending public events and 8 via the online Feedback Centre on the Healthwatch B&NES website.

Of these comments, 45 were related to services provided by the Royal United Hospitals Bath NHS Foundation Trust (RUH). The high number is primarily due to a public session that Healthwatch B&NES held at the end of July for people to find out more about the site's 'Fit for the Future' redevelopment plans. Healthwatch was grateful to have Steve Boxall, Head of Capital Projects at the RUH present to tell us more about the plans and answer people's questions. In addition commentary has been received through the rolling programme of engagement that Healthwatch B&NES is carrying out with the RUH, in partnership with Healthwatch Wiltshire.

## HEALTHWATCH

### B&NES:

- 81 comments were received from July – September 2015 (Year 3, quarter 2)
- Comments sentiment: 43% of comments were positive, 45% were negative, 7% mixed and 5% neutral
- The most positively reported type of comment was quality of treatment (23 comments), followed by nurses, midwives and health visitors, and doctors (14 comments each)
- The most negatively reported type of comment was regarding patient transport and access for people with a disability (7 comments each)

Of the 45 comments, 19 were related to the excellent quality of care people had received at the RUH, and the fact that people feel it is often better than other hospital facilities. Eight comments highlighted where parking is an issue, particularly for those people with mobility issues or disabilities, and five comments were related to waiting times at departments and appointments.

Four other service providers received multiple comments, including B&NES Council, Arriva Transport Solutions Limited, Sirona Care & Health CIC (Paulton Minor Injuries Unit) and IDH Limited (Bath Oldfield Dental Centre). All comments regarding IDH Limited were received through the Feedback Centre at [www.healthwatchbathnes.co.uk](http://www.healthwatchbathnes.co.uk) (see snapshot below).

Bath Oldfield Dental Centre was visited by the Healthwatch B&NES Enter and View volunteers in August 2015.

During the visit positive feedback was received about the ease of appointment booking, including same day appointments. One patient highlighted a negative experience in the past, however treatment is better now.

Three recommendations were made by the Enter and View team, including: making information available to patients about the price of treatments (NHS and private patients) and how to make a complaint. To view the full report W: <http://bit.ly/1SKApoe>

The screenshot shows a 'Feedback' section with a 'Leave feedback' button. It displays '3 responses from the local community' and a 'Sort by' dropdown menu set to 'Date'. Three reviews are listed, each with a 2-star rating and an anonymous reviewer:

- Cancelled appointment twice, then forgotten**  
Rated by Anonymous, 24th July 2015  
Do not go here! I had two appointments cancelled (one... more ▾  
Leave a provider response ? | Report Feedback
- They push too many appointments in, rushed.**  
Rated by Anonymous, 17th July 2015  
Kept trying to make an appointment for when the dentist... more ▾  
Leave a provider response ? | Report Feedback
- Very poor service, negligent dentist.**  
Rated by Anonymous, 15th July 2015  
Went because of cavity. Dentist was rude and rushed initial... more ▾  
Leave a provider response ? | Report Feedback

During the period July – September, Healthwatch B&NES also carried out an Enter and View visit to Rosewell Country Home. The report can be viewed W: <http://bit.ly/1MYy98v>

Three general themes have been pulled from the 81 comments Healthwatch B&NES received during this period. They are:

- 1) Commentators appreciate service staff showing **kindness, care and respect and taking time to explain and inform** services users. This was seen as part of an **excellent, quality service**.
- 2) **Waiting times for appointments and referrals** has been a negative experience for some commentators. This was especially so when the waiting time was not explained, or patients were not given alternatives.
- 3) **Public transport options** to hospitals are **not satisfactory** to commentators, **with long waits, poor experiences and routes that are not convenient** for them.

The full report is due to be published shortly and will include a full breakdown of the services and service providers that these comments relate to. The report also includes responses from service providers to the themes that emerged from the previous report April – June 2015. The report will be available at W: [www.healthwatchbathnes.co.uk](http://www.healthwatchbathnes.co.uk)

#### **Further information and contact:**

My apologies for not being able to present this report to you in person on 25 November. If you have any questions, or would like any further information about the contents of this report, please don't hesitate to get in touch.

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