Bath and North East Somerset Council

HEALTH AND WELLBEING SELECT COMMITTEE

Minutes of the Meeting held

Wednesday, 27th January, 2016, 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 (Director, Adult Care and Health Commissioning), Emma Bagley (Policy Development & Scrutiny Project Officer) and Sue Blackman (Your Care, Your Way Project Lead)

Attendees: Dr Ruth Grabham (CCG), Dr Bruce Laurence (Public Health), Alex Francis (Healthwatch), Clare O' Farrell (RUH), Emma Mooney (RUH), William Bruce-Jones (AWP)

Cabinet Members in attendance: Councillor Vic Pritchard

47 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

48 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the emergency evacuation procedure.

49 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillor Geoff Ward had sent his apologies to the Select Committee.

50 DECLARATIONS OF INTEREST

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

Councillor Eleanor Jackson declared an other interest in Agenda Item 12 (The Strategic Direction of the RUH) as she is a member of the RUH Foundation Trust.

51 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

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

Pam Richards representing Protect Our NHS Bath and North East Somerset addressed the Select Committee. She explained that the group consisted of public and patient groups and they had conducted a survey in September 2015 of all GP practices in B&NES, receiving 51 replies, a response rate of 34.5%.

A copy of the survey will be available online as an appendix to these minutes and placed on the Select Committee's Minute Book, summary is set out below.

Almost all said they had increasing workloads, with added pressures from both community and secondary care and from increasing patient demand.

92% of those who responded said they were concerned about the ability of their practice to deliver a comprehensive service, including out of hours services, on the basis of current resources. They said that net practice income is currently inadequate and/or falling, and mentioned the high and rising costs for locum and agency staff. Many said their practice was financially unsustainable, and the new funding formula was seen as hitting practices in the most deprived areas. They spoke of lack of staff and serious problems with recruitment, especially replacing senior GPs and partners who are retiring.

96% of respondents said that the government's planned funding of the NHS over the next 5 years is not adequate to deliver the government's plans for nationwide 7-day healthcare. They said the level and timing of this funding was unclear but the indications are that funding will not be enough.

Several felt that patients did not actually want 7-day GP access and pointed out that what exactly was meant by 7 day healthcare was not clear. Others were worried that routine care by practices cannot be delivered over the weekend unless weekday services are cut, and unless GPs have access to 7-day diagnostic, therapy and social care services. A substantial number said in their view this proposal had not been properly thought through.

98% of GPs who responded said their patients had experienced delayed hospital discharge due to difficulties in organising social care in the community. They said this is now a regular occurrence and is getting worse. They detailed the missing services, complex processes and lack of placements, and noted that the problem was worse for patients with complex needs, and for those funding their own care. They pointed out that insufficient provision of timely social care in the community also leads to many more patients being admitted to hospital in the first place.

When asked about their views on the increasing role of private healthcare companies in providing NHS clinical care, 91% of those who responded had a range of serious concerns. Many said that private healthcare is moving money out of the NHS and will drive up costs in healthcare. The same number saw the profit motive in private healthcare as damaging the quality of care offered to patients.

Finally, when asked if they had any concerns about the future of the NHS as a publicly resourced service, free for all at the point of delivery, 94% of respondents said they had, and these ranged from the quite worried to the seriously desperate

and disillusioned. Almost all said current funding levels were a major concern, and many mentioned the ever-increasing levels of patient needs, demands and expectations.

Councillor Lin Patterson asked if she knew the extent of GP vacancies in the area.

Pam Richards replied that she did not have that information to hand, but that it would be good to find out. She added that she was aware that some surgeries across the country had closed due to a lack of staff.

Councillor Lin Patterson asked if she had any evidence that seven day healthcare provision was required within B&NES.

Pam Richards replied that locally some surgeries were accessible on Saturday mornings and in the evenings. She added that anecdotally she had heard that it was not necessary and that there was concern that it would affect the funding of the five day service.

Councillor Paul May asked how Protect Our NHS Bath and North East Somerset were funded.

Pam Richards replied that it was a voluntary group of around 250 people that was funded by the members of the group.

Councillor Paul May commented that the relationship between the Council and the NHS was important. He added that he supported the proposal for a seven day service as he felt it would provide more opportunities for patients.

Councillor Eleanor Jackson offered her compliments on the number of responses generated by the survey, but said that she would have liked to see further information from the BS31 area. She said that the issue of delayed discharge had first come to light during the Homecare Survey carried out by the Council in 2010/11 and that this was something that would require further analysis when the review was due to take place in 2017.

She also highlighted the lack of dementia beds and her concerns over the levels of recruitment.

The Director for Adult Care and Health Commissioning reminded the Select Committee that they were due to receive a report regarding Domiciliary Care at their May meeting which would address capacity and any potential gaps in the service.

Councillor Tim Ball commented that if a similar survey was carried out in the future he would like to see a more positive line of questioning.

Pam Richards replied that the survey was designed to be short on this occasion to gain responses and that the comments received should be seen as more important as they provide a level of detail.

The Chair said that the comments raised during debate and the survey results would be taken on board during future work on this matter.

53 MINUTES - 25TH NOVEMBER 2015

Councillor Lin Patterson asked for an amendment to Minute 42 (Healthwatch Update) on page five of the minutes. She suggested that the word 'apprehensive' be replaced by the word 'comprehensive' so that the sentence reads.

The Committee thanked Healthwatch officers for such a comprehensive update.

Councillor Eleanor Jackson asked for an amendment to Minute 39 (Clinical Commissioning Group Update) on page three of the minutes. She asked that the word 'non' be inserted so that the sentence reads.

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

The Select Committee confirmed the minutes of the previous meeting with those amendments included as a true record and they were duly signed by the Chair.

54 CLINICAL COMMISSIONING GROUP UPDATE

Dr Ruth Grabham addressed the Select Committee, a summary of the update is set out below.

- **Update on A&E performance**

Between the months of March to December 2015, an average 89.3% of patients were seen in A&E at the Royal United Hospitals Bath NHS Foundation Trust (RUH) within four hours. In December this percentage dropped to 86.6% against a national target of 95%.

The System Resilience Group (SRG) continues to oversee 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.

- **Health and care partners work together to get patients *'Home for Christmas'***

'*Home for Christmas*' was a system-wide initiative to increase patient flow through the RUH, ensure people benefited from a timely, effective and safe discharge and ease pressure on beds over the Christmas period by creating some additional capacity. Monitor had asked the RUH to create a 20% reduction in bed occupancy (118 beds) by Christmas Eve to help the system cope with the anticipated increased demand during the rest of the month and New Year period.

The event was led by the CCG with the support of the SRG. Representatives across our different organisations met daily as part of a tactical coordinating group to assess and put in place the right package of care for those patients who were sufficiently well to be discharged to move home or into the community. By midnight on Christmas Eve just over 30% of beds were unoccupied at the RUH.

- **Results of GP survey**

A recent patient survey has highlighted high levels of satisfaction with GP services locally. The GP Patient Survey is an England-wide survey conducted by Ipsos MORI on behalf of NHS England. 3,139 patients completed the survey in Bath and North East Somerset during spring and summer 2015. 92% rated their experience of their GP surgery as good (compared to a national average of 85%), 90% were able to get the appointment they needed (national average was 85%) and 87% said it was easy to get through to practice staff on the telephone (national average of 70%). Satisfaction with out of hours' services was lower at 73% but this was still higher than the national average of 67%. The survey results are being shared and discussed within practices to further improve patient experience.

- **New Genomic Medicine Centre planned**

A new Genomic Medicine Centre, based in Bristol, is to open by February 2016 as part of a three-year project to transform diagnosis and treatment for patients with cancer and rare diseases.

The CCG is member of a partnership called the West of England NHS Genomic Medicine Centre which includes NHS providers and commissioners, universities, patient organisations and the West of England Academic Health Science Network.

Across the UK, clinicians will be collecting and decoding 100,000 human genomes – complete sets of people's genes – that will enable scientists and doctors to understand more about specific conditions. It could allow personalisation of drugs and other treatments to specific genetic variants. Patients choosing to be involved will take part in a test which will then be processed in a lab at Southmead Hospital, before being sent nationally for sequencing.

Addressing the statement made by Pam Richards, Dr Grabham spoke of how GP vacancies were on the increase and that one of the main causes was the early retirement of older GP's. She added that the partner option at a surgery was now not so attractive. She said that she had been at her surgery for 25 years and had noticed an increase in the level of bureaucracy and administration required.

She informed them that an opportunity to investigate different ways of working was available through the Vanguard Project. The project would look at how practices can work more together.

She said that the guidance relating to seven day working was not explicit and that it was hoped they could define this locally. She added that every surgery has a Patient Participation Group and they will be consulted as part of the process.

Councillor Paul May stated that it was good to see the levels of patient positivity from the survey. He added that in his view care for the elderly would benefit from a seven day service.

Dr Grabham replied that there was already a specific service in place in addition to the out of hours service that provided continuity for elderly patients over the course of a weekend if they have just been prescribed a new course of medication.

Councillor Eleanor Jackson asked if seven day working would be more of an issue for female GP's who are more likely at some point to have care responsibilities.

Dr Grabham replied that currently most GP's that qualify are female. She said that a full time GP would work 8 sessions which was the equivalent of 4 days and that there was no expectation for a GP to work all seven days. She added that further engagement was required on the matter and that an application to the Transformation Fund was due.

Councillor Eleanor Jackson if she possibly knew why new residents in Writhlington were being asked to register with practices in Frome.

Dr Grabham said that she was unsure as to why the practise would have made that decision.

The Cabinet Member for Adult Social Care & Health, Councillor Vic Pritchard said that he was awaiting a response to the matter raised by Councillor Jackson.

Councillor Lin Patterson asked if she could explain why she felt that there were increasing levels of bureaucracy within the role of a GP.

Dr Grabham replied that alongside an increasing range of complex patient needs that there is a rise in the number of records that need to be kept, especially relating to quality of service.

Councillor Brian Organ asked if there was an increased pressure on the 111 service and if GP liaison within it could be improved.

Dr Grabham replied that a good range of services are provided through the 111 service, but reminded the Select Committee that the telephone operators are not clinically trained. She said that the questions they ask are generated electronically. She added that in the case of the young child highlighted in the media this week he had already been seen six times previously by a doctor.

She stated that there was a clinical oversight of all 111 cases locally and that additional training will now be provided for operators.

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

55 CABINET MEMBER UPDATE

Councillor Vic Pritchard, Cabinet Member for Adult Social Care & Health addressed the Select Committee, a summary of his update is set out below.

Delivery of 24/7 Mental Health Liaison Service in the Royal United Hospital

He said that he was pleased to confirm that investment from both the CCG and, also, NHS England in a "twilight" service, extending until midnight, when AWP's Intensive Team takes over provision until 8am, the Mental Health Liaison Service will operate on a 7-day a week, 24 hour basis. This is a key service to ensure Parity of Esteem in the acute hospital and, also, the provision of 7-day services. The service also enhances partnership working between providers of health and care and other partner organisations, including the Police. This active management of the care pathway ensures that there are very low numbers of patients considered to be Delayed Transfers of Care in the RUH attributable to mental health needs.

Additional accommodation-based services for men and women with complex needs who are fleeing domestic abuse

In October we submitted a partnership bid to DCLG for £100k worth of funding to set up additional accommodation based services for women and men who have complex needs and are fleeing domestic abuse. The Council will be working closely with Curo, DHI, Julian House and Next Link to set up the new service. The funding will enable the establishment of 8 additional units of accommodation in Bath and North East Somerset and the employment of two part-time support workers who will act as a lead professional to help build resilience and support recovery and to link the clients in with existing services and activities where necessary.

Between a minimum of 24 and a maximum of 32 victims and their families will be helped in the 8 new units of refuge accommodation. The service will be able to support local clients with complex needs including clients known to Connecting Families Team and other high support services as well as those with larger families.

Substance Misuse Services

A new PAD (Post Alcohol Detox) service - jointly designed by Solon Housing, DHI and SDAS (Specialist Drug and Alcohol Service) to support a gap in service for complex clients facing social exclusion as a result of combined problematic alcohol and housing issues - was launched on 25th November 2015. The 5-bed service is based in Rackfield House for clients who have already under-gone an alcohol detoxification and are vulnerable. Therapeutic support is provided by DHI and SDAS to reduce the risk of relapse. This innovative initiative has been achieved at no additional cost through collaborative working. The service is already full and providers may explore the need for an additional woman-only house.

He announced the possibility of there being a 2% precept within the Council Tax to provide funding for Adult Social Care.

Councillor Tim Ball commented that the PAD service was most welcome and that he hoped that it would be a long term service.

Councillor Pritchard replied that it was very much the intention for it to be an ongoing service.

Councillor Paul May said that he felt it was important how patients with dementia or mental health issues were dealt with when returning to a service they had previously used.

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

56 PUBLIC HEALTH UPDATE

Dr Bruce Laurence, Director of Public Health addressed the Select Committee, a summary of his update is set out below.

Suicide Prevention

Our Suicide Prevention Strategy Group has now agreed the BANES Suicide Prevention Strategy for 2016- 2019. 2012-14 data shows a slight decrease in the number of deaths by suicide in BANES. Following a period when BANES had gone above the England average this means it is now the same, unlike the SW as a whole which remains higher than the England average.

Warm homes

Current public health training sessions with housing colleagues aimed at frontline practitioners who come into contact with vulnerable and low income groups who are at risk from living in cold homes. 35 practitioners from a wide variety of organisations are due to attend. This is linked to the large grant we received last year to make heating and insulation improvements in people's homes who suffer with a long term condition, disability etc. referrals need to come via a health/social care practitioner.

National Child Measurement Programme results 2014-15

Reception Year (4/5 year olds) – Nearly one in four are overweight or obese; and around one in nine are obese (both similar to national and regional rates).

Year 6 (10/11 year olds) – just over one in four are overweight or obese; and around one in seven are obese (both lower than national and regional rates).

No significant changes in figures since 2006/07

There have been sensitivities around this programme which we are working on. A national childhood obesity strategy is expected shortly.

Alcohol

We are taking part in a new project with Alcohol Concern and Adfam to address the needs of families and carers of treatment resistant drinkers, which will begin in February 2016.

This project will work with family support and treatment providers, and families/carers themselves to survey and analyse their experiences at a local level.

New alcohol consumption guidelines have been published. They are now gender equal and have settled on the previous, and lower, women's total. The guidance and the responses demonstrate how difficult it is to encapsulate the complex interaction of human and ethanol into simple rules… but the growth of alcohol related illness demonstrates the need to provide some guidance.

Survey for Making Every Contact Count (MECC) continuing professional development needs

MECC is about the principle of engaging a wider group of people as potential health champions, and Public Health England's local network is looking for interest and needs in a "second wave" of people, including Councillors following a first wave survey of the health workforce and subsequent training last year.

Councillor Tim Ball said that he was concerned over potential bullying from the results of the Child Measurement Programme and said that his own grandchildren had withdrawn from the survey as he felt that it should be led by GP's not schools.

Dr Laurence replied that information relating to the results should only be given to the parents and that children are not directly advised to lose weight but to have a better diet and take part in more exercise.

Councillor Tim Ball said that it was likely that children would talk about the matter directly after being weighed.

Councillor Lin Patterson asked if there were any records that would show that hospital admissions due to air pollution, specifically from the London Road were a concern.

Dr Laurence replied that it was nearly impossible to have data that was this detailed and that there would need to be a substantial level of cases to perform an analysis.

Councillor Eleanor Jackson wished to congratulate those associated with Mental Health Services and suicide prevention. She suggested that farmers, due to increased work pressure and isolation and cancer patients could be two groups to monitor.

Dr Laurence thanked her for her comments and said he would take them on board.

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

57 HEALTHWATCH UPDATE

Alex Francis, Interim General Manager addressed the Select Committee, a summary of her update is set out below.

Partnership working

Healthwatch is working with NHS B&NES CCG and B&NES Enhanced Medical Services (BEMS+) to host a joint public event in January. This event will provide an opportunity for interested parties to review the first year of the pilot project, Primary Care: Preparing for the Future. Two public events took place in spring 2015, prior to the pilot starting, to gather feedback on how the pilot should look and any specific considerations it should make to support the most vulnerable or 'at risk' patients.

Supporting quality

Healthwatch has a volunteer representative on the NHS B&NES Clinical Commissioning Group's (CCG) Quality Committee. This committee carries out a 'deep dive' every month on a specific service in order to identify good practice and service improvements. Healthwatch has contributed two detailed reports during this quarter, sharing patient and public experiences on services provided by Avon and Wiltshire Mental Health Partnership NHS Trust and Arriva Transport Solutions – South West.

Mental Health and Wellbeing Charter – Work is continuing on the Charter; Healthwatch B&NES and The Care Forum's Voluntary Sector Service have been supporting New Hope and St Mungos Broadway to promote focus groups with service users and the voluntary sector to discuss the draft charter.
It is hoped that the charter will provide a reference point for service users and their families/ carers to understand what support they can expect from mental health professionals and service providers. The charter will provide a tool for service users and their families to 'review' their experience against and an evaluation method for mental health professionals, service providers and commissioners to use to assess the quality of their treatment and service provision.

She informed the Select Committee that the current contract for Healthwatch was due end in March 2016 and that they were awaiting a decision on funding. She added that she hoped that they would be able to continue with all their current work.

Councillor Paul May asked who provides the funding for Healthwatch.

Alex Francis replied that it was B&NES Council.

Councillor Paul May said that he felt it currently worked exceedingly well on behalf of patients within the Council.

Councillor Lin Patterson said that she thought that they provided a valuable service.

Councillor Eleanor Jackson said that she was concerned over the lack of clarity over the contract given the close proximity of March. She stated that she would like the current contract to be continued.

Alex Francis stated that Healthwatch would still exist, but it would be a matter of who provides the service and represents them.

The Director of Adult Care and Health Commissioning said that an update should be sought from the Strategy & Performance department as to the current status of funding negotiations.

Alex Francis said the decision relating to funding was likely to be given next week.

Councillor Eleanor Jackson said that a long contract would be of benefit to provide a continuity of service.

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

58 THE STRATEGIC DIRECTION OF THE RUH

Clare O'Farrell, Associate Director for Integration introduced this item and gave a presentation to the Select Committee. A copy of the presentation is available online as an appendix to these minutes and on the Select Committee's Minute Book, a summary is set out below.

NHS Five Year Forward View – the national mandate

- Health and wellbeing
- Care and quality
- Funding and efficiency

Planning for 2016/17 – 2020/21

- Individual organisational strategies > > > Community Sustainability and Transformation Plan
- System wide engagement and alignment

Our vision and strategic ambitions

- Provider of Choice
- System Leader
- Provider without walls
- To care, To innovate, To inspire

An estate fit for the future

- Creating a healing environment for our patients.
- Making it easier for staff to do their job
- Improving productivity and efficiency
- Flexible designs that are 'future-proofed' and recognise changes in service
- Support for service integration eg RNHRD

Completed major projects

- NICU 2011

- Path Lab 2013
- Apley House (IM&T) 2014

Work in progress

- Pharmacy
- 300 space car park opens Spring 2016, consent granted to create a further 50 spaces over time

Therapies / RNHRD and the new Cancer Centre

- New therapies / RNHRD Centre opens spring 2018
- Cancer Centre opens Summer 2020

Councillor Paul May said that he felt there was a lack of detail within the report and that this concerned him. He said that he also had doubts as to the success of the Cerner Millennium system.

The Chair said that she wanted the report to define the role of the RUH and asked if it saw itself as either a General or Specialist Hospital. She also asked if it saw itself in competition with Bristol.

Clare O'Farrell replied that the Cerner Millennium Project had a successful go live date and that it had enabled web access for some systems and provided a level of interoperability. She added that the RUH was not looking to compete with Bristol and wanted to be the best District General Hospital that it could be.

Dr Ruth Grabham added that the Connecting Care software allows GP's and Hospitals to see patient records. She said that further discussions were due to take place within the Transformation Group as the RUH have declined to take part.

The Director for Adult Care and Health Commissioning confirmed that the Council had agreed to take part in Connecting Care. The Committee requested an update from the RUH regarding their decision not to participate. The Committee confirmed that they would wish the RUH to reconsider their decision not to participate.

Councillor Eleanor Jackson said that she felt that the majority of residents want a local service that is provided locally. She added that it remains difficult for some residents to travel to Bristol.

Clare O'Farrell said that the RUH looks to use specialist services available at Bristol, Oxford and London when it is necessary for its patients. She added that they have web enabled access to the records held within Wiltshire via the TPP System.

Councillor Bryan Organ commented that for future working a fully integrated computer system is key.

Councillor Tim Ball said that he wanted computer systems to be able to talk to each other and said that Cloud based systems can be very secure. He added that he was pleased to hear that the RUH was not looking to compete with Bristol and asked that they focus on services that they can provide to elderly and young patients.

Clare O'Farrell replied that she would report back to colleagues that the Select Committee would like to hear more about the future of their Clinical Services.

Councillor Lin Patterson asked if some of the £3.1m investment in nursing posts over the last two years had been spent on agency staff.

Clare O'Farrell replied that as they look to recruit in totality that a number of post had been filled with agency staff. She said that over the past year there had been a reduction in the amount spent on agency staff and that in general they have a good recruitment and retention of staff.

Councillor Paul May assured the representatives present that the Select Committee wants to support the work of the RUH.

The Select Committee **RESOLVED** to note the report and asked for an update from the RUH regarding an integrated IT system.

59 RUH / RNHRD INTEGRATION

Clare O'Farrell, Associate Director for Integration introduced this item to the Select Committee. She stated that during the Patient and Public Engagement activities 350 past and current paediatric CFS/ME patients and 120 past and current paediatric rheumatology patients were sent a letter outlining the proposals, the rationale for change and inviting them to the service specific engagement events held in December 2015. She said that a survey was also attached with the option to complete a hard copy or online.

She said that overall the respondent's had replied positively on the service they are currently receiving, and there have been positive comments in relation to the proposed new location and the dedicated children's unit on the RUH site.

She said that subject to the Select Committee's endorsement of the proposal to relocate these two paediatric services to the RUH, the Specialist Paediatric CFS/ME service will relocate from its current location on the Mineral Water Hospital site to the dedicated children's unit at the RUH at the end of the 2015/16 financial year. The Paediatric Rheumatology service may relocate slightly later than this.

She explained that the next phase of Public and Patient Engagement activities relate to proposals to relocate the RUH Sexual Health services and the RNHRD Adult Fatigue Management services. PPE activities will commence in February 2016.

Councillor Lin Patterson asked what was meant by the term 'part year' in the table on page 29 of the agenda.

Emma Mooney, Head of Marketing & Communications replied this was around six months.

Clare O'Farrell added that they were not expecting to see a significant increase in these figures. She added that consultation relating to each service would take place and that the majority of services would not move until the new building has been completed.

Emma Mooney said that focus groups would be involved in the design of the new buildings.

The Select Committee **RESOLVED** to;

(i) Note the outcome of the impact assessments and patient and public engagement activities which confirmed that the effects of this change are considered minimal and that there are a number of positive aspects to the change.

(ii) Endorse the proposal to relocate the Paediatric Specialist CFS/ME and Paediatric Rheumatology Services from the Mineral Water Hospital to the dedicated children's unit on the RUH site.

60 AWP - JOINT HEALTH SCRUTINY WORKING GROUP

The Director for Adult Care and Health Commissioning introduced this item. She explained that the cover report had a focus for B&NES whilst the Joint Scrutiny Report was attached at Annex A. She drew their attention to the eight recommendations within the cover report.

Councillor Eleanor Jackson stated that it had been nine months since Councillors had met with AWP and that they needed to make sure they were carrying out their recommendations. She proposed that if local work was still required a Task & Finish Group could be put in place.

The Director for Adult Care and Health Commissioning said that a new inspection by the CQC was due in May 2016 which is likely to result in a further action plan.

Councillor Vic Pritchard, Cabinet Member for Adult Social Care & Health said that as a member of the cross party working group that met as a result of the previous CQC report it was a good opportunity to meet the AWP management team. He added that the process was led by Wiltshire as they had the majority of concerns.

William Bruce-Jones, AWP stated that services locally have improved considerably. He said that the next inspection would report on services across AWP, not on services within each locality and it would therefore be potentially difficult to extract relevant local information.

Councillor Eleanor Jackson wished to thank Emma Bagley for her work on the joint scrutiny for B&NES and Henry Powell in Wiltshire. She said that the other Local Authorities will have to form a view on future joint working proposals.

The Director for Adult Care and Health Commissioning said that the Select Committee would still receive regular reports and briefings relating to all mental health services in B&NES including those provided by AWP and, of course, information on specific issues as and when it requests it.

Councillor Paul May thanked Councillor Pritchard & Councillor Jackson for their participation in the Working Group.

Councillor Lin Patterson asked for an explanation of a Section 136 Protocol.

William Bruce-Jones replied that this related to Police powers under the Mental Health Act to detain a person for up to 72 hours for further investigation and assessment within a designated place of safety. He added that this was currently located within Southmead in Bristol and occasionally the custody suite in Keynsham was used.

Following a brief debate the Select Committee **RESOLVED** to approve the following recommendations from the Joint Scrutiny Panel report;

(i) Recognises and appreciates AWP's positive and open engagement in the process.

(ii) Recognise that improvement measures were underway prior to the CQC inspection report being published and these appear to being followed through.

(iii) Notes the changes in leadership at both executive and board level, shortly before and after publication of the CQC report.

(iv) That Cabinet Members and Health and Wellbeing Boards respond to
a) The concerns reported that Delayed Transfers of Care (DToCs) equate to a significant percentage of out-of-Trust placement bed days for older people and of out-of-Trust bed days for adults requiring acute inpatient care,
b) Provides information of what is being done to address this.

(v) Recommends that CCGs assess with AWP the requirement for a common Section 136 Protocol in line with the Mental Health Act Code of Practice. At the same time, that consideration is given to realigning those places of safety with the appropriate constabularies as custody suite sites are reviewed.

(vi) That the Cabinet Member and the Health and Wellbeing Board investigate the concerns reported by AWP regarding housing or step-down accommodation for patients with no fixed abode and the impact on Delayed Transfers of Care (DToCs) so that appropriate action can be taken if necessary.

(vii) That CCGs and Health and Wellbeing Boards respond to concerns highlighted by the CQC report and echoed by AWP regarding:
- Limited availability of beds being a Trust-wide issue, with intensive, acute and older people's beds always being in demand;
- Bed pressures meaning that care has sometimes been provided away from patients' home area, making it difficult to maintain the support of loved ones.

The Select Committee decided to defer the recommendation set out below until the next inspection by the CQC had taken place.

(viii) Invites participating health scrutiny committees to hold discussions regarding the merits of a longer term cross-authority scrutiny group to

monitor the AWP improvement programme and the Trust's performance in the future.

61 INTRODUCTION TO NHS SPECIALISED SERVICES

In the absence of Dr Lou Farbus this item was deferred until a future meeting of the Select Committee.

62 YOUR CARE, YOUR WAY UPDATE

Sue Blackman, Project Lead for Your Care Your Way gave a presentation to the Select Committee, a brief summary is set out below.

Key decisions for Governing Bodies

Consultation
Financial Planning
Contracting Model
Market Testing

Engagement Approach

Method: Workshops / Surveys / 1:1's
Statistics: Over 2,000 individuals reached / In excess of 500 survey responses
Topics: Vision / Commissioning Models / Priorities

Public Engagement Analysis: Top 5 Priorities

A person, not a condition
A single plan
Invest in the workforce
Focus on prevention
Joining up of IT systems

Public Engagement Analysis: Models

Preference towards Model 3 – GP Led Wellbeing Hub
Providers also shared this preference

Public Engagement Analysis: Demographics

Majority of respondents were female
Work to do regarding respondents aged under 25 and over 75

Public Consultation: Key Findings

Better communication between providers will be needed to facilitate transformation.

There will be challenges around funding the new model given the financial pressures upon NHS and Council budgets.

More resources to be invested into front line care rather than creating new management and/or bureaucratic structures.

We must build on existing strengths and relationships rather than starting from scratch.

We must join up data across providers.

Key funding reduction principles

The funding envelope will be adjusted from the 2016/17 baseline to align with Council and CCG reductions in health and care funding arising from both organisations' financial planning and annual budget-setting processes.

Identified areas for cash-releasing efficiency savings or improving value will need to align to new commissioning & provider delivery models.

Demographic change pressures will need to be managed within available resources.

New investment requests will reviewed on an individual basis and require sound quantitative and qualitative evidence of system benefits.

Commissioners and providers will continue to work in partnership to jointly identify areas of opportunity including back office efficiencies.

Recommended Approach

A Prime Contract
Commissioner > Prime Contractor > Third Sector Providers

and

Dynamic Purchasing System – Commissioners directly accessing services from Third Sector Providers

The Director for Adult Care and Health Commissioning stated that the Council was not a direct provider of services and that she anticipated that a number of services will be provided by not for profit organisations.

Councillor Eleanor Jackson asked what accountability does the Council have with the sub-contractors. She added that she had some concerns over the future of Community Transport to hospitals.

Sue Blackman replied that the Commissioners hold the accountability for the sub-contractors. She added that transformation change must be managed closely and carefully and that IT systems must become aligned.

Councillor Lin Patterson asked if resources would allow for workforce investment.

Sue Blackman replied that training strategies exist across the majority of our providers.

The Chair thanked her for her presentation on behalf of the Select Committee.

63 SELECT COMMITTEE WORKPLAN

The Policy Development & Scrutiny Project Officer informed the Select Committee that the RUH had advised her that they would like to bring some matters to their attention at future meetings

May: GUM (Genito-Urinary Medicine), Sexual Health Services and Adult Fatigue

Sept: Rheumatology, pain, therapies, biologics and clinical measurement

Councillor Eleanor Jackson asked that the next CQC report relating to AWP be added to the future items section of the workplan.

The Select Committee approved these proposals.

The meeting ended at 2.30 pm

Chair(person) .....

Date Confirmed and Signed .....

Prepared by Democratic Services

Health and Well Being Select Cttee – Wed Jan 27th 2016

My name is Pam Richards and I co-ordinate Protect Our NHS BANES. This is a local non party political campaign network working to raise awareness of the implications of the Health and Social Care Act 2012 and its effects on healthcare services. We aim to work with the public, patient groups, Health Watch, NHS staff and local decision makers to protect local services from privatisation, fragmentation and closure while supporting improved quality and access to healthcare services.

Hopefully you have all had the opportunity to read 'The Doctors Diagnosis – current issues in the provision of GP services in Bath and North East Somerset'. The survey that we conducted of local GPs clearly demonstrated that they have grave concerns about

1. the rising demand for GP services from patients and also as a result of the transfer of care services from secondary to primary care. The workload of GPs has increased with resulting pressures and stress.
2. problems with the recruitment of GPs particularly partners. We know from other sources that this is a national problem. GPs commented that junior doctors are less willing to go into general practice. There are also problems recruiting other personnel. All this leads to greater stress and higher costs for hiring agency and locum staff.
3. the squeeze on funding year on year given the higher demand and expectations of patients and additional government requirements. GPs said that they cannot go on doing more for less.
4. the proposals for a 7 day a week GP service and how this would be funded and staffed. Concern was voiced that this could take resources away from weekday working unless there was significant investment. Considerable doubt was expressed whether Sunday working, for example, was wanted or needed.
5. delayed discharges from hospital were a regular and increasing occurrence. GPs stated that this had an adverse impact on their patients and on hospital budgets. It was also pointed out that preventable admissions to hospital were often the result of a lack of care services in the community. Many GPs commented that the market is not always able to deliver timely or flexible care packages and that community health services are very stretched at a time when needs of older people are becoming increasingly complex.

We are particularly concerned about these comments on delayed discharges. There appears to be a lack of capacity in the care market .We would like to urge the Health and Well Being Select Cttee to investigate this situation further and to seek ways to improve the local response. In view of this situation, it also seems to us especially important to ensure that local authority budgets for adult social care are protected .

We have met with the Chair of the CCG and the Chief Exec to discuss how some of the other concerns could be addressed. Whilst we were reassured that the CCG was doing all it could locally, there are clearly areas which will continue to present challenges and where solutions lie with national bodies and government.

As a campaign organisation we feel that there is a role for the local health and care community working together to bring influence to bear on NHS England and the government to tackle

- The human resources issues, in particular, the training and recruitment of doctors, nurses and other key clinical staff
- Clarification of the proposals for 7 day a week GP working and a relaxation of this requirement based on local evidence of need and local resources.

Pam Richards

On behalf of Protect Our NHS BANES

THE NHS –

THE DOCTORS' DIAGNOSIS

Current issues in the provision of GP services
in Bath & North East Somerset

November 2015

Protect Our NHS Bath & North East Somerset

SUMMARY AND KEY FINDINGS

In September 2015 we contacted all GPs listed at all practices in Bath and North East Somerset, receiving 51 replies, an impressive response rate of 34.5%. Thank you to all the GPs who returned their questionnaires.

92% of those who responded said they were concerned about the ability of their practice to deliver a comprehensive service, including out of hours services, on the basis of current resources. They said that net practice income is currently inadequate and/or falling, and mentioned the high and rising costs for locum and agency staff. Many said their practice was financially unsustainable, and the new funding formula was seen as hitting practices in the most deprived areas. They spoke of lack of staff and serious problems with recruitment, especially replacing senior GPs and partners who are retiring. They pointed out that junior doctors are going abroad to work, and said that failure to replace GPs, combined with other pressures, could result in practices closing. Almost all said they had increasing workloads, with added pressures from both community and secondary care and from increasing patient demand. Some said their practice was unable to provide a good out of hours service, and mentioned lack of 24/7 hospital clinical backup. Many spoke about serious risks to services, quality of care and to staff morale.

96% of respondents said that the government's planned funding of the NHS over the next 5 years is not adequate to deliver the government's plans for nationwide 7-day healthcare. They said the level and timing of this funding was unclear but the indications are that funding will not be enough. Many assumed it wasn't going to be funded at all. Staff shortages mean that, even with funding, qualified staff are just not available to make this extension of service possible. Several felt that patients did not actually want 7-day GP access and pointed out that what exactly was meant by 7 day healthcare was not clear. Others were worried that routine care by practices cannot be delivered over the weekend unless weekday services are cut, and unless GPs have access to 7-day diagnostic, therapy and social care services. They were concerned by the lack of continuity in patient care that would result. A substantial number said in their view this proposal had not been properly thought through. They pointed out the endless pressure for change in the service, and several suggested that this plan would be, perhaps intentionally, the last straw for the NHS.

98% of GPs who responded said their patients had experienced delayed hospital discharge due to difficulties in organising social care in the community. They said this is now a regular occurrence and is getting worse. They detailed the missing services, complex processes and lack of placements, and noted that the problem was worse for patients with complex needs, and for those funding their own care. They pointed out that insufficient provision of timely social care in the community also leads to many more patients being admitted to hospital in the first place. Low pay for carers affects both the availability of care and the capacity to respond to need. A fundamental part of the problem was seen by some to be the reliance on provision by the private sector.

When asked about their **views on the increasing role of private healthcare companies in providing NHS clinical care, 91% of those who responded had a range of serious concerns.** Many said that private healthcare is moving money out of the NHS and will drive up costs in healthcare. The same number saw the profit motive in private healthcare as damaging the quality of care offered to patients. There was real concern that private providers 'cherry picked' the easy and profitable services, leaving the complex and more costly care to the NHS. Some were worried about the way private provision fragmented health services, and others thought the increasing role of private healthcare undermined the principles and ethos of the NHS. There was concern about what happened to patients when private companies could not deliver their contracted services or when they went bankrupt. They were also concerned about the lack of effective regulation of private provision. Some GPs saw increasing privatisation as signalling the end of the NHS as we know it.

Finally, when asked if they had **any concerns about the future of the NHS as a publicly resourced service, free for all at the point of delivery, 94% of respondents said they had,** and these ranged from the quite worried to the seriously desperate and disillusioned. Almost all said current funding levels were a major concern, and many mentioned the ever-increasing levels of patient needs, demands and expectations. A few referred to the need to define a core service and/or to introduce some form of rationing, and others suggested that the introduction of some form of payment or insurance was inevitable. Several responses explicitly said the major factor undermining the NHS was political, and while a few GPs expressed their faith in public support or rational decisions to keep the NHS going, more GPs simply felt the NHS was completely unsustainable and was already doomed.

Foreword

Having called a meeting in October 2015 with one of our local MPs – Ben Howlett – and Professor Stuart Logan of Exeter University Medical School, to debate our concerns about the future funding of the NHS, Protect Our NHS BANES decided to ask GPs in our area for their views on government plans and on the current pressures on their service by carrying out a survey.

The response we received was outstanding.

We want to start this report by offering our very sincere thanks to the many GPs who responded to our questionnaire and shared their views with us. Despite working under considerable pressure, all of you were prepared to give our questions your time and attention, and through your comments to share your considerable expertise about the major issues facing you in your key role in the NHS.

We were impressed and touched that many of you wrote such substantial replies to the points we had raised that you had to use the back of the questionnaire when you ran out of space in the comments boxes. We were particularly grateful to the GP who responded to all our questions with a very thoughtful, passionate and closely-argued 5-page letter.

Thank you all - we do hope this report does justice to the confidence you have shown in responding to our survey.

How we did the survey

The sample

We sent the questionnaire to all 28 practices listed in September on the BANES CCG website, in a letter personally addressed to each of the 150 GPs listed as currently practicing there. We included a stamped self-addressed envelope with each questionnaire to facilitate the GPs' responses, and gave a 'return by' date.

Two questionnaires sent to Julian House surgery were returned as 'not practicing at Julian House' so we removed them and Julian House from our lists, leaving us with a total of 27 surgeries and 148 GPs.

The questionnaire

The questionnaire asked five questions with 'tick boxes' for responses for three of them, and space provided for individual comments under all five questions. The forms were anonymous, but included a number for each of the practices concerned so that we could check to see if responses had come back from practices in all postcodes in BANES. Please see the end of the report for a copy of the full questionnaire.

The response

We received 50 responses by the deadline - a response rate of 33.7%. This is an unusually high level for a 'cold' survey from a local organisation of which some GPs might previously have been unaware. We also received 1 response after this date, raising the response rate to an even more impressive 34.5%

Responses were identifiably returned from 22 of the 27 practices (81%) from right across the BANES area. A further 3 responses came back with the practice number removed, apparently in the erroneous belief this would identify the respondent. The area distribution was as follows:

Postcode of practice	BA1	BA2	BA3	BS31	BS40	All returned with postcodes	Postcode removed	All responses
No of responses	10 (20%)	19 (37%)	13 (25%)	3 (6%)	3 (6%)	48 (94%)	3 (6%)	51 (100%)

What the GPs said in response to our questions

Q1 - Do you have any concerns about the ability of your practice to deliver a comprehensive GP service, including out of hours services, on the basis of current funding resources?

All 51 GPs responded to this question, with **92% saying they did have such concerns**, 4% (2 GPs) saying they did not, and 4% (2 GPs) who were not sure. 34 GPs then went on to elaborate on their responses in more, and often worrying detail.

'Yes' responses (47)

15 GPs said their net practice income is currently inadequate and/or falling. This was often attributed to PMS review:

- "There is constant trimming and clawing back our baseline contract pay."

They talked about **high and rising costs for locum and agency staff**:

- "If anyone became ill there is no provision for locum payment which can cripple a practice."

The **new funding formula** was seen as hitting practices in the most deprived areas, with cuts in practice funding of up to £120,000 anticipated:

- "PMS funding is being redistributed according to (the) Carr-Hill formula which weights for age rather than deprivation. Without deprivation weighting our funding is seriously compromised."
- "As a practice we have deprivation but all funding ignores this so we are about to lose about [£XX thousand] over the next 3 years. What a great incentive!"

Most worryingly of all, many responses simply said **their practice was financially unsustainable**:

- "We are struggling as it is and are about to lose [£XXX thousand]." "We can't afford to keep our current level of service."

11 GPs mentioned lack of staff and problems with recruitment. Many responses said how difficult it is currently to recruit GPs and nurses :

- "We have been unable to recruit GPs sufficient to meet demand."

Some referred to problems **replacing senior GPs and partners who are retiring**:

- "We are struggling to recruit personnel, particularly partners . . ." ". . . there are not actually enough GPs out there to recruit."

One mentioned that **junior doctors are going abroad to work**:

- "The juniors will go to Australia."

Some said a failure to replace GPs, combined with other pressures, could **result in practices closing** :

- "We have [X] GPs retiring and little prospect of recruiting, and even if we could, current reduction in funding makes us non viable."

9 GPs pointed to their increasing workload:

- "Funding has been cut year on year and workload has been increased." "Massive increase in GP responsibility and workload/transfer into primary care with no resource coming with it."

They attributed this increase to **added pressures from both community and secondary care and from increasing patient demand:**

- "Increasing patient demand, (and) increasing movement of care from secondary to primary care causes increased workload in general practice."
- "Population growth of 5 million recently and possibly another 5 million over the next 10 years will raise GP demand (average 3.5 – 4.5 appointments/patient/year therefore 30 -40 million appointments over 10 -15 year period, as well as more home visits to (the) elderly)."

6 GPs said their practice was unable to provide a good out of hours (OOH) service.

- "Currently we are not funded for OOH services." "We would not be in a position to add OOH care to our existing workload." "We currently have insufficient clinical staff to cover daytime work – have been unable to recruit."

Several GPs said that a **co-operative model is the only way forward for out of hours services**, but pointed out that in BANES this was lost when the contract went elsewhere:

- "The only way to provide safe, efficient and financially viable service is to continue with this model of a local OOH cooperative."

4 GPs made stark statements about serious risks to services and quality of care, to staff morale and to practice survival:

- "Constant financial squeeze puts services at risk." "You cannot continually cut funding and expect more." "Everyone is doing more with a serious risk of mass 'burn out'." "We don't have enough time or energy left." "WE WILL HAVE TO CLOSE WITHIN 1 – 2 YEARS"

There were also comments on the number of **part-time GPs who could not work longer hours**, and the **lack of 24/7 hospital clinical backup**.

'No' responses (2)

The 2 GPs who said they did not have concerns both then went on to give comments that seriously qualified this response. One did in fact go on to express **concerns about providing the out of hours element**:

- "We are stretched but still able to provide good in-hours service, though not out of hours cover."

The other wrote over one side of closely-typed and poignant feedback, detailing his or her belief in the **massive staff commitment** which is so essential in enabling the NHS to continue to function, come what may:

- "…we're dedicated professionals with an overwhelming sense of vocation and duty of care to our patients. We believe in providing the best possible service we can to each one of them, and that means going above and beyond what we are contracted to do; the partners, salaried GPs, nurses, secretarial staff, reception staff, managers and cleaners provide additional services and go out of our way to accommodate the needs of our patients."

Q2 - Is the government's planned funding of the NHS over the next 5 years adequate to deliver the government's plans for nationwide 7-day healthcare?

50 GPs responded to this question, with none saying 'yes, it is adequate', **96% saying 'no, it is not'** and 4% (2 GPs) saying they 'don't know'. 29 of the GPs who had said 'no' then went on to record their comments.

'No' responses (48)

19 GPs elaborated on their reasons for concerns about the funding for these plans. They said any funding for this change has not been made clear, nor when it will be made available:

- "We haven't been given any information or detail on how this is going to be funded. Hence the BMA campaign *#Show us the plans for 7day working*."

They said **the indications are that funding will not be enough**:

- "Nowhere near realistic." "Completely unsustainable." "Can't fund the current system properly."
- "There is no extra money being put forward to keep practices open, eg heating, lighting, staffing."
- "Kings Fund agrees that there is inadequate funding without an expansion to 7-day work."
- "It is inadequate already, so how we can take on more work I do not know."

In the absence of figures, many **assumed it wasn't going to be funded at all**:

- "You can't expect a 40% rise in workforce and not fund it. Instead we see a reduction in money coming to general practice. 6.2% of NHS budget despite seeing 90% of patient consultations."

Some GPs turned the question around to **mock the very idea** that there would be enough resources:

- "Of course not." "Ha ha ha, nice one! Oh, they were serious?!"

11 GPs felt that, whatever the funding, staff are just not available to make this extension of service possible:

- "I have no idea how they plan to fund 7-day GP access because there are simply not enough GPs to staff weekends and evenings."
- "Not enough clinical staff or even admin staff available – we currently struggle to staff Saturday morning surgeries."
- "We are struggling to recruit and retain."
- "Simply not enough GPs coming in to replace/support older GPs. Service reaching a critical point."
- "Increasing GP retirement in over 55s. No newly qualified doctors going into general practice."
- "The over 50s with their wealth of experience are looking to retire early, or travel abroad temporarily."

4 GPs felt that patients did not actually want 7-day GP access and pointed out that what **exactly was meant by 7-day healthcare was not clear:**

- "What is meant by 7 day healthcare? – government have not defined this."
- "Because our access Monday to Friday is so good, when we run Saturday morning surgeries, we struggle to fill them. And this isn't unusual - '7 day working' is already being piloted across the UK; in more than half the schemes, the pilots are being dramatically scaled back because demand for appointments at weekends Is so unsustainably low."

5 GPs were worried about the impact that focussing on delivering weekend healthcare would have on weekday services and on already heavy GP workloads:

- "It will just detract from services during the week."
- "It is not possible to deliver routine care over 7 days without reducing availability Mon – Friday."
- "Profound lack of understanding of pressures on primary care."

Some comments also mentioned the impact of this new demand on the doctors' already **low morale.**

Other comments covered a range of issues. Some pointed out that **access to 7-day diagnosis and therapy services plus social care is also needed to make 7-day healthcare effective**:

- "Lack of back-up – ie RUH doing 24/7 service."

Two mentioned the **lack of continuity in patient care** that would result:

- "Worse, '7 day working' poses an actual and serious threat to something that I believe is central to the success of General Practice in this country: Continuity of Care. In my experience, patients value seeing a familiar doctor for complex problems – a clinician who is already well-versed in the patient's medical and personal history. Spreading an already-stretched GP workforce ever thinned to cover empty shifts across an entire week will only make it more difficult to see the doctor you actually want."
- Trying to dilute our stretched services across 7 days will also dilute continuity of care."

Many GPs said the proposal and its impact had **not been properly thought through**:

- "I don't think anyone believes this is a serious proposition."
- "We need to resource daytime care sufficiently before we can contemplate further/additional services"
- "7 day NHS will only work if we have 7 day social care + shorter delays in assessment and care provision".
- " '7 day working' promotes unnecessary access over carefully targeted clinical continuity. It's an ill-thought through luxury that we couldn't afford in wealthier times."

They highlight the **endless pressure for change** in the service:

- "Lack of stability at present so cannot cope with yet more change."

And several suggested that **this plan would be, perhaps intentionally, the last straw for the NHS**:

- ". . .trying to run the Health Service for seven days (when you're only paying for five) will be the death-knell of the service."
- "The only reason for the Government to be dogmatically pushing for it now (while simultaneously demanding austerity) would be to achieve a destabilising outcome for the Health Service."

'Don't know' responses (2)

Two GPs said they didn't know, in response to this question, but then went on to record concerns. One expressed **doubts about the funding for the plan**, saying – "Probably not. (+ will the promised money actually happen?)." The other felt the previous **co-operative out of hours arrangement** could have been a better way to provide weekend cover – "A pity we lost our local GP co-operative, with potential to offer 7 day services."

Q3 - Have any of your patients experienced delayed hospital discharge due to difficulties in organising social care in the community?

49 GPs responded to this question, with **98% saying 'yes they had'**, none saying 'no', and 1 GP (2%) saying they 'don't know'. 24 of the GPs who had said 'yes' went on to give their views on this situation.

'Yes' responses (48)

13 GPs limited their comments on delayed discharge to just one succinct word or phrase, such as:

- "Daily", "Weekly", "Regularly", "All the time", "Becoming more frequent", "Routine, endemic and severe problem", "Too often to specify", "Huge problem locally".

And one GP who had clearly seen too many patients discharged with inadequate support said:

- "They just send them home without!"

Fuller comments went on to identify a range of related issues. They talked about **the scale of the problem**:

- "RUH regularly on bed alert due to blocked beds"
- "Patients are experiencing delayed hospital discharge due to difficulties organising social care in the community. With local government funding being slashed, this is barely news and hardly surprising. It's causing massive 'bottle necks' at the RUH . . . The funding of social services is even more woeful than that of the Health Service – and it's the NHS that has to pick up the pieces."

Some detailed the different **services, processes and placements that were missing**:

- "Weekly problems with social support and care, lack of community nurses, inadequate provision of care for vulnerable patients, not enough resources!"
- "Due to nursing care shortage in the community."
- "1 patient has been in a care home for 4 months after an admission to hospital. She requires the same amount of care she was getting before admission but social services/her relatives have been unable to find any private/ public care organisation that will take her 3 x daily visits."

They emphasised how these difficulties were even greater for those **patients with serious or complex needs**:

- " . . .arranging safe discharge of complex, frail, elderly patients back into the community is becoming very difficult for our hospital colleagues."
- "One was kept in several WEEKS as no institution could be found to care for his combined physical and mental needs."
- "One (dying) patient required admission this month due to no community care available."

They pointed out that insufficient provision of timely social care in the community also leads to many **more patients being admitted to hospital in the first place**:

- "Admissions also avoidable if social care improved."
- "From our end, GPs are bending over backwards to try to avoid admissions."
- "Lots of shortages in community services - not able to react quickly when things go wrong."
- "Urgent home care to prevent admissions? Forget it!"

A **shortage of carers and their low pay** were seen as part of the problem:

- "Very difficult to get carers at present – so patients can't get out of hospital, not predicted going in!"
- " . . . patients requiring care home or hospital admission due to lack of community carers."
- "You cannot live on a carer's wage. Jobs at Tesco's far easier and less stressful."

Those **funding their own care** face particular issues:

- "We have a real problem with 'self funded' frail elderly, who don't see value care, and [just] being given a list [of agencies and care homes] by the social workers is useless."

And a fundamental part of the problem was seen by some to be the **reliance on provision by the private sector**:

- "My feeling is this is a significant failure of the private sector to be able to provide – if they don't see a profit, the patient is dropped at the earliest opportunity."
- "The bottom line with private companies is profit. . . . They are able to cherry pick, they also openly expect NHS provisions such as RUH to pick up and manage any post-op problems."

Q4 - What are your views about the increasing role of private healthcare companies in providing NHS clinical care?

44 GPs responded to this question (86%) and 7 (14%) did not. **91% of those who responded expressed negative views on private healthcare and had a range of serious concerns**, with only 1 GP (2%) in this group pointing out any advantages, and another 3 (7%) whose responses were not identifiably either for or against.

The one 'positive' GP gave only very provisional support to increase private care:

- "If it speeds up waiting times, increases choice and is at least the same cost or cheaper than care in an NHS hospital, then I am all for it."

One of the 3 'neutral' GPs pointed out that GPs themselves were not NHS employees:

- "GPs are self-employed contractors so 90% of NHS care is already delivered by this model."

Another seemed still to be balancing up the positives and negatives:

- "More fragmented care. May provide shorter waiting times. No concern so far about the quality of care."

The third just seemed resigned:

- "Probably inevitable."

GPs with concerns (40)

While the majority of this group gave detailed concerns, a few simply confined themselves to one-word responses, such as "Anxious", "Worrying", "Dangerous" but others were more forthcoming.

14 GPs said **private healthcare is moving money out of the NHS** and will drive up costs in healthcare:

- "Not good – why let it happen? Just leaching money from the NHS."
- "Concern re costs to NHS."
- "Often money wasted on private contracts."
- "Diverting funds away from the core of (the) NHS."
- "They openly expect NHS providers such as RUH to pick up and manage post-op problems."
- "The treatment centre contracts arranged centrally have been poor. Let's hope there is a change when recommissioning services!"
- "Money would be better invested in training, then retaining, more doctors (GPs especially)."
- "This has a negative effect on 'core' NHS services."
- "Marketisation has dramatically increased the proportion of NHS budget consumed by transaction costs."
- "It is an ever increasing risk that money is being diverted to the private sector but our services are already so stretched we would struggle to compete."
- "Will only drive up costs and further fragment our services."

Another 14 GPs saw **the profit motive in private healthcare as damaging the quality of care** offered to patients:

- "Dubious – profit motive clashes with care."
- "I am uneasy. Private companies always need to extract profit for shareholders."

- "V anxious about (this). There should not be profit in healthcare. If standards are raised by using private healthcare companies maybe that's good But it will be more expensive in the long run."
- ". . .profit not care. Poorer quality."
- "Too bothered about profit to give good clinical care"
- "It is not cost-effective as these companies all expect to return interest to their shareholders."
- "The private sector will do what it is best at; stripping out the things that we patients and clinicians value but which can never generate an income and provide a rump of cheap services that turn a quick buck. And whereas the NHS can at least reinvest its savings in new services, the private sector will cream them straight into the profit column of the next spreadsheet."
- "We need to be very careful. Not generally huge profits to be made – this is a SERVICE."

8 GPs talked about the way that **private providers 'cherry picked' easy and the profitable services**, leaving the complex and costly care to the NHS:

- "They already only see the 'easy' cases and make a profit on these being paid the same as NHS providers who will see all cases."
- "It is unfair that they 'cherry pick' easy cases and get the same tariff, leaving NHS with difficult cases."
- "They are cherry-picking the most lucrative work and leaving the NHS with all the complex + expensive work."
- "They are good for simple problems but can't manage complex problems of patients and they don't have the aftercare. I am increasingly disillusioned with them."
- "These organisations cherry-pick the most profitable services. They will only accept the healthiest patients, so that they do not have to provide expensive support services like Intensive Care. That means that new private services will be inaccessible to people with chronic illnesses or to the increasingly frail older population . . that is to say – ***most*** of the people who will actually ***need*** NHS services."
- "Worrying – they will cherry pick easy services and further destabilise (the) NHS . . . "

5 GPs were worried about way **private provision fragmented health services:**

- "Very concerned about fragmentation of health service."
- "it creates a fragmented service."
- " . . it has fragmented care to the detriment of patient care, patient experience, and local design and evolution."

3 GPs saw the increasing role of **private healthcare as undermining the principles and ethos of the NHS:**

- "Once upon a time, a wise man was clear on the subject of how money affects clinical practice; IT CORRUPTS. His name was Hippocrates, and he's thought of as pretty important in our medical circles."
- ". . . the ethos of the NHS is unencumbered by the drives and needs of commercialism that are different to pure patient care . . ."
- "It undermines the ethos of providing good quality family care based on patient need."
- "The public service ethos has been steadily eroded, to the detriment of all."

Others were concerned about what happened to patients when **private companies could not deliver** their contracted services or when they went bankrupt:

- "If the provider 'disappears' for whatever reason, there is no accountability for the patient . . . "
- "They get the contract then can't deliver which leaves a large gap instead of keeping well run services within already existing NHS providers."

And some mentioned the difficulties in having any **effective regulation of private provision**:

- "Needs tight regulation."

Finally, 6 GPs saw increasing **privatisation as signalling the end of the NHS** as we know it:

- "British citizens will never get a better service than the one we started with, and we will never regain control of the service."
- "NHS suicide – they cut costs + care to make profit despite winning the tender."
- " . . . the private American Healthcare system (is) a morass of private providers, a system that is hugely expensive to administer and run and hard evidence (is) that it provides the worst possible health outcomes. This represents a Private Sector 'Fail' on a continental scale – why are we even considering moving towards this model?"
- "In 10 years time the NHS as we know it will no longer exist. Already small but stable income streams that my surgery relies on are being contracted out to private providers."
- "Primary care needs more investment. If it continues, the NHS will crash."
- "THEY WILL DESTROY THE NHS."

Q5 - Do you have any concerns about the future of the NHS as a publicly resourced service, free for all at the point of delivery?

Two GPs (4%) did not respond to this question, but 49 (96%) did respond, with **94% of these saying they did have concerns.** 9 GPs (18%) simply said 'yes', 'yes sadly', or 'definitely' without elaborating further.

Amongst the 40 who gave their views in more detail, only 4 (8%) did not explicitly list their concerns, though one did say, with irony:

- "Many, but I am too busy looking after patients to write more on this now!"

Only one GP said 'no' but their response went on to list (followed by an exclamation mark) major qualifications that they clearly felt will prove impossible:

- "No, provided it is adequately funded + not subject to frequent changes in direction/funding/reorganisation!"

Two others simply expressed **their faith in public support or rational decisions to keep the NHS going**:

- "I believe that the country is committed enough to the NHS to ensure it continues."
- "Yes, but I see this as the only way of continuing."

The remaining 37 **(94%) expressed views ranging from the quite worried to the seriously desperate and disillusioned**.

Almost all comments stated or implied that **current funding levels were a major concern**:

- "Yes – without more funding it is unsustainable."
- "Yes, if taxes are not increased significantly."
- "yes – the NHS is crumbling + is not sustainable in current form with current level of funding."
- "Social care and health care is too large a budget to control."
- "It isn't sustainable in the current form and will implode totally if stretched further."

And 2 GPs specifically mentioned **waste of resources** as a factor:

- "Yes – certainly the level of waste needs to be stopped to give it a chance to survive."

7 GPs felt that introducing **some form of payment or insurance was inevitable**:

- "I believe it is not sustainable in its current form and some sort of part payment/insurance system needs to be looked at."
- "I think the government needs to admit that insurance for some services, eg expensive cancer drugs, may be necessary."
- "Yes – think public will have to pay more."
- "Mixture of tax and insurance needed."
- "Yes, if taxes are not increased significantly. If taxes remain the same, will need to consider charging system."
- "A minimal fee which could be reclaimed by those on income support might be the answer."
- "I don't anticipate charging anytime soon. We will lose a huge amount of what our public most values about the NHS if this succeeds."

And another 7 mentioned the **need to define a core service and/or to introduce rationing**:

- "Yes – not possible unless define a core service."
- "Unfortunately a debate on rationing should be had. NHS cannot, going forward, continue to provide everything."
- "Yes – can't provide everything to everybody – will need to decide what are CORE NHS SERVICES."
- "We will probably need to make rationing decisions."
- "Suspect there will be increasing exclusions and more basic service."
- "We need to ensure we have better decisions about what can and cannot be provided."
- "Take a close look at what people expect GPs to prescribe."

8 GPs said the main problem is **ever-increasing patient needs and demands**:

- "This is the ideal concept, but open to mis-use, resulting in longer waiting times."
- "Patient demand is a significant concern. Must it all be so 'free'?"
- "Patients need to wake up and take some responsibility for their health or they will lose 'free for all'."

And 2 GPs specifically referred to the unrealistic and expensive expectation that **all patients can always be kept alive.** One said that, rather, there needs to be a way:

". . . to allow people to die in dignity rather than relentlessly pursuing increasingly costly treatments with marginal benefits in the terminally ill."

Other responses mentioned destabilising factors like increasing privatisation, problems with staff recruitment/ retention, loss of continuity of care, fragmentation of services that mean some patients' problems "fall between the stools", ever-increasing waiting times and desperately low staff morale.

5 responses said the **major factor undermining the NHS was political**:

- "I do think there's a political drive to replace it with a franchised system."
- "I think the current attacks on the NHS are aimed at making it a private service."
- "Concerning [that] it is heading that way with conservative government."

- "Politicians do not understand the health service, and clinical medicine even less. Consequently they seem obsessed with fiddling about with the NHS, subjecting the service to pointless and expensive restructuring exercises from which we as healthcare providers emerge reeling . . . If the NHS can't be granted independence from our politicians (like the Bank of England), could we at least request better political leaders?"
- "The entire NHS is being systematically broken apart [by] the government."
- "There is an overwhelming weight of evidence that this Government is systematically dismantling the NHS."

And, most worrying of all, another 6 said they simply felt **the NHS was completely unsustainable and already doomed**:

- "The simple mathematics indicate it isn't possible."
- "Yes, can't see how it can continue long-term currently."
- "Yes, it is effectively doomed. It will turn into a blend of all that is worst in state-organised + private systems."
- "It is an unsustainable business model."
- "IT HAS ALREADY BEEN DECIDED THAT IT WILL BE DESTROYED."

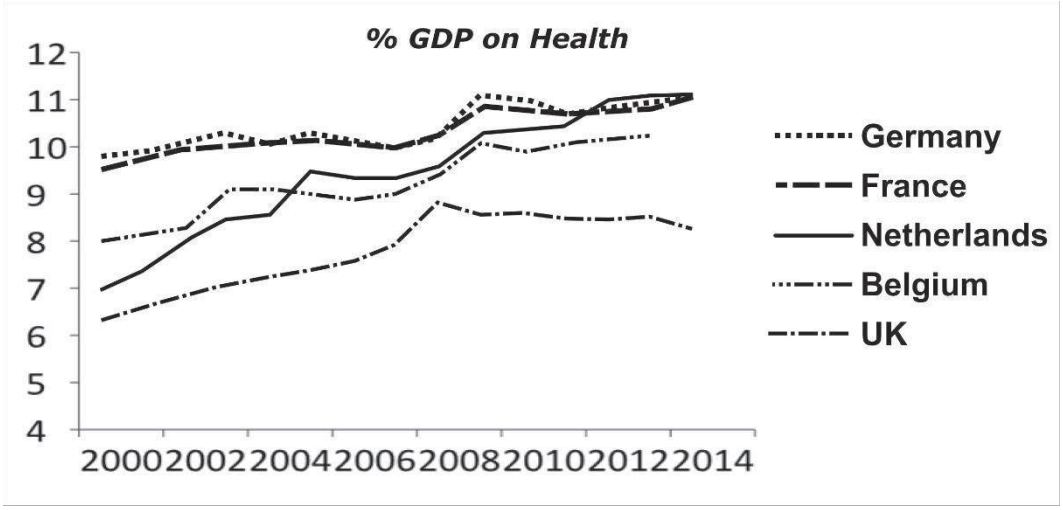
Conclusion

The background to our GP survey covers a number of very worrying national trends, including:

- the effects of the 2012 legislation for re-organisation of the NHS - the Health and Social Care Act
- very low per capita expenditure and proportion of GDP spent on healthcare in the UK compared to other developed economies - less than half the expenditure per capita of the USA; and significantly less both per capita and as a proportion of GDP than in the Netherlands, France and Germany – eg see table below.
- cuts to social care budgets
- a Government drive towards 7-day GP and hospital healthcare
- poor GP workforce planning
- the highest number of delayed hospital discharges ever recorded since records began in 2010

The views of BANES GPs who responded to our survey on these issues are clear – they express **heart-felt concerns that the Government's strategic and organisational changes to the NHS, together with chronic underfunding of health and social care systems, are leading to a crisis in primary medical care and community social care**. Work-force planning and training for GPs and nurses has been woefully mismanaged, resulting in inadequate recruitment for these vital roles in our primary health services. Retention of staff is threatened by ever- increasing workloads and reduced funding for many GP practices. The inadequacy of the provision of social care is a concern voiced by many GPs as this impacts not only on patient care but on the whole health care system through delayed discharges and unnecessary admissions to hospital. These are the voices of dedicated, highly trained and highly experienced doctors working at the frontline of community health care.

In 2010 the NHS was ranked at the top of international tables for efficiency, safe and effective care and value for money (OECD 2010; Commonwealth Fund 2010), despite spending less on healthcare as a percentage of GDP than almost any other advanced economy . However, the increasing role of private healthcare companies, facilitated by the Health and Social Care Act of 2012 - not only in providing clinical services but also in commissioning of services - has diverted precious NHS funding to the transaction costs involved in competitive tendering/AQP contracts and to the income streams for private healthcare companies (such as Virgin Medical and United Health) and management consultants (such as KPMG and Mc Kinsey). Many of the GPs who responded noted that this is leading to fragmentation and reduced cost-effectiveness in the NHS, undermining and destabilising the whole organisation.



Source: OECD Health Statistics 2015

The way forward

Locally

1. We will **disseminate this report widely** to raise awareness of the significant concerns of local GPs amongst local opinion formers and decision makers, and with the wider public. This will include:

    - Our local MPs - for Bath, Ben Howlett, and for NE Somerset, Jacob Rees-Mogg
    - BANES Clinical Commissioning Group and to all GP practices in BANES
    - BANES Council and all local councillors
    - Local media
    - Local organisations with concern for health and social care in BANES, such as Citizen's Advice BANES

2. We will urge **our local MPs** to acknowledge the growing consensus of reports from authoritative bodies, such as the King's Fund, the BMA, and from our local survey that more and sustained funding is urgently required by the NHS and for social care. We will also ask them to put pressure on the Government urgently to recognise the growing evidence that increased and sustained funding is required to ensure the survival of our efficient and globally admired NHS.

3. We will draw the attention of **BANES CCG** to the concern of the majority of our GP respondents about the increasing activity of private health companies in our NHS. As the GPs pointed out, at the very least, the work of these businesses must be rigorously monitored for quality, and contracts with them written such that provision is made for patients and social care clients if a company fails to provide an adequate service or terminates its provision due to financial problems.

4. We will campaign locally on all the issues raised so forcefully in this survey

Nationally

5. The survey makes it clear that **the Government** needs to clarify what it expects of healthcare services in the provision of '7-day services', over and above the current weekday and weekend provision. It must also provide increased funding to allow health providers to fulfil the new requirements. Protect Our NHS BANES will campaign locally on these demands and we will support doctors and other health workers who are making this case.

6. From the responses we received, it is imperative that **NHS England** urgently reviews workforce planning for primary care services and provides adequate funding for training, recruitment and retention of staff.

7. We feel there urgently needs to be a **cross-party review of the effects of the 'top-down' re-organisation of the NHS** which has taken place since the 2012 Health and Social Care Act. To assess these effects, the review would need to use rigorous evidence of health outcomes, performances indicators (such as A & E waiting times, delayed discharge statistics and elective surgery waiting times), and the financial performance of both NHS Trusts and private healthcare companies in relation to their contracted services.

This survey contributes to the growing evidence of the damaging effects of the 2012 Health and Social Care Act, with increasing fragmentation of healthcare systems and services, and consequent adverse effects on partnership working among health organisations.

Increasing amounts of tax payers' money are flowing into the profits of private businesses and being eaten up by the transaction costs involved in the new health market opened up by the 2012 legislation.

To quote just one of our local GPs, private healthcare in the NHS *"undermines the ethos of providing good quality family care based on patient need".*

So, in addition to all the above actions, Protect Our NHS BANES will urge their **local MPs to give their support to the NHS Reinstatement Bill and to promote this bill so that it is given the priority it needs to ensure it receives its second reading in Parliament in March 2016.**

Current issues in provision of GP services

This survey by Protect our NHS BANES* is in advance of a public meeting on **October 16th 2015 at 7.30pm at the Friends' Meeting House** in Bath. Local MP Mr Ben Howlett and Professor Stuart Logan of NIHR/Exeter University will discuss **'The future of the NHS and how it will be funded'.**

The BMA and RCGP have raised important questions about the government's plan for 7-day NHS services. We would be very grateful if you could find time to give us your views. Any emerging themes will be raised with Mr Howlett and Professor Logan. All replies will remain strictly anonymous and confidential.

1. Do you have any concerns about the ability of your practice to deliver a comprehensive GP service, including out of hours services, on the basis of current financial resources?

Yes		Further comments (use back if more space is needed):
No		
Not sure		

2. Is the government's planned funding of the NHS over the next 5 years adequate to deliver the government's plans for nationwide 7-day healthcare?

Yes		Further comments (use back if more space is needed):
No		
Don't know		

3. Have any of your patients experienced delayed hospital discharge due to difficulties in organising social care in the community?

Yes		Further comments (use back if more space is needed):
No		
Don't know		

4. What are your views about the increasing role of private healthcare companies in providing NHS clinical care? (Use back if more space is needed)

5. Do you have any concerns about the future of the NHS as a publicly resourced service, free for all at the point of delivery? (Use back if more space is needed)

Thank you for contributing to this survey - <u>please return by 9 October</u> using SAE provided

*Protect our NHS (BANES) is a local non-party-political campaigning network working to raise awareness of the implications of the Health and Social Care Act 2012 and its effects on healthcare services; we aim to work with the public, patient groups, Healthwatch, NHS staff and local decision makers to protect local services from privatisation, fragmentation and closure, while supporting improved quality and improved access to healthcare services.

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Briefing for the Health and Wellbeing Select Committee Meeting

Wednesday 27 January 2016

1. Update on A&E performance

Between the months of March to December 2015, an average 89.3% of patients were seen in A&E at the Royal United Hospitals Bath NHS Foundation Trust (RUH) within four hours. In December this percentage dropped to 86.6% against a national target of 95%.

The System Resilience Group (SRG) continues to oversee 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.

2. Health and care partners work together to get patients *'Home for Christmas'*

'*Home for Christmas*' was a system-wide initiative to increase patient flow through the RUH, ensure people benefited from a timely, effective and safe discharge and ease pressure on beds over the Christmas period by creating some additional capacity. Monitor had asked the RUH to create a 20% reduction in bed occupancy (118 beds) by Christmas Eve to help the system cope with the anticipated increased demand during the rest of the month and New Year period.

The event was led by the CCG with the support of the SRG. Representatives across our different organisations met daily as part of a tactical coordinating group to assess and put in place the right package of care for those patients who were sufficiently well to be discharged to move home or into the community. By midnight on Christmas Eve just over 30% of beds were unoccupied at the RUH.

Unfortunately, the period post-Christmas has proved very challenging with difficulties in maintaining good patient flow predominantly due to issues with a lack of domiciliary care provision and shortages of community beds.

3. Results of GP survey

A recent patient survey has highlighted high levels of satisfaction with GP services locally. The GP Patient Survey is an England-wide survey conducted by Ipsos MORI on behalf of NHS England. 3,139 patients completed the survey in Bath and North East Somerset during spring and summer 2015. 92% rated their experience of their GP surgery as good (compared to a national average of 85%), 90% were able to get the appointment they needed (national average was 85%) and 87% said it was easy to get through to practice staff on the telephone (national average of 70%). Satisfaction

with out of hours' services was lower at 73% but this was still higher than the national average of 67%. The survey results are being shared and discussed within practices to further improve patient experience. The complete survey results can be found here: www.bathandnortheastsomersetccg.nhs.uk/documents/financial-reports/gp-patient-survey-reports

4. NHS England planning guidance and financial allocation

Before Christmas NHS England (NHSE) published its planning guidance which helps local NHS organisations plan over the next six years to deliver a sustainable, transformed health service and to improve quality of care, wellbeing and NHS finances. As part of the guidance, we are required to produce an operational plan for 2016/17 and a five year Sustainability and Transformation Plan (STP) across the entire local health and care system to drive forward NHSE's Five Year Forward View. We will be working very closely with all our partner organisations and engaging with the public on the development of the STP over the coming months.

At the start of the New Year, the CCG received notification of its funding allocation for core services in 2016/17. There is a 3.1% increase in budget from £216,723,000 in 2015/16 to £223,389,000 in 2016/17. NHSE has introduced changes to its allocation process to ensure all CCG areas are funded appropriately for their expected population growth and budget increases vary across different areas from 1.39% to 9.7%.

5. New Genomic Medicine Centre planned

A new Genomic Medicine Centre, based in Bristol, is to open by February 2016 as part of a three-year project to transform diagnosis and treatment for patients with cancer and rare diseases.

The CCG is member of a partnership called the West of England NHS Genomic Medicine Centre which includes NHS providers and commissioners, universities, patient organisations and the West of England Academic Health Science Network.

Across the UK, clinicians will be collecting and decoding 100,000 human genomes – complete sets of people's genes – that will enable scientists and doctors to understand more about specific conditions. It could allow personalisation of drugs and other treatments to specific genetic variants. Patients choosing to be involved will take part in a test which will then be processed in a lab at Southmead Hospital, before being sent nationally for sequencing.

National Updates

- At the time of submitting this briefing (21.01.16), the British Medical Association has suspended strike action planned by junior doctors on 26 January. Talks are continuing between the doctors' union and government over the junior doctors' contract and strike action is still scheduled for 10 February if the dispute cannot be resolved. The RUH were able to ensure 91% of planned activity went ahead as usual during the strike on 12 January. 22 outpatient clinics were cancelled.

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

Health & Wellbeing Select Committee January 2016

Delivery of 24/7 Mental Health Liaison Service in the Royal United Hospital

Mental health liaison services for people with dementia and adults of working age provided by Avon & Wiltshire Mental Health Partnership NHS Trust (AWP) based in the Royal United Hospital enable the earlier identification and treatment of people with mental health problems and supported diagnosis and care of older clients with dementia as well as supporting discharge from hospital. This active management of the care pathway ensures that there are very low numbers of patients considered to be Delayed Transfers of Care in the RUH attributable to mental health needs.

I am pleased to confirm that investment from both the CCG and, also, NHS England in a "twilight" service, extending until midnight, when AWP's Intensive Team takes over provision until 8am, the Mental Health Liaison Service will operate on a 7-day a week, 24 hour basis. This is a key service to ensure Parity of Esteem in the acute hospital and, also, the provision of 7-day services, improving care and the experience people experiencing a mental health crisis and, also their carers/family members. The service also enhances partnership working between providers of health and care and other partner organisations, including the Police.

Additional accommodation-based services for men and women with complex needs who are fleeing domestic abuse

Back in October we submitted a partnership bid to DCLG for £100k worth of funding to set up additional accommodation based services for women and men who have complex needs and are fleeing domestic abuse. The Council will be working closely with Curo, DHI, Julian House and Next Link to set up the new service. The funding will enable the establishment of 8 additional units of accommodation in Bath and North East Somerset and the employment of two part-time support workers who will act as a lead professional to help build resilience and support recovery and to link the clients in with existing services and activities where necessary.

Between a minimum of 24 and a maximum of 32 victims and their families will be helped in the 8 new units of refuge accommodation. The service will be able to support local clients with complex needs including clients known to Connecting Families Team and other high support services as well as those with larger families.

Locally, data from DHI suggests that 41 women currently known to the substance misuse service are victims of domestic abuse and also have housing issues. In addition, a recent audit of clients who had detoxed from alcohol only to start using again identified 8 out of 25 clients as being vulnerable local women with issues around domestic violence and other complex needs. This cohort is frequently so marginalised and excluded that they will not present to Domestic Abuse Refuge Services and can remain in unsafe situations, often

rough sleeping and mixing with men who pose a threat to them. Priority for the new units will be given to these clients who without such services continue to be 'blue light clients' who have frequent unplanned contact with emergency health and criminal justice services.

Substance Misuse Services

A new PAD (Post Alcohol Detox) service - jointly designed by Solon Housing, DHI and SDAS (Specialist Drug and Alcohol Service) to support a gap in service for complex clients facing social exclusion as a result of combined problematic alcohol and housing issues - was launched on 25th November 2015. The 5-bed service is based in Rackfield House for clients who have already under-gone an alcohol detoxification and are vulnerable. Therapeutic support is provided by DHI and SDAS to reduce the risk of relapse. This innovative initiative has been achieved at no additional cost through collaborative working. The service is already full and providers may explore the need for an additional woman-only house.

DHI and SDAS are delivering a successful peer mentoring and student social work programme to complement their commissioned services. DHI are now Bath University's preferred employer for social work placements. Social work students and a team of 18 peer mentors and 15 volunteers support clients to over-come their drug and alcohol dependence and sustain their recovery, for example, by supporting clients going through a medical detox; or to build recovery capital through jobs and benefits workshops, wellbeing and college courses.

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Public Health update to Health Select Committee: January 2016

1. Suicide Prevention

Our Suicide Prevention Strategy Group has now agreed the BANES Suicide Prevention Strategy for 2016- 2019. Also agreed is an accompanying action plan that will cover the first 18 months of this period. This covers 6 key areas in line with the National Strategy and PHE guidance.

1. **Keeping up to date with guidance, research, local trends + intelligence** 2012-14 data shows a slight decrease in the number of deaths by suicide in BANES. Following a period when BANES had gone above the England average this means it is now the same, unlike the SW as a whole which remains higher than the England average. Examples of areas of action under this heading are:-
   - Data collection from RUH via the self-harm register and the implementation of a similar process for children and young people in 2016
   - Collection of data via suicide audits in liaison with the Avon coroner office
2. **Integrate suicide prevention work within a broader framework for promoting mental health and wellbeing.** Examples of action include:-
   - Development and implementation of programmes to improve the emotional health and wellbeing of children and young people including those delivered through DPH Award programme
   - Development and delivery of Time For Change programme in BANES
3. **Tailor approaches to improve mental health in specific groups/ reduce risk of suicide in key high risk groups.** Examples of actions include:-
   - Delivery and evaluation of our self-harm post card scheme and development of support material for young people who have self-harmed
   - Promoting the emotional wellbeing of LGBT young people through delivery of the Stonewall resources and 'The Space' group
4. **Reducing access to means of suicide:** Examples include:-
   - Work to improve safer prescribing practices
   - Work with the British Transport Police and Network Rail to reduce death in the railway
   - Programmes to prevent suicides in other public locations
5. **Support those bereaved by suicide** Examples include:-
   - Establishment of a SOBS group in BANES (Support for Survivors of Bereavement by Suicide
   - Review and recommend support materials and guidance for schools
6. **Support the media in delivering sensible and sensitive approaches to suicide and suicidal behaviour.** Action includes:-
   - Development of a local media campaign for 2016 Suicide Prevention Day

2. Warm homes

Current public health training sessions with housing colleagues aimed at frontline practitioners who come into contact with vulnerable and low income groups who are at risk from living in cold homes. 35 practitioners from a wide variety of organisations

are due to attend e.g. Sirona's Active Ageing Team, British Red Cross, Alzheimer's society etc.

To cover:

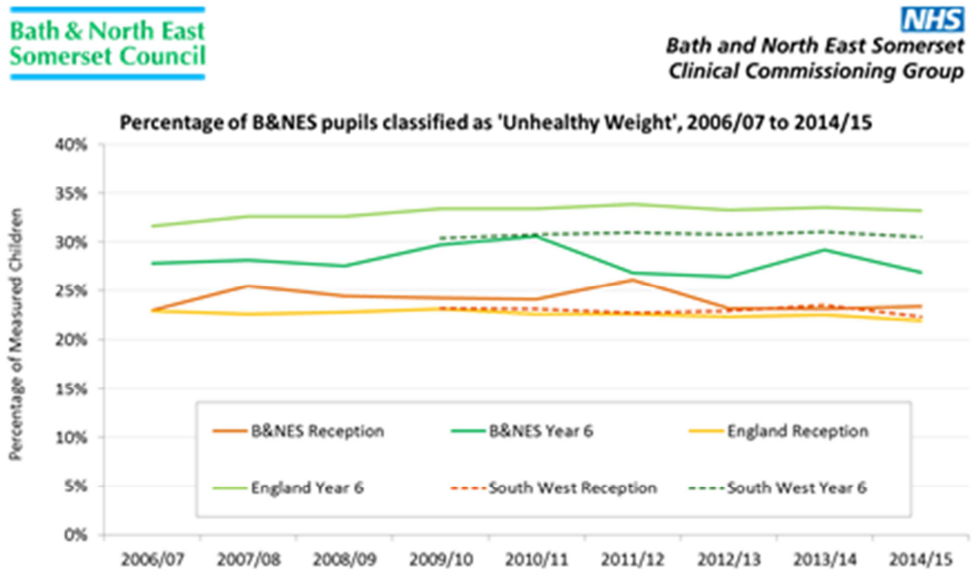
- how to identify a fuel poor household and the causes of fuel poverty
- health implications of living in cold and damp homes and recommended indoor temperatures
- signposting to help and assistance and;
- how to make a referral to the B&NES Energy at Home Scheme and the customer journey

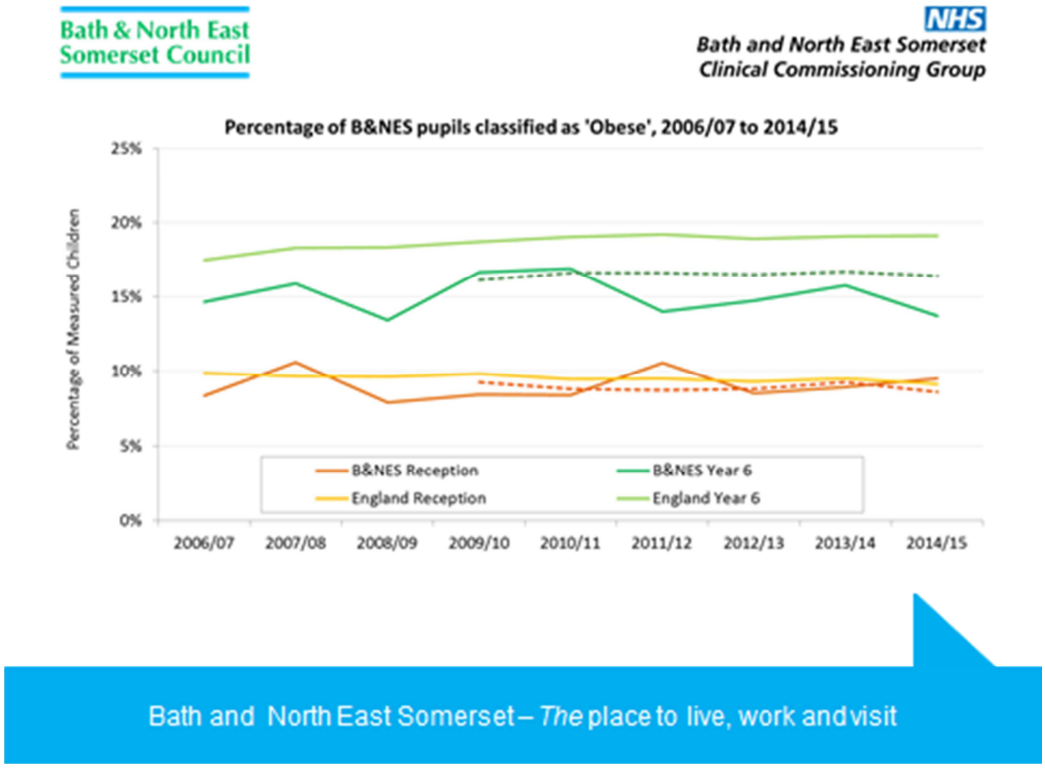
As background this is all linked to the large grant we received last year to make heating and insulation improvements in people's homes who suffer with a long term condition, disability etc. referrals need to come via a health/social care practitioner.

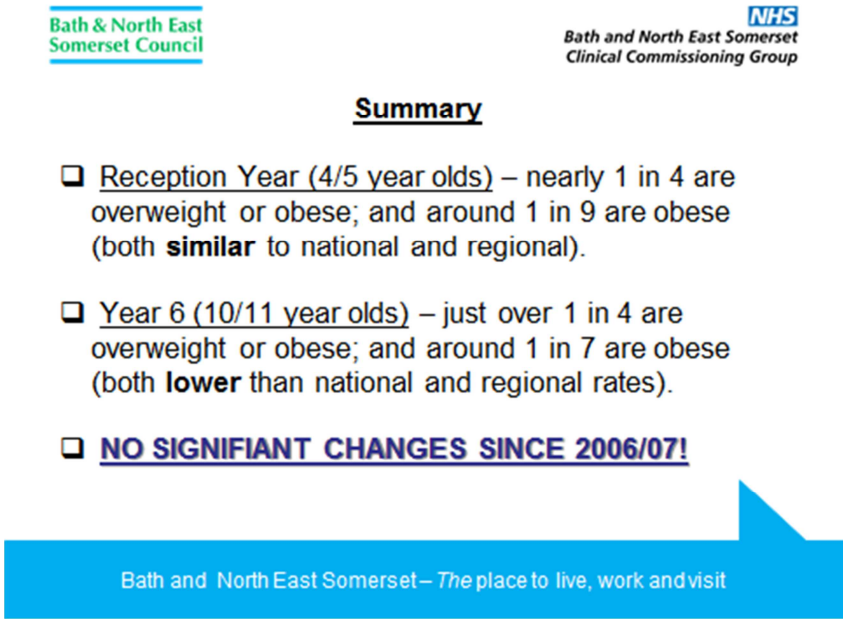
3. NHS Health Checks

Emerging findings from data analysis of GP records for 14/15 has shown that Age, Gender and Deprivation appear to be significant factors in NHS Health Check take up in B&NES. In particular younger men from deprived areas are less likely to attend their appointment. We have recently awarded an outreach contract to address this issue, specifically commissioning the delivery of NHS Health Checks in workplaces and local community venues. The contract start date is 1st February 2016 with delivery commencing by May 2016.

4. National Child Measurement Programme results 2014-15







There have been some sensitivities around this programme which we are working on. A national childhood obesity strategy is expected shortly.

5. Tobacco Control

The work that has been done over a number of years at a regional level, on research, support to local promotion and media publicity around tobacco control is ending shortly, and it will be for each local area to consider its needs. As a low prevalence area we will be looking at how we continue to provide information and

support in a way that targets those groups most vulnerable to starting, and where prevalence is significantly higher than our local average.

6. Alcohol

We are taking part in a new project with Alcohol Concern and Adfam to address the needs of families and carers of treatment resistant drinkers, which will begin in February 2016.

This project will:

- work with family support and treatment providers, and families/carers themselves to survey and analyse their experiences at a local level
- identify and flag up national, and local, best practice;
- provide a report on gaps and opportunities for improving the pathway for this client group locally;
- develop and disseminate a toolkit of approaches that families/carers can use in dealing with, and supporting, their loved one
- provide training locally in using this toolkit and joining up local services to meet the needs of this group of families.

Note new alcohol consumption guidelines just published. The good news is that they are now gender equal. The bad news is that they settled on the previous, and lower, women's total. The guidance and the responses demonstrate how difficult it is to encapsulate the complex interaction of human and ethanol into simple rules… but the growth of alcohol related illness demonstrates the need to provide some guidance..

7. Budgets

Actual public health budge announcement has been delayed but should be here by end of January. Nothing new reported since comprehensive spending review.

8. Survey for Making every contact count (MECC) continuing professional development needs.

MECC is about the principle of engaging a wider group of people as potential health champions, and Public Health England's local network is looking for interest and needs in a "second wave" of people, including Councillors following a first wave survey of the health workforce and subsequent training last year. Apologies for failing to spot and remove acronyms before passing on!

9. Scary, exotic disease of the week award… goes to …**Zika virus**, mosquito borne and possibly linked to cases of microcephaly in Brazil.

Bruce Laurence

healthwatch
Bath and North East Somerset

Healthwatch B&NES report to the Health and Wellbeing Select Committee – January 2016

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 activity: October – December 2015
Over the last quarter Healthwatch B&NES has carried out a range of activity as follows:

Supporting quality
Healthwatch has a volunteer representative on the NHS BaNES Clinical Commissioning Group's (CCG) Quality Committee. This committee carries out a 'deep dive' every month on a specific service, triangulating feedback and themes from Healthwatch, Patient Advice and Liaison Services (PALS), patient and public involvement activity, Friends and Family tests and so on in order to identify good practice and service improvements. Healthwatch has contributed two detailed reports during this quarter, sharing patient and public experiences on services provided by Avon and Wiltshire Mental Health Partnership NHS Trust and Arriva Transport Solutions – South West.

Partnership working
Healthwatch is working with NHS BaNES CCG and B&NES Enhanced Medical Services (BEMS+) to host a joint public event in January. This event will provide an opportunity for interested parties to review the first year of the pilot project, Primary Care: Preparing for the Future. Two public events took place in spring 2015, prior to the pilot starting, to gather feedback on how the pilot should look and any specific considerations it should make to support the most vulnerable or 'at risk'

patients. The January session will inform people of what has happened over the last nine months and give an opportunity to understand the impact that the pilot project has had.

Your care your way community champions

Healthwatch B&NES is supporting the *your care your way* project team to train community champions who will help design and shape community healthcare services from April 2017 onwards. In addition to supporting the training, four Healthwatch B&NES representatives are also being trained to contribute towards the discussions. Work started on this during December in conjunction with B&NES Council and NHS BaNES CCG. The training will take place in January.

Young people's discussion group about *your care your way*

In October, Healthwatch B&NES worked with Bath Area Play Project and NHS BaNES CCG to hold a focus group for young people to discuss the *your care your way* consultation paper.

The event was held at a community hall in the early evening so that young people could attend after school/ college (food, travel and expenses were provided for attendees). A representative from Young Healthwatch in Bristol and South Gloucestershire also attended to share their experiences of being part of a Young Healthwatch programme and a review of community healthcare services. This was the first specific young people's consultation event that we have held and is something that we want to develop further in conjunction with the Children and Young People's Network facilitated by Bath Area Play Project.

Elevating patients' voices

During year two of the project Healthwatch heard from members of a community group that the Blue Badge assessment process can be a negative experience, with patients feeling 'talked down to', particularly if their application was refused. This information was shared with B&NES Council's Community Transport Liaison Group, of which Healthwatch is a member. These comments were reiterated by another organisation and the council undertook a review of the process. In October, Healthwatch heard that the assessment process has been amended to take into consideration people's movement over different surfaces, their overall health and wellbeing, i.e. if they are having a good or bad day, and more clarity if a Blue Badge is refused.

This information was shared with the community group that raised it and Healthwatch will continue to gather feedback in order to monitor the impact these changes have.

In October Healthwatch exercised its statutory right to raise a question on behalf of a member of the public at the Health and Wellbeing Board. The question was regarding the Council's Placemaking plan and provision of lifetime homes in new housing developments. Healthwatch has shared the Board's response with the commentator and is waiting for follow-up questions from them.

Mental Health and Wellbeing Charter – Work is continuing on the Charter; Healthwatch B&NES and The Care Forum's Voluntary Sector Service have been supporting New Hope and St MungosBroadway to promote focus groups with service users and the voluntary sector to discuss the draft charter.

It is hoped that the charter will provide a reference point for service users and their families/ carers to understand what support they can expect from mental health professionals and service providers. The charter will provide a tool for service users and their families to 'review' their experience against (feedback to be channeled to Healthwatch, which has mental health as a priority), and an evaluation method for mental health professionals, service providers and commissioners to use to assess the quality of their treatment and service provision.

Personal Health Budgets peer network - Healthwatch B&NES and the Voluntary Sector Service are working with NHS BaNES CCG and B&NES Council to develop a peer network for people in receipt of a Personal Health Budget (PHB). This will be an ongoing piece of work, which aims to bring together those people that have received a PHB to share their experiences of the application process and identify what works well and what needs to be improved. We hope to hold the first network meeting in mid-March 2016.

Report prepared by Alex Francis, Interim General Manager, Healthwatch B&NES.

Thursday 21 January 2016

Royal United Hospitals Bath NHS
NHS Foundation Trust

Strategic planning – Planning for the future

Clare O'Farrell, Associate Director for Integration

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NHS Five Year Forward View – the national mandate

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Planning for 2016/17 – 2020/21

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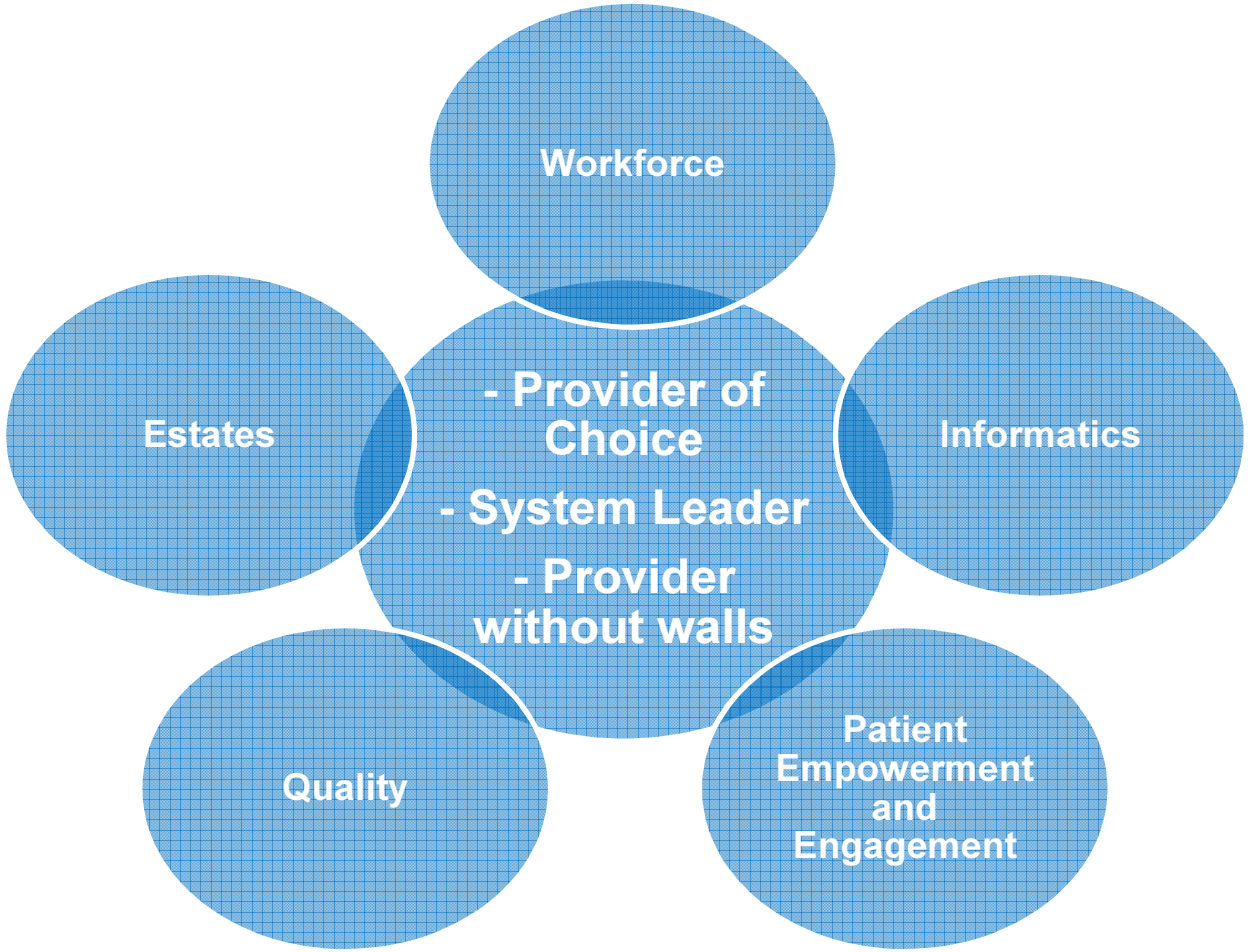
Our vision and strategic ambitions



To care, To innovate, To inspire

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An estate fit for the future

Main principles of redevelopment:

- Creating a healing environment for our patients.
- Brighter & more comfortable surroundings
- Making it easier for staff to do their job
- Improving productivity and efficiency
- Reducing our ‘backlog maintenance’ liability
- Flexible designs that are ‘future-proofed’ and recognise changes in service
- Support for service integration eg RNHRD
- Projects that are within an affordable capital envelope

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Completed major projects

NICU 2011

Path Lab 2013

Apley House(IM&T) 2014

Work in progress

Pharmacy: completion August 2016 demolition of the existing pharmacy creates the space for the new Therapies/RNHRD centre

The pharmacy will house a new ‘state of the art’ robot for drug storage/retrieval and 5 asceptic suites for drug manufacture

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Work in progress

Demolition of the old path lab/mortuary complete: 300 space car park opens Spring 2016

Planning consent granted to create a further 50 spaces over time

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Therapies/RNHRD Centre

New therapies/RNHRD Centre opens spring 2018

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Therapies/RNHRD and the new Cancer Centre

Cancer Centre opens Summer 2020