Bath & North East Somerset Council

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Date: 27th June 2013
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To: All Members of the Wellbeing Policy Development and Scrutiny Panel

Councillor Vic Pritchard
Councillor Katie Hall
Councillor Sharon Ball
Councillor Sarah Bevan
Councillor Lisa Brett
Councillor Eleanor Jackson
Councillor Anthony Clarke
Councillor Bryan Organ
Councillor Kate Simmons

Chief Executive and other appropriate officers
Press and Public

Dear Member

Wellbeing Policy Development and Scrutiny Panel: Friday, 5th July, 2013

You are invited to attend a meeting of the **Wellbeing Policy Development and Scrutiny Panel**, to be held on **Friday, 5th July, 2013** at **10.00 am** in the **Kaposvar Room - Guildhall, Bath.**

The agenda is set out overleaf.

Yours sincerely

Jack Latkovic
for Chief Executive

If you need to access this agenda or any of the supporting reports in an alternative accessible format please contact Democratic Services or the relevant report author whose details are listed at the end of each report.

This Agenda and all accompanying reports are printed on recycled paper

NOTES:

1. **Inspection of Papers:** Any person wishing to inspect minutes, reports, or a list of the background papers relating to any item on this Agenda should contact Jack Latkovic who is available by telephoning Bath 01225 394452 or by calling at the Riverside Offices Keynsham (during normal office hours).

2. **Public Speaking at Meetings:** The Council has a scheme to encourage the public to make their views known at meetings. They may make a statement relevant to what the meeting has power to do. They may also present a petition or a deputation on behalf of a group. Advance notice is required not less than two full working days before the meeting (this means that for meetings held on Wednesdays notice must be received in Democratic Services by 4.30pm the previous Friday)

   The public may also ask a question to which a written answer will be given. Questions must be submitted in writing to Democratic Services at least two full working days in advance of the meeting (this means that for meetings held on Wednesdays, notice must be received in Democratic Services by 4.30pm the previous Friday). If an answer cannot be prepared in time for the meeting it will be sent out within five days afterwards. Further details of the scheme can be obtained by contacting Jack Latkovic as above.

3. **Details of Decisions taken at this meeting** can be found in the minutes which will be published as soon as possible after the meeting, and also circulated with the agenda for the next meeting. In the meantime details can be obtained by contacting Jack Latkovic as above.

   Appendices to reports are available for inspection as follows:-

   Public Access points - Riverside - Keynsham, Guildhall - Bath, Hollies - Midsomer Norton, and Bath Central, Keynsham and Midsomer Norton public libraries.

   For Councillors and Officers papers may be inspected via Political Group Research Assistants and Group Rooms/Members' Rooms.

4. **Attendance Register:** Members should sign the Register which will be circulated at the meeting.

5. THE APPENDED SUPPORTING DOCUMENTS ARE IDENTIFIED BY AGENDA ITEM NUMBER.

6. **Emergency Evacuation Procedure**

   When the continuous alarm sounds, you must evacuate the building by one of the designated exits and proceed to the named assembly point. The designated exits are sign-posted.

   Arrangements are in place for the safe evacuation of disabled people.

Wellbeing Policy Development and Scrutiny Panel - Friday, 5th July, 2013

at 10.00 am in the Kaposvar Room - Guildhall, Bath

A G E N D A

1. WELCOME AND INTRODUCTIONS

2. EMERGENCY EVACUATION PROCEDURE

   The Chair will draw attention to the emergency evacuation procedure as set out under Note 6.

3. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

4. DECLARATIONS OF INTEREST

   At this point in the meeting declarations of interest are received from Members in any of the agenda items under consideration at the meeting. Members are asked to indicate:

   (a) The agenda item number in which they have an interest to declare.

   (b) The nature of their interest.

   (c) Whether their interest is **a disclosable pecuniary interest** *or* an **other interest**, (as defined in Part 2, A and B of the Code of Conduct and Rules for Registration of Interests)

   Any Member who needs to clarify any matters relating to the declaration of interests is recommended to seek advice from the Council's Monitoring Officer before the meeting to expedite dealing with the item during the meeting.

5. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

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

   Theresa Waterhouse and Pat Dawson will address the Panel on behalf of the 'Save Our Larkhall Public Toilets' Group.

7. MINUTES (Pages 7 - 20)

8. CABINET MEMBER UPDATE (15 MINUTES)

The Cabinet Member will update the panel on any relevant issues. Panel members may ask questions

9. CLINICAL COMMISSIONING GROUP UPDATE (15 MINUTES)

The Panel will receive an update from the Clinical Commissioning Group (CCG) on current issues.

10. HEALTHWATCH UPDATE (15 MINUTES) (Pages 21 - 22)

The Panel will receive an update from Pat Foster on the Healthwatch Bath & North East Somerset.

11. SOUTH WEST AMBULANCE JOINT SCRUTINY COMMITTEE STATUS (15 MINUTES)

The Panel will receive verbal update from Councillor Anthony Clarke on the current and future status of the South West Ambulance Joint Scrutiny Committee.

12. ROUGH SLEEPERS (20 MINUTES) (Pages 23 - 26)

In March the Panel were provided with an update on the current demands around homelessness and specifically temporary accommodation. At the request of Panel this report has now been produced to provide an update on the specific issue of rough sleepers, included experienced demand, accommodation and support provision.

The Wellbeing Policy Development & Scrutiny Panel is asked to note the report.

13. JOINT STRATEGIC NEEDS ASSESSMENT UPDATE (15 MINUTES)

Members are asked to consider presentation from the Research and Intelligence Manager.

14. AN OVERVIEW OF COMMISSIONING SEXUAL HEALTH SERVICES AND INTERVENTIONS IN B&NES (30 MINUTES) (Pages 27 - 40)

Sexual health covers the provision of advice and services around contraception, relations and sexually transmitted infections. Provision of sexual health services is complex and there is a wide range of providers, including hospital trusts, pharmacies,

GPs and community services. The consequences of poor sexual health can be serious, unintended pregnancies and STIs can have a long lasting impact on people's lives, there is also a clear relationship between sexual ill health, poverty and social exclusion.

The purpose of this paper is to provide the Wellbeing Policy Development and Scrutiny (PDS) Panel with an overview of the councils responsibilities for commissioning sexual health services and interventions and to provide an overview of what current service provision and performance looks like in B&NES.

The Wellbeing Policy Development and Scrutiny Panel are asked to note the content of this report and take the opportunity to highlight any potential areas/topics of future interest.

15. REPORT FROM THE STRATEGIC TRANSITIONS BOARD (20 MINUTES) (Pages 41 - 60)

This report provides an update on the work and activity of the Strategic Transition Board, noting areas of achievement and highlighting future priorities.

The Wellbeing Policy Development and Scrutiny Panel is asked to agree that the summary and conclusions of the report are accepted by the Panel

16. PANEL WORKPLAN (Pages 61 - 64)

This report presents the latest workplan for the Panel (Appendix 1).

The Committee Administrator for this meeting is Jack Latkovic who can be contacted on 01225 394452.

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BATH AND NORTH EAST SOMERSET

WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL

Friday, 17th May, 2013

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

1 WELCOME AND INTRODUCTIONS

The Chairman welcomed everyone to the meeting.

2 EMERGENCY EVACUATION PROCEDURE

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

3 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillor Lisa Brett sent her apology to the Panel.

Councillor Sharon Ball left the meeting at 12noon (after agenda item 10).

Councillor Katie Hall left the meeting at 2.45pm (after agenda item 14).

4 DECLARATIONS OF INTEREST

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

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

Councillor Anthony Clarke declared a ‘disclosable pecuniary interest’ in item 13 on the agenda ‘The future of the Royal National Hospital for Rheumatic Diseases’. Councillor Clarke withdrew from the meeting for the duration of this item.

5 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

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

The Chairman invited Pamela Galloway (Secretary of the Warm Water Inclusive Swimming and Exercise – WWISE) to address the Panel with her statement.

Pamela Galloway explained that she was speaking on behalf of B&NES residents who, because of disability or short and/or long term health conditions, need access to warm water pools to exercise and swim so they can help, and/or maintain, their health and fitness.

Pamela Galloway described the needs of those residents and the necessity for the adequate facilities in local leisure centres.

Pamela Galloway concluded that the WWISE network applaud the Council's strategy for the provision of leisure facilities for health outcomes, not just for recreation, and welcomed that the draft Health and Wellbeing Strategy placed emphasis on enabling everyone to live healthy and fulfilling lives, reducing health inequalities and improving the health of local people and communities.

A full copy of the statement from Pamela Galloway is available on the Minute Book in Democratic Services.

The Chairman thanked Pamela Galloway for her statement.

The Panel applauded for Ms Galloway's persistence in presenting this issue to various Council bodies and asked if the WWISE network had a support from the Cabinet Member for Neighbourhoods (Councillor David Dixon).

Pamela Galloway replied that the network had the support from Councillor Dixon on this matter.

The Panel asked how far the WWISE network got in terms of the progress on this matter.

Pamela Galloway responded that the aim of the network is to raise the awareness on the need for warm water pools ahead of the redevelopments of leisure centres in Keynsham and Bath.

Some Panel Members questioned if there are health gains in having warm water pools.

Susan Charles (Chair of the Access Bath Group) said that she had spinal injury in the past and one of the main reasons for her being able to overcome that injury is due to use of warm water pools.

The Chairman concluded the debate by thanking everyone who participated in the discussion.

It was **RESOLVED** that the Panel supported the inclusion of warm water pools that are fully accessible to people of all ages and all levels of disability in the current plans for Keynsham and Bath Leisure Centres and any others in B&NES as and when they come due to replacement. The Panel also **RESOLVED** to inform the relevant Cabinet Members on their support for the inclusion of warm water pools.

7 MINUTES 22ND MARCH 2013

The Panel confirmed the minutes of the previous meeting as a true record and they were duly signed by the Chairman subject to the following addition:

- Page 9, after paragraph 6 – Councillor Eleanor Jackson left the meeting at this point due to hospital appointment.

The Panel asked the Democratic Services Officer to send a reminder to Jane Shayler for a response on how successful was the usage of the social media and the press by Sirona during the cold snap.

The Chairman informed the Panel that, following a request from senior officer, he agreed to move the report on 'Rough Sleepers' for July meeting of the Panel.

Response from the Secretary of State Office on the Neuro-Rehab services

The Chairman informed the meeting that, in line of the resolution from the last meeting, the Chairman and Vice Chairman sent a letter to the Secretary of State for Health requesting from them to conduct an investigation on the way the Board of the Royal National Hospital for Rheumatic Disease led a process to close the Neuro-rehabilitation services. Letter from the Panel is attached as Appendix 1 to these minutes.

The Chairman informed the meeting that the Panel received a response from the Rt Hon the Earl Howe PC (Parliamentary Under Secretary of State for Quality – Lords). Letter from Rt Hon the Earl Howe PC is attached as Appendix 2 to these minutes.

The Panel felt that the Minister was quite clear that the NHS organisations reporting substantial development and variation of health services must include local Health Overview & Scrutiny Committees (HOSCs) and the Panel **REQUESTED** that the following paragraph, from the letter, be forwarded to all NHS organisations, local and regional:

'With regard to your concerns about NHS organisations reporting substantial development or variation of health services to HOSCs, I should make it clear that the NHS should hold early and ongoing discussions with HOSCs in order to ensure they are fully involved in, and briefed on emerging service models. Before embarking on the process of introducing change to local serviceprovision, NHS orhanisations should have a clear evidence base underpinning the proposed case for change. Clear communication and stakeholder engagement plans are imperativ in promoting the understanding of the case for change. As a minimum, these should cover engagement with all key stakeholders, including staff, patients, the public, MPs, HOSCs and local media. It is for the local HOSC to determine whether this process has been sufficient and effective' - Rt Hon the Earl Howe PC.

Appendix 1

Appendix 2

8 CLINICAL COMMISSIONING GROUP (CCG) UPDATE (15 MINUTES)

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

Dr Orpen updated the Panel with current key issues within BANES CCG (attached as Appendix 3 to these minutes).

Dr Orpen also passed the Power Point slides to the Panel on the Nursing Homes situation in B&NES, which compared the period before and after the GP Local Enhanced Service (LES) was introduced in December 2011.

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

The Chairman commented that Alcohol Liaison Nurses should be invited for the proposed Alcohol Summit in order to have a presentation from them.

The Panel congratulated Dr Orpen and BANES CCG on receiving the authorisation from the NHS England with no conditions.

The Panel asked if the AWP are confident that, should they lose their contract with Bristol, they will still carry on as a secure organisation.

Dr Orpen and Jane Shayler (Deputy Director: Adult, Care, Health and Housing Strategy and Commissioning) replied that they understood that AWP had risk-assessed the impact of losing the Bristol commission and had concluded that AWP would still be a viable organisation without this income stream.

The Panel asked if the parents will get the separate MMR jabs for measles.

Dr Orpen responded that the separate MMR jabs are not on offer and Public Health could explain this issue in more details. A statement from a public figure created a huge frustration and anxiety between people though the message is clear – the MMR is absolutely safe and everyone should have it.

The Chairman thanked Dr Ian Orpen for an update.

Appendix 3

9 NEW HEALTH COMMISSIONING ARRANGEMENTS (30 MINUTES)

The Chairman invited Dr Ian Orpen to address the Panel.

Dr Orpen gave a presentation where he highlighted the following points:

- Diagram of the new NHS Landscape
- New funding arrangements
- Regulating and monitoring the Quality of Services
- Role of the NHS England
- NHS England outcomes
- NHS England - Facts and Figures
- NHS England Structure
- NHS England – South: Additional responsibilities
- Bath, Gloucestershire, Swindon and Wiltshire (BGSW)
- BGSW Area Team
- The Local Structure
- What are CCGs responsible for?

A full copy of the presentation from Dr Ian Orpen is attached as Appendix 4 to these minutes.

The Panel thanked Dr Orpen for such a detailed description of the new NHS landscape.

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

Appendix 4

10 NHS 111 SERVICE (30 MINUTES)

The Chairman invited Tracey Cox (CCG Chief Operating Officer), Dr Elizabeth Hersch (NHS 111 B&NES and Wiltshire Clinical Governance Lead) and Dr Russell Kelsey (Regional Medical Director – Harmoni) to give the presentation.

The following points were highlighted in the presentation:

- Service Overview
- Service Aims
- Local Implementation – Timeline
- Soft Launch – Key Issues
- Intense Six Week Period of Rectification – Key Highlights
- Current Performance
- Patient Quality & Safety Processes

A full copy of the presentation is attached as Appendix 5 to these minutes.

The Panel made the following points:

Tracey Cox drew Panel's attention to factual accuracy in the report. At page 27, under paragraph 3.5.1, there were 5 serious incidents reported, across B&NES and

Wiltshire, at the time this report was written. Since that time there were further analysis on those 5 incidents, which are now downgraded to 1-2 serious incidents.

The Panel asked what the definition for serious incident is.

Dr Kelsey explained that serious incident in this context is a technical term that the National Patient Safety Agency developed. There are series of criteria that apply to incident that occur when applied medical services are far and above the usual medical provision.

The Chairman asked how come that serious incidents are downgraded from 5 to 1-2.

Dr Kelsey explained that when something goes wrong, it is then brought to the attention of commissioners or Harmoni with the intention to make an immediate assessment on whether there is a case of serious incident. Sometimes it is obvious that there is service failure, which can lead to a patient's death, but it is not always clear. In this case, 4 out of 5 incidents did not fulfil any of national criteria that would normally be associated to serious incidents.

The Panel asked about the significant service failure in the first three months.

Dr Kelsey replied that there were a number of assumptions made by Harmoni before the launch of the process. Some of these assumptions were right though some others were wrong. This was a very complex process that has never been done before on this scale in England. There were a number of pilot sites which were done on a much smaller scale. Harmoni thought they learned lessons through these pilot sites. When the implementation of services on a much larger scale started, the complexity of the staffing combined with the volume of calls was more than the Harmoni thought it would be. Effectively, Harmoni was understaffed to deliver the service required.

The Chairman asked if the figures displayed in the presentation are Harmoni's figures or from the CCG.

Dr Kelsey replied that the figures are produced from Harmoni's computer system and presented to the Department of Health. Harmoni's IT systems are checked and there is no way for those figures to be manipulated. There is an agreement with commissioners not to hide anything in this process. The commissioners are allowed to share Harmoni's raw data.

The Panel asked why is it that the service here is so much worse than in other areas. Why is it that the Minister particularly singled out the South West as an area with very poor 111 services. The Panel commented that when Harmoni did the trial they must have known, as highly paid professionals in this field that it was going to be very difficult to train people to use something so complex. The fact that Harmoni didn't realise that it would take a long time to train people to use it, even though they did a trial before the soft launch, seems to be an unacceptable failure.

Dr Kelsey agreed that the initial service was not acceptable. South West 111 service was singled out because it was very poor when it was launched. It was one of the worst launches in the UK. Harmoni did not have the experience on such a large

scale service. It was the worst service though it is much better now though the performance is not as good as it should be.

The Panel asked what the current view from the Wiltshire CCG is.

Tracey Cox replied that B&NES CCG works closely with the Wiltshire CCG and they are in similar position in terms of their concerns for commencement of the service.

The Panel said that the official from the Department of Health commented that this was a commissioner and provider failure.

Dr Hersch responded as a local commissioner the CCG went through all Department of Health gateways though there are still a lot of lessons to learn.

The Panel noted that one of the points in the six week period of rectification was that Harmoni committed more management resources to the Bristol Call Centre and asked what led to the decision to have more managers.

Dr Kelsey replied that it meant more supervision in the call centre for the health advisors and an improved management for the workforce on the floor.

The Panel asked how the call to 111 services is put through – is it held in the queue or dealt with in some other ways.

Dr Kelsey responded that the caller would get an answer to wait, in case the service is busy. That is the national specification – standard message that says 'You are in the queue'. Dr Kelsey said that at this stage people are not told how many other people are in the queue before them and how long they are likely to wait before their call is answered. This question was raised and the Harmoni are happy to change their telephony system to use this facility. Harmoni contacted the Department of Health if they would be happy for the Harmoni to change their telephony system but they haven't given that permission yet.

The Panel asked if the Harmoni would offer an apology to the Panel Members, as representatives of the residents who suffered under the introduction of the 111 scheme. The Panel felt that it is important that the residents understand that Harmoni is sorry for what had happened.

Dr Kelsey, on behalf of Harmoni, gave sincere apology to anyone, whether individual or family, who experienced distress and difficulties in getting through the 111 service. Harmoni acknowledged they made mistakes that had an effect on people.

The Panel said that they acknowledged that both commissioners and providers are working on service improvement and asked for a further report/update for the September meeting of the Panel. The Panel also commented that residents are asked too many questions once they got through to health advisor. The Panel felt that Harmoni should monitor what the average summation of the call is. Some Members of the Panel said that boat dwellers and travellers have great difficulty accessing services and felt that people who are not in standard housing should be treated like the rest.

Dr Kelsey replied that the average handling time per caller is 8 minutes. Initially it was much longer, around 20 minutes, but that was when the service was new. There is a process of what questions have to be asked during the call in order to assure non-clinical staff that person is safe and also for the staff to understand what is going on.

The Panel asked about the NHS Pathways system.

Dr Kelsey responded that the NHS Pathways is a system of clinical content assessment for triaging telephone calls from the public, based on the symptoms they report when they call. The system is used by non-clinical staff. It has been used for 3-4 years and very well tested. It also has an integrated directory of services, which identifies appropriate services for the patient's care if an ambulance is not required.

The Chairman noted that the Harmoni is now in extended soft launch period of the 111 services which is now 3 months behind the schedule from the proper launch date. The Chairman read out from the report that Harmoni is commissioned for 5 years and asked when the 5 year period starts. The Chairman also asked if the current provision is at the cost of Harmoni.

Dr Kelsey responded that he is not familiar with financial details though, as far as he is aware, services are provided at Harmoni's cost at the moment.

The Chairman thanked everyone who participated in this debate.

It was **RESOLVED** that:

1) The Panel noted the current performance and the actions agreed with Harmoni to improve performance in line with both national and local service specification requirements;
2) The Panel are disappointed in the poor quality of the 111 service in the first three months;
3) The Panel appreciated the apology from Dr Russell Kelsey, on behalf of Harmoni, to anyone, whether individual or family, who experienced distress and difficulties in getting through the 111 service; and
4) The Panel requested a further update on the progress of the local services for September 2012 meeting as a separate stand-alone item.

Appendix 5

11 CABINET MEMBER UPDATE (15 MINUTES)

The Chairman invited Councillor Simon Allen (Cabinet Member for Wellbeing) to give an update to the Panel (attached as Appendix 6 to these minutes).

The Panel made the following points:

The Panel welcomed the Health and Wellbeing Strategy and felt that, around the rest of the key areas in the Strategy, the action on reducing social isolation and loneliness is a particularly important issue to be addressed through the Strategy.

Some Panel Members suggested that the Council could look at the Bristol Light Box Happiness Project (provides supportive environment for socially isolated people) as one of ways to tackle loneliness. Councillor Allen welcomed the suggestion.

Members of the Panel suggested to the Chairman to include Public Health Update for every meeting of the Panel. The Chairman welcomed the suggestion.

The Panel congratulated Lesley Hutchinson and her team on achieving an Audit Rating Level 5 (Excellent) following an internal audit undertaken by the Council's Audit & Risk Team for the overall framework of control for Adult Safeguarding.

The Chairman thanked Councillor Allen for the update.

Appendix 6

12 HEALTHWATCH UPDATE (15 MINUTES)

The Chairman invited Pat Foster (Healthwatch B&NES) to introduce the report.

Pat Foster took the Panel through the report, as printed, and asked the Panel how often they want for the Healthwatch to report in future.

The Panel welcomed the report and said that they wanted to hear from the Healthwatch at every meeting of the Panel.

The Panel asked about volunteer involvement in the Healthwatch and if the Healthwatch works together with the 'One Stop Shops'.

Pat Foster replied that one of the ways to include volunteers in the Healthwatch is via Healthy Conversations sessions. Volunteers are expected to voice the opinions of the community groups that they represent. Pat Foster also said that the Healthwatch will get in touch with the 'One Stop Shops' soon.

It was **RESOLVED** to note the report and to invite the Healthwatch to present regular updates to the Panel.

13 THE FUTURE OF THE ROYAL NATIONAL HOSPITAL FOR RHEUMATIC DISEASES-UPDATE (30 MINUTES)

The Chairman invited Kirsty Matthews (Chief Executive - Royal National Hospital for Rheumatic Disease - RNHRD) to introduce the report.

The Panel made the following points:

The Panel asked if there is any other organisation, apart from the RUH, that the RNHRD could get involved with in terms of the acquisition.

Kirsty Matthews replied that as the RNHRD is a Foundation Trust (FT) it can only be acquired by the FT. The Board of the RNHRD have found it very challenging now that the RUH application for the FT status had been delayed but it is for the RNHRD, as the FT, to operate under the legal framework and under the relevant Act provision/s.

The Panel commented that the NHS might lose £7-8million before the RNHRD is acquitted and felt that money could be spent better.

The Chairman asked if the directive from Monitor effectively gave a lifeline to the RNHRD. When the Panel learnt that the RUH will not get the Foundation Trust status the immediate thought was what will happen with the RNHRD now. The RNHRD is now in a period of suspension and losing £10k per day on average. The Chairman acknowledged that the RNHRD is delivering an exemplary service and it is well loved and well respected in the area, delivering exactly what patients and users want.

The Chairman said that back in March 2012 an announcement was made that the closure of the RNHRD was imminent and it would merge with the RUH. That was meant to happen by the end of the last financial year but due to recent events it didn't happen.

The Chairman added that the Panel was very critical on the way the RNHRD Board handled the closure of the Neuro-rehab services, and certainly the response from the Secretary of State suggests that any NHS organisation are obliged to engage at an early stage with the Health Overview and Scrutiny Committee. The Chairman acknowledged that the RNHRD is engaging now over the problems of the financial imposition and some of the commissioners may be able to help the RNHRD. The Chairman asked Kirsty Matthews if there is any organisation that the Council can lobby in order to gain extra financial support.

The Chairman said that he learnt recently that Weston Super Mare hospital is looking for outside bids of support. There are thirteen contenders, so it is not an impossible aspiration.

Kirsty Matthews responded that the RNHRD Board are fortunate to work closely with Monitor over the period of the significant breach in status for 4.5 years. Monitor has been quite supportive and the relationship is quite good. The reason why the RNHRD continue to work towards the acquisition by the RUH is that, as an organisation, the RNHRD believes that it is in the best interest of the patients. The other reason is the close clinical relationship between the two organisations. Kirsty Matthews also mentioned the research and development partnership with the RUH and suggested that the Panel might want to ask one of the Clinicians, or Medical Director, to attend a future meeting to explain how closely the RNHRD works with the RUH.

Kirsty Matthews added that the RNHRD have had to wait for a long time for the process to be secured and she agreed with the frustrations around the legal

framework that the RNHRD needs to work within. The RNHRD is now working with Monitor to secure central funding for the year 2013/14 to get to the point where the RNHRD services can be acquired by the RUH.

The Chairman asked why the hospital is losing £10k per day currently.

Kirsty Matthews replied that there are number of factors contributing to it. Partly it is that the income base is reducing and it is difficult for the hospital to reduce their fixed cost base in terms of the building cost, level of support to run the hospital, etc. It is a number of factors – partly to do with reducing tariffs (less income now though the same level of service provided) and partly to do with cost pressures, imbalance between the income and cost.

Kirsty Matthews added that it would not be the case of 'passing the buck' to the RUH. The RUH would need to go through their own due diligence and risk assessment process in terms of choosing to acquire services that the RNHRD provides. There is a benefit that comes through the acquisition that allows reduction of the cost base, such as not having the RNHRD Board (overhead cost base).

The Panel commented that one of the issues could be a failure to adapt to a changing culture. There was no evidence that the RNHRD was selling their services and asked if the hospital engaged in the heavy marketing policy.

Kirsty Matthews replied that one of the main challenges for the RNHRD is that most of the NHS provider organisations have their patients coming in through the A&E. There are no patients in the RNHRD that just turn up; they are there as a result of the RNHRD excellent marketing. The RNHRD have seen an increase every year in the number of referrals into rheumatology services. What hit the RNHRD the hardest was that despite the fact that the hospital attracted significant increases in their rheumatology patients, they were paid 12% less in one year. So, the income for those patients was cut by 12%. Kirsty Matthews also said that there was an increase in complex pain patients. The hospital also launched two new services that absolutely sit within the description of the RNHRD but the hospital has to work with a 12% reduction in tariff.

The Chairman said that there must be a way to fund the hospital which provides an exemplary service to their patients and asked if there is anyone that the Council can lobby on the RNHRD's behalf to help financially.

Kirsty Matthews thanked the Chairman for suggestion and replied that it would be more appropriate if she writes formally and ask that question.
The Chairman suggested that Kirsty Matthews should write a letter to the Chairman of this Panel, Councillor Paul Crossley (Leader of the Council) and Jo Farrar (Chief Executive of the Council) asking if there is anyone that the Council can lobby on the RNHRD's behalf to help the hospital financially.

The Panel agreed with this suggestion.

It was **RESOLVED** to:

1) Note the report;

2) Ask Kirsty Matthews to write a formal letter to the Chairman of this Panel, Councillor Paul Crossley (Leader of the Council) and Jo Farrar (Chief Executive of the Council) asking if there is anyone that the Council can lobby on the RNHRD's behalf to help the hospital financially; and
3) Receive a further update at November 2013 meeting.

14 THE ROYAL UNITED HOSPITAL BATH STATUS - PRESENTATION (30 MINUTES)

The Chairman invited Francesca Thompson (Chief Operating Officer – RUH) to give the presentation to the Panel.

The Chairman also welcomed Jacqueline Sullivan (CQC Inspector) to the meeting.

Francesca Thompson highlighted the following points in her presentation:

- Care Quality Commission job
- RUH Compliance
- CQC Inspection (February 2013)
- Monitor Outcome
- Black Escalation Jan, Feb and Mar 2013
- ED Attendances and Non-Elective Admissions – Trend
- ED Attendances by Time of Day
- ED Attendances and Non-Elective Admissions – by PCT
- Hospital Flow: Open Beds, Occupancy, Outliers and Green To Go Patients
- 4 hour Performance
- RUH Focus
- Solutions

A full copy of the presentation is attached as Appendix 7 to these minutes.

The Panel made the following points:

The Chairman thanked Francesca Thompson for the presentation.

The Chairman said that it was the worst winter on record for the RUH but not weather wise for the area. The Chairman also commented that when the CQC make an unannounced visit they just decide themselves what to inspect.

Jacqueline Sullivan (CQC Inspector) said that all comments from the CQC are in the report, including the recommendations. The CQC had a lot of intelligence from the wider community via CQC's website, which started to raise their concerns about the discharge of patients. People were concerned that when they were leaving the hospital it wasn't in safe and organised manner.

The Panel welcomed the presentation and welcomed the transparency. This was not only the RUH's problem but the problem for the whole local health and social

care community. One of the ways to overcome these issues is for everyone to get together and work together – all South West HOSCs, Health and Wellbeing Boards, MPs and NHS bodies. The Panel asked what plans are in place to work in a more strategic fashion.

Francesca Thompson replied that one of the slides shows that the RUH invited the Intensive Support Team (IST). They were invited just at the right time and they helped the RUH to look at what is needed internally but the IST also identified that they wanted to work with the whole community. There will be a diagnostic session within the next 4-6 weeks for the whole community to have a debate on this matter. Prior to that, the RUH set up the Urgent Care Task & Finish Group which is driven by the commissioners (Chaired by Dr Simon Douglass). This is for Wiltshire and BANES, not yet for Somerset, though on operational level Somerset is involved. The Urgent Care Task & Finish Group has met on a number of occasions and the group was very clear on immediate actions that have to be taken.

The Panel asked for an explanation on the Monitor Outcome slide.

Joss Foster (RUH Commercial Director) replied that the application process for the Foundation Trust status is to submit the application to Monitor. The application was made in October 2012. The RUH went through the process with Monitor who made the decision in March 2013 to defer the verdict up to 12 months so the RUH go back and sort out the issues that were highlighted in the CQC report.

The Chairman asked if there is any opportunity to release the verdict from the CQC if the RUH becomes compliant earlier than anticipated.

Jacqueline Sullivan replied that the CQC always ask for an action plan when there is an issue about the compliance. In this instance the RUH said that they will complete their action plan by 31st May 2013. The CQC will then re-inspect after that date for compliance. If the CQC is satisfied with the compliance then the verdict is released.

Jacqueline Sullivan also said that it is up to Monitor to make the final decision on when, and if, they will approve the Foundation Trust status application from the RUH.

The Chairman said that the Panel would want to help the RUH to gain Foundation Trust status though the Panel is aware that the RUH catchment area is beyond BANES. The Chairman said that it would be useful if the data from the RUH could be broken down for each authority that is within the RUH catchment area.

It was **RESOLVED** to:

1) Note the presentation
2) Request from the CQC to share compliance findings with the Panel once they are ready; and
3) Invite the RUH representatives to give a further update on the Foundation Trust application status at one of the future Panel meetings.

Appendix 7

15 WORKPLAN

The Panel **RESOLVED** to note the workplan with the following additions/amendments:

- Adult Safeguarding Annual Report for September 2013
- Regular Public Health updates
- Regular Healthwatch updates
- NHS 111 update – September 2013
- Update on the future of the RNHRD – November 2013
- The RUH status update – to be confirmed

The meeting ended at 3.00 pm

Chair(person) .....

Date Confirmed and Signed .....

Prepared by Democratic Services

Bath & North East Somerset Council	
MEETING:	Wellbeing Policy Development and Scrutiny
MEETING DATE:	5th July 2013
TITLE:	Healthwatch Report
WARD:	ALL
AN OPEN PUBLIC ITEM	
List of attachments to this report: None	

1 THE ISSUE

Update on Healthwatch Bath and North East Somerset

2 RECOMMENDATION

The Panel are asked to consider and note the update.

3 THE REPORT

During the first quarter Healthwatch Bath and North East Somerset have been setting up systems, we now have 21 people who have registered an interest in becoming a Healthwatch Volunteer Champion. Volunteer induction will begin in July 2013, staff are attending Healthwatch England Enter and View training so they can cascade the training to new volunteers. Volunteers will selected to represent Healthwatch at NHS and Local Authority boards and meetings and 5 volunteers will be selected to join the Healthwatch Advisory group to oversee the strategic direction of Healthwatch. The first Healthwatch Advisory group meeting is planned for Friday 28th July 2013, with representatives from Common Places, SEAP and the CCG and will be held in the Conygre Hall in Timsbury. The Local Authority have set up a Healthwatch development group which has met for the first time in June, this group will assist the Healthwatch Advisory group to set the strategic priorities for the future. Healthwatch staff have given a presentation to the CCG and attended the CCG Quality meeting. Healthwatch staff have also met with the NHS England LAT to begin to build a relationship with commissioners and have attended the Quality Surveillance Group meetings. Healthwatch staff attended the Health and Wellbeing consultation event with providers and gave an update and took up the statutory place on the Health and Wellbeing Board, this will eventually be filled by a Healthwatch volunteer. Communication has been very good with 1,322 hits this month to the Healthwatch Bath and North East Somerset website, 63.4% were new visitors and 359 followers on Twitter plus 60 people opened up the monthly e bulletin from Twitter.

Contact person	*Pat Foster - The Care Forum General Manager*
Background papers	
Please contact the report author if you need to access this report in an alternative format	

Bath & North East Somerset Council	
MEETING:	Wellbeing Policy Development & Scrutiny Panel
MEETING DATE:	5th July 2013
TITLE:	Rough Sleepers
WARD:	ALL
AN OPEN PUBLIC ITEM	
List of attachments to this report: None	

1 THE ISSUE

1.1 In March the panel were provided with an update on the current demands around homelessness and specifically temporary accommodation. At the request of panel this report has now been produced to provide an update on the specific issue of rough sleepers, included experienced demand, accommodation and support provision.

2 RECOMMENDATION

The Wellbeing Policy Development & Scrutiny Panel is asked to note the report.

3 FINANCIAL IMPLICATIONS

3.1 There are no financial implications arising from this report.

4 THE REPORT

Number of Rough Sleepers

4.1 In November 2012, a snapshot estimate conducted across various services and access points in Bath & North East Somerset found 22 people known to be sleeping rough. This was a significant increase on previous findings, which were arrived at by carrying out sweeps of the area and counting those people ascertained to be rough sleeping. Reported numbers were often unfeasibly low (the lowest was 1person, the highest was 12) and were not regarded as reliable.

4.2 A new national approach determined local authorities could submit an estimate of rough sleeping levels, reached through outreach services asking individual clients if they had slept out the previous night. This methodology was generally viewed as more reliable and likely to give a true picture of rough sleeping levels. The reasons for this are:

- The most entrenched and vulnerable rough sleepers are known to take great care to remain undiscovered. This distorts the picture and under-estimates need levels.

- Outreach workers and others working regularly with people known to sleep rough have often established trust and confidence between themselves and their clients. It is more likely that they will report nights spent out to a known key-worker or other contact.

- The geographical area covered by the count was limited to the number of people available to carry it out. This meant that large areas of Bath & North East Somerset were not included. By carrying out an estimate via key-workers, rough sleepers in those uncovered areas were much more likely to be included.

4.3 It should also be noted that Julian House, using their local knowledge and expertise, provide monthly estimates of the number of rough sleepers. Over the past year this estimate has varied between 11 and 25. As such the formal estimate is at the high level of the monthly estimates.

Assertive Outreach Service

4.4 The Assertive Outreach Service is a joint initiative funded through the DCLG's Transition Fund. Working in partnership, Julian House and DHI provide outreach and advice to rough sleepers across the Bath & North East Somerset area. Regular weekly counts are conducted, with 16 people being found sleeping rough on 6th June. A number of these are well-known to services and are regarded as entrenched rough sleepers. Some, despite the best efforts of a range of agencies, are banned from Manvers Street provision, typically due to violent or abusive behaviour. Others may be unable to access services due to the Single Service Offer approach, which directs that all newly-arrived rough sleepers are, wherever possible, reconnected to their home town or other location where they may already have accommodation or support networks. The aim of this policy is to

ensure that vulnerable people do not lose contact with family, friends and services or accommodation that they have a right to occupy. However, this approach is only taken where it is deemed to be reasonable, so someone fearing violence or other threat in their home town will not be directed back to that area. Where the reconnection service is declined, no further offer is made. This can result in people remaining in the area and resorting to rough sleeping.

Accommodation

4.5 There is only one hostel in the Bath & North East Somerset area provided specifically for rough sleepers - Manvers Street direct access hostel and day centre. Indeed this is one of only a handful of direct access hostels in the region, the others being located in Bristol, Yeovil, Taunton, Bournemouth and Winchester. As such there is a potential for this resource to draw clients from the surrounding areas.

4.6 The Manvers Street service, previously known as Julian House, was long regarded as unfit for purpose. The lack of specific provision for women, the dormitory arrangement, poor lighting and ventilation and inadequate shared spaces all contributed to poor performance against outcomes targets. There was a high level of unplanned moves from the hostel. The poor quality of the accommodation was a significant factor in this, as people in need found it difficult to settle and did not address destabilising factors such as substance misuse, poor mental health and employment. As the night shelter was not able to take dogs, this restricted access for rough sleeper not wanting to part with their pets.

4.7 A number of bids to improve provision, including proposals for significant government funding, were developed but ultimately came to nothing. In the summer of 2012, with £80,000 contribution from the local authority, Julian House were able to undertake significant remodelling of the hostel. The service now offers 20 individual 'pods' that afford privacy for individuals that are typically not able to find this at any other time. Priority is given to female rough sleepers and for the first time, entrenched rough sleeping women are guaranteed accommodation. The pod-style rooms mean that people with dogs can be accommodated, reducing the reasons for people to refuse to come in from the streets. Feed back from partners and service users has been very positive.

4.8 In addition move-on accommodation for 9 people is available at Julian House's Corn Street properties, bringing the total new provision to 29. This allows former rough sleepers to test out more independent living, with the ability to move back in to the higher support afforded by Manvers Street should this prove too early in their support plan. Julian House report that retention rates are much improved, allowing for greater engagement over issues such as substance misuse. The hostel runs at full capacity and Corn Street move-on provision rarely has a void bed for more than one or two nights. Staff report that they typically turn away 5 people per night that cannot be accommodated due to high demand and that these are often not the same 5 people night after night.

5 RISK MANAGEMENT

5.1 A risk assessment related to the issue and recommendations has not been undertaken due to the nature of this report, that is, an update report.

6 EQUALITIES

6.1 An Equality Impact Assessment has not been completed because the report aims to provide a briefing only and does not make recommendations for changes to provision, service delivery or policy.

7 CONSULTATION

7.1 Consultation has not been completed because the report aims to provide a briefing only and does not make recommendations for changes to provision, service delivery or policy.

8 ISSUES TO CONSIDER IN REACHING THE DECISION

8.1 Social Inclusion; Customer Focus; Young People; Human Rights; Other Legal Considerations

9 ADVICE SOUGHT

9.1 The Council's Monitoring Officer (Divisional Director – Legal and Democratic Services) and Section 151 Officer (Divisional Director - Finance) have had the opportunity to input to this report and have cleared it for publication.

Contact person	Ann Robins, Planning Partnership Manager. (Tel: 01225 396288) Graham Sabourn, Head of Housing Services. (Tel: 01225 477949)
Background papers	None
Please contact the report author if you need to access this report in an alternative format	

Bath & North East Somerset Council	
MEETING:	Wellbeing Policy Development and Scrutiny (PDS) Panel
MEETING DATE:	5th July 2013
TITLE:	An overview of Commissioning Sexual Health services and interventions in B&NES
WARD:	ALL
AN OPEN PUBLIC ITEM	
List of attachments to this report: Appendix A: Sexual Health Commissioning Responsibilities from April 2013 Appendix B: Sexual Health performance: Bath & NE Somerset	

1 THE ISSUE

1.1 Sexual health covers the provision of advice and services around contraception, relations and sexually transmitted infections. Provision of sexual health services is complex and there is a wide range of providers, including hospital trusts, pharmacies, GPs and community services. The consequences of poor sexual health can be serious, unintended pregnancies and STIs can have a long lasting impact on people's lives, there is also a clear relationship between sexual ill health, poverty and social exclusion.

1.2 The purpose of this paper is to provide the Wellbeing Policy Development and Scrutiny (PDS) Panel with an overview of the councils responsibilities for commissioning sexual health services and interventions and to provide an overview of what current service provision and performance looks like in B&NES.

2 RECOMMENDATION

2.1 The Wellbeing Policy Development and Scrutiny Panel are asked to note the content of this report and take the opportunity to highlight any potential areas/topics of future interest.

3 FINANCIAL IMPLICATIONS

3.1 The services and interventions described in this report are currently funded via the Public Health ring fenced grant. Budgets have been set for the current financial year with a commitment to fund in 2014/15 however with the ring fenced grant only in place for a 2 year period consideration will have to be given to budget setting beyond April 2015.

3.2 With a current budget of £1,146M, spend on sexual health services as described below contributes to 16% of the total public health ring fenced grant.

3.3 Local authorities' ring fenced budgets are based on their resident population, and do not therefore cover any services provided to residents of other local authority areas under the requirement to provide open access contraception services. Whilst people can choose which

clinic they wish to attend no cross-charging and tariff arrangements currently exist for contraception services (they are in place for GUM services). CaSH services for example are funded a under block contract and the council pays for all service users, regardless of whether they are residents. The council may wish to consider a different approach to this as part of their future commissioning arrangements.

4 THE REPORT

4.1 From the 1st April 2013 local authorities have been responsible for commissioning most sexual health interventions and services as part of the wider public health responsibilities, funded from the ring-fenced public health grant. Whilst councils are able to make decisions about provision based on local need, there are also specific legal requirements ensuring the provision of certain sexual health services, (Public Health Functions and Entry to Premises by Local Healthwatch Representatives Regulations 2013)[1].

4.2 Sexual health is an important and wide-ranging area of public health. Most of the adult population of England are sexually active[2], and having the correct sexual health interventions and services can have a positive effect on population health and wellbeing as well as individuals at risk. However, many people, including health professionals, are not comfortable talking about sexual health issues and some groups at higher risk of poor sexual health face stigma and discrimination which can impact on their ability to access services. Groups at highest risk include young people, some black and ethnic minority groups, and gay and bisexual men.

4.3 Since April 2013, a number of different commissioning organisations are involved in commissioning aspects of sexual health services. Local authorities are responsible for commissioning most sexual health services and interventions, but some elements of care are commissioned by Clinical Commissioning Groups or by NHS England. The table at Appendix A gives more information about these commissioning responsibilities. The Health and Wellbeing board will need to play a key role to ensure that the sexual health services and care provided in B&NES are seamless.

The Councils responsibilities

4.4 The Local Authorities Regulations 2013 require local authorities to arrange for the provision of:-

- Open access genitourinary medicine (GUM) and contraception services for all age groups for everyone present in their area; covering

  a) free sexually transmitted infections (STI) testing and treatment, and notification of sexual partners of infected persons; and

  b) free contraception and reasonable access to all methods of contraception.

These requirements are the same as the requirements which the primary care trust previously had to fulfil.

4.5 Open access services are essential to control infection, prevent outbreaks and reduce unwanted pregnancies. The regulations refer to the provision of “open access services for the benefit of all persons present in the area”. This means that services cannot be restricted only to people who can prove that they live in the area, or who are registered with a local GP. Open access services must be confidential, this requires a commitment to ensuring that the

[1] www.legislation.gov.uk/uksi/2013/351/contents/made
[2] 2010 Health Survey for England

uptake of services is not undermined by concerns about the confidentiality of service provision.

4.6 The requirement to provide open access services does not however prevent authorities from providing services targeted at specific groups, for example the provision of young people's services for the under 25s. However, the overall service offering must be open access, and everyone present in their area must be able to access services, irrespective of age, gender or sexual orientation. Whilst the majority of services in B&NES are truly open access there are a number of interventions targeted at the under 25 year olds only.

4.7 The regulations require local authorities to arrange for the provision of free STI testing and treatment, and the notification of sexual partners of infected people. The requirement covers the provision of testing for all STIs including chlamydia, and HIV, and the provision of free treatment for all STIs, but not HIV (this is the responsibility of the NHS).

Sexual health and Contraception services in B&NES

4.8 As outlined above from the 1st April the council has a responsibility to commission and pay for a range of sexual health services. This includes genitourinary medicine (GUM) services, specialising in sexually transmitted infections testing, diagnosing and treatment GUM services are consultant lead and typically provided by hospital trusts. During 2012 there were 3808 attendances at GUM clinics attributed to B&NES residents of which 86% were at the RUH, these departments will see anyone regardless of residency or age and the clinics are a mixture of walk in and booked appointments. GUM is funded via a national tariff on a cost per case basis and there is an existing approach for managing out of area payments which is consistent with confidentiality requirements. Provider's invoice the patient's LA of residence according to the care they received, using a nationally agreed tariff. This means the council only pays for B&NES residents as and when they use services.

4.9 The consistent and correct use of effective contraception is the best way for sexually active women (and men) to avoid an unplanned pregnancy. There is a correlation between good contraception services and lowering rates of teenage conceptions, which is one of the indicators in the Public Health Outcomes Framework.

4.10 These regulations require local authorities to arrange for the provision of a broad range of contraception and advice on preventing unintended pregnancy, and all contraception supplied must be free to the patient. This covers both regular and emergency contraception.

4.11 GPs are key local providers of contraception and STI testing and treatment. Within B&NES all GP practices are contracted via the NHS to offer a comprehensive range of sexual health service with over 90% providing an enhanced long acting reversible contraception (LARC) service, funded from the ring fenced budget.

4.12 Since October 2011 specialist contraceptive and sexual health services (CaSH) have been provided by Sirona Care & Health. With a mixture of open access and booked appointments clinics are provided 6 days a week across Bath, Keynsham and Midsomer Norton. The service has approx. 5500 attendances a year of which a little over 60% are B&NES residents. The service will see anyone regardless of age and place of residency and offers a fully confidential service with close links with local GUM services. CaSH services are funded via a block contract and there are currently no cross-charging or tariff arrangements in existence for contraception services.

Chlamydia and HIV

4.13 Chlamydia is the most common bacterial sexually transmitted infection, with sexually active young people at highest risk. The number of diagnoses of chlamydia in the 15 – 24 age group is one of the sexual health indicators in the Public Health Outcomes framework[3], reflecting the important role that testing for and treating chlamydia plays in improving sexual health among young people. Maintaining and increasing chlamydia testing is expected to reduce the prevalence of chlamydia amongst young people and offering good access to chlamydia testing is important to achieve the indicator. The council participates in the National Chlamydia Screening Programme (NCSP)[4]. Set up in 2003 the NCSP aims to ensure that all sexually active young people under 25 are aware of chlamydia, its effects, and have access to free and confidential testing services. Opportunistic testing is actively encouraged by a wide range of providers in B&NES, including GPs, community pharmacies, specialist sexual health services and youth services.

4.14 The vast majority of HIV infections are contracted sexually, although there are other routes of transmission. Around a quarter of the estimated 100,000 people living with HIV do not know that they have the infection, and around half of people newly diagnosed with HIV are diagnosed after the point at which they should have started treatment. This can have implications not just for the care of the individual person with HIV, but also for the onward transmission of the infection.

4.15 Whilst the council is not responsible for providing specialist HIV treatment and care services the provision of HIV testing is part of the local authority requirement. Reducing the late diagnosis of HIV is one of the Public Health Outcome Framework indicators, and increasing access to HIV testing is important to meet this indicator. In 2012 83% of B&NES residents attending a GUM clinic accepted the offer of a HIV test, this compares well against other LA's in the South West[5]. There is however more work to be done to reduce late HIV diagnosis by increasing testing and raising awareness particularly amongst high risk groups.

Education and prevention

4.16 The regulations set out the requirements that local authorities must fulfil, but these requirements do not cover the entirety of sexual health care. They do not cover preventive interventions such as information provision or education, marketing and advertising. However, joined up commissioning and seamless care pathways across the full range of sexual health services, including those not directly covered by the regulations, is crucial to improve outcomes and the health of the local population. In particular, robust prevention can support people to develop the knowledge and skills to prevent poor sexual health and therefore reduce demand for services such as STI testing and treatment.

4.17 B&NES has extensive experience in developing and delivering evidence based sexual health education/prevention for young people. Key to this is the Personal Social and Health Education (PSHE) CPD Accredited Training Programme for Teachers, Nurses and Other Professionals. Designed to ensure quality PSHE provision in Sexual Health, Drug & Alcohol Education, Emotional Health and Well-Being as well as to improve local partnership work. To date 180 participants have completed the course which has been a programme of generic PSHE skills / standards plus an area of specific focus, which for most participants has been Sex and Relationships Education SRE. As evidenced in the SHEU[6] survey PSHE has contributed to the reduction in teenage conception rates and reduced drug-related incidents

[3] www.gov.uk/government/news/public-health-outcomes-framework-sets-out-desired-outcomes

[4] www.chlamydiascreening.nhs.uk/ps/index.asp

[5] www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/STIs/STIsAnnualDataTables/

[6] SHUE: The schools and students health education unit

in schools as well as a much better knowledge of local sexual health and drug & alcohol services.

4.18 Under the umbrella of SAFE (Sexual health Advice For Everyone) branding scheme[7] there are a range of confidential, young person friendly initiatives delivered by a variety of providers. Services provided include a free condom scheme, specialist clinics in schools and youth centres, up to date information and resources and training for professionals.

4.19 Over 30 SAFE branded community pharmacies across B&NES provide a range of sexual health services, including chlamydia testing, participation in free condom schemes and the provision of emergency contraception. Extremely accessible demand for this service continues to rise. In 2012/13 pharmacies undertook over 2000 consultations with young people, dispensing 700 packs of condoms and 460 free pregnancy tests.

Teenage Pregnancy

4.20 Teenage parents are more likely than their peers to live in poverty and unemployment and be trapped in it through lack of education, child care and encouragement and for many teenagers bringing up a child is difficult and can result in poor outcomes for both the teenage parent and the child, in terms of the baby's health, the mother's emotional health and well-being and the likelihood of both the parent[8].

4.21 Over the last 10 years B&NES council has implemented a very successful strategy to provide young people with the necessary skills and knowledge to help them make informed choices. This combined with accessible contraception services teenage conception rates are the lowest recorded since the strategy began in 2000 and reflect a 44% reduction from the baseline figure of 29 conceptions per 1000 females aged 15-17. Bath and North East Somerset's teenage conception rate continues to be considerably lower than both the national rate (30.7) and the regional rate (27.3). Whilst this should be celebrated it is important the council does not become compliant and ensures current rates are maintained or if possible reduced further.

5 Governance

5.1 The local authority as commissioner is responsible for commissioning clinically safe services. Sexual health services do carry a clinical risk, particularly in both GUM and contraception services as well as safeguarding, medicines management and open access for non-residents. It is therefore important that there are robust clinical governance arrangements in place.

5.2 Whilst all providers are responsible for ensuring the services they provide are safe and in-line with best practice and national standards, the sexual health programme board plays an important role on overseeing governance arrangements. Chaired by the Director of Public Health the board also provides strategic leadership and vision for improving the sexual health of B&NES. Whilst membership and terms of reference require reviewing in light of the recent changes it is important the board maintains and strengthens it its role in commissioning sexual health services. The board is supported by the Sexual Health network, made up of local sexual health providers the network aims to improve the quality of sexual health experienced by B&NES residents. The network covers a diverse range of issues that relate to sexual health and provide an independent forum for service providers from both the voluntary and the statutory sectors to discuss service developments and policy as equal partners.

[7] www.ccardfreecondoms.co.uk/

[8] https://www.education.gov.uk/consultations/downloadableDocs/4287_Teenage%20pregnancy%20strategy_aw8.pdf

5.3 The Clinical Commissioning Group and not the council are responsible for commissioning abortion, sterilisation and vasectomy services. It is important that the council works closely with the CCG and local providers of sexual health and abortion services to ensure that local abortion providers are fully linked into wider sexual health services in their area that offer services such as contraception.

6 PERFORMANCE

6.1 B&NES generally benchmarks well against other local authorities in the South West[9] (appendix B), it has the lowest teenage conception rates in the region, low rates of acute STIs and cases of newly diagnosed HIV. However there are areas requiring improvement, over half of pts. newly diagnosed with HIV are diagnosed late and chlamydia diagnosis in the 15-24 age group (1,500 per 100,000) is significant lower than the recommended rate (Public Health England recommend that local authorities should be working towards a diagnosis rate of 2,300 chlamydia diagnoses per 100,000 resident 15 – 24 year olds per annum).

6.2 The Public Health Outcomes Framework contains three specific indicators for sexual health:-

- Under 18 conceptions
- Chlamydia diagnoses in the 15 – 24 age group
- Late diagnosis of HIV

These indicators will help provide focus and drive improvement across the sexual health programme. The sexual health programme board priorities for 2013/14 have been aligned with these indicators.

7 EQUALITIES

7.1 Whilst EqIAs have not routinely been completed across individual services, the contracts that are in place with providers ensure they are compliant with equality legislation, this is monitored via a range of routes, including, contract monitoring, service user questionnaires, mystery shopping and focus groups (particularly with young people services).

7.2 In-line with council protocols all new services or re-tenders will be subject an equality impact assessment.

8 CONSULATION

8.1 Patient and public consultation does present challenges for sexual health services due to stigma and confidentiality issues particularly with adults however B&NES has worked hard to consult with young people (under 25s) in the development of YP sexual health services, particularly the SAFE scheme. This has been invaluable ensuring that services provided met the needs of service users. The SH network not only plays an important role in scrutinising and challenging the commissioning process but also highlighting potential gaps in service.

9 CONCLUSION

[9] www.phoutcomes.info/

9.1 As described in the report B&NES has a wide range of evidence based and accessible sexual health services and interventions in place and performs well against key indicators. The council however must maintain its ambition to improve the sexual health and wellbeing of the population and reducing inequalities.

9.2 It is important the council maintains its commitment to providing open-access sexual health clinics, focus on teenage conception rates and reducing late diagnosis of HIV, not just over the next couple of years but beyond the end of the PH ring fenced grant.

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Background papers	
Please contact the report author if you need to access this report in an alternative format	

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Appendix A Sexual Health Commissioning Responsibilities from April 2013

Local Authorities	Clinical Commissioning Group	NHS England
Comprehensive sexual health services, including: • Contraception, including enhanced services with GPs including all prescribing costs – but excluding contraception provided as an additional service under the GP contract • STI testing and treatment, chlamydia testing as part of the National Chlamydia Screening Programme and HIV testing • Sexual health aspects of psychosexual counselling • • Any sexual health specialist services, including young people's sexual health and teenage pregnancy services, outreach, HIV prevention and sexual health promotion work, services in schools, colleges and pharmacies	• Abortion services • sterilisation & vasectomy • Non-sexual health elements of psychosexual health services • Gynaecology, including any use of contraception for non-contraceptive purposes.	• Contraception provided as an additional service under the GP contract • HIV treatment and care, including post-exposure prophylaxis after sexual exposure • Promotion of opportunistic testing and treatment for STIs, and patient requested testing by GPs • Sexual health elements of prison health services • Sexual Assault Referral Centres

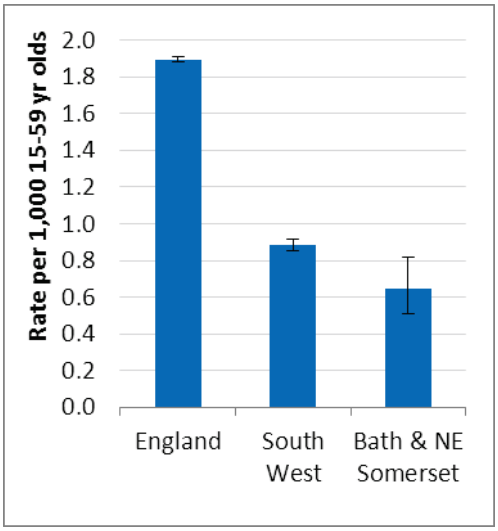
Appendix B

Sexual Health performance: Bath & NE Somerset:

Need further information about the population of Bath & NE Somerset? Try www.bathnes.gov.uk/JSNA

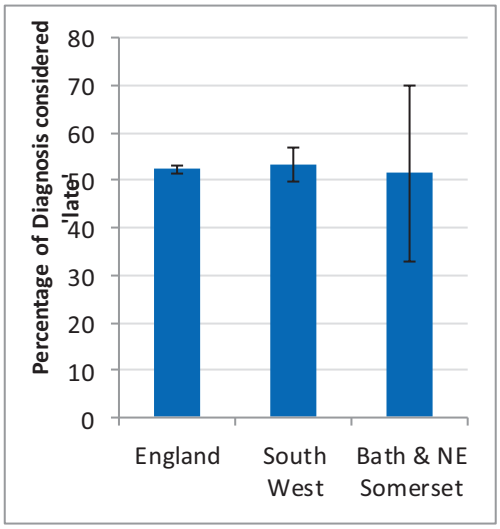
Sexually Transmitted Infections

Rates of HIV



Significantly lower rates of diagnosed HIV than regionally and nationally. This could reflect genuine low population prevalence or could reflect poor detection.

Late diagnosis of HIV is a PHOF indicator on which B&NES performs relatively poorly with just over 50% of HIV diagnosis



Other Acute STI's

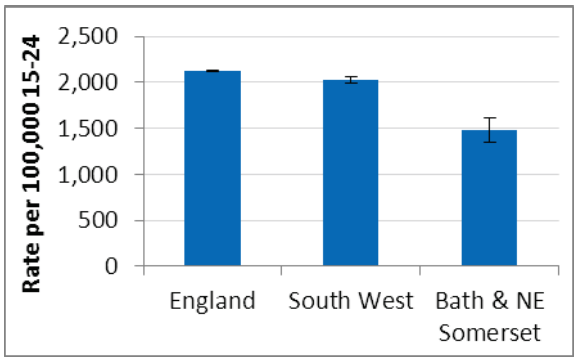
STI	B&NES	South West	England
Gonorrhoea	12	14	39
Syphilis	2	2	5
Herpes	39	47	58
Warts	121	130	142
All Acute STIs	537	653	792

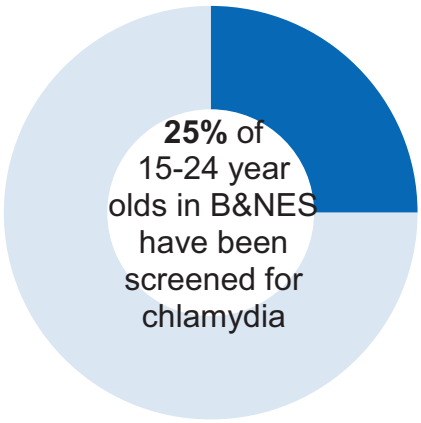
There are lower rates of all acute STI's in B&NES compared to the South West region and compared to national rates.

STI rates per 100,000 resident population (HPA)

Chlamydia

There is a low rate of diagnosed chlamydia (1500 per 100,000) in B&NES compared to regionally



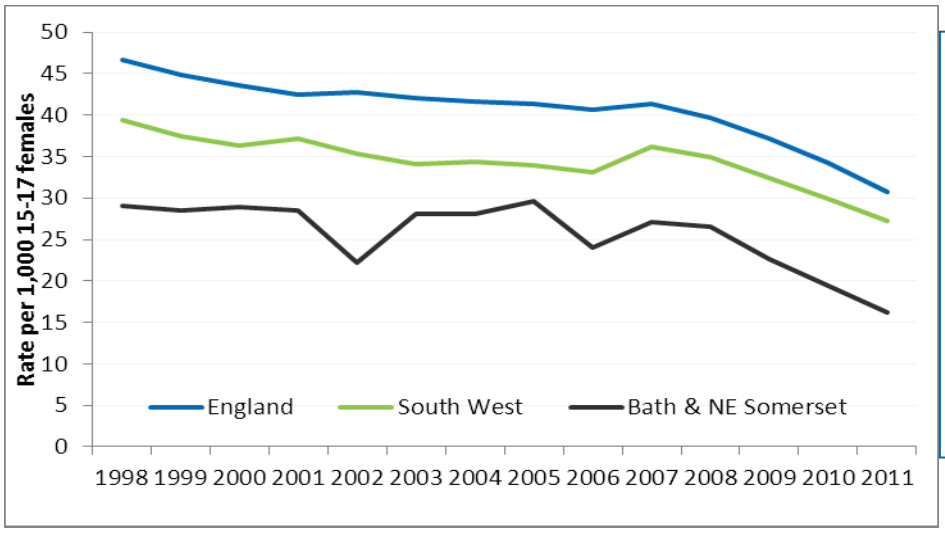


Age group	B&NES	South West	England
15-24	1475	2031	2125
25+	44	67	103
Total	291	309	351

Chlamydia rates per 100,000 resident

Teenage Conceptions

Teenage conceptions have dropped from a rate of 29 per 1,000 15-17yr olds in 1998 to 16.2 per 1,000 in 2011 and remains significantly lower than national figures and the

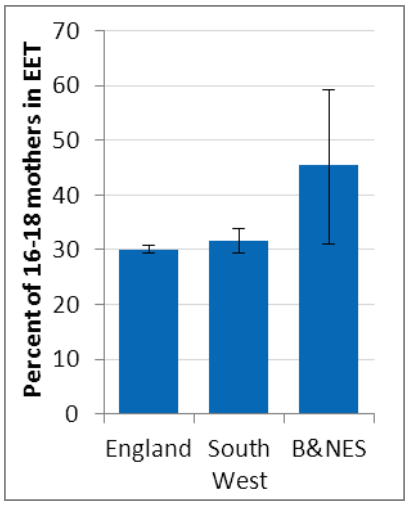


Some Wards however have significantly higher rates:

- Southdown (55 per 1,000) is a nationally recognised hotspot and there are also high rates in:
- Walcot (52 per 1,000)
- Kingsmead (47 per 1,000)
- Westfield (46 per 1,000)
- Twerton (43 per 1,000)
- Radstock (41 per 1,000)

These outcomes reflect the effectiveness of the teenage strategy;

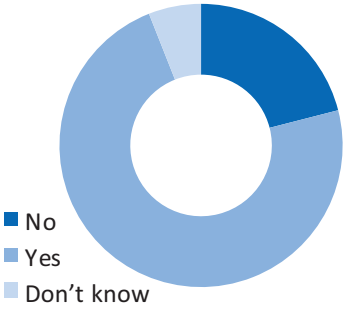
- C Card scheme (free condom scheme to 13 – 24 year olds)
- SAFE (young people's sexual health branded services) which ensures that all local sexual health services are young people friendly, non-judgmental and accessible.
- Enhanced Sexual Health Services, which provides dedicated young people's sexual health services in venues accessible to young people.
- Sexual Health Training Programme for professionals working with local young people
- Personal Social Health Education Certification Programme.



Higher rates of young mothers are in education, employment or training. However, over **50%** of young mothers are NEET.

Sexual Health Behaviours in B&NES

In a recent survey of college students in B&NES;
21% didn't use any contraception last time they had sex.



Of the 73% who did use contraception, only **34%** used a condom.

Missing data and unanswered questions

- Are the sexual health needs of students different to other young people?
- Do the rates of STI's represent true prevalence?

Bath & North East Somerset Council	
MEETING:	Wellbeing Policy and Development Scrutiny Panel
MEETING DATE:	5th July 2013
TITLE:	**Report from the Strategic Transitions Board**
WARD:	ALL
AN OPEN PUBLIC ITEM	
List of attachments to this report: Appendix 1 – Main Report and supporting Appendices.	

1 THE ISSUE

1.1 This report provides an update on the work and activity of the Strategic Transition Board, noting areas of achievement and highlighting future priorities.

2 RECOMMENDATION

The Wellbeing Policy Development and Scrutiny Panel is asked to agree that:

2.1 The summary and conclusions of the report are accepted by the panel

3 FINANCIAL IMPLICATIONS

3.1 There are no direct financial implications of this report. However, the work of the Strategic Transition Board as highlighted in the report will have an impact on the Council's medium term service and resource planning. Developing person centred approaches to improving transition planning for young people is expected to enable people to maximise their independence as they move into adulthood,

4 THE REPORT

4.1 The Strategic Transition Board was originally established in 2007 following a review commissioned from an independent organisation – Lifestyles – to review transition processes for the transfer of young adults (all client groups) from Children's to Adult services.

In summary the report found a number of barriers to effective service delivery including:

lack of strong leadership and commitment to transition planning processes,

no strategic overview

Mixed criteria for accessing services

Lack of understanding of roles and responsibilities of the different sectors and agencies involved in the transition

Lack of resources and clear, collated and easily accessible information and communication systems.

Lack of person centred planning and user involvement

4.2 The board's original remit was to implement the recommendations from the Lifestyles review and a workplan was put in place to address the issues above.

In 2008/09 a three year National Transition Support programme was launched, which aimed to raise the standards of transition support and provision in all local areas. Support was provided to all local authority areas to meet their statutory requirements and minimum standards in transition and go on to develop good practice, as one of the 5 work streams that made up the DCSF/DH Aiming High for Disabled children agenda to transform disabled children's services.

4.3 Over the course of the three year programme Bath and North East Somerset moved from Band 3 (the lowest rating, noting need for high support) through to Band 1(the highest rating), as the improvements being driven by the Strategic Transition Board were recognised by the National Transition Support team. During this period the workplan of the Strategic Transition Board was regularly amended to reflect the emerging recommendations from the National Transition Programme and the yearly self assessments. The workplan has been continued and is overseen by the Board. Responsibility for implementing the plan sits with a 'core group' of the

board which is currently chaired by the Senior Commissioning Manager for adults with learning disabilities and PSI.

4.4 Further detail is contained within the main report attached as Appendix 1 and supporting appendices.

5 RISK MANAGEMENT

5.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

6 EQUALITIES

6.1 An Equalities Impact Assessment was initially completed when the Board was established.

7 CONSULTATION

7.1 *Overview & Scrutiny Panel*

7.2 Consultation with the Wellbeing Policy and Development Scrutiny Panel carried out as a result of receiving this report.

8 ISSUES TO CONSIDER IN REACHING THE DECISION

8.1 Social Inclusion; Customer Focus; Sustainability; Young People; Human Rights; Corporate; Impact on Staff; Other Legal Considerations

9 ADVICE SOUGHT

9.1 The Council's Monitoring Officer (Divisional Director – Legal and Democratic Services) and Section 151 Officer (Divisional Director - Finance) have had the opportunity to input to this report and have cleared it for publication.

Contact person	*Mike MacCallam 01225 396054*
Background papers	
Please contact the report author if you need to access this report in an alternative format	

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Wellbeing Policy and Development Panel – 5th July 2013
Agenda Item 15

Title: Report from the Strategic Transitions Board

Purpose: To provide an update on the work and activity of the Strategic Transition Board, noting areas of achievement and highlighting future priorities.

NB – The Wellbeing Policy Development and Scrutiny Panel received a previous report regarding transitions in January 2012. It is understood that membership of the panel has changed significantly since January 2012 and therefore this report repeats previous information for new panel members and additionally provides an update regarding progress since the first report.

Background:
The Strategic Transition Board was originally established in 2007 following a review commissioned from an independent organisation – Lifestyles – to review transition processes for the transfer of young adults (all client groups) from Children's to Adult services.

In summary the report found a number of barriers to effective service delivery, including:

- lack of strong leadership and commitment to transition planning processes,
- no strategic overview
- Mixed criteria for accessing services
- Lack of understanding of roles and responsibilities of the different sectors and agencies involved in the transition
- Lack of resources and clear, collated and easily accessible information and communication systems.
- Lack of person centred planning and user involvement

The board's original remit was to implement the recommendations from the Lifetstyles review and a workplan was put in place to address the issues above. Terms of reference and Objectives of the board were established, which are attached as Appendix 1. The Board is currently chaired by Jane Shayler, Deputy Director Adult Care, Health and Housing, supported by Mike MacCallam, Senior Commissioning Manager for Adults with Learning Disabilities and Adults with Physical and Sensory Impairments.

In 2008/09 a three year National Transition Support programme was launched, which aimed to raise the standards of transition support and provision in all local areas. Support was provided to all local authority areas to meet their statutory requirements and minimum standards in transition and go on to develop good practice, as one of the 5 work streams that made up the DCSF/DH Aiming High for Disabled children agenda to transform disabled children's services.

Each local authority was required to complete a yearly Self Assessment Questionnaire (SAQ) to capture their position in relation to a number of key transition indicators set by the National programme. The SAQ was also the tool the Transition

Support Programme used to measure progress made by local areas and to determine how well local areas were meeting statutory requirements and guidance in relation to transition. Data from the SAQ was then used by DCSF and DH to make decisions about what support would be offered to local areas in the following year.

Over the course of the three year programme Bath and North East Somerset moved from Band 3 (the lowest rating, noting need for high support) through to Band 1(the highest rating), as the improvements being driven by the Strategic Transition Board were recognised by the National Transition Support team. During this period the workplan of the Strategic Transition Board was regularly amended to reflect the emerging recommendations from the National Transition Programme and the yearly self assessments. The workplan has been continued and is overseen by the Board. Responsibility for implementing the plan sits with a 'core group' of the board which is currently chaired by the Senior Commissioning Manager for adults with learning disabilities and PSI.

Key milestones and achievements of the Strategic Transition Board.

1 Transition Protocol

Bath and North East Somerset, via the Strategic Transitions Board, has published a revised Protocol for Transition Planning for young people with additional needs age 14 to adulthood (in part as a result of the work and support that had been received from the national transition team).

This protocol covers young people with statements of special educational needs (SEN) and their parents / carers. It sets out the expectations of relevant agencies in Bath and North East Somerset throughout the transitions process so they are clear what the specific responsibilities of each agency will be at each stage. It also aims to ensure that these young people and their parents / carers have the right information to make informed decisions throughout the transition planning process.

The protocol also explains the roles of schools, Bath & North East Somerset's Children and Families services, Connexions, Adult Care/ Learning Difficulties /Mental Health services, Health services and Housing services in working together to support young people and families with additional needs and special educational needs in the transition to adulthood.

The protocol emphasises the importance of person centred approaches to transition planning and developing this has been a key priority for the STB.

2. Appointment of Transition Champion

To support the implementation of the transition protocol and in particular to promote person centred approaches to transition planning, Bath and North East Somerset created the post of a Transition champion, first appointed in June 2010 and originally funded through Sure Start grant. From April 2011 this post has been funded through combined commissioning between children's and adult social care.

The postholder has been a key figure in developing revised approaches to transition planning, and is highly thought of, particularly within the two special schools Fosseway and Three Ways, where the majority of students with a Statement of Need (SEN) attend. As a direct result of working with the Transition Champion, both schools have now built preparation for transition planning into their school curriculum and are adopting a revised transition planning process which is aimed at improving outcomes for their students and providing better information for commissioners of adult care to assist with service planning and delivery (see item on Database below for more information).

Update June 2013:
The Transition Champion, now titled Transition Project Officer has recently agreed to 'case manage' 10 students from Fosseway School and Three Ways School through their next transition review. This will enable the project officer to model good practice and provide direct leadership around the transition pathway to the staff of the schools, and develop examples of outcomes from what a 'good' transition pathway can look like.

3. Implementing the Bath and North East Somerset Transition Pathway
Bath and North East Somerset has agreed a revised approach to transition planning which places greater emphasis on supporting each young person and their family to be better prepared for their transition review, and to have had the opportunity to have thought in a more person centred way about their own needs, wishes and aspirations for the future. (See Appendix 2 at the end of this report).

The aim is to produce a transition support plan that is framed around the 'pathways' of Getting A Life. Getting a Life was a three-year cross government project (April 2008 to March 2011), set up to show best practice and drive change so that young people with a severe learning disability could live full lives when they leave education. It focused on what needs to happen during the vital transition period between ages 14 and 25. Although the programme has now ended, it was cited in the Green paper *Support and Aspiration: A new approach to special educational needs and disability (2011)* as a model of best practice that had produced good outcomes for young people. An illustrative example of the pathways to Getting a Life is included as Appendix 3 at the end of this report.

Update June 2013:

An 'away day' was held in October 2012 to introduce the B&NES Pathway to a wide audience of stakeholders including mainstream and special schools, families and carers, local Council staff, representatives from further education, the Connexions service. A secondary purpose of the day was to agree actions needed to support a three year strategic transition plan for implementing Getting A Life, which is overseen by the Strategic Transitions Board.

To support the transition pathway all schools have now been requested by the Council's SEN team to use One Page Profiles with SEN students as a part of their individual transition review, and submit copies of the One Page profile with a copy of

the transition plan (yr 9 – age 14+ - and above) to the SEN team. Early evidence is that the majority of plans *are* being supported by a One Page profile, which is very encouraging.

A (real) illustrative example of a One Page profile and feedback from the SENCO at Norton Radstock school is attached as Appendix 4 to this report.

In addition, all secondary schools are now introducing a revised format for the yearly transition review/transition plan. The new format complements the B&NES pathway, and guides people towards considering outcomes within the four pathways of Getting A Life. It is intended that in time this information can then be used by commissioners within adult health and social care to assist with the planning and commissioning of services. The new transition plan has only been recently introduced and as yet no analysis has been completed to measure how successfully this has been implemented. Many schools undertake transition reviews in the Autumn term and therefore it is intended to complete a mini audit with all schools at the end of the calendar year.

Furthermore, all secondary schools (bar one) have now had at least one person trained (SENCO; Learning Support Assistant) in using the B&NES Transition Pathway, person centred approaches use of the new transition plan paperwork.

4 Training Strategy

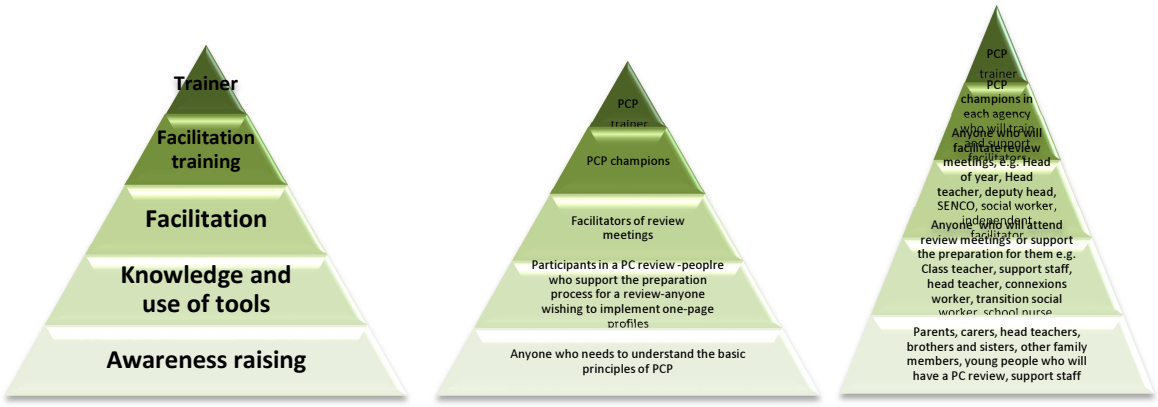
It is evident that young people, families and carers are often ill prepared for the changing model of adult social care with its particular emphasis on personalised approaches, independent living, and use of personal budgets.

The Board has recognised that driving significant change in the way that people are supported through the transition planning process is a major undertaking and a training programme has been developed and implemented to support young people, families, and professionals from all agencies with this.

The purpose of the training strategy is to embed person centred planning (PCP) across all support services in Bath and North East Somerset as a mechanism to support transition for children and young people from 14 - 25 who are disabled, or identified as having a special educational need. This includes all statutory, private and voluntary sector providers and all mainstream secondary schools, special schools and colleges in Bath and North East Somerset. The strategy aims to build internal capacity to ensure that ongoing training for PCP is self-sustaining and effective mechanisms exist to support and develop high quality single planning processes.

In summary the training strategy identifies 5 levels of training from Level 1 awareness raising through to Level 5 where individual staff are trained as PCP trainers – thus building a sustainable training and development programme for B&NES. There is little cost involved as the majority of training is delivered by the Transition Champion. The strategy is illustrated in Table 1 and Table 2 below.

Table 1 Illustration of training strategy



What level of training is required? Who would need this level of training? Which people might be involved?

Table 2 – Training Participation at each level

Level 1: Awareness raising • **Who needs it?** Anyone who needs to understand the basic principles of PCP • Parents, carers, head teachers, brothers and sisters, other family members, young people who will have a PC review, support staff
Level 2: Knowledge and Use of tools • **Who needs it?** Participants in a PC review • Anyone who will attend review meetings e.g. Class teacher, support staff, head teacher, connexions worker, transition social worker, school nurse, therapists
Level 3: Facilitation • **Who needs it?** Facilitators of review meetings • Anyone who will facilitate review meetings, e.g. Head of year, Head teacher, deputy head, SENCO, social worker, independent facilitator, Class Teacher
Level 4: Facilitation Training • **Who needs it?** PCP champions • PCP champions in each agency who will train and support facilitators
Level 5: Trainer Training • **Who needs it?** PCP trainer

Update June 2013

Work will continue to roll out the training programme particularly at levels 1 and 2, and in schools. In addition further support will be offered to young people and families to build understanding of local options, particularly around housing, employment and personalisation. As an example we are in the process of organising seminars to better explain what supported living actually means, what can you use personal budgets for etc, to help people prepare ahead of transition planning. The next seminar event is scheduled for the 17th September 2013.

5 Information

For some time it had been acknowledged that there is an unsatisfactory provision of information available to young people and their families with regard to transition and transition planning. The core group is currently working with a web author to establish a single point of contact on the public website to hold a range of up to date and useful information, which is expected to be developed in shadow form by April 2012. This will then be tested with a range of stakeholders, including schools, carers, and the participation group referred to above before going live at a point later in the year.

Update June 2013:

Bath and North East Somerset has produced 'Preparing For Adulthood – A local guide' – which is a local directory for young people, families and carers and other key partners, and provides local information about each of the four pathways of Getting A Life, in addition to a range of further information. This guide has been very well received and has received positive feedback from Parent Carers Aiming High (PCAH), a local group of parents and carers who are also represented at the Strategic Transition Board

The Council has also established a specific webpage for Transition which has links to the guide plus other relevant information and is easily accessed via the Public website – link below.

http://www.bathnes.gov.uk/services/children-young-people-and-families/transition-adulthood

6. SEN Reforms

The Green paper *Support and Aspiration: A new approach to special educational needs and disability (2011)* contains a series of reforms for supporting children with a Statement of Educational Need (SEN), many of which will impact on children and young people as they move into adulthood. A local working group has been established to oversee local service redesign and implementation of the reforms, with multi- agency representation including membership from commissioners with Adult Health and Social Care. A key focus for the group is to secure the engagement of agencies, including Health, Social Care and Education in ensuring that responsibilities in delivering the reforms, particularly around the requirement for a single Education Health and Care plan for statemented children through to age 25, are clearly understood and locally adopted. A stakeholder event is being planned for September 2013 to support this focussed piece of work.

In addition, a draft and comprehensive revised SEN Code of Practice has been published for formal consultation later in 2013 to provide information and guidance around implementing the SEN reforms – this has been considered by members of the Strategic Transitions Board and initial feedback is currently being collated.

7 Transition and Safeguarding

The Strategic Transitions Board has been asked by the Local Safeguarding Adults Board and the Local Safeguarding Childrens Board (LSAB/LSCB) to review local procedures relating to safeguarding and joint working around children and young people aged 16+, including the need to ensure that planning around any individual subject to safeguarding procedures is properly undertaken between services, and that information sharing protocols are clarified. This work is underway and a briefing will be provided to both the LSAB and LSCB at meetings in September and October 2013.

8 Transition into Adulthood – Operational procedures

A Transitions 'Operations Panel' meets four times a year to oversee the transition of young people and the transfer of social work care management responsibility from childrens to adult services. The purpose of the panel is to ensure that young people who will be eligible for social care services as an adult are identified within 6 months of their 16th birthday, and allocated to an appropriate team/case manager no later than their 17th birthday.

This panel has led to a significant improvement in joint working between children's and adult services and enabled better planning and commissioning of services for young people in adult services, particularly for people with LD and Autism. The Operations Panel is further supported by a secondary panel comprising Senior Commissioning Managers from Adult Health and Social Care, who will make the final decision regarding allocation if a person has a range of complex needs that cannot be easily met by one service. This ensures that all young people who are transferring to adult social care can be identified and transferred prior to their 17th birthday.

Within Bath and North East Somerset there is no dedicated transitions team or specific transitions social workers, and case management can be accepted by any qualified social worker within the adult care/mental health/learning disability teams. As far as possible individual social workers from the adult teams will begin joint working with their counterparts in children's services and with relevant agencies, i.e schools, colleges at the earliest opportunity to improve transition outcomes for each young person.

As an illustrative example, there are currently 299 young people with a Statement of Need in year 9 or above. Of these, approximately 100 have learning disabilities and/or autism, are the responsibility of B&NES and will be eligible for services as an adult. This equates to approximately 15 cases each year 'transitioning' into adulthood, to be case managed by the LD and Autism social work teams.

9 Summary and Conclusions

There has been a continuous programme of development around improving transition planning and transitions outcomes for young people both at strategic and operational level.

A new Transitions pathway has been introduced for B&NES, based on Getting A Life Pathways and using person centred approaches to transition planning.

This is supported by the introduction of revised transition plan documentation which is being introduced in all schools.

The Transition Project officer is leading on improving practice in the use of person centred approaches by case managing 10 students from two special schools.

Improvements have been made to the provision of information and advice to young people and their families with the setting up of a Transition webpage on the Council public website and the publication of a local guide – 'Preparing for Adulthood'.

Immediate priorities for the next twelve months include: establishing a local framework for implementing the SEN reforms; auditing the implementation of the revised transition processes across all schools in the autumn of 2013.

Mike MacCallam

Senior Commissioning Manager

Appendix 1

Bath and North East Somerset

Strategic Transition Board

1. Purpose

To ensure that appropriate and effective arrangements are in place to meet the needs of young people with physical and/or learning disabilities and/or with mental health problems aged between 14 – 25, as they move from childhood to adulthood.

2. Objectives

2.1 To develop a transition protocol and local transition pathway covering the transition from childhood to adulthood that ensures that appropriate transition planning and assessments of young people with disabilities approaching adulthood are in place and that the planning and commissioning of services to support young people is undertaken.

2.2 To ensure that transition processes are multi agency, addressing all of a young person's needs using a person centred approach and that the transition plan is meaningful, detailing the young person's aspirations and how they can be supported to achieve them.

2.3 To ensure all young people have the opportunity to reach their potential and maximise quality of life, participation in education, training or employment and independence.

2.4 To identify and plan to meet training needs for professionals working within the transition process

2.5 To ensure that schools have mechanisms in place to share information to aid planning and commissioning services to meet future demand

2.6 To oversee development of the personalisation agenda for young people through the transition stage.

2.7 To ensure that there are clear and effective transition processes for young people with identified health needs including mental health so that health needs continue to be met in adulthood

2.8 To examine how service provision can be improved and developed and to make recommendations as required.

2.9 To monitor the effectiveness of multi-agency working, including role of lead professional, in relation to the policies, procedures and protocols and to resolve issues and problems where identified.

2.10 To ensure provision of clear and accessible information for all about the transitions processes, future options and progression routes relating to young people and their families.

2.11 To ensure high quality transition service across Bath and North East Somerset is provided and to receive reports on service provision as requested by the board.

2.12 To establish any groups/action groups and board believes will be required to sustain and promote the transitions policy. The terms of reference of these groups will be determined by the board.

2.13 To champion work on transitions across all services.

2.14 To establish mechanisms to ensure that disabled young people and their families have a voice and that their views are communicated appropriately.

2.15 To ensure that services meet the whole needs of each young person taking into account ethnic origin, culture, religion, sexuality, gender and language, as well as social and emotional needs.

2.16 Linking into sub-regional work and sharing sub-regional learning

3. Working arrangements and conduct

3.1 The Bath and North East Somerset Strategic Transition Board will report annually to the Children's Trust board and to the Partnership Board for Health and Wellbeing, and any other relevant Boards/Partnerships as required. This reporting function will be the responsibility of the chair of the Strategic Transition Board.

3.2 The Board may invite non-members to attend Board meetings as appropriate, or to co-opt members to undertake work as required. Should a Board member be unable to attend when s/he has an item on the agenda, then a representative may attend on his/her behalf for that item.

4 Membership

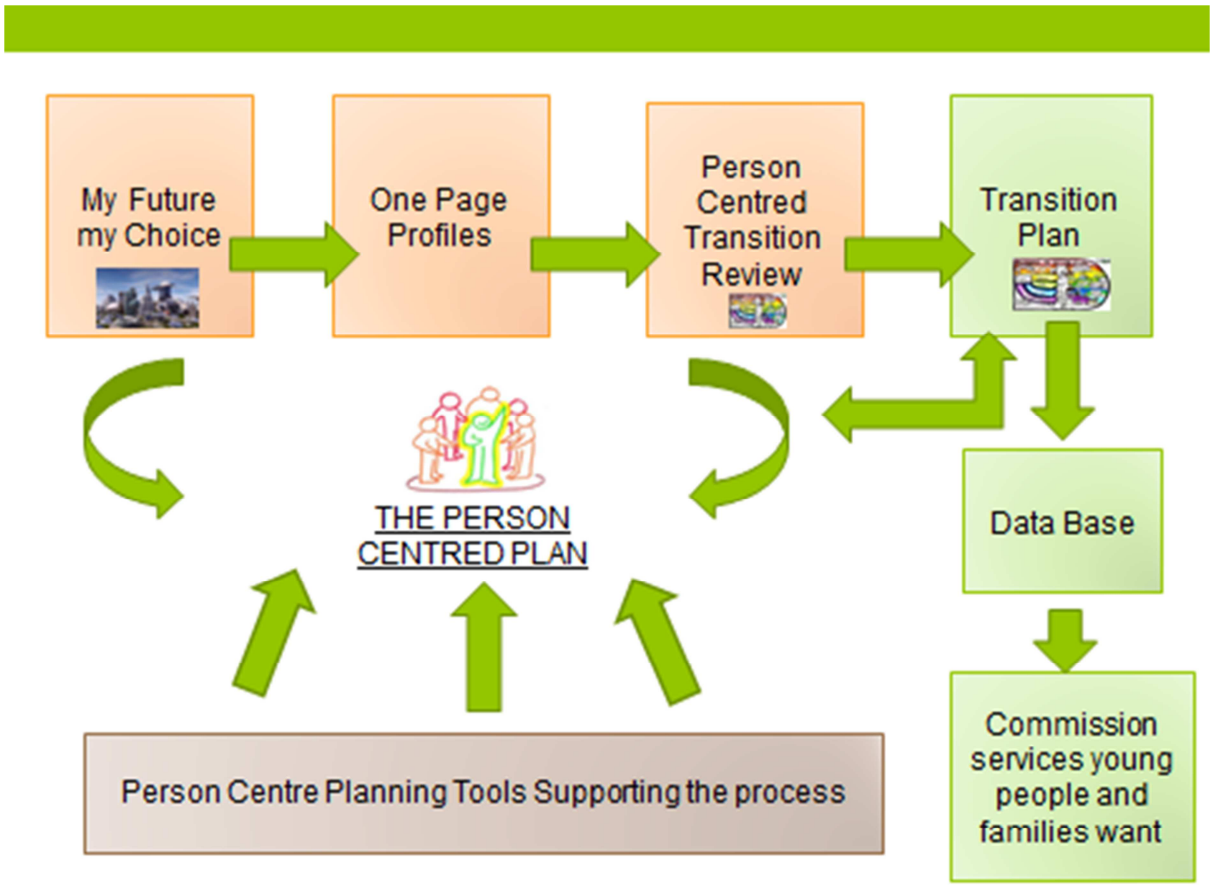
- Children's Social Care
- Joint Health and Social Care Provider
- Acute Health Providers – Children's and Adult services
- Connexions
- Mental Health Joint Commissioning
- Learning Difficulties Joint Commissioning
- Joint Children's commissioner
- Education Liason Manager
- FE Providers
- Mental Health – AWP
- Child & Adolescent Mental Health Services
- Shared Commissioning Services
- Special Schools
- Mainstream schools
- Third Sector/Voluntary organisations
- Disabled young people and parents/ carers
- Supported employment
- Advocacy Services

5. Frequency of meetings

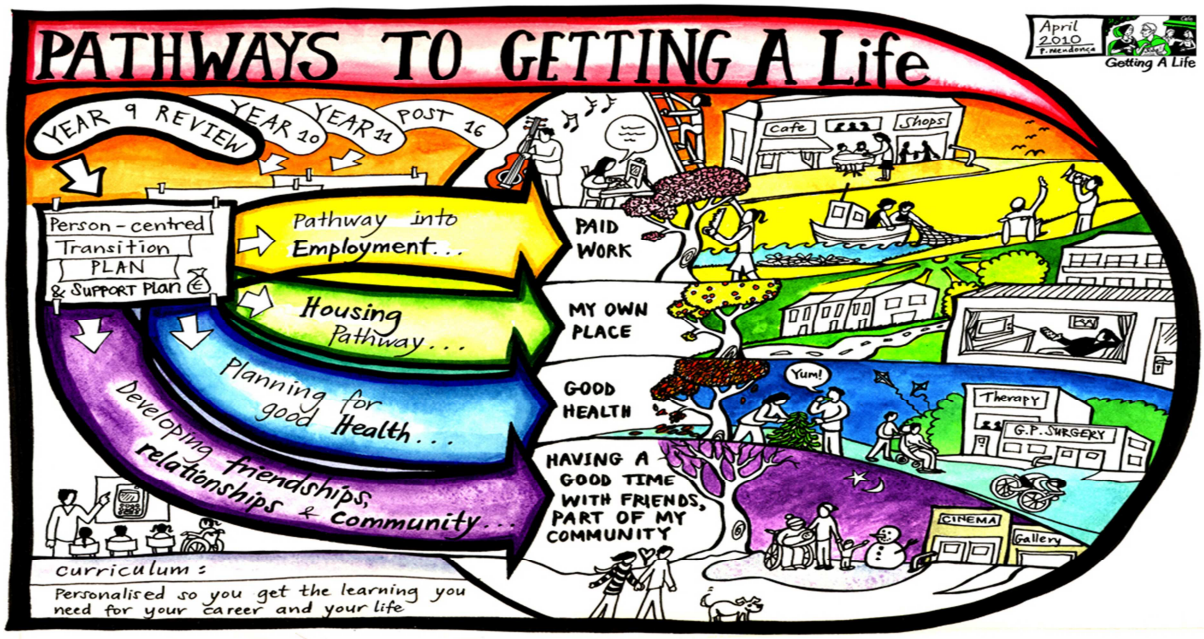
5.1 The Board will meet on at least 4 occasions each year. Additional meetings may be required as agreed by the Board.

The terms of reference, objectives and outcomes of the Board will be reviewed annually.

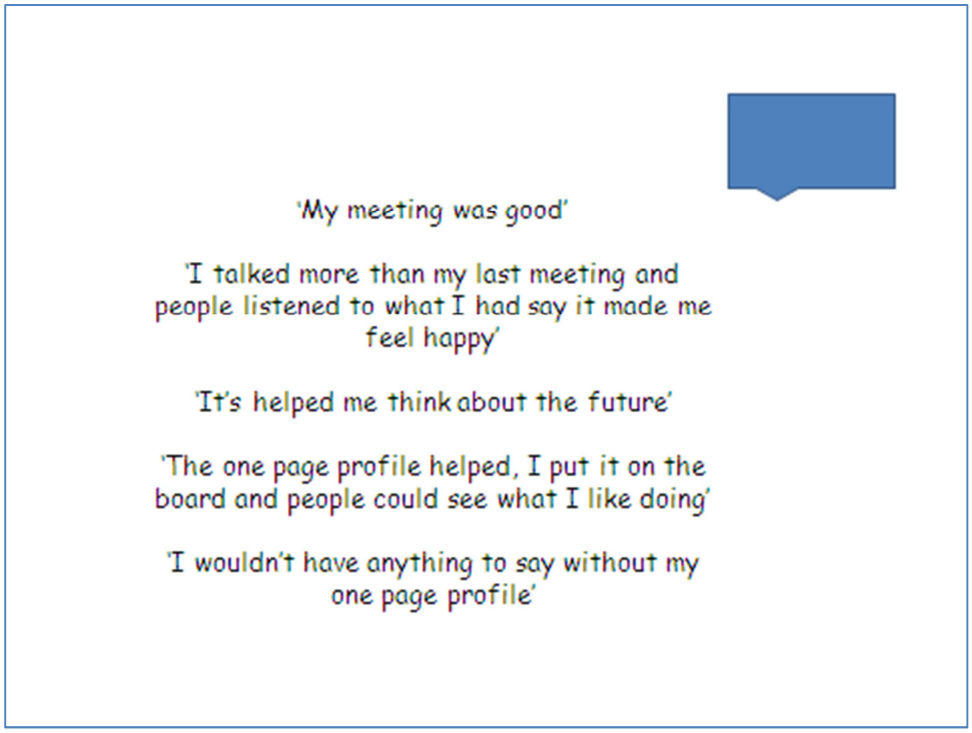
Appendix 2 Transition Pathway



Appendix 3 Illustration of Pathways to Getting a Life



Appendix 4 – Example One Page Profile



'The Person Centred approach has been valued by all the young people we have worked with.

In particular there has been a shift in emphasis to a broader celebration of the strengths, values and achievements of the whole person.

This has made for a much more positive and meaningful experience for both the young person and their parents.

Professionals working with the child (and often parents too) have discovered much they did not know.

It has created an atmosphere that allows for more honest and open discussions of the challenges faced.

The prior work done before the meeting with a trusted adult has been a key part of the process.

Following the meeting young people, like XXXX, have been much keener to discuss and refer back to the meeting; they really feel it was 'their meeting'.

It has supported the development of them taking responsibility for their future.

I have been impressed with how the young people have risen to the challenge of taking responsibility, meeting and greeting guests, presenting and participating'

Rachel Appell SENCO Norton Radstock School May 2012

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Bath & North East Somerset Council

WELLBEING PDS FORWARD PLAN

This Forward Plan lists all the items coming to the Panel over the next few months.

Inevitably, some of the published information may change; Government guidance recognises that the plan is a best assessment, at the time of publication, of anticipated decision making. The online Forward Plan is updated regularly and can be seen on the Council's website at:

http://democracy.bathnes.gov.uk/mgPlansHome.aspx?bcr=1

The Forward Plan demonstrates the Council's commitment to openness and participation in decision making. It assists the Panel in planning their input to policy formulation and development, and in reviewing the work of the Cabinet.

Should you wish to make representations, please contact the report author or Jack Latkovic, Democratic Services (01225 394452). A formal agenda will be issued 5 clear working days before the meeting.

Agenda papers can be inspected on the Council's website and at the Guildhall (Bath), Hollies (Midsomer Norton), Riverside (Keynsham) and at Bath Central, Keynsham and Midsomer Norton public libraries.

Wellbeing PDS Forward Plan

Bath & North East Somerset Council
Anticipated business at future Panel meetings

Ref Date	Decision Maker/s	Title	Report Author Contact	Strategic Director Lead
WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL; 5TH JULY 2013				
5 Jul 2013	**Wellbeing PDS**	**An update on the GWAS Joint Scrutiny arrangements**	Councillor Anthony Clarke	Ashley Ayre, Jane Shayler
5 Jul 2013	**Wellbeing PDS**	**Rough Sleepers**	Michael Chedzoy Tel: 01225 477940	Ashley Ayre, Jane Shayler
5 Jul 2013	**Wellbeing PDS**	**JSNA update**	Jon Poole	
5 Jul 2013	**Wellbeing PDS**	**Sexual Health**	Public Health officer	
5 Jul 2013	**Wellbeing PDS**	**Strategic Transitions**	Mike MacCallam Tel: 01225 396054	Jane Shayler, Ashley Ayre
WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL; 20TH SEPTEMBER 2013				
20 Sep 2013	**Wellbeing PDS**	**Neuro-rehab services update**	Specialised Commissioning Team - Lou Farbus	Jane Shayler, Ashley Ayre

Ref Date	Decision Maker/s	Title	Report Author Contact	Strategic Director Lead
20 Sep 2013	**Wellbeing PDS**	**Urgent Care - 6 month update**	Dr. Ian Orpen	Ashley Ayre, Jane Shayler
20 Sep 2013	**Wellbeing PDS**	**NHS 111 update**	David Trethewey Tel: 01225 396353	
20 Sep 2013	**Wellbeing PDS**	**Dementia Strategy update**	Officer to be confirmed (Sarah Shatwell and/or Corinne Edwards?)	Ashley Ayre, Jane Shayler
20 Sep 2013	**Wellbeing PDS**	**Safeguarding Adults Annual Report 2012-2013**	Lesley Hutchinson Tel: 01225 396339	Jane Shayler
20 Sep 2013	**Wellbeing PDS**	**Talking Therapies update**	Andrea Morland	Ashley Ayre, Jane Shayler
20 Sep 2013	**Wellbeing PDS**	**Mental Health Support Services**	Andrea Morland	Jane Shayler, Ashley Ayre
WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL; 22ND NOVEMBER 2013				
22 Nov 2013	**Wellbeing PDS**	**Update on the future of the RNHRD**	The RNHRD	

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22 Nov 2013	**Wellbeing PDS**	**Alcohol Harm Reduction Scrutiny Inquiry Day**	Emma Bagley	
WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL; 17TH JANUARY 2014				
WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL; 21ST MARCH 2014				
FUTURE ITEMS				
	Wellbeing PDS	**Dentistry (requested by the Panel on 28.01.13)**		
	Wellbeing PDS	**The RUH status update**		
	Wellbeing PDS	**Home Care (requested by Cllr Jackson on 28.01.13)**		
	Wellbeing PDS	**NHS Healthchecks**		

The Forward Plan is administered by **DEMOCRATIC SERVICES**: Jack Latkovic 01225 394452 Democratic_Services@bathnes.gov.uk