

## **BATH AND NORTH EAST SOMERSET**

### **WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL**

Friday, 16th May, 2014

**Present:-** Councillors Vic Pritchard (Chair), Sarah Bevan, Lisa Brett, Eleanor Jackson, Anthony Clarke, Bryan Organ and Brian Simmons

#### **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**

Councillors Cherry Beath, Sharon Ball and Kate Simmons had sent their apologies to the Panel. Councillor Brian Simmons was a substitute for Councillor Kate Simmons.

Councillor Lisa Brett was the Vice-Chair of the Panel for this meeting.

Councillor Simon Allen, Cabinet member for Wellbeing, also had sent his apologies for this meeting.

#### **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.

#### **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 informed the meeting that the Panel received a statement from Pamela Galloway related to the Hydrotherapy Services agenda item. The Chairman also said that points raised in the statement might be considered later on the agenda, during the debate on this matter.

## **7 MINUTES**

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

## **8 CABINET MEMBER UPDATE (10 MINUTES)**

The Chairman informed the meeting that Councillor Allen had sent his apologies to this meeting.

The Chairman suggested to the Panel to consider Cabinet Member Update now and if there were any questions, or queries, that needed to be answered, then those would be included in the next update.

The Chairman invited Jane Shayler (Deputy Director for Adult Care, Health and Housing Strategy and Commissioning) to give an update to the Panel (attached as appendix to these minutes).

Councillor Jackson commented that one Sunday morning she was walking by the Bath Abbey and counted seven rough sleepers around the Abbey.

The Chairman suggested that the next Cabinet Member update should include a joint response from the Cabinet Member for Wellbeing and also the Cabinet Member for Homes and Planning, with the support from Housing Services, on current position regarding rough sleepers in the area.

## **9 CLINICAL COMMISSIONING GROUP UPDATE (10 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 the BANES CCG (attached as appendix to these minutes).

The Panel made the following points:

Councillor Bevan asked if the CCG had been collecting feedback from the public exhibitions they organised and what had been done with it.

Dr Orpen responded that if the CCG's Communications Team had been collecting the feedback and used the same either to communicate with specific groups or service providers.

Councillor Brett asked if the Referral Support Service would help addressing the issue of signposting.

Dr Orpen responded that the Referral Support Service would help addressing the issue of signposting to some extent, though the Referral Support Service was more about supporting people with the 'Choose and Book' service.

Councillor Clarke commented that the Council signed up to look after military/ex-military personnel and veterans and asked if the CCG responsibility was to give priority to veterans. Councillor Clarke asked this because servicemen had had trouble navigating the RUH in particular, and if the CCG would undertake some monitoring on this matter.

Tracey Cox responded that she would be happy to take away comments from Councillor Clarke and discuss with the relevant providers.

Councillor Jackson commented that the CCG's roadshows should have been publicised better to attract more public. Councillor Jackson also said that the Panel should keep an eye on the interface between the Council's public health responsibilities and how it fits with the CCG's remit.

Councillor Jackson added that mental health issues had been underestimated and ought to be one of the CCG's priorities.

Dr Orpen replied that the CCG would have a review of their roadshows and they would be looking to attract more public to it. Dr Orpen agreed with Councillor Jackson about her views on the public health within the Council and the CCG.

Dr Orpen also said that mental health had not been singled out as one of the CCG's priorities because it has been crossing over other areas. Nevertheless, Dr Orpen took on board comment from Councillor Jackson.

The Chairman thanked Dr Orpen for an update.

## **10 HEALTHWATCH UPDATE (10 MINUTES)**

The Chairman invited Pat Foster and Ann Harding to introduce the report.

The Panel unanimously welcomed new format of the report. The Panel felt that the report was accessible and easy to understand with a lot of useful information on what the Healthwatch B&NES did to date. Some Members of the Panel commented that the report could be slightly shorter next time.

Pat Foster took these comments on board.

The Panel asked if the Healthwatch had had a contact with the Patient Liaison Services from the RUH.

Pat Foster responded that the Healthwatch had been recently to visit the Patient Liaison Services from the RUH and that they were hoping to build stronger relationship.

The Chairman thanked Healthwatch representatives for an update.

## 11 THE ROLE OF CQC – CHANGES TO REGULATION (20 MINUTES)

The Chairman invited Daniel Lloyd (Inspection Manager) to introduce the report.

The Chairman also informed the meeting that he had sent procedural briefing (on how the CQC operates) to the Panel in advance of the meeting.

Daniel Lloyd took the Panel through the report.

The Chairman commented that 73% of care homes had met the required standards. Although many issues that required improvements were minor, the CQC, in recognising these issues as non-compliant, all too often gave an adverse score.

The Chairman also commented that the CQC inspection outcomes go from 'good' to 'needing the improvement', which were quite profound divisions of assessment.

Daniel Lloyd explained that people should aim for 'good' or 'outstanding'. Some care homes, for example, would say 'it is only a minor thing' and those could be indicators that something had been happening which would need to be investigated,

The Chairman said that the public would make their perception of the service, especially when they see that compliance was not mainly 'good' or 'outstanding', and their perception might be different. For instance - they might go somewhere else. The Chairman said that the CQC also has a responsibility in addressing public perception.

Councillor Brett asked where complaints would go when received from the public or service users.

Daniel Lloyd explained that complaints go directly to the inspector who has been responsible for that service.

Those complaints, which were suggesting breach of regulation, would be dealt via the CQC intelligence section.

Councillor Organ suggested that some sort of CQC publication, with ten bullet points written on it, should go to every household in the area.

Daniel Lloyd took this comment on board.

Councillor Brett commented that it would be much better if ratings were divided in categories (i.e. quality of care, administration, etc) so members of the public could feel comforted that even though a care home in question might have poor ratings in administration, they still had excellent ratings in quality of care.

Daniel Lloyd took this comment on board.

Councillor Bevan commented that some of unpaid carers were children and asked if there was any particular consciousness and awareness on that issue.

Daniel Lloyd responded that the CQC had been using experts and specialist to get the feedback from those children in terms of their needs.

The Chairman thanked Daniel Lloyd for the presentation/report.

It was **RESOLVED** to note the presentation and to invite the Care Quality Commission representatives with a further update/s at future meetings.

## **12 URGENT CARE UPDATE: BATH HEALTH COMMUNITY - WINTER REPORT 2013/14 (30 MINUTES)**

The Chairman invited Dominic Morgan (Urgent Care Network Programme Lead for NHS Bath and North East Somerset Clinical Commissioning Group) to introduce the report.

Members of the Panel welcomed the new approach in terms of the leadership, planning, management, monitoring and also to other changes to the whole Urgent Care System management.

The Panel also welcomed joint working between commissioners (Clinical Commissioning Group) and providers (Sirona and the RUH).

The Panel commented that Urgent Care would be experiencing most of the pressure in winter.

Dominic Morgan explained that finance and workforce for winter months had been, and would continue to be, the biggest challenge for Urgent Care.

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

## **13 BRIEFING ON THE DEVELOPMENT ON THE VASCULAR SERVICE (ADULTS) MODEL OF CARE (20 MINUTES)**

The Chairman invited Steve Sylvester (Head of special Commissioning) to introduce the report.

The Panel also had an opportunity to watch a video on YouTube, made by the NHS England, where Andy Weale, Consultant Vascular Surgeon at North Bristol NHS Trust, explained the proposed developments to specialised vascular services in Bath and Bristol.

The Chairman, on behalf of the Panel, felt that the proposals would be medically more efficient and also more financially effective.

It was **RESOLVED** to support Vascular Services (adults) proposals as printed.

## **14 HYDROTHERAPY SERVICES (15 MINUTES)**

The Chairman invited Mike MacCallam (Joint Commissioning Manager for Learning Disabilities) to introduce the report.

Following the debate between Members of the Panel and officers it was **RESOLVED** that the Panel would receive a further update report with the following information:

- 1) Number of people currently benefiting from hydro-therapy services;
- 2) How would the service be managed; and
- 3) What would be the realistic cost of the Writhlington pool adaptation?

## **15 HOMECARE REVIEW 2010 UPDATE (30 MINUTES)**

The Chairman invited Councillor Eleanor Jackson to introduce the report.

Councillor Jackson took the Panel through the report highlighting what had been happening with the Home Care since the review in 2010 and what her concerns were for some particular areas, as printed in the report.

Councillor Jackson and Clarke thanked officers and care providers who took part in this review and also who provided an up to date information for this report.

Councillor Jackson suggested that the Panel should revisit this matter in year 2017, just to keep a close eye on the issues which had been identified by this report and also by the CQC.

Councillor Bevan expressed her concerns that newly trained care staff might not be adequately prepared for clients with mental health issues, especially where there could be a case of language barrier.

Councillor Jackson said that the Task and Finish Group from 2010 did not look at issues around communication skills of clients who found it difficult to explain they had problems with stress, anxiety, etc. Some speakers of different languages were not getting the degree of care they needed. Councillor Jackson said that this was an area of concern for her.

Councillor Clarke said that domiciliary care service was in transition when the Task and Finish Group looked into this issue back in 2010. It now looks like a well-run service. Councillor Clarke also said that there had been a big turnover of people working in Domiciliary Care, though this is a national issue as these people are not the best paid workers in the country. Councillor Clarke summed up by saying that we were still getting good quality of staff and provide good service in this area

It was **RESOLVED** to note the report and to receive a further update in 3 years' time.

## **16 SOUTH WESTERN AMBULANCE SERVICE (NORTH AREA) JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE: COUNCILLOR MEMBERSHIP (5 MINUTES)**

The Chairman introduced the report.

It was **RESOLVED** that Councillor Vic Pritchard will be the third member representative from B&NES on the South Western Ambulance Service (North Area) Joint Health Overview and Scrutiny Committee.

**17 PANEL WORKPLAN**

The meeting ended at 1.30 pm

Chair(person) .....

Date Confirmed and Signed .....

**Prepared by Democratic Services**

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# **Cllr Simon Allen, Cabinet Member for WellBeing Key Issues Briefing Note**

## **Wellbeing Policy Development & Scrutiny Panel – May 2014**

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### **1. PUBLIC ISSUES**

#### **B&NES NHS Health Check Programme update**

The NHS Health Check is a local authority mandatory public health function, commissioned by the Public Health team and delivered by all GP surgeries in B&NES. The DH and Public Health England are very committed to this programme, and feel that it has an important role to play in improving lifestyles and reducing the burden of long term conditions on the NHS and on social care. However, there is a lively debate in public health circles as to the strength of the evidence base and whether it may widen rather than reduce health inequalities.

12,387 NHS Health Checks were offered to B&NES residents aged between 40 and 74 during 2013/14. Of these 6330 people took up the offer and had a Health Check. This represents a 51% take up which is a significant improvement in on 12/13 (45.6%) and represents nearly 1000 additional checks undertaken.

The NHS Health Check is for everyone aged between 40 and 74 who has not been diagnosed with heart disease, diabetes or kidney disease. People are invited once every five years by letter from their GP surgery. The NHS Health Check assesses a person's risk of developing heart disease, type 2 diabetes, kidney disease and stroke. It takes about 20 – 30 minutes and includes a simple blood test to check cholesterol levels. The Check helps identify potential risks early and provides a range of lifestyle advice to enable people to take action to prevent the onset of these conditions.

#### **Workplace Wellbeing Charter**

Promoting good health through workplace interventions has a lot of potential to improve both the physical and mental health of workers. Furthermore if we can release energy, enthusiasm and resources of the workplaces of BaNES we could make a small core council resource go a very long way.

Two local workplaces have recently been accredited with the Workplace Wellbeing Charter, a nationally developed framework to maintain and improve employee health, endorsed by Public Health England. Sirona Care and Health and Swallow have both been awarded the Charter which helps employers to take an holistic approach to common workplace problems such as stress and musculoskeletal problems and identify ways of reducing costs to the business of employee absenteeism and ill health. B&NES Council will be piloting use of the Charter across its directorates during 14/15.

#### **“Fit For Life” Strategy Development**

The draft Fit for Life strategy, which has been developed by members of the People and Communities and Place directorates sets out the Council's ambitions for

improving health and wellbeing and reducing health inequalities in Bath and North East Somerset through increasing physical activity levels. It seeks to find ways to make physical activity more central to people's lives through making explicit links to the Health and Wellbeing Strategy.

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

Bath and North East Somerset Council would like to engage with local residents, communities and providers, on its draft Fit for Life Strategy and a consultation is now underway.

### **The Vision**

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

The strategy has 4 key themes:

#### **Theme 1 - Active Lifestyles**

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

#### **Theme 2 - Active Travel**

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

#### **Theme 3 - Active Design**

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

#### **Theme 4 - Active Environments (Facilities and outdoor space)**

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

<http://www.bathnes.gov.uk/services/sport-leisure-and-parks/health-and-fitness/fit-life>

## **2. PERFORMANCE**

### **Care Home Performance Update (January – March 2014)**

#### Baseline Data

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At the time of writing there were 57 residential and nursing homes under contract in B&NES including those providing services to people with learning disabilities and people with mental illness.

As at 7th May 2014 1134 individuals were recorded as being 'permanently placed' in residential/nursing care, supported living or extra care settings although this figure also includes a number of individuals who are placed out of area i.e. not with a contracted provider in the B&NES local authority area. This is a decrease since the last report of 11 people.

### Care Quality Commission Data

The Care Quality Commission came into being in April 2009 and required all adult social care and independent health care providers to register by October 2010. Part of the role of CQC is to carry out inspections of care homes and to assess compliance against twenty eight quality standards, known as the 'essential standards'.

In Bath and North East Somerset all homes under contract have been inspected by CQC, the performance for the January to March 2014 period is summarised in the table below.

All standards met	31 homes
One standard requiring improvement	3 homes (decrease of 5 since last period)
Two standards requiring improvement	4 homes (decrease of 3 since last period)
Three standards requiring improvement	0 homes (decrease of 3 since last period)

When one or more essential standards are not met and there are serious concerns regarding the quality of care provision in a home, CQC may issue compliance notices which require providers to respond within specific timescales, after which follow up inspections take place. At the time of writing 11 homes in B&NES were under compliance action, a decrease of 2 since the last period. The action was evidenced to have a minor impact to service users for 7 homes, a moderate impact to 2 homes and a mix of minor and moderate to 2 homes.

All homes with outstanding compliance issues are required to produce action plans setting out how, and in what timescales full compliance will be achieved. This information is utilised to inform the review B&NES schedule and to inform contract monitoring activity.

A report published by Age UK on 28th June 2012 suggests that around 73% of adult social care provision is fully compliant with CQC standards and this figure is corroborated by the analysis above which indicates that 72% of homes inspected in B&NES are fully compliant.

### Service User & Stakeholder Feedback

Information regarding the quality of care homes is collected at each individual service user review and collated on a 'feedback database' by commissioners. The database is also used to store 'adverse incident' reports received from health colleagues. During the period January to March 2014 feedback relating to 7 care homes was received via the feedback database, these are summarised in the table below.

Nursing home	Costs of placement
Nursing home	Good communication
Residential home	Various quality issues
Nursing home	Pressure area care
Residential home	Attitude of staff
Residential Home	Staff Turnover and management oversight
Nursing home	Not adhering to other professional input into care planning

### Commissioning & Contracts Review

Of the above homes 6 have been reviewed by Commissioning & Contracts Officers. A further 9 homes where no concerns were raised have been reviewed during the reporting period as part of the planned schedule of contract review activity. In addition 9 homes have received short reviews to follow up action plans from the full review process.

Six of the above homes have been recently inspected by CQC and five of these were found to be fully compliant whilst one has one outstanding compliance action.

Officers liaise closely with CQC and with health and social care colleagues to triangulate intelligence and to agree collaborative responses to all concerns identified. This information sharing process is relied on to prioritise inspection and review activity, thus making most effective use of limited capacity in the commissioning team.

### **Domiciliary Care Performance Update (March and April 2014)**

#### Baseline data

There are four domiciliary care strategic partners under contract in B&NES and, at the time of reporting, four spot providers, plus a small number of 'one off agreements'. The contract with strategic partners is a framework agreement under which providers are paid quarterly in advance for a projected number of care hours they will deliver, then this amount is adjusted to reconcile with the actual number of care hours delivered.

During the reporting period the total number of care hours delivered by all contracted providers was between 4821 (25th of February 2014 to 537 service users) and 4838 care hours (30th of April 2014 to 552 service users). These hours are within projected demand limits.

The strategic partners are commissioned to accept the majority of all referrals for domiciliary care made by Sirona Care & Health as part of the statutory social care assessment and care management process. On the 6th May 2014 77% of all commissioned domiciliary care (4834) was being delivered by the strategic partners

with the remaining 23% being delivered by either a contracted spot provider or commissioned under a 'one off agreement'.

The 23% of hours commissioned outside of the strategic partnership contract are delivered equally through spot and one off agreement contracts.

Hours of Service Provided by Four Strategic Providers per Zone:

Zone	Number of Service Users	Number of Visits	Care Hours
Bath North	144	1527	1109
Bath South	159	1795	1370
NES (Keynsham)	94	1202	913
NES (Norton Radstock)	151	1998	1419
	<b>548</b>	<b>6522</b>	<b>4811</b>

#### Care Quality Commission Data

Three of the four domiciliary care strategic partners have been inspected by CQC since December 2013. Two have been found to be fully compliant with all essential standards being met. The third was judged to not be meeting the standard around supporting staff. The Inspection report states the following:

*Staff we spoke with confirmed they had completed core skills training and records we looked at showed evidence of this training being completed. One care worker described the training available as "very good" and another told us "it was very worthwhile". Staff received good informal support however there was a failure to provide 1:1 supervision and yearly appraisals. We asked care workers about the support they received. All of the 10 care staff we spoke with were very positive about the informal support they received. Particularly the availability of supervisors and the response they received if they spoke to office staff. One care worker said the support was "very good" and another described it as "brilliant". A third care worker said they were "really impressed with the agency". However staff told us there was little one to one supervision available. We were told there was "no regular 1:1 supervision", "can't remember when I last had 1:1 and "have only ever had one 1:1 supervision. We looked at records for nine care staff. Of these there was evidence of 1:1 supervision for three, of the remainder there was no evidence of their having had 1:1 supervision. Staff we spoke with told us they had not received a yearly appraisal. The records we examined showed none had received an appraisal in 2013.*

This was, however, judged by the Compliance Inspector to have a minor impact on people who use the services of this provider. The provider has produced an action plan to address this issue, which has been submitted to CQC and shared with Commissioners.

At the time of writing, the report for the fourth strategic domiciliary care provider (which was inspected on the 8<sup>th</sup> March 2014) had just been published. The service was judged to be fully compliant and stated the following:

*We looked at the personal care or treatment records of people who use the service, carried out a visit on 18 February 2014, observed how people were being cared for and sent a questionnaire to people who use the service. We talked with people who use the service, talked with carers and / or family members and talked with staff.*

*People and their relatives and friends who responded to the questionnaires were satisfied with the care and treatment provided by the agency. The person we visited and their relative said the staff were good.*

*People told us their privacy and dignity was respected by the staff. We were told they had not experienced any form of discrimination from the staff.*

*People told us their care needs were reviewed and their care plans were updated following the reviews. Staff knew care plans directed them to meet people's needs consistently and guided them on their changing needs.*

*People felt safe with the staff. The staff received safeguarding adults training and knew the procedure for reporting suspicions of abuse. Staff knew it was their duty to report any poor practice they may witness from other staff.*

*Staff received essential training to meet the needs of people and their performance was monitored.*

*There was an effective system to gain the views of people about the agency. People's views about the service were taken seriously and used to improve the personal care delivered.*

Two of the spot contract providers have also been inspected by CQC since the end of December 2013 and both have been judged as being fully compliant.

### Service User & Stakeholder Feedback

Feedback about the quality of services received from the domiciliary care strategic partners and spot providers is sought by Sirona Care and Health staff when conducting service user reviews. Since the beginning of March 2014 four concerns have been shared with Commissioners and providers following reviews undertaken.

- Concerns relating to lack of clarity regarding whose responsibility it was to inform a client's family, social worker and partner support provider that a client was unwell, had been visited by paramedics and subsequently admitted to hospital. There was confusion surrounding whether this was the agency's or the ambulance crew's responsibility. This has been clarified with the care agency that the worker should have contacted the client's family and social worker to inform them client was unwell/refused GP. The client is known to refuse care. Also, an annual review had been dated incorrectly in the client's file. The agency has addressed this with the relevant staff member.
- One concern related to a client receiving lots of different carers on her evening calls, and some staff were unclear what they were supposed to do. The client is very happy with her morning support which is provided by a regular carer.

The agency has agreed for the evening carers to shadow the morning carer so they are clearer about what they have to do.

- One concern related to the agency sending a male care worker without informing the client's daughter (as requested by client/daughter) prior to the worker visiting. The client's daughter decided to end the contract with the agency after her mother nearly fell whilst getting ready for a shower. She had been waiting for the care worker who had been writing up some notes. The client's daughters have decided to take on the provision of care themselves.
- One concern related to late calls and lack of continuity relating to lots of different carers. This has been addressed with the agency.

There have been no concerns received regarding the service provided by the spot contractors.

### Commissioning & Contracts Review

All strategic providers were reviewed in November and December 2013 by Commissioning and Contracts and no concerns were identified as part of this review process.

A Strategic Partnership Meeting was held on the 13th of March 2014. Providers presented feedback on their latest internal quality monitoring results and provided information on their staff recruitment and retention. All providers demonstrated a commitment to providing quality services and a willingness to address concerns.

During the last twelve months providers have introduced computer monitoring systems which allow for planning travel time between scheduled visits and continue to encourage staff to ring into their offices when they are running late so that contact can be made with the service users.

Commissioning and Contract Officers liaise closely with CQC and with health and social care colleagues to triangulate intelligence and to agree collaborative responses to any concerns identified. This information sharing process is relied on to prioritise inspection and review activity, thus making most effective use of limited capacity in the commissioning team.

### **3. SERVICE DEVELOPMENT UPDATES**

#### **School Food Plan**

Good progress being made by staff from Catering Services, the DPH Award team and “Food in Educational settings” to support the implementation of the School Food Plan which includes the Universal roll out of free school meals for key stage 1 by September, and the increase in school meal uptake for key stage 2 and 3, We will also be introducing ‘Love Cooking’ in the Curriculum by September 2014. Lack of basic cooking skills is one of the major barriers to people taking control of their diet and eating more healthily within any budget.

Meetings with each infant school have been taking place and barriers in place being identified and practical solutions being created to support each individual school to meet the challenge.

Public health have invested additional money to increase capacity to support this work, in addition to the Government funding which has been allocated to schools via catering services.

The B&NES video is the first link on the national website as an example of ‘what works well’ <http://whatworkswell.schoolfoodplan.com/>  
<http://www.schoolfoodplan.com/>

#### **Wellbeing College Pilot**

Bath & NE Somerset Council has successfully tendered the Wellbeing College Pilot Project, and the contract has been awarded to Sirona Care & Health as the lead body, with a range of affiliate partners from across the health and wellbeing sector. The Pilot is now being progressed.

The B&NES Wellbeing College will enable an increased number of people within the community to have easier, less stigmatised and more equitable access to a wide range of quality assured courses which address their wellbeing, help them develop healthy lifestyles, and manage their long term conditions.

A number of core objectives have been defined to ensure that this development of Mental Health and Wellbeing Services exploits the full potential of local Community Providers to enable safe, effective and value-for-money provision of services to be provided across B&NES. These are to:

- Ensure provision of a range of high quality and successful self-management and early intervention courses by wide-ranging health, social care and community organisations in Bath and North East Somerset under a college approach.
- Enable people, through this approach, to understand their conditions and the impacts upon daily life, share their experiences, learn ways to manage their conditions, build their skills, support one another and take control.
- Establish training and support for peer tutors and volunteers to deliver relevant courses within this educative model using a co-production, recovery focused approach.



Promote available courses and opportunities and provide an information, signposting and advice service to guide participants to courses/groups that will help to meet their health, social care and wellbeing needs.

### **Living Well Service**

Commissioners have worked with Sirona Care & Health over the past 6 months to remodel the above two separate employment support services into a Living well Service. The aim of this service will be to establish networks of support within the community, with a paid support worker at the heart of each network, and a strong element of peer support and peer mentoring within and across the networks. St Mungo's Peer Mentoring Service will work closely with this service to train people as appropriate.

The Living Well Service will use a localised version of WRAP (Wellness, Recovery Action Plans) with people within each network, to act as a focal point for people's recovery and wellbeing, and also to make best use of the peer led support and shared experiences within the networks.

It is anticipated that these networks and people's WRAP plans will integrate with the Wellbeing College, the Social Prescribing Service, and Reablement Service. The Living Well Service is due to become operational in July 2014.

### **Homeless Patient Discharge Service (HPDS)**

*For vulnerable people at risk of rough sleeping*

Funding has been obtained via the Avon and Somerset Rough Sleeper fund to pilot the Homeless Patient Discharge Service (HPDS) for 12 months from April 2014.

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

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

The HPDS is aiming to achieve the following outcomes:

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

- Increased Health outcomes for individuals which will increase the exit time from a homeless lifestyle which includes rough sleeping.
- Early intervention enhancing planning processes which focus on appropriate discharge from the point of admission.

## **Briefing for Scrutiny Panel**

### **Dr Simon Douglass to step down as Clinical Accountable Officer**

The CCG's Clinical Accountable Officer, Dr Simon Douglass, announced on 30 April that he will be stepping down from his role at the end of June. He has been at the helm of the CCG since it started operating in shadow form in 2011 and successfully led the CCG through the authorisation process last year.

Simon has been instrumental in improving the system of urgent care based around the Royal United Hospital with the result that demand for services was much more effectively managed through the winter months of 2013/4. Part of this work included the development of the new Urgent Care Centre at the RUH.

The CCG is now taking this opportunity to review its leadership structure to ensure it is appropriate for the future needs of the organisation. Our GP members are being canvassed for their opinions and the results will be reported at the next GP Forum on 20 May.

### **Urgent Care Centre**

Bath and North East Somerset Doctors Urgent Care (BDUC) launched the new integrated urgent care service commissioned by BaNES CCG on 1<sup>st</sup> April 2014. The service is comprised of four integrated elements:

- An urgent care centre (UCC) situated within the Emergency Department of the RUH which is open 24 hours a day for all presenting patients.
- GP Out-of-Hours which provides telephone assessment and advice, home visits and face to face consultations at the UCC and at Paulton Hospital Memorial Hospital for BaNES patients only.
- Medical cover to the Sulis Unit at St Martin's and to Paulton Memorial Hospital.
- The homeless healthcare service based at Julian House Hostel.

Overall, the new model has been working well over its first month and the RUH have told us that they are seeing a positive effect on waiting times at A&E as a result. We have had a lot of people around the country interested in our new model and lots of requests for people to come and visit.

### **Prime Minister's Challenge Fund**

The 27 GP practices in BaNES, working together under the banner of BEMS+, submitted a joint bid to the Prime Minister's Challenge Fund setting out how they would use extra funding to pilot new ways of delivering GP services 7/7 and utilising new forms of technology to communicate with patients remotely. Only 20 bids across the country were awarded funding and unfortunately BEMS+ was not successful on this occasion.

The CCG is now working with NHS England (the commissioners of primary care in BaNES) to look at how we can support practices to adopt new ways of working and prepare themselves for the increasing demands upon primary care.

### **Referral Support Service**

The CCG has agreed to pilot a new Referral Support Service in BaNES. The pilot will involve establishing a small call centre for six months which will be able to provide advice to patients on where they can access treatment following a referral from their GP.

The new service is intended to promote fully informed patient choice and increase the quality of the referral process for all users. The service will provide patients with help and advice to make choices about where they wish to be treated, at a place and time that is most convenient for them, whilst minimising their waiting times. In time, the service will provide data to support the development of improved pathways.

### **CCG Annual Report**

The CCG is currently preparing its first Annual Report which will set out our achievements in 2013/14 and look ahead to our future challenges. The current draft is being assessed by our auditors and the final version will be made available to the public by Friday 13 June.

### **Update on 5 year strategy**

The CCG is making the final adjustments to its 5 Year Plan which must be formally submitted to NHS England on 20 June. An updated version of the plan will be presented to the Health and Wellbeing Board on 4 June and the CCG Board on 5 June 2014.

Before then, the CCG is holding two further public engagement events on Tuesday 13 May to raise awareness of the plan. These include a meeting with the Health & Wellbeing Network, which we have organised jointly with Ronnie Wright from the Care Forum, and an evening event for the public at the Centurion Hotel in Midsomer Norton later that day.

### **Bath City Conference**

The CCG was pleased to have a stall in the Consultation Café at the Bath City Conference on Wednesday 30 April. This helped to raise awareness of the CCG's work amongst local people and also provided a good opportunity to network with other organisations working across the BaNES area.

### **Your Health, Your Voice**

The CCG now has over 40 people signed up as members of its Your Health, Your Voice network. The first meeting of the group is planned to take place in mid-June so that feedback can be provided to the CCG Board meeting in July.

The group contains a mix of people from across the BaNES area with a variety of ages, backgrounds and health interests. The Your Health, Your Voice group will play a key part in ensuring that the CCG puts patient and public voice at the heart of decision making and be a key partner in helping us deliver our five year plan.

### **360 Stakeholder Survey**

All CCGs across the country have just received their results from the annual 360 Stakeholder Survey which was carried out by Ipsos-MORI. BaNES CCG had an overall response rate of 71% from the GPs, NHS providers, council partners and other organisations that were asked for their views about the CCG's performance over the year. Some of the key figures from the survey are:

- 90% of respondents said they had a very good or fairly good working relationship with the CCG
- 83% strongly agree or tend to agree that there is clear and visible leadership of the CCG
- 73% strongly agree or tend to agree that they have confidence in the CCG to commission high quality services for the local population