

BATH AND NORTH EAST SOMERSET

WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL

Friday, 28th November, 2014

Present:- Councillors Vic Pritchard (Chair), Sharon Ball, Anthony Clarke, Bryan Organ, Kate Simmons, Neil Butters and Eleanor Jackson

48 WELCOME AND INTRODUCTIONS

The Chairman welcomed everyone to the meeting.

49 EMERGENCY EVACUATION PROCEDURE

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

50 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillors Hall and Bevan had sent their apologies to the Panel.

Councillor Clarke informed Democratic Services Officer that he would miss the first thirty to forty minutes of the meeting and had sent his apologies in advance of the meeting. Councillor Clarke had arrived at 10:40am.

51 DECLARATIONS OF INTEREST

Councillor Vic Pritchard declared an “other” interest as a representative of the Council on Sirona Care & Health Community Interest Company.

Councillor Eleanor Jackson declared an “other” interest as a representative of the Council on Sirona Care & Health Community Interest Company.

Councillor Tony Clarke declared an “other” interest in agenda item ‘Royal National Hospital for Rheumatic Diseases Acquisition - briefing paper’ as a representative of the Council on the RNHRD Board.

52 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

The Chairman said that he had not agreed to bring any item under urgent business, though he wanted to discuss an issue around CQC’s quality report on the AWP.

The Chairman said at a recent South West Councils network meeting there was a proposal to form a joint working group to look at the recent CQC quality report on the AWP following an inspection earlier this year.

At the time of the inspection the CQC pointed out its immediate concerns to the AWP. Subsequently, the CQC had issued four warning notices, requiring the Trust to take urgent action to improve.

The objective for participating Local Authorities (potentially it would be Bristol, Wiltshire, Swindon, South Gloucestershire, North Somerset and B&NES) would be to gain a greater understanding at CQC's findings and be assured about AWP's current and planned response.

The Chairman also said that there may be an opportunity to influence the AWP's and the relevant Local Authorities' responses to the CQC report together with accessing the ability to judge any appropriate scrutiny and monitoring.

This could either result in a single report to include findings and/or recommendations for AWP, or individual participants could take their own recommendations away to respond as they might wish.

The Chairman concluded his statement by saying that Wiltshire Council had suggested they would host a one day, or two half days, workshops and provide an officer support. Participating Councils would need to nominate one elected Member to act as their representative.

Members of the Panel felt that this was an extremely important issue to be involved in.

The Panel **AGREED** that Councillor Eleanor Jackson should be put forward as Panel's representative on the Joint Working Group.

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

There were none.

54 MINUTES

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

The Chairman reminded the Panel that a further feedback on rough sleepers from Councillor Allen (Cabinet Member for Wellbeing) had been asked at the last meeting.

The Chairman informed the Panel that he had met with the CQC representative and discussed the issue raised by the Healthwatch at the last meeting. This issue had been reported to the CQC but it wasn't within their remit to deal with this matter, in turn, the CQC had referred this matter to the Local Authority.

55 CABINET MEMBER UPDATE (10 MINUTES)

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

Councillor Allen suggested that the Panel should receive a full report on Rough Sleepers at the next meeting (January 2015) as this month an annual count would be carried out on rough sleepers.

Councillor Organ commented that nationally there had been a lot of talk about people with mental health problems being supported to live in the community and asked if that was the case with B&NES area.

Councillor Allen responded that there had been a range of support for people with mental health problems to live in the community. In terms of people with learning disabilities – nobody from B&NES had been placed in any institutions such as Winterbourne View for quite some time.

Councillor Jackson commented that Bath Chronicle reported how amount of rough sleepers in Bath and area had been on a rise, which had concerned a lot of people.

Councillor Allen replied that he would want to bring an accurate number of the rough sleepers to the Panel in January report. In 2012 the Council changed the way rough sleepers were counted, in order to have more accurate numbers.

The Chairman said that he had attended DHI's Annual General Meeting last week where people who went through the system talked to the audience about their experience, which was quite inspirational. The Chairman said that he had spoken to one of members who was from the AWP and worked with the DHI, and who was under impression that following changes in the way substance services are delivered, they had become more Bath-centric and, in particular, there was reduced access in the Chew Valley area

Councillor Allen responded that whole range of providers had been working across the whole B&NES area. If there had been any changes in the way of working, then Councillor Allen would like to see the evidence to support that change. Jane Shayler explained that substance misuse services had been recommissioned and, as part of the recommissioning, they had been redesigned. There had been three providers as part of the adult pathway which now had been reduced to two and the pathway was simplified and integrated across children & young people and adults. Overall, the redesign has resulted in significant improvements to access to services, with reduced waiting times and to the outcomes achieved and was getting positive feedback from service users and staff. It certainly was not the intention that the redesign would adversely affect geographical access. Jane Shayler also said that she would like to know if there had been an issue with an access to the service, anywhere in B&NES, so that this could be looked into. Councillor Pritchard said he thought the issue was in relation to the Chew Magna and Chew Stoke area and he suggested that there were a couple of possible community venues that might be used to assist with access in this area. Jane Shayler confirmed that she would ask the Substance Misuse Commissioning Manager, Carol Stanaway, to look into this, discuss with the SDAS service in AWP and with DHI and feedback to Councillor Pritchard.

Councillor Jackson asked Councillor Allen to check if measures put forward in the Youth Homelessness report had contributed to diminishment of homelessness since 2010 (when report was published), and if that has been the case then how those measures could be used for 18-25 year olds.

Councillor Allen responded that he would be looking to include any information on 18-25 year olds at the next Cabinet Member update.

The Chairman thanked Councillor Allen for an update.

56 CLINICAL COMMISSIONING GROUP UPDATE (10 MINUTES)

The Chairman invited Dr Ian Orpen to give an update (attached as Appendix to these minutes).

The Chairman, on behalf of the Panel, congratulated Tracey Cox for an appointment of Chief Officer with B&NES CCG, Corinne Edwards on being shortlisted for Innovator of the Year in the NHS South West Leadership Awards and also to the CCG who were shortlisted for a prestigious HSJ Award in the Managing Long Term Conditions category for their work with Sirona and the RUH to redesign the pathway for heart failure patients.

Councillor Butters expressed his concerns on GP recruitment when shift services become introduced.

Dr Orpen shared Councillor Butters' concerns on that matter saying that the workforce would have to be looked in a different way.

Councillor Jackson expressed her concerns in patient access to GP practices, and asked how realistic would be to expect an improvement in that area.

Dr Orpen responded that, in his view, there might not be any improvement in patient access soon.

The Chairman thanked Dr Orpen on update.

57 HEALTHWATCH UPDATE (10 MINUTES)

The Chairman invited Ann Harding (Healthwatch representative) to introduce the report.

The Chairman praised the way Healthwatch had been preparing their reports lately. The Chairman said that reports had been concise with good understanding on issues highlighted in the report.

The Panel debated an issue of translator services for public whose English was not the first language.

Tracey Cox (CCG Chief Officer) said that Interpretation Services had been looked by the CCG, and that she would provide more information on this matter at one of future meetings of the Panel.

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

58 ROYAL NATIONAL HOSPITAL FOR RHEUMATIC DISEASES ACQUISITION - BRIEFING PAPER (20 MINUTES)

The Chairman invited Kirsty Matthews (RNHRD) and James Scott (RUH Chief Executive) to give the presentation to the Panel.

The following points had been highlighted in the presentation:

- Overview
- Acquisition journey
- Overarching principles
- Benefits
- Service development
- Research and development
- Environment
- Transaction process – indicative timeline
- Endoscopy location change
- Endoscopy service proposal
- Endoscopy proposal benefits to patients
- Endoscopy activity
- Endoscopy engagement process

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

Councillor Organ commented that services at the Mineral Hospital, including endoscopy, had been described by patients as ‘first class’ and he was not convinced that the same services would be provided by the RUH. Councillor Organ expressed his concerns on the loss of well-respected institution in Bath.

Kirsty Matthews responded that endoscopy service had been looked after just one consultant. The same consultant had spent some time in the RUH, over the past two years, where he received clinical supervision and support. It was believed, from clinical point of view, that it would be the best to incorporate all service onto one site. Kirsty Matthews added that equipment at the Mineral Hospital has been seen as ageing and by moving endoscopy to the RUH there would be an opportunity to use their equipment, which has been more modern.

Kirsty Matthews also said that she had had serious discussions with James Scott about ethos and culture of the Mineral Hospital. The advantage of waiting five years to get to this point had been that the RUH had been able to take their time to understand the Mineral Hospital and how they provide their services. It would be in the RUH’s and Mineral Hospital’s best interest to continue to maintain that culture,

ethos and approach they have had. Both hospitals would be able to plan ahead collaboratively, for the best interest of patients, which would also provide much better clinical and patient engagement.

The Chairman commented that both reputations (The Mineral Hospital and RUH) had to be protected. The Chairman said that changes would not be happening straight away as this is a three year acquisition process.

Councillor Clarke commented that, from clinical perspective, he had been convinced with the move of endoscopy services from the Mineral Hospital to the RUH.

Councillor Jackson also supported the move of endoscopy services from the Mineral Hospital to the RUH.

The Chairman concluded the debate by saying that he was in favour of the acquisition and supported the move of endoscopy services from the Mineral Hospital to the RUH.

It was **RESOLVED** to fully support Royal National Hospital for Rheumatic Diseases acquisition by the Royal United Hospital Bath.

59 CARE ACT 2014 - UPDATE AND OPTIONS FOR CHARGING FOR SERVICES (30 MINUTES)

The Chairman invited Jane Shayler to introduce the report.

Jane Shayler explained that the original report contained a paragraph related to draft regulation that had been amended as a consequence of issue of final regulation. The Panel had acknowledged that they had received an amended version of the report.

Jane Shayler continued by saying that the Care Act had received Royal Assent in May 2014 and draft guidance on implementation of the Care Act had been published by the Department of Health in June 2014. Following a period of public consultation, to which the Council made a detailed response, final regulations ("Final Affirmative Regulations under Part 1 of the Care Act") were published 23rd October 2014.

The Care Act has been the main response from the Government on the funding of Adult Social Care following the Wanless and Dilnott reports. These sought to re-set the balance in the funding of adult social care, particularly for older adults. The Act also brought the existing legislation relating to Adult Social Care into a consolidated Act, intending to reduce the number of legal challenges to authorities around the commissioning and delivery of care.

Jane Shayler invited the Panel to express their view on the options for charging for services summarised in paragraphs 4.7 to 4.11 and detailed in Appendix 1 of the report.

Members of the Panel debated the report and **AGREED** with the following:

- Care Management – the Panel unanimously supported application of a zero charge for managing self-funders individual contracts;
- Deferred Payment Agreements - the Panel unanimously supported application of the maximum interest rate available against the loan value and, also, a charge of £560 for setting up a Deferred Payment;
- Carers Charging – the Panel unanimously supported adoption of a local policy that enables a charge to be made to Carers for the support they are receiving but set this charge at “£0” in the first instance, subject to review after the first 12-months of implementation when the financial implications for the Council of this new duty become clearer.

It was also **RESOLVED** to note an update on the Care Act.

60 MEDIUM TERM SERVICE & RESOURCE PLAN UPDATE (45 MINUTES)

The Chairman invited Jane Shayler to introduce the report.

The Chairman said that there have been no issues to raise or scrutinise at this meeting considering that no additional savings had been identified.

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

61 ALCOHOL STRATEGY REFRESH (20 MINUTES)

The Chairman invited Cathy McMahon (Public Health Development and Commissioning Manager) to introduce the report.

The Chairman commented that he had attended Alcohol Harm Reduction Scrutiny Inquiry Day (SID) and that he was slightly disappointed that relevant Cabinet Members did not accept every consideration that came up from the SID. The Chairman felt encouraged that this would be revised in 2017. The Chairman also said that he was disappointed with responses from Licensing Team as they had put more effort in what could not be done rather than in what could.

The Chairman expressed his concern in reduction of ‘drink-drive’ alcohol limit. The Chairman said that he had been aware that similar practice had been exercised in Ireland and Scotland, though he felt it wasn’t a good measure to reduce drink driving. The Chairman said that people who have been drinking and have 80mg of alcohol in their blood (2 pints), could drive quite safely. The Chairman said that lowering down limits would criminalise people who had never been in conflict with the law.

Cathy McMahon responded that Licensing Team had not responded accordingly at the SID but since the SID there had been much more response from the Licensing Team on issues that were raised at the SID. The Licensing had become a lot more open and collaborative in their work.

Cathy McMahon also said that, in terms of drink-driving, she had based her opinion on the evidence based that had been put forward by the National Institute for Health and Care Excellence (NICE). NICE recommended lowering the limit because people were three times more likely to be involved in fatal car crash if they had had 50mg of alcohol in their blood, and six times more likely to be involved in fatal car crash if they had had 80mg of alcohol in their blood. Cathy McMahon added that she appreciated that perception from people could be that they were okay to drive, but the evidence showed that risk of being involved in fatality was greater with more alcohol in the system.

Councillor Jackson added that generally people had not been very good judges of their limits. Councillor Jackson expressed her concern in problematic drinking for people over 50 and 60.

Councillor Clarke commented that, similar to the Chairman, he had not believed in prohibition. Councillor Clarke suggested that there should be calorie value attached to each drink.

The Panel asked about road safety figures for European countries. Cathy McMahon responded that she could send these figures to Panel via email.

It was **RESOLVED** that:

- 1) The Wellbeing Policy Development and Scrutiny Panel supported the Alcohol Harm Reduction Strategy for Bath and North East Somerset (2014 – 2019) and agreed that it is taken forward for endorsement by B&NES Council Cabinet.
- 2) The Strategy is refreshed in 2017 to update priorities and recommendations to ensure relevance to emerging local, regional and national issues.

The Wellbeing Policy Development and Scrutiny Panel actively engage in the call for evidence based national initiatives to support local delivery such as minimum unit pricing, a reduction in blood alcohol levels for driving, a public health objective in the licensing act and restrictions on advertising and sponsorship by the alcohol industry.

62 TEENAGE PREGNANCY UPDATE (20 MINUTES)

The Chairman invited Paul Sheehan (Public Health Development and Commissioning Manager) to introduce the report.

The Panel welcomed that B&NES had experienced significant success in reducing, and then maintaining low level of teenage conceptions. In numbers, B&NES had reduced its level of teenage conceptions from 29 per 1,000 women aged 15-17 in 1998 to 18 per 1,000 women in 2012.

The Chairman commented that deprived areas within B&NES experienced higher level of teenage pregnancies and question whether there should be more support to those areas.

Paul Sheehan responded that the Council would be looking in other interventions in these areas, such as youth services. The key thing would be to keep an eye on data, and not become complacent.

Paul Sheehan explained that asterisk on data sheet meant that there were none or few pregnancies in those wards.

The Chairman summed up by saying that it was encouraging that B&NES teenage pregnancies figures have been lower than national.

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

63 PANEL WORKPLAN

It was **RESOLVED** to note the workplan with the following additions:

- Report on rough sleepers – January 2015
- Endoscopy impact assessment – to be confirmed for January 2015

The meeting ended at 1.55 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 – November 2014

Time to Change pledge - tackling mental health stigma

A growing number of organisations are committing to end the stigma and discrimination against people who experience mental health problems and are agreeing to sign up to the 'Time to Change' pledge, established by the charities Mind and Rethink Mental Illness to promote a better understanding of mental health problems and create a positive shift in public attitude. At its November meeting, B&NES Health and Wellbeing Board signed the pledge, committing to work to reduce the stigma associated with mental health problems in Bath and North East Somerset. Work will include: a campaign through community pharmacies, running projects with local college students, working to complete the Workplace Wellbeing Charter and using local media to promote services more.

Update on Wellbeing College This page is intentionally left blank

The Council and Clinical Commissioning Group (CCG) have agreed to fund the development of a Wellbeing College for two years. It is an idea led by a sub-group of the Mental Health Wellbeing Forum, made up of mental health commissioners, organisations providing services for people with mental health needs and service user and carer representative groups.

The emphasis of the Wellbeing College will be on early intervention, prevention and self-management of long term conditions across the wellbeing spectrum, involving both physical and mental health.

The funding will enable:

- The setting up of a small scale college as a pilot using existing and new courses provided by Sirona Care & Health, Avon & Wiltshire Mental Health NHS Partnership Trust (AWP) and Council funded community providers including Second Step, St Mungos and Creativity Works;
- Independent evaluation by an organisation called *Talking Health* of the effectiveness of the courses and the approach, citizen experience and outcomes against agreed criteria;
- Develop the business case for future development;

The idea of a wellbeing college is an expansion of the notion of (mental health) Recovery Colleges and seeks to shift care pathways to prevention, wellbeing, resilience and social

inclusion on a long term basis. The College will offer an educative, co-produced or peer-led supportive course led approach to early intervention and self-management. Subject to evaluation, evidence from mental health Recovery Colleges suggests that the following benefits are likely to be achieved: improved quality of life through improved support for people with long-term conditions; reduced rates of mental ill-health in the longer term; improved skills, education and employment; and increased resilience of people and communities, including reduced loneliness and social isolation.

The launch is planned to take place for January 2015, with several courses confirmed, and up to 15 in a stage of development.

Mental Health Respite Beds

B&NES Better Care Fund Plan identifies funding for the development of Respite Beds (with a community and therapeutic approach) as an additional resource offered through the Sirona Care & Health Mental Health Reablement Service, to help avoid admission to hospital and to prevent crises from occurring.

B&NES has one of only two adult of working age mental health reablement services in the country and the addition of three beds in a community setting would enhance their ability to intervene early without escalation into secondary services.

Learning from other respite facilities has informed the development of the local service. Important factors that these existing facilities share are: peer support, a homely welcoming feel and approach, availability of reparative therapies and communal activities and a recovery focus. The recruitment and training of volunteers and peers to work within this facility is being progressed.

Social Prescribing Service

Following a pilot in 3 GP practices in Keynsham, the Clinical Commissioning Group (CCG) have agreed to fund the development of a Social Prescribing Service across the whole of B&NES. This service has the potential to affect both health services usage and outcomes as well as social inclusion and social care outcomes and so the funding has been made available through the joint commissioning arrangements.

Briefly, the aim of the service is to enable clinicians and health workers to redirect suitable patients away from the NHS and towards opportunities in their local community which can support their needs. People referred to the service may have mental health problems, long term conditions, or other practical issues which affect their mental and physical wellbeing, and they may lack support mechanisms in their lives (e.g. friends, family etc). Priority will be given to people who are identified by GPs as frequent attendees, although non-medical support will also be provided to other people where it is assessed that the involvement of the service may reduce future GP / health service attendance.

The new authority-wide service is due to be in operation from January 2015.

Community Links Service

Two Sirona Care & Health provided mental health social care services, the Floating Support and Building Bridges Services, have merged to form a Community Links Service. The aim of the remodelled service is to help establish and develop community networks across B&NES, which are linked by participants' geography or shared interests. These will be peer led networks of support for people with mental health issues living independently in the community, and will incorporate strong elements of social prescribing, peer support and mentoring, with skilled, paid Sirona staff acting as a resource at the heart of the networks, and to help prevent people's mental health deteriorating if this is seen to occur.

To complement the networks, and as a means of preventing crises and maintaining people's mental wellbeing, the Service is currently looking at establishing 'pop-up hubs' in a range of community venues across B&NES. These will provide a drop in facility for people who need advice, information and practical help on issues which may affect their mental wellbeing, without them having to enter a 'service'.

The main focus over the next few months will be the further development of the peer mentoring approach and establishment of peer led community groups and networks.

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CCG Briefing: Wellbeing Policy Development & Scrutiny Panel Meeting

Friday 28th September 2014

Tracey Cox appointed as Chief Officer

Tracey is a talented and respected leader who has played a key role in the commissioning of NHS services in Bath and North East Somerset since 2001. She joined the NHS in 1990 as a management trainee after graduating from Goldsmith's College, University of London and worked in several London hospitals managing different specialities before moving to the South West in 1997 to manage general surgery and orthopaedic services at the RUH. She has led the commissioning team at the CCG since its authorisation in 2013 and took on the interim role of Acting Accountable Officer in June 2014 following the departure of Dr Simon Douglass.

Tracey's appointment followed a rigorous assessment process that required shortlisted candidates to field questions from CCG staff, representatives from the CCG's 27 member practices as well as leaders from key local stakeholders including B&NES Council, the RUH, Sirona and Healthwatch.

Acquisition of RNHRD by RUH

The CCG continues to work closely with the Royal United Hospitals Bath NHS Foundation Trust and the Royal National Hospital for Rheumatic Diseases NHS Foundation Trust as the process continues for the acquisition of the RNHRD by the RUH. A full presentation will be given to the Wellbeing Policy Development and Scrutiny Panel on Friday 28th November to brief members on the current situation.

The CCG plays a key role in meetings of the Local Health Economy Forum which is a group supporting the acquisition process and we will ensure that patient care and the continuation of services remains the highest priority throughout this transition. In particular, the CCG is responsible for ensuring that appropriate consultation has been carried out regarding the transferral of endoscopy services from RNHRD to the RUH.

Your Care, Your Way: Let's Plan Community Services Together

At the end of January, the CCG and the Council will launch a major programme of public engagement to collect views on how community services could be provided in the future. The project will be branded "Your Care, Your Way"

The CCG Board has given approval for Sirona's contract to be extended by a year to the end of March 2017 to provide enough time for a sufficiently in-depth review to take place.

The engagement will be delivered in three phases:

- Phase 1: Initial Fact Finding (Late Jan – March)
- Phase 2: Presentation of Options (May – June)
- Phase 3: Consultation on Preferred Option (July-August)

An engagement strategy has been developed to ensure that all key stakeholders have an opportunity to provide input to the process. This includes seldom heard groups, clinicians, councillors, staff and current/potential providers.

Referral Support Service

The CCG has commissioned a local provider, Bath and North East Somerset Enhanced Medical Services (BEMS+), to carry out a one year pilot for a new Referral Support Service (RSS). The new service will begin with a soft launch on Monday 1st December with a small number of GP surgeries that have volunteered to participate in the first phase. The pilot will focus initially on five specialities: orthopaedics, ophthalmology, pain clinic, urology and dermatology.

The RSS is designed to provide advice and support to GPs and their patients who require referral for treatment in secondary care. It will utilise the Choose and Book service enhanced with local knowledge to help patients make informed decisions about where they want to receive their treatment. The RSS will be operated from the Riverside Health Centre in Bath by a team of nurses and administrators with support from a GP.

Antibiotic Awareness

Tuesday 18 November was European Antibiotic Awareness Day and the CCG has been encouraging local people to make a pledge as part of the Antibiotic Guardian campaign.

Antibiotics are essential medicines for treating bacterial infections in both humans and animals but they are losing their effectiveness at an alarming rate. Without effective antibiotics many routine treatments will become increasingly dangerous. Setting broken bones, basic operations, even chemotherapy all rely on antibiotics that work. The CCG is asking local people to discuss with their GP whether they really need antibiotics, to take antibiotics exactly as prescribed and to tell their friends and family about the problem. Dr Orpen has been on BBC Bristol and BBC Somerset to talk about antibiotic awareness and the campaign has been featured in the Bath Chronicle and on the Bath Mums website.

Diabetes Survey

The CCG will shortly be commencing a survey of everyone living with Type 2 Diabetes in Bath and North East Somerset. This equates to over 6,000 people. Each person will receive a letter from their GP practice asking them to participate in the survey and they will have the option to complete the survey online or through the post. The results of the survey will be used to improve the different forms of support available to people who have been diagnosed with diabetes so that they can manage their condition better and avoid complications in the future.

Shortlisted for HSJ Awards and NHS South West Leadership Awards

The CCG's work has recently been recognised in two high profile health sector awards.

Our work with Sirona and the RUH to redesign the pathway for heart failure patients was shortlisted for a prestigious HSJ Award in the Managing Long Term Conditions category. The new pathway has resulted in a dramatic reduction in hospital admissions and has enabled patients to receive more treatment in the comfort of their own homes.

Corinne Edwards was also shortlisted for Innovator of the Year in the NHS South West Leadership Awards for her ground breaking work to design and deliver the new model for urgent care in BaNES which has seen the GP Out of Hours Service integrated with a new Urgent Care Centre at the RUH.

Commissioning Intentions 2015/16

The CCG is currently finalising our commissioning intentions for 15/16. They will be circulated to providers and published on our website in the week commencing Monday 1 December.

Phlebotomy Services

Concerns were raised by Cllr Eleanor Jackson regarding disruption and delays in the oncology department on William Budd at the Royal United Hospitals Bath NHS Foundation Trust. This was believed to be because of a reduction in phlebotomy staff from two to one and because of cramped conditions in the unit because of the introduction of new furnishing. It was also reported that the intercom system was no longer in use and that there are delays for patients with no waiting time information being made available to them

The CCG Director of Nursing and Quality has spoken with the RUH Deputy Director of Nursing and Midwifery who is looking into the issues further. The DDoN is grateful that the issues have been brought to the RUH's attention and is sorry that patients have experienced delays

The DDoN has confirmed that phlebotomists are currently being recruited but will confirm if a second phlebotomist is to be recruited into that particular clinic. She advised that the intercom system was discontinued following a recent complaint where it was felt that the system was like being in an 'airport lounge' and was impersonal. The RUH took the decision to stop the intercom and now clinicians come out to call their patients personally which is hoped provides an improved service for their patients. The DDoN does however apologise for the lack of information regarding possible waiting times and will ensure that this is introduced. The DDoN will further review the lone working and health and safety concerns raised

A second concern was raised regarding 'unclean and insanitary conditions' on the Respiratory Ward. The DDoN apologises if the ward was found to be in this unacceptable condition during the individuals in-patient stay. Regular cleanliness audits are undertaken and she will provide a more detailed response to this issue once she has received the most recent audit outcomes.

The CCG works closely with the RUH to monitor and continually improve the quality of care for patients. Both the CCG and the RUH welcomes feedback from patients, their families and the public so that concerns can be dealt with as quickly and as appropriately as possible. More detailed feedback will be shared with the CCG and with the Wellbeing Policy Development & Scrutiny Panel