

Minutes of the Meeting held

Wednesday, 29th July, 2015, 10.00 am

Bath and North East Somerset Councillors: Francine Haeberling (Chair), Geoff Ward, Bryan Organ, Paul May, Eleanor Jackson, Tim Ball and Lin Patterson

Officers : Jane Shayler (Director of Adult Care and Health Commissioning), Tracey Cox (Chief Officer, NHS B&NES CCG), Clare O'Farrell (Associate Director for Integration, RUH), Dr Bruce Laurence (Director of Public Health), Dr Ian Orpen (Clinical Chair, B&NES CCG), Alex Francis (Healthwatch B&NES Project Coordinator), Andrea Morland (Senior Commissioning Manager, Mental Health and Substance Misuse), Dr Bill Bruce-Jones (Clinical Director, AWP, B&NES) and Sue Blackman (Your Care Your Way Programme Manager)

Cabinet Members in attendance: Councillor Vic Pritchard

1 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

2 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the emergency evacuation procedure.

3 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

There were none.

4 DECLARATIONS OF INTEREST

Councillor Paul May declared an other interest as he has been nominated to become a Sirona board member.

Councillor Geoff Ward declared an other interest as he is an Environmental Health professional.

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

There were none.

7 CLINICAL COMMISSIONING GROUP UPDATE

Dr Ian Orpen addressed the Select Committee on a number of issues, a summary is set out below.

Urgent Care Pressures

He informed them that 2015 continues to be a challenging year for the health and social care community in terms of delivering against the national target for A&E waiting times. On-going poor performance below target is attributable to a range of factors including an increase in the average length of stay of patients for all CCGs, higher delayed transfers of care above planned numbers at key points in the quarter and poor patient flow within the Royal United Hospitals Foundation Trust (RUH) when the numbers of admissions and discharges are not in balance.

He stated that the CCG and RUH are currently showing as an outlier with year to date performance of 91.2%. He added that it should be recognised that no other prominent country in the world reaches a figure of 90%.

He explained that he chairs the B&NES System Resilience Group, which oversees operational performance of the urgent care system and includes partners across the local health and social care system including the RUH, the Council, Sirona, the South West Ambulance Service, NHS 111 and neighbouring CCGs. The structure and format of this group is being reviewed and the CCG is ensuring an on-going focus on the agreed actions sets out within the 4-hour recovery plan.

Joint Primary Care Co-commissioning

He explained that from the 1st of April 2015, the CCG has taken greater responsibility and involvement in the design and commissioning (buying) of primary care services, in a joint commissioning arrangement with NHS England. The new arrangement will support our local plans to improve primary care services in Bath and North East Somerset. This joint approach between our CCG and NHS England is referred to as the 'co-commissioning of primary care' and we will now begin meeting regularly in a joint committee, in public, to consider and take decisions on local services together.

CCG Annual Report 2014-15 and Operational Plan

He encouraged the Select Committee to view both the Annual Report and Operational Plan that were available online.

National Updates

He informed them that in June 2015 announcements were made to review and change some key national targets to ensure they make sense for patients and are operationally well designed:

- 18 week referral to treatment time (RTT) measures:- The NHS Constitution sets out that patients should wait no longer than 18 weeks from GP referral to treatment. Targets will be changed and rationalised to one measure that

tracks the experience of every patient waiting as the main measure. This 'incomplete' RTT standard measures every patient on the waiting list, not just those treated in a particular month (currently measured as 'admitted' and 'non-admitted' standards).

Development of Local Estates Strategies

He explained that all CCGs received a communication on 22 June 2015 regarding the development of local estates strategies for each area by December 2015 linked to the development of local responses to the NHS England's Five Year Forward View. This plan has a vision of care delivery shifted to integrated, community based services and the estates strategies seek to ensure NHS land and building are used effectively to support this transition.

The letter indicates that support to CCGs will be provided from NHS Property Services (NHS PS) and Community Health Partnerships (CHP) to provide strategic estates advice to assist commissioners.

The Chair asked for clarification in terms of cancer patients that there is a shorter referral time than 18 weeks.

Dr Orpen replied that the timescales are indeed shorter and added that survival rates locally are high.

Councillor Tim Ball asked for reassurance on the matter of GP surgery funding. He said that a figure of £113,000 had been removed from the surgeries that serve Twerton & Southdown.

Dr Orpen replied that historically GP contracts were administered in two ways - a General Medical Services contract and a Personal Medical Services contract. He added that from around the year 2000 all 27 local practices moved to a Personal Medical Services contract and that allocation of funding was dependent on the services provided.

He said that the CCG and NHS would discuss how to redistribute the funding and that areas of real need would be assessed appropriately.

Councillor Tim Ball asked if the Carr Hill formula would be used to distribute funding.

Dr Orpen replied that this was a national formula and that practices could state their case for further funding.

Councillor Eleanor Jackson said that in her opinion her local practise was short of two GPs and asked what could be done.

Dr Orpen replied that the Government has pledged to recruit 5,000 more GPs by the end of this Parliament.

Councillor Eleanor Jackson asked how practises could obtain more modern facilities and better disabled access.

Dr Orpen replied that national funding was available to bid for through the Primary Care Estates. He added that through the Your Care Your Way project the CCG and Council were looking to provide services and facilities in a different way.

Councillor Paul May asked if GPs were on site at the Minor Injury Unit of the RUH.

Dr Orpen replied that the Urgent Care Centre on site at the RUH was a 24/7 GP / Nurse led facility. He added that it was linked to Paulton Hospital.

Councillor Geoff Ward asked what current actions were being taken to address poor patient flow.

Dr Orpen replied by saying that if you took an example of an 85 year old patient being admitted for pneumonia there are a lot of potential care factors that need to be taken into account and that it can be complicated to access all appropriate services. He added that recently some wards had been closed for planned development. He said that the RUH Improvement Board were monitoring this matter.

Councillor Tim Ball said that he had been made aware that a nurse had worked between 7.00am – 6.00pm on Tuesday 28th July with no break. He stated that this concerned him and asked for it to be looked into on behalf of the Select Committee.

Dr Orpen replied that the CCG do take these matters seriously and would make enquiries.

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

8 CABINET MEMBER UPDATE

Councillor Vic Pritchard, Cabinet Member for Wellbeing addressed the Select Committee, a summary is set out below.

Care Act – Delay of Implementation of the Care Cap

He informed them that on 17th July 2015, the government announced its decision to delay the introduction of the cap on social care costs under the Care Act until April 2020. The cap on the amount self-funders will have to contribute to their care costs was due to be introduced from April 2016.

He explained that Alistair Burt, Minister of State for Community and Social Care, had stated in his announcement that 'A time of consolidation is not the right moment to be implementing expensive new commitments such as this, especially when there are no indications the private insurance market will develop as expected. Therefore in light of genuine concerns raised by stakeholders, we have taken the difficult decision to delay the introduction of the cap on care costs system until April 2020.'

Councillor Pritchard said that the Council was not yet in a position to fully assess the implications of this very recent announcement and it was clear from the Minister's statement that further information would be available in the coming months. He added that he would provide further updates to the Select Committee as and when further information became available.

Wellbeing House Opens

He said that this new service had been made possible with funding from B&NES Better Care Fund, and was being delivered by Sirona Care & Health and Curo (Housing). He explained that the house aims to provide a 3-bedded retreat - a place of sanctuary - for people experiencing mental health distress where they can receive low level social support to help them stabilise themselves and prevent a crisis escalating into secondary care.

B&NES Better Care Fund Plan Case Study

He informed the Select Committee that Bath and North East Somerset's Better Care Fund Plan 2015/16-2018/19 had been identified by the Better Care Fund Task Force, comprising Department of Communities & Local Government; Local Government Association; NHS England and the Department of Health as an example of best practice.

Councillor Eleanor Jackson asked if he was aware of when the Select Committee would be able to receive the joint scrutiny report from the Avon and Wiltshire Mental Health NHS Partnership (AWP) that the previous Wellbeing Panel had been involved in.

Councillor Vic Pritchard replied that he was expecting the report soon and would chase it up.

Councillor Paul May asked what his expectations were of the role of the Select Committee.

Councillor Vic Pritchard replied that he felt that politics should not play a part in this area of work. He added that scrutiny was a very important role within the Council and that it should look to improve ways of working positively.

Councillor Geoff Ward asked how the Health & Wellbeing Board differed from the Health & Wellbeing Select Committee.

Councillor Vic Pritchard replied that the Board operated at a strategic level and that the Select Committee would be able to delve into matters more intricately.

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

9 HEALTHWATCH UPDATE

Alex Francis, Healthwatch B&NES Project Coordinator addressed the Select Committee. She began by explaining the role of Healthwatch.

She said that in 2013 Healthwatch was established as a national initiative to make the public aware of an independent body that they can talk to. She added that Healthwatch is the statutory, independent champion for patients, carers and the public.

She informed them that Healthwatch has a statutory seat on the Health & Wellbeing Board and has a role in visiting care homes and assessing the provision from the patients view.

Councillor Paul May asked what powers they have should they see something that they are unhappy with on their visit.

Alex Francis replied that they raise any strong concerns with the Safeguarding Team and their reports are shared with the Clinical Commissioning Group (CCG) & the Care Quality Commission (CQC).

With regard to the item in the update that Healthwatch had been supporting a project with Julian House to produce a card for Gypsy, Roma, Traveller and Boater people, Councillor Eleanor Jackson asked if she had seen the report from the previous Housing & Major Projects Panel that looked at Boat Dwellers and River Travellers and highlighted the difficulties in registering for a GP / Dentist.

Alex Francis replied that she had not seen the report, but stressed that this was one avenue that they were looking at to help people break down that initial barrier.

Councillor Geoff Ward asked if they could be refused entry to a facility.

Alex Francis replied that they have powers to enter any facility ran by the CQC.

Councillor Geoff Ward asked what qualifications staff had to carry out these visits.

Alex Francis replied that staff were particularly trained for this process and that most were ex Health & Social Care professionals.

The Chair thanked her for a helpful and reassuring update on behalf of the Select Committee.

10 PUBLIC HEALTH UPDATE

Dr Bruce Laurence addressed the Select Committee, a summary is set out below.

Healthy Weight Strategy – He said that this wide ranging strategy was now out for consultation and goes alongside the launch of the Fit for Life strategy.

Transfer of the 0 – 5 budget – He informed them that in October this year the Council will take on the budget and commissioning responsibility for health visiting and family nurse partnership services (c£2.5m).

Young people's substance misuse needs assessment – He said that in general services, Project 28 were good, with above average outcomes. He added though that there are concerns about common thresholds, early identification of problems and attention given to the children of adult service users.

Sexual health needs assessment – He explained that there was a good range of services but that some improvements could be made to opening times and locations to suit young people and an increase to the mix of central and outreach

appointments and walk in clinics. He added that a strategy is being drafted and will go out for consultation next month.

Dementia – He informed them that a prevention action plan was being written. He said that the plan will aim to ensure that staff training, communications with the public and staff and policies will include the message about the benefits of a healthy lifestyle to reduce the risk of dementia.

Meeting the challenge of in year cuts – He explained that the size of the cut is unclear but likely to be in the region of £500k. He added that the Public Health team is finding in year savings with limited impact on services.

Councillor Geoff Ward said that he believed in the concept of Public Health and prevention and asked if services such as Occupational Health and Environmental Health should be combined.

Dr Bruce Laurence replied that he was aware that some Council's do combine those services. He added that Public Health do work closely with other services within the Place directorate.

Councillor Paul May commented that he saw the role of Public Health as primary in the future of our residents.

Councillor Eleanor Jackson stated that 1 in 15 people locally who are registered with a GP had mental health issues / depression compared to 1 in 8 / 10 nationally. She added that the Health & Wellbeing Strategy made no reference to drug problems locally.

Dr Bruce Laurence replied that the document was written to show how we can improve in certain areas. He added that he would need to look at the depression figures mentioned in more detail before making further comment.

The Director of Adult Care and Health Commissioning said that substance misuse is a matter that the Council are concerned with and that they do monitor any connections with mental health issues. She added that significant joined up working takes place between child and adult services.

Councillor Tim Ball commented that he was concerned over the cuts to the Public Health budget that may affect the ability to carry out the Health & Wellbeing Strategy.

Dr Bruce Laurence replied that he believed that there was enough within the budget to cover our prime services.

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

11 MENTAL HEALTH IN-PATIENT REVIEW / HILLVIEW LODGE RE-PROVISION UPDATE

Andrea Morland, Senior Commissioning Manager – Mental Health and Substance Misuse, B&NES CCG introduced this item. She said that the report presents an update on the planned B&NES inpatient re-provision at Hillview Lodge, which

includes the transfer of the Ward 4 dementia inpatient services from St Martin's Hospital to the Royal United Hospital site into a new build specialist mental health unit. She added that in particular it includes an update on the principles underpinning the plans to re-provide in-patient services on an interim basis during a rebuild at Hillview Lodge.

Dr Bill Bruce-Jones, Clinical Director, AWP for Bath and North East Somerset said that the preferred option was to build three wards of 15 beds each (total 45 beds) as this was considered to be a more economic ward model and one which would allow for future growth.

He said that the project is well under way, but there is still much to do before a build can start. He explained that AWP have appointed a cost advisor and have signed up to the Procure 21+ NHS approved process. He added that this process had been used successfully by the RUH in its recent developments. He said that the next steps are the choice of contractors and the submission of detailed plans for planning permission.

He informed them that the preferred option of a rebuild on the existing Hillview Lodge site means that there has to be a good decant plan. The building phase, including demolition of the existing site, has been estimated as lasting 18 months. He stated that a short list of options will be taken forward and this process will include engagement with stakeholders, staff, service users and CCG/Council Commissioners.

Councillors Eleanor Jackson and Bryan Organ declared an interest at this point in the debate as they are members of the Development Management Committee.

Councillor Eleanor Jackson asked if the proposed development had gained planning consent.

Andrea Morland replied that it had not been granted yet.

Councillor Geoff Ward said that he would encourage officers involved in this project to look at other Councils that have undertaken something similar. He also urged support for families that will need visit patients during the development.

Dr Bill Bruce-Jones replied that the challenges relating to visits will be addressed in the plan.

Andrea Morland added that there was a strong call to site the development at the RUH from stakeholders, parking problems aside.

Councillor Eleanor Jackson suggested that the Select Committee take part in a site visit to the RUH.

Dr Bill Bruce-Jones replied that he would be very happy for a site visit to take place.

The Cabinet Member for Wellbeing said that if agreeable with the Select Committee that he would like to attend the site visit. He added that having seen a recent Healthwatch presentation that 350 new car park spaces would be available adjacent to the development.

The Select Committee **RESOLVED** to:

- (i) Note the progress of the planning process as it relates to the business cases,
- (ii) Note the intended approach to the interim re-provision of beds (decant plan).
- (iii) Agree that the proposals around the decant plan, in so far as they have been established, are in line with the wider Select Committee expectations.
- (iv) Agree the process to crystallise the decant plan involving stakeholders and the B&NES CCG is adequate to enable continued proposal development for a new build mental health and dementia unit on the RUH site.

12 RUH UPDATE ON INTEGRATION OF RNHRD

Tracey Cox, Chief Officer, NHS B&NES CCG and Clare O'Farrell, Associate Director for Integration, RUH introduced this report to the Select Committee.

Clare O'Farrell explained that the Royal National Hospital for Rheumatic Diseases (RNHRD) was acquired by the RUH on the 01 February 2015 in order to resolve its long standing financial challenges and to preserve the valued services of the small specialist hospital.

She added that following acquisition all RNHRD clinical services have continued unchanged with the exception of Endoscopy, which transferred to the RUH site on the 01 February 2015. In January 2015 the RUH Board of Directors approved key integration programme objectives to be delivered by the May 2015.

She stated that through integration of service models and closer working with community partners, services will be sustainable for the future, both financially and operationally. All clinical services are expected to continue in line with commissioner requirements.

She said that the ability to fully integrate and align services on a single site was a core component of the original business case for acquisition and sustainability of services. She added that it will improve efficiency and effectiveness, maintaining patient experience and quality of service delivery as well as increasing value for the money from the public purse.

She informed them that a Local Health Economy (LHE) Forum (comprising key commissioning and public/patient representation) was established in 2014 to support the acquisition process and ensure ongoing stakeholder support for the transaction. At a meeting of this Forum on the 2 July 2015 it was proposed that B&NES CCG would lead on consultation and engagement activities on behalf of the other commissioners.

She said that in order to meet the timescales outlined, allow timely movement of paediatric services and ensure that the RUH estates programme can proceed without undue delay, phase one of the engagement and consultation around the proposed service moves is proposed to commence in September 2015.

She asked if the Select Committee had any particular areas that they would like to be picked up in phase one and how they would like to be kept up to date with the project.

Councillor Eleanor Jackson said that she recognised the need for synergy between the two establishments and asked what the status was of the management team.

Clare O'Farrell replied that there is now one fully integrated management team that has a strong clinical lead. She added that they always look to engage with GP colleagues to highlight services available.

Councillor Eleanor Jackson asked if the finances of the RNHRD were being addressed.

Clare O'Farrell replied that there was still work to do but that a three year saving plan had been devised and that they were currently on track to achieve the savings planned for year one.

Councillor Lin Patterson asked if use of the hydrotherapy pools would be included in the consultation.

Clare O'Farrell replied that three meetings had taken place so far and that she would check on future dates regarding this. She said that they were aware of the need for better changing facilities to allow patient flow. She added that a larger pool than both of the current ones combined was planned for future use to enable it to be used by more than one patient at a time.

The Chair asked for the Select Committee to be next updated on the integration in January 2016.

13 YOUR CARE, YOUR WAY UPDATE

Sue Blackman, Your Care Your Way Programme Manager gave a presentation regarding this item, a summary is set out below.

Designing around key functions

Community services are health and care services delivered at a person's home or in nearby local settings. There are nine core functions to community services.

Where are we now?

We are currently in Phase 1 of a four stage review process in order to develop the vision and model for the services which would become operational during 2017.

- Phase 1 - Analysis and planning (Winter 14 – Spring 15)
- Phase 2 - Design and specify (Spring 15 – Autumn 15)
- Phase 3 - Service model development (Autumn 15 – Summer 16)
- Phase 4 - Implementation (Summer 16 – Spring 17)

What does the population data tell us?

We have a growing older population and are identifying more young people with complex needs.

What about the financial data?

Community Health & Care £37 million (38 providers)
Community Mental Health £3 million (10 providers)
Volunteers and Navigators £0.5 million (11 providers)
Self Care £2 million (7 providers)
Expert Outreach £11 million (18 providers)

What has our community told us?

- Provide joined up care
- Focus on prevention
- Guide people through the system
- Share information more efficiently
- Embrace new technology
- Value the workforce and volunteers

She informed the Select Committee that a commissioning intentions document would be consulted upon in September / October and then analysed in November.

Councillor Paul May commented that he was supportive of this project and that continuity was required for patients. He added that the next generation will be more IT literate and that plans must be made in that respect.

Sue Blackman replied that a technology workshop would take place as part of this project and that development of an app is being considered.

Councillor Lin Patterson asked if any financial obstacles had been highlighted through this work.

Sue Blackman replied that pooled budgets have helped our future planning and give the ability for our services to work better together.

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

14 LGA ADULT SAFEGUARDING PEER CHALLENGE AND DRAFT ACTION PLAN

The Director of Adult Care and Health Commissioning introduced this report. She explained that a Peer Review team visited B&NES Council and the Local Safeguarding Adult Board (LSAB) in March 2015. She informed them that four key recommendations were made as a result of the visit.

- Progress at pace the implementation of Making Safeguarding Personal (MSP)

- The Quality Assurance, Audit and Performance Management Sub Group – in line with MSP, could develop more qualitative ways of auditing safeguarding
- Revise the two day decision rule in relation to MSP
- Consider how you reaffirm the citizen at the centre of everything you do

She stated that in response to the recommendations above and to other areas highlighted in the report for consideration, the Council has developed an action plan which was approved by the LSAB at its meeting in June 2015.

She said that the Council and LSAB found the Peer Review a useful mechanism to help with identifying future improvements to be made.

Councillor Paul May asked if there was risk regarding transitions by having both an LSAB and a LSCB.

The Director of Adult Care and Health Commissioning replied that one single person now chairs both boards alongside a single Head of Safeguarding & Quality Assurance whose work was highly rated by the review.

Councillor Paul May suggested that this work area be highlighted in the Action Plan.

15 PRESENTATION - COMMISSIONING LANDSCAPE FOR HEALTH & SOCIAL CARE

Dr Ian Orpen gave a presentation to the Select Committee regarding this item, a copy will be placed on the Minute Book and available online as an attachment to these minutes. A summary is set out below.

Role of NHS England

- To allocate resources to CCGs and support them to commission services on behalf of their patients
- To deliver improved outcomes for patients
- To directly commission
 - primary care
 - military, offender health and
 - specialised services
- To plan for civil emergencies,
- To provide system oversight and leadership

What are CCGs responsible for?

Urgent & Emergency Care
 Out of hours Primary Care
 Services for people with Learning Disabilities
 Mental Health Services
 Children's Healthcare Services
 Maternity & Newborn Services

Community Health Services

CCGs are now also responsible for

- Co-commissioning of Primary Medical Services
 - GP services
 - With NHSE
- Specialised commissioning
 - Wheelchair services
 - Neurology Outpatients
- Next Year
 - Renal services
 - Bariatric surgery

Expenditure

Almost half of our total resources go on Acute ie Hospital services both planned and emergency care (48%).

Roughly the same proportion on prescribing (12%), community services (11%) and Mental Health (incl LD) (12%)

Looking to the future

- Progress six transformational projects
 - Urgent Care
 - Musculoskeletal services
 - Self Care and Prevention
 - Long Term condition care – Diabetes services
 - Frail Elderly
 - Shared records - Interoperability
- Continue ***your care, your way*** community services review
- Transforming primary care
- Children & young people
- Improving mental health services
- Focus on learning disabilities services

Financial Headlines

- Commissioned services funding £221m
- Running costs funding £4.2m
- Non-recurrent investment £2.1m
- New recurrent investment:
 - £1.8m general
 - £0.5m mental health
 - £1.1m seasonal (winter) pressures
- Savings plans of £4m to fund new investment and growth £4.0m

Councillor Tim Ball asked how the planned savings would be mitigated against the services required.

Dr Orpen replied that he was aware of the pressures surrounding social care and that areas would be looked at where natural savings could be made. He added that the Your Care, Your Way project was central to future ways of working and to utilise community links and services.

The Director for Adult Care and Health Commissioning commented that members should be aware of the Council's Better Care Fund that has been recognised nationally and has a pooled budget of £12m in conjunction with the CCG. She added that the fund protects social care services and puts the Council in a strong position.

Councillor Tim Ball stated that he had concerns over the plans that were stated for the future and asked if services would be managed adequately.

Dr Orpen replied that this will be assessed through the Your Care, Your Way project and that he would not like to pre-judge the outcome of this work.

Councillor Paul May asked if the CCG had any influence on how to direct patients to the services that they can obtain.

Dr Orpen replied that the Choose and Book service was found to be confusing for some members of the public. He added that the Referral Support Service had been in place from November 2014 and had been a well received change, with 20 out of 27 practises involved.

Councillor Geoff Ward asked how the CCG integrates with Public Health to promote self-care and prevention and thereby reducing demand on other services.

Dr Orpen replied that the CCG has a significant role in this matter through the work it carries out in the licensing process, the sale and consumption of sugary drinks and its anti-smoking campaigns.

Councillor Geoff Ward asked if Public Health were involved with the work of the CCG Board.

Dr Orpen replied that Public Health are invited to all meetings of the CCG Board and that Dr Bruce Laurence attends on their behalf.

Councillor Eleanor Jackson asked if the CCG September Update could include information on future expenditure that takes into account the rising birth rate, the fact that people are living longer and any new trends looking through to 2020.

The Chair thanked Dr Orpen for his presentation on behalf of the Select Committee.

16 SOUTH WESTERN AMBULANCE SERVICE (NORTH AREA) JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

The Chair introduced this report. She said that she was aware that Councillor Geoff Ward would like to take up one of the three nominations available and asked for two further nominees to represent B&NES.

No further nominations were forthcoming from the Councillors who were present so the Chair asked the Democratic Services Officer to make further enquiries outside of the meeting.

17 SELECT COMMITTEE WORKPLAN

The Director of Adult Care and Health Commissioning introduced this item.

Councillor Paul May said that he would like to receive further information on the strategic direction of the RUH.

Councillor Eleanor Jackson asked for the public governors of the RUH to address a future meeting.

The Cabinet Member for Wellbeing asked if it would be worthwhile for the Select Committee to receive a presentation from the RUH Project manager on the development of the site.

The Director of Adult Care and Health Commissioning said that it would be good if all of these proposals could be incorporated into one meeting.

The Select Committee agreed with these proposals to be added to their workplan.

The meeting ended at 2.05 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services

This page is intentionally left blank

CCG Briefing:

Health and Wellbeing Select Committee Meeting

Wednesday 29th July 2015

Urgent care pressures

2015 continues to be a challenging year for the health and social care community in terms of delivering against the national target for A&E waiting times. On-going poor performance below target is attributable to a range of factors including an increase in the average length of stay of patients for all CCGs, higher delayed transfers of care above planned numbers at key points in the quarter and poor patient flow within the Royal United Hospitals Foundation Trust (RUH) when the numbers of admissions and discharges are not in balance. Many health systems have now been able to recover performance and are achieving the 95% standard to be seen within four hours in A&E. The CCG and RUH are currently showing as an outlier with year to date performance of 91.2%.

Dr Ian Orpen chairs the BaNES System Resilience Group, which oversees operational performance of the urgent care system and includes partners across the local health and social care system including the RUH, the Council, Sirona, the South West Ambulance Service, NHS 111 and neighbouring CCGs. The structure and format of this group is being reviewed and the CCG is ensuring an on-going focus on the agreed actions sets out within the 4-hour recovery plan. The CCG has also completed a re-prioritisation process of the use of the remaining Operational Resilience and Capacity Plan (ORCP) monies for 2015/16. The RUH have an internal set of agreed actions and a programme of work under an Urgent Care Improvement Board.

Joint Primary Care Co-commissioning

From the 1st of April 2015, the CCG has taken greater responsibility and involvement in the design and commissioning (buying) of primary care services, in a joint commissioning arrangement with NHS England.

The new arrangement will support our local plans to improve primary care services in Bath and North East Somerset. This joint approach between our CCG and NHS England is referred to as the 'co-commissioning of primary care' and we will now begin meeting regularly in a joint committee, in public, to consider and take decisions on local services together. The Committee met for the first time on 9 July 2015 to agree terms of reference, discuss the pressures facing primary care and feedback on a new emerging primary care strategy for Bath and North East Somerset.

Update on 'your care, your way'

"Your care, your way" is the CCG and the Council's joint review of community health and social care services in Bath and North East Somerset. Community services are health and care services that are delivered in a person's home or in a nearby local care

setting and the CCG and the Council currently commission over 400 different community services from a range of different providers.

The CCG and the Council want to be bold, ambitious and imaginative and to involve local people and organisations in the development of our plans. We also want to build on our strong track record of partnership working between health and social care professionals to commission care that blurs the organisational boundaries between GPs and hospitals, between physical and mental health and between health and social care.

We have completed phase one of the review which included a detailed analysis of existing services and an extensive programme of engagement with patients, service users, providers and partners. Over 500 people have shared their experiences and ideas so far and a full report on activity undertaken in phase one, including outreach via some 40 engagement events, can be found at yourcareyourway.org. The engagement has helped identify nine key areas or themes for effective community health and care services including the need to focus on prevention, reduce social isolation and provide more joined up care.

From September, as part of phase two of the review, we will publish our draft commissioning strategy, work with providers to develop new service models to support the nine themes and launch formal consultation.

CCG Annual Report 2014-15

The CCG's latest Annual Report and Accounts is now available to view online. The report provides an overview of our achievements and challenges during the past financial year as well as governance and financial updates. Please visit bathandnortheast Somersetccg.nhs.uk/documents to read this annual review.

Operational Plan

The CCG's Operational Plan for 2015/16 is now available to view online. The document sets out the CCG's plans for delivering the second year of our Five Year Strategy 'Seizing Opportunities'. The Plan is available at bathandnortheast Somersetccg/documents/strategies

National Updates

NHS England

Review of treatment targets

In June 2015 announcements were made to review and change some key national targets to ensure they make sense for patients and are operationally well designed:

- **18 week referral to treatment time (RTT) measures:-** The NHS Constitution sets out that patients should wait no longer than 18 weeks from GP referral to treatment. Targets will be changed and rationalised to one measure that tracks the experience of every patient waiting as the main measure. This 'incomplete'

RTT standard measures every patient on the waiting list, not just those treated in a particular month (currently measured as 'admitted' and 'non-admitted' standards).

- **A&E four hour standard:-** Whilst the existing four hour standard currently remains in place (95% of patients to be seen within four hours), Sir Bruce Keogh has been asked to look at a wider range of measures to include measuring patient experience as well as how to include other services which might be supporting good patient care e.g. the role of NHS111 and Urgent Care Centres.

Development of local estates strategies

All CCGs received a communication on 22 June 2015 regarding the development of local estates strategies for each area by December 2015 linked to the development of local responses to the [NHS England's Five Year Forward View](#). This plan has a vision of care delivery shifted to integrated, community based services and the estates strategies seek to ensure NHS land and building are used effectively to support this transition.

The letter indicates that support to CCGs will be provided from NHS Property Services (NHS PS) and Community Health Partnerships (CHP) to provide strategic estates advice to assist commissioners. The CCG is seeking further clarity on how this will happen in practice although we have begun looking at the existing estate as part of the work we are doing on ***your care, your way***.

This page is intentionally left blank

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

Health & Wellbeing Select Committee July 2015

Care Act – Delay of Implementation of the Care Cap

On 17th July 2015, the government announced its decision to delay the introduction of the cap on social care costs under the Care Act until April 2020. The cap on the amount self-funders will have to contribute to their care costs was due to be introduced from April 2016.

In his announcement, Alistair Burt, Minister of State for Community and Social Care, stated:

“In 2010 the previous Government asked Sir Andrew Dilnot to lead the Commission on Funding of Care and Support to make recommendations on how to achieve an affordable and sustainable funding system for care and support for all adults in England. The Commission recommended the creation of a cap system to protect people from the risk of very high care costs. This recommendation was accepted and plans put in place to implement from April 2016.

This Government still accepts that recommendation and remains firmly committed to delivering this historic change. However, the proposals to cap care costs and create a supporting private insurance market were expected to add £6 billion to public sector spending over the next 5 years.

A time of consolidation is not the right moment to be implementing expensive new commitments such as this, especially when there are no indications the private insurance market will develop as expected. Therefore in light of genuine concerns raised by stakeholders, we have taken the difficult decision to delay the introduction of the cap on care costs system until April 2020.

This is not a decision that has been taken lightly. A letter from the Local Government Association, dated 1 July, was clear that we need to think carefully about all the options, including postponing new initiatives.... This is therefore what we will do and further announcements will follow in due course. Furthermore, we will continue with other efforts to support social care, in particular through the Better Care Fund, which will drive the integration of social care and the NHS going forward.

We have an ageing population, which is something to be celebrated, but it inevitably means there are more people who will need care and support and we must ensure that the system can respond. This is an issue that had been ignored by successive Governments for far too long and I remain proud that we are taking on this thorny issue and setting out clear plans to address it.

Vital steps have already been taken to improve the care and support landscape. The first phase of the care and support reforms enshrined in the Care Act came into force in April this year, introducing the biggest reforms to care and support in over 65 years. For the first time ever, we have a single, modern legal framework for care and support that places the person and their health and wellbeing at its heart. There are now national eligibility criteria for care and support across England. Carers now have the right to support to meet their needs. And deferred payment agreements are available across England ensuring that people should not be forced to sell their home in order to pay for their care in their lifetime.

The introduction of the cap on care costs system will be the biggest reform to how care is paid for since 1948 and we must ensure that the new system works from day one. Local authorities and partners have consistently warned us of the risks of implementing this too quickly. We will therefore not be complacent, but work hard to use this additional time to ensure that everyone is ready to introduce the new system and that people can understand what it will mean for them. This includes taking the time to take stock on some of the other elements of the care and support reforms that are intended to support the cap system.

I am able to confirm that we will delay the full introduction of the duty under Section 18(3) of the Care Act on local authorities to meet the eligible needs of self-funders in care homes to April 2020 to allow more time to be taken to consider the potential impact on the market and the interaction with the cap on care costs system. I can also confirm that the proposed appeals system for care and support will now be considered as part of the wider Spending Review. Further announcements will follow in due course.

We will also look at what more we can do to support people with the costs of care. The new pension flexibilities introduced in April create a real opportunity for us to continue to work with the financial sector to look at what other products may be created to help people meet the costs of care, creating even more choice and enabling people to better plan and prepare for later life. To this end I will be holding an urgent meeting with representatives from the insurance industry along with HM Treasury and other Government Ministers to work through what this announcement means for them and how Government can help them to bring forward new products. These discussions will continue over the summer.”

The Council is not yet in a position to fully assess the implications of this very recent announcement and it is clear from the Minister’s statement that further information will be available in the coming months. I will, of course, provide further updates to the Select Committee as and when further information is available.

Wellbeing House Opens

This new service, which has been made possible with funding from B&NES Better Care Fund, and is being delivered by Sirona Care & Health and Curo (Housing), aims to provide a 3-bedded retreat - a place of sanctuary - for people experiencing mental health distress where they can receive low level social support to help them stabilise themselves and prevent a crisis escalating into secondary care.

The Wellbeing House will provide support to individuals with mental health problems:

- To recognise and develop their own strategies for crisis prevention and management in a nurturing and supportive environment.

- It will provide comprehensive information about other health, social care and community services available in B&NES.
- The staff and volunteers will build strong links with other services and agencies to support this and will work in partnership with other statutory and third-sector service providers.

B&NES Better Care Fund Plan Case Study

As previously confirmed, Bath and North East Somerset's Better Care Fund Plan 2015/16-2018/19 has been identified by the Better Care Fund Task Force, comprising Department of Communities & Local Government; Local Government Association; NHS England and the Department of Health as an example of best practice.

As a consequence of being one of eleven exemplar sites in the Country, B&NES has recently been asked to work with the national Better Care Support Team to provide case study materials that will be part of a detailed support package designed to help other areas learn from and build on the success of B&NES and some of the other national exemplar sites in delivering integrated care and support.

This page is intentionally left blank



healthwatch

Bath and North East
Somerset

Healthwatch B&NES report to the Health and
Wellbeing Select Committee - July 2015

INTRODUCTION

This report will demonstrate the progress made by Healthwatch B&NES to promote the needs and views of local people.

Input from the B&NES Health and Wellbeing Network is included alongside the Healthwatch update, to demonstrate how the views of providers, patients and the public are being woven together by local Healthwatch to create meaningful improvements in how health and social care services work into the future.

Healthwatch is the statutory, independent champion for patients, carers and the public. The Health and Wellbeing Network hosts provider organisations, in both the statutory and community/voluntary sectors, to debate current issues and recommend actions for progress. The update provided below corresponds to the three themes from the B&NES Health and Wellbeing Strategy 2015 – 2019.

Preventing ill health by helping people to stay healthy

The Health and Wellbeing Network met in February 2015 and discussed the theme of 'Co-production and Making It Real'. The learning points from this work included the importance of encouraging service users to think about how services should work for them, with a view to putting service users at the heart of decision-making. The 'Making it Real' framework emphasises the importance of making sure that service users understand what to expect from services that are truly personalised.

Healthwatch has been supporting a project with Julian House to produce a card for Gypsy, Roma, Traveller and Boater people. This card - which has now been launched and distributed - allows people from these communities to discretely identify any extra requirements and cultural preferences to receptionists and/or other health and social care staff.

By doing so, we are working to encourage people from these communities to feel more confident in expecting their care to be tailored to their specific needs.

HEALTHWATCH

B&NES:

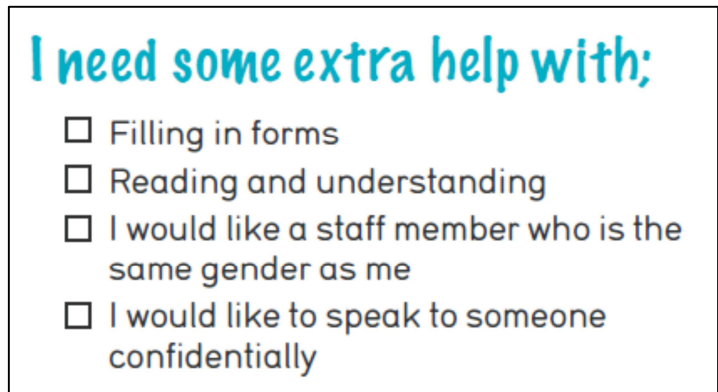
- 78 comments were received from April – June 2015 (Year 3, quarter 1)
- The most positively reported type of comment was around quality of treatment.
- The most negatively reported type of comment was around coordination of services.
- The three main themes that have emerged from the quarter 1 feedback are:
 - 1) People want better access to information, particularly around access to services and referrals.
 - 2) Patients value good practice in GP settings, particularly friendly, helpful staff and flexible practice.
 - 3) Appointments at GP surgeries - negative opinions were expressed about the difficulties in accessing appointments when patients needed them and with specific staff.

Front



The front of the card features the Julian House logo (a house icon) and the text "Julian House The home of opportunity". To the right is the FFT logo (a colorful wheel) and the text "fft Friends Families and Travellers". The main text reads "I need some extra help please" in a large, bold, blue font. Below this is "B&NES Gypsy, Traveller & Boater Communities Outreach Help Card". At the bottom left is the Healthwatch logo (a green and blue icon) and the text "healthwatch Bath and North East Somerset". At the bottom right is the phone number "01225 232 401".

Back



The back of the card has a white background with a blue border. The title "I need some extra help with;" is written in a large, bold, blue font. Below the title is a list of four items, each preceded by a blue square checkbox:

- Filling in forms
- Reading and understanding
- I would like a staff member who is the same gender as me
- I would like to speak to someone confidentially

The card also contains Healthwatch contact details, ensuring that the person using the card can feedback on their experiences of services to Healthwatch. This will empower them to speak up about how they feel services should work for them and their families, putting their needs at the centre of their care.

Further to this, the person carrying the card can be quickly and easily signposted to support, including advocacy, via the Well Aware database (which is the statutory signposting function of Healthwatch) by calling the telephone number provided.

Healthwatch B&NES and Julian House are also working together to find out from local homeless people how we can help them to improve their health. We know that good health leads to improvements in every area of life, and so by doing this work we hope to contribute to helping some of the residents of B&NES who most need it.

We aim to carry out this work through a survey which people will be able to complete at Manvers Street Hostel. This will include questions about a range of health and social care services, including primary care, Accident and Emergency, NHS 111, drug and alcohol services, social services and more, in addition to the commissioned in-house medical service provided at Manvers Street Hostel and Julian House's own services, namely the hostel and homeless discharge work at the Royal United Hospital Bath.

Improving the quality of people's lives

Healthwatch has been working to build contacts across local communities to support voluntary and community sector partners who work with isolated people. Further to this, Healthwatch is supporting and publicising the innovative provision of primary care services for vulnerable patients under the B&NES Enhanced Medical Services (BEMS+) pilot.

In 2015, our first open advisory group event showcased this work, and gave local people and community groups the opportunity to give their perspective on BEMS+. We are in discussions with the lead for BEMS+ to identify how we can work to support the evaluation of this intervention, to assess whether progress is being made.

The findings of this event have also been presented to the Primary Care Co-commissioning Forum, which has recently been set up by NHS BaNES Clinical Commissioning Group. Healthwatch B&NES has a seat on this committee and will continue to feed in comments from the public regarding BEMS+ and primary care.

During March 2015 Healthwatch B&NES and Healthwatch Wiltshire held a week-long event at Royal United Hospital Bath to inform people about their services and gather feedback about the care and treatment being provided by the hospital. We spoke to over 100 people during the week and have collated an engagement report which summarises the main themes that emerged from the comments received. The main themes were as follows:

- High satisfaction was expressed about a large number of wards and departments, and with the assistance available from volunteers in the hospital.
- There can be some delays with appointments, which may impact on patient care.
- Patients generally believe that staff are doing their best, despite being faced with shortages and funding limitations.
- Transport and parking problems cause stress for patients and visitors. People would like to be able to use public transport but the current provision is not always convenient and some existing services may be withdrawn.
- Patients reported problems with non-emergency patient transport failing to get them to hospital in time, or experiencing long delays on their return.
- The quality of food was praised by patients and visitors.
- Problems accessing GP services may be leading patients to use emergency services at the RUH.

Tackling health inequality by creating fairer life chances

In November 2014, the Health and Wellbeing Network discussed how to tackle issues of loneliness and isolation, and recommended that all local services, charities and agencies adopt a cross-sector approach of 'making every contact count'. The network recommended that a sub-group of the Health and Wellbeing Board be set up to plan how to implement this cross-sector approach.

Consultation work carried out by Healthwatch B&NES further confirms a public desire that support needs to be offered at key moments in the lives of people who are at risk of becoming lonely and isolated. This finding is particularly strongly seen through the research we have conducted on people's experiences following hospital discharge.

In order to begin to address these issues, Healthwatch B&NES is conducting a research study into the experiences of inpatients at the Royal United Hospital Bath, which will allow us to identify whether there are key points during the patient pathway at which support could and should be offered to minimise the risk of loneliness and isolation, as people move from secondary care into their home environment or other supported living arrangements.

The findings of this engagement will be fed into the relevant service providers, commissioners and the *your care, your way* review.

This page is intentionally left blank

Public health update for Health and Wellbeing Select Committee

July 2015. Bruce Laurence, Director of Public Health

Some current highlights and areas of focus.

1. Contributing to YCYW

This will involve most of our health improvement services and we are playing a wider role particularly on the commissioning strategy group.

2. Launch of healthy weight strategy

Wide ranging strategy now out for consultation. This goes alongside the launch of the Fit for Life strategy and the development of a governance framework including multiagency theme groups

3. Health protection report

Good outcomes and coordination. Challenges around fully operationalising HP plans, ensure resilience of health emergency planning, support devp of air quality action plans for Saltford and Keynsham, improve uptake of child imms, improve flu uptake in target groups and continue assurance and risk identification and mitigation. There has been a lot of focus on BaNES emergency planning with the establishment of a design group to strengthen cross-council planning, multiagency health emergency scenario exercises, a general emergency training workshop

4. Health checks

Piloting of pharmacy and workplace outreach to complement GP based programme

5. Preparing for the transfer of the 0-5 budget.

In October this year the Council will take on the budget and commissioning responsibility for health visiting and family nurse partnership services (c£2.5M). the money is firmluy ties into contracts but this gives the council control of a very wide range of children's services.

6. Young people's substance misuse needs assessment

Wide range of outcome. In general services, particularly Project 28, are good with above average outcomes. But there are concerns about common thresholds, early identification of problems and attention given to the children of adult service users. An action plan is being drafted.

7. Active alcohol screening in RUH Emergency Dept.

Since April, 5000 people have been screened

8. AWP have gone smoke free.

This is piloted in BaNES (Hillview). NRT within 30 mins of admission and allowing e-cigs if necessary. We are evaluating this and if successful AWP will roll out.

9. Sexual health needs assessment

Good range of services but some improvements could be made to opening times and locations to suit young people, reviewing marketing of c card scheme as declining uptake, increase mix of central and outreach apt and walk in clinics. A strategy is being drafted and will go out for consultation in next month.

10. "SHEU" survey (health of school children)

Over 3000 children in years 8 and 10 surveyed. Interesting discussion pre-survey about importance of anonymity vs. safeguarding. Needs a proper analysis but some issues that have been raised are girls' attitudes to body weight and levels of physical activity.

11. Dementia

Dementia prevention action plan is being written. This won't particularly involve new work, but aims to ensure that staff training/communications with public and staff/policies etc that already address healthy lifestyles also include message about benefits of healthy lifestyle to reducing dementia risk. What's good for your heart is good for your head.

12. Palliative Care Strategy

Joint work between PH team and CCG to provide a comprehensive palliative care strategy for the council and NHS.

13. Meeting savings targets.

PH has taken part in the strategic review and is committed to playing a strong role in helping the council to meet its financial targets.

14. Meeting the challenge of in year cuts.

Size of cut is unclear but likely to be in the region of £500k. PH team is finding in year savings with limited impact on services.

15. Work with Wessex Water

Early discussions about investment in health promotion (esp through green spaces) to investigate possibility of reducing need for prescribed medicines.

16. Workplace wellbeing.

Three businesses in BaNES have had awards this month. DKA Architects, Maddison Oakley Estate Agents, Bakers of Bath.

This page is intentionally left blank



Your care, your way: designing community services

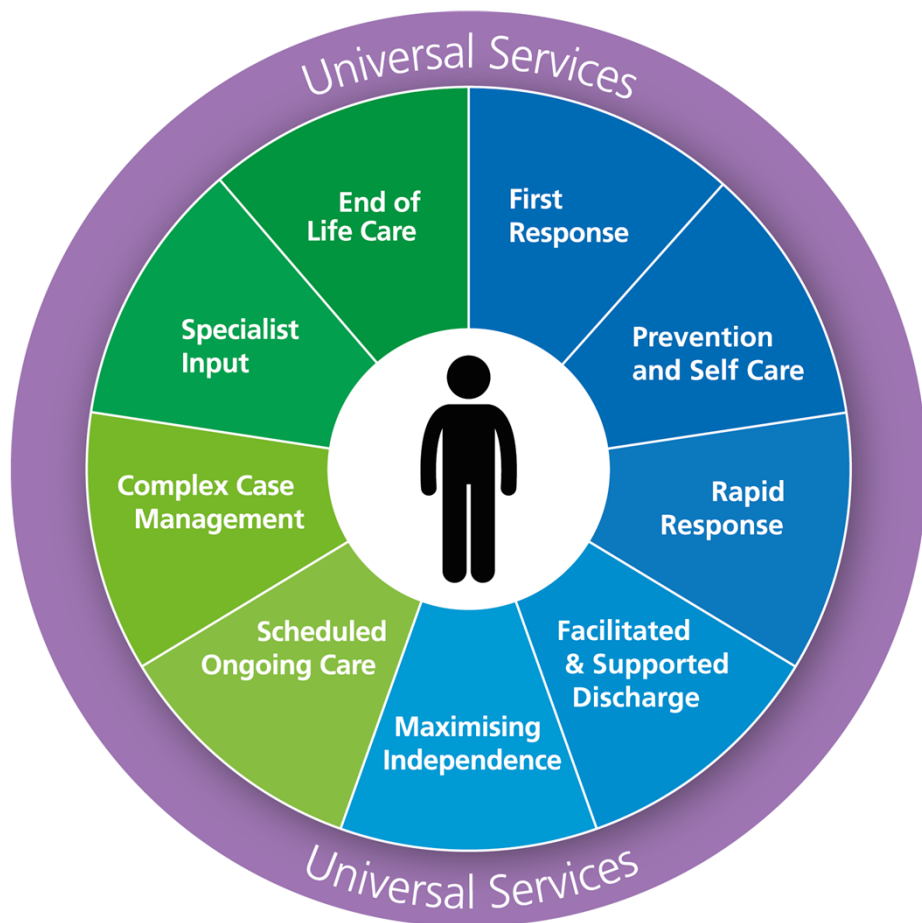
Mike MacCallam

Senior Commissioning Manager

Sue Blackman

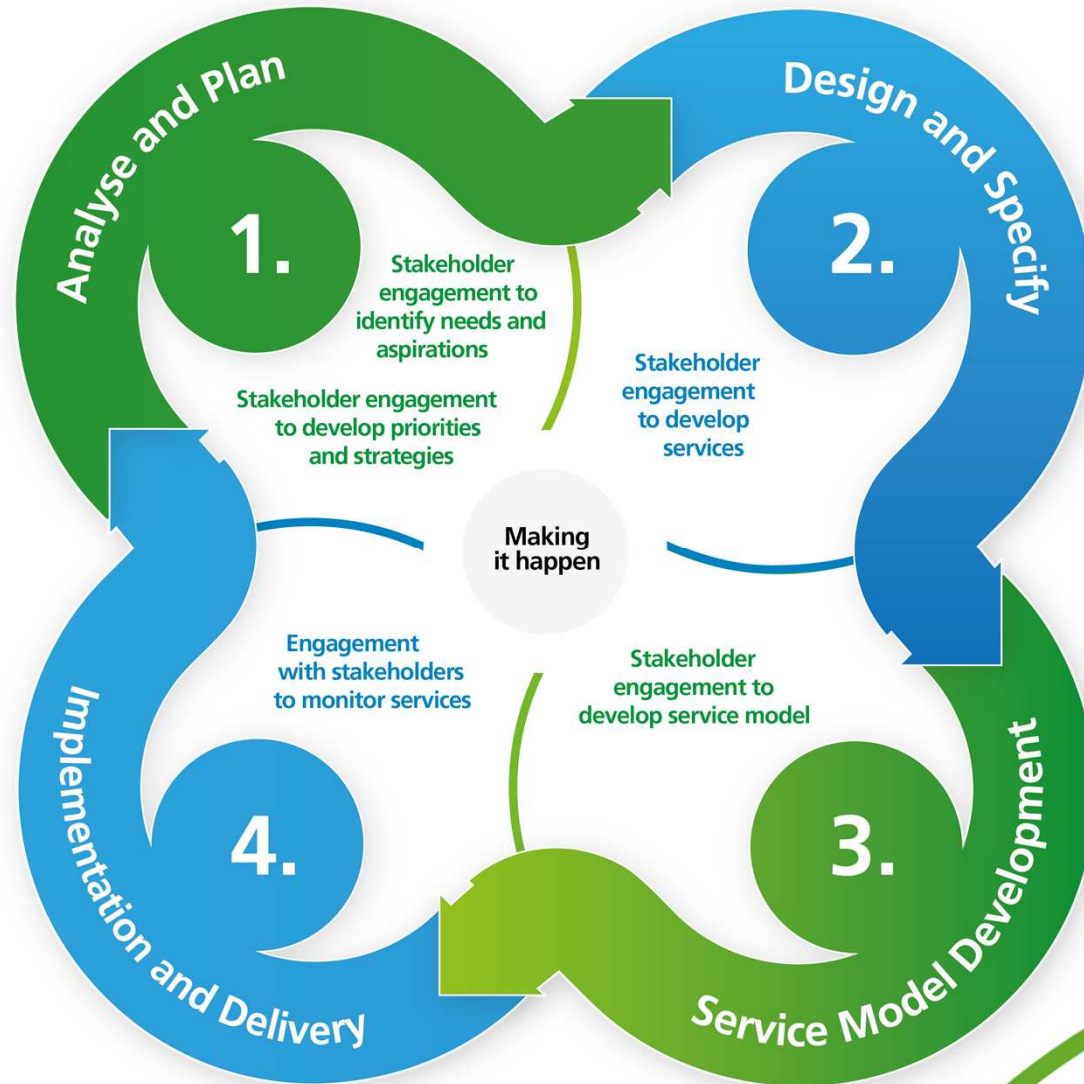
YCYW Programme Manager

Designing around key functions



Community services are **health and care** services delivered at a person's home or in nearby local settings...

Where are we now?



What does the population data tell us?



What about the financial data?



What has our community told us?



Working together...

be bold.

be ambitious.

be *imaginative.*



Thank you

The commissioning landscape

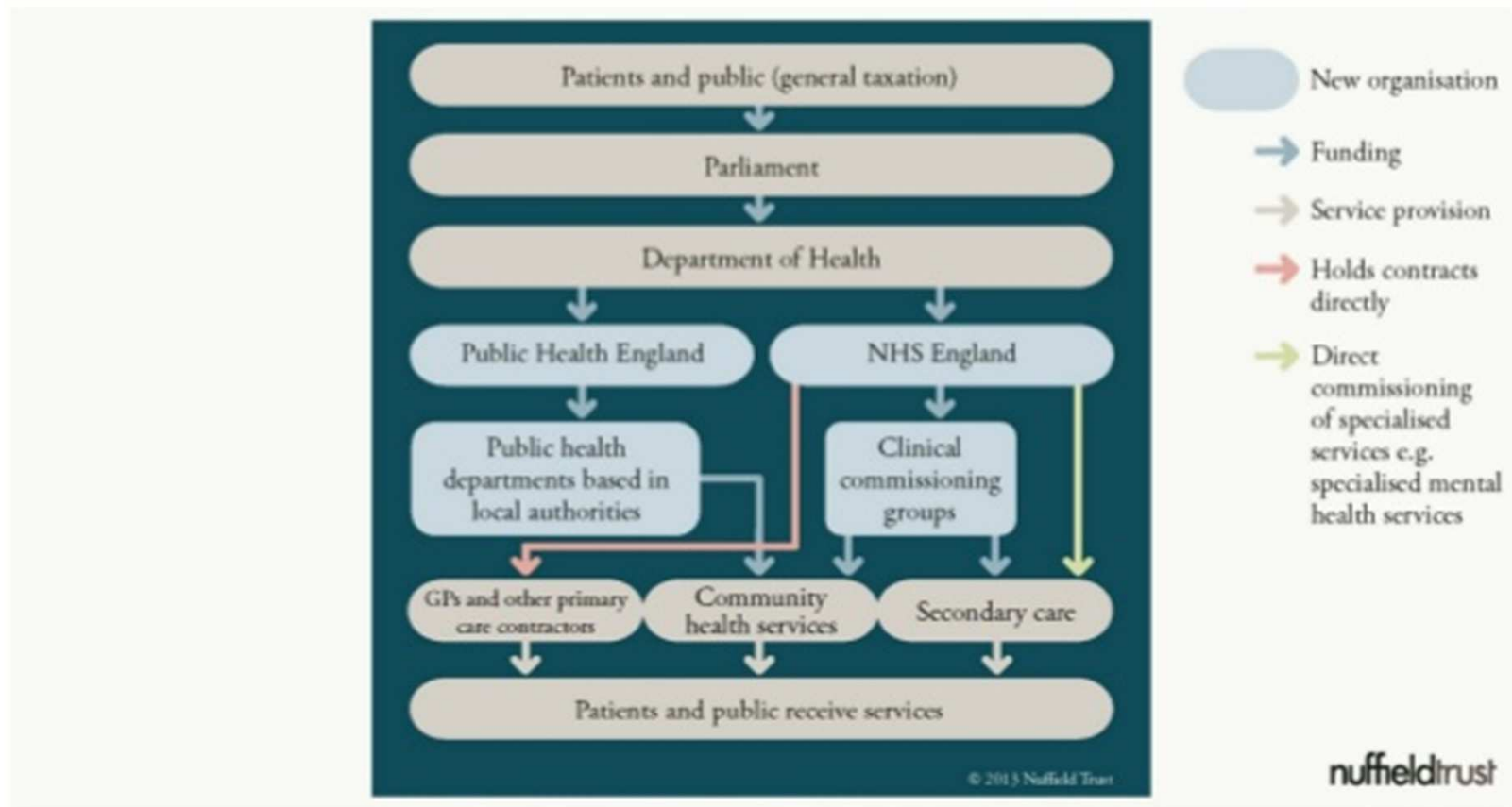
Dr Ian Orpen
Clinical Chair

Page 43

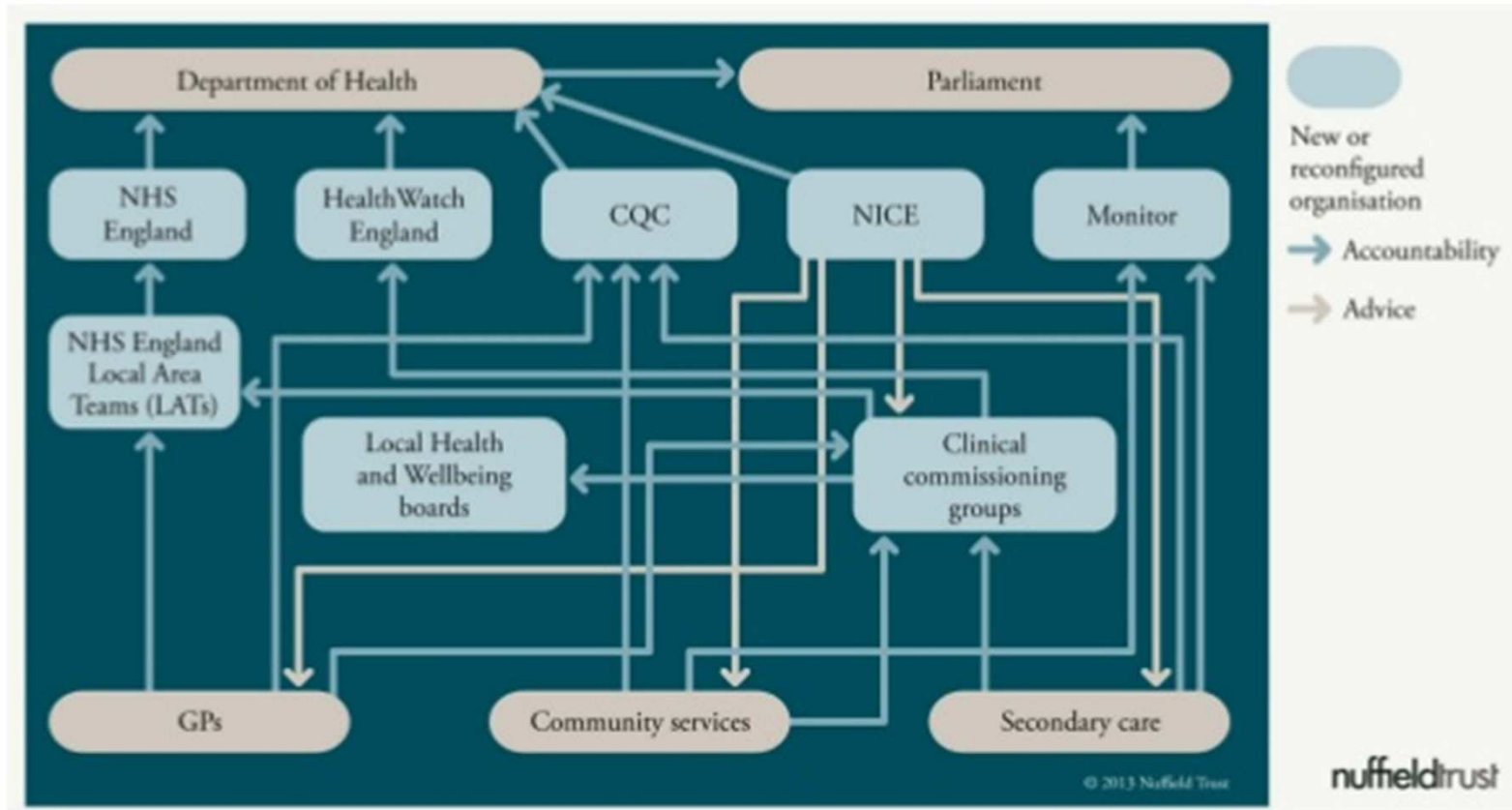


Healthier. Stronger. Together.

New Funding Arrangements



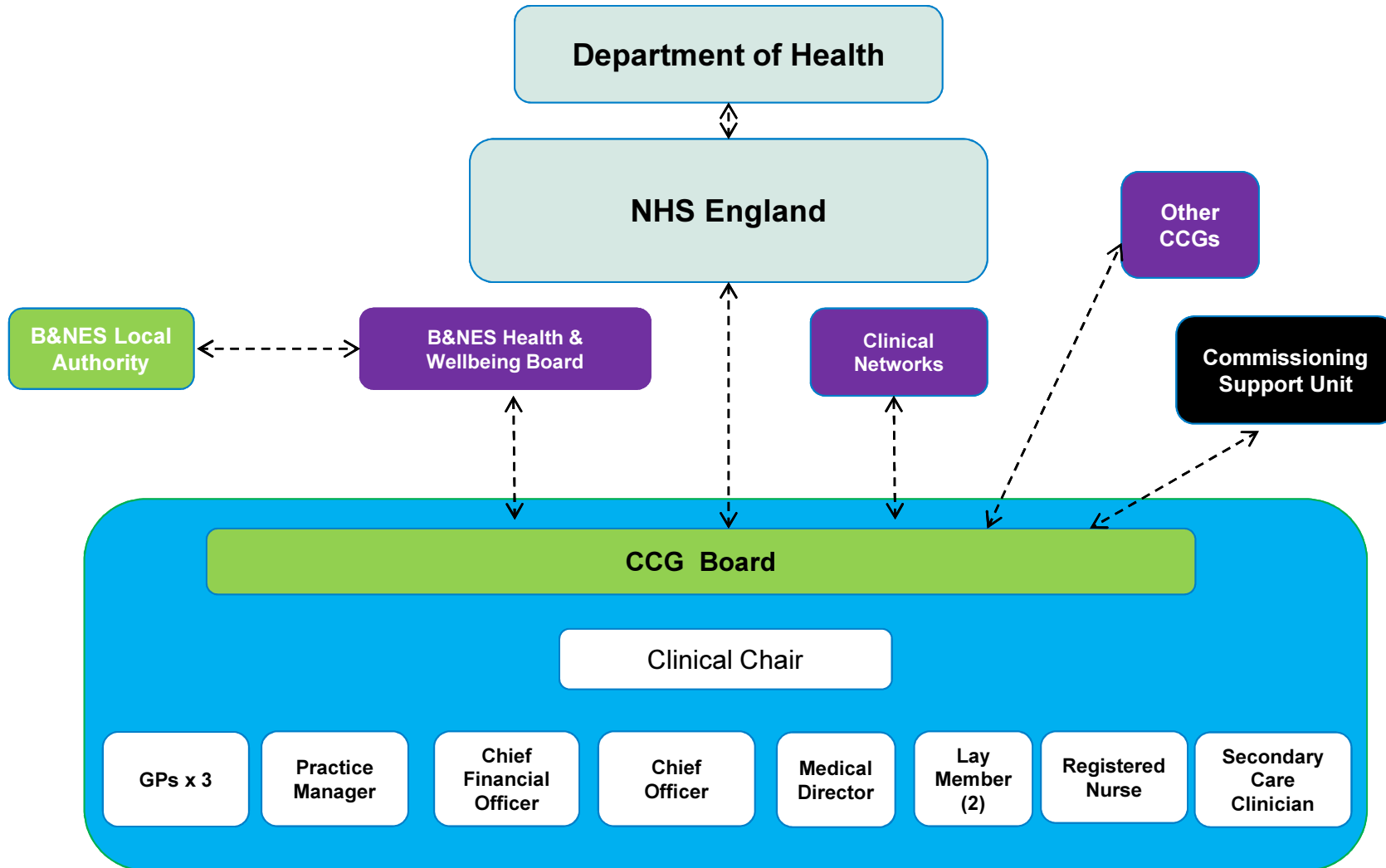
Regulating and Monitoring Quality



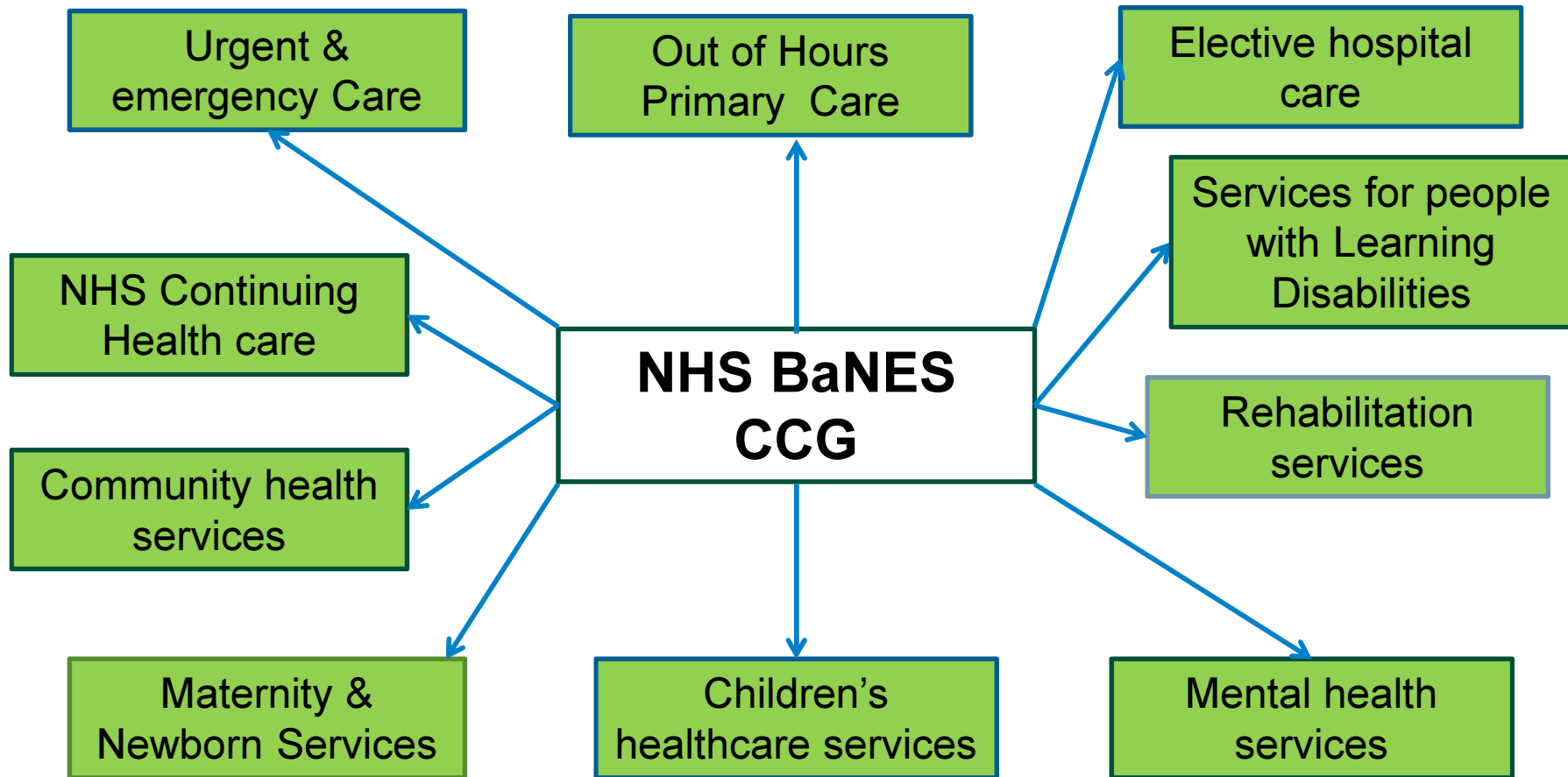
Role of NHS England

- To allocate resources to CCGs
 - and support them to commission services on behalf of their patients
- To deliver improved outcomes for patients
- To directly commission
 - primary care
 - military, offender health and
 - specialised services
- To plan for civil emergencies,
- To provide system oversight and leadership

The Local Structure



What are CCGs responsible for?

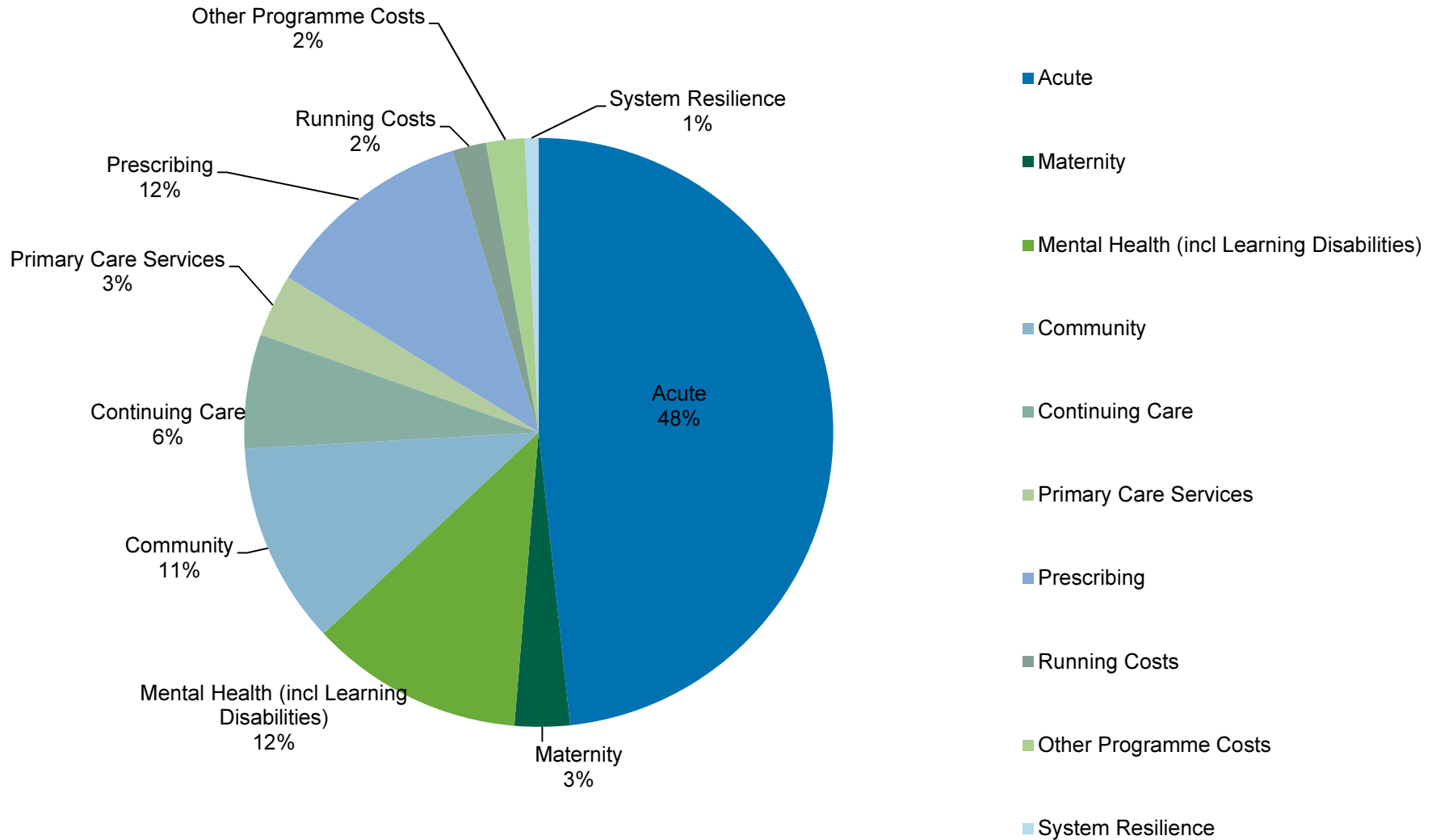


CCGs are now also responsible for

- Co-commissioning of Primary Medical Services
 - GP services
 - With NHSE
- Specialised commissioning
 - Wheelchair services
 - Neurology Outpatients
- Next Year
 - Renal services
 - Bariatric surgery



Analysis of expenditure



Looking to the future

- Progress six transformational projects
 - Urgent Care
 - Musculoskeletal services
 - Self Care and Prevention
 - Long Term condition care – Diabetes services
 - Frail Elderly
 - Shared records - Interoperability



Looking to the future – part 2

- Continue ***your care, your way*** community services review
- Transforming primary care
- Children & young people
- Improving mental health services
- Focus on learning disabilities services



Financial Headlines

- Commissioned services funding £221m
- Running costs funding £4.2m
- Non-recurrent investment £2.1m
- New recurrent investment:
 - £1.8m general
 - £0.5m mental health
 - £1.1m seasonal (winter) pressures
- Savings plans of £4m to fund new investment and growth £4.0m



Questions?

