Bath and North East Somerset Council

HEALTH AND WELLBEING SELECT COMMITTEE

Minutes of the Meeting held

Wednesday, 30th March, 2016, 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), Bruce Laurence (Director of Public Health), Corinne Edwards (Head of Commissioning Development), Alex Francis (Interim General Manager, Healthwatch B&NES), Amanda Davies (Drug and Alcohol Team and Young People's Drug and Alcohol Commissioner and Sue Blackman (Your Care, Your Way Project Lead)

Cabinet Member in attendance: Councillor Vic Pritchard, Cabinet Member for Adult Social Care & Health

64 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

65 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the emergency evacuation procedure.

66 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

There were none.

67 DECLARATIONS OF INTEREST

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

68 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

Councillor Eleanor Jackson addressed the Select Committee. She explained that a discussion had taken place at the Somer Valley Children's Centre Advisory Group on the impact that domestic violence has on the health of children. She said that incidents in Midsomer Norton and Twerton had increased since 2014.

She informed them of a Bristol based charity called Freedom that provides a 12 week programme for victims. She said that the programme is currently only available to women.

She asked the Select Committee to receive a report on the physical and psychological effect that domestic violence has on its victims.

She stated that Freedom were looking to fund a further project in Midsomer Norton which would initially cost £6,000.

The Director of Adult Care and Health Commissioning replied that this was not a service that was commissioned by the Council. She added that it was a Julian House initiative that was looking to expand. She said that the Select Committee could be provided with further information at a future meeting.

Councillor Paul May thanked Councillor Jackson for raising this issue.

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

There were none.

70 MINUTES - 27TH JANUARY 2016

Councillor Paul May commented that following the report 'The Strategic Direction of the RUH', as well as receiving an update on an integrated IT system he wished the Select Committee to receive a further report that considered Clinical Services, Acute Services and the impact of the devolution proposals.

The Chair replied that she had discussed this with representatives from the RUH since the meeting and that they were happy bring further reports later in the year.

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

71 CLINICAL COMMISSIONING GROUP UPDATE

Corinne Edwards addressed the Select Committee, a summary of the update is set out below.

Working with Practice Participation Groups

All 27 GP practices in B&NES are required to have a Patient Participation Group (PPG). These groups work in partnership with their practices to help patients take more responsibility for their health; contribute to the continuous improvement of services and quality of care; foster improved communication between the practice and its patients; and provide practical support for the practice to implement change.

The CCG organised a joint meeting for all PPGs on 14 March which attracted 16 PPG representatives. The event was well received with the PPGs learning from each other and sharing best practice. The PPG reps asked for the CCG to support

them with creating Terms of Reference and providing training for new members a few times a year.

Update on A&E performance

Between the months of March to December 2015, an average 89.3% of patients were seen in A&E at the Royal United Hospitals Bath NHS Foundation Trust (RUH) within four hours.

In January this percentage dropped to 76% (against a national target of 95%) and the RUH was one of 30 hospitals in England identified with the worst A&E waiting times for that month. The hospital continues to perform highly on quality aspects of A&E services. It remains one of the top performing trusts in the region in ensuring a swift handover between ambulance and A&E staff. This means patients arriving by ambulance are brought in quickly and ambulance crews are freed up to respond to 999 calls.

The System Resilience Group (SRG) continues to oversee implementation of a four-hour recovery plan to strengthen urgent care performance and ensure patients receive the highest quality care.

On 24th March we held an Urgent Care Summit with clinical leads from a number of key providers. Participants reviewed emergency admissions data and the range of services currently available and explored what we can do differently in order to reduce the growth in emergency admissions seen during 2015/16 without impacting adversely on patient experience.

Planning for 2016/17

We are developing our plans and priorities for next year to ensure high quality care and improve the health and wellbeing of the population we serve. Our Operational Plan is being developed in line with NHS England's (NHSE) *Five Year Forward View* that outlines clearly the direction for the NHS and why we need to transform services in order to meet the challenges of the future.

We know that to sustain NHS services we need to get better at preventing disease, not just treating it and encourage everyone to take on responsibility to manage their own care. We also need to focus on inequalities within our local community and reduce variation in health outcomes.

As part of this and in line with NHSE planning guidance, we are working in partnership to develop our five year Sustainability and Transformation Plan (STP) across the wider health and care system that includes Wiltshire and Swindon. Our Operational Plan represents year one of the longer term plan to improve health outcomes for the people of B&NES. The priorities and goals in our STP will be developed by the CCGs, councils (including Health & Wellbeing Boards) and providers across the three local authority areas.

CQC Inspections

The Care Quality Commission (CQC) is the independent regulator of all health and social care in England. The CQC has very recently carried out an inspection of the RUH. As part of the inspection, the CQC proactively sought feedback from patients,

their families and the wider public. This included holding two engagement events in central Bath and Trowbridge. An inspection of South Western Ambulance Service NHS Foundation Trust takes place in early June.

The CQC is carrying out a programme of checks at GP practices in B&NES. Inspections at Catherine Cottage and Rush Hill Surgery have been completed and both were rated as 'good'.

Councillor Paul May commented regarding the STP that he found it strange that as a Council we were being pushed towards using services within Wiltshire more so than Bristol and that he wished to register his concern.

Councillor Geoff Ward asked if the figures relating to A&E performance were a seasonal issue and what was being done to achieve the target of 95%.

Corinne Edwards replied that there was usually a dip in the performance at the end of quarter 3 and throughout quarter 4. She added that following the 'Home for Christmas' campaign which took place towards the end of 2015, a review of the lessons learnt had taken place which would be taken into account for the 2016/17 winter. She said that work was ongoing regarding patient flow, discharges and home care provision and that they were providing monthly updates to NHS England on their plans. She said that the SRG continues to oversee the system actions that should see improvement in performance with the trajectory aiming to achieve the national target by June 2017, but dipping again at the end of quarter 3 throughout quarter 4.

Councillor Tim Ball said that elderly residents in his ward were worried about the prospect of travelling to Bristol for hospital appointments and felt that the Council should hold its ground for the moment.

The Chair commented that a number of services are not available at the RUH and that Bristol must be considered alongside Wiltshire as one of our options for residents.

Councillor Paul May said that he felt sure that patients in Whitchurch would not want to travel to Swindon as it was too far away.

Corinne Edwards said that she was mindful that discussions of a similar nature about the STP footprint were taking place across the other Local Authorities in the area.

The Director of Adult Care and Health Commissioning said that the matter of the STP footprint had also been debated by the Health & Wellbeing Board and that it was acknowledged that the boundaries between STPs could accommodate different footprints for other plans and/or partnership arrangements with a particular emphasis on what is right for the B&NES population. She added that there were positives to be gained through these proposed changes because B&NES does share some common issues with Wiltshire, including utilization of the RUH and need to ensure a sustainable urgent care system.

The Cabinet Member for Adult Social Care & Health, Councillor Vic Pritchard stated that the STP was an NHS England directive that had degrees of financial reward attached to it. He added that he was assured following a discussion at a West of England Leaders meeting that borders on this matter would be porous.

Councillor Eleanor Jackson commented that patients from Radstock find it difficult to travel to Bristol for appointments and said that they should be given the choice of where they would like to go. She asked if there had been a high uptake of the flu vaccination in the last year and what could be done to increase it.

Bruce Laurence replied that the figures relating to the flu vaccination were not high and that it was particularly difficult to persuade young people that it is something they should have.

Councillor Eleanor Jackson asked if cases of H1N1 had been found at St. Nicholas School.

Bruce Laurence replied that H1N1 had been diagnosed in some schools in the local area and that he would send further information to the Select Committee after the meeting.

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

72 CABINET MEMBER UPDATE

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

B&NES Better Care Fund Plan 2016/17

The 2015 Autumn Spending Review set out an ambitious plan so that by 2020 health and social care are integrated across the country. Every part of the country must have a plan for this in 2017, implemented by 2020. The Better Care Fund (BCF) is seen as a key enabler for local integration of health and care services.

Further details on how the BCF is to be used in 2016/17 were set out by NHS England in the 2016/17 Better Care Fund Policy Framework with detailed guidance on the requirements published on 23rd February 2016. Local BCF Plans must be jointly agreed and signed-off by the Health and Wellbeing Board. Timescales for developing, agreeing and submitting plans are challenging with the requirement for a "brief narrative plan" to be submitted on 21st March and final submissions due on 25th April 2016.

B&NES BCF Plan 2016/17, which was presented in draft form to B&NES Health and Wellbeing Board on 23rd March, reflects the vision and strategic priorities for integrated health and care set out in and evidenced by existing plans including the Better Care Plan 2014/15-2018/19, CCG 5-Year Strategic Plan 2014/15-2018/19, Health and Wellbeing Strategy and plans associated with the Council and CCG's joint review of Community Services "*your care, your way*".

Investment in Out-of-Hospital Services

Within the Home from Hospital schemes heading, the Handyperson service which expedites minor adaptations in the home to support hospital discharge is to transfer from the current provider, Somerset Care and Repair to an alternative provider, West

of England Care and Repair under an established framework contract to secure the level of service needed and achieve improved value for money. This change follows a review of the pilot service provided by Somerset Care and Repair. There will be no adverse impact on the service and, indeed, the change of provider may result in an improvement to the number of people accessing the service as a result of greater awareness of the service and a simplified referral pathway. Similarly, the support provided to the Royal United Hospital and hospital discharge process will not change.

An urgent domiciliary care response service, supporting people waiting to be discharged from hospital to home will be commissioned to further test an approach piloted on a small scale in 2015/16. The service will complement the reablement and Discharge to Assess schemes and the aim is to reduce the number of days that patients are delayed in hospital, waiting for their care package to begin. Building on the 2015/16 pilot, the intention is to further develop and test this approach during 2016/17 to evidence its impact and value.

Delayed Transfers of Care Action Plan

The DTOC action plan has been developed using feedback from a recent multi-agency review of managing hospital discharges over the Christmas and New Year period. Its title “Everyone’s Issue” was coined at the event and describes the nature of the plan, which sees accountability and responsibility for improving the numbers of patients delayed in hospital shared across a range of agencies.

It sets out plans for: improving capacity within key services such as domiciliary care and reablement; supporting complex discharges; and agreeing escalation procedures so that when the answers are not straightforward, the issue can be escalated to senior managers to make a decision. It starts with a recommendation that patients delayed in all aspects of services are counted, rather than just in acute hospital beds. This will allow the true picture and capacity required to be clear to all partners and plans to be strengthened as a result.

He said that a target of reducing delayed transfers by 8% had been set

The Director of Adult Care and Health Commissioning added that it would be a significant challenge to achieve the target of 8%.

Councillor Tim Ball asked how the Plan would enable patients to be allocated the correct care packages.

The Director of Adult Care and Health Commissioning replied that there was a proposal to extend the number of Care Navigators within B&NES, to seek volunteers to pass on information to those patients that require help and to remind them that they are entitled to an assessment.

Councillor Geoff Ward asked how the Council would use the 2% precept that it had agreed in this year’s budget.

Councillor Vic Pritchard replied that the bulk, if not all of it would be used this year to meet the national living wage. He added that he hoped that the precept would remain in place for the life of this current Council and that in future years it could be used to ease demographic pressures.

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

73 PUBLIC HEALTH UPDATE

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

Annual Health Protection report for B&NES, Glocs. Swindon and Wiltshire

This report covers:

- Infection prevention and control including Health Care Acquired infection
- Health emergency planning
- Drug and alcohol services
- Sexual health
- Immunisation
- Screening
- Protection from environmental hazards including poisons, radiation and biological agents.

He informed the Select Committee that this is a major report with a focus on immunisations and screening.

He said that they now vaccinate against 18 illnesses routinely (some only in high risk groups e.g. HepB and BCG for Tuberculosis). He added that there are also 12 screening programmes some covering multiple diseases.

All perform well by benchmarking standards but there is room for improvement almost everywhere and the services need constant vigilance and encouragement. None are compulsory in UK and so the public need to be fully engaged and informed. The idea of informed consent is important particularly in screening programmes where there may be a balance between benefits and harms.

As well as ensuring a good general level of performance we also focus on inequalities in uptake hence work on cervical screening uptake by practice and also work on bowel screening in people with learning disabilities.

Finally a lot of work is going into tackling antimicrobial resistance and to pull this together an antimicrobial stewardship group will be set up that will report to the health protection board.

Legionella in water at Paulton maternity unit

He explained that a routine sample taken from the water supply at this unit was positive for Legionella at a high level. He said that no patients were harmed, but as a precautionary measure the unit was closed to admissions and work was done to clean and significantly modify the water system. The water is now clear and unit has reopened.

He stated that a Paulton Hospital Water Quality Incident Management Group was set up immediately in response to this finding, chaired by Becky Reynolds and including NHS property services, RUH, BaNES CCG. Sirona, comms. teams, PHE, AWP and others.

He said that this was a good example of successful multi agency work and also demonstrated the role of the Council's public health function in overseeing and ensuring prompt joint action.

Health Inequalities Inquiry Day: 11th May

He informed them that this event is being organised on behalf of the Health and Wellbeing Board. It will include presentations from local residents, front line professionals and an external speaker from an area that has managed high levels of inequality and deprivation imaginatively. There will also be workshop sessions looking at what different partners contribute to reducing inequalities now and how we could work together more effectively.

Teenage conceptions

He said it was really pleasing to note that in the latest (2014) data, the rate of teenage conceptions in B&NES was 12.3 conceptions per 1,000 women aged 15-17. This is a very low figure with less than 20 local authorities having a 2014 rate lower than B&NES. He stated that over the longer term it represents a 55% decrease in the rate of teenage conceptions in B&NES since 1998.

He added that despite this progress some teenagers do become parents, and they need to be well supported. This is done partly through the Family Nurse Partnership (which is funded by Public Health as part of the 0-5 services).

Sustainability and Transformation Plans

He said that this is an NHS led process designed to help put the NHS on a sustainable basis for the future. He stated that for the purposes of this work B&NES needs to make a plan as part of a footprint covering Wiltshire and Swindon too. He said that this process brings challenges, not least of which is that our "devolution footprint" and our patient flows to Bristol put us in a different geography. He added that Public Health will be supporting the CCG in identifying high priority areas for improving health and reducing inequalities and that this is likely to demonstrate a number of common factors across all three areas but also some distinct differences.

Councillor Tim Ball asked if advice was available in respect in some recently diagnosed cases of Scarlet Fever.

Bruce Laurence replied that Public Health had written a letter to all schools and GPs on this matter which he could forward to the Select Committee.

Councillor Lin Patterson asked how many 10-24 year olds were admitted to hospital as a result of self-harm in 2016.

Bruce Laurence replied that it was around 10 – 20 and that all were treated seriously.

Councillor Eleanor Jackson asked if the Universities were involved on discussions relating to this matter.

Bruce Laurence replied that they have had some discussions with them, but that currently their main link was with Bath College.

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

74 HEALTHWATCH UPDATE

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

Helping to improve patient engagement

She informed them that last year Healthwatch B&NES carried out its first Enter and View visit to a primary care setting – Oldfield Dental Practice in Bath. She said that following the release of the Enter and View report in the autumn, mydentist (formerly IDH Limited) the company that owns the practice, contacted Healthwatch B&NES to discuss approaches they can use to improve patient engagement in order to better understand their experiences.

She said mydentist expressed their hopes to engage with local Healthwatch projects across England in order to enhance independent scrutiny of the services they provide. She added that they had secured agreement to promote local Healthwatch information in all mydentist practices across the west of England region.

Sustainability and Transformation Plans

She stated that Healthwatch B&NES has started discussions with NHS B&NES Clinical Commissioning Group (CCG) to explore how public consultation can be built into the development of the area's Sustainability and Transformation Plan. She said that these conversations will develop during April in conjunction with CCGs and local Healthwatch projects in Wiltshire and Swindon.

Implementation of the Accessible Information Standard

She said that The Care Forum was working with B&NES Council to plan and deliver a network to raise awareness and share experiences of implementing the Accessible Information Standard (AIS).

She explained that the Accessible Information Standard comes into force in July 2016 and aims to ensure that disabled patients receive information in formats that they can understand and have appropriate support to help them to communicate. She added that all NHS and publicly-funded adult social care services must follow AIS by law, under section 250 of the Health and Social Care Act 2012.

She said that if Councillors do receive correspondence on any matters relating to the residents' experiences of using local health and social care services that would be of

interest to Healthwatch then to contact them in any format they wish to enable further discussion.

Councillor Paul May asked if since the Enter and View visit to Oldfield Dental Practice Healthwatch had taken a pro-active role in looking at other practices.

Alex Francis replied that they have not approached any other practices directly, but the report had been sent to NHS England and the Care Quality Commission (CQC). She added that Healthwatch meet with the CQC on a quarterly basis to share intelligence gathered about local services.

The Director of Adult Care and Health Commissioning said that the subject of Dentistry Services was due to be discussed at a future meeting of the Select Committee.

Councillor Bryan Organ asked if Healthwatch were involved with the work of Patient Participation Groups (PPGs). He suggested that Healthwatch may be involved in future training for PPGs.

Alex Francis replied that they have made some PPGs aware of the role that they perform.

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

75 PRIMARY CARE STRATEGY BRIEFING

Corinne Edwards introduced this report to the Select Committee, she explained that in August 2013 NHS England launched 'Improving general practice – a call to action'. She said that this work sought to engage and support action to transform services in local communities. She stated that growing reports of workforce pressures including recruitment and retention problems were noted.

She informed them the vast majority of GP practices in England hold either GMS or PMS contracts. The GMS contract is nationally negotiated, however all B&NES practices hold PMS contracts, locally agreed to better tackle particular needs of patients based on local priorities. She added that NHS England has undertaken a 'PMS Review' to ensure any extra funding above and beyond what an equivalent GMS practice would get is clearly linked to providing extra services.

She said the CCG is currently in joint commissioning arrangements with NHS England and will continue to do so during 2016/17 along with Wiltshire and Swindon CCGs. She added that co-commissioning was an opportunity for CCGs to have increased responsibility and influence over local decisions affecting primary care (medical).

She stated that NHS England and the CCG have invested in the development of a two year local project to pilot aspects supporting our strategy development. The project, 'Primary Care – Preparing for the Future' (PCPF), delivered by Bath and North East Somerset Emergency Medical Services (BEMS+) runs until October 2016.

She explained that in October 2015, NHS England announced details of the 'Primary Care Transformation Fund'. She said that this national fund covers the period from 2016 to 2019 and provides £750m to improve access and the range of services available in primary care, through investment in premises, technology, the workforce and support for working at scale.

She said that the CCG has been working with GP practices, representatives from Your Health Your Voice, Your Care Your Way and BEMS+ amongst others in order to draw together common themes arising from the relevant activities already underway. She added that this is intended to form the basis of any bid to the fund, and will in turn support the development of a primary care strategy.

Councillor Brian Organ commented that he was pleased to see that the first two practices (Catherine Cottage and Rush Hill) that had been inspected by the CQC had both received overall ratings of 'Good'. He added that he felt that some members of the public were still finding difficulties in booking emergency appointments, but recognised that the service for longer term appointments was working well.

Councillor Tim Ball commented that he had recently found that the online repeat prescription service had crashed whilst in use and wished to make the appropriate officers aware.

Councillor Eleanor Jackson said that she had been contacted by a number of residents to say that they would like more continuity of service by being able to see the same GP at appointments.

Corinne Edwards replied that she was aware that continuity of GP's is important to some patients, particularly older people and people with long term conditions, but for many this is not so important. As part of the transformation fund bid, the wider roles of the Primary Care Team are being considered including administration to relieve some of the burden on GP's.

Councillor Paul May asked what progress was being made regarding GP's working together.

Corinne Edwards replied that some practices are moving forward with joint working and considering the different models of alliances, federating, merging, etc.

Councillor Paul May asked if a survey had been considered regarding GPs having specialist skills.

Corinne Edwards replied that a skills analysis has been undertaken by BEMS+ as part of the PCPF project and that younger GP's are likely to want to develop specialist skills / knowledge.

The Select Committee **RESOLVED** to note the report.

76 ALCOHOL / SUBSTANCE MISUSE UPDATE

The Drug and Alcohol Team and Young People's Drug and Alcohol Commissioner gave a presentation to the Select Committee, a summary is set out below.

Drug Misuse

Parental drug use is a risk factor in 29% of all Serious Case Reviews.

A typical heroin user spends around £1,400 per month (2.5 times the average mortgage).

Alcohol Misuse

27% of serious case reviews mention alcohol misuse.

Alcohol misuse accounts for 17% of road fatalities.

B&NES Adults in treatment

More than 70% of adults in treatment in B&NES are complex & have multiple needs.

Growth in Alcohol Clients

Between 2012-13 and 2014-15 the number of clients in treatment to address alcohol misuse rose from 388 to 647 and the providers are working very flexibly to meet capacity.

It is estimated that there 200 are 'Blue Light' clients in B&NES costing the community more than £7 million per annum (Source Alcohol Concern). Agencies have been trained and provided information and practical tips on working with these clients.

Alcohol Concern is extending the project to support the families of 'Blue Light' clients and B&NES have again confirmed their desire to be part of this.

Recovery outcomes for B&NES alcohol clients

The rate of successful completions for B&NES alcohol clients is consistently high at between 46% – 50%. This is considerably above the national average.

56% of parent's successfully complete alcohol treatment. B&NES investment in local services has attracted a good deal of worthy commendation for its hospital alcohol liaison service, and for alcohol recovery outcomes. PHE recognises that alcohol has been a strategic priority for some time and an effective drug and alcohol treatment service is an essential component underpinning this wider treatment system.

Opiate / Non Opiate recovery rates

Supporting opiate users to overcome dependence is challenging, in B&NES currently 6.4% of opiate clients have successfully left treatment (who have not relapsed) compared to national performance of 7%.

Over 70% of adults in treatment have either ‘high’ or ‘very high’ complexity (e.g. poly drug and injecting use). There are good outcomes for other drug users in B&NES where approximately 40% successfully leave treatment (and do not relapse).

Harm Reduction

The rates for Hepatitis B vaccination and Hepatitis C testing remain much higher than the national average (B&NES is amongst the top performing areas with approximately 94% of eligible clients tested for Hepatitis C compared to 80% nationally and over 60% of B&NES clients have completed a course of Hepatitis B immunisations compared to 30% nationally.)

A needle and syringe exchange programme (NSP) continues to be delivered from treatment centres in Bath and Midsomer Norton, and pharmacies throughout B&NES to reduce the risk of blood borne viruses; reduce drug litter; and deliver harm reduction advice to service users on over-dose prevention, safer sex and reducing risk-taking behaviour.

During 2015/16 the providers changed how they deliver NSP to the most vulnerable or hard to reach clients (complex opiate users and steroid users) working with pharmacists and gyms to raise awareness with all injecting drug users of the harm caused by injecting drugs.

Young People’s Needs Assessment and Performance

An increase in the complexity of issues faced by young people (e.g. mental health, parental substance misuse, crime etc).

Increase in cases of children at risk of sexual exploitation (a project has been established to identify and respond to presenting needs).

The needs assessment found that 34% of adults in treatment are parents who have their children living with them at least part of the time. A key aim is to prioritise support for families, and to reduce the risk to children within the home.

Performance continues to be excellent with 97% of young people successfully completing their specialist support – compared to 80% nationally (with low re-presentations, 2% locally compared to 7% nationally)

Children & Young People Health & Wellbeing Survey 2015

The Health Related Behaviour Survey (SHEU) was undertaken in primary schools and 12 secondary schools with 3048 pupils from year 8 and 10 taking part. There is a positive downward trend, for example:

The numbers who drank alcohol in the last week: 15% of boys in 2015 compared to 24% of boys in 2013 and 12% of girls compared to 21% of girls in 2013.

The numbers who smoked cigarettes at least sometimes: 12% of boys in 2015 compared to 21% of boys in 2013 and 8% of girls compared to 11% of girls in 2013.

Re-Model

Fully integrated recovery treatment system

There will be a greater focus on community based treatment and the dry house for detox/community rehabilitation alongside a reduction in out of area rehabilitation and detoxification.

The detox suites and dry house rehabilitation beds are a cost effective alternative to hospital or in-patient detoxification programmes costing less than £150 per week to detox/recuperate in the dry house compared with £1,000-£1,500 per week in an out-of-area in-patient detox; or £700-/£1,000 per week in an out-of-area rehabilitation facility.

DHI submitted an application for funding via the Government's PHE capital programme, and have been successful in obtaining £750,000 towards the purchase of the dry house to secure the future of this service, based on the outcomes and cost effectiveness of the service.

Councillor Tim Ball commented that high percentage alcoholic drinks were more readily available these days and suggested that these should be subject to a higher tax rate.

Councillor Lin Patterson asked is 1-2-1 counselling available.

The Drug and Alcohol Team and Young People's Drug and Alcohol Commissioner replied that it was available and the number of sessions would be agreed through a client's Care Plan.

Councillor Eleanor Jackson commented that during a recent clean up exercise in Radstock a great number of legal / non-legal highs and syringes were found. She wondered how many people actually use the current needle exchange service and suggested it could be incorporated into local pharmacies.

The Drug and Alcohol Team and Young People's Drug and Alcohol Commissioner replied that some pharmacies do already carry the service.

Councillor Vic Pritchard said that we should not lose sight of how far we have come with the services that we provide and praised the positive theme of the report.

The Select Committee **RESOLVED** to note the:

(i) Current Drug and Alcohol performance figures.

(ii) Progress being made by providers on implementing service re-modelling.

(iii) Young People's Needs Assessment had been undertaken to review current performance of young people's drug and alcohol services and to identify key priorities as part of the Early Help Strategy.

77 YOUR CARE, YOUR WAY UPDATE

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

The Procurement Process

65 expressions of interest were given.

4 bids have been received and the names of those will be made public on April 18th.

In May the process will see the 4 bids reduced down to 2 with the aim of announcing the preferred provider in mid-July.

Critical Success Factors

- A person not a condition
- A single plan
- Managing change
- Information
- Value for money

Commercial Model

Prime Provider

- Living well and staying well
- Regaining health and independence
- Enhanced and specialist support

Learning the lessons from elsewhere

Rigorous evaluation and assessment of risks within the procurement, including re-assessment of bidders where there are material changes to their arrangement during the process, and a full awareness of ownership and legal structures associated with partnership arrangements

The ability to triangulate the narrative (quality response) of a bid with income and staffing assumptions contained within a bid

A commitment to proactive engagement with, and full reporting to, Executive Officers and Members

Continuing Engagement

- Information Sharing
- Events

- Community Champions

Councillor Eleanor Jackson said that she had concerns over the preferred provider being able to make too much profit.

The Your Care, Your Way Project Lead replied that the matters of value for money and profit are both assessed as part of this process. She added that they were not looking for this to be a bidding war and that it was about how we can use £70m to the best of its ability. She stated that a large amount of due diligence will take place.

Councillor Paul May asked if the project had been subject to audit, both internally and externally.

The Director of Adult Care and Health Commissioning replied that the Council's Section 151 Officer has been involved throughout the process.

The Chair thanked the Your Care, Your Way Project Lead for her presentation on behalf of the Select Committee.

78 SELECT COMMITTEE WORKPLAN

The Chair introduced this item to the Select Committee.

Councillor Paul May asked for a new date to be set for when the RUH Strategic Plan can be discussed. He said that if it were possible he would like their Chief Executive to be present at the meeting.

The Chair asked for members to state clearly what information they would like to receive from the RUH.

Councillor Eleanor Jackson suggested that the new Chief Executive of AWP should also be invited to a future meeting of the Select Committee.

The Select Committee **RESOLVED** to agree with these proposals.

The meeting ended at 1.35 pm

Chair(person) .....

Date Confirmed and Signed .....

Prepared by Democratic Services

Briefing for the Health and Wellbeing Select Committee Meeting

Wednesday 30 March 2016

1. Working with Practice Participation Groups

All 27 GP practices in B&NES are required to have a Patient Participation Group (PPG). These groups work in partnership with their practices to help patients take more responsibility for their health; contribute to the continuous improvement of services and quality of care; foster improved communication between the practice and its patients; and provide practical support for the practice to implement change.

We have undertaken an audit of all the PPGs in B&NES to identify which practices have active groups and which practices may benefit from further support with their patient engagement. 14 practices hold meetings at least once a year whilst the other 13 have virtual groups that communicate via email.

The CCG organised a joint meeting for all PPGs on 14 March which attracted 16 PPG representatives. The event was well received with the PPGs learning from each other and sharing best practice. The PPG reps asked for the CCG to support them with creating Terms of Reference and providing training for new members a few times a year.

2. Update on A&E performance

Between the months of March to December 2015, an average 89.3% of patients were seen in A&E at the Royal United Hospitals Bath NHS Foundation Trust (RUH) within four hours.

In January this percentage dropped to 76% (against a national target of 95%) and the RUH was one of 30 hospitals in England identified with the worst A&E waiting times for that month. RUH representatives have subsequently attended a NHS Improvement event to share concerns and learnings in relation to the four-hour target. The RUH's ranking was reported in the local media. In response, the RUH highlighted how in January 6,885 patients were seen in their A&E department, 546 more patients than the same period in 2015. The hospital continues to perform highly on quality aspects of A&E services. It remains one of the top performing trusts in the region in ensuring a swift handover between ambulance and A&E staff. This means patients arriving by ambulance are brought in quickly and ambulance crews are freed up to respond to 999 calls. In addition, Friends and Family Test feedback from patients who attended A&E during January shows that 97 per cent would recommend the service to their loved ones.

The System Resilience Group (SRG) continues to oversee implementation of a four-hour recovery plan to strengthen urgent care performance and ensure patients receive the highest quality care.

On 24 March we are holding an Urgent Care Summit in collaboration with the RUH to which we are inviting clinical leads from a number of key providers. Participants will review emergency admissions data and the range of services currently available and explore what we can do differently in order to reduce emergency admissions without impacting adversely on patient experience.

3. Planning for 2016/17

We are developing our plans and priorities for next year to ensure high quality care and improve the health and wellbeing of the population we serve. Our Operational Plan is being developed in line with NHS England's (NHSE) *Five Year Forward View* that outlines clearly the direction for the NHS and why we need to transform services in order to meet the challenges of the future.

We know that to sustain NHS services we need to get better at preventing disease, not just treating it and encourage everyone to take on responsibility to manage their own care. We also need to focus on inequalities within our local community and reduce variation in health outcomes.

The NHS nationally faces significant challenges and financial pressures. Locally we need to drive up performance and encourage organisations to work closer together to be more efficient and effective. As part of this and in line with NHSE planning guidance, we are working in partnership to develop our five year Sustainability and Transformation Plan (STP) across the wider health and care system that includes Wiltshire and Swindon. Our Operational Plan represents year one of the longer term plan to improve health outcomes for the people of B&NES. The priorities and goals in our STP will be developed by the CCGs, councils (including Health & Wellbeing Boards) and providers across the three local authority areas. Our STP planning process will also include engagement with the public, patients, their families and carers so that we draw on the experience of those that use health services to develop new models of care.

4. CQC Inspections

The Care Quality Commission (CQC) is the independent regulator of all health and social care in England. The CQC has very recently carried out an inspection of the RUH. As part of the inspection, the CQC proactively sought feedback from patients, their families and the wider public. This included holding two engagement events in central Bath and Trowbridge. An inspection of South Western Ambulance Service NHS Foundation Trust takes place in early June.

CQC is carrying out a programme of checks at GP practices in B&NES. Inspections at Catherine Cottage and Rush Hill Surgery have been completed and both were rated as 'good'.

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

Health & Wellbeing Select Committee March 2016

B&NES Better Care Fund Plan 2016/17

Context

The 2015 Autumn Spending Review set out an ambitious plan so that by 2020 health and social care are integrated across the country. Every part of the country must have a plan for this in 2017, implemented by 2020. The Better Care Fund (BCF) is seen as a key enabler for local integration of health and care services, which, are less well progressed in many other parts of the Country than they are in Bath and North East Somerset.

Further details on how the BCF is to be used in 2016/17 were set out by NHS England in the 2016/17 Better Care Fund Policy Framework with detailed guidance on the requirements published on 23rd February 2016. Local BCF Plans must be jointly agreed and signed-off by the Health and Wellbeing Board. Timescales for developing, agreeing and submitting plans are challenging with the requirement for a "brief narrative plan" to be submitted on 21st March and final submissions due on 25th April 2016.

Bath and North East Somerset's Better Care Plan 2014/15-2018/19 was agreed by the Health and Wellbeing Board on the 17th September 2014, this led to the plan being approved and recognised as an example of best practice through the NHS England national assurance process. The Health and Wellbeing Board agreed at its meeting on 25th March 2015 to put in place a formal agreement setting out funding transfers, governance and risk share arrangements under Section 75 of the NHS Act 2006. This agreement was entered into by the Council and Clinical Commissioning Group (CCG) on 1st April 2015.

B&NES BCF Plan 2016/17, which was presented in draft form to B&NES Health and Wellbeing Board on 23rd March, reflects the vision and strategic priorities for integrated health and care set out in and evidenced by existing plans including the Better Care Plan 2014/15-2018/19, CCG 5-Year Strategic Plan 2014/15-2018/19, Health and Wellbeing Strategy and plans associated with the Council and CCG's joint review of Community Services **"*your care, your way*"** (see www.yourcareyourway.org).

In this wider context, our 2016/17 BCF plan focuses on the new conditions as set out in the Policy Frame and planning guidance. As summarised in paragraph 1.3, these are: investment in NHS commissioned out-of-hospital services; a DTOC Action Plan; and a locally agreed target for reducing DTOCs.

The national funding allocations into the BCF remain consistent with the 2015/16 with a small reduction in the CCG minimum contribution this has taken BCF funding from £12.049m in 2015/16 to £12m in 2016/17.

Investment in Out-of-Hospital Services

The Better Care Fund Plan for B&NES continues its investment in a range of integrated services, designed to enable people to remain independent and in control of their lives. However, there are also a number of changes to schemes this year, following a review of activity, outcomes and value for money.

The changes outlined below reflect the new expectations of the Better Care Fund in 2016/17 to reduce delayed transfers of care and to invest further in out of hospital services. They support the required delayed transfer of care (DTOC) action plan which is outlined below. The changes also reflect the further development of integration detailed in ***your care, your way***.

Within the Home from Hospital schemes heading, the Handyperson service which expedites **minor adaptations in the home to support hospital discharge** is to transfer from the current provider, Somerset Care and Repair to an alternative provider, West of England Care and Repair under an established framework contract to secure the level of service needed and achieve improved value for money. This change follows a review of the pilot service provided by Somerset Care and Repair. There will be no adverse impact on the service and, indeed, the change of provider may result in an improvement to the number of people accessing the service as a result of greater awareness of the service and a simplified referral pathway. Similarly, the support provided to the Royal United Hospital and hospital discharge process will not change.

An **urgent domiciliary care response service**, supporting people waiting to be discharged from hospital to home will be commissioned to further test an approach piloted on a small scale in 2015/16. The service will complement the reablement and Discharge to Assess schemes and the aim is to reduce the number of days that patients are delayed in hospital, waiting for their care package to begin. Building on the 2015/16 pilot, the intention is to further develop and test this approach during 2016/17 to evidence its impact and value.

A key element of the Better Care Fund in 2016/17 will be a **greater focus on the use of technology and assistive technology** in particular. This additional investment will enable teams to work alongside service users and carers and try different forms of assistive technology during assessment such as that undertaken, for example, as a core element of the reablement service, or as part of Discharge to Assess.

This will allow teams the time and space to test out equipment with people with the benefit and back up of care which will help assess whether equipment such as medicine dispensers, door alerts and movement sensors that can support people to remain at home, provide reassurance to carers and family members and can help highlight risks that can then be addressed. Equipment will also be introduced to enable practitioners to evidence the risk of people remaining at home and it is expected that this will be required before any proposal to move into permanent care is made. This proposed change in practice is one that would reflect the seriousness of a life-changing event such as moving into a care home and the importance of exploring alternative options and enabling individuals to make informed decisions.

The Integrated Enablement Service, which provides reablement to residents of care homes and extra-care housing, is being re-shaped to develop a **falls prevention and response service**. This change is being introduced as the prevalence of falls within the

community and in care homes in particular is one of the major causes of admission to hospital. The aim is to support people who fall whilst living in a care home to enable their assessment to be carried out locally where clinically appropriate, rather than being admitted to hospital.

Delayed Transfers of Care Action Plan

The DTOC action plan has been developed using feedback from a recent multi-agency review of managing hospital discharges over the Christmas and New Year period. Its title ***"Everyone's Issue"*** was coined at the event and describes the nature of the plan, which sees accountability and responsibility for improving the numbers of patients delayed in hospital shared across a range of agencies.

It sets out plans for: improving capacity within key services such as domiciliary care and reablement; supporting complex discharges; and agreeing escalation procedures so that when the answers are not straightforward, the issue can be escalated to senior managers to make a decision. It starts with a recommendation that patients delayed in all aspects of services are counted, rather than just in acute and community hospital beds. This will allow the true picture and capacity required to be clear to all partners and plans to be strengthened as a result.

Governance and oversight of the DTOC Action Plan have been agreed by the multi-agency Systems Resilience Group. This will be one of the most critical levers of the plan as ownership and visibility of actions are critical to its delivery.

This page is intentionally left blank

Health Select committee public health update March 2016

1. The Annual Health Protection report for BaNES, Glocs. Swindon and Wiltshire

This covers:

- **Infection prevention and control including Health Care Acquired infection**
- **Health emergency planning**
- **Drug and alcohol services**
- **Sexual health**
- **Immunisation**
- **Screening**
- **Protection from environmental hazards inc. poisons, radiation, biological agents.**

Major report with focus on immunisations annd screening. We are now getting much better information from partners.

We now vaccinate against 18 illnesses routinely (some only in high risk groups eg HepB and BCG for Tuberculosis).

There are also 12 screening programmes some covering multiple diseases.

All perform well by benchmarking standards but there is room for improvement almost everywhere and the services need constant vigilance and encouragement. None are compulsory in UK and so the public need to be fully engaged and informed. The idea of informed consent is important particularly inscreenign programmes where there may be a blalnce between benefits and harms.

As well as ensuring a good general level of performance we also focus on inequalities in uptake hense work on cervical screening uptake by practice and also work on bowel screening in people with learning disabilities.

Bowel screening uptake generally is abut 60% and we would like it to be higher.

Finally a lot of work is going into tackling antimicrobial resistance and to pull this together an antimicrobial stewardship group will be set up that will report to the health protection board.

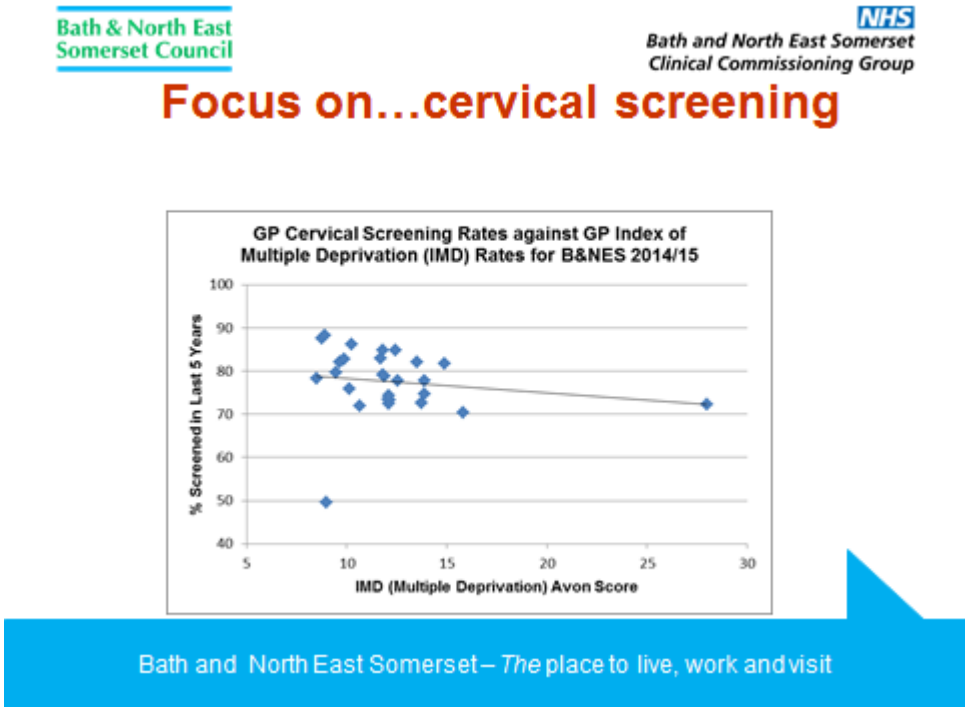
Bath & North East Somerset Council

NHS
Bath and North East Somerset Clinical Commissioning Group

Screening and immunisations

Immunisation programmes	Screening programmes
Neonatal Hepatitis B immunisation programme	NHS Infectious Diseases in Pregnancy Screening Programme
Neonatal BCG immunisation programme	NHS Down's Syndrome Screening (Trisomy 21) Programme
Respiratory syncytial virus (RSV) immunisation programme	NHS Fetal Anomaly Screening Programme
Immunisation against diphtheria, tetanus, poliomyelitis, pertussis and Hib	NHS Sickle Cell and Thalassaemia Screening Programme
Meningitis C (MenC) immunisation programme	NHS Newborn Blood Spot Screening Programme
Hib / MenC immunisation programme	Newborn Hearing Screening Programme
Pneumococcal immunisation programme	NHS Newborn and Infant Physical Examination Screening Programme
DTaP/IPV and dTaP/IPV immunisation programme	NHS Diabetic Eye Screening Programme
Measles, mumps and rubella (MMR) immunisation programme	NHS Abdominal Aortic Aneurysm Screening Programme
Human papillomavirus (HPV) immunisation programme	**Cancer screening programmes**
Td/IPV (teenage booster) immunisation programme	Breast Screening Programme
Seasonal influenza immunisation programme	Cervical Screening
Recent programmes: rotavirus, shingles, seasonal influenza	Bowel Cancer Screening Programme

- Commissioned by NHS England South (South Central) with public health capacity from Public Health England
- Recent and future expansion in programmes



2. Legionella in water at Paulton maternity unit

A routine sample taken from the water supply at this unit was positive for Legionella at a high level. No patients were harmed, but as a precautionary measure the unit was closed to admissions and work was done to clean and significantly modify the water system (taking out tanks and “dead legs”. Water is now clear and unit has reopened.

Paulton Hospital Water Quality Incident Management Group was set up immediately in response to this finding, chaired by Becky Reynolds and including NHS property services, RUH, BaNES CCG. Sirona, comms. teams, PHE, AWP and others. Because of the multi use of the site there were over 20 people involved. This was a good example of successful multi agency work and also demonstrated the role of the council’s public health function in overseeing and ensuring prompt joint action.

Although Legionella has raised its head a few times this year the levels are no higher than we would expect.

3. Health inequalities Inquiry Day: 11th May

This event is being organised on behalf of the Health and Wellbeing Board. It will include presentations from local residents, front line professionals and an external speaker from an area that has managed high levels of inequality and deprivation imaginatively. There will also be workshop sessions looking at what different partners contribute to reducing inequalities now and how we could work together more effectively.

4. Child health profiles 2016

We have gone from having three indicators in the red in 2015 – First time entrants to the youth justice system, Hospital admissions caused by injuries in children (0-14 years) and Hospital admissions as a result of self-harm (10-24 years) – to having none in 2016.

There has been a small increase in hospital admissions for mental health conditions for 0-17s increased from 24 in 2013/14 to 31 in 2014/15. This is not a figure that is statistically significant because numbers are so small but does remind us of the warnings about children's mental health that we are also getting from the SHEU survey.

http://www.chimat.org.uk/resource/view.aspx?RID=101746&REGION=101635

5. Teenage conceptions

It's really pleasing to note that in the latest (2014) data, the rate of teenage conceptions in B&NES was **12.3** conceptions per 1,000 women aged 15-17. This is a very low figure with less than 20 local authorities having a 2014 rate lower than B&NES' rate. Over the longer term it represents a **55%** decrease in the rate of teenage conceptions in B&NES since 1998.

Despite all this progress some teenagers do become parents, and they need to be well supported. This is done partly through the Family Nurse Partnership (which is funded by PH as part of the 0-5 services). Its annual review is taking place on April 13th, and it is coming up to the end of its 3rd year of funding, Anyone is welcome to attend or receive the report.

6. Sustainability and Transformation Plans

This is an NHS led process designed to help put the NHS on a sustainable basis for the future. For the purposes of this work BaNES needs to make a plan as part of a footprint covering Wiltshire and Swindon too. This brings challenges, not the least of which is that our "devolution footprint" and our patient flows to Bristol put us in a different geography. The public health team will be supporting the CCG in identifying high priority areas for improving health and reducing inequalities. This is likely to demonstrate a number of common factors across all three areas but also some distinct differences.

7. Your Care Your Way

Significant amount of work for public health team writing our specifications as part of the larger process and considering the balance between continuity and looking at new ways of working.

8. New and updated Eatwell Guide diagram (over page).

Many changes have been made to the old "Eatwell Plate" based on new evidence around healthy diet, new insights into behavioural psychology and observations of how the previous attempt supported both useful and unintended change eating habits.

On its own a simple chart has little impact but as part of the range of actions and resources that can be used in homes, schools, children's centres and elsewhere this can lead to better eating (same could be said for the Sugar Tax!).

Eatwell Guide

Use the Eatwell Guide to help you get a balance of healthier and more sustainable food. It shows how much of what you eat overall should come from each food group.

Check the label on packaged foods

Each serving contains

	Energy	Fat	Saturates	Sugars	Salt
	1046kJ 250kcal	5g	1.3g	34g	0.9g
		LOW	LOW	HIGH	MED
	12.5%	7%	6.5%	38%	15%

of an adult's reference intake

Typical values (as sold) per 100g: 697kJ/ 167kcal

Choose foods lower in fat, salt and sugars

Eat at least 5 portions of a variety of fruit and vegetables every day

Fruit and vegetables

Raisins, Chopped tomatoes, Frozen peas

Choose wholegrain or higher fibre versions with less added fat, salt and sugar

Potatoes, bread, rice, pasta and other starchy carbohydrates

Potatoes, Whole grain cereal, Cous Cous, Porridge, Bagels, Whole wheat pasta, Rice, Spaghetti

Beans, pulses, fish, eggs, meat and other proteins

Lentils, Beans lower salt and sugar, Tuna, Plain nuts, Chick peas, Lean mince

Eat more beans and pulses, 2 portions of sustainably sourced fish per week, one of which is oily. Eat less red and processed meat

Dairy and alternatives

Low fat soft cheese, Semi skimmed milk, Soya drink, Main Low-fat Yoghurt

Choose lower fat and lower sugar options

Oil & spreads

Choose unsaturated oils and use in small amounts

6-8 a day

Water, lower fat milk, sugar-free drinks including tea and coffee all count.

Limit fruit juice and/or smoothies to a total of 150ml a day.

Sauce, Crisps

Eat less often and in small amounts

Per day 2000kcal 2500kcal = ALL FOOD + ALL DRINKS

e: Public Health England in association with the Welsh government, Food Standards Scotland and the Food Standards Agency in Northern Ireland

This page is intentionally left blank

healthwatch
Bath and North East Somerset

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

INTRODUCTION

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

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

Healthwatch is the statutory, independent champion for patients, carers and the public. The Health and Wellbeing Network hosts provider organisations, in both the statutory and community/ voluntary sectors, to debate current issues and recommend actions for progress.

Summary of activity: January – March 2016

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

Helping to improve patient engagement

Last year Healthwatch B&NES carried out its first Enter and View visit to a primary care setting – Oldfield Dental Practice in Bath. Following the release of the Enter and View report in the autumn, mydentist (formerly IDH Dental) the company that owns the practice, contacted Healthwatch B&NES to discuss approaches they can use to improve patient engagement in order to better understand their experiences.

mydentist is the largest corporate dentistry in the UK with approximately 670 practices, 30– 40 of which are located in the west of England. During the meeting we discussed mydentist's current approaches to patient engagement and suggested some additional pieces of work that could help to enhance how they respond and react to the feedback they receive. Examples of this included:

- displaying 'you said we did' information in waiting areas so patients can see how the practice is responding to the themes and comments that have been received about their service
- trialing patient participation groups to enable patients to engage directly with how the service is run and developed, and
- linking with Independent Complaints Advocacy Services (ICAS) to understand any themes emerging through NHS complaints, and the

experiences of more ‘at risk’ patients who may not have felt confident or able to contact mydentist directly.

mydentist expressed their hopes to engage with local Healthwatch projects across England in order to enhance independent scrutiny of the services they provide. We secured agreement to promote local Healthwatch information in all mydentist practices across the west of England region. The Care Forum holds local Healthwatch contracts for B&NES, Bristol, South Gloucestershire, Somerset - and Swindon from 1 April 2016. We also shared details with mydentist for neighbouring Healthwatch projects in North Somerset and Wiltshire too. We provided contact details for Healthwatch England’s regional development officers to help facilitate engagement with local Healthwatch projects across the rest of the country.

Finally, we discussed an online tool that can be included on organisations’ websites to allow feedback to be gathered directly by local Healthwatch projects. mydentist have taken this information away and are considering it for the B&NES area.

Increasing Healthwatch representation

During the last quarter Healthwatch B&NES has recruited four new volunteers who will help with Enter and View visits across the district and represent the patient and public voice on various boards, committees and meetings. Healthwatch volunteers bring a wide range of experience and skills to the project, with many coming from a career in health and social care or building on their own experience of using, or caring for some that has used, services including mental health, acute nursing, dementia care and child support.

Sustainability and Transformation Plans

Healthwatch B&NES has started discussions with NHS BaNES Clinical Commissioning Group (CCG) to explore how public consultation can be built into the development of the area’s Sustainability and Transformation Plan. These conversations will develop during April in conjunction with CCGs and local Healthwatch projects in Wiltshire and Swindon.

B&NES Health and Wellbeing Network update

Work is being done to support collaboration and networking between local groups in relation to the development of a volunteer hub for B&NES and also for Mental Health Awareness Week, which is from 16 – 22 May.

The idea of a Volunteer Hub is initially as a collaborative, to support organisations that work with volunteers to, for example, share training and develop routes of progression for their volunteers across organisations. The first step is setting up a steering group of organisations to develop the idea and the steering group has now met. The Hub would work closely with the B&NES Volunteer Centre.

Following an initial discussion between organisations, which The Care Forum helped to facilitate, a group has met to talk about ideas for Mental Health Awareness Week. Primarily we want to use

the opportunity to promote many of the projects that are currently helping to support people locally. We want to raise awareness of local services and, through people's stories, to explain what people's experiences are and how local services have helped. Representatives from local NHS organisations, the council and voluntary, community and social enterprise groups are already taking part, including Healthwatch B&NES. The next step will be to share the plans more widely and gather more information. Some of the ideas so far include a calendar of events on a website, posters promoting local activities and using social media to share information locally.

For more information on these areas of work please contact Ronnie Wright, Project Coordinator for the B&NES Health and Wellbeing Network T: 0117 9589 333 or E: ronniewright@thecareforum.org.uk

Implementation of the Accessible Information Standard

The Care Forum is working with B&NES Council to plan and deliver a network to raise awareness and share experiences of implementing the Accessible Information Standard (AIS). We have also produced an information sheet about the standard to inform people of the legislation and requirements to be in place from July W: http://bit.ly/22HFfIF

The Accessible Information Standard comes into force in July 2016. It aims to ensure that disabled patients receive information in formats that they can understand and have appropriate support to help them to communicate. All NHS and adult social care services must follow AIS by law, under section 250 of the Health and Social Care Act 2012. The AIS sets out how organisations that provide NHS and publicly-funded adult social care services should give disabled patients and service users information that they can access and understand, and receive appropriate support to help them to communicate.

Healthwatch B&NES would welcome feedback from patients following implementation of the AIS in July to understand the support that has been put in place by health and social care providers across B&NES and the impact that it is having on disabled patients.

Report prepared by Alex Francis, Interim General Manager, Healthwatch B&NES
Thursday 24 March 2016

your care your way

Your Care, Your Way

Programme Update

Health and Wellbeing Select Committee
30th March 2016

Bath & North East Somerset Council

NHS
Bath and North East Somerset Clinical Commissioning Group

Topics for Discussion

THE PROCUREMENT PROCESS

Bidders and selection process

CONTRACTING MODEL

Moving to outcomes based commissioning and lessons learnt

CONTINUING ENGAGEMENT

Keeping all Providers engaged and preparing for future stages

your care your way

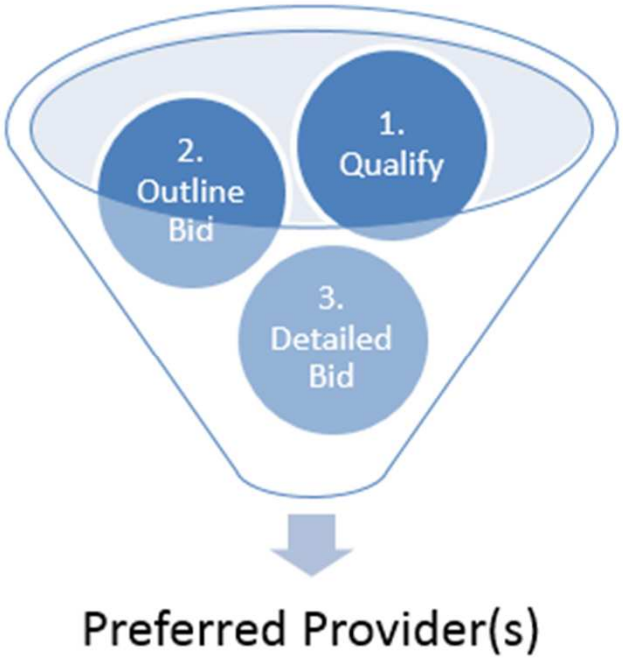
your care your way

PROCUREMENT

Bath & North East Somerset Council

NHS
Bath and North East Somerset Clinical Commissioning Group

The Procurement Process



your care
your way

Procurement Themes…Critical Success Factors

your care your way

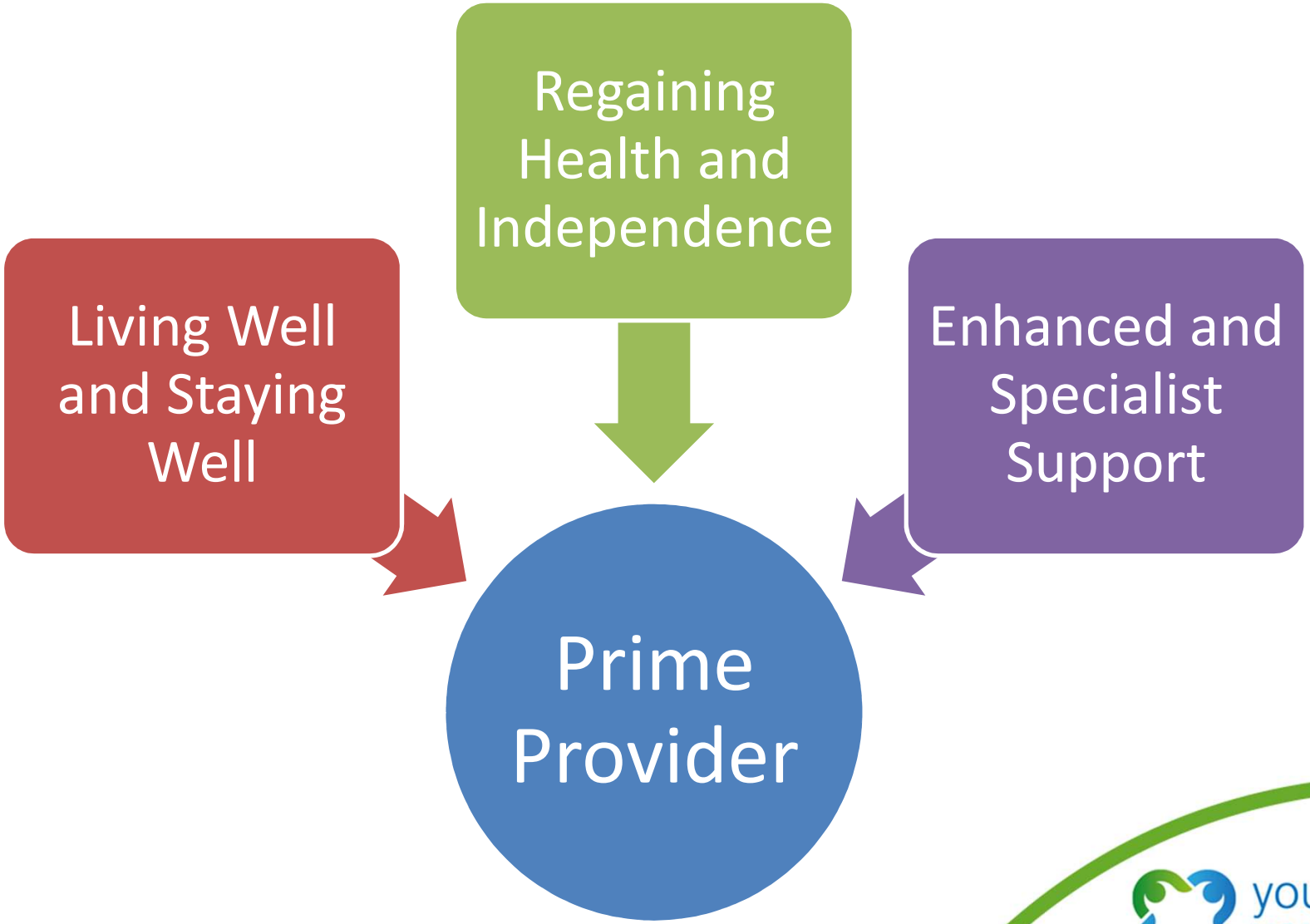
your care your way

SPECIFYING AND CONTRACTING FOR SERVICES

Bath & North East Somerset Council

NHS
Bath and North East Somerset Clinical Commissioning Group

Commercial Model



your care your way

Learning the lessons from elsewhere

- Rigorous evaluation and assessment of risks within the procurement, including re-assessment of bidders where there are material changes to their arrangement during the process, and a full awareness of ownership and legal structures associated with partnership arrangements

- The appropriate use of Parent Company Guarantees or other performance warranties

- The ability to triangulate the narrative (quality response) of a bid with income and staffing assumptions contained within a bid

- A commitment to proactive engagement with, and full reporting to, Executive Officers and Members

- Clear accountability and relationship management between the Commissioner and the Prime Provider, and from the Prime Provider to all other providers

your care your way

your care your way

CONTINUING ENGAGEMENT

Bath & North East Somerset Council

NHS
Bath and North East Somerset Clinical Commissioning Group

Information, Events and Community Champions

your care your way

your care your way

Q&A

Bath & North East Somerset Council

NHS
Bath and North East Somerset Clinical Commissioning Group

This page is intentionally left blank