Bath & North East Somerset Council

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Date: 21st March 2016
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**To: All Members of the Health and Wellbeing Select Committee**

Councillor Francine Haeberling
Councillor Geoff Ward
Councillor Bryan Organ
Councillor Paul May
Councillor Eleanor Jackson
Councillor Tim Ball
Councillor Lin Patterson

**Cabinet Member for Adult Social Care & Health:** Councillor Vic Pritchard

Chief Executive and other appropriate officers
Press and Public

Dear Member

**Health and Wellbeing Select Committee: Wednesday, 30th March, 2016**

You are invited to attend a meeting of the **Health and Wellbeing Select Committee**, to be held on **Wednesday, 30th March, 2016** at **10.00 am** in the **Council Chamber - Guildhall, Bath.**

The agenda is set out overleaf.

Yours sincerely

Mark Durnford
for Chief Executive

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

*This Agenda and all accompanying reports are printed on recycled paper*

**NOTES:**

1. **Inspection of Papers:** Any person wishing to inspect minutes, reports, or a list of the background papers relating to any item on this Agenda should contact Mark Durnford who is available by telephoning Bath 01225 394458 or by calling at the Guildhall Bath (during normal office hours).

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

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

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

   Appendices to reports are available for inspection as follows:-

   **Public Access points** – Reception: Civic Centre - Keynsham, Guildhall - Bath, The Hollies - Midsomer Norton. Bath Central, and Midsomer Norton public libraries.

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

4. **Recording at Meetings**:-

   The Openness of Local Government Bodies Regulations 2014 now allows filming and recording by anyone attending a meeting. This is not within the Council's control.

   Some of our meetings are webcast. At the start of the meeting, the Chair will confirm if all or part of the meeting is to be filmed. If you would prefer not to be filmed for the webcast, please make yourself known to the camera operators.

   To comply with the Data Protection Act 1998, we require the consent of parents or guardians before filming children or young people. For more information, please speak to the camera operator

   The Council will broadcast the images and sound live via the internet www.bathnes.gov.uk/webcast An archived recording of the proceedings will also be available for viewing after the meeting. The Council may also use the images/sound recordings on its social media site or share with other organisations, such as broadcasters.

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

**6.** THE APPENDED SUPPORTING DOCUMENTS ARE IDENTIFIED BY AGENDA ITEM NUMBER.

**7. Emergency Evacuation Procedure**

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

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

**Health and Wellbeing Select Committee - Wednesday, 30th March, 2016**

**at 10.00 am in the Council Chamber - Guildhall, Bath**

# A G E N D A

1. WELCOME AND INTRODUCTIONS

2. EMERGENCY EVACUATION PROCEDURE

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

3. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

4. DECLARATIONS OF INTEREST

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

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

   (b) The nature of their interest.

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

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

5. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

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

   Philip Gait has asked to make a statement at the meeting.

7. MINUTES - 27TH JANUARY 2016 (Pages 7 - 24)

8. CLINICAL COMMISSIONING GROUP UPDATE

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

9. CABINET MEMBER UPDATE

The Cabinet Member will update the Select Committee on any relevant issues. Select Committee members may ask questions on the update provided.

10. PUBLIC HEALTH UPDATE

The Select Committee will receive an update from Public Health on current issues.

11. HEALTHWATCH UPDATE

The Select Committee will receive an update from Healthwatch on current issues.

12. PRIMARY CARE STRATEGY BRIEFING (Pages 25 - 30)

This report provides an overview of the emerging primary care strategy in B&NES and the context within which it is developing.

13. ALCOHOL / SUBSTANCE MISUSE UPDATE (Pages 31 - 86)

This paper is to give an update on the outcomes of young people's and adult's drug and alcohol treatment, including a young people's update.

14. YOUR CARE, YOUR WAY UPDATE

The Select Committee will receive a presentation on this item at the meeting.

15. SELECT COMMITTEE WORKPLAN (Pages 87 - 90)

This report presents the latest workplan for the Select Committee. Any suggestions for further items or amendments to the current programme will be logged and scheduled in consultation with the Chair of the Select Committee and supporting officers.

The Committee Administrator for this meeting is Mark Durnford who can be contacted on 01225 394458.

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**Bath and North East Somerset Council**

**HEALTH AND WELLBEING SELECT COMMITTEE**

# Minutes of the Meeting held

Wednesday, 27th January, 2016, 10.00 am

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

**Officers :** Jane Shayler (Director, Adult Care and Health Commissioning), Emma Bagley (Policy Development & Scrutiny Project Officer) and Sue Blackman (Your Care, Your Way Project Lead)

**Attendees:** Dr Ruth Grabham (CCG), Dr Bruce Laurence (Public Health), Alex Francis (Healthwatch), Clare O' Farrell (RUH), Emma Mooney (RUH), William Bruce-Jones (AWP)

**Cabinet Members in attendance:** Councillor Vic Pritchard

## 47 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

## 48 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the emergency evacuation procedure.

## 49 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillor Geoff Ward had sent his apologies to the Select Committee.

## 50 DECLARATIONS OF INTEREST

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

Councillor Eleanor Jackson declared an other interest in Agenda Item 12 (The Strategic Direction of the RUH) as she is a member of the RUH Foundation Trust.

## 51 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

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

Pam Richards representing Protect Our NHS Bath and North East Somerset addressed the Select Committee. She explained that the group consisted of public and patient groups and they had conducted a survey in September 2015 of all GP practices in B&NES, receiving 51 replies, a response rate of 34.5%.

A copy of the survey will be available online as an appendix to these minutes and placed on the Select Committee's Minute Book, summary is set out below.

Almost all said they had increasing workloads, with added pressures from both community and secondary care and from increasing patient demand.

92% of those who responded said they were concerned about the ability of their practice to deliver a comprehensive service, including out of hours services, on the basis of current resources. They said that net practice income is currently inadequate and/or falling, and mentioned the high and rising costs for locum and agency staff. Many said their practice was financially unsustainable, and the new funding formula was seen as hitting practices in the most deprived areas. They spoke of lack of staff and serious problems with recruitment, especially replacing senior GPs and partners who are retiring.

96% of respondents said that the government's planned funding of the NHS over the next 5 years is not adequate to deliver the government's plans for nationwide 7-day healthcare. They said the level and timing of this funding was unclear but the indications are that funding will not be enough.

Several felt that patients did not actually want 7-day GP access and pointed out that what exactly was meant by 7 day healthcare was not clear. Others were worried that routine care by practices cannot be delivered over the weekend unless weekday services are cut, and unless GPs have access to 7-day diagnostic, therapy and social care services. A substantial number said in their view this proposal had not been properly thought through.

98% of GPs who responded said their patients had experienced delayed hospital discharge due to difficulties in organising social care in the community. They said this is now a regular occurrence and is getting worse. They detailed the missing services, complex processes and lack of placements, and noted that the problem was worse for patients with complex needs, and for those funding their own care. They pointed out that insufficient provision of timely social care in the community also leads to many more patients being admitted to hospital in the first place.

When asked about their views on the increasing role of private healthcare companies in providing NHS clinical care, 91% of those who responded had a range of serious concerns. Many said that private healthcare is moving money out of the NHS and will drive up costs in healthcare. The same number saw the profit motive in private healthcare as damaging the quality of care offered to patients.

Finally, when asked if they had any concerns about the future of the NHS as a publicly resourced service, free for all at the point of delivery, 94% of respondents said they had, and these ranged from the quite worried to the seriously desperate

and disillusioned. Almost all said current funding levels were a major concern, and many mentioned the ever-increasing levels of patient needs, demands and expectations.

Councillor Lin Patterson asked if she knew the extent of GP vacancies in the area.

Pam Richards replied that she did not have that information to hand, but that it would be good to find out. She added that she was aware that some surgeries across the country had closed due to a lack of staff.

Councillor Lin Patterson asked if she had any evidence that seven day healthcare provision was required within B&NES.

Pam Richards replied that locally some surgeries were accessible on Saturday mornings and in the evenings. She added that anecdotally she had heard that it was not necessary and that there was concern that it would affect the funding of the five day service.

Councillor Paul May asked how Protect Our NHS Bath and North East Somerset were funded.

Pam Richards replied that it was a voluntary group of around 250 people that was funded by the members of the group.

Councillor Paul May commented that the relationship between the Council and the NHS was important. He added that he supported the proposal for a seven day service as he felt it would provide more opportunities for patients.

Councillor Eleanor Jackson offered her compliments on the number of responses generated by the survey, but said that she would have liked to see further information from the BS31 area. She said that the issue of delayed discharge had first come to light during the Homecare Survey carried out by the Council in 2010/11 and that this was something that would require further analysis when the review was due to take place in 2017.

She also highlighted the lack of dementia beds and her concerns over the levels of recruitment.

The Director for Adult Care and Health Commissioning reminded the Select Committee that they were due to receive a report regarding Domiciliary Care at their May meeting which would address capacity and any potential gaps in the service.

Councillor Tim Ball commented that if a similar survey was carried out in the future he would like to see a more positive line of questioning.

Pam Richards replied that the survey was designed to be short on this occasion to gain responses and that the comments received should be seen as more important as they provide a level of detail.

The Chair said that the comments raised during debate and the survey results would be taken on board during future work on this matter.

## 53 MINUTES - 25TH NOVEMBER 2015

Councillor Lin Patterson asked for an amendment to Minute 42 (Healthwatch Update) on page five of the minutes. She suggested that the word 'apprehensive' be replaced by the word 'comprehensive' so that the sentence reads.

*The Committee thanked Healthwatch officers for such a comprehensive update.*

Councillor Eleanor Jackson asked for an amendment to Minute 39 (Clinical Commissioning Group Update) on page three of the minutes. She asked that the word 'non' be inserted so that the sentence reads.

*Councillor Jackson expressed her concern on the non-appointment of young GPs in Bath and North East Somerset area*.

The Select Committee confirmed the minutes of the previous meeting with those amendments included as a true record and they were duly signed by the Chair.

## 54 CLINICAL COMMISSIONING GROUP UPDATE

Dr Ruth Grabham addressed the Select Committee, a summary of the update is set out below.

- **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 December this percentage dropped to 86.6% against a national target of 95%.

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. The SRG brings together partners from across the local health and care system to plan urgent care services, reduce admissions via A&E (by ensuring non-life threatening emergency needs are met in or close to people's homes), improve patient flow through hospital and ensure appropriate after care and support at home or in the community.

- **Health and care partners work together to get patients *'Home for Christmas'***

'*Home for Christmas*' was a system-wide initiative to increase patient flow through the RUH, ensure people benefited from a timely, effective and safe discharge and ease pressure on beds over the Christmas period by creating some additional capacity. Monitor had asked the RUH to create a 20% reduction in bed occupancy (118 beds) by Christmas Eve to help the system cope with the anticipated increased demand during the rest of the month and New Year period.

The event was led by the CCG with the support of the SRG. Representatives across our different organisations met daily as part of a tactical coordinating group to assess

and put in place the right package of care for those patients who were sufficiently well to be discharged to move home or into the community. By midnight on Christmas Eve just over 30% of beds were unoccupied at the RUH.

- **Results of GP survey**

A recent patient survey has highlighted high levels of satisfaction with GP services locally. The GP Patient Survey is an England-wide survey conducted by Ipsos MORI on behalf of NHS England. 3,139 patients completed the survey in Bath and North East Somerset during spring and summer 2015. 92% rated their experience of their GP surgery as good (compared to a national average of 85%), 90% were able to get the appointment they needed (national average was 85%) and 87% said it was easy to get through to practice staff on the telephone (national average of 70%). Satisfaction with out of hours' services was lower at 73% but this was still higher than the national average of 67%. The survey results are being shared and discussed within practices to further improve patient experience.

- **New Genomic Medicine Centre planned**

A new Genomic Medicine Centre, based in Bristol, is to open by February 2016 as part of a three-year project to transform diagnosis and treatment for patients with cancer and rare diseases.

The CCG is member of a partnership called the West of England NHS Genomic Medicine Centre which includes NHS providers and commissioners, universities, patient organisations and the West of England Academic Health Science Network.

Across the UK, clinicians will be collecting and decoding 100,000 human genomes – complete sets of people's genes – that will enable scientists and doctors to understand more about specific conditions. It could allow personalisation of drugs and other treatments to specific genetic variants. Patients choosing to be involved will take part in a test which will then be processed in a lab at Southmead Hospital, before being sent nationally for sequencing.

Addressing the statement made by Pam Richards, Dr Grabham spoke of how GP vacancies were on the increase and that one of the main causes was the early retirement of older GP's. She added that the partner option at a surgery was now not so attractive. She said that she had been at her surgery for 25 years and had noticed an increase in the level of bureaucracy and administration required.

She informed them that an opportunity to investigate different ways of working was available through the Vanguard Project. The project would look at how practices can work more together.

She said that the guidance relating to seven day working was not explicit and that it was hoped they could define this locally. She added that every surgery has a Patient Participation Group and they will be consulted as part of the process.

Councillor Paul May stated that it was good to see the levels of patient positivity from the survey. He added that in his view care for the elderly would benefit from a seven day service.

Dr Grabham replied that there was already a specific service in place in addition to the out of hours service that provided continuity for elderly patients over the course of a weekend if they have just been prescribed a new course of medication.

Councillor Eleanor Jackson asked if seven day working would be more of an issue for female GP's who are more likely at some point to have care responsibilities.

Dr Grabham replied that currently most GP's that qualify are female. She said that a full time GP would work 8 sessions which was the equivalent of 4 days and that there was no expectation for a GP to work all seven days. She added that further engagement was required on the matter and that an application to the Transformation Fund was due.

Councillor Eleanor Jackson if she possibly knew why new residents in Writhlington were being asked to register with practices in Frome.

Dr Grabham said that she was unsure as to why the practise would have made that decision.

The Cabinet Member for Adult Social Care & Health, Councillor Vic Pritchard said that he was awaiting a response to the matter raised by Councillor Jackson.

Councillor Lin Patterson asked if she could explain why she felt that there were increasing levels of bureaucracy within the role of a GP.

Dr Grabham replied that alongside an increasing range of complex patient needs that there is a rise in the number of records that need to be kept, especially relating to quality of service.

Councillor Brian Organ asked if there was an increased pressure on the 111 service and if GP liaison within it could be improved.

Dr Grabham replied that a good range of services are provided through the 111 service, but reminded the Select Committee that the telephone operators are not clinically trained. She said that the questions they ask are generated electronically. She added that in the case of the young child highlighted in the media this week he had already been seen six times previously by a doctor.

She stated that there was a clinical oversight of all 111 cases locally and that additional training will now be provided for operators.

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

## 55 CABINET MEMBER UPDATE

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

**Delivery of 24/7 Mental Health Liaison Service in the Royal United Hospital**

He said that he was pleased to confirm that investment from both the CCG and, also, NHS England in a "twilight" service, extending until midnight, when AWP's Intensive Team takes over provision until 8am, the Mental Health Liaison Service will operate on a 7-day a week, 24 hour basis. This is a key service to ensure Parity of Esteem in the acute hospital and, also, the provision of 7-day services. The service also enhances partnership working between providers of health and care and other partner organisations, including the Police. This active management of the care pathway ensures that there are very low numbers of patients considered to be Delayed Transfers of Care in the RUH attributable to mental health needs.

**Additional accommodation-based services for men and women with complex needs who are fleeing domestic abuse**

In October we submitted a partnership bid to DCLG for £100k worth of funding to set up additional accommodation based services for women and men who have complex needs and are fleeing domestic abuse. The Council will be working closely with Curo, DHI, Julian House and Next Link to set up the new service. The funding will enable the establishment of 8 additional units of accommodation in Bath and North East Somerset and the employment of two part-time support workers who will act as a lead professional to help build resilience and support recovery and to link the clients in with existing services and activities where necessary.

Between a minimum of 24 and a maximum of 32 victims and their families will be helped in the 8 new units of refuge accommodation. The service will be able to support local clients with complex needs including clients known to Connecting Families Team and other high support services as well as those with larger families.

**Substance Misuse Services**

A new PAD (Post Alcohol Detox) service - jointly designed by Solon Housing, DHI and SDAS (Specialist Drug and Alcohol Service) to support a gap in service for complex clients facing social exclusion as a result of combined problematic alcohol and housing issues - was launched on 25th November 2015. The 5-bed service is based in Rackfield House for clients who have already under-gone an alcohol detoxification and are vulnerable. Therapeutic support is provided by DHI and SDAS to reduce the risk of relapse. This innovative initiative has been achieved at no additional cost through collaborative working. The service is already full and providers may explore the need for an additional woman-only house.

He announced the possibility of there being a 2% precept within the Council Tax to provide funding for Adult Social Care.

Councillor Tim Ball commented that the PAD service was most welcome and that he hoped that it would be a long term service.

Councillor Pritchard replied that it was very much the intention for it to be an ongoing service.

Councillor Paul May said that he felt it was important how patients with dementia or mental health issues were dealt with when returning to a service they had previously used.

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

## 56 PUBLIC HEALTH UPDATE

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

### Suicide Prevention

Our Suicide Prevention Strategy Group has now agreed the BANES Suicide Prevention Strategy for 2016- 2019. 2012-14 data shows a slight decrease in the number of deaths by suicide in BANES. Following a period when BANES had gone above the England average this means it is now the same, unlike the SW as a whole which remains higher than the England average.

### Warm homes

Current public health training sessions with housing colleagues aimed at frontline practitioners who come into contact with vulnerable and low income groups who are at risk from living in cold homes. 35 practitioners from a wide variety of organisations are due to attend. This is linked to the large grant we received last year to make heating and insulation improvements in people's homes who suffer with a long term condition, disability etc. referrals need to come via a health/social care practitioner.

### National Child Measurement Programme results 2014-15

Reception Year (4/5 year olds) – Nearly one in four are overweight or obese; and around one in nine are obese (both similar to national and regional rates).

Year 6 (10/11 year olds) – just over one in four are overweight or obese; and around one in seven are obese (both lower than national and regional rates).

No significant changes in figures since 2006/07

There have been sensitivities around this programme which we are working on. A national childhood obesity strategy is expected shortly.

### Alcohol

We are taking part in a new project with Alcohol Concern and Adfam to address the needs of families and carers of treatment resistant drinkers, which will begin in February 2016.

This project will work with family support and treatment providers, and families/carers themselves to survey and analyse their experiences at a local level.

New alcohol consumption guidelines have been published. They are now gender equal and have settled on the previous, and lower, women's total. The guidance and the responses demonstrate how difficult it is to encapsulate the complex interaction of human and ethanol into simple rules… but the growth of alcohol related illness demonstrates the need to provide some guidance.

**Survey for Making Every Contact Count (MECC) continuing professional development needs**

MECC is about the principle of engaging a wider group of people as potential health champions, and Public Health England's local network is looking for interest and needs in a "second wave" of people, including Councillors following a first wave survey of the health workforce and subsequent training last year.

Councillor Tim Ball said that he was concerned over potential bullying from the results of the Child Measurement Programme and said that his own grandchildren had withdrawn from the survey as he felt that it should be led by GP's not schools.

Dr Laurence replied that information relating to the results should only be given to the parents and that children are not directly advised to lose weight but to have a better diet and take part in more exercise.

Councillor Tim Ball said that it was likely that children would talk about the matter directly after being weighed.

Councillor Lin Patterson asked if there were any records that would show that hospital admissions due to air pollution, specifically from the London Road were a concern.

Dr Laurence replied that it was nearly impossible to have data that was this detailed and that there would need to be a substantial level of cases to perform an analysis.

Councillor Eleanor Jackson wished to congratulate those associated with Mental Health Services and suicide prevention. She suggested that farmers, due to increased work pressure and isolation and cancer patients could be two groups to monitor.

Dr Laurence thanked her for her comments and said he would take them on board.

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

**57 HEALTHWATCH UPDATE**

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

**Partnership working**

Healthwatch is working with NHS B&NES CCG and B&NES Enhanced Medical Services (BEMS+) to host a joint public event in January. This event will provide an opportunity for interested parties to review the first year of the pilot project, Primary Care: Preparing for the Future. Two public events took place in spring 2015, prior to the pilot starting, to gather feedback on how the pilot should look and any specific considerations it should make to support the most vulnerable or 'at risk' patients.

**Supporting quality**

Healthwatch has a volunteer representative on the NHS B&NES Clinical Commissioning Group's (CCG) Quality Committee. This committee carries out a 'deep dive' every month on a specific service in order to identify good practice and service improvements. Healthwatch has contributed two detailed reports during this quarter, sharing patient and public experiences on services provided by Avon and Wiltshire Mental Health Partnership NHS Trust and Arriva Transport Solutions – South West.

**Mental Health and Wellbeing Charter –** Work is continuing on the Charter; Healthwatch B&NES and The Care Forum's Voluntary Sector Service have been supporting New Hope and St Mungos Broadway to promote focus groups with service users and the voluntary sector to discuss the draft charter.
It is hoped that the charter will provide a reference point for service users and their families/ carers to understand what support they can expect from mental health professionals and service providers. The charter will provide a tool for service users and their families to 'review' their experience against and an evaluation method for mental health professionals, service providers and commissioners to use to assess the quality of their treatment and service provision.

She informed the Select Committee that the current contract for Healthwatch was due end in March 2016 and that they were awaiting a decision on funding. She added that she hoped that they would be able to continue with all their current work.

Councillor Paul May asked who provides the funding for Healthwatch.

Alex Francis replied that it was B&NES Council.

Councillor Paul May said that he felt it currently worked exceedingly well on behalf of patients within the Council.

Councillor Lin Patterson said that she thought that they provided a valuable service.

Councillor Eleanor Jackson said that she was concerned over the lack of clarity over the contract given the close proximity of March. She stated that she would like the current contract to be continued.

Alex Francis stated that Healthwatch would still exist, but it would be a matter of who provides the service and represents them.

The Director of Adult Care and Health Commissioning said that an update should be sought from the Strategy & Performance department as to the current status of funding negotiations.

Alex Francis said the decision relating to funding was likely to be given next week.

Councillor Eleanor Jackson said that a long contract would be of benefit to provide a continuity of service.

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

## 58 THE STRATEGIC DIRECTION OF THE RUH

Clare O'Farrell, Associate Director for Integration introduced this item and gave a presentation to the Select Committee. A copy of the presentation is available online as an appendix to these minutes and on the Select Committee's Minute Book, a summary is set out below.

**NHS Five Year Forward View – the national mandate**

- Health and wellbeing
- Care and quality
- Funding and efficiency

**Planning for 2016/17 – 2020/21**

- Individual organisational strategies > > > Community Sustainability and Transformation Plan
- System wide engagement and alignment

**Our vision and strategic ambitions**

- Provider of Choice
- System Leader
- Provider without walls
- To care, To innovate, To inspire

**An estate fit for the future**

- Creating a healing environment for our patients.
- Making it easier for staff to do their job
- Improving productivity and efficiency
- Flexible designs that are 'future-proofed' and recognise changes in service
- Support for service integration eg RNHRD

**Completed major projects**

- NICU 2011
- Path Lab 2013
- Apley House (IM&T) 2014

**Work in progress**

- Pharmacy
- 300 space car park opens Spring 2016, consent granted to create a further 50 spaces over time

**Therapies / RNHRD and the new Cancer Centre**

- New therapies / RNHRD Centre opens spring 2018
- Cancer Centre opens Summer 2020

Councillor Paul May said that he felt there was a lack of detail within the report and that this concerned him. He said that he also had doubts as to the success of the Cerner Millennium system.

The Chair said that she wanted the report to define the role of the RUH and asked if it saw itself as either a General or Specialist Hospital. She also asked if it saw itself in competition with Bristol.

Clare O'Farrell replied that the Cerner Millennium Project had a successful go live date and that it had enabled web access for some systems and provided a level of interoperability. She added that the RUH was not looking to compete with Bristol and wanted to be the best District General Hospital that it could be.

Dr Ruth Grabham added that the Connecting Care software allows GP's and Hospitals to see patient records. She said that further discussions were due to take place within the Transformation Group as the RUH have declined to take part.

The Director for Adult Care and Health Commissioning confirmed that the Council had agreed to take part in Connecting Care. The Committee requested an update from the RUH regarding their decision not to participate. The Committee confirmed that they would wish the RUH to reconsider their decision not to participate.

Councillor Eleanor Jackson said that she felt that the majority of residents want a local service that is provided locally. She added that it remains difficult for some residents to travel to Bristol.

Clare O'Farrell said that the RUH looks to use specialist services available at Bristol, Oxford and London when it is necessary for its patients. She added that they have web enabled access to the records held within Wiltshire via the TPP System.

Councillor Bryan Organ commented that for future working a fully integrated computer system is key.

Councillor Tim Ball said that he wanted computer systems to be able to talk to each other and said that Cloud based systems can be very secure. He added that he was pleased to hear that the RUH was not looking to compete with Bristol and asked that they focus on services that they can provide to elderly and young patients.

Clare O'Farrell replied that she would report back to colleagues that the Select Committee would like to hear more about the future of their Clinical Services.

Councillor Lin Patterson asked if some of the £3.1m investment in nursing posts over the last two years had been spent on agency staff.

Clare O'Farrell replied that as they look to recruit in totality that a number of post had been filled with agency staff. She said that over the past year there had been a reduction in the amount spent on agency staff and that in general they have a good recruitment and retention of staff.

Councillor Paul May assured the representatives present that the Select Committee wants to support the work of the RUH.

The Select Committee **RESOLVED** to note the report and asked for an update from the RUH regarding an integrated IT system.

## 59 RUH / RNHRD INTEGRATION

Clare O'Farrell, Associate Director for Integration introduced this item to the Select Committee. She stated that during the Patient and Public Engagement activities 350 past and current paediatric CFS/ME patients and 120 past and current paediatric rheumatology patients were sent a letter outlining the proposals, the rationale for change and inviting them to the service specific engagement events held in December 2015. She said that a survey was also attached with the option to complete a hard copy or online.

She said that overall the respondent's had replied positively on the service they are currently receiving, and there have been positive comments in relation to the proposed new location and the dedicated children's unit on the RUH site.

She said that subject to the Select Committee's endorsement of the proposal to relocate these two paediatric services to the RUH, the Specialist Paediatric CFS/ME service will relocate from its current location on the Mineral Water Hospital site to the dedicated children's unit at the RUH at the end of the 2015/16 financial year. The Paediatric Rheumatology service may relocate slightly later than this.

She explained that the next phase of Public and Patient Engagement activities relate to proposals to relocate the RUH Sexual Health services and the RNHRD Adult Fatigue Management services. PPE activities will commence in February 2016.

Councillor Lin Patterson asked what was meant by the term 'part year' in the table on page 29 of the agenda.

Emma Mooney, Head of Marketing & Communications replied this was around six months.

Clare O'Farrell added that they were not expecting to see a significant increase in these figures. She added that consultation relating to each service would take place and that the majority of services would not move until the new building has been completed.

Emma Mooney said that focus groups would be involved in the design of the new buildings.

The Select Committee **RESOLVED** to;

(i) Note the outcome of the impact assessments and patient and public engagement activities which confirmed that the effects of this change are considered minimal and that there are a number of positive aspects to the change.

(ii) Endorse the proposal to relocate the Paediatric Specialist CFS/ME and Paediatric Rheumatology Services from the Mineral Water Hospital to the dedicated children's unit on the RUH site.

## 60 AWP - JOINT HEALTH SCRUTINY WORKING GROUP

The Director for Adult Care and Health Commissioning introduced this item. She explained that the cover report had a focus for B&NES whilst the Joint Scrutiny Report was attached at Annex A. She drew their attention to the eight recommendations within the cover report.

Councillor Eleanor Jackson stated that it had been nine months since Councillors had met with AWP and that they needed to make sure they were carrying out their recommendations. She proposed that if local work was still required a Task & Finish Group could be put in place.

The Director for Adult Care and Health Commissioning said that a new inspection by the CQC was due in May 2016 which is likely to result in a further action plan.

Councillor Vic Pritchard, Cabinet Member for Adult Social Care & Health said that as a member of the cross party working group that met as a result of the previous CQC report it was a good opportunity to meet the AWP management team. He added that the process was led by Wiltshire as they had the majority of concerns.

William Bruce-Jones, AWP stated that services locally have improved considerably. He said that the next inspection would report on services across AWP, not on services within each locality and it would therefore be potentially difficult to extract relevant local information.

Councillor Eleanor Jackson wished to thank Emma Bagley for her work on the joint scrutiny for B&NES and Henry Powell in Wiltshire. She said that the other Local Authorities will have to form a view on future joint working proposals.

The Director for Adult Care and Health Commissioning said that the Select Committee would still receive regular reports and briefings relating to all mental health services in B&NES including those provided by AWP and, of course, information on specific issues as and when it requests it.

Councillor Paul May thanked Councillor Pritchard & Councillor Jackson for their participation in the Working Group.

Councillor Lin Patterson asked for an explanation of a Section 136 Protocol.

William Bruce-Jones replied that this related to Police powers under the Mental Health Act to detain a person for up to 72 hours for further investigation and

assessment within a designated place of safety. He added that this was currently located within Southmead in Bristol and occasionally the custody suite in Keynsham was used.

Following a brief debate the Select Committee **RESOLVED** to approve the following recommendations from the Joint Scrutiny Panel report;

(i) Recognises and appreciates AWP's positive and open engagement in the process.

(ii) Recognise that improvement measures were underway prior to the CQC inspection report being published and these appear to being followed through.

(iii) Notes the changes in leadership at both executive and board level, shortly before and after publication of the CQC report.

(iv) That Cabinet Members and Health and Wellbeing Boards respond to
   a) The concerns reported that Delayed Transfers of Care (DToCs) equate to a significant percentage of out-of-Trust placement bed days for older people and of out-of-Trust bed days for adults requiring acute inpatient care,
   b) Provides information of what is being done to address this.

(v) Recommends that CCGs assess with AWP the requirement for a common Section 136 Protocol in line with the Mental Health Act Code of Practice. At the same time, that consideration is given to realigning those places of safety with the appropriate constabularies as custody suite sites are reviewed.

(vi) That the Cabinet Member and the Health and Wellbeing Board investigate the concerns reported by AWP regarding housing or step-down accommodation for patients with no fixed abode and the impact on Delayed Transfers of Care (DToCs) so that appropriate action can be taken if necessary.

(vii) That CCGs and Health and Wellbeing Boards respond to concerns highlighted by the CQC report and echoed by AWP regarding:
   - Limited availability of beds being a Trust-wide issue, with intensive, acute and older people's beds always being in demand;
   - Bed pressures meaning that care has sometimes been provided away from patients' home area, making it difficult to maintain the support of loved ones.

The Select Committee decided to defer the recommendation set out below until the next inspection by the CQC had taken place.

(viii) Invites participating health scrutiny committees to hold discussions regarding the merits of a longer term cross-authority scrutiny group to monitor the AWP improvement programme and the Trust's performance in the future.

## 61 INTRODUCTION TO NHS SPECIALISED SERVICES

In the absence of Dr Lou Farbus this item was deferred until a future meeting of the Select Committee.

## 62 YOUR CARE, YOUR WAY UPDATE

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

**Key decisions for Governing Bodies**

Consultation
Financial Planning
Contracting Model
Market Testing

**Engagement Approach**

Method: Workshops / Surveys / 1:1's
Statistics: Over 2,000 individuals reached / In excess of 500 survey responses
Topics: Vision / Commissioning Models / Priorities

**Public Engagement Analysis: Top 5 Priorities**

A person, not a condition
A single plan
Invest in the workforce
Focus on prevention
Joining up of IT systems

**Public Engagement Analysis: Models**

Preference towards Model 3 – GP Led Wellbeing Hub
Providers also shared this preference

**Public Engagement Analysis: Demographics**

Majority of respondents were female
Work to do regarding respondents aged under 25 and over 75

**Public Consultation: Key Findings**

Better communication between providers will be needed to facilitate transformation.

There will be challenges around funding the new model given the financial pressures upon NHS and Council budgets.

More resources to be invested into front line care rather than creating new management and/or bureaucratic structures.

We must build on existing strengths and relationships rather than starting from scratch.

We must join up data across providers.

**Key funding reduction principles**

The funding envelope will be adjusted from the 2016/17 baseline to align with Council and CCG reductions in health and care funding arising from both organisations' financial planning and annual budget-setting processes.

Identified areas for cash-releasing efficiency savings or improving value will need to align to new commissioning & provider delivery models.

Demographic change pressures will need to be managed within available resources.

New investment requests will reviewed on an individual basis and require sound quantitative and qualitative evidence of system benefits.

Commissioners and providers will continue to work in partnership to jointly identify areas of opportunity including back office efficiencies.

**Recommended Approach**

A Prime Contract
Commissioner > Prime Contractor > Third Sector Providers

and

Dynamic Purchasing System – Commissioners directly accessing services from Third Sector Providers

The Director for Adult Care and Health Commissioning stated that the Council was not a direct provider of services and that she anticipated that a number of services will be provided by not for profit organisations.

Councillor Eleanor Jackson asked what accountability does the Council have with the sub-contractors. She added that she had some concerns over the future of Community Transport to hospitals.

Sue Blackman replied that the Commissioners hold the accountability for the sub-contractors. She added that transformation change must be managed closely and carefully and that IT systems must become aligned.

Councillor Lin Patterson asked if resources would allow for workforce investment.

Sue Blackman replied that training strategies exist across the majority of our providers.

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

**63 SELECT COMMITTEE WORKPLAN**

The Policy Development & Scrutiny Project Officer informed the Select Committee that the RUH had advised her that they would like to bring some matters to their attention at future meetings

May: GUM (Genito-Urinary Medicine), Sexual Health Services and Adult Fatigue

Sept: Rheumatology, pain, therapies, biologics and clinical measurement

Councillor Eleanor Jackson asked that the next CQC report relating to AWP be added to the future items section of the workplan.

The Select Committee approved these proposals.

The meeting ended at 2.30 pm

Chair(person) .....

Date Confirmed and Signed .....

**Prepared by Democratic Services**

| Bath & North East Somerset Council | | |
|---|---|---|
| MEETING | **Health & Wellbeing Select Committee** | |
| MEETING DATE: | **30 March 2016** | EXECUTIVE FORWARD PLAN REFERENCE: |
| TITLE: | **Primary Care Strategy Briefing** | |
| WARD: | All | |
| **AN OPEN PUBLIC ITEM** | | |
| **List of attachments to this report:** None | | |

## 1 THE ISSUE

1.1 This report provides an overview of the emerging primary care strategy in B&NES and the context within which it is developing.

## 2 RECOMMENDATION

2.1 The Health and Wellbeing Select Committee is asked to note the report.

## 3 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

3.1 There are no resource implications identified at this stage.

## 4 STATUTORY CONSIDERATIONS AND BASIS FOR PROPOSAL

4.1 National guidance and policy direction as outlined in the report.

## 5 THE REPORT

## PRIMARY CARE STRATEGY

**The National Context – 'A call to action'**

In August 2013 NHS England launched 'Improving general practice – a call to action'. This sought to engage and support action to transform services in local communities. It intended to stimulate debate as to how we can best support the development of general practice to improve outcomes and tackle inequalities, both for today's patients and for future generations.

The report noted:

- An ageing population, growing co-morbidities and increasing patient expectations
- Increasing pressure on NHS financial resources
- Growing dissatisfaction with access to services
- Persistent inequalities in access and quality of primary care
- Growing reports of workforce pressures including recruitment and retention problems

**Five Year Forward View (FYFV)**
In response to these challenges and findings arising from the 'A call to action' engagement process, NHS England's subsequent FYFV, which was published in 2014, set out a clear commitment to strengthen primary care and general practice as the bedrock of a secure and sustainable NHS. The FYFV noted:

- The foundation of NHS care will remain list-based primary care.
- Given the pressures they are under, we need a 'new deal' for GPs.
- Over the next five years the NHS will invest more in primary care, while stabilising core funding for general practice nationally over the next two years.
- GP-led Clinical Commissioning Groups will have the option of more control over the wider NHS budget, enabling a shift in investment from acute to primary and community services.
- The number of GPs in training needs to be increased as fast as possible, with new options to encourage retention.

**Local Context**
BaNES GPs serve a generally healthy and relatively wealthy population with patient experience often reported as above the national average. Our GP practices perform well, as reported in the GP Patient Survey (GPPS) with overall patient experience reported as 'good' at 92% for BaNES, compared to 85% nationally. The data are based on the January 2016 GPPS publication. This combines two waves of fieldwork, from January to March 2015 and July to September 2015.

Despite these good outcomes we continue to face the challenges of an ageing population, and have small geographical areas which have poor health outcomes and are equivalent to some of the worst performing areas in England. By 2021 we will see a 27% increase in the number of patients aged 75-79 and a 38% increase in those aged over 90.

In addition, local authority housing development projections outline how the population will increase due to new housing developments. The data shows an approximate increase of 20,000 people in the period to 2024. This equates to approximately 10 whole time equivalent GPs required based on NHS England calculations, assuming a GP led model for future delivery. Nearly half of the expected increase in housing is likely to be built in the Bath city area. Local authority planning policy representatives and the CCG have

presented to the BaNES GP Forum, outlining the high level themes to update the GPs on the potential impact on GP services as well as assist the CCG in its future planning.

The vast majority of GP practices in England hold either GMS or PMS contracts. The GMS contract is nationally negotiated, however all BaNES practices hold PMS contracts, locally agreed to better tackle particular needs of patients based on local priorities.

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. NHS England have identified a total PMS premium of approximately £1 million paid to practices in B&NES. During the course of 2015 practices have had the opportunity to:

- Meet with NHS England, the Local Medical Committee and CCG to review their element of the premium
- Describe where it is serving special populations that merit continued additional funding over and above core, additional, enhanced and any current locally commissioned services

From April 2016 implementation of phased reinvestment of the premium will begin, ending in 2020/21.

Our practices are also beginning to be inspected following registration with the CQC. The first two practices had their reports published in March 2016 (Catherine Cottage and Rush Hill), both receiving overall ratings of 'Good'.

**Joint Commissioning Arrangements for Primary Care**

Currently the CCG is in joint commissioning arrangements with NHS England and will continue to do so during 2016/17 along with Wiltshire and Swindon CCGs. Co-commissioning was an opportunity for CCGs to have increased responsibility and influence over local decisions affecting primary care (medical).The three commissioning options originally offered were:

- Greater involvement for CCGs in primary care decision-making; NHS England retained responsibility for all commissioning decisions
- Joint arrangements where CCGs and NHS England assumed joint responsibility for an agreed set of functions potentially under a joint committee. Pooled funding arrangements could be considered, although not mandatory
- Delegated arrangements where CCGs assumed full responsibility for commissioning all the functions of general practice services, (excluding performers' lists, appraisal and revalidation)

NHS England has advised that the current expectation is for all CCGs to move to delegated arrangements, or return to / remain with 'greater involvement' for 2017/18. As part of the expected transition, a draft NHS England proposal of support has been shared with CCGs setting out the working arrangements and responsibilities for the delivery of primary care (medical) co-commissioning in South Central for 2016/17. At

this time the CCG expects to move towards delegated commissioning, and will be discussing the 2017/18 transition with NHS England and other CCGs in a similar position.

**Developing a BaNES Primary Care Strategy**

In developing our local strategy, the CCG is working alongside NHS England who still hold the statutory responsibilities for the core GP contract (PMS contract) and other areas of primary care (dental, pharmacy and eye care). The CCG's strategic approach for primary care was originally outlined in the CCG's five year strategy as follows:

- Vision: Delivery at scale
- Enablers: Sustainable model of Primary Care, Enhanced services delivered 7 days a week
- Approach: Cluster working / MDT model, out of hospital care

These assumptions remain valid, however the CCG recognise the underlying principles of the '*your care, your way'* planning for the future model of community services, and reinvestment of the PMS premium will be significant in supporting the next stage of strategy development.

In addition, 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. There are four work streams reporting over the coming months. These aim to:

- Support collaboration between practices by finding new ways of working together
- Develop the workforce to support recruitment and retention of staff as well as enhance workforce development opportunities
- Develop infrastructure, including telephone services and interoperable clinical systems
- Provide a proactive weekend service for vulnerable patients, known as the 'Focussed Weekend Working Service' (FWWS)

The CCG has also supported four smaller transformational projects proposed by clusters of practices, testing new ways of group working and use of clinical staff.

In October 2015, NHS England announced details of the 'Primary Care Transformation Fund'. 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. NHS England note that CCG recommendations should reflect local estates strategies and demonstrate engagement across the local health economy.

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. This is intended to form the basis of any bid to the fund, and will in turn support the creation of a single primary care strategy document.

Whilst all CCGs are still awaiting final guidance, we do know that any bids should meet the following criteria:

- increased capacity for primary care services out of hospital
- commitment to a wider range of services as set out in your commissioning intentions to reduce unplanned admissions to hospital
- improving seven day access to effective care and;
- increased training capacity

At this stage initial ideas from the GP community suggest the development of intermediate care services rather than additional GP practices would best support primary care in serving the longer term needs of the B&NES population. The bid is expected to be submitted to NHS England by the end of April 2016, although no formal confirmation has been received as yet of the actual deadline. The bid will be subject to various reviews and iterations post submission before any NHS England approval is given later in 2016.

## 6 RATIONALE

6.1 A sustainable model of primary care in B&NES is integral to the development of the CCG's Five Year Strategy and the development of the service models arising from a variety of related activities underway including 'y*our care, your way*.'

## 7 OTHER OPTIONS CONSIDERED

7.1 Not applicable.

## 8 CONSULTATION

8.1 BaNES GP practices, Dr Ian Orpen, Chair, BaNES CCG, Dr Ruth Grabham, Medical Director, BaNES CCG, Tracey Cox, Chief Officer, BaNES CCG, Corinne Edwards, Head of Commissioning Development, BaNES CCG

## 9 RISK MANAGEMENT

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

| | |
|---|---|
| **Contact person** | *Corinne Edwards, Head of Commissioning Development*<br>*NHS Bath and North East Somerset Clinical Commissioning Group. 01225 831292* |
| **Background papers** | *A list of any background papers relevant to this topic are as follows:-* |

| | |
|---|---|
| | *Health & Wellbeing Board Report, 28th October 2015 https://democracy.bathnes.gov.uk/ieListDocuments.aspx?CId=492&MId=4378*<br><br>*GP Patient Survey December 2015 - https://gp-patient.co.uk/surveys-and-reports*<br><br>*CCG 5 Year Strategy - http://www.bathandnortheastsomersetccg.nhs.uk/documents/strategies/five-year-plan*<br><br>*Five year forward view - https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf*<br><br>*NHS England Transformation Fund https://www.england.nhs.uk/commissioning/primary-care-comm/infrastructure-fund/*<br><br>*Your Care Your Way Community Services Redesign - http://www.yourcareyourway.org/*<br><br>*PMS Review Outcomes - http://www.bathandnortheastsomersetccg.nhs.uk/documents/meeting-papers/joint-primary-care-commissioning-committee-7th-january-2016-* |

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

| Bath & North East Somerset Council | | |
|---|---|---|
| MEETING | Health and Wellbeing Select Committee | |
| MEETING DATE: | 30th March 2016 | **AGENDA ITEM NUMBER** |
| TITLE: | **Substance Misuse Services** | |
| WARD: | ALL | |
| **AN OPEN PUBLIC ITEM** | | |
| **List of attachments to this report:**<br><br>Appendix 1 - B&NES Single Point of Entry and Service Information Leaflet<br>Appendix 2 - Working with complex change resistant drinkers Posters<br>Appendix 3 - Group Work Programme<br>Appendix 4 - Children and Young People's Health Survey 2015<br>Appendix 5 - Hidden Harm Leaflets<br>Appendix 6 - Drug and Alcohol Team Presentation | | |

## 1. THE ISSUE

1.1 This paper is to give an update on the outcomes of young people's and adults drug and alcohol treatment, including a young people's update.

1.2 The function of the Drug and Alcohol Team (DAAT) is to commission a wide range of services and interventions for adult substance misusers (aged over 18) throughout B&NES (for drug and alcohol services). Services are provided by Avon and Wiltshire Partnership's Specialist Drug and Alcohol Services (SDAS) and Developing Health and Independence (DHI). SDAS deliver clinical (specialist) services, with DHI delivering the recovery support. Young People's services are commissioned by the Children & Young People's commissioning team working closely with colleagues commissioning adult services to ensure an integrated approach to both commissioning and provision. Children and Young People's services are delivered by DHI's Project 28.

## 2. RECOMMENDATION

The Health & Wellbeing Select Committee is asked to note:

2.1 Drug and Alcohol performance.

2.2 Progress being made by providers implementing service re-modelling.

2.3 A recent Young People's Needs Assessment has 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.

## 3. FINANCIAL IMPLICATIONS

There are no direct implications to this report.

The 2016/17 budget for adult substance misuse services in B&NES is £2,587,225. The majority of this funding comes from the Council. £193,000 is from the B&NES Clinical Commissioning Group (CCG) and Wiltshire Council to fund the alcohol liaison service in the Royal United Hospital (RUH). All finances contribute to an integrated treatment pathway.

## 4. THE REPORT – SUBSTANCE MISUSE SERVICES

4.1 Background

- A report in January 2014 on substance misuse services was taken to the Wellbeing Policy Development and Scrutiny Panel asking them to note the improvement to date in service performance, quality, activity and value for money, and to give an update on the development of the RUH alcohol liaison services, the re-commissioning process and timescale for substance misuse services.

- This report provides an update following the development of the Young Peoples Drug and Alcohol Needs Assessment, performance of adult services and the remodelling of adult services.

4.2 Substance Misuse Services

- To minimise the harm to the service users, their families and B&NES communities, and to support service users to address and recover from their substance misuse, an intensive range of substance misuse treatment and prevention services will continue to be delivered via the single point of entry with DHI (see Single Point of Entry Service Information leaflet attached as Appendix 1 for information).

- Although heroin use is currently declining nationally, Bristol has been identified as one of 5 'hotspots' for heroin. Avon and Somerset Police Drug Strategy Unit advises that B&NES is affected by the same drugs as Bristol and B&NES is, therefore, recommended to continue to focus on heroin harm and ensure prompt access to treatment. SDAS deliver clinical services for heroin users and DHI provide psychosocial recovery support. Services are easy and quick for clients to access (all clients are seen within 3 weeks and almost 90% are seen within 1 week). 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% (below 11% recovery rates in B&NES during 2014/15) and may be an indicator that more complex clients remain in treatment. Over 70% of adults in treatment have either 'high' or 'very high' complexity (eg 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) compared to 39% nationally.

4.3 Harm Reduction

- PHE has commended B&NES DAAT on the exemplary rates of harm reduction in relation to blood borne viruses. (PHE DOMES Q1 2015-16 ) 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.) The DAAT shared good practice in Hepatitis B and C reduction at a South West Liver Disease study day in July 2015, and at Public Health England's recent development day.

- 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.

4.4 Alcohol Services

The rate of successful completions for B&NES alcohol clients is consistently high at between 46% – 50 %. This is considerably above the national average. Parents do even better, >55% 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. (PHE Q1 DOMES 2015-16)

- Alcohol client numbers have almost doubled in the last three years and the providers are working very flexibly to meet capacity, eg services are delivered by group work, group detoxification and peer mentor support, all of which have been fundamental in meeting capacity and delivering these outcomes.

- B&NES is one of a network of partnerships who have been working with Alcohol Concern to respond to complex treatment resistant drinkers (often known as 'Blue Light' clients because they require frequent ambulance or police attendance). The response has been to develop a better way of supporting these clients who are resistant to changing their drinking, or difficult to engage in traditional services. It is estimated that there 200 'Blue Light' clients in B&NES costing the community >£7 million per annum (Source Alcohol Concern). Agencies have been trained and provided information and practical tips on working with these clients. Additionally in B&NES we have adapted the Alcohol Concern manual into user friendly posters which have been disseminated as part of the training. See Appendix 2 for examples. 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.

4.5 Re-Model

AWP, SDAS and DHI (adult and Project 28 young people's services) were awarded 3 year contracts from 1/4/2013 and, because providers are performing well, it was agreed to extend these contracts by 2 years with effect from 1/4/2016. However, as part of the contract negotiation adult service providers were asked to re-model and deliver an integrated recovery focussed system, partly in response to reductions in substance misuse funding agreed by Council in February 2016. Key elements of this remodelling are:

- To reduce overheads SDAS will close its base at Rock Hall, expand its use in the Riverside Health Centre, and co-locate with DHI at the Beehive, Bath. The Hub in Midsomer Norton will remain.

- Group based programmes will be expanded alongside a move away from 1:1 support. These group based programmes are evidenced based and have been successfully piloted within alcohol services over the last 2 years. See appendix 3 for group based programme. Whilst group work is good for the majority of clients there will be reluctance by some clients to engage in group discussion, and this approach may not be suitable in some instances, eg for very complex clients, for whom 1:1 support will be available.

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

- Removing duplication through closer working with partner agencies and between, for example, AWP's Specialist Drug and Alcohol Service working more closely with its Mental Health teams such as Talking Therapies.

- Added value to the treatment system through increased use of social care placements, volunteers and peer mentor programme; and increased links with mutual aid organisations - Alcoholics Anonymous (AA), SMART Recovery and Narcotics Anonymous (NA)

4.6 Dry House Detoxification and Rehabilitation Development

Example of a collaborative, innovative pathway:

Most people requiring a detox have this in the community, or if they need additional support, or are insecurely housed, then their detox is carried out within one of the 2 detox beds within the 11-bed dry house.

One detox bed is prioritised for RUH and is linked to the Alcohol Liaison Service funded by CCG to facilitate prompt discharge from RUH, or divert admission, or prevent re-admission.

In return the RUH have just agreed a pathway for complex alcohol clients to be detoxed in the RUH where their physical health means they cannot be safely detoxed in the community, or in the dry house.

To help prevent relapse post detox Solon Housing have adapted one of their houses (4 beds at Rackfield House) into a Post Alcohol Detox house (PAD). This service was launched in November 2015 and is a joint response to working with complex alcohol clients. DHI deliver the psychosocial support to clients at Rackfield with their supported housing being delivered by Solon. This service is already full and options are being explored to expand to create a second (women-only) house.

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, or £2,000 in RUH for an average stay of 6 days. It is estimated that this model saves over £150,000 per annum (reduced bed days at RUH and external rehabilitation/in-patient costs)

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. This is the second highest amount ever awarded by PHE.

4.7 New Psychoactive Substance Bill (NPS), Ketamine use and related developments

The New Psychoactive Substance Bill is anticipated to come into force on the 6th April with four offences in relation to New Psychoactive Substances (NPS) previously commonly referred to as “legal highs” which are:

- Supply;
- Possession with intent to supply;
- Importation or exportation; or
- Production.

There is no offence of possession unless imported (eg from an overseas website) or whilst in prison, and NPS use in prison is well documented. This new act will stop UK websites or headshops from selling NPS’s, and will also stop the selling of Nitrous Oxide (NOS) which is often referred to as laughing gas.

Ketamine does not fall under the NPS act as it is already controlled as a Class C drug under the Misuse of Drugs Act 1971.

A new Government Drug Strategy is due out at the end of March 2016. The expectation is that the new strategy will continue to focus on recovering from drug dependence, particularly from opiate use, which is the highest harm drug.

Treatment numbers have steadied with 10 ketamine users in adult treatment, and 5 young people in treatment with Project 28. There are also 14 young people in treatment using NPS’s. (Adult partnership report Q3 2015-16 and Young People’s DHI 2015-16)

B&NES substance misuse system has been proactive in increasing knowledge of NPS and Ketamine harm. In response to requests, further training is being delivered in schools, youth clubs and colleges to show the physical changes to the body that ketamine produces and on 17th May the Avon and Somerset Police Drug Strategy Manager will deliver training in B&NES on drug trends and NPS’s. Professionals from a range of agencies have been invited.

4.8 <u>Young People’s Needs Assessment</u>

The Young People’s Needs Assessment was undertaken in December 2015 and key changes include:

- An increase in the complexity of issues faced by young people (eg mental health, or 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 RUH emergency department now refers directly to Project 28

- 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)

The Health Related Behaviour Survey (SHEU) was undertaken in 12 secondary schools with 3048 pupils from year 8 and 10 taking part and 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.

Please see appendix 4 for further details on the survey.

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, two leaflets were developed. Please see Appendix 5 'Keeping Children Safe' leaflets which were approved by the Local Safeguarding Children's Board. Family support will be further developed by Blue Light Families Project (see 4.4 above)

## 5. RISK MANAGEMENT

Risks in relation to service delivery and funding volatility are identified to, and managed by, the Substance Misuse Joint Commissioning Board.

## 6. EQUALITIES

An Equality Impact Assessment was undertaken in relation to the proposed service redesign. One of the reasons for undertaking and reviewing needs assessments are to identify and, then plan to address, potential inequalities.

## 7. CONSULTATION

7.1 As previously reported, extensive engagement and consultation has been undertaken as part of the Council and CCG's joint review of community services, '***your care, your way'.*** The views of service users and carers will continue to inform the development of integrated models of care including substance misuse services.

7.2 AWP and DHI have consulted with staff as part of their work in re-modelling services and implementing a new staffing structure.(re- structure).

## 8. ISSUES TO CONSIDER IN REACHING THE DECISION

This report is for the Health and Wellbeing Select Committee's Information only.

## 9. ADVICE SOUGHT

The Council's Strategic Director, People and Communities, the Section 151 Officer and the Monitoring Officer have had opportunity to review and comment on this report. In addition, the Director of Adult Care & Health Commissioning has had the opportunity to input to this report and has cleared it for publication.

| | |
|---|---|
| Contact person | Carol Stanaway or Amanda Davies, Substance Misuse Commissioning Manager<br>01225 477971/ 07530 263429 |
| Background papers | • Drug Strategy 2010: Reducing Demand, Restricting Supply, Building Recovery<br>• The Government's Alcohol Strategy 2012<br>• Refreshed Alcohol Harm Reduction Strategy for Bath and North East Somerset 2014- 2019<br>• Public Health England's Diagnostic Outcome Monitoring Executive Summary (DOMES) Performance Reports for B&NES |
| **Please contact the report author if you need to access this report in an alternative format** | |

## Drug Overdose

**You are at risk of overdose if you are:**

- Using a drug for first time or haven't used recently
- Have recently left detox, rehab or prison
- Suffer from depression.

Mixing opiates with other depressants, such as benzodiazepines or alcohol increases the risk.

**Signs of Overdose**

- Snoring deeply (often mistaken for sleeping)
- Turning blue
- Not breathing

Sometimes there are no initial signs at all as the effects can kick-in hours after the initial hit.

**What to do**

- Don't panic
- Lie them on the floor
- Put them on their side and tilt their head backward (recovery position)
- **Call an ambulance on 999 and do not leave them alone unless you have to get help yourself**

**It's very important to:**

- Get reliable information about the risks from B&NES drug services
- Not mix your drugs
- Know what to do to if someone else overdoses when you're around
- If you are alone someone knows where you are and what you are doing.

**Overdose/Naloxone/Alcohol training for service users, their families and professionals is available. Call 01225 329411.**

## Alcohol

**1 unit of alcohol = 10ml of pure alcohol**
That's how much the body can safely get rid of in an hour.

**Drinking guidelines:**

- Alcopops—275ml bottle (5%) **1.4 units**
- Lager—1 pint (4%) **2.3 units**
- Vodka—1 25ml measure (40%) **1 unit**
- Wine - small glass 125ml (12%) **1.5 units**
- Wine— large glass 175ml (12%) **2.1 units**

**Daily limits**
3 to 4 units for men & 2 to 3 units for women.

**Weekly limits**
21 units for men & 14 units for women.

**There are NO safe limits for under 18s**

**Hints & Tips for Sensible Drinking:**

- Eat before and while you drink - food makes the body absorb alcohol slower
- Use soft-drink 'spacers' - change between alcoholic and soft drinks
- Don't drink every day– have at least two alcohol free days every week
- Drink strengths vary - why not choose a lower alcohol option?

**What is the legal driving limit?**
The legal limit for alcohol in the bloodstream is **80 milligrams per 100ml of blood**, but **there is no recommended amount that you can drink and legally be able to drive.**

The only **safe** advice is:

- **Never** drink and drive
- **Limit** alcohol consumption if you're driving the next day.

Bath & North East Somerset Council

NHS
Bath and North East Somerset Clinical Commissioning Group

Working together for health & wellbeing

# Drug and Alcohol Services in Bath and North East Somerset



Avon and Wiltshire NHS
Mental Health Partnership NHS Trust

PROJECT 28

## For referrals and advice on all Drug and Alcohol Services in B&NES call:

**01225 329 411**

### Support Services

- Advice and information around drug & alcohol misuse
- Alcohol support at the Royal United Hospital
- Carers, family & YP groups
- Employment, education and training services
- Housing and benefit advice services
- Ketamine, Novel Psychoactive Substances and 'Legal Highs' advice & support Groups
- Mutual aid: AA, NA & SMART
- Outreach services
- Social Enterprise schemes
- Telephone contact and support
- Training for professionals

### Treatment Services

- Alcohol and Opiate community detoxification
- Alcohol support within GP surgeries
- BBV screening, testing & inoculation
- Brief Interventions with alcohol users
- Criminal Justice drug and alcohol services to reduce offending
- Community and Pharmacy needle exchange
- Counselling and group work (CBT, MI, DBT and relapse prevention)
- Prescribing services including Shared Care in GP surgeries
- Psychology and psychiatry services
- Rehabilitation service assessments
- Reducing Substance and Violence Programme (RSVP) and working with perpetrators
- Stimulant & benzodiazepine services

### Useful Information

**For all services:**
The Beehive, Beehive Yard
Walcot Street, Bath
BA1 5BD
info@dhibath.org.uk
Mon—Fri 10am—7pm
Sat 10am—1pm

**Helpline**
For clinical support to GPs & other professionals:
**01225 359904**
Secure fax for referrals:
**01225 589411**

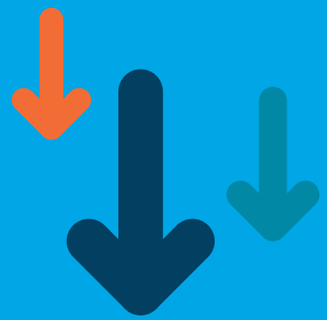
**Project 28**
Drug and Alcohol Services for Young People & Young Carers
Southgate, Bath, BA1 1TP
**01225 463 344**
office@dhiproject28.org.uk

**Governance Assurance**

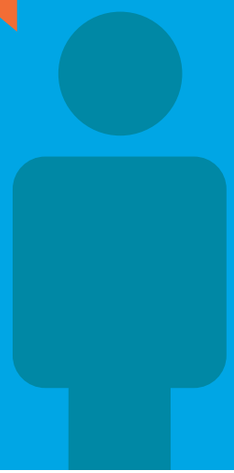
Services are commissioned and monitored by B&NES Health and Well-Being partnership Joint Commissioning Board, the National Treatment Agency and treatment monitoring systems (NDTMS and NATMS). Treatment services are evidence-based (NICE) and linked to regulatory bodies – CQC, BACP.

# You Can Change

**You may not want to stop drinking, and at times this will be tough - but change is possible**



Remember each year 40% of people who experience serious health problems with alcohol do change their drinking habits and their lives for the better.





# Next Steps

For free and confidential support please contact:

**B&NES Alcohol (& Drug) Services**
**Telephone: 01225 329 411**

Alcohol Concern
Promoting health; improving lives

Bath & North East Somerset Council

NHS
Bath & North East Somerset Clinical Commissioning Group

# Small Steps to Health and Wellbeing

**Alcohol Harm Reduction Advice**

# Tips on Keeping Safe and Well

## Take Small Steps

### Eating Regularly

We understand that you might find eating difficult (or painful) but here are a few easy steps you can take:

+ If you can't manage big meals, eat little and often
+ Toast is a great snack – add your favourite spread – cheese, Marmite, peanut butter or jam
+ Even Pot Noodles could be a good start, as they contain small quantities of carbohydrate
+ Eat while drinking

**Vitamins:** When you drink alcohol, your body struggles to absorb vitamins. You need B vitamins to support brain repair and recovery. It is a good idea to take vitamin supplements. For more information talk to your support worker or GP.

**Doctor / Dentist:** Drinking heavily over a long period of time damages your physical health. Try to book regular check-ups with your doctor or dentist. Remember – carrying ID can help you if you have an accident.



# Keeping Safe Where You Live

## Harm Reduction

### Potential fire risks…

**Cooking**

+ Try to cook before drinking, not the other way around
+ Use a timer whenever cooking in case you fall asleep

**Smoking**

+ If you smoke and drink heavily - have you thought about using a sand bucket as an ashtray? A bucket is harder to miss than an ashtray

Get a free smoke alarm fitted and a home fire safety check by calling:
AvonFire 0117 926 2061
Or text the word 'visit' to 07507319694

**Other hazards to think about:**

Baths – do you fall asleep in the bath – perhaps set a timer.

Heating – does your heating pose a fire risk? Ask AvonFire when you book a visit.

Trip Hazards – clear pathways to minimise falls.

Safe Storage – if you have children or grandchildren visiting your home – keep alcohol (and other drugs) stored in a cupboard out of reach.

# Are You Drinking Enough Water

Drinking alcohol causes dehydration - and this harms your health.

To stay hydrated – drink plenty of water, check the colour of your pee – and see how it compares to this chart.

**Am I Drinking Enough Water**
**Urine Colour Chart**

| | | |
|---|---|---|
| 1. | | If your urine matches this colour you are drinking enough fluids |
| 2. | | If your urine matches this colour you are drinking enough fluids |
| 3. | | Drink more water to get the ideal colour in shade 1 and 2 |
| 4. | | Dehydrated |
| 5. | | You may suffer from cramps and heat-related problems |
| 6. | | Health risk! Drink more water |
| 7. | | Health risk! Drink more water |
| 8. | | Health risk! Drink more water |

If you struggle to drink enough water – why not try having ice lollies – as this can help with dehydration.

# DHI Groups and Activities at Beehive Yard, Bath
# December 2015

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---|---|---|---|---|
| 10:00am - 11:30am<br>Abstinence Group<br><br>9:30am – 11:00am<br>Art Group (clay)<br><br>12:00pm – 1:00pm<br>Post Alcohol Detox Group | 9am – 10:00am<br>Breakfast Club<br><br>10:30am – 12:00pm<br>Women's Group | 10.00am-1.00pm<br>Fishing Club<br><br>10.30am-11.30am<br>Mindfulness group<br><br>11.30am-12.30pm<br>AA<br><br>12:00pm – 1:30pm<br>Off The Wall | 9:30am – 11:30am<br>Art Group<br><br>9:00am – 2.00pm<br>Alternative Therapies<br>(Please book) | 11:00am – 12:30pm<br>Planning for Recovery | 10:00am -11:00am<br>SMART Recovery<br><br>10:00am – 1:00pm<br>REACH Housing Advice<br>Drop-in<br><br>11:20am-12.30pm<br>AA |
| 11:00am – 1:00pm<br>Drop-in | 11:00pm – 1:00pm<br>Drop-in | 11:00am – 1:00pm<br>Drop-in | 11:00am – 1:00pm<br>Drop-in | 11:00am – 1:00pm<br>Drop-in | 10:00am – 1:00pm<br>Drop-in |
| 11:30am – 1:00pm<br>Stoptober Clinic – During Drop-in | 1:00pm – 2:30pm<br>Preparation for change<br><br>2:30pm – 3:30pm<br>BAT | 1:00pm – 2:00pm<br>Gardening Group<br><br>1:00pm – 2:30pm<br>Developing Emotional Wellbeing<br><br>3:00pm-4:30pm<br>(Group 4)<br>Maintaining Change Group | 1:30pm – 3:00pm<br>Alcohol Detox Clinic<br><br>2:30pm – 4:00pm<br>Education, Training, Housing and Benefits<br>Drop-in | 1:00pm - 2.30pm<br>(Group 3)<br>Active Change Group<br><br>3:00pm-4:30pm<br>Abstinence Group | Allotment Group<br>Victoria Park Site |
| | | 5:00pm Film Club<br>(book with your keyworker)<br><br>5:00pm – 6:00pm<br>SMART Recovery | | | |

**Key:** **Structured group** Non-structured group Mutual aid Drop-in Activity

*If you are attending a structured treatment group, we expect you to arrive on time to start the group. People who arrive more than ten minutes late for a structured treatment group session will not be able to go in to that session.*

**DHI, Beehive Yard, Walcot Street, Bath, BA1 4BD 01225 329411**

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Bath & North East Somerset Council

NHS Bath and North East Somerset

Working together for health & wellbeing

# Children & Young People Health & Wellbeing Survey 2015 (SHEU)



# SHEU Health & Well-being Survey

- Schools Health Education Unit
- Public Health  funded
- Information /evidence about pupil health and well-being outcomes
- Compares schools with local B&NES and national data
- Free School Meal comparative data
- Trend data

# Survey  in B&NES (2015)

- 12 Secondary Schools
- 3048  pupils from years 8 (88% participation rate )and 10 (81%)

# Asked questions about

- Healthy Eating
- Physical Activity
- Relationships
- Mental Health
- Smoking, Alcohol, Drugs
- Staying safe
- Enjoying and achieving
- Views and opinions

# B&NES Secondary sample sizes

| School Year | 2015 | 2013 | 2011 |
|---|---|---|---|
| Boys | 1472 | 1351 | 1264 |
| Girls | 1576 | 1266 | 905 |
| Total | 3048 | 2617 | 2169 |

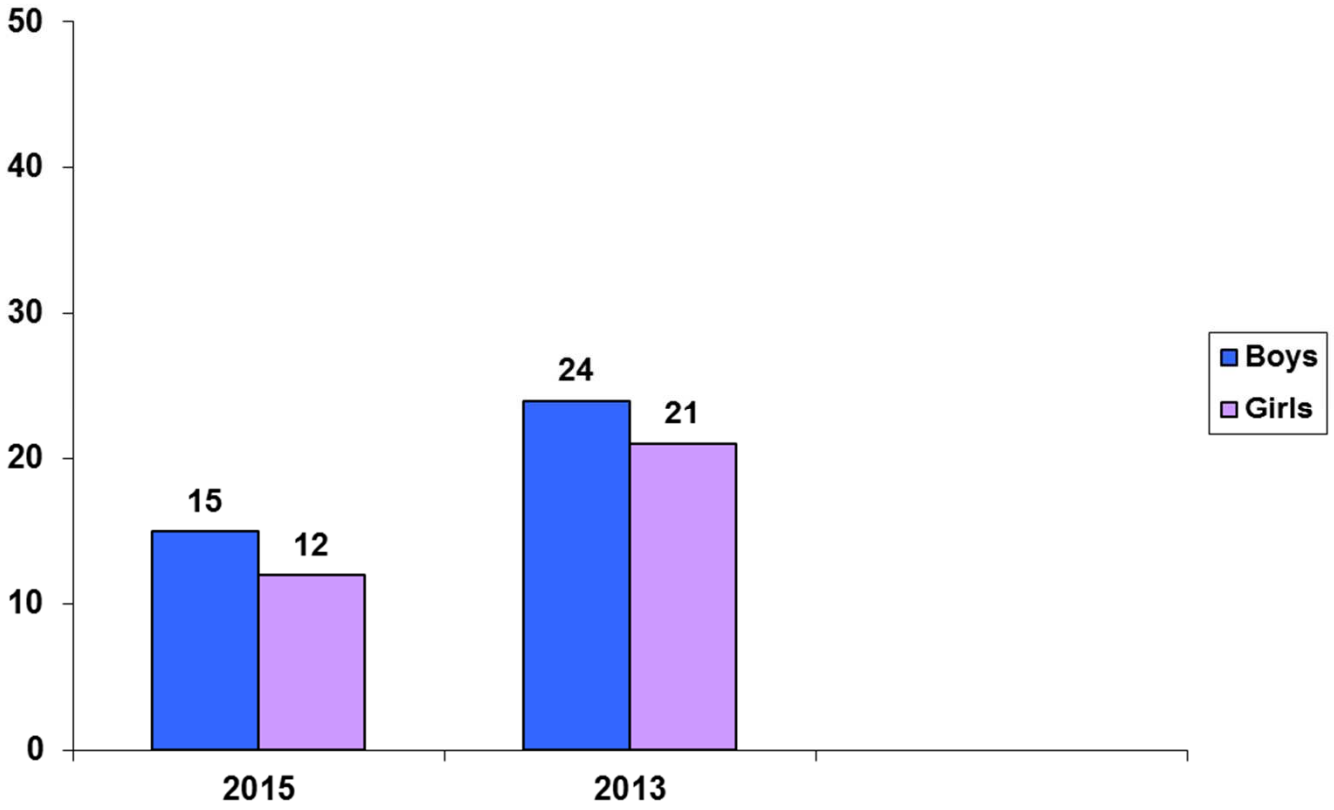
# Drinking Secondary


- **55** % haven't ever had an alcoholic drink (not just a sip)

# Drinking Secondary


- **13** % who drank alcohol in the last week

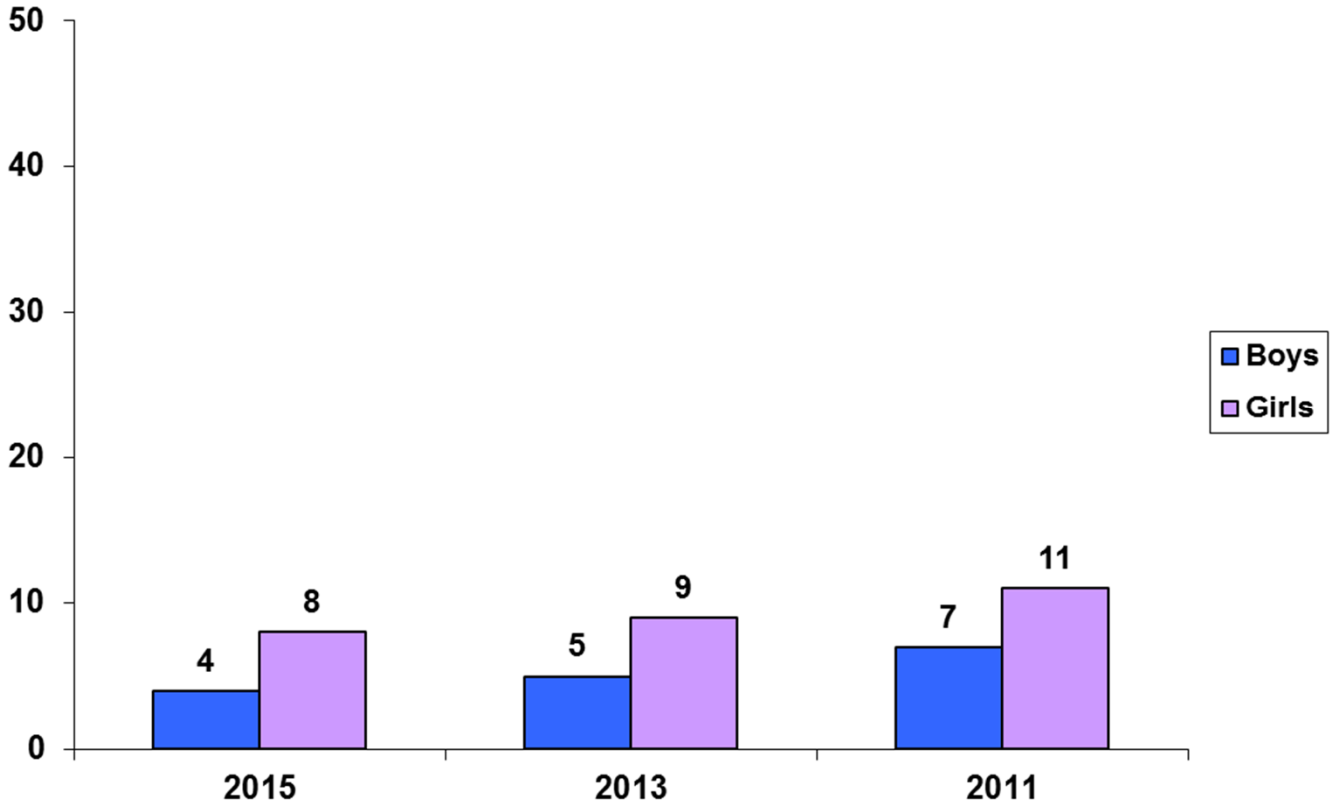
# Drank alcohol last week (%)



# Smoking Secondary

- **4** % usually smoke at least one cigarette per week

# Smoke cigarettes at least sometimes



# Smoking Secondary

- **20** % have used an electronic cigarette at least once

# Drugs Secondary

- **3.5** % have used cannabis in the last month

# Legal highs  Secondary

- **3.5** % have used nitrous oxide in the last month

# Self-esteem Secondary

- **40** % had a high self esteem score

# What we're doing with wider partners

- Sharing this data widely with key strategic groups (e.g. EHWB Strategy Group etc.)
- Using the data to inform priorities / strategies / resources (e.g. mental health)

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# A Guide for Families & Carers

# Keeping Children Safe from Poisonous Substances in the Home

**This leaflet provides helpful guidance on potential dangers in the home, how to avoid them and keeping children safe from harm.**

Every week 500 children are rushed to hospital because they have swallowed something poisonous (Child Accident Prevention Trust, 2015). Find out how putting a few simple measures in place can help to avoid this.

## What can we do to keep children safe from harmful household items?

Firstly, it is important for any harmful household items as well as alcohol, drugs and prescribed medication to be safely stored.

**Take a look around your home and think about the risks.**
**Did you know...**

The top 3 causes of poisoning in young children over the past 5 years have been:

1. Laundry and dishwasher tabs. Children often mistake these for brightly coloured sweets.
2. Nicotine from cigarettes.
3. E-cigarettes.

(UK National Poisons Information Service, 2015)

# Top tips on keeping children safe from harmful substances in the home:

- ✓ Keep all harmful drugs, medicines or chemicals out of sight and out of reach.
- ✓ Don't think that child-resistant medication bottle tops are 100% 'child proof'. These can be easily opened, even by very young children.
- ✓ Keep medicines in original containers with clear labels and take care with brightly coloured tablets as they are especially tempting to children.
- ✓ Don't count your medicine out for the day and then leave it lying around. Take your medicine when children are not with you, so they don't try to copy you.
- ✓ Never pretend that your medicines are sweets, instead teach children about the safe use of medicines.
- ✓ Keep potentially harmful products high up and out of reach – never under the sink or on the floor by the toilet e.g. bleach.
- ✓ Use child safety catches on cupboards (although remember that these are not always 100% child safe!).
- ✓ Fit padlocks to cupboards, sheds or garages.
- ✓ Keep harmful substances in lockable containers. You can get advice about lockable containers by talking to your keyworker.
- ✓ Dispose of empty containers safely and out of a child's reach.
- ✓ If you have drunk alcohol, smoked, taken drugs or medication please do not let your baby or child sleep with you as there is an increased risk of harming or suffocating them.

## Poisonous substances to remember…

- Alcohol (people often miss out alcohol when checking their homes).
- Cigarettes.
- E-cigarettes.
- Over the counter and/or prescribed medicines.
- Other Drugs (illegal substances).
- Dishwasher and laundry liquitab capsules - remember that detergent capsules come in boxes that aren't child-proof.
- Household cleaning products e.g. bleach, bathroom cleaner and other dangerous chemicals – paint, anti-freeze and weed-killer.
- Remember that perfume, nail varnish remover, aromatherapy oils and mouthwash can all be poisonous to children.

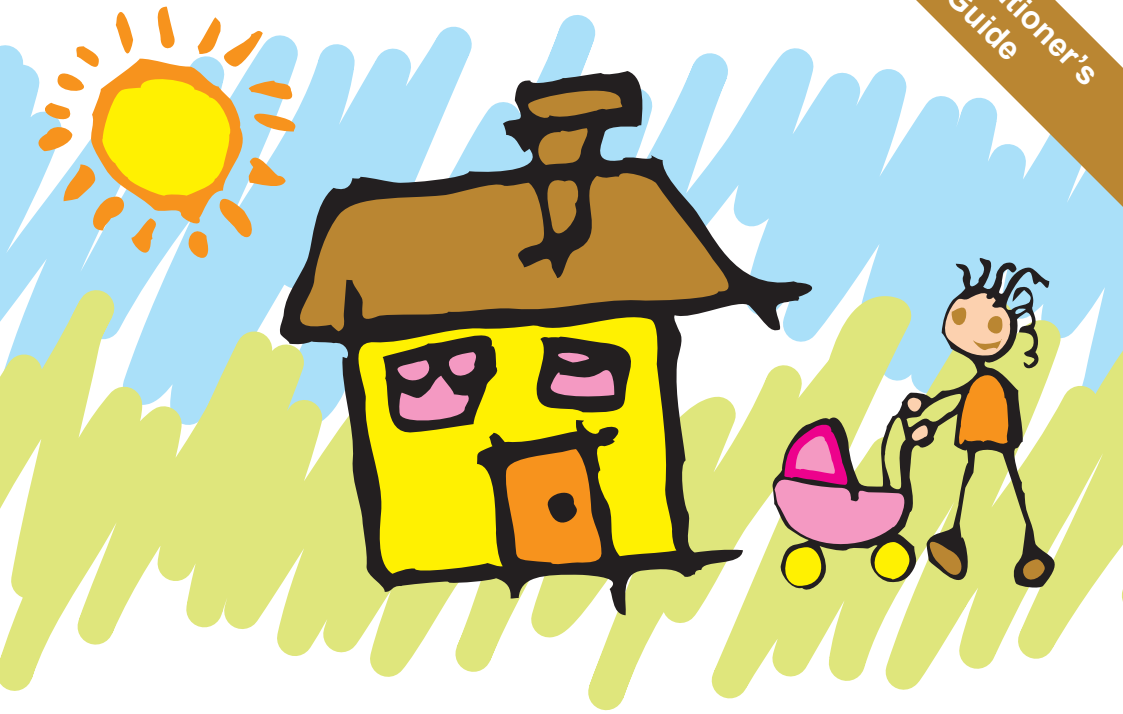


**For more information or guidance – please call: 01225 329411.**

Bath & North East Somerset Council

NHS Bath & North East Somerset Clinical Commissioning Group

A Practitioner's Guide



# Keeping Families Safe in the Home

## A guide for anyone who works with children and families

Look out for this symbol *i* which will give you helpful guidance on what dangers there can be in the home and how to develop a safe plan.

# What can we do to keep children safe from harmful household items?

It is essential for **any harmful household items** as well as alcohol, drugs and prescribed medication to be safely stored.

**Undertake a full risk assessment.**
**Did you know...**

A survey by the UK's National Poisons Information Service (NPIS) highlighted 1,486 cases involving **laundry and dishwasher liquitab capsules** between May 2009 and July 2012 - the vast majority involving children under the age of five.

The NPIS reported that there were 139 enquiries about nicotine being ingested in 2014, compared with 29 in 2012 and only 36 in the previous five years combined.

E-cigarette usage has increased significantly in recent years. The liquid found in e-cigarettes can be very harmful. A total of 204 enquiries to the NPIS were received during 2013-14, more than the total number of enquiries about these products in the previous six years. Children aged less than five years were involved in 22% of the enquiries.

Philip Le Shirley, Product Safety Adviser at the Royal Society for the Prevention of Accidents, said:

*"Nicotine is a toxic substance and poisonous to children. This is why it is important to treat electric cigarettes and their components in the same way as you would household chemicals, by storing them **out of the sight** and **reach** of children."*

# Undertake a full risk assessment of the home

## What are the risks? Have you considered...

There have been **17 Serious Case Reviews** involving the ingestion of drugs such as methadone by children in the past 5 years alone, plus potentially more incidents that don't reach that level of inquiry (Adfam 2014).


People often believe that child resistant medication bottle tops are 'child proof'. These containers can be easily opened, even by some very young children. This includes all medicines and other household items such as mouth washes.

Despite recent serious case reviews, research in 2014 identifed unsafe storage practice in the UK. This included medicines which were not kept in lockable containers, and containers not being disposed of properly.

**Remember, safe storage is about <u>any</u> harmful household items as well as alcohol, drugs, and medicines.**

You can find out more from **Avonsafe**, a partnership which aims to improve the quality of life in the West of England. This is done by helping individuals take control of the risk of injury in their lives, and by tackling risks of injury that are hard for individuals to control themselves. If you are using this leaflet online, find out more about the poison prevention campaign:
http://www.avon.nhs.uk/phnet/Avonsafe/Accidental%20Poisoning/AP.htm

**Did you know…** swallowing a lot of paracetamol mixture or tablets can harm a child's or an adult's liver, and could damage the kidneys.

If you think that any child has taken alcohol, methadone or any other drug/ medicine, however small, ***always ring 999 immediately.***

## Key action points

✓ Ensure every client has the **'Keeping Children Safe from Poisonous Substances in the Home'** leaflet and talk it through with them. If you don't have a copy, contact B&NES Drug and Alcohol Services on 01225 329411.

✓ The National Institute for Health and Care Excellence (NICE) Guidance on post-natal care safety recommends that parents are advised not to co-sleep with their babies or children after consuming alcohol, smoking, taking drugs or medication as the risk of harm or suffocation increases considerably.

✓ If you're doing a **home visit**, check for any risks in the home. If there is a safe storage plan in place, review it to see how it's working in practice.

✓ If a safe storage plan is needed, complete a safe storage plan. If you need more information on lockable boxes call: 01225 329411.

✓ Attend **Local Safeguarding Children Board** (LSCB) training see page 7 for more information.

✓ Need ideas on how to talk with your client about drugs, alcohol and the impact it has on children and young people? Order a copy of **'Drugs, Alcohol and Parenting'.** It's full of tips and practical ways to engage parents in thinking about the impact of their substance use on parenting. See page 6 for more details.

***Don't be complacent!*** *'Home visits to check on compliance are important to embed safe storage practice, and it's also clear that this should be a shared responsibly amongst all agencies involved with the family.'*
(Adfam 2014)

## Alcohol, Drugs and Parenting

Any service working with parents who have a substance misuse problem must recognise that children are not necessarily at risk of harm just because a parent uses substances. Many parents are very competent and have the ability to fully address their child's needs.

In July 2013, there were 61 children in B&NES at significant risk of harm, where parental substance misuse was identified.

However, research shows that in some cases substance misuse can lead to significant harm, with damaging and long lasting consequences to children.

## Alcohol, Drugs and Pregnancy

The principles of good maternity care, outlined for all pregnant women in the Changing Childbirth Report, should equally apply to pregnant women who are substance users (DOH, 1993). B&NES Drug and Alcohol Services and Maternity Services work together to support pregnant women.

For more information please access this leaflet online
http://www.awp.nhs.uk/media/424818/Substance%20Misuse%20and%20Pregnancy%20Leaflet%20BaNES%20SDAS.pdf

To contact Community Midwives call 01225 824669 or 01225 825973. The Maternity Unit at the Royal United Hospital (RUH) can also be contacted on: 01225 428331, and ask to speak to the Substance Misuse Specialist Midwife. In addition, to make a referral to B&NES Drug & Alcohol Services call: 01225 329411 (or see page 6 for more details).

# Confidentiality and Information Sharing

Detailed information about sharing information can be found at http://www.online-procedures.co.uk/swcpp/ and additionally at http://bathnes.proceduresonline.com/

When concerns about a child's safety or welfare require a professional to share confidential information without the person's consent, you should tell the person you intend to do so, unless this may place the child or others at greater risk of harm. The welfare and protection of children is the most important consideration when deciding whether or not to share information with others.

## Child Protection: The bottom line

Concern for the safety of the children would be raised if:

- Adults are taking drugs in front of their children, as they are promoting illegal substance use, and there are safety issues.
- Children are becoming involved by the parents in illegal activities such as shop lifting or taking drugs money to other drug users.
- Children are not being supervised adequately because the responsible adult is intoxicated or incapable of looking after a child.
- Children are being exposed to incidents of domestic violence as they themselves could be injured or emotionally harmed.

Read more in the book Drugs, Alcohol and Parenting 2010 by Mary Glover, which can be ordered from http://www.exchangesupplies.org

# What happens next if you need to make a referral?

## If a referral to B&NES Drugs and Alcohol Services is needed...

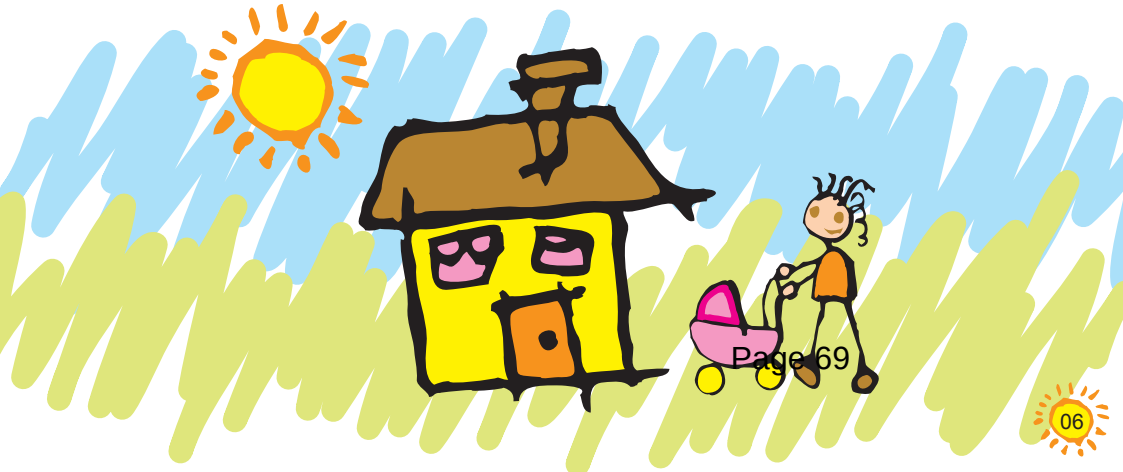
✓ **B&NES Drug and Alcohol Services provides a single point of contact** and when an individual has been highlighted as a parent/ or having contact with children a full safeguarding risk assessment will be completed. Contact the B&NES treatment system on 01225 329411 where a **designated safeguarding lead** can be contacted.

## If a referral to Children's Social Care is needed...

✓ **Children's Social Care** will apply the assessment framework when undertaking an assessment of children's needs.

✓ If you are a drug/alcohol worker and want to find out more about the assessment process please contact Children's Social Care on **01225 396312 or 01225 396313**. Or check out the 'Framework for the Assessment of Children in Need and their Families' online.

✓ There are lots of tools available to help you talk through alcohol or substance use. You could use: the Alcohol AUDIT C screening tool with a parent, Project 28's Young Person's 'Drink Think' tool or the 'Drugs, Alcohol and Parenting' handbook. This handbook can be ordered online from: www.exchangesupplies.org



# Effective Engagement

✓ Be '**Child focused**' not 'Substance focused'.

✓ Consider all household items. Offer advice and assistance in keeping items **out of reach** and **out of sight**. If you need more information on lockable boxes call: 01225 329411.

✓ What are the parent's concerns about their children – what support or help can you offer?

✓ Together, look at what is **going well** alongside what is **going less well**.

✓ What are the **needs of the child**, and how can services support parents to enable those needs to be met?

✓ Be open and honest and clear in your **expectations** and concerns, and check out their expectations too.

## Have I attended the courses available to me?

**B&NES Children's Workforce Training provides lots of training opportunities, which includes:**

✓ Parent Substance Misuse and Child Protection.

✓ Toxic Trio and Child Protection (working with families where Substance Misuse, Domestic Abuse and Parental Mental Health are an issue).

✓ To refer or not to refer? To book onto training, please phone **01225 394210** or visit: http://www.bathnes.gov.uk/services/children-young-people-and-families/childrens-workforce-training/child-protection-training

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# Health and Wellbeing Select Committee 30th March 2016
# Substance Misuse Update

Amanda Davies

Drug and Alcohol Team and Young People's Drug and Alcohol Commissioner



Avon and Wiltshire Mental Health Partnership NHS Trust

PROJECT 28

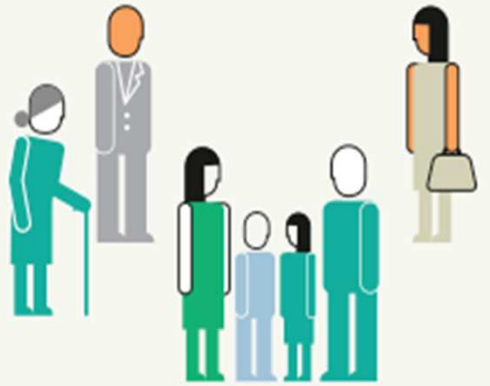
Public Health England

# Drug misuse harms families and communities

Parental drug use is a risk factor in **29%** of all serious case reviews

Heroin and crack addiction causes crime and disrupts community safety

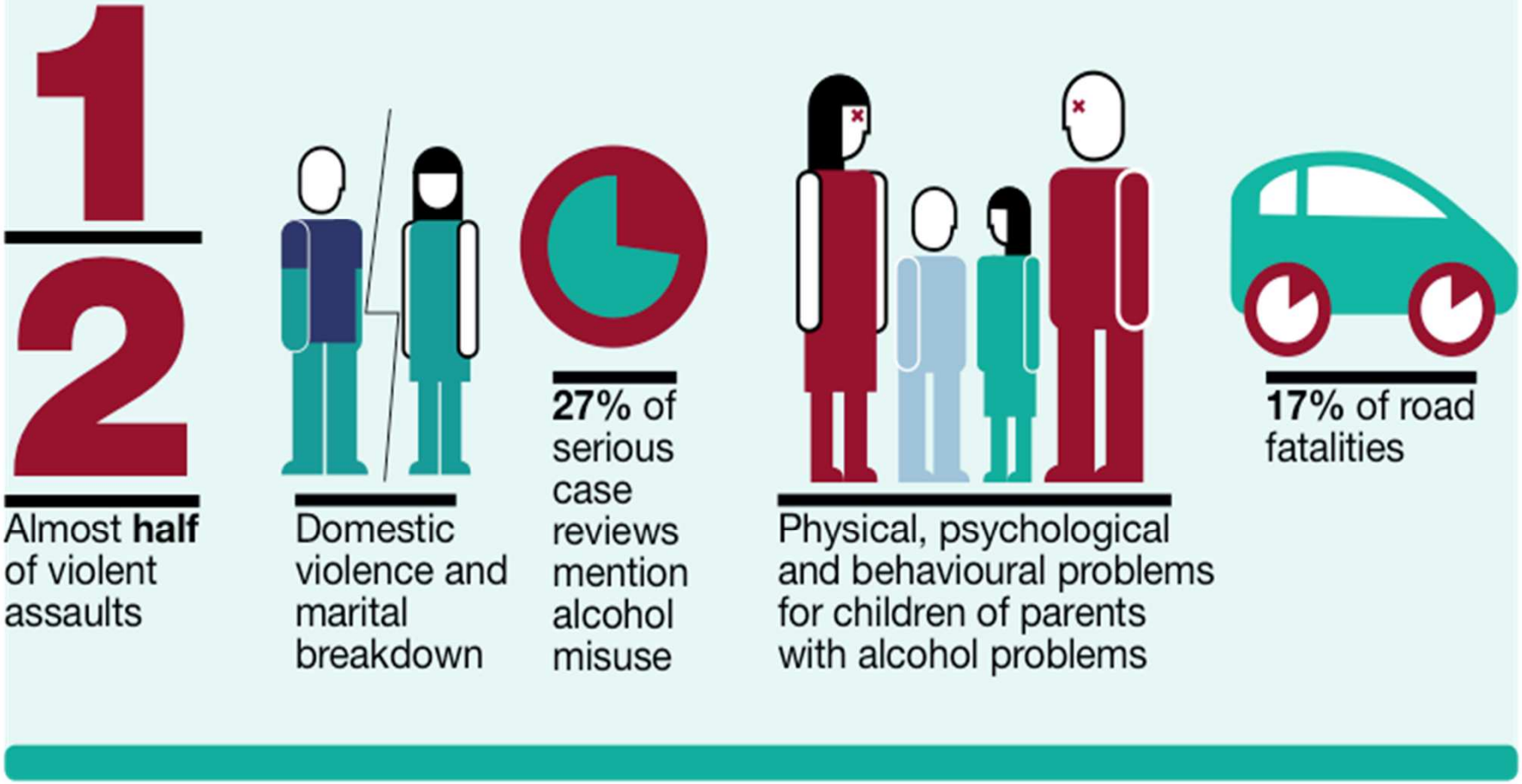
A typical heroin user spends around **£1,400 per month** on drugs (2.5 times the average mortgage)



The public value drug treatment because it makes their communities safer and reduces crime. **82%** said treatment's greatest benefit was improved community safety

Public Health England

# Alcohol misuse harms families and communities



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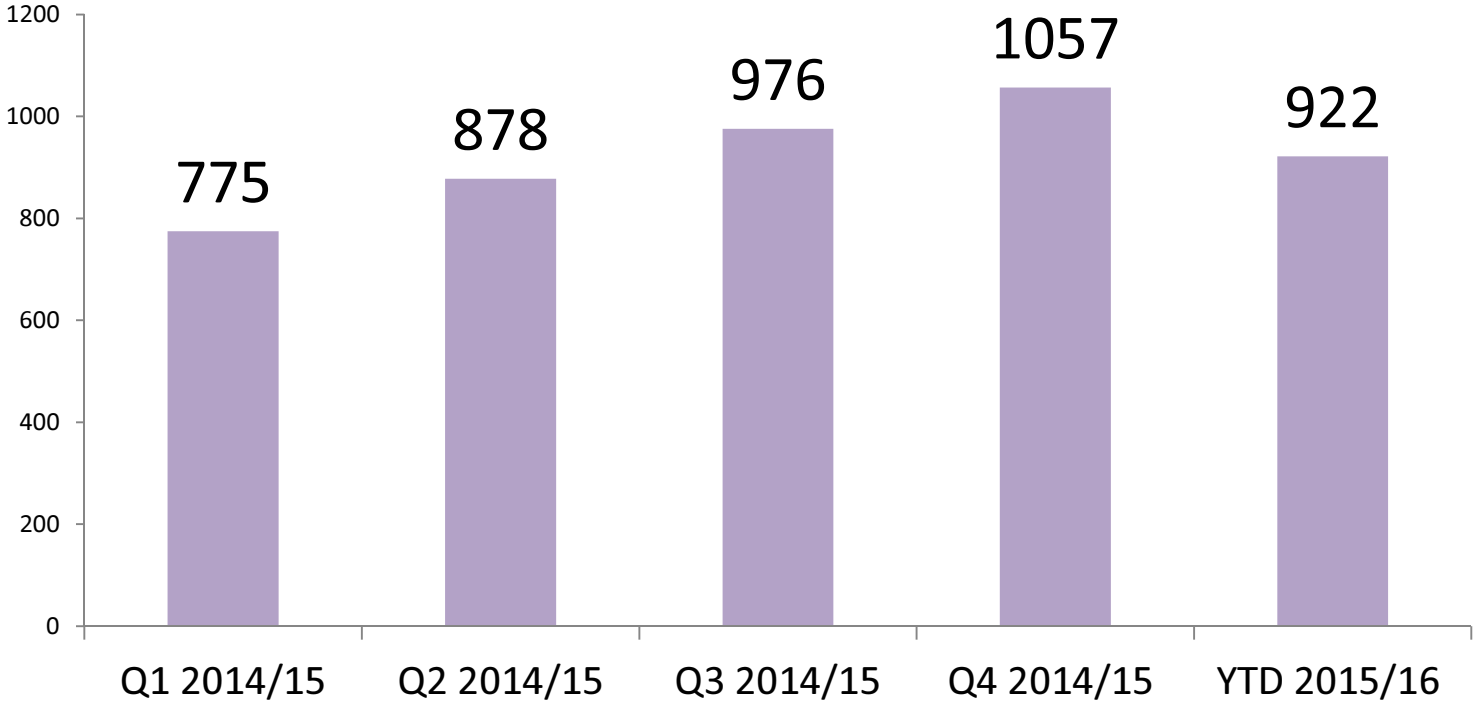
# B&NES Adults in treatment




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

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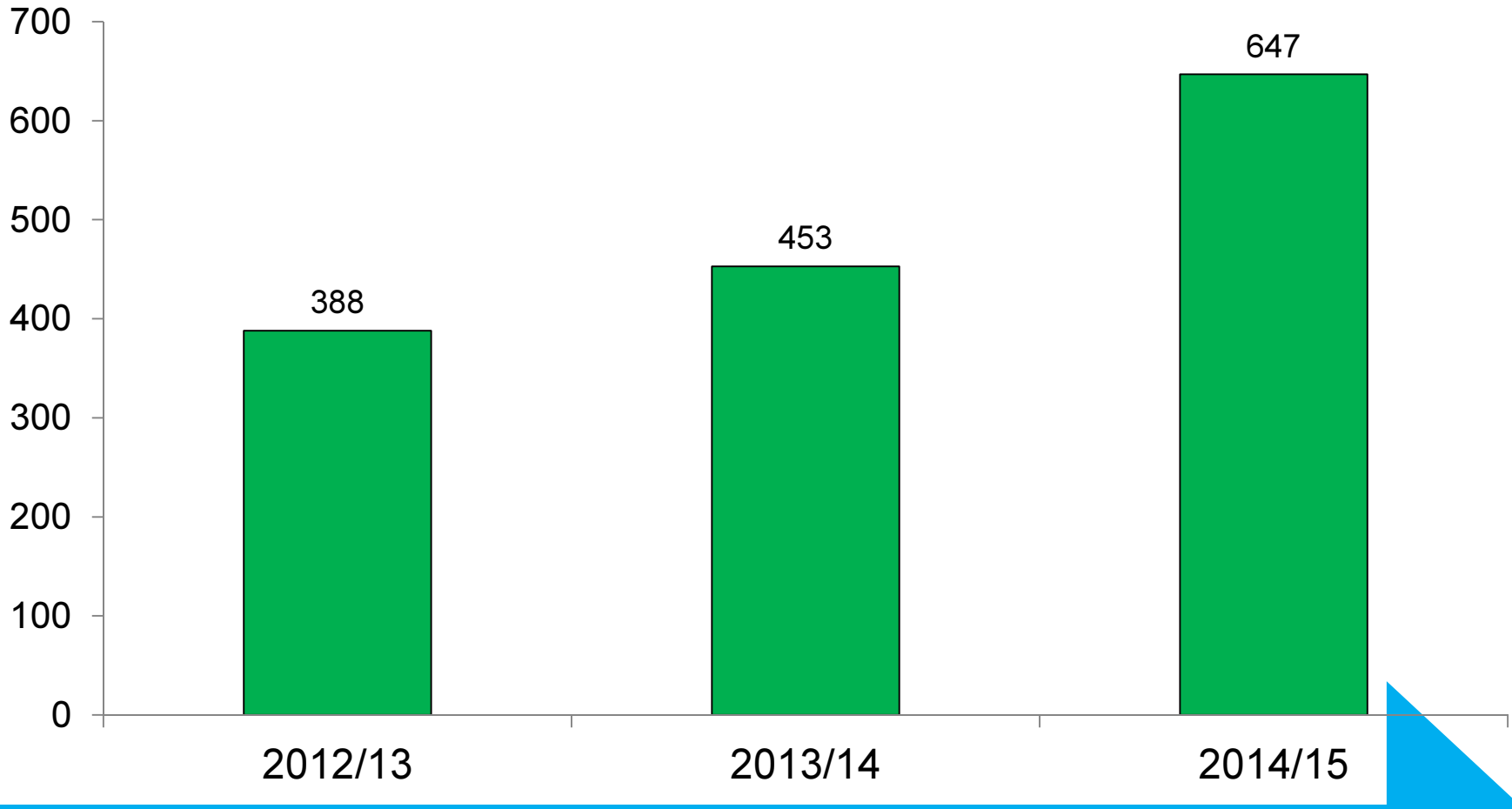
# Growth in Alcohol Clients



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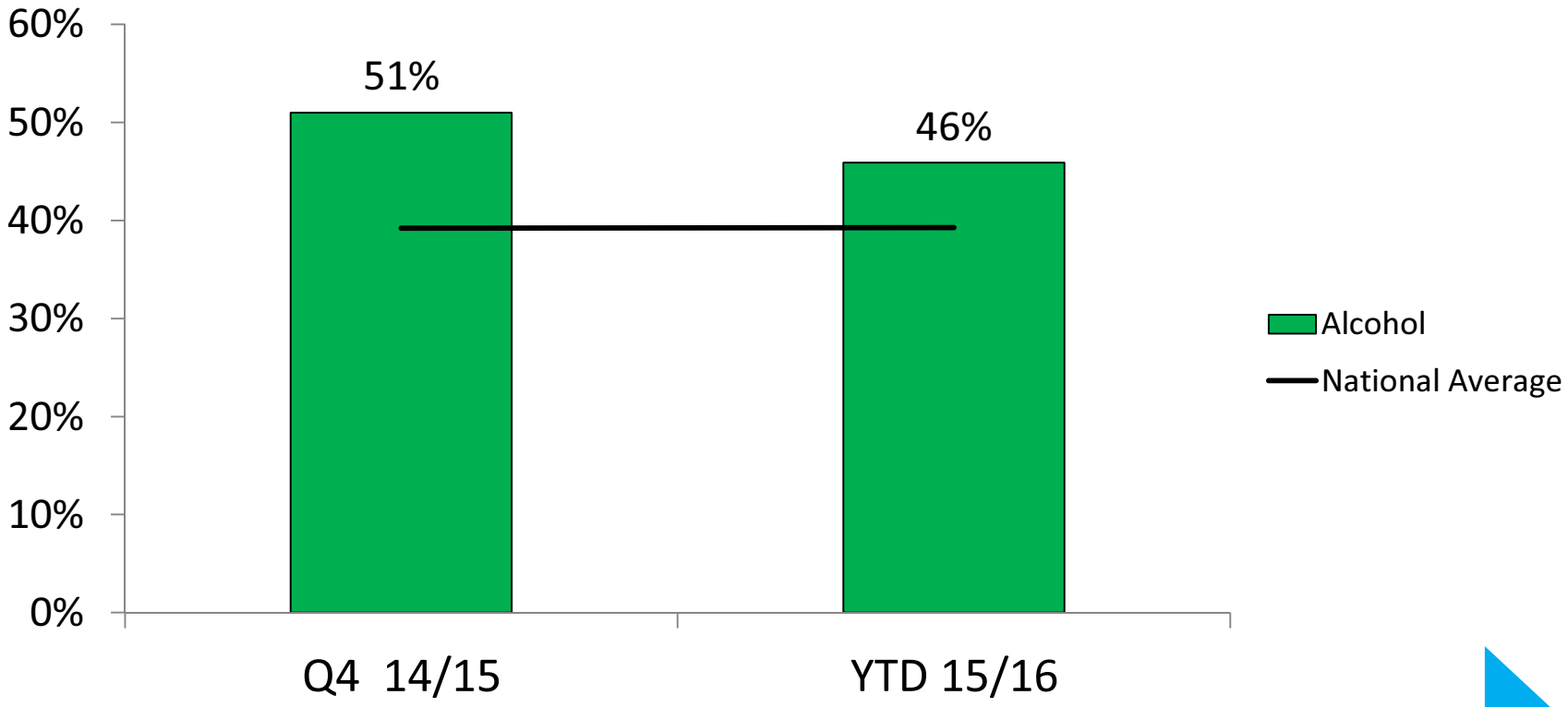
## Recovery outcomes for B&NES alcohol clients exceed national average



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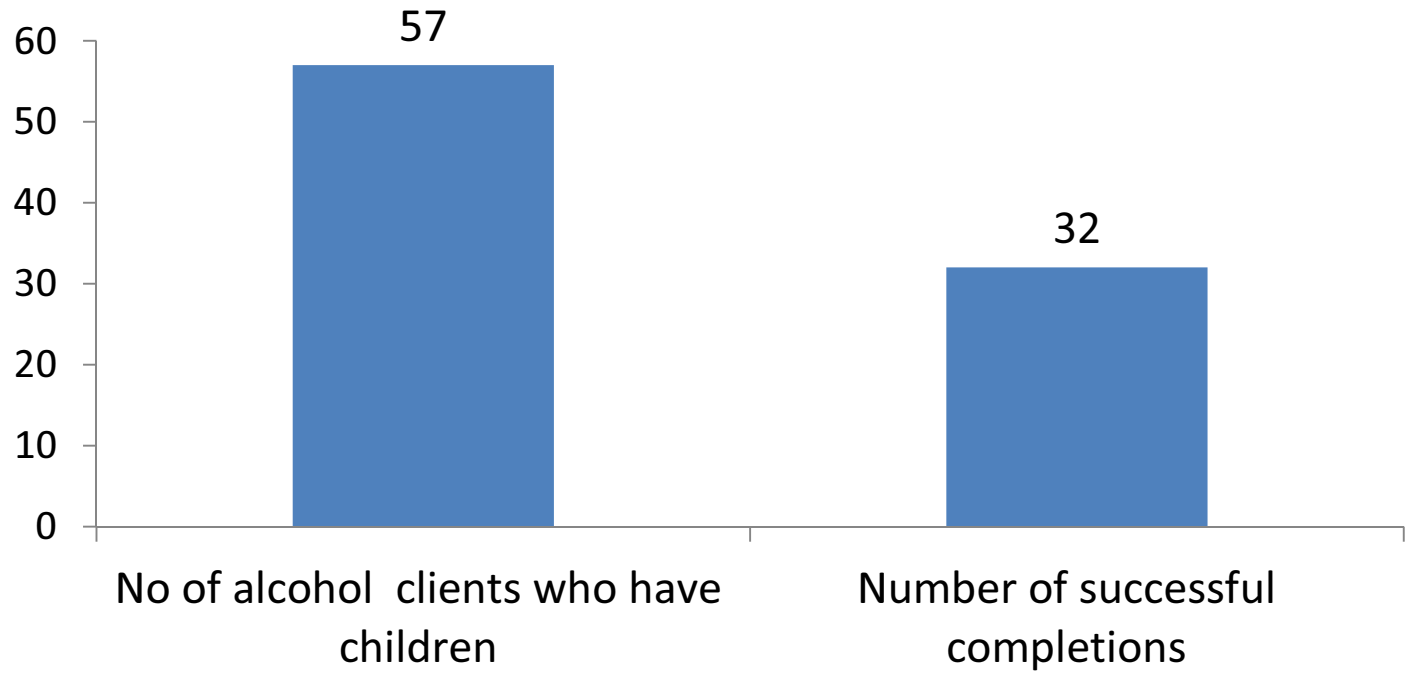
# 56% of parents successfully complete alcohol treatment.



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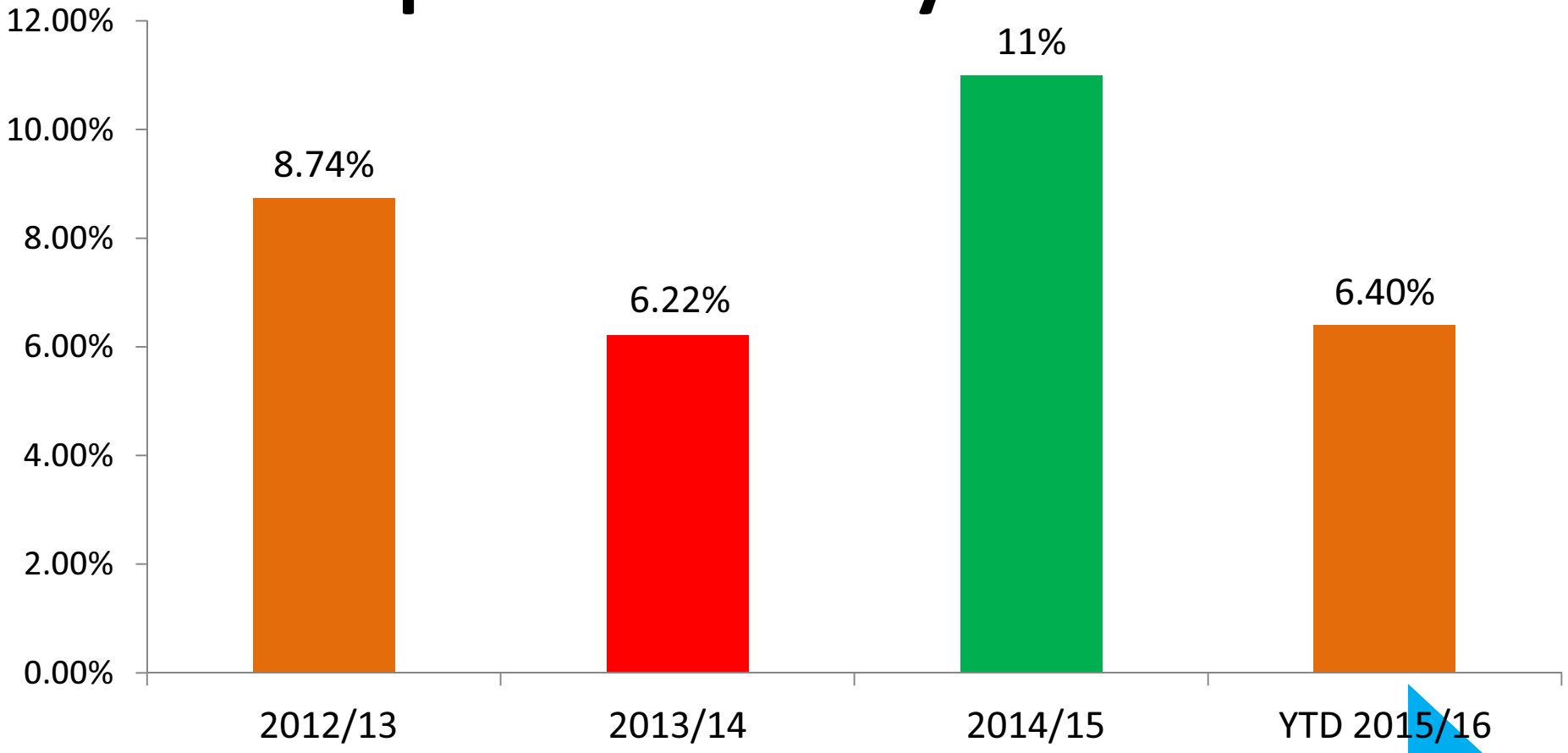
# Opiate Recovery Rates



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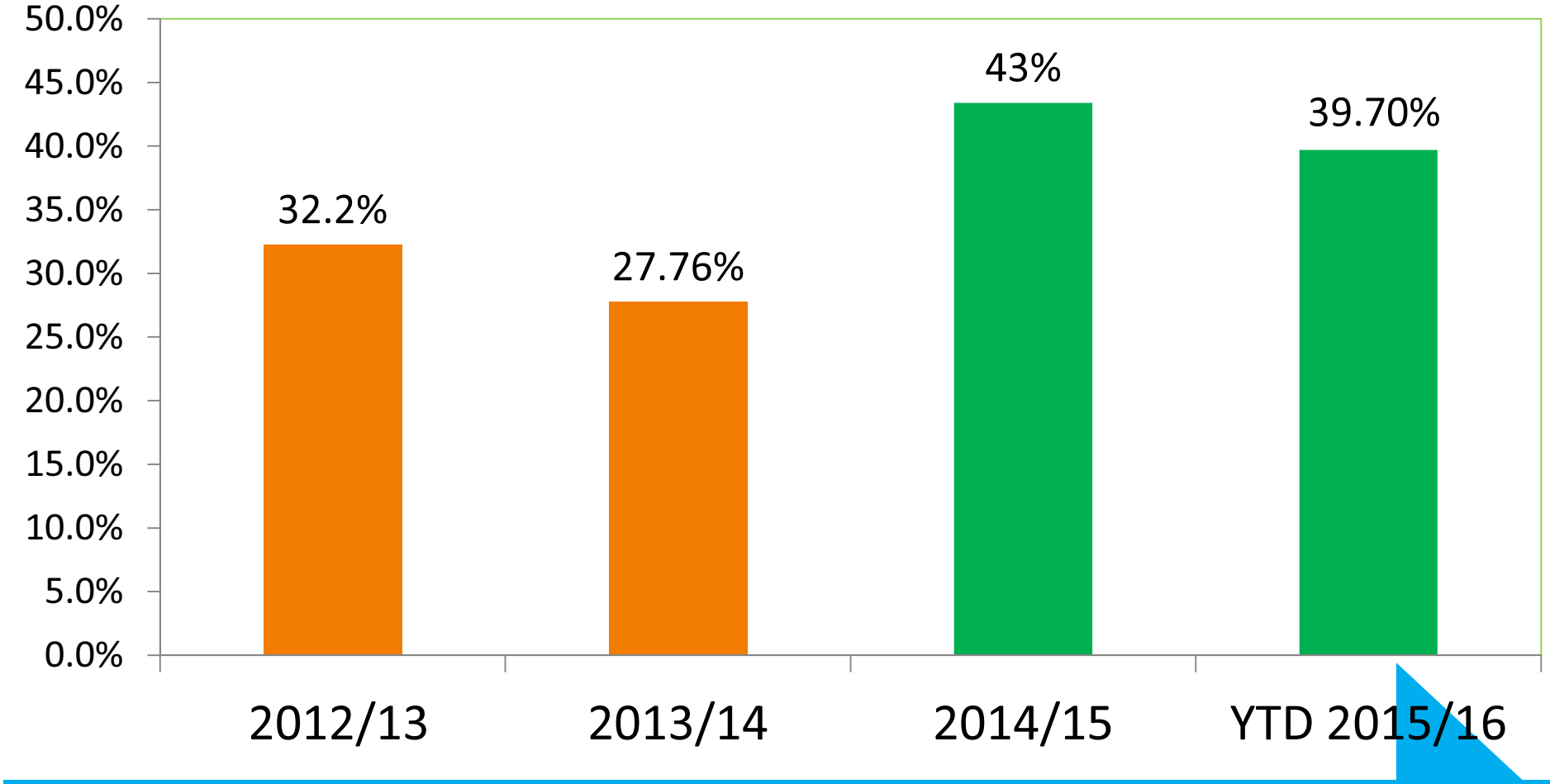
# Non Opiates Recovery Rates



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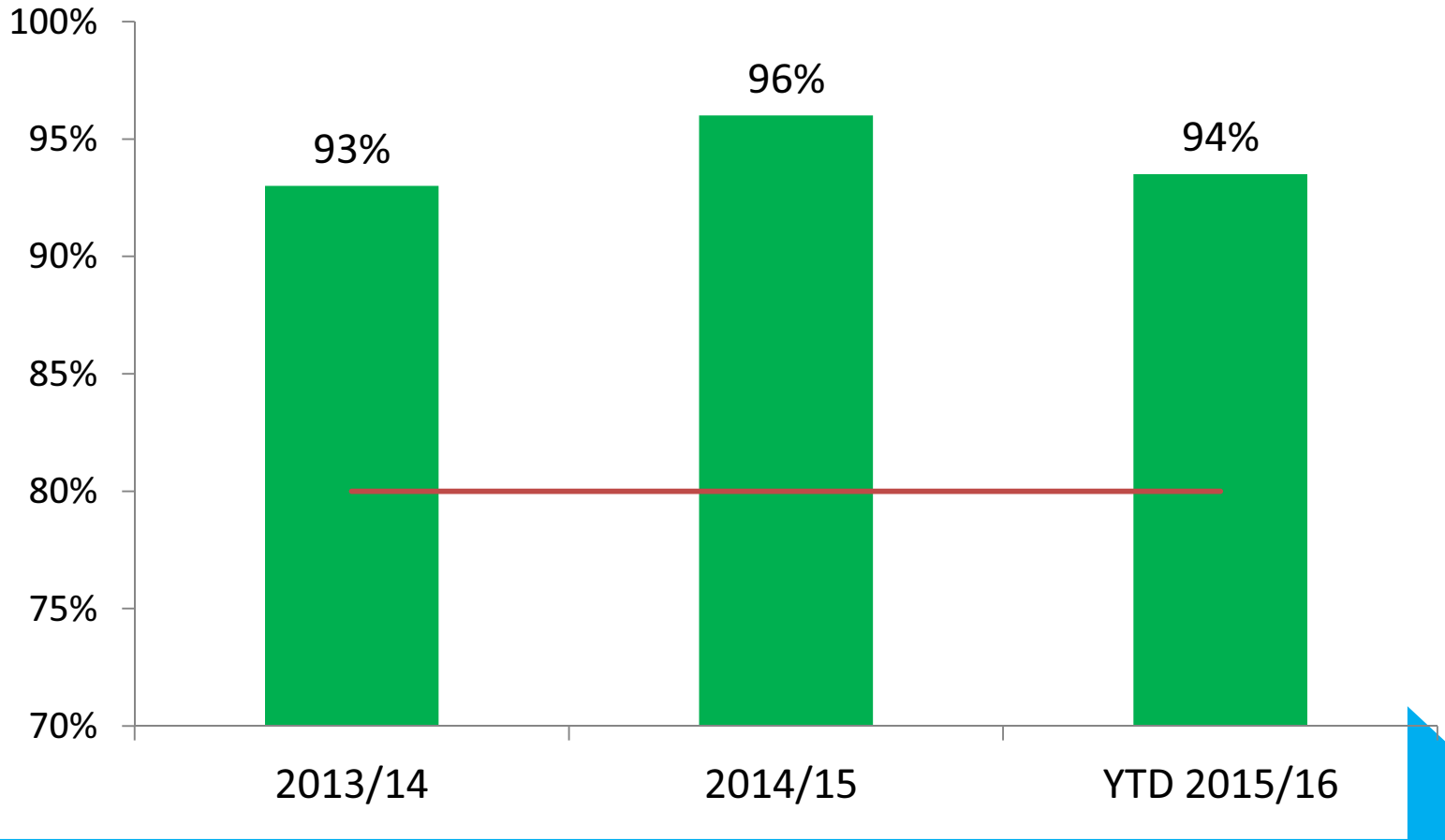
# Harm Reduction Hepatitis C Testing



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# Young People's Needs Assessment and Performance

- An increase in the complexity of issues faced by young people
- Increase in cases of children at risk of sexual exploitation
- The RUH emergency department now refers directly to Project 28
- Identified the need to prioritise support for families
- Performance continues to be excellent with 97% of young people successfully completing their specialist support

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NHS Bath and North East Somerset

Working together for health & wellbeing

# Children & Young People Health & Wellbeing Survey 2015

There is a positive downward trend in the percentage of the young people drinking alcohol and smoking in the last week

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# Re-Model

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- Fully integrated recovery treatment system
- DHI & SDAS co locating (the Beehive & the Hub Midsomer Norton) and expand its use of Riverside Health Centre
- Group based programmes expanded
- Closer work with partner agencies

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# Re-Model

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Bath and North East Somerset Clinical Commissioning Group

- Community based treatment and dry house for detoxification/community rehabilitation
- Added value to the treatment system through social care placements, volunteers and peer mentors programme

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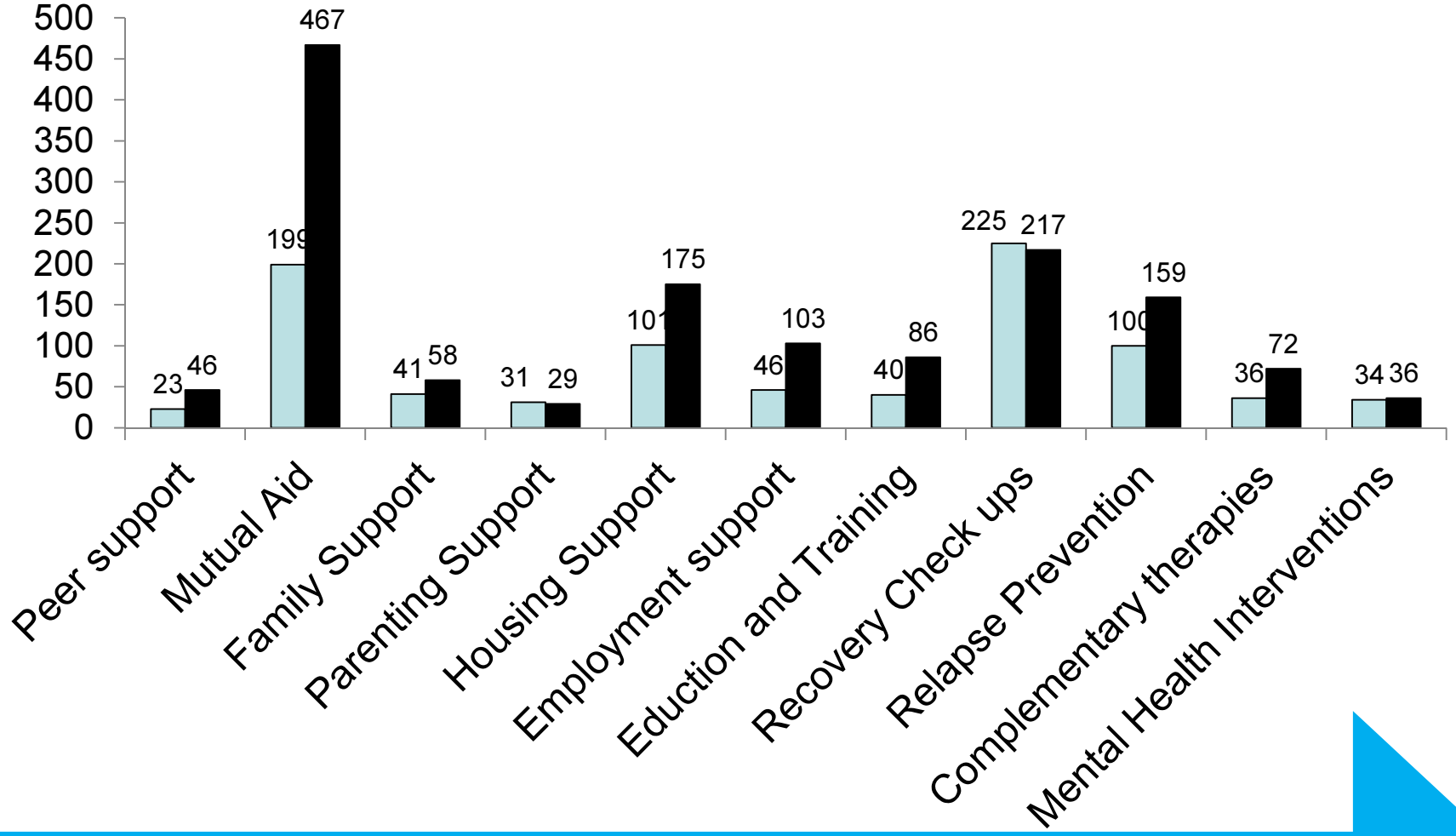
Bath and North East Somerset Clinical Commissioning Group

# Building sustained Client recovery



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Bath & North East Somerset Council

# HEALTH AND WELLBEING SELECT COMMITTEE

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

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



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

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

*Should you wish to make representations, please contact the report author or Mark Durnford, Democratic Services (01225 394458). A formal agenda will be issued 5 clear working days before the meeting.*

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

| Ref<br>Date | Decision Maker/s | Title | Report Author<br>Contact | Strategic Director Lead |
|---|---|---|---|---|
| **30TH MARCH 2016** | | | | |
| 30 Mar 2016 | **HWSC** | **Primary Care Strategy Briefing** | Tracey Cox,<br>Corinne Edwards<br>Tel: 01225 831736,<br>Tel: 01225831868 | Tracey Cox |
| 30 Mar 2016 | **HWSC** | **Alcohol / Substance Misuse Update** | Carol Stanaway<br>Tel: 01225 477971 | Strategic Director - People |
| 30 Mar 2016 | **HWSC** | **Your Care, Your Way Update** | Sue Blackman<br>Tel: 01225 396180 | Strategic Director - People |
| **25TH MAY 2016** | | | | |
| 25 May 2016 | **HWSC** | **RUH Site Update** | Jocelyn Foster<br>Tel: 01225 824963 | Tracey Cox |
| 25 May 2016 | **HWSC** | **Report from Domiciliary Care Provision** | Caroline Holmes<br>Tel: 01225 477313 | Strategic Director - People |
| 25 May 2016 | **HWSC** | **GUM (Genito-Urinary Medicine)** | | Tracey Cox |

| Ref<br>Date | Decision Maker/s | Title | Report Author<br>Contact | Strategic Director Lead |
|---|---|---|---|---|
| 25 May 2016 | **HWSC** | **Adult Fatigue** | | Tracey Cox |
| 25 May 2016 | **HWSC** | **Your Care, Your Way Update** | Sue Blackman<br>Tel: 01225 396180 | Strategic Director - People |
| **20TH JULY 2016** | | | | |
| 20 Jul 2016 | **HWSC** | **CQC - RUH Inspection** | | |
| 20 Jul 2016 | **HWSC** | **Your Care, Your Way Update** | Sue Blackman<br>Tel: 01225 396180 | Strategic Director - People |
| 20 Jul 2016 | **HWSC** | **Introduction to NHS Specialised Services** | Dr Lou Farbus, Head of Stakeholder Engagement, Specialised Commissioning | |
| **28TH SEPTEMBER 2016** | | | | |
| 28 Sep 2016 | **HWSC** | **Rheumatology, Pain, Therapies, Biologics and Clinical Measurement** | | Tracey Cox |

| Ref<br>Date | Decision Maker/s | Title | Report Author<br>Contact | Strategic Director Lead |
|---|---|---|---|---|
| 28 Sep 2016 | **HWSC** | **Dentistry Services** | | Tracey Cox |
| 28 Sep 2016 | **HWSC** | **Your Care, Your Way Update** | Sue Blackman<br>Tel: 01225 396180 | Strategic Director - People |
| **ITEMS YET TO BE SCHEDULED** | | | | |
| | **HWSC** | **AWP - CQC Inspection Report** | Jane Shayler, William Bruce-Jones<br>Tel: 01225 396120, | |
| | **HWSC** | **Non-Emergency Patient Transport Service** | | Tracey Cox |
| | **HWSC** | **NHS 111 update** | | Tracey Cox |
| | **HWSC** | **Loneliness report - update** | | Strategic Director - People |
| | **HWSC** | **Homecare Review update (for May 2017)** | | Strategic Director - People |

The Forward Plan is administered by **DEMOCRATIC SERVICES**: Mark Durnford 01225 394458 Democratic_Services@bathnes.gov.uk