

# **BATH AND NORTH EAST SOMERSET COUNCIL**

## **HEALTH AND WELLBEING SELECT COMMITTEE**

Wednesday, 25th May, 2016

**Present:-** Councillors Francine Haerberling (Chair), Karen Warrington (in place of Geoff Ward), Bryan Organ, Paul May, Eleanor Jackson, Tim Ball and Lin Patterson

**Also in attendance:** Jane Shayler (Director of Adult Care and Health Commissioning), Bruce Laurence (Director of Public Health), Dr Ian Orpen (Clinical Chair, B&NES CCG), Sue Blackman (Your Care, Your Way Project Lead) and Caroline Holmes (Senior Commissioning Manager)

### **1 WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting.

### **2 EMERGENCY EVACUATION PROCEDURE**

The Chair drew attention to the emergency evacuation procedure.

### **3 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS**

Councillor Geoff Ward had sent his apologies to the Select Committee. Councillor Karen Warrington was present as his substitute for the duration of the meeting.

Councillor Tim Ball had notified the Select Committee that he would be arriving late to the meeting.

### **4 DECLARATIONS OF INTEREST**

Councillor Paul May declared an other interest in agenda item 13 (Your Care, Your Way Update) as he is a Sirona board member.

### **5 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN**

There was none.

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

Councillor Dine Romero addressed the Select Committee. She asked if they could receive a future report on Dentistry Services and include within that the dental care of children.

The Chair replied that the Select Committee were due to receive a report regarding Dentistry Services at their meeting on September 28<sup>th</sup> 2016.

## **7 MINUTES - 30TH MARCH 2016**

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

## **8 CLINICAL COMMISSIONING GROUP UPDATE**

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

### **Your Care, Your Way**

The CCG and the Council are seeking a prime provider of community health and care services to work alongside us to coordinate over 60 different areas of service; sub-contracting to smaller, specialist providers where appropriate. We are currently in the second stage of the procurement with two organisations remaining in the process:

1. Virgin Care

2. Sirona Care & Health, in partnership with:

- Avon and Wiltshire Mental Health Partnership NHS Trust
- Bath and North East Somerset Enhanced Medical Services
- Dorothy House Hospice Care
- Royal United Hospitals' Bath NHS Foundation Trust (RUH)

The two bidders provided written responses to a series of questions on 23 May and a group of evaluators including commissioners, subject matter experts and community champions will convene on 6 June to finalise the scoring of the bids.

Following detailed dialogue with both bidders over the next few months we plan to announce the new provider by early November 2016.

### **Sustainability and Transformation Plan**

The CCG continues to work across the B&NES, Swindon and Wiltshire footprint with key providers on the development of a Sustainability and Transformation Plan. Plans need to be submitted by 30 June 2016.

### **Catherine Cottage merger with St James's Surgery**

Dr Orpen noted his interest in this issue as he is a partner at St James's Surgery.

St James's Surgery and Catherine Cottage Surgery in Bath will become one GP practice on 1 July 2016 with GPs and staff at Catherine Cottage leaving behind their Catherine Place premises and moving into the St James's facilities.

The merger will give patients greater access to GPs, nurses and other primary care services in modern healthcare premises at Northampton Buildings or the more

traditional branch surgery at Junction Road, Oldfield Park. Merging the two practices will also create back office efficiencies, increasing the time available for direct patient care.

Patients registered with Catherine Cottage Surgery will automatically be registered with St James's Surgery and do not need to take any action. Information about other practices in the area has also been provided should patients wish to register elsewhere.

### **Primary Care Transformation Fund and Statement of Intent**

The CCG is working closely with our 27 member practices to develop a bid to the national Primary Care Transformation Fund covering both estates and technology.

As part of this process the CCG has prepared a draft Statement of Intent to set out how we see primary care services developing in B&NES over the next five years. The CCG is seeking feedback from practices on the statement, which will form the basis of a draft primary care strategy for B&NES. We have plans to engage more widely with the general public and other stakeholders later in the year and will be attending the five Area Forums in June /July as well as the Bath City Conference.

### **Diabetes Roadshow**

In April, the Diabetes UK Roadshow came to Bath's historic town centre to offer a free Type 2 diabetes risk assessment to passers-by. On the first day of the show, the team screened over 120 people, and numbers were higher on the second day, not least thanks to some spring sunshine.

Members of the public were encouraged to step into the Roadshow bus, give their weight, height and waist measurements and fill out a short health questionnaire to enable Diabetes UK staff to assess their risk. Anyone deemed to be at high risk of developing Type 2 diabetes was given an information pack from Diabetes UK and a referral letter to take to their GP.

The charity then returned to Bath's Hilton hotel later in the month for a one-off 'Living with Diabetes' day, where anyone with a diagnosis of Type 2 diabetes was welcomed to share their experiences and learn how to manage their condition more confidently.

### **Join Dementia Research**

Over the past months, B&NES CCG has been actively supporting the Join Dementia Research campaign via social media. Ian Orpen also attended a Mayoral Civic Reception in Bath earlier this month to mark the city's major contribution to dementia research. The event drew in representatives from local charities, health networks, hospitals and general practices across the region.

During the reception, Bath's Mayor, Councillor William Sandry and I celebrated the work of Join Dementia Research and signed up to the service, encouraging attendees to do the same and pledge their support for it.

Since Join Dementia Research launched last year, the Bath area has contributed approximately 350 people to the service, making up a quarter of registrations from the entire West of England. There are currently seven research studies open in the Bath area.

### **Pledge to be an Antibiotic Guardian**

Resistance to antibiotics is rapidly increasing so it is becoming more difficult to treat infections. This will affect routine patient care such as surgery and cancer treatment. Some countries have seen drug resistance rates more than double in the past five years, and in England the number of resistant infections is increasing each year. Research has shown that use of antibiotics can harm the good gut bacteria and leave people susceptible to other infections such as Clostridium difficile that are harder to treat.

To sign up as an Antibiotic Guardian, visit [www.antibioticguardian.com](http://www.antibioticguardian.com)

Councillor Lin Patterson said that at a recent Your Health, Your Voice meeting the subject of young people aged 16 / 18 and their ability to access adult mental health services as they transition from Child and Adolescent Mental Health Services (CAMHS) was raised. She said that she understood that additional funding had been made available on a 2-year basis to improve transitions from CAMHS to adult mental health services.

Dr Orpen replied that a review of Child and Adolescent Mental Health Services (CAMHS) was ongoing.

The Director of Adult Care and Health Commissioning confirmed that the Government had announced funding for CAMHS Services and that a briefing could be circulated setting out what funding had been made available and how it has been or is planned to be used.

Councillor Eleanor Jackson raised the issue of GP availability, in particular the fact that at a recent Development Management Committee an application was refused as local GP's had stated that they could not have coped with the influx of new patients associated with new housing developments locally.

Dr Orpen replied that he was aware of this issue alongside colleagues in Public Health and the need to have facilities and workforce in place to meet demand. He added that there are good satisfaction and outcome levels for the area on this matter.

Councillor Eleanor Jackson said that she was encouraged by the current view on integrated care and she welcomed the holistic approach. She added that she thought that the Diabetes Roadshow was an excellent idea and encouraged it to come back to the area again and visit Midsomer Norton & Keynsham.

She asked if Dr Orpen had an answer to a question she had submitted to him prior to the meeting regarding Bristol Eye Hospital and the dispensing of eye drops.

Dr Orpen replied that he did have a response on the matter and he would circulate it to Councillors after the meeting.

Councillor Paul May stated that he felt that the Sustainability and Transformation Plan would affect residents within North East Somerset if they had to attend hospitals in either Swindon or Wiltshire rather than in Bristol. He asked for these concerns to be raised with the Health & Wellbeing Board.

The other members of the Select Committee agreed with the comments made by Councillor May.

Dr Orpen said that it was the intention of the CCG to provide the best service for the residents of B&NES.

The Chair thanked Dr Orpen for his update on behalf of the Panel.

## **9 CABINET MEMBER UPDATE**

Councillor Vic Pritchard, Cabinet Member for Adult Social Care & Health addressed the Panel, a summary is set out below.

### **Wellbeing House**

The Wellbeing House provides a 3-bedded retreat, a place of sanctuary, for people experiencing mental health distress where they can receive low level social support to help them stabilise themselves and prevent a crisis escalating into secondary care. The service is being delivered by Sirona Care & Health in conjunction with Curo Group. The Wellbeing House is now full every week and Sirona continue to receive positive feedback from its service users.

He said that he had recently visited the Wellbeing House and had met the manager and a service user, both of them commenting on how wonderful it was to have such a service locally.

### **Strengthening Adult Social Care**

The Care Act 2014 is now a year old, having come in to force on April 1st 2015.

During the last two months, staff from the Council's adult commissioning team have joined with practitioners from Avon & Wiltshire Mental Health Partnership NHS Trust (AWP) and Sirona Care & Health to consider how the support we provide to people can be further developed to:

- Emphasise individual abilities rather than focus on what cannot be achieved, and
- Recognise a person's support network and promote their wellbeing.

The sharing of good practice is at the heart of the challenge the Care Act sets us and all partners are committed to responding to this challenge. A regular newsletter has been developed to share details of service developments, national requirements and

local good practice. The newsletter reminds staff of how the work they do every day with people in our communities contributes to the performance of the Council in key areas including financial accountability, the provision of information and advice and the development of the social care “market”.

### **Accessible Information Standard (AIS)**

The AIS is a new standard that comes into force in July 2016. It aims to ensure that disabled patients and service users receive information in formats that they can understand and have appropriate support to help them to communicate.

The standard will apply to people that have a disability, impairment or sensory loss (including their carers or parents) and will cover all information that is needed for a person to access, understand and use health and social care services, making sure that they get information in the format they need (i.e. large print, braille, audio, easy read British Sign Language interpreter, deafblind manual interpreter or advocate).

By 31 July 2016 all relevant organisations must have fully conformed to the AIS by law under section 250 of the Health and Social Care Act 2012. The AIS is also in line with the Equality Act 2010, the Care Act 2014, the NHS Constitution and the Equality Delivery System.

Councillor Paul May said that he valued and supported the work of the Wellbeing House.

Councillor Lin Patterson asked if funding would be available to bring into use the other two rooms within the Wellbeing House.

The Director of Adult Care and Health Commissioning replied that officers would need to assess if there were any flexibility in funding via the Better Care Fund or whether it can form part of the financial plan for next year. She added that good outcomes were being achieved currently from the Wellbeing House.

Councillor Vic Pritchard commented that preventative measures such as this are to be supported.

Councillor Bryan Organ said that he was pleased to see Sirona Care & Health and Curo working well together on this project.

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

## 10 PUBLIC HEALTH UPDATE

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

### **Inequalities Summit**

A long planned health inequalities summit meeting, held on behalf of the Health and Wellbeing Board, took place on May 11<sup>th</sup> in the Guildhall. It was organised by members of the public health and strategy and performance teams and chaired by the board's co-chairs. About 70 people from many organisations participated and there were a wide range of speakers from individuals giving their own personal stories, to community workers, a local GP and a DPH from Coventry. Feedback from the event was very positive and a lot of information was obtained.

A meeting was then held the following week to decide how to make use of the energy and ideas coming from this event to influence policies across the B&NES partnerships and an action plan will come from that meeting that will endeavour to thread the reduction in health inequality through the work of the Council, NHS and wider partnerships. There will be a presentation on this meeting and outputs at a forthcoming Health and Wellbeing Board and then a further update to the select committee if wanted.

### **Health improvement**

An important function of some of the public health workers that we fund, are those developmental health improvement roles that are not directly client-facing but work with a range of organisations and businesses whose work impacts on the health of residents. Elements of these services which include work with schools, businesses, licenced premises, food outlets and other partner organisations have till now been based in the public health team, the public protection team and in Sirona. In order to realise savings from these functions the number of staff is being reduced (without any redundancies), but to retain the maximum utility from the resource, the remaining staff will have more generic job descriptions and will be more closely coordinated so that they can focus flexibly on priority areas at any given time.

This team will eventually be managed by the public health department, through a phased transition. Anticipating this we have now adopted a shared work programme and created a virtual team of health improvement practitioners across the Council which includes the sport and active lifestyle team and the food policy work and the Director of Public Health award team together with the staff in the public health team and Sirona.

### **NHS Health Checks**

BEMS+ (ex-Bath Emergency Medical Service, who are now a provider organisation drawing on B&NES primary care staff) were appointed as our Outreach Provider for NHS Health Checks and are preparing to start delivery in June 2016. They are approaching local workplaces to offer the free checks and particularly targeting male workforce in routine and manual labour. If Councillors have any connections to local

businesses that they know of it would be great to have some leads. BEMS + will be offering Health Checks to front line staff from the Place Directorate as well – road services, waste services etc. We could also provide a session for Councillors in the relevant age bracket at the Guildhall if there was interest in that. It is widely felt that a more targeted approach to health checks is a much better use of resources than the standard approach targeted only by age band.

### **Dental survey**

A survey of dental health in 0-5s based on a school based survey has just been published. The good news is that 85% of children in B&NES have no decayed missing or filled teeth at age 5 which ranks us third equal of all upper tier authorities in the country after only South Glos and Wokingham. The SW regional average is 78.5%, England average is 75.2% and the worst are little over 40% so it is a very varied picture nationally.

This particular indicator is the headline one being put out by PHE and seems to me to be the best single figure to benchmark by, but we rank well by any of the measures in the survey. There is also improvement on the previous survey in 2012.

The not so good news is that most of the dental caries that we still have are potentially avoidable, and that in B&NES dental ill health is concentrated in certain communities, so we should continue recent discussions on appropriately targeted work. Fortunately, a dental health strategy and action plan across the west of England region has also been produced which will support our efforts.

Councillor Lin Patterson said that she had been approached by some local residents who were concerned over the use of wifi within schools and the neurological effect it may have on children.

Dr Bruce Laurence replied that he was not able to answer this point directly and would do some research before responding to the Select Committee.

Councillor Eleanor Jackson asked if there was any information available from Public Health on how to avoid catching Scarlet Fever.

Dr Bruce Laurence replied that there has been a small resurgence in cases and that information has been circulated to all local schools and GP surgeries.

Councillor Eleanor Jackson asked if the Shingles vaccination was being rationed.

Dr Bruce Laurence replied that the vaccination was only given to patients of a certain age and that he would circulate the policy relating to the vaccination.

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



## **11 HEALTHWATCH UPDATE**

The Chair announced that Alex Francis from Healthwatch B&NES had circulated her update to Councillors but was not able to be present at the meeting.

She wished to thank Alex for her update on behalf of the Select Committee.

## **12 DOMICILIARY CARE PROVISION**

The Senior Commissioning Manager introduced this report to the Select Committee. She explained that the Local Authority has a rolling five year contract in place with four key Strategic Partners namely:

- Care South
- Care Watch
- Way Ahead
- Somerset Care

She said that the contract contains a five year break clause with the next occurring at the end of March 2018. She added that future contractual arrangements are being considered as part of the Your Care, Your Way community services review being undertaken jointly by the Council and Clinical Commissioning Group (CCG).

She informed them that the Council commissioned a total of 4963 care hours on behalf of 468 people at the time this analysis was undertaken (30<sup>th</sup> April 2016). Of the total, 2174 care hours were being commissioned from either Spot Contract or one-off Agreement providers on behalf of 150 people (with approximately one-third of people receiving a 24 hour care package).

She explained that in an effort to support the Strategic Providers in recruiting and retaining staff and start to address the capacity shortfalls, the Council agreed to fund early implementation of the National Living Wage from January 2016 on the understanding that the increase would be used to increase the rates of pay directly offered to frontline domiciliary care staff and on the assurance that travel time would be paid at the same rate. This has had a positive effect so far on both staff retention and staff recruitment.

She stated that since October 2015, a new electronic system called DCAS (Domiciliary Care Access System) has been in operation. The system allows Social Workers to request care packages on a secure site that the Strategic Partners are able to access. This system is still under development but early reports are being developed that will help the Council and CCG to understand the capacity needed for the population now and in future years and plan this with Strategic Partners.

She said that in order to provide more assurance about care commissioned under a one-off Agreement the People and Communities Adult Commissioning Team are currently working with colleagues in Trading Standards to register all providers who deliver Council commissioned care packages onto the Buy with Confidence and Care Scheme.

She informed Councillors that a project is underway reviewing direct payments across adults, children's and health, to try to streamline the policy into one across all three areas, and to also streamline the support that is available to people choosing to use a direct payment. She added that the project is also looking to introduce pre-paid cards for direct payment recipients, which will hopefully make them a more attractive offer for people.

Councillor Tim Ball asked why Trading Standards were being used to register providers.

The Senior Commissioning Manager replied that forms of accreditation such as 'Buy with Confidence' help to provide additional assurance to those making decisions about which provider they chose. Trading Standards ensure that all those registered must satisfy conditions and standards, which are clearly set out to ensure oversight and transparency to the process of admission to the Scheme.

The Director of Adult Care and Health Commissioning added that this is in addition to the regulatory role of the Care Quality Commission and the Adult Care and Health contract review, quality assurance and safeguarding processes. She added that the intention is to provide additional assurance to those people who are using a Direct Payment or Personal Budget, to help them assess risks and to make informed choices.

Councillor Karen Warrington asked what safeguarding provisions are in place.

The Director of Adult Care and Health Commissioning replied that the Council has a responsibility to safeguard all vulnerable adults and all children and young people and that B&NES has robust safeguarding and quality assurance processes in place, which have been the subject of both audit and a Local Government Association Peer Review. She added that for those people deciding to fund their care through a Direct Payment, whilst the Council ensures that advice, information and support to a Direct Payment is available, it is the individual with the Direct Payment who would ensure anyone providing them with personal care services has the relevant DBS checks, references etc.

Councillor Paul May asked if the Select Committee could receive further information in relation to Adult Safeguarding.

The Director of Adult Care and Health Commissioning replied that a specific report could be provided at a future meeting by Lesley Hutchinson, Head of Safeguarding & Quality Assurance.

Councillor Eleanor Jackson recalled that as part of the Homecare Review which took place in 2010 that one resident found Direct Payments liberating. She said that she would also welcome a separate report into Adult Safeguarding and looked forward to receiving Homecare Review Update in 2017.

Councillor Karen Warrington stated that she was pleased to see an emphasis placed on career development and training within the report. She asked if they had considered discussing recruitment to this work area within schools.

The Senior Commissioning Manager replied that she would discuss that idea further with colleagues.

The Health and Wellbeing Select Committee **RESOLVED** to note:

- (i) The performance of each of the Domiciliary Care Strategic Partners and the volume of care hours commissioned through either a Spot Contract or one-off Agreement for an individual person.
- (ii) The introduction of the Buy with Confidence and Care Scheme which is being introduced in collaboration with Trading Standards in order to provide local residents with information about approved domiciliary care providers and to provide increased assurance to those funding their care through a Direct Payment.
- (iii) The increased collaboration and commitment to joint working and strategic development of domiciliary care through a recent multi-agency event.
- (iv) The continued development of formal support for people wishing to take a Direct Payment to help them continue living at home.
- (v) That domiciliary care services are within the scope of the Your Care Your Way Programme and future arrangements will be subject to discussion with the successful bidder who is awarded Prime Provider status later this year.
- (vi) The priorities for the development of domiciliary care moving forward.

### **13 YOUR CARE, YOUR WAY UPDATE**

The Select Committee received a presentation from Your Care, Your Way Project Lead, a summary is set out below.

#### **Procurement Update**

Two organisations remain in the procurement process.

- Sirona Care & Health (in partnership RUH Bath NHS Trust, Avon & Wilts Mental Health Partnership NHS Trust, Dorothy House Hospice Care and BEMS+)
- Virgin Care

Their previous experience and model of operation will be assessed and tested against our identified priorities.

#### **Prime Provider Partnership**

Could be one or multiple organisations, but will be commissioned through a single commissioning contract

Will be the Commissioners' key partner in the delivery of integrated community services for the contract term, and take on a leadership role in the wider community health & care system

Will be responsible for supporting the Commissioners in the further commissioning of some services under Dynamic Purchasing Systems (DPS)

## **Continuing Engagement**

20 Community Champions have been involved in the whole of the procurement process.

Publish as much information as possible on our website.

## **Outcomes Based Accountability**

People are healthy.

People have a good quality of life.

People have equal life chances.

## **Lessons Learnt**

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

The appropriate use of Parent Company Guarantees or other performance warranties

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

## **Prime Provider – Key Milestones**

June 2016 – Final Procurement Stage / Draft Contracts Assessed

August 2016 – Preferred Bidder

November 2016 – Full Business Case / Contract Award

Councillor Tim Ball asked how will due diligence be carried out regarding the two remaining organisations.

The Your Care, Your Way Project Lead replied that a panel of evaluators will oversee the process so that it is equitable, fair and transparent. She added that all members of the panel have been assessed with regard to any interests.

Councillor Lin Patterson asked to be assured over the financial arrangements of the two remaining organisations.

The Your Care, Your Way Project Lead replied that the last three years of their accounts will be scrutinised and we will ensure that appropriate tax arrangements are in place.

Councillor Lin Patterson asked if the public can become involved in the consultation process.

The Your Care, Your Way Project Lead replied that people were still able to become Community Champions and that she would welcome hearing from anyone interested in the role. She added that they were also in the process of designing a 'Dragon's Den' type event for both bidders to attend where they would present their models separately and be involved in a Q&A session.

Councillor Vic Pritchard asked what would happen if adverse information were discovered during the preferred bidder stage of the process.

The Your Care, Your Way Project Lead replied that if a stalemate were achieved in this part of the process we could go back to the second place bidder.

The Director of Adult Care and Health Commissioning added that the Council / CCG could decide not to award the contract if they were not satisfied with either of the shortlisted bidders.

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

#### **14 SELECT COMMITTEE WORKPLAN**

Councillor Eleanor Jackson asked if the Select Committee could add the subject of Eye Care to their workplan.

The Select Committee **RESOLVED** to agree with this proposal.

The meeting ended at 12.50 pm

Chair(person) .....

Date Confirmed and Signed .....

**Prepared by Democratic Services**

This page is intentionally left blank

## **Briefing for the Health and Wellbeing Select Committee Meeting**

**Wednesday 25 May 2016**

### **1. *your care, your way***

The CCG and the Council are seeking a prime provider of community health and care services to work alongside us to coordinate over 60 different services; sub-contracting to smaller, specialist providers where appropriate. We are currently in the second stage of the procurement with two organisations remaining in the process:

1. Virgin Care
2. Sirona Care & Health, in partnership with:
  - Avon and Wiltshire Mental Health Partnership NHS Trust
  - Bath and North East Somerset Enhanced Medical Services
  - Dorothy House Hospice Care
  - Royal United Hospitals' Bath NHS Foundation Trust (RUH)

The two bidders provided written responses to a series of questions on 23 May and a group of evaluators including commissioners, subject matter experts and community champions will convene on 6 June to score the bids.

Following detailed dialogue with both bidders over the next few months we plan to announce the new provider by the end of September.

### **2. A&E performance**

Performance of the urgent care system against the four hour target has remained challenging in the early part of 2016/17 with the year to date position standing at 86.9%. This is below the planned trajectory for the year.

An updated and combined system wide action plan is in place setting out both RUH and CCG actions to support recovery.

### **3. Sustainability and Transformation Plan**

The CCG continues to work across the BaNES, Swindon and Wiltshire footprint with key providers on the development of a Sustainability and Transformation Plan. Plans need to be submitted by 30 June 2016.

#### **4. Catherine Cottage merger with St James's Surgery**

St James's Surgery and Catherine Cottage Surgery in Bath will become one GP practice on 1 July 2016 with GPs and staff at Catherine Cottage leaving behind their Catherine Place premises and moving into the St James's facilities.

The merger will give patients greater access to GPs, nurses and other primary care services in modern healthcare premises at Northampton Buildings or the more traditional branch surgery at Junction Road, Oldfield Park. Merging the two practices will also create back office efficiencies, increasing the time available for direct patient care.

Patients registered with Catherine Cottage Surgery will automatically be registered with St James's Surgery and do not need to take any action. Information about other practices in the area has also been provided should patients wish to register elsewhere.

#### **5. Primary Care Transformation Fund and Statement of Intent**

The CCG is working closely with our 27 member practices to develop a bid to the national Primary Care Transformation Fund covering both estates and technology.

As part of this process the CCG has prepared a draft Statement of Intent to set out how we see primary care services developing in B&NES over the next five years. The CCG is seeking feedback from practices on the statement, which will form the basis of a draft primary care strategy for B&NES. We have plans to engage more widely with the general public and other stakeholders later in the year and will be attending the five Area Forums in June /July as well as the Bath City Conference.

#### **6. 360 Stakeholder Survey Results**

The CCG has now received the results of the 2015/16 IPSOS Mori 360 stakeholder survey. Whilst overall our performance is slightly below last year across a range of indicators, we are still performing above the regional average. The Board will be looking at our results in more detail at our next Board seminar.

#### **7. Diabetes Roadshow**

In April, the Diabetes UK Roadshow came to Bath's historic town centre to offer a free Type 2 diabetes risk assessment to passers-by. On the first day of the show, the team screened over 120 people, and numbers were higher on the second day, not least thanks to some spring sunshine.

Members of the public were encouraged to step into the Roadshow bus, give their weight, height and waist measurements and fill out a short health questionnaire to enable Diabetes UK staff to assess their risk. Anyone deemed to be at high risk of developing Type 2 diabetes was given an information pack from Diabetes UK and a referral letter to take to their GP.



The charity then returned to Bath's Hilton hotel later in the month for a one-off 'Living with Diabetes' day, where anyone with a diagnosis of Type 2 diabetes was welcomed to share their experiences and learn how to manage their condition more confidently.

## **8. Join Dementia Research**

Over the past months, BaNES CCG has been actively supporting the Join Dementia Research campaign via social media. Ian Orpen also attended a Mayoral Civic Reception in Bath earlier this month to mark the city's major contribution to dementia research. The event drew in representatives from local charities, health networks, hospitals and general practices across the region.

During the reception, Dr Orpen and Bath's Mayor, Councillor William Sandry, celebrated the work of Join Dementia Research and signed up to the service, encouraging attendees to do the same and pledge their support for it.

Since Join Dementia Research launched last year, the Bath area has contributed approximately 350 people to the service, making up a quarter of registrations from the entire West of England. There are currently seven research studies open in the Bath area.

## **9. The Global Corporate Challenge**

For the first time BaNES CCG is joining the 'Global Corporate Challenge', which sees teams of seven competing to walk the furthest in 100 days from 25 May.

Each member of staff who has volunteered to be part of the challenge has been issued with a pedometer to track their steps, and teams have entered the spirit by designing t-shirts, entering sporting events through the summer and scheduling regular walks on workday lunchtimes.

As the challenge progresses, global locations will be 'unlocked' and the teams with the most steps will be in with the chance of winning various prizes. There are also tips on healthy eating, ways to improve sleep and suggestions for calming busy minds.

This page is intentionally left blank

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

### Health & Wellbeing Select Committee May 2016

---

#### Feedback on the Wellbeing House

The Wellbeing House provides a 3-bedded retreat, a place of sanctuary, for people experiencing mental health distress where they can receive low level social support to help them stabilise themselves and prevent a crisis escalating into secondary care. The service is being delivered by Sirona Care & Health in conjunction with Curo Group. The Wellbeing House is now full every week and Sirona continue to receive positive feedback from it's service users.

The following quotes were received from a service user of the Wellbeing House -

*...being at Wellbeing House has helped me immensely this week...*

*...I think that the concept of the house is an amazing one...*

*...I'd be so unhappy to know a service like this is available for other potentially difficult weeks, its invaluable...*

#### Strengthening Adult Social Care

The Care Act 2014 is now a year old, having come in to force on April 1<sup>st</sup> 2015. It required us to:

- **Update the Council's policies** and procedures to ensure they are compliant with all the requirements of the Act. This has been done.
- **Train all relevant staff** in the Council, Sirona and AWP on all the requirements and expectations of the Act. This has been done.

But that is just stage one. Stage two is more challenging and more ambitious. As the opening paragraph of the Care Act guidance reminds us:

*"Underpinning all 'care and support functions (that is, any process, activity or broader responsibility that the local authority performs) is the need to ensure that doing so focuses on the needs and goals of the person concerned."*

The focus for all of us is to make the services we offer more relevant to the individual. To do this we need to improve the way partners work together and with individuals, family members and carers. During the last two months, staff from the Council's adult commissioning team have joined with practitioners from Avon & Wiltshire Mental Health Partnership NHS Trust (AWP) and Sirona Care & Health to consider how the support we provide to people can be further developed to:

- emphasise individual abilities rather than focus on what cannot be achieved, and
- recognise a person's support network and promote their wellbeing.

The sharing of good practice is at the heart of the challenge the Care Act sets us and all partners are committed to responding to this challenge. A regular newsletter has been developed to share details of service developments, national requirements and local good practice. The newsletter reminds staff of how the work they do every day with people in our communities contributes to the performance of the Council in key areas including financial accountability, the provision of information and advice and the development of the social care "market".

The work goes on – the next key issue we want to address together is how we can better support people to take positive risks when social care support is provided.

## **Accessible Information Standard (AIS)**

The AIS is a new standard that comes into force in July 2016. It aims to ensure that disabled patients and service users receive information in formats that they can understand and have appropriate support to help them to communicate.

The standard will apply to people that have a disability, impairment or sensory loss (including their carers or parents) and will cover all information that is needed for a person to access, understand and use health and social care services, making sure that they get information in the format they need (i.e. large print, braille, audio, easy read British Sign Language interpreter, deafblind manual interpreter or advocate).

The AIS applies to a wide range of NHS and publically funded adult social care organisations and services including NHS Trusts, Foundation Trusts, GP Practices, pharmacies, care homes, nursing homes and day care. Implementation of, and adherence to, the AIS will be included in Care Quality Commission inspections.

By 31 July 2016 all relevant organisations must have fully conformed to the AIS by law under section 250 of the Health and Social Care Act 2012. The AIS is also in line with the Equality Act 2010, the Care Act 2014, the NHS Constitution and the Equality Delivery System.

### **Key Actions**

Five key things have been set out for members of staff in NHS and publically funded adult social care services to do to support implementation of the AIS.

They must:

**Ask** – does the person have any information or communication needs and find out how the person's needs can be met. The person should be involved in this process.

**Record** - the person's needs. Individuals' information and communication needs must be recorded in a set way.

**Highlight** – or flag up in a person's file that they have communication or information needs and how these needs are to be met.

**Share** – information about a person’s needs with other NHS and adult social care providers. Consent must be obtained before information is shared.

**Provide** – patients, service users and their carers with information in an accessible way and communication support if they need it.

### **What we are doing to oversee implementation within B&NES**

- We have worked with the Care Forum to produce an information sheet which has been distributed to health and social care providers.
- We organised an event, together with the Care Forum, on Thursday 21<sup>st</sup> April to enable provider organisations to meet, share and learn from each other’s experiences of implementing the AIS.
- The information sheet and event information has been distributed to all GP Practice Managers and information about the AIS has been included in the GP newsletter.
- We have established an implementation steering group with inclusion from Sirona Care & Health, the Royal United Hospital, Avon & Wiltshire Mental Health Partnership NHS Trust (AWP) and representatives from voluntary and community organisations and the Council’s Equalities Team. The steering group will provide an oversight of providers’ progress and the opportunity to share resources and provide some uniformity across B&NES.
- The new social care IT system, Liquid Logic, is being configured to ensure that it will be compliant in the recording and flagging of communication needs.
- Monitoring of compliance against the AIS has been incorporated into contract monitoring reviews.
- The CCG has included the AIS within their quality schedule and, within this have specified that each provider will undertake a baseline assessment of the requirements of the standard and provide an action plan by the end of June 2016.
- We are working with Healthwatch to find out about the experiences of people with communication needs using health and social care services.
- The B&NES Networks CIC Quality Checkers Team have a planned quality check for the RUH; compliance with the AIS will form part of this check.

This page is intentionally left blank

## **Health Select Committee Public Health Update. May 2016**

### **1. Inequalities summit**

A long planned health inequalities summit meeting, held on behalf of the Health and Wellbeing Board, took place on May 11<sup>th</sup> in the Guildhall. It was organised by members of the public health and strategy and performance teams and chaired by the board's co-chairs. About 70 people from many organisations participated and there were a wide range of speakers from individuals giving their own personal stories, to community workers, a local GP and a DPH from Coventry. Feedback from the event was very positive and a lot of information was obtained.

A meeting was then held the following week to decide how to make use of the energy and ideas coming from this event to influence policies across the BaNES partnerships and an action plan will come from that meeting that will endeavour to thread the reduction in health inequality through the work of the council, NHS and wider partnerships. There will be a presentation on this meeting and outputs at a forthcoming Health and Wellbeing Board and then a further update to the select committee if wanted.

### **2. Health improvement**

An important function of some of the public health workers that we fund, are those developmental health improvement roles that are not directly client-facing but work with a range of organisations and businesses whose work impacts on the health of residents. These are in the process of being rationalised and made more efficient. Elements of these services which include work with schools, businesses, licenced premises, food outlets and other partner organisations have till now been based in the public health team, the public protection team and in Sirona. In order to realise savings from these functions the number of staff is being reduced (without any redundancies), but to retain the maximum utility from the resource, the remaining staff will have more generic job descriptions and will be more closely coordinated so that they can focus flexibly on priority areas at any given time.

This team will eventually be managed by the public health department, through a phased transition. Anticipating this we have now adopted a shared work programme and created a virtual team of health improvement practitioners across the council which includes the sport and active lifestyle team and the food policy work and the Director of Public Health award team together with the staff in the public health team and Sirona.

### **3. Sexual health**

We are currently engaged in a public and stakeholder consultation exercise about moving the Department of Sexual Medicine and HIV (GUM clinic) to Riverside Centre, where the Contraceptive and Sexual Health (CaSH) service is currently based. We believe this is a positive move as it can help to support a more joined-up approach to sexual and reproductive health care across B&NES, with the future potential to have a patient's needs met, with input from both services, in one appointment. The RUH is the main consulting body but we are working with them on this.

#### **4. Health protection:**

##### **a. Care home infection control pack**

Infections in care homes are a significant problem both for the homes' staff and residents and for health services, and in the past some homes have responded poorly to outbreaks both because they could not find the relevant information quickly and also because they were slow to ask PHE for help. In response to this an outbreak information pack for care homes has been prepared and circulated. It originated through some work between South Glos and PHE, and we have worked with the LAs care home commissioners, Sirona, Environmental Health and the CCG to make it suitable for use in B&NES.

The pack is mainly a consolidation of existing information, checklists and template documents, now available in one place to help speed up the response and requests for support. The pack was launched during a training event at the end of February at which about 35 care homes were represented and the feedback was very good. A clear need for more training on a variety of subjects was also shown and this is being taken forward.

##### **b. Clocking the ticks...**

Following on from the work we did last year and an increased concern about Lyme disease and ticks in recent weeks in B&NES, we're planning a tick awareness campaign in partnership with Public Health England (PHE) using a communication toolkit that they have produced. The campaign will use signage and other media to tell people what they can do to reduce their chance of getting bitten by ticks, what to do if they find one on their body, and if there are concerns about Lyme disease. The campaign will start shortly and continue throughout the summer alongside other summer safety messages.

The work will be targeted at areas that seem to have higher risk of being bitten by infected ticks based on a survey carried out by PHE last year. By adopting this targeted approach we can strike a balance of informing people about the health risk using without creating undue concern and any reputational damage.

Request to committee (and VP) view on whether to inform ward or parish councillors in areas where there will be action taken.

#### **5. NHS Health Checks**

BEMS+ (ex-Bath Emergency Medical Service, who are now a provider organisation drawing on BaNES primary care staff) were appointed as our Outreach Provider for NHS Health Checks and are preparing to start delivery in June 2016. They are approaching local workplaces to offer the free checks and particularly targeting male workforce in routine and manual labour. So if Councillors have any connections to local businesses that they know of it would be great to have some leads. BEMS + will be offering Health Checks to front line staff from the Place Directorate as well – road services, waste services etc. We could also provide a session for councillors in the relevant age bracket at Guildhall if there was interest in that. It is widely felt that a more targeted approach to health checks is a much better use of resources than the standard approach targeted only by age band.



## **6. ASSIST Smoking Prevention Programme**

Since 2010 secondary schools in Bath and North East Somerset have been offered the opportunity to participate in the ASSIST Peer Led Smoking Prevention programme. This programme has been well received by those schools that participate however in reviewing take up over the last 5 years, some schools have not been able to participate for a variety of reasons and this has meant there has been inequitable exposure to smoking prevention interventions across B&NES during this time. Some of the schools we would most like to be involved not participating. Prevalence of smoking amongst young people in B&NES continues to decline overall, however this varies considerably, dependant on a child's circumstances and where they live. We know that if a child is brought up in a family where people smoke they are three times more likely to smoke themselves.

In order to address these varying levels of smoking prevalence across the area we now intend to test out a targeted approach to prevention in specific communities. In order to free up resources to do this we will be transferring funding from the ASSIST programme as it is felt to be expensive for what it brings, not least because a lot is spent on the licence. Our commitment to tackling smoking prevention amongst young people in B&NES has not changed. However, the way we tackle the problem does need reviewing. We will be looking at ways of engaging parents and children through working with primary schools, community groups and sports clubs in the first instance during 16/17.

## **7. Dental survey**

A survey of dental health in 0-5s based on a school based survey has just been published. The good news is that 85% of children in BaNES have no decayed missing or filled teeth at age 5 which ranks us third equal of all upper tier authorities in the country after only South Glos and Wokingham. The SW regional average is 78.5% and England average is 75.2. and the worst are little over 40% so it is a very varied picture nationally.

This particular indicator is the headline one being put out by PHE and seems to me to be the best single figure to benchmark by, but we rank well by any of the measures in the survey. There is also improvement on the previous survey in 2012 (which is a general finding nationally and so can't have been all down to the closure of Cadbury's in Keynsham!).

The not so good news is that most of the dental caries that we still have is potentially avoidable, and that in BaNES dental ill health is concentrated in certain communities, so we should continue recent discussions on appropriately targeted work. Fortunately a dental health strategy and action plan across the west of England region has also been produced which will support our efforts.

## **8. Sugar tax**

Public health organisations have welcomed the proposed tax on sugar sweetened soft drinks. These drinks have been shown to be major sources of sugar in young people, and indeed people of all ages, and they are also behind a lot of tooth decay as well as contributory to obesity and diabetes. Measures such as this, even when there is some evidence for effectiveness, are always controversial and arguments can be made for the pro and the contra. Certainly no single move that we can make is any sort of panacea to highly complex and deep rooted problems but by combining the widest range of approaches from legislative to local we may have the best chance of mitigating a growing crisis and there is some evidence that such a tax may reduce consumption.

To counter the argument that this sort of move attacks the less well off one could point out both that there are low calorie sugar free alternatives to almost all drinks in question (although water is a better option to these too) and this sort of legislation also encourages the industry to reformulate their products with lower levels of sugar.

Bruce Laurence



# healthwatch

Bath and North East  
Somerset

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

## **INTRODUCTION**

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

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

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

### **Continuing to champion the patient and public voice**

The Care Forum is pleased to announce that it has been awarded a new two year contract to deliver the Healthwatch function in B&NES, taking its provision of this service up to spring 2018. The next two years will be a crucial time for health and social care in B&NES with implementation of the Sustainability and Transformation Plan, launch of the new community healthcare services contract, developments in primary care, expansion of services provided at the Royal United Hospital, Bath and much more.

The Care Forum is delighted to be able to continue engaging with B&NES residents around health and social care services, identifying best practice, areas for improvement and working in partnership with statutory and VCSE organisations to ensure that the patient and public voice is heard.

The Healthwatch B&NES advisory group is currently working to set the priorities for the project during 2016-17, in line with the strategic focus established by the B&NES Health and Wellbeing Board and the organisational objectives and values of The Care Forum.

### **Primary care, preparing for the future**

In January 2016 Healthwatch B&NES hosted a joint meeting with NHS BaNES Clinical Commissioning Group (CCG) for members of the public and lay representatives to receive an update on the work of B&NES Enhanced Medical Services (BEMS+) following its launch last year.

An event report has been produced which incorporates feedback received from the 20 people that attended. In addition to some comments regarding the BEMS+ service, the group also discussed a wide range of primary care services, sharing their thoughts on what is being done well and where things could be improved or delivered in a different way. The key points from this report are as follows:

### **Access to services**

Concern was expressed regarding how people access services, including:

- i)** convenience of appointment times within GP surgeries and outpatients clinics
- ii)** a perceived lack of clarity around the appointment booking systems that are in use within GP surgeries
- iii)** the convenience of appointment locations and the opportunity to have more community-based services, e.g. diagnostic tests and screening
- iv)** waiting times for referrals and clarity around the process
- v)** flexibility of services to enable access by people that work or have caring responsibilities; and
- vi)** the need to provide more person-centred services to support vulnerable people, such as those with mental health problems.

### **Commissioning and provision**

There were specific questions raised around the BEMS+ commission, including eligibility to receive support and/or who could be included in the service, particularly the weekend working pilot. There was also discussion about other services that BEMS+ could be aligned with and financially supported by due to the impact that it is having on the wider health system, with particular reference to the Royal United Hospitals Bath NHS Foundation Trust.

### **Communication**

A need was expressed for more information and clarity around services, such as:

- i)** community-based (private) providers that people can access without needing a referral from their GP, e.g. opticians and audiology assessments
- ii)** what services are available at GP surgeries (increasingly more important as the focus moves towards developing more locality-based provision)
- iii)** when to access which service, e.g. minor injuries, urgent care and Accident and Emergency
- iv)** ensuring health professionals are advised about the services their patients can access in order to live more independently and self-manage their conditions

### **Coordination of services following discharge**

The importance of making sure that care packages and plans for reablement are in place prior to people being discharged from hospital, with specific reference to older people and those that are at risk.

The key points from the report were shared at the recent NHS BaNES CCG Joint Primary Care Co-commissioning Forum, together with feedback that the CCG had gathered through its Patient

and Public Involvement group, Your Health Your Voice. The themes from these reports have been fed into the CCG and NHS England's discussions about primary care and its continual evolution to suit current and future needs, with particular focus on development of the B&NES primary care strategy.

### **Supporting quality**

During the last month Healthwatch B&NES has fulfilled its role in reviewing Quality Accounts for three service providers in the area, including Avon and Wiltshire Mental Health Partnership NHS Trust, the Royal United Hospitals Bath NHS Foundation Trust and South West Ambulance Services NHS Foundation Trust. Healthwatch is still waiting to review Quality Accounts for Arriva Transport Solutions Ltd and Sirona care & health C.I.C.

Healthwatch B&NES values the opportunity to have sight of these documents and provide constructive feedback on the quality of the services that are being provided to the residents of B&NES. In particular, Healthwatch B&NES has been reassured by the commitment that providers have shown over the last year towards patient and carer/family engagement in order to help continually improve services. Healthwatch B&NES has also highlighted some concerns, particularly regarding staff morale and/or themes raised through annual staff surveys, a reduction in uptake of the Friends and Family Test in certain wards/departments and breaches in achieving some key performance indicators.

Despite this Healthwatch B&NES notes the dedication that is being shown by NHS staff at this very challenging time to tackle these issues and improve the safety and effectiveness of patient treatment across services and settings. This has been demonstrated particularly well through the achievement of a number of Commissioning for Quality and Innovation (CQUIN) initiatives during 2015-16, which have helped to secure further extension of these work streams and the ongoing improvement of patient outcomes over time.

Healthwatch B&NES volunteers have also been working with providers to support patient-led assessments of the care environment (PLACE) at various NHS settings over the last few weeks, including Avon and Wiltshire Mental Health Partnership NHS Trust's Ward 4 at St. Martin's Hospital

Report prepared by Alex Francis, Interim General Manager, Healthwatch B&NES  
Thursday 12 May 2016



# Your Care, Your Way

## Programme Update

Health and Wellbeing Select Committee  
25<sup>th</sup> May 2016



your care  
your way

# PROCUREMENT UPDATE

Page 32

---

Bath & North East  
Somerset Council

---

**NHS**  
*Bath and North East Somerset  
Clinical Commissioning Group*



# Procurement Update



# How will we identify the “most capable” Prime Provider...



# The Prime Provider Partnership...

- Could be one or multiple organisations, but will be commissioned through a single commissioning contract
- Will be the Commissioners' key partner in the delivery of integrated community services for the contract term, and take on a leadership role in the wider community health & care system
- Will be responsible for supporting the Commissioners in the further commissioning of social prescribing Systems (DPS)



# Continuing Engagement





your care  
your way

# SPECIFYING AND CONTRACTING FOR SERVICES

Page 37

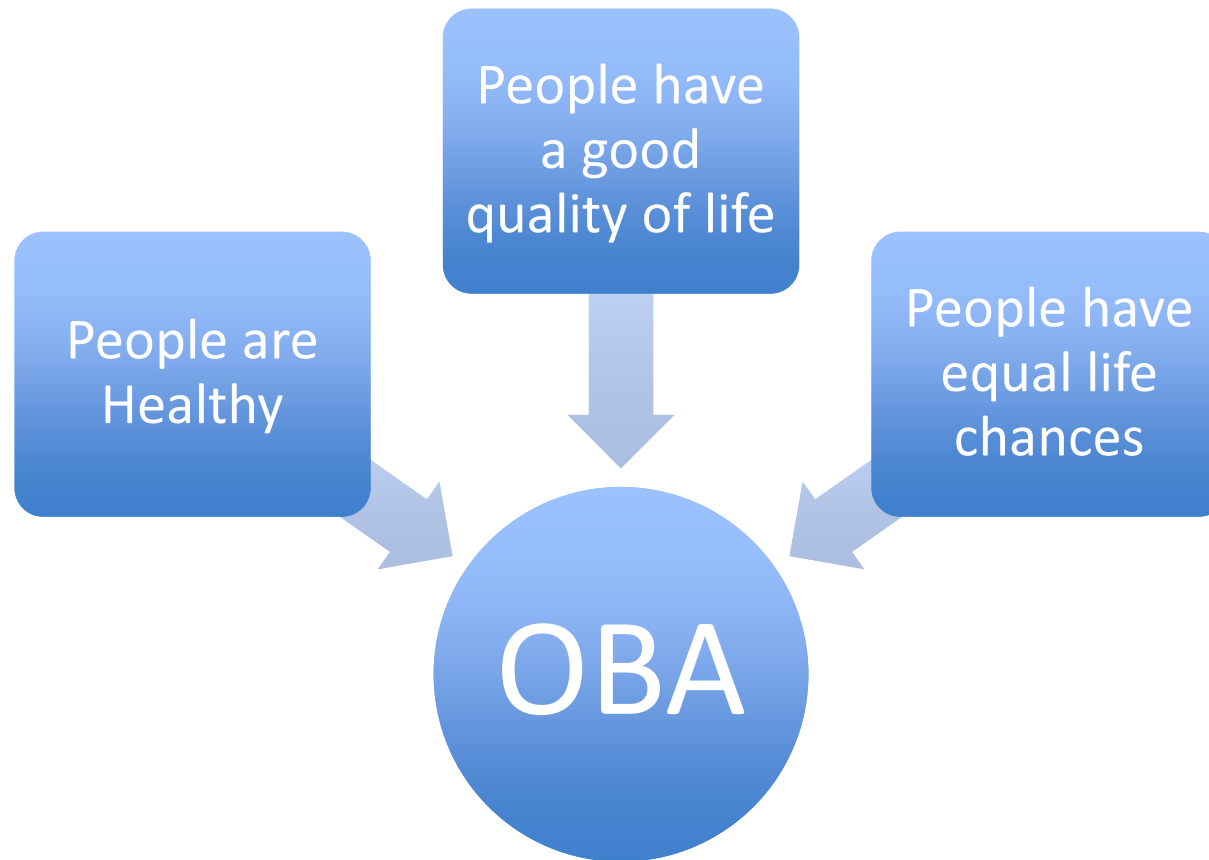
---

Bath & North East  
Somerset Council

---

**NHS**  
*Bath and North East Somerset  
Clinical Commissioning Group*

# Moving to Outcomes Based Accountability....



# A reminder of lessons learnt...

- Rigorous evaluation and assessment of risks within the procurement, including re-assessment of bidders where there are material changes to their arrangement during the process, and a full awareness of ownership and legal structures associated with partnership arrangements
- The appropriate use of Parent Company Guarantees or other performance warranties
- The ability to triangulate the narrative (quality response) of a bid with income and staffing assumptions contained within a bid
- A commitment to proactive engagement with, and full reporting to, Executive Officers and Members
- Clear accountability and relationship management between the Commissioner and the Prime Provider, and from the Prime Provider to all other providers



your care  
your way

# KEY MILESTONES

Page 40

---

Bath & North East  
Somerset Council

---

**NHS**  
Bath and North East Somerset  
Clinical Commissioning Group



# Prime Provider - Key Milestones...

June 16

- Final Procurement Stage
- Draft Contracts Assessed

Aug 16

- Preferred Bidder

Nov 16

- Full Business Case
- Contract Award



your care  
your way

# Q&A

Page 42

---

Bath & North East  
Somerset Council

---

**NHS**  
Bath and North East Somerset  
Clinical Commissioning Group