

**HEALTH AND WELLBEING SELECT COMMITTEE**

**Minutes of the Meeting held**

Wednesday, 20th July, 2016, 10.00 am

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

**Officers :** Jane Shayler (Director for Adult Care and Health and Commissioning), Tracey Cox (Chief Officer, CCG), Bruce Laurence (Director of Public Health), Catherine Phillips (Commissioning Manager for Urgent Care and Non-Acute Services), Clare O'Farrell (Associate Director for Integration), Paul Sheehan (Public Health Development & Commissioning Manager) and Sue Blackman (Your Care, Your Way Project Lead)

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

**15 WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting.

**16 EMERGENCY EVACUATION PROCEDURE**

The Chair drew attention to the emergency evacuation procedure.

**17 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS**

There were none.

**18 DECLARATIONS OF INTEREST**

Councillor Lin Patterson declared an other interest in agenda item 15 (Your Care, Your Way Update) as she has signed a petition regarding the non-privatisation of the Health Service.

Councillor Paul May declared an other interest in agenda item 15 (Your Care, Your Way Update) as he is a Sirona board member.

**19 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN**

There was none.

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

Susan Charles, WWISE Network made a statement to the Panel on the subject of Warm Water Swimming Pools. A copy of the statement can be found on the Panel's Minute Book, a summary is set out below.

She asked were members of the Committee aware that the plans for the remodelling of the Bath Leisure Centre & also the initial proposals for Keynsham Leisure Centres do not address the need for a warm water pool suitable for disabled children, young people and adults living with long term conditions so they can exercise & go swimming for leisure & recreation as well as to maintain their health & fitness along with the rest of the community?

She said that in 2014 there was enormous support for the concept, from this committee as well as a number of other committees we talked to at the time, and we were assured the Council & the CCG would be "working closely ... to ensure the new leisure contract provides the best possible service for local people and supports them to live healthy lifestyles"

She added that since then we have met with the consultants & officers who negotiated the contract & had a very positive discussion with the Local Area Manager for GLL - they were all very supportive of it being included in the remodelling plans. She said it is with dismay therefore that we find it is not in the plans for Bath Leisure Centre nor in the initial proposals for Keynsham.

She explained that in Bath a second warm water pool has been included but, at 60–90cm / 2-3ft maximum depth, it is still too shallow for older children, young people & adults. She added that an additional 30cm/1ft depth would make all the difference and this could be quite achievable in the space available in the Leisure Centre.

She stated that with a suitable pool available to them they could all lead a more active lifestyle, not only improving their physical & mental health and quality of life, but also maintaining more independence so needing less costly NHS treatment interventions & less additional support from Social Services – potentially enormous savings as well being in line with the CCGs 5yr plan, the Council's Joint Health & Wellbeing & Fit for Life Strategies, and the Children & Young People's Plan besides complying with the Council's Protocol for Decision Making, the Council's Equalities Policy & also its Pledge to Young People.

She said that we feel the Council is failing to capitalise on this once in a lifetime opportunity to ensure a warm water pool suitable for everyone living with long term conditions is included in the remodelled Leisure Centres and we ask the Committee to make representation that the design as it is proposed is given further consideration by both the Council & GLL.

Councillor Lin Patterson asked with the cuts the Council have to make to the current budget over the next few years, how the cost of such a pool can be justified.

Susan Charles replied that the changes needed to the proposed design may not necessarily incur additional expense as the difference could be quite achievable in

the space available but they would serve to make it more accessible to a wider range of users including generating more income, especially during the daytime.

She added that it is also our understanding that part of the conditions under which GLL were awarded a long term contract was that they would raise a large amount of capital to invest in improving the leisure facilities in return for the income from the leisure facilities over the term of the contract so the capital cost of any remodelling would not come out of the Council's current budget.

She said that we understand some of the money for the remodelling is coming from GLL, some from Sport England with the remainder being a loan from the Council, to be repaid over the term of the contract. It would appear therefore that the capital being invested in the Leisure Centre is independent of the Council's current budget considerations.

Councillor Lin Patterson asked what other facilities were available locally.

Pamela Galloway, WWISE Network replied that there is a long waiting list for follow up sessions at both the RUH and the Mineral Hospital. She added that there is a hydrotherapy pool at the University of Bath, but that had a minimum depth of 1.4m. She said that there was a pool within a special school in Chippenham and a facility in Frome but that you had to hire the whole of the pool to use it. She said that the pool within Three Ways School was fully booked.

Councillor Geoff Ward commented that the Council aims to promote good health and that public baths have been in place for years. He asked what excuses they had been given for request to not be included.

Pamela Galloway replied that they had been told it was not part of the commercial consideration of the leisure centre. She added she believed that if one were provided it would be well used.

Susan Charles added that she had spoken to an expert on this matter and that he could see no reason for it to not be included in. She said that she feels that the Council see it as a purely a medical issue which it is not.

Councillor Geoff Ward asked the Cabinet Member to pursue the matter on behalf of the Select Committee.

Councillor Paul May said that he supported the comments made by the members of the public and believed that it would be a well used facility.

Councillor Vic Pritchard, Cabinet Member for Adult Social Care & Health commented that he was in favour of the concept and that he would speak with colleagues and officers regarding the matter. He asked for clarification if it was a dedicated area that they wished to have.

Pamela Galloway replied that the area in the plans marked as a 'Teaching Pool' was too shallow and it was this space that they would like to be made deeper so that adults could use it.

The Director for Adult Care and Health Commissioning said that officers would support the Cabinet Member in moving the issue forward and gathering evidence.

Councillor Eleanor Jackson said that she recalled from previous statements that the cost to raise the temperature of the water in pools was minimal. She added that she would like North East Somerset to also have such a facility as the pool at Gullicks Tyning is too cold and the one in Writhlington had closed.

Councillor Lin Patterson asked what water temperature would be preferable.

Susan Charles replied 33 degrees centigrade.

The Chair thanked the members of the public for their statement and contribution to the debate and asked that the Select Committee be updated on the matter at their next meeting.

## **21 MINUTES - 25TH MAY 2016**

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

## **22 CLINICAL COMMISSIONING GROUP UPDATE**

Tracey Cox addressed the Select Committee, a summary of the update is set out below.

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

The second stage of the procurement process is now complete and both bidders (Virgin Care and the Sirona partnership) have successfully made it through to the third and final stage.

The bidders' final responses will be scored by the community champions and our expert evaluators in early August. The organisation with the highest score at the end of this process will be announced on 18 August and will become the preferred bidder. They will then begin eleven weeks of intensive testing and discussions with the CCG and Council to produce a final business case.

The award of the contract will require formal approval from the Council Cabinet and CCG Board at public meetings on the 9th and 10th November respectively before the new contract begins on 1 April 2017.

### **A&E performance**

Performance of the urgent care system against the four hour target continues to be challenging but there was a slight improvement of 0.7% from April with performance up to 87.6% in May. This is still below the planned trajectory for the year however.

The four hour performance has been impacted by a number of factors including poor flow into inpatient specialty beds, higher attendances at A&E and more non-elective admissions compared to May 2015 as well as an increase in the number of delayed transfers of care. A system-wide improvement plan is in place setting out the actions required from the RUH, BaNES CCG and Wiltshire CCG to support recovery.

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

The CCG has submitted a bid to NHS England's Estates and Technology Transformation Fund on behalf of our 26 member practices. We are seeking new funding for a range of initiatives including expansion/relocation of practices as well as investment in new digital technology to support e-consultations and self-care. We expect to receive some initial feedback from NHS England at the end of July.

We also presented our statement of intent for general practice at all five of the Council's Area Forums over the past few weeks. There has been broad support for our vision and approach from all five areas with a range of feedback collected about the provision of GP appointments on evenings and weekends.

## **GP Patient Survey Results**

GP practices in B&NES have scored highest in the country for patient experience in the latest GP Patient Survey. The results show that 94% of B&NES patients describe their experience at their GP surgery as 'good', compared with a national average of 85%.

Councillor Eleanor Jackson questioned the response rate of the survey and asked what proportion of patients had responded.

Tracey Cox replied that 3,185 people replied to the survey which was a 46% response rate.

Councillor Tim Ball commented that in his opinion the local GP service was excellent.

Councillor Lin Patterson asked if it were possible to see a breakdown of responses by area.

Tracey Cox replied that members could be sent a full copy of the survey report.

## **Annual Report & Accounts and invite to our AGM**

The CCG's latest Annual Report and Accounts is now available to view online. The report provides an overview of our achievements and challenges during the past financial year as well as governance and financial updates. Please visit [www.banescCG/documents/annualreports](http://www.banescCG/documents/annualreports) to read this review.

Everyone in B&NES is invited to attend our AGM to find out about the improvements we have made to local health and care services in the past year and our plans for the future. This event takes place on the afternoon of Thursday 29 September at Somerdale Pavilion in Keynsham.

Visit [www.banescCG/get-involved/meetings/agm](http://www.banescCG/get-involved/meetings/agm) to register or email [banes.comms@nhs.net](mailto:banes.comms@nhs.net).

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

## 23 CABINET MEMBER UPDATE

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

### **Serena House Refuge Service**

A new refuge accommodation service for domestic abuse survivors has been launched in Bath and North East Somerset with the help of £100,000 government funding.

Bath & North East Somerset Council secured the funding from the Department for Communities and Local Government (DCLG) in December last year after successfully bidding in order to establish refuge services that can work with clients (both women and men with or without children), who have complex or multiple needs.

The new service is called Serena House and it will provide up to eight new units of refuge accommodation in B&NES. The first 2 units have been secured with the help of Curo and were due to open last month (June) and are situated in Keynsham where there are 2 more units in the pipeline. The project group, which includes B&NES Council (Supporting People Team), Curo, DHI and Julian House, is looking to secure further accommodation in Midsomer Norton and Radstock which, along with Keynsham, has been identified as an area with high need and no existing refuge provision.

### **B&NES/Swindon/Wiltshire Sustainability and Transformation Plan**

All areas in England are required to have a Sustainability and Transformation Plan (STP) showing how local health and care services will evolve and become sustainable over the next five years. To deliver plans that are based on the needs of local populations, local health and care systems came together in January 2016 to form 44 STP “footprints”. In most cases, these footprints bring together more than one local authority/Clinical Commissioning Group (CCG) area. Bath and North East Somerset is in a STP footprint with Swindon and Wiltshire. Health and care organisations in these three areas are working together on an STP for B&NES/Swindon/Wiltshire (BSW) with the aim of improving our local population’s health and wellbeing, to improve service quality and to deliver financial stability.

The health and care needs of the STP population are diverse and we are developing a joint approach that takes this into account. We will also ensure it aligns with individual organisational plans, including, in B&NES the *your care, your way* community services review and, also, with local Health and Wellbeing Strategies.

### **Closure of Rosewell Care Home, High Littleton**

The closure of Rosewell is progressing well; Rosewell at the beginning of the home closure had 55 occupied beds.

The Council, CCG and Sirona Care & Health have ensured that every resident has an allocated social worker. Steps have been taken to ensure that residents can be

safely transferred to alternative care providers in order to best serve their needs. And residents and their families will have as much choice and control over their move as possible.

As of the 14<sup>th</sup> July 2016 there are 22 residents left, of these -16 have new homes and planned dates for moves. The remaining 6 are awaiting assessments from homes.

5 residents have passed away during this time but they had remained in Rosewell, supported and cared for by staff they knew. (No death was unexpected)

28 residents have moved and they have all moved to placements of their or their families' choice.

21 have moved to homes within B&NES

4 have moved to homes just over the border into Somerset.

3 have moved to homes Out of area to be nearer family.

Please be assured that we will continue to work closely with partner agencies, Embrace, residents and family members to ensure the safe transfer of all residents by the 22<sup>nd</sup> Aug 2016.

Councillor Paul May said that he was concerned about the boundaries of the STP and that the map relating to it defied logic. He added that he welcomed the comments made by the Cabinet Member regarding local plans. He suggested that the Select Committee receive a briefing on the STP from the Chief Executive of the RUH.

Tracey Cox commented that limited conversations had taken place so far and that no changes were expected to specialised commissioning. She added that the footprint was about an alignment of work and looking at future pathways together. She informed them that there was to be an STP engagement event on September 13<sup>th</sup>.

Councillor Eleanor Jackson said that there appeared to be a lack of joined up thinking as this appeared to be opposite to the devolution discussions taking place.

Tracey Cox replied that collaborative work with Wiltshire has taken place over many years and that there were potential dis-benefits if we remove ourselves from this footprint. She added that there is a work stream in place on preventative care and we will assess the good service provided by the Salisbury Foundation Trust.

The Director of Adult Care and Health Commissioning said that the Council should look to learn from other areas of the country in terms of devolved power and assess the risks involved.

Councillor Lin Patterson commented that she was troubled by the shift of focus to prevention.

Councillor Pritchard replied that prevention should be seen as much the better option and that the number of hospital stays should look to be reduced.

Tracey Cox added that we have high intervention rates prior to surgery that shift the focus to physio or additional exercise.

Councillor Tim Ball asked what effect this would have on patient choice and priorities.

Tracey Cox replied that the policy guidance remains regarding choice in terms of maternity and personal health care. She added that places are restricted in some cases such as the Bristol Spinal Service which has a long waiting list.

Councillor Pritchard said that the concerns of the Select Committee have been taken into account during these initial stages.

Councillor Geoff Ward said that as the demand on NHS services remains the role of Public Health is vital. He asked what future the care home industry has.

Councillor Pritchard replied that this was a national problem and one reason we introduced the local 2% precept to the Council Tax. He added that Rosewell was losing a substantial amount of money on a monthly basis and that staff and officers should be praised on an effective relocation within a matter of months.

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

## **24 PUBLIC HEALTH UPDATE**

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

He said that when Public Health came under the umbrella of local government it became responsible for primary prevention, but that there was limited capacity for secondary prevention for which the NHS retained some responsibility. Although the distinction is somewhat arbitrary it is illustrated by the fact that the new national diabetes prevention programme is funded through the NHS.

He commented that Public Health support the efforts of the Sustainability and Transformation Plan whilst recognising the need for local plans to remain.

### **Health Inequalities Summit**

This was a really well attended event that showed good support from local services to identify areas of need.

### **E.coli**

He explained that this latest case started in the South West of England and that around 150 reports have been made nationally. He added that whenever a case is reported it involves a large piece of work to identify the source and prevent further cases. He said that imported salad leaves were the contributing factor on this occasion and urged the public to wash salad leaves prior to eating them.

### **Children's Health Scrutiny Panel**



The meeting focused on the areas of Children's Mental Health, Childhood Obesity and the General Health of Children. He said that it was a very useful session to hold.

Councillor Geoff Ward asked how many E.coli cases had been reported within B&NES.

Dr Laurence replied that one, possibly two cases had been reported.

Councillor Eleanor Jackson said that data from a report later in the agenda shows that we have good figures locally in terms of sexual health and she asked if this was due to successful education work.

Dr Laurence replied that good services were available locally in terms of contraception and teenage pregnancies.

The Public Health Development & Commissioning Manager added that it was a really responsive that had good staff within it.

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

## **25 HEALTHWATCH UPDATE**

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

### **Healthwatch B&NES Annual Report 2015-16**

She said that the third year of The Care Forum's contract to provide Healthwatch B&NES has been its most successful yet, with an 89% increase in the amount of patient and public engagement work carried out compared to the previous year.

She said that strong collaboration between staff, partners and volunteers has been the main contributor to the project's success. Although a small project team, the dedication and commitment of its volunteers has enabled us to carry out six Enter and View visits to care homes across the district, and receive over 240 individual comments covering all aspects of health and social care, from GPs to hospital, care homes to community based support. We are pleased to say that last year also saw recruitment of eight new Healthwatch volunteers, increasing the project's volunteer base by around 30%.

### **Healthwatch B&NES priorities 2016-17**

The Healthwatch B&NES advisory group met in June to set the priorities for the project during 2016-17. These priorities have been selected in line with the strategic focus established by the B&NES Health and Wellbeing Board, the feedback that Healthwatch B&NES has gathered over the last 12 months and The Care Forum's organisational objectives.

The three priority areas for Healthwatch B&NES this year will be:

**Mental health** – with particular focus on the new inpatient development at Combe Park; Child and Adolescent Mental Health Services (CAMHS); and the lived

experiences of mental health service users and their carers – with the aim that this will feed into the B&NES Mental Health Collaborative Alliance

**Access to services** – specifically implementation and impact of the Accessible Information Standard legislation

**Urgent care** – including people's experiences of using three main points of access: NHS 111, community pharmacists and NHS Choices.

### **Sustainability and Transformation Plan (STP)**

Over the last couple of months Healthwatch B&NES has been working in conjunction with Healthwatch Swindon and Healthwatch Wiltshire to explore the role that it can take in supporting development of the B&NES, Swindon and Wiltshire STP.

There is a valuable role for Healthwatch to play in engaging with the public and voluntary sector regarding the STP. In addition to meeting with James Scott, STP strategic lead, and colleagues at NHS BaNES Clinical Commissioning Group, representatives from the three Healthwatch projects across the footprint have also been invited to sit on the STP Board.

At present it is anticipated that engagement around the STP will begin in September. In the meantime Healthwatch B&NES is working closely with partners to ensure that engagement is a key part of this process.

Councillor Lin Patterson asked what role Healthwatch plays in terms of prevention. In particular, she asked their view regarding funding for over 18 year olds leaving CAMHS. She said that this should be focussed upon prior to it becoming a crisis.

Alex Francis replied that this was a national priority as well as being part of key plans locally. She said that in its role Healthwatch are not able to lobby, but they can share feedback received with providers. She added that they intend to work with the seldom heard on discussions about the STP and CAMHS.

Tracey Cox added that as part of the Your Care, Your Way project CAMHS would be re-procured and that they would look at the subject of transitions.

Councillor Tim Ball commented that he had experience with children who have mental health issues and said there was a lack of information available to the public regarding ADHD (Attention Deficit Hyperactivity Disorder), ADD (Attention Deficit Disorder) and ASD (Autism Spectrum Disorder). He said that he felt these needed to be picked up earlier to prevent further problems.

Councillor Paul May suggested that at a future meeting the Select Committee receives a presentation from The Care Forum on their new management structure.

Councillor Eleanor Jackson commented on the subject of CAMHS that she would pass to Alex Francis her notes from a meeting with a local youth worker.

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

## **(GUM (GENITO-URINARY MEDICINE))**

The Associate Director for Integration, RUH introduced this report to the Select Committee. She explained the planned relocation of the Royal United Hospital's (RUH) Sexual Health Clinic, along with clinicians and support staff, from the RUH's Combe Park site, to shared premises at the Bath Riverside Health Centre. She stated that the Trust is planning to relocate the Clinic at the end of 2016, to share ground floor premises with the Contraception and Sexual Health (CaSH) services currently provided by Sirona.

She added that other services currently located at the Centre include Bath and North East Somerset Enhanced Medical Service (BEMS) and Avon and Wiltshire Mental Health Partnership (AWP).

She said there would be no change in the level of service provision for patients of the Sexual Health Clinic and that the RUH will continue to provide the same range of services at the Riverside Health Centre and patients will continue to be seen and treated by the same team to the same high standards.

She informed the Select Committee that a focussed clinical and patient and public engagement on the planned relocation of the service from the RUH Combe Park site, to the Riverside Health Centre, ran from 18th April to 27<sup>th</sup> June, a period of ten weeks, asking people to share their thoughts on the plans to relocate, including any benefits, concerns or anything additional people felt needed to be considered ahead of moving.

She said that the majority of respondents were positive about the plan to relocate the service, identifying easier travel and access including better public transport links, central location and co-location with CaSH as amongst the benefits of moving to the Riverside.

She explained that the HIV Clinic will continue to run on the same morning as a separate clinic, so patients will share the dedicated waiting area only with other HIV patients during this time and not with other Sexual Health patients. She added that there would be a separate reception desk and waiting room for patients attending the Sexual Health Clinic.

She said that subject to the Select Committee's endorsement of the plan to relocate the Sexual Health Clinic to the Riverside Health Centre in Bath, the intention is to relocate the Clinic on World AIDS Day, December 1<sup>st</sup> 2016.

Councillor Paul May said that this was a prime example of working with the community.

Councillor Eleanor Jackson commended the excellent work of the project.

The Select Committee **RESOLVED** to:

- Note the outcome of the impact assessments and patient and public engagement activities which provided opportunities for patients, staff, stakeholders and the public to provide feedback on the planned move, and which confirmed that the effects of this change are considered minimal and

that there are a number of positive aspects to the change, for current and future patients and for the wider healthcare community.

- Endorse the proposal to relocate the Sexual Health Clinic from the RUH's Combe Down site to the Riverside Health Centre in Bath.

## 27 URGENT CARE CENTRE

The Commissioning Manager for Urgent Care and Non-Acute Services introduced this report to the Select Committee. She explained that in order to better meet the needs of patients, the service will make the following three key changes:

- From July, remove GPs from the rota at the Urgent Care Centre on weekdays from 08:00-12:00, but retain Nurse Practitioners who have the skills and experience to provide appropriate care and treatment for patients.
- If no major issues are identified with the above action, removal of GPs from the rota at the Urgent Care Centre from 12:00 – 16:00 from September, again with Nurse Practitioner cover during this period.
- Introduction of a weekend remote telephone triage shift to facilitate GPs managing the telephone queue more quickly. This is in addition to the GP staffing that is already in place at the Urgent Care Centre and facilitates the service meeting the multiple priorities of patients in the Centre and those who are at home or on the phone.

Councillor Lin Patterson asked what would happen if a GP were required by a patient.

The Commissioning Manager for Urgent Care and Non-Acute Services replied that analysis suggests it is very unlikely that a GP is required to meet patient demand in the specified period, however if required, a GP can be referred to by telephone. She added that patients would then be streamed appropriately according to their condition.

Councillor Eleanor Jackson commented that she had personally found this service to be invaluable. She referred to the section of the report which stated there are 'no financial implications' from this decision and asked would the service not be cheaper without a GP in situ.

The Commissioning Manager for Urgent Care and Non-Acute Services replied that there were no implications to the CCG through their current contract.

The Select Committee **RESOLVED** to approve the three recommendations above as indicated by the bullet points.

## 28 INTRODUCTION TO NHS SPECIALISED SERVICES

The Select Committee were given a presentation on this matter from Dr Lou Farbus, Head of Stakeholder Engagement, NHS England (South), a summary of her presentation is set out below.

## **What is specialised commissioning?**

Planning, funding, procuring, and performance monitoring specialised services.

Specialised Services = less common illnesses, conditions, treatments or services.

## **How do I know what is 'specialised'?**

Specialised services now cost £15bn a year across 146 specialised ('prescribed') services that are commissioned by 10 specialised commissioning 'hubs' across England.

The list of specialised services is under constant review. Each service comes under one of six 'Programmes of Care':

- Internal medicine – digestion, renal, hepatobiliary and circulatory system
- Cancer
- Mental health
- Trauma – traumatic injury, orthopaedics, head and neck and rehabilitation
- Women and children – women and children, congenital and inherited diseases
- Blood and infection – infection, immunity and haematology

## **How are they commissioned?**

To be most safe and cost effective specialised services need to be planned and commissioned using populations of at least 1 million, which is larger than the populations served by most Local Authorities and Clinical Commissioning Groups, with many of the rarer conditions needing much larger planning populations than this. Consequently, specialised services are not provided in every hospital and tend to be found only in larger ones, which perhaps provide a range of specialised services. It is for these reasons that specialised services are commissioned on behalf of people who live in many different localities, both within and outside of the South West of England.

## **The benefits**

- Achieve the best outcomes for patients & carers by reducing 'occasional practice'
- Improve the patient/carer experience by concentrating resources in state of the art facilities
- Build clinical competence
- Improve the training of specialist staff
- Ensure cost-effectiveness in provision
- Make the best use of scarce resources [including staff expertise, high-tech equipment, donor organs, etc].
- Support research and innovation

## **Challenges**

- We can't please all of the people all of the time – services that move closer to some move further from others
- Limited resources

- Geography and infrastructure
- Demand and capacity
- Stakeholder engagement & maintaining momentum on shifting sands

### **Operating Model Design Principles**

The South Way:

- One team, and one way of working across the South
- Principle of subsidiarity – local action on local issues

Integrated contract management:

- Integrated contract, finance, clinical, service and business intelligence teams to deliver a multidisciplinary contract management approach.
- Working as a team

Clear accountability:

- Clear leadership responsibilities and lines of accountability

Better control:

- Increased structure and improved processes to enable greater financial and operational control

### **South West Collaborative Commissioning Service Specific Priorities**

- CAMHs
- Perinatal Mental Health
- Low/Medium secure
- Rehabilitation – inclusive of Neuro-rehab and Spinal Cord Injury
- Vascular – specifically Devon & Cornwall, and
- STP (unknown at July '16) and locality specific (e.g. Devon Success Regime; Cornwall Devolution) priorities

### **Planned Business (but not as usual)**

- Planned national procurements: CAMHS & PET/CT
- Service Spec Compliance: Derogation
- Quality & Safety: Performance Management
- Responding to changes triggered by EU Referendum as necessary
- Supporting and assuring the PPE re: migration of services out of providers (e.g. RNHRD; RDE) and the temporary cessation of provision to address effects of waiting times on patients' (e.g. thoracics, spinal)

Councillor Lin Patterson asked how many specialist conditions were treated by the RNHRD.

Dr Farbus replied that either 7 or 8 were of a specialist nature.

Councillor Paul May asked how her role interacted with that of the CQC (Care Quality Commission) and Monitor.

Dr Farbus replied that they work in parallel with each other. She added that in a recent case she noticed that one provider was underperforming and she worked with the CQC and some activity was moved to a different provider.

Councillor Eleanor Jackson asked how under the new structure they will work with patients and carers.

Dr Farbus replied that there will be a task and finish group for each service to review care pathways which will feedback to the South Specialised Commissioning Oversight Group.

Councillor Eleanor Jackson commented that she felt it was important to capture the thoughts of genuine lay members with specialist knowledge.

Dr Farbus replied that they already do that and they kept in constant contact with Healthwatch.

Councillor Geoff Ward asked what role we can play if a child falls ill with a rare illness and there is either medication available in another country or it is very expensive.

Dr Farbus replied that they do have some influence and can talk to experts on our behalf or provide the contact details for a Specialist Commissioner. She added they could also assist with an exceptional funding application.

Councillor Geoff Ward asked if she would be involved if an outbreak of the Ebola virus occurred.

Dr Farbus replied that as this would come under one of the six 'Programmes of Care' her role would be to co-ordinate a robust response.

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

## **29 YOUR CARE, YOUR WAY UPDATE**

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

She explained that the outline bid stage had concluded 10 days ago and that an Evaluation Team, including the Community Champions will now assess the two bidders final responses in the form of a draft contract. She added that references from people who already work with the bidders would be sought in the next stage.

She said that a 'Question Time' event had been held recently where positive feedback was received for both bidders.

She stated the intention to announce a preferred bidder on August 18<sup>th</sup>.

Councillor Geoff Ward asked if the preference of the Community Champions was taken into account.

The Your Care, Your Way Project Lead replied that each member of the Evaluation Team registers their score independently.

Councillor Geoff Ward asked if they have been given any guidance as part of the process.

The Your Care, Your Way Project Lead replied that training sessions have been held for them and that they have been advised that they are not comparing the bidders against each other they are comparing them against the agreed criteria. She added that they were relishing getting into the detail of the draft contracts.

The Chair asked how much would the process cost.

The Your Care, Your Way Project Lead replied that it would be £1.1m, but that this was within existing resources.

The Director of Adult Care and Health Commissioning added that this figure includes legal advice, consultation and engagement. She said that she felt that the project had been carried out very well.

Councillor Eleanor Jackson asked if any profits would be put back into the service if Virgin Care were awarded the contract.

The Director of Adult Care and Health Commissioning replied that this was raised at the 'Question Time' event and it was stated that no dividend would be taken by Richard Branson and that he was the sole shareholder.

Councillor Eleanor Jackson asked what happens if after a preferred bidder has been selected something happens or is identified that parties cannot agree on.

The Your Care, Your Way Project Lead replied that then there is the option to roll back to the other bidder at a slight delay to the project.

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

## **30 SELECT COMMITTEE WORKPLAN**

The Select Committee approved their workplan as printed.

The meeting ended at 2.10 pm

Chair(person) .....

Date Confirmed and Signed .....

**Prepared by Democratic Services**



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

**Wednesday 20 July 2016**

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

The second stage of the procurement process is now complete and both bidders (Virgin Care and the Sirona partnership) have successfully made it through to the third and final stage.

The bidders have faced rigorous assessment by our panel of community champions alongside a range of expert evaluators including commissioners, social workers, GPs, finance managers and IT specialists. We have also taken into account references from people who already work with the bidders elsewhere in the country including patients, service user groups, CCGs, local authorities and voluntary and community sector organisations.

The bidders' final responses will be scored by the community champions and our expert evaluators in early August. The organisation with the highest score at the end of this process will be announced on 18 August and will become the preferred bidder. They will then begin eleven weeks of intensive testing and discussions with the CCG and Council to produce a final business case.

The award of the contract will require formal approval from the Council Cabinet and CCG Board at public meetings on the 9th and 10th November respectively before the new contract begins on 1 April 2017.

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

Performance of the urgent care system against the four hour target continues to be challenging but there was a slight improvement of 0.7% from April with performance up to 87.6% in May. This is still below the planned trajectory for the year however.

The four hour performance has been impacted by a number of factors including poor flow into inpatient specialty beds, higher attendances at A&E and more non-elective admissions compared to May 2015 as well as an increase in the number of delayed transfers of care. A system-wide improvement plan is in place setting out the actions required from the RUH, BaNES CCG and Wiltshire CCG to support recovery.

### **3. Sustainability and Transformation Plan (STP)**

An update on the STP for the BaNES, Swindon and Wiltshire footprint is provided in the Cabinet Member's Briefing to the Committee.

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

The CCG has submitted a bid to NHS England's Estates and Technology Transformation Fund on behalf of our 26 member practices. We are seeking new funding for a range of initiatives including expansion/relocation of practices as well as investment in new digital technology to support e-consultations and self-care. We expect to receive some initial feedback from NHS England at the end of July.

We also presented our statement of intent for general practice at all five of the Council's Area Forums over the past few weeks. There has been broad support for our vision and approach from all five areas with a range of feedback collected about the provision of GP appointments on evenings and weekends.

#### **5. GP Patient Survey Results**

GP practices in B&NES have scored highest in the country for patient experience in the latest GP Patient Survey. The results show that 94% of B&NES patients describe their experience at their GP surgery as 'good', compared with a national average of 85%.

The number of B&NES patients aware of the online services offered at their GP practice is still low however, at 37%. Indeed, figures from February 2016 show that eight practices in B&NES still have less than 10% of patients signed up to online services.

All B&NES surgeries offer appointment booking online, and since November 2015, the majority also offer a 24-hour automated phone booking system. Many practices also offer other services online including ordering repeat prescriptions and viewing GP patient records.

#### **6. Publication of our Annual Report and Accounts and open invite to our AGM**

The CCG's latest Annual Report and Accounts is now available to view online. The report provides an overview of our achievements and challenges during the past financial year as well as governance and financial updates. Please visit [www.banesccg/documents/annualreports](http://www.banesccg/documents/annualreports) to read this review.

Everyone in B&NES is invited to attend our AGM to find out about the improvements we have made to local health and care services in the past year and our plans for the future. This event takes place on the afternoon of Thursday 29 September at Somerdale Pavilion in Keynsham.

Last year's AGM was a great success and we hope to make this year's event even better. Visit [www.banesccg/get-involved/meetings/agm](http://www.banesccg/get-involved/meetings/agm) to register or email [banes.comms@nhs.net](mailto:banes.comms@nhs.net).

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

### **Health & Wellbeing Select Committee July 2016**

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#### **1. Serena House Refuge Service**

A new refuge accommodation service for domestic abuse survivors is being launched in Bath and North East Somerset in June with the help of £100,000 government funding.

Bath & North East Somerset Council secured the funding from the Department for Communities and Local Government (DCLG) in December last year after successfully bidding in order to establish refuge services that can work with clients (both women and men with or without children), who have complex or multiple needs.

The new service is called Serena House and it will provide up to eight new units of refuge accommodation in B&NES. The first 2 units have been secured with the help of Curo and were due to open last month (June) and are situated in Keynsham where there are 2 more units in the pipeline. The project group, which includes B&NES Council (Supporting People Team), Curo, DHI and Julian House, is looking to secure further accommodation in Norton Radstock which, along with Keynsham, has been identified as an area with high need and no existing refuge provision.

As well as providing safe and secure accommodation, the service includes the provision of two half time lead professionals employed by partners DHI and Julian House. The lead professionals have expertise in domestic abuse, homelessness, mental health and substance misuse and they will ensure that multiagency working can take place where applicable so that people with complex needs can be supported.

This approach is designed to protect clients while they are dealing with a variety of complex needs and ultimately empower them to live safe, independent lives with a reduced risk of repeat abuse and homelessness. We expect Serena House to 'add value' to existing preventative programmes commissioned by the Council and Clinical Commissioning Group (CCG), particularly drug and alcohol treatment services as we know that some clients are unable to effectively tackle their substance misuse whilst domestic abuse remains an unaddressed issue.

As a short-term accommodation based service the aim is to ensure that all users move on within 12 months, with the majority leaving within three months. Move on destinations will be varied dependent on the needs and wishes of the clients and will include into the private and social rented sectors both in B&NES and elsewhere. Resettlement support will be provided in order to maximise clients' potential to return to independent living.

## **2. B&NES/Swindon/Wiltshire Sustainability and Transformation Plan**

### ***What is a Sustainability and Transformation Plan?***

All areas in England are required to have a Sustainability and Transformation Plan (STP) showing how local health and care services will evolve and become sustainable over the next five years. To deliver plans that are based on the needs of local populations, local health and care systems came together in January 2016 to form 44 STP “footprints”. In most cases, these footprints bring together more than one local authority/Clinical Commissioning Group (CCG) area. Bath and North East Somerset is in a STP footprint with Swindon and Wiltshire. Health and care organisations in these three areas are working together on an STP for B&NES/Swindon/Wiltshire (BSW) with the aim of improving our local population’s health and wellbeing, to improve service quality and to deliver financial stability.

Work is in its early stages. Five key areas of focus for the BSW STP are emerging. These are:

- To provide improved person-centred care by strengthening and integrating the specialist services that support primary care
- To shift the focus of care from treatment to prevention and proactive care
- To redefine the ways we work together as organisations to deliver improved individual/patient care
- To ensure we offer staff an attractive career and build a flexible, sustainable workforce
- To strengthen collaboration across organisations to directly benefit acute and urgent care services

### ***Why do we need to change the way we deliver services?***

There are growing pressures on the health and care system, nationally and locally. The local population is changing. The proportion of older people is rising and there are more people living with complex conditions. This is contributing to an increased demand for services. We need an improved, sustainable and collaborative approach to ensure we continue to provide high quality care within available resources.

### ***Does our STP footprint or area mean our residents will be required to travel to Wiltshire and Swindon for specialist health services rather than Bristol?***

No it is not the intention of the STP to require patients, particularly those living in rural areas and in the west of the county like Chew Valley, to travel further in order to be treated on a site within the STP area. The STP is about looking for opportunities to connect and join up local services as well as manage some services across a wider geographical area. It is not about making access to these services inconvenient to patients.

### ***We already have local plans that are right for our local population. How do these fit with the STP?***

The health and care needs of the STP population are diverse and we are developing a joint approach that takes this into account. We will also ensure it aligns with individual organisational plans, including, in B&NES the **your care, your way** community services review and, also, with local Health and Wellbeing Strategies.

***How are the views of patients, carers and the wider public being taken in to account?***

Drawing on the experience of those that use health and care services will help us to redesign services and to develop new models of care that are sustainable. We already have considerable insight and information about the health and wellbeing needs of our local population. An example for this is engagement for the ***your care, your way*** community services review. However the development of our plans is one of collaboration and we are committed to ensuring the views of patients are taken into consideration.

Over the coming months STP leaders, in collaboration with Healthwatch, look forward to engaging with the public, patients, carers and the wider health and care workforce to shape and develop the plans further and build a shared vision for high quality, sustainable services. Find out more at [www.banescCG/get-involved](http://www.banescCG/get-involved) or email [banes.comms@nhs.net](mailto:banes.comms@nhs.net) with any queries.

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# healthwatch

Bath and North East  
Somerset

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

### **Healthwatch B&NES annual report 2015-16**

The third year of The Care Forum's contract to provide Healthwatch B&NES has been its most successful yet, with an 89% increase in the amount of patient and public engagement work carried out compared to the previous year.

Strong collaboration between staff, partners and volunteers has been the main contributor to the project's success. Although a small project team, the dedication and commitment of its volunteers has enabled us to carry out six Enter and View visits to care homes across the district, and receive over 240 individual comments covering all aspects of health and social care, from GPs to hospital, care homes to community based support. We are pleased to say that last year also saw recruitment of eight new Healthwatch volunteers, increasing the project's volunteer base by around 30%.

In addition the Healthwatch B&NES website has seen an 18% increase in traffic with 11,000 page views and almost 3,500 user visits during the last 12 months. The full annual report can be viewed online W:

<http://bit.ly/29VuRcE>

### **Healthwatch B&NES priorities 2016-17**

The Healthwatch B&NES advisory group met in June to set the priorities for the project during 2016-17. These priorities have been selected in line with the strategic focus established by the B&NES Health and Wellbeing Board, the feedback that Healthwatch B&NES has gathered over the last 12 months and The Care Forum's organisational objectives.

The three priority areas for Healthwatch B&NES this year will be:



- 1) **Mental health** - with particular focus on the new inpatient development at Combe Park; Child and Adolescent Mental Health Services (CAMHS); and the lived experiences of mental health service users and their carers - with the aim that this will feed into the B&NES Mental Health Collaborative Alliance
- 2) **Access to services** - specifically implementation and impact of the Accessible Information Standard legislation
- 3) **Urgent care** - including people's experiences of using three main points of access: NHS 111, community pharmacists and NHS Choices.

In addition to the three work priorities set by the Advisory Group, Healthwatch will also:

- provide continued support to the your care, your way process, including involvement of community champions and dissemination of information to the voluntary sector and wider community
- carry out Enter and View visits to health and social care settings
- continue its formal reporting/representation to various committees, boards and groups across health and social care

### **Sustainability and Transformation Plan (STP)**

Over the last couple of months Healthwatch B&NES has been working in conjunction with Healthwatch Swindon and Healthwatch Wiltshire to explore the role that it can take in supporting development of the B&NES, Swindon and Wiltshire STP.

There is a valuable role for Healthwatch to play in engaging with the public and voluntary sector regarding the STP. In addition to meeting with James Scott, STP strategic lead, and colleagues at NHS BaNES Clinical Commissioning Group, representatives from the three Healthwatch projects across the footprint have also been invited to sit on the STP Board.

At present it is anticipated that engagement around the STP will begin in September. In the meantime Healthwatch B&NES is working closely with partners to ensure that engagement is a key part of this process.

### **Management restructure at The Care Forum**

The Care Forum's board of trustees has completed a restructuring of senior management from five substantive general managers to three directors.

Morgan Daly was appointed as the new Director for Community Services and Jo Stokes was appointed as Director for Individual Services. These staff took up their new appointments on 1 July 2016. No appointment was made to the post of Director for Strategic and Corporate Services so this post has been advertised externally.

The Care Forum's new Chief Executive, Vicki Morris, started work at the end of June 2016 and has been undertaking a busy programme of meeting local partners and commissioners.

Report prepared by Alex Francis, Project Coordinator - Healthwatch B&NES on Thursday 14 July 2016

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