

BATH AND NORTH EAST SOMERSET COUNCIL

HEALTH AND WELLBEING SELECT COMMITTEE

Wednesday, 28th September, 2016

Present:- Councillors Francine Haerberling (Chair), Geoff Ward, Bryan Organ, Paul May, Eleanor Jackson, Tim Ball and Lin Patterson

Also in attendance: Jane Shayler (Director, Integrated Health & Care Commissioning), Dr Ian Orpen (Clinical Chair, B&NES CCG), Becky Reynolds (Consultant in Public Health) and Sue Blackman (Your Care, Your Way Project Lead)

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

31 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

32 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the emergency evacuation procedure.

33 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

There were none.

34 DECLARATIONS OF INTEREST

Councillor Lin Patterson declared an other interest in agenda item 12 (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 12 (Your Care, Your Way Update) as he is a Sirona board member.

35 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

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

Susan Charles, WWISE Network addressed the Panel. A copy of her statement can be found on the Panel's Minute Book and online as an appendix to these minutes, a summary is set out below.

She thanked them for their support at the last meeting and wished to update them on the latest developments.

She explained that they have put forward a number of suggestions of how a suitable pool could be incorporated into the plans for the refurbishment of the Bath Leisure Centre and that they have been informed that GLL are looking at the feasibility, potential income & costing implications and will be producing a formal report in due course.

Councillor Vic Pritchard, Cabinet Member for Adult Social Care & Health commented that as agreed following the presentation by the WWISE Network to July's meeting of the Health and Wellbeing Select Committee, he had sought further clarification, including from Cabinet colleagues on the potential to enhance access to warm water pools in Bath and North East Somerset as part of the re-provision of Bath and Keynsham Leisure Centres. He stated that considerable engagement and consultation had been undertaken on leisure services provision in Bath and North East Somerset in order to identify the key priorities. He said that this had informed agreement of detailed plans, including funding requirements for the re-provision of the leisure centres and it is, therefore, not possible for the Council to consider revised specifications for the Leisure Centres at this late stage.

He added that a report is being compiled by the Place directorate on what provision can be sought elsewhere.

He informed the Select Committee that a formal complaint regarding the re-provision of the Bath and Keynsham Leisure Centres has been received and the Council are investigating this currently.

Councillor Paul May reaffirmed the Select Committee's support for the concept and suggested that the relevant Cabinet Member or officer addresses them at a future meeting.

The Director for Integrated Health & Care Commissioning suggested that a briefing from the Place directorate be circulated in advance of the next meeting.

37 MINUTES - 20TH JULY 2016

Councillor Eleanor Jackson advised that in the 4th paragraph on page 19 of the minutes it should read 'secure further accommodation in Midsomer Norton and Radstock' rather than Norton Radstock.

She also advised that the 3rd paragraph on page 20 should read 'but they had remained in Rosewell'.

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

38 CLINICAL COMMISSIONING GROUP UPDATE

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

A&E performance

We did not see a reduction in demand and pressure on services over the summer and our performance against the A&E waiting time target (95% of attendees to be seen within four hours) dropped to 79.3% in August. However indicative figures for September show that performance has improved and currently stands at 87%.

Local performance and progress against the locally agreed A&E Improvement Plan continues to be overseen by regular tripartite meetings of the Royal United Hospitals (RUH), CCGs, NHS England and NHS Improvement.

Sustainability and Transformation Plan (STP)

The B&NES, Swindon and Wiltshire (BSW) footprint is developing plans to be submitted to NHS England on 21 October 2016 setting out how a transformation in health and care outcomes within the footprint will be achieved and sustained.

In collaboration with Wiltshire CCG, we held an engagement event for over 80 voluntary and charitable organisations and independent providers on 13 September 2016 in Devizes. The event was an opportunity for delegates to hear more and feedback about emerging priorities. A report from the event will be published on our website at the start of October. Further engagement is planned for after the submission of the plans on 21 October 2016.

Re-procurement of NHS 111 and GP out-of-hours services

The NHS111 and GP out-of-hours services in B&NES are to be reviewed and re-procured across the wider STP footprint. Commissioners from the three localities are working together to develop a new, more joined-up model of care for these two key urgent care services that will also include provision for a 'clinical hub' to provide timely, accessible and specialist advice to patients and health professionals. The new contract will begin in April/May 2018.

Planning guidance for 2017/19 published

NHS England and NHS Improvement have published their planning guidance for the health service. For the first time the CCG will have to develop plans to cover a two, instead of a one year period from April 2017 to March 2019 and submit plans by this Christmas.

The new guidance marks a shift from planning at an organisation-level to a system-wide approach that is aligned to local Sustainability and Transformation Plans. For the first time there is also a move towards adopting system-wide control totals alongside individual organisational control targets to enable health leaders to plan beyond their organisational boundaries and strengthen collaboration with other local health and care organisations for the benefit of the local population.

There are also plans to boost funding to improve and increase the capacity in General Practice and to allow an additional £6 per head of population to improve access to General Practice by April 2019. The CCG will need to set out in its two year plan how it will support and transform General Practice and expand opening hours to include evenings and weekends.

Strengthening Financial Performance & Accountability in 2016/17

On 21 July 2016 NHS England and NHS Improvement published “Strengthening Financial Performance & Accountability in 2016/17” which sets out a series of actions designed to support the NHS to achieve financial sustainability and improve operational performance.

The CCG’s control total for 2016/17 is a surplus of £2.3m – 1% of our allocated funding from NHS England. We recognised at our planning stage a high degree of risk to achieving this and as the year progresses much of this risk is materialising. We are monitoring the situation closely and are developing plans to offset the increasing cost pressures.

Interim Accountable Officer Support to Wiltshire CCG

Tracey Cox had agreed to take on the additional responsibility of interim Accountable Officer at Wiltshire CCG from 26 September 2016 following the departure of Simon Truelove who has held the role of Accountable Officer on an interim basis since Deborah Fielding left earlier in the year. Both CCGs share many of the same priorities and challenges across B&NES and Wiltshire and Tracey’s interim role will enable us to pool our insight and share expertise. To support this arrangement Wiltshire CCG will be employing an interim Chief Operating Officer.

Councillor Bryan Organ said that he was very impressed by the 111 service. He asked if GP’s had any influence on Pharmacy Services.

Dr Orpen replied that directly they did not as this service is commissioned by NHS England.

Councillor Paul May asked for assurance that Tracey Cox would have adequate support for her new interim role.

Dr Orpen replied that plans are in place to support Tracey and that the crossover of the two roles should provide benefits to both parties.

Referring to the Planning Guidance 2017/19 Councillor Paul May asked what was meant by the term ‘system-wide control’.

Dr Orpen replied that this referred to the financial target that was to be met by the end of the year.

The Director for Integrated Health & Care Commissioning added that it was an overall pot of money from the CCG, RUH and the Council which should be looked at as a single resource.

Councillor Lin Patterson commented that she felt that recent decisions were leading to a decimation of our health provision. She asked what level of budget deficit was projected.

Dr Orpen replied that it was modest, but to do nothing it would become substantial over the coming 4 to 5 years. He said that the proposals should be seen as alternative ways to invest funding rather than cuts. He added that difficult choices would be required to be made.

Councillor Eleanor Jackson commented on how difficult it was for local residents to access physiotherapy / rehabilitation. She asked if the pressure within the A&E department was due to bed blocking.

Dr Orpen replied that as part of Your Care, Your Way the intention was to allow the areas such as physiotherapy to work more effectively. He added that there was an A&E Delivery Board looking at finding solutions to the lack of available beds.

Councillor Eleanor Jackson asked if there were any figures available to show whether advice given at pharmacies saved time on GP appointments.

Dr Orpen replied that he did not know if data was available regarding this.

Councillor Eleanor Jackson asked if following the closure of some beds at Hillview Lodge were there enough beds available for mental health patients.

The Director for Integrated Health & Care Commissioning replied that the same amount of provision was available as alternative beds are being purchased. However, these are outside of Bath and North East Somerset, which is not ideal. The planned reprovision of Hillview Lodge is planned to address this.

Councillor Geoff Ward questioned whether it was possible to provide a gold plated service within such a complex system.

Dr Orpen replied that public expectations have changed greatly over the years. He added that the system was complex but it was one that they have to work within.

Councillor Paul May commented that the NHS was a credit to the staff within it and said that B&NES was fortunate to have Dr Orpen and his team.

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

39 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.

Celebration of Mental Health & Wellbeing Services in B&NES

At the end of July we held a celebration of mental health and wellbeing services in Bath and North East Somerset. People who have experienced mental health and wellbeing services in B&NES came together with providers and commissioners of services. The event was arranged to showcase the very wide range of mental health and wellbeing services that people are able to access in B&NES and, also, to mark the retirement of Andrea Morland, joint Council and CCG mental health commissioner, who worked closely with service users and carers and led the development of many of these services.

He said that the feedback was excellent and that the day was invaluable. He added that he hoped to hold a similar event again in the future.

The Accessible Information Standard

The Accessible Information Standard (AIS) is new legislation that came into force on 31 July 2016. It aims to ensure that disabled patients, service users and their carers receive information in formats that they can understand and have appropriate support to help them communicate.

All NHS and publicly-funded adult social care services must follow AIS by law, under section 250 of the Health and Social Care Act 2012. The AIS sets out how organisations that provide NHS and Publicly-funded adult social care services should give disabled patients and service users information that they can access and understand and receive appropriate support to help them to communicate.

Councillor Paul May asked if the Council's website would need to conform to the AIS.

Councillor Vic Pritchard replied that it would.

Councillor Eleanor Jackson asked if there was a way of monitoring incidents that have occurred in hospital to see if 'lessons have been learnt'.

The Director for Integrated Health & Care Commissioning replied that for each complaint received an action plan will be put in place and monitored. She added that Coroner Investigations and Serious Case Reviews are monitored locally and by NHS England and will also have their own action plans.

Councillor Geoff Ward asked if he was aware of a project in Fleetwood that had been launched to improve the general health and wellbeing of the local population.

Councillor Vic Pritchard replied that he had and said that he considered B&NES to be leaders on this initiative such as this and the preventative agenda.

Councillor Lin Patterson asked how this period of reorganisation would affect the provision of mental health care young people once they become 18. She added that there appears to be a drop off in care after this age currently and that this can lead to problems.

The Director for Integrated Health & Care Commissioning replied that the CCG has received additional financial support to improve / enhance the transition period for this age group. She added that the future intention is to commission services along an all ages pathway and to further integrate services across age groups. She informed the Select Committee that they were due to receive a report regarding Personal Budgets and Transitions at their January 2017 meeting.

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

40 PUBLIC HEALTH UPDATE

Becky Reynolds addressed the Select Committee, a summary of the update is set out below.

Smoking at time of delivery

There was a significant drop in the numbers of women smoking at time of delivery in B&NES during 15/16. Of the 1735 maternities in B&NES 7.2% were smoking at time of delivery compared to 10% during 14/15. This is better than the national and commissioning region (South Central) averages of 10.6% and 8.4% respectively. The introduction in 15/16 of the Saving Babies Lives: NHS Care Bundle to reduce stillbirths has given additional emphasis in maternity services to smoking in pregnancy. This has led to a noticeable increase in B&NES pregnant women who smoke engaging with support services.

Admissions for self-harm

This was an indicator where we have scored high in the past. It is difficult to be sure whether this reflects a poor situation locally, or whether it relates to how our health services respond to self-harm. Whatever the reasons, there has been a significant fall to a lowest rate since before 2010. This is counter to the South West regional trend.

We cannot be sure whether it's just down to statistical variability or something we're doing or a bit of both. We may only be able to tell if the figures remain low and also once AWP can give us recent enough data through the register to compare re-attendance rates before and after the postcards/information packs work began. In the meantime, we carry on our good local work with AWP, CAMHS, Samaritans, schools, etc.

The Sustainability and Transformation Plan

Work on this plan continues apace. It may be covered in other reports to the meeting, but it is worth mentioning that a joint bid is to be made for funding for the National Diabetes Prevention Programme which will provide lifestyle related support to people at high risk of type 2 diabetes.

The annual Director of Public Health report - “Get Fresh”

The annual Director of Public Health Report has now been published and all Councillors will receive a copy if they haven't already done so. The aim of this year's report is to provide a concise and readable account of the main priority areas for public health action which are encapsulated in the acronym FRESH which is explained in the report. The report also highlights this year's emphasis on inequalities, and gives a basic snapshot of health in B&NES. Of course much more information about health indicators and local strategies and actions is available on the council's website but browsing this document will give a quick overview.

Keep the date: 12th January 2017

The LGA has offered us its workshop for Councillors entitled “Prevention Matters: How elected members can improve the health of their communities”. After assessing that there was initial interest from members in B&NES we asked them to do this workshop here and the date has been set. The meeting will be in the Guildhall. A formal invitation will come out soon and please encourage all members to attend as it is relevant to everyone and not just those with a specific health interest.

Councillor Lin Patterson acknowledged the reduction in the numbers regarding self-harm, but said that she still found it distressing. She asked if the numbers could be broken down into males or females.

Becky Reynolds replied that she did not have that data available but would try to source it.

Following the meeting this response was provided; Admissions to hospital for self-harm have been falling over the last 3 years. The reasons are unclear but may be due to a mix of service changes at the hospital, a self-harm improvement project funded by public health and the CCG, and of course the possibility of chance variation over time.

We don't have a breakdown of these overall admissions by gender. However, by far the highest admission numbers are amongst people aged under 24 years. For this cohort, we do have a breakdown by gender. It shows that for young males aged 10-17 and 18-24 years of age their rates of admission have fallen over time. For the youngest women, aged 10-17 years, their admission rates have increased over the last 5 years. Amongst the 18-24 year age females, their admission rates have slightly increased over time but remain relatively level compared to the youngest females.

We continue to work closely with schools, the emergency department, mental health services and other colleagues to improve our approach to supporting people who

self-harm. This is coordinated by a suicide prevention strategy partnership and a dedicated self-harm working group.

Councillor Eleanor Jackson asked what work was taking place with the universities regarding mental well-being and self-harm.

Becky Reynolds replied that the University of Bath represent higher education on the B&NES Suicide Prevention Strategy Group and self-harm subgroup. There is a specific action on the 2016 – 2019 action plan re development of a brief intervention training schedule for university staff including security guards, tutors, housing mentors etc on how to support young people with suicidal ideation, following episodes of self-harm. She added that they are also exploring the development of resources to accompany this. Both Universities also of course have their own student support service activities which include supporting students with mental health issues, promoting positive mental health and liaising with partners re services and support.

Councillor Geoff Ward asked when the Public Health statement relating to E-cigarettes would be finalised.

Becky Reynolds replied that final changes were being made to the policy and that it would be finalised and distributed very soon.

Councillor Paul May asked how the public could become involved in the national Diabetes Prevention Programme, should B&NES be successful in its application.

Becky Reynolds replied that members of the public were being advised of the programme following their NHS Health Checks and a blood / glucose level of a certain threshold identifying that they had pre-diabetes. She added that surgeries would be able to be referred to the programme if routine blood tests identified that they had pre-diabetes. She also said that if B&NES was successful in its application to be part of the next part of the programme, then some awareness-raising about the programme would take place.

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

41 HEALTHWATCH UPDATE

Alex Francis, Healthwatch was unable to attend the meeting, a copy of her update had been circulated to the members of the Select Committee.

42 YOUR CARE, YOUR WAY UPDATE

Councillor Paul May was not present for this agenda item.

During the course of the meeting Councillor Lin Patterson had sought clarification on whether she and Councillor Paul May could remain present for this item. She said she had received correspondence from the Council's Monitoring Officer and would convey it to the Select Committee. It read as follows;

Dear Councillors,

You are not "banned", however you do have a conflict of interest due to your behaviour (the signing of the petition against Virgin healthcare) or circumstances (Directorship of Sirona), which mean that you will not appear to be open minded in these discussions - you could stay in the room to hear the discussion but my advice is that you should not sit with the Board to avoid criticism or a standards complaint.

As set out in my email to all councillors - "It is important to take extra care if you are involved in a formal procurement process on behalf of the Council. Any comment you make - either intentionally or unintentionally - may be said to have compromised the process and could lead to a costly legal challenge and delays in the award of the contract. Any conflicts of interest should be declared, with the councillor withdrawing from the process as soon as they realise there is a conflict. (The rules around public sector procurement are covered in detail in the Council's Contract Standing Orders.)"

It is ultimately the councillor's decision as to whether they wish to remain or not and therefore this is for you to decide.

Councillor Lin Patterson left the meeting.

Barbara Gordon, Protect Our NHS (Banes) addressed the Select Committee. A copy of the statement can be found on the Panel's Minute Book, and as an appendix online to these minutes, a summary is set out below.

Protect Our NHS BANES were very disappointed to learn that Virgin Care have been given preferred provider status by Bath and NE Somerset Council and the BANES Clinical Commissioning Group. We have since attended a meeting with the Your Care Your Way procurement team as well as an open meeting with the Virgin team. We continue to have deep concerns which we feel have not been answered.

We have been told that the provider will sign an undertaking to reinvest any profit or surplus from the operation into local services and that administrative costs will be capped. We understand that Richard Branson has said that he will not make a profit from the NHS. This does not appear to be a sustainable position for a private company and we would ask why, if Virgin is so altruistic, it has not created a charitable trust to bid for NHS services.

The final business plan will not be made public until 3rd November and will be presented to councillors for a final decision on 10th November. We feel very strongly that one working week is quite inadequate for councillors and members of the public to study the report on due diligence, the contract and the business case. This is the only opportunity that our democratically elected representatives have to ask detailed questions before they make a very major decision on how public money is spent.

The Virgin bid depends heavily on the transformational aspects of new IT approaches including integrated records and mobile working. We understand that the Council, in conjunction with Sirona, have just bought an electronic case management and records system specifically designed to achieve both these

objectives. Will Virgin work with this system or sub contract the IT work to another partner?

We are not clear whether the impact that these changes will have on other providers such as the voluntary sector and indeed Sirona, have been fully assessed. It is not clear what will happen to the services that Virgin do not want to provide directly many of which are currently provided by voluntary organisations and this uncertainty will be de-stabilising for small local organisations.

The processes involved in monitoring this contract are complex and detailed and we would question whether a small local authority and CCG has the resources and expertise to do this on an ongoing basis. We are also concerned that when dealing with a private company this process will not be open and transparent to elected members.

The Director for Integrated Health & Care Commissioning said that a written response would be given to the statement.

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

Procurement Update

The preferred bidder, Virgin Care was announced on August 18th following a 7 – 8 month assessment. Rigorous due diligence is now being carried out.

Capability Testing

References were sought from Commissioners / Service Users and Partners. CQC and Finance findings were assessed.

How will things be different?

Provide more joined up care.
Consider the whole person.
Reduce social isolation.
Guide people through the system.
Share information more effectively.
Embrace new technology.

Making it happen

1. Mobilisation – Safe transfer of services between November – March
2. Transition – 100 day window to achieve quick wins
3. Transformation –
 - Year 1: Locality Hubs, Citizens' Panel, Innovation Fund
 - Year 2: Mobile working, Virtual clinics, Workforce joint training
 - Year 3: Risk stratification, Fully paperless working, Commissioning pathways of care

FAQs

What will happen to any profit made by Virgin Care?

- Any surplus will be invested back into the community. Virgin Care are working on the premise of breaking even.

Have you assessed Virgin Care's tax and financial arrangements?

- Yes, they are compliant with the Government guidelines.

How will staff be affected?

- Support to staff will be ongoing.

Will services be cut?

- Efficiencies will be made as there are gaps / overlaps within the current provision. The work of Your Care, Your Way will deliver additional services.

Key Dates

9th September: Working assumptions around scope of the prime provider released.

25th October: Preferred bidder stage completed.

10th November: Full business case to governing bodies.

Councillor Geoff Ward asked as part of their bid, what were some of the main offers from Virgin on what they could provide.

The Your Care, Your Way Project Lead replied that they showed the ability to be a system leader and that they were able to recognise where local services exist and include them in their bid. She added that they have a very strong inter-operability plan / system and are a commercially astute organisation.

The Chair commented that through this process a lot had been heard regarding the leadership and organisational qualities of Virgin Care, but that she would like to be assured of how well they will care for patients and their staff.

The Your Care, Your Way Project Lead replied that they have a good record on caring, nurturing and developing their workforce and have a low turnover of staff. She added that she felt they were an open and caring organisation.

Councillor Eleanor Jackson said that she agreed with the comments made by the Chair. She asked how outcomes of the contract would be assessed.

The Your Care, Your Way Project Lead replied that a workshop was to be held to finalise the framework for a mechanism to assess provider performance. She added that the public see GP's as a key figure and therefore some services will wrap around their work.

Councillor Eleanor Jackson asked if people generally are living for longer, although some will have complex health needs, has this been factored into the contract.

The Your Care, Your Way Project Lead replied that it will be made clear how the gap will be met in terms of doing nothing to providing care. She added that it is hoped that frontline staff will have more time with individuals due to the technology that will be available.

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

43 SELECT COMMITTEE WORKPLAN

Councillor Eleanor Jackson commented that she would like to see the items relating to the Non-Emergency Patient Transport Service, Homecare Review Update and Loneliness allocated to specific meetings.

The Director for Integrated Health & Care Commissioning replied that she was aware that the Policy & Partnerships team had carried out some work regarding loneliness and it would therefore be good to check with them to see if anything can be shared with the Select Committee.

She added with regard to the Homecare Review Update that an assessment of available resources would be required.

The meeting ended at 1.15 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services

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Health & Wellbeing Select Committee – Sept 28th 2016

Thank you so much for your time & also for your overwhelming support at your last meeting. We thought we'd come back today to give you an update on the latest developments.

We put forward a number of suggestions of how a suitable pool could be incorporated into the plans for the refurbishment of the Bath Leisure Centre and we have been reliably informed that GLL are looking at the feasibility, potential income & costing implications and will be producing a formal report in due course. We are extremely pleased with this development and look forward very much to reading their report

Many thanks

Susan Charles
WWISE Network

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Briefing for the Health and Wellbeing Select Committee Meeting

Wednesday 28 September 2016

1. A&E performance

We did not see a reduction in demand and pressure on services over the summer and our performance against the A&E waiting time target (95% of attendees to be seen within four hours) dropped to 79.3% in August. However indicative figures for September show that performance has improved and currently stands at 87%.

Local performance and progress against the locally agreed A&E Improvement Plan continues to be overseen by regular tripartite meetings of the Royal United Hospitals (RUH), CCGs, NHS England and NHS Improvement. New guidance “A&E Improvement 2016/17 Rapid Implementation Guidance” was issued to CCGs, Acute, Community, Mental Health and Local Authority Chief Executives at the end of July setting out good practice requirements that all systems should seek to adopt to support recovery. This guidance includes a requirement to replace System Resilience Groups with A&E Delivery Boards whose core responsibilities are to lead A&E Recovery. The CCG held a shadow A&E Delivery Board meeting on the 1 September 2016 as part of our transition to new arrangements.

2. Sustainability and Transformation Plan (STP)

The B&NES, Swindon and Wiltshire (BSW) footprint is developing plans to be submitted to NHS England on 21 October 2016 setting out how a transformation in health and care outcomes within the footprint will be achieved and sustained to deliver:

- Improvement in the health and wellbeing of their local population
- Improvement in the quality of local health and care services
- Financial stability and balance throughout the local health care system.

In collaboration with Wiltshire CCG, we held an engagement event for over 80 voluntary and charitable organisations and independent providers on 13 September 2016 in Devizes. The event was an opportunity for delegates to hear more and feedback about emerging priorities. A report from the event will be published on our website at the start of October. Further engagement is planned for after the submission of the plans on 21 October 2016.

3. Re-procurement of NHS 111 and GP out-of-hours services

The NHS111 and GP out-of-hours services in B&NES are to be reviewed and re-procured across the wider STP footprint. Commissioners from the three localities are working together to develop a new, more joined-up model of care for these two key urgent care services that will also include provision for a ‘clinical hub’ to provide timely, accessible and specialist advice to patients and health professionals. The specification for the new services is largely set according to national guidelines. However there is a wealth of existing patient feedback on local urgent care services and commissioners will

draw on this and undertake new engagement activity where this can be used to help shape the new service. The new contract will begin in April/May 2018.

4. Planning guidance for 2017/19 published

NHS England and NHS Improvement have published their planning guidance for the health service. For the first time the CCG will have to develop plans to cover a two, instead of a one year period from April 2017 to March 2019 and submit plans by this Christmas.

The new guidance marks a shift from planning at an organisation-level to a system-wide approach that is aligned to local Sustainability and Transformation Plans. For the first time there is also a move towards adopting system-wide control totals alongside individual organisational control targets to enable health leaders to plan beyond their organisational boundaries and strengthen collaboration with other local health and care organisations for the benefit of the local population.

There are also plans to boost funding to improve and increase the capacity in General Practice and to allow an additional £6 per head of population to improve access to General Practice by April 2019. The CCG will need to set out in its two year plan how it will support and transform General Practice and expand opening hours to include evenings and weekends.

5. Strengthening Financial Performance & Accountability in 2016/17

On 21 July 2016 NHS England and NHS Improvement published “Strengthening Financial Performance & Accountability in 2016/17” which sets out a series of actions designed to support the NHS to achieve financial sustainability and improve operational performance. For CCGs it set out a number of measures which include:-

- Agreed ‘financial control totals’ with individual trusts and CCGs, which represent the minimum level of financial performance, against which their boards, governing bodies and chief executives must deliver in 2016/17, and for which they will be held directly accountable
- New intervention regimes of special measures to be applied to both trusts and CCGs who are not meeting their financial commitments
- New controls to cap the cost of interim managers
- Launch of a two-year NHS planning and contracting round (see section 4 above).

The CCG’s control total for 2016/17 is a surplus of £2.3m – 1% of our allocated funding from NHS England. We recognised at our planning stage a high degree of risk to achieving this and as the year progresses much of this risk is materialising. We are monitoring the situation closely and are developing plans to offset the increasing cost pressures.

6. CCG AGM Thursday 29 September

Over 120 people are registered to attend our Annual General Meeting at Somerdale Pavilion, Keynsham on Thursday 29 September. We are delighted to be joined by Dr Nigel Watson, Chief Executive of the Wessex Local Medical Committee, as guest speaker. Nigel will be sharing his thoughts on the challenges facing general practice and what we can all do to ensure a healthy future for our local population.

7. Interim Accountable Officer Support to Wiltshire CCG

Tracey Cox had agreed to take on the additional responsibility of interim Accountable Officer at Wiltshire CCG from 26 September 2016 following the departure of Simon Truelove who has held the role of Accountable Officer on an interim basis since Deborah Fielding left earlier in the year.

Simon is due to take up the new post of Director of Finance at Avon and Wiltshire Mental Health Partnership NHS Trust at the end of this month. Both CCGs share many of the same priorities and challenges across B&NES and Wiltshire and Tracey's interim role will enable us to pool our insight and share expertise. To support this arrangement Wiltshire CCG will be employing an interim Chief Operating Officer.

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

Health & Wellbeing Select Committee September 2016

1. Celebration of Mental Health & Wellbeing Services in B&NES

At the end of July we held a celebration of mental health and wellbeing services in Bath and North East Somerset. People who have experienced mental health and wellbeing services in B&NES came together with providers and commissioners of services to “Say what you are brilliant at”. The event was arranged to showcase the very wide range of mental health and wellbeing services that people are able to access in B&NES and, also, to mark the retirement of Andrea Morland, joint Council and CCG mental health commissioner, who worked closely with service users and carers and led the development of many of these services. We heard feedback from service users about the difference these services have made to them, including:

I am again indebted to this service provision. When I first contacted talking therapies I was very distress and was offered an appointment. This was great and my practitioner has been fabulous. So insightful and “spot on”

Excellent service which I have recommended to people based on my experience

The course has been very valuable- I will continue to practice mindfulness in my day to day life and I am beginning to find techniques that work for me. Thanks you for tips, advice and kindness

I have found the course has genuinely made me feel more positive about anxiety and has given me the “tools” that I can use to relax me and help me in everyday life. Many thanks

Everyone has been extremely helpful and understanding and just genuinely nice people

Having the chance to talk things through was very helpful and discussing how to keep my stress bucket level under control was really useful. This has lead to me taking control of my life again

A thought provoking and caring team who helped me to face up to my challenges and explore new ways to deal with them. Mindfulness has definitely helped me to calm my mind

Very helpful. Made me feel at ease, lots of different types of worry management techniques and tips for anxiety management offered

My experience with the service was excellent. 6 weeks ago I was a very anxious person with no confidence and now I am a totally different person. Thank you for helping me. I now have the skills to help me in the future.

2. The Accessible Information Standard

The Accessible Information Standard (AIS) is new legislation that came into force on 31 July 2016. It aims to ensure that disabled patients, service users and their carers receive information in formats that they can understand and have appropriate support to help them communicate.

All NHS and publicly-funded adult social care services must follow AIS by law, under section 250 of the Health and Social Care Act 2012. The AIS sets out how organisations that provide NHS and Publicly-funded adult social care services should give disabled patients and service users information that they can access and understand and receive appropriate support to help them to communicate.

Council and CCG have been working with providers to raise awareness of the standard. Together with the Health & Wellbeing Network we held a meeting about the AIS in April that was attended by a variety of providers. Following that, we established a steering group to oversee the implementation made up of a number of health and social care providers, and have put together a webpage for providers about the AIS, containing information about the standard, best practice guidance: <http://bit.ly/2aMBNvI>.

We have created a page for the public on the Council's website at:
<http://www.bathnes.gov.uk/services/care-and-support-and-you/information-and-advice-about-care-and-support/accessible>

Healthwatch B&NES has chosen the Accessible Information Standard as one of its work priorities for 2016/17. Over the next few months they intend to pursue two lines of engagement:

- understanding the experiences of service users and carers following implementation of the AIS.
- working with providers to share best practice and improve the support that they offer.

We plan to work with Healthwatch to share the information they gather about service users and carers experiences with providers and hold a post implementation event with providers to enable them to share their experiences and learning.

3. Leisure Centre Re-provision – enhancing access to warm water pools

As agreed following the presentation by the WWISE Network to July's meeting of the Health and Wellbeing Select Committee, I have sought further clarification, including from Cabinet colleagues on the potential to enhance access to warm water pools in Bath and North East Somerset as part of the re-provision of Bath and Keynsham Leisure Centres. Considerable engagement and consultation has been undertaken on leisure services provision in Bath and North East Somerset in order to identify the key priorities. This has informed agreement of detailed plans, including funding requirements for the re-provision of the leisure centres and it is, therefore, not possible for the Council to consider revised specifications for the Leisure Centres at this late stage. The WWISE Network also made a presentation to the Clinical Commissioning Group's Board meeting in July and the CCG's response can be found on the CCG's website:

<http://www.bathandnortheast Somersetccg.nhs.uk/assets/uploads/2016/07/Question-to-the-21-July-2016-BaNES-CCG-Board-hydrotherapy-v3.pdf>

Health select committee Public Health update: September 2016

1. Smoking: Down but not out.

Smoking remains a major cause of avoidable mortality and inequality in health outcomes. Although nationally rates are at a historic low, and BaNES has lower rates still, it still remains a focus of attention both because it is still a habit of almost 14% of our adult population and because it concentrates in deprived communities .

Smoking at time of delivery

- There was a significant drop in the numbers of women smoking at time of delivery in B&NES during 15/16. Of the 1735 maternities in B&NES 7.2% were smoking at time of delivery compared to 10% during 14/15. This is better than the national and commissioning region (South Central) averages of 10.6% and 8.4% respectively. The introduction in 15/16 of the Saving Babies Lives: NHS Care Bundle to reduce stillbirths has given additional emphasis in maternity services to smoking in pregnancy. This has led to a noticeable increase in B&NES pregnant women who smoke engaging with support services.
- Smoking and weight management in pregnancy have now been included in the RUH midwifery mandatory training programme.

Standardised packaging of cigarettes

Back in 2012 B&NES Wellbeing PDS Panel supported the introduction of plain packaging on all tobacco products in the UK, as part of a government consultation. In May 2016 the UK became only the second country in the world to introduce standardised packaging of tobacco products and we are now starting to see these plain packs on the market (see attached), with manufacturers having to phase out all branded packs by May 2017. Learning from Australia, the first country to introduce this legislation, tells us we should expect a significant rise in numbers of smokers being motivated to quit as a result. In Australia there was a 78% increase in calls to their smoke free support line following introduction of standard packs. Our stop smoking service in B&NES are gearing up to take full advantage of this heightened motivation starting with the Stoptober campaign (October 2017).

The new standard pack



E-cigarettes

E-cigarettes are now the most popular quitting tool in the country with 1.3 million UK users having stopped smoking completely using them. In response to this change in quitting behaviour and to the decline in numbers of smokers accessing local stop smoking support services, Public Health are currently developing a position statement on E-cigarettes. This statement will ensure that frontline health and social care professionals in B&NES who are asked for advice on e-cigarettes give consistent, evidence based advice in their use in helping people to cut down or stop smoking. It will also state our position in relation to prescribing of e-cigarettes.

2. Admissions for self-harm

This was an indicator where we have scored high in the past. It is difficult to be sure whether this reflects a poor situation locally, or whether it relates to how our health services respond to self-harm. Whatever the reasons, there has been a significant fall to a lowest rate since before 2010. This is counter to the South West regional trend. The fall is nearly all in middle age. Rates for 10-14 and 15-19 year olds have both gone up over this time.

Rate (Directly Standardised)

Per 100,000 Population

2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
240	271	297	280	223	219

Actual number of admissions.

2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
471	533	580	546	477	446

We cannot be sure whether it's just down to statistical variability or something we're doing or a bit of both. We may only be able to tell if the figures remain low and also once AWP can give us recent enough data through the register to compare re-attendance rates before and after the postcards/information packs work began.

In meantime, we carry on our good local work with AWP, CAMHS, Samaritans, schools, etc.

3. Your care, your way.

We are in discussion with Virgin about their intentions for taking on the services that are within the scope of the process. This includes the great majority of public health services including health visiting, school nursing, sexual health, health promotion, well-being college and drug and alcohol services. This is still in an early stage (at time of writing this update).

4. Childhood Obesity Plan of Action

This long awaited government report was published in August. It was generally considered to be weak and disappointing even taking into account that public health folk usually want more than they ever get from central strategies. It did include a "sugar tax" on soft drinks, but avoided any restrictions on junk food marketing and advertising and mainly relies on voluntary actions by industry around reformulating foods. Even one of the heads of a big retail chain said it would have been better to regulate for food reformulation as that would make a more level playing field.

There is a big focus in the paper on schools both in relation to physical activity and food and a healthy rating scheme for primary schools will be introduced that will become relevant to Ofsted inspections. It is therefore useful that through the DPH award team we have good links to schools with many of them working with us to create healthy school environments to achieve our own local award. The report also signals further more detailed guidance that will be coming out later.

Overall though this Plan of Action is mainly a set of small nudges unlikely to add up to a major shift.

5. Housing and health meeting: 28th September

Housing is recognised as one of the most important determinants of good health and wellbeing. Housing associations and registered providers play a crucial role through providing both housing and other support services to some of our vulnerable residents.

A meeting has been arranged between the public health and housing teams for registered housing providers to discuss the way in which housing initiatives and the work of providers in this sector can contribute to health and well-being, to network with a range of community services and to hear about the “Your care, your way” process and how that will affect community services. Examples will range widely and cover issues such as drinking, debt and availability of green spaces.

6. The STP (Sustainability and transformation plan)

Work on this plan continues apace. It may be covered in other reports to the meeting, but it is worth mentioning that a joint bid is to be made for funding for the National Diabetes Prevention Programme which will provide lifestyle related support to people at high risk of type 2 diabetes. .

7. Flu vaccination

The flu vaccination season is upon us. Although BaNES often does well compared to other areas there is still much room for improvement in all the adult categories and we will be active in promoting uptake this year. In line with the Council’s policy of mobilising greater use of social media this will be more of a focus of some of our effort this year. Indeed increasing flu vaccine uptake is also one theme of the prevention and self-care section of the STP.

8. The annual DPH report. “Get Fresh”

The annual Director of Public Health Report has now been published and all Councillors will receive a copy if they haven’t already done so. The aim of this year’s report is to provide a concise and readable account of the main priority areas for public health action which are encapsulated in the acronym FRESH which is explained in the report. The report also highlights this year’s emphasis on inequalities, and gives a basic snapshot of health in BaNES. Of course much more information about health indicators and local strategies and actions is available on the council’s website but browsing this document will give a quick overview.

9. Keep the date. 12th January 2017

The LGA has offered us its workshop for councillors entitled "Prevention matters: how elected members can improve the health of their communities". After assessing that there was initial interest from members in BaNES we asked them to do this workshop here and the date has been set. The meeting will be in the Guildhall. A formal invitation will come out soon and please encourage all members to attend as it is relevant to everyone and not just those with a specific health interest.

Bruce Laurence September 2016



healthwatch

Bath and North East
Somerset

Healthwatch B&NES report to the Health and
Wellbeing Select Committee - September 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 voluntary, community and social enterprise (VCSE) sectors, to debate current issues and recommend actions for progress.

Our current focus

Healthwatch B&NES is currently working on two of its work priorities for the year: the Accessible Information Standard and urgent care.

1) Accessible Information Standard (AIS)

The standard was introduced through the Health and Social Care Act 2012 and came into force on 31 July 2016. All NHS and publicly funded adult social care providers have to comply with the legislation, which ensures that patients/ service users with a disability, impairment or sensory loss and their carers receive information in formats that they can understand and have appropriate support to help them communicate.

Healthwatch B&NES is keen to understand the impact that the AIS has on people's experiences of using local services. The challenges that people with disabilities, impairments or sensory loss face when accessing and using services are well documented and recognised nationally as an area that requires improvement. Our project is following two lines:

- gathering feedback from service users and their carers about the experiences they are having
- sharing best practice with providers and commissioners to support continued progress and improvement in complying with the standard

Discussions held with support organisations, such as Action on Hearing Loss and deafPlus/visionPlus, to date suggest that there is still work to do to raise awareness of the AIS and ensure that people know their rights. This - and collecting feedback about people's experiences locally - will be the focus of Healthwatch's work for the next few months through local media channels, social media and face to face discussion.

B&NES Council and NHS BaNES Clinical Commissioning Group (CCG) have set up an AIS implementation group which offers providers a forum to share practice and approaches used to comply with the AIS. Healthwatch B&NES has been involved with the forum and has agreed to share feedback from patients and service users with the group to shape and inform compliance with the AIS over time. In the spring Healthwatch B&NES plans to hold a Health and Wellbeing Network to share key themes from the feedback its received with providers to review how the AIS is affecting people's experiences six months after its implementation.

2) Urgent care

The Healthwatch B&NES advisory group has chosen urgent care as one of its priorities for the year, with specific focus on understanding how and why people chose to access the services they do. NHS figures across the south west shows that 40% of inappropriate presentations to Accident & Emergency (A&E) are made by people aged 18-30 and parents of young children.

Healthwatch B&NES is developing a workshop and survey which it will run with these target groups to understand what makes them chose A&E over the other services that are available, and what their experiences are like in doing so. Through these discussions we hope to understand why people chose A&E over services such as NHS 111, NHS Choices and community pharmacists, the three key access points that are promoted for urgent care.

Healthwatch will produce a report capturing the findings of this engagement work in the spring.

Update on the Sustainability and Transformation Plan (STP)

Healthwatch B&NES is continuing to work in partnership with Healthwatch Swindon and Healthwatch Wiltshire around the STP. The three Healthwatch schemes see their role as advisory and to provide constructive challenge around the work of the STP Board, with particular focus on the any engagement and consultation that is carried out. We have offered to provide advice to the STP workstream leads in order to help them fulfill their responsibilities in respect to engagement and consultation.

The three Healthwatch schemes are going to produce a guidance note on the 'duty to consult and engage' which we will publish alongside information on STP. We are working to keep our networks up to date with what is happening and share any information from the STP Board and workstreams as it becomes available.

Report prepared by Alex Francis, Project Coordinator - Healthwatch B&NES on Friday 23 September 2016

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Statement to the Health and Wellbeing Select Committee

On Behalf of Protect Our NHS (Banes)

28th September 2016

Decision re: Community Health and Social Care Services November 10th 2016

Protect Our NHS BANES were very disappointed to learn that Virgin Care have been given preferred provider status by Bath and NE Somerset Council and the BANES Clinical Commissioning Group. We have since attended a meeting with the Your Care Your Way procurement team as well as an open meeting with the Virgin team.

We continue to have deep concerns which we feel have not been answered.

Profits and Virgin

We have been told that the provider will sign an undertaking to reinvest any profit or surplus from the operation into local services and that administrative costs will be capped. We understand that Richard Branson has said that he will not make a profit from the NHS. This does not appear to be a sustainable position for a private company and we would ask why, if Virgin is so altruistic, it has not created a charitable trust to bid for NHS services.

We understand that Virgin Care runs at a loss and Richard Branson has said he will not subsidise the NHS indefinitely; at present Virgin Care can borrow capital from the Virgin Board. Furthermore, it was stated that the Virgin target is a 10% margin p.a. achieved via efficiencies.

This is a confusing picture. We would welcome more clarity about Virgin's projections regarding profit margins and wonder what will happen if Branson decides to stop subsidising the NHS.

The Timescale and Democratic Deficit

The final business plan will not be made public until 3rd November and will be presented to councillors for a final decision on 10th November. We feel very strongly that one working week is quite inadequate for councillors and members and the public to study the report on due diligence, the contract and the business case. This is the only opportunity that our democratically elected representatives have to ask detailed questions before they make a very major decision on how public money is spent.

The Virgin Model

Many questions remain unanswered about the Virgin's care co-ordination centre model. We have not been able to discover who will staff the centre and what level of training they will have.

The Virgin bid depends heavily on the transformational aspects of new IT approaches including integrated records and mobile working. We understand that the Council, in conjunction with Sirona, have just bought an electronic case management and records system specifically designed to achieve both these objectives. Will Virgin work with this system or sub contract the IT work to another partner ?

Furthermore, there is no mention of how the model will link to the RUH (a partner in the LINK bid) in order to prevent admissions and facilitate speedier discharges.

Impact on Staff

We understand that staff who transfer to Virgin in their existing roles will continue with their current terms and conditions of employment.. However, standard Virgin contracts (i.e. those that will apply to new staff or staff who change jobs) are considerably less favourable than current

terms and conditions. Furthermore, it appears that Virgin Care do not recognise trade unions and have no collective agreements covering employment.

We also understand from other areas where Virgin operate that the confidentiality and intellectual property clauses in employment contracts have hampered good collaborative working, where Virgin employees and other professionals employed by different organisations need to work together in the best interests of patients.

Impact assessment

We are not clear whether the impact that these changes will have on other providers such as the voluntary sector and indeed Sirona, has been fully assessed. It is not clear what will happen to the services that Virgin do not want to provide directly many of which are currently provided by voluntary organisations and this uncertainty will be de-stabilising for small local organisations.

Rising Demand and Cuts in Funding

The operation of the new contract will take place in a climate of rising demand for social care and at a time of cuts in local authority budgets. At the same time the Sustainability and Transformation Plans in the NHS will impose more stringent cost limits. We understand that this is the first contract where Virgin would take over the full local authority legislative responsibilities for adult social care – care assessment, determination of eligibility and care planning. We would like to see more detail about how they will fulfil these responsibilities and how this will be monitored.

Ongoing monitoring

The processes involved in monitoring this contract are complex and detailed and we would question whether a small local authority and CCG has the resources and expertise to do this on an ongoing basis. We are also concerned that when dealing with a private company this process will not be open and transparent to elected members.

I

your care, your way

Programme Update

Preferred Bidder Stage

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Procurement Update



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Royal United Hospital Bath 
NHS Trust

Avon and Wiltshire 
Mental Health Partnership NHS Trust



How did we assess the bidders?



What did the capability testing tell us?

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How will things be different?



How will things be different?

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How will things be different?



Making it happen

Page 69



FAQs

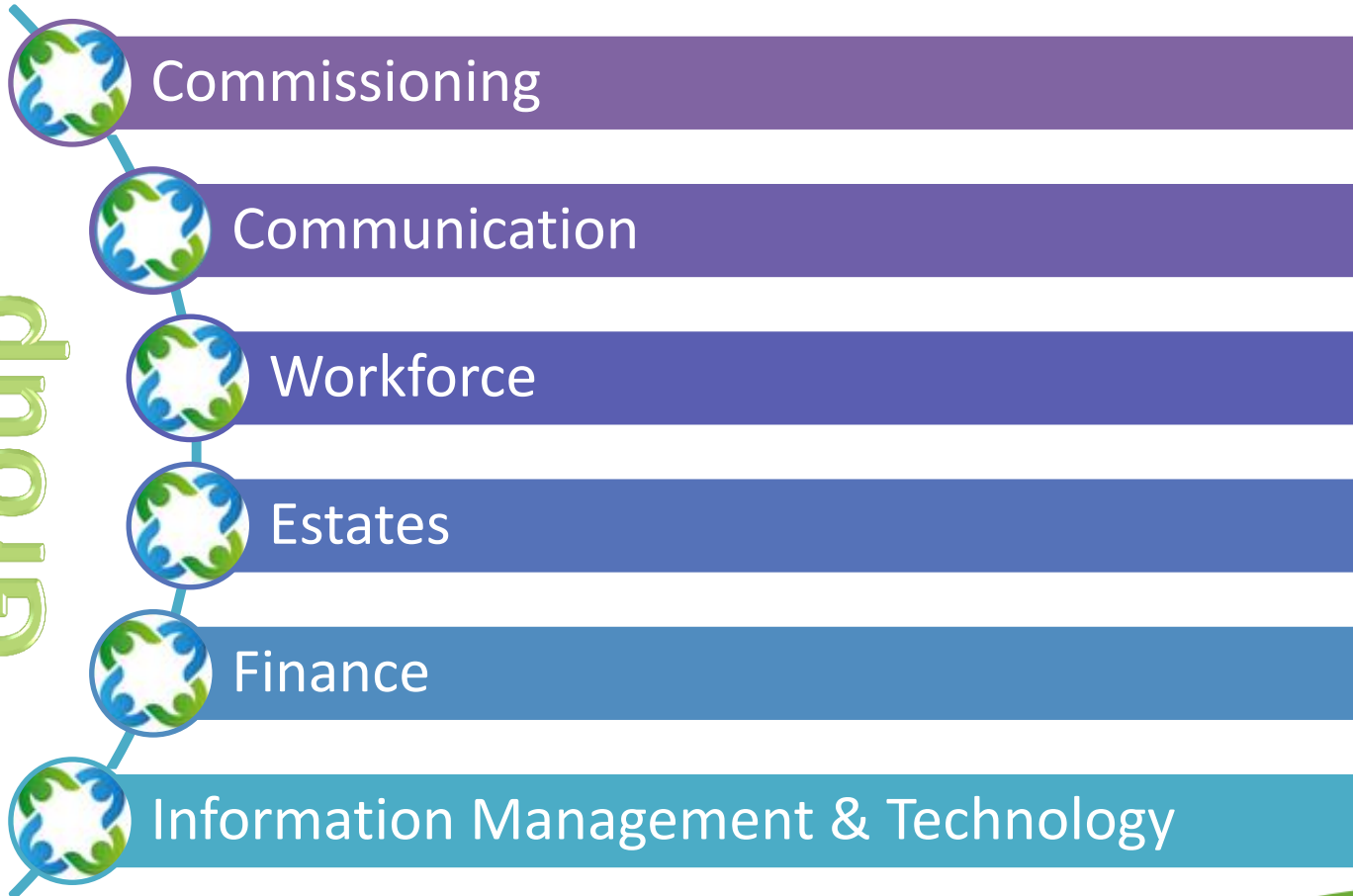
- **Is this privatisation of the NHS?**
- **What will happen to any profit made by Virgin Care?**
- **Have you assessed Virgin Care's tax and financial arrangements?**
- **How will staff be affected?**
- **Will services be cut?**

Preferred Bidder Stage Structure

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YCYW Steering

Group



Key Dates

September

9

Working assumptions around scope of the prime provider released

October

25

Preferred bidder stage completed

November

10

Full business case to governing bodies

Any questions?