BATH AND NORTH EAST SOMERSET

MINUTES OF HEALTH AND WELLBEING SELECT COMMITTEE MEETING

Wednesday, 30th November, 2016

Present:- **Councillors** Francine Haeberling, Karen Warrington (in place of 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), Tracey Cox (Chief Officer, CCG), Bruce Laurence (Director of Public Health), Catherine Phillips (Commissioning Manager for Urgent Care and Non-Acute Services), Catherine Campbell (CQC Inspection Manager), Helen Rawlings (CQC Inspection Manager), Tony Fletcher (CQC Inspection Manager), Dr Bill Bruce-Jones (Clinical Director, AWP), Sue Blackman (YCYW Community Services Programme Lead), Helen Blanchard (Director of Nursing and Midwifery, RUH), Lesley Hutchinson (Head of Safeguarding & Quality Assurance) and Dami Howard (Safeguarding Children & Adults Boards Business Support Manager)

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

44 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

45 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the emergency evacuation procedure.

46 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

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

Alex Francis, Healthwatch had sent her apologies to the Select Committee.

47 DECLARATIONS OF INTEREST

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

48 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

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

There were none.

50 MINUTES - 28TH SEPTEMBER 2016

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

51 CLINICAL COMMISSIONING GROUP UPDATE

Dr Ian Orpen addressed the Select Committee. A copy of the update can be found on their Minute Book and as an online appendix to these minutes, a summary of the update is set out below.

A&E performance

The CCG saw increased demand and pressure on services over the summer and performance against the A&E waiting time target (95 per cent of attendees to be seen within four hours) dropped to 79.3 per cent in August 2016. However, performance for October 2016 improved to 91.5 per cent.

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. The newly constituted A&E Delivery Board is focusing on responding to the five nationally mandated actions to support on-going recovery of performance.

CCG Improvement and Assessment Framework

Our assurance ratings for quarter two of 2016/17 are:

Better Health – Good
Better Care – Requires Improvement
Sustainability – Requires Improvement
Leadership – Requires Improvement

NHS England acknowledged a lot of good work has been undertaken around leadership and there are many positive examples of the good work the CCG is carrying out. However, due to concerns around our performance within 'Sustainability' and 'Better Care', we are also assessed as requires improvement under 'Leadership'.

Prescribing changes consultation

On 24 November, the CCG launched a four week period of public engagement on proposed changes to our prescribing policy. The CCG has been reviewing treatments that are shown to be less clinically effective, provide insufficient health

benefits and those that do not represent good value for money. As a result, there are two proposed changes to the local prescribing policy:

- To stop prescriptions of gluten-free products for people with coeliac disease

- To stop prescriptions for two groups of over-the-counter medicines – painkillers and antihistamines – when they are used for short-term, minor ailments such as mild hayfever, headache, coughs and colds.

Operational Plan

Our draft Operational Plan for 2017-19 has been submitted to NHS England. The final version is due on Friday 23 December. For the first time, plans are required over a two-year period and must support the delivery of the Sustainability and Transformation Plan for B&NES, Swindon and Wiltshire.

NHS England is also providing new funding to improve access and increase capacity in general practice by April 2019. Our Operational Plan includes a section on how we will support and transform general practice to offer extended opening hours across evenings and weekends.

Delegated Commissioning

Our 26 member practices are voting to decide if the CCG should take on delegated commissioning of primary care from NHS England. We have been working under joint commissioning arrangements in 2016-17 but delegated commissioning would give the CCG greater control over our future and help us to align our plans across community and acute services.

Swindon and Wiltshire CCGs are also expected to move to delegated commissioning so we have agreed that Wiltshire CCG will host a shared team to deliver the new primary care responsibilities.

Online booking at GP practices

GP practices are now able to offer their patients access to all online services; booking and cancelling appointments, ordering repeat prescriptions and viewing their medical records.

NHS England has set a target for practices to have a minimum of ten per cent of their patients registered for online services by 31 March 2017. In B&NES, 81 per cent of all GP practices (21 out of 26 practices) have already achieved ten percent. This is encouraging progress and the CCG continues to work with practices to promote the benefits to patients of registering for online services.

Councillor Paul May asked if GP's would be involved in the procurement of out-of-hours services.

Dr Orpen replied that they would be involved in the process and said that the workforce around the out-of-hours service has changed and it was about finding the model that works.

Councillor Paul May asked if Delegated Commissioning would provide GP's with more work.

Dr Orpen replied that some concerns have been raised and that the vote had not concluded yet. He added that some conflicts of interest would need to be managed, but that it had the potential to shape the way Primary Care works.

Councillor Eleanor Jackson asked if Delegated Commissioning would give advantages in bulk buying.

Dr Orpen replied that it was more about the mechanics of the process.

Councillor Eleanor Jackson asked why the NHS111 system was being re-procured as she felt it was working well in her opinion.

Dr Orpen replied that it was due to be re-procured and that this was an opportunity to align it with the out-of-hours service. He added that NHS111 has improved, but that there were still some issues, particularly the number of calls being passed to A&E.

Councillor Eleanor Jackson asked if a purpose built GP practice was to be built in Radstock and if it was dependant on sharing the facility with the library.

Tracey Cox, CCG Chief Officer replied that due diligence was ongoing and that the site may have some co-dependants.

Councillor Tim Ball asked if the re-procurement of the CAMHS service would include children on the autistic spectrum and if evaluators from that sector would be involved in the process.

The Director of Integrated Health & Care Commissioning replied that ADHD would be included within the service and that robust arrangements are in place to involve service users and carers in the process.

Councillor Lin Patterson asked if the Council and the CCG make national Government aware of our financial difficulties.

Dr Orpen replied that NHS Clinical Commissioners represent us on this matter, but it is clear that no extra funding is available.

Councillor Paul May commented that there are never enough resources and that the CCG has to deliver the plans that Government sets out.

The Cabinet Member for Adult Social Care & Health commented that the LGA continues to lobby ministers on this subject and that he would transfer Councillor Patterson's concerns to them at a meeting next week.

Councillor Bryan Organ commented that it was good to see that a significant portion of time had been set aside for the procurement of Urgent Care services.

Dr Orpen replied that due to the potential geographical nature of the solution it was right to take this amount of time.

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

52 CABINET MEMBER UPDATE

Councillor Vic Pritchard, Cabinet Member for Adult Social Care & Health addressed the Select Committee. A copy of the update can be found on their Minute Book and as an online appendix to these minutes, a summary of the update is set out below.

The Mental Health and Wellbeing Charter

The Mental Health and Wellbeing Charter has been created locally by people who have received support for their mental health. This has involved a partnership between New Hope, St Mungo's, Healthwatch, Avon and Wiltshire Mental Health Partnership, B&NES Council, other local organisations and Mental Health Commissioners. This has involved partnerships, pilot groups, focus groups and eventually a launch event in May 2016.

The idea of the Charter was introduced and led by Caroline Mellers, a St Mungo's and New Hope volunteer. The Charter has been written into contracts for the Mental Health and Wellbeing Pathways in the new commissioning cycle from April 2017. Caroline has recently received Quartet funding to raise awareness of the Charter to the B&NES mental health sector.

Assistive Technology Event

The Council hosted an assistive technology event in Keynsham on the 11th November. 17 providers of innovative assistive technology solutions showcased their services to an audience of over 100 health and care professionals, and some providers gave presentations and demonstrations of their services.

Feedback from the event was universally positive, with many attendees and presenters wanting to see something similar held again, with suggestions to hold an event specifically targeted at service users and carers.

Commissioners are now looking at the next steps to continue raising awareness and the profile of assistive technology within B&NES.

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

53 PUBLIC HEALTH UPDATE

Dr Bruce Laurence addressed the Select Committee. A copy of the update can be found on their Minute Book and as an online appendix to these minutes, a summary of the update is set out below.

Family Nurse Partnership (FNP)

With our success in reducing the under 19 pregnancy rate, and with the increasing flexibility in the national model and licence requirements the FNP service has been able to widen its eligibility criteria.

The team are working closely with maternity services to ensure that women with vulnerabilities are identified early and referred appropriately and as this is a significant change the service will monitor the uptake closely as there are a maximum number of 80 places at any one time and the service is intensive from pregnancy through to age 2.

Mental health of boys and young men

In line with national guidance the BANES Suicide Prevention Strategy 2016-2019 highlights the importance of:

- Integrating suicide prevention work within a broader framework for promoting mental health and wellbeing

- Tailoring approaches to improve mental health in specific groups and reduce risk in high risk groups

These two priorities are reflected in a mini pilot focussing on boys and young men. Like elsewhere in England, in BANES men are three times more likely to die by suicide than women. Evidence suggests there are a number of reasons why this might be the case. Stigma around emotional distress and mental illness and social constructs of masculinity make it harder for men to manage feelings of depression or unhappiness in times of crisis and more reluctant to seek (or be seen to seek) help.

The project seeks to identify good practice across services which will be shared with schools and other settings as case studies. Members of the project are committed to exploring how they can challenge stigmatising views that inhibit help seeking behaviours and make it difficult for boys and young men to talk about their feelings and worries within their setting.

Findings will be shared in an easy to use guide for schools and services and will include case studies and links to other resources. The opportunity to develop some staff training during the summer term 2017 is also being explored.

Alcohol Control

Blue Light Change Resistant Drinker Training

During October over 90 frontline workers were trained in new approaches to supporting change resistant drinkers.. The demand for the training exceeded expectations and future dates are being planned for 2017.

Tobacco Control

Bath College Smoke Free City Centre Campus

Bath College City Centre site has been supported in its preparation for and implementation of a Smoke Free Site which went live on 5th September 2016. Free prescriptions have been offered for staff wanting to quit and support for students has been promoted via fresher's week. The College are also ran a whole college campaign during Stoptober. Reducing the number of regular smokers (baseline = 33% smoking at least 1 cigarette a week) is the whole college outcome identified for the DPH Award. The College also reduced the number of smoking shelters at the Somer campus and will be working towards that campus going smoke free by 2020.

National Child Measurement Programme

The output from this year's National Child Measurement Programme has just been published. The good news is that in relative terms we have a low level of overweight and obese children for the region, and the SW already has among the best rates in the country. We also have a good record of keeping the rises from reception to year 6 better than most ("we" being any or all of: children, parents, schools, health promotion, leisure services, and cultural and other influences).

But the bad news is that our children are coming into reception relatively heavy, at an age when their diets are as much under parental control as they ever will be, and that although we benchmark well against other areas, in absolute terms this is a big problem in the making when almost 3 in 10 children leave primary school overweight… and many will face a lifelong challenge to then gain and maintain a healthy weight.

Holiday Hunger

Chrysalis Trust are offering families on free school meals the opportunity to have free lunches during the school holidays. They are working out of St Michaels school, Twerton and Southdown Methodist church. Funding is for one year.

Councillor Tim Ball said that the message regarding obesity in children must be delivered carefully and that children should retain a good level of weight. He welcomed the free lunches project as he was aware that some children return to school underweight after the school holidays.

Dr Laurence replied that work in schools was primarily around promoting healthy eating.

Councillor Paul May asked if it would be possible to widen out the free lunches project.

Dr Laurence replied that he would make enquiries.

Councillor Eleanor Jackson welcomed the proposal of Smoke Free Campus as she felt that the number of students smoking was frighteningly high. She added that similar work should be undertaken at the RUH with regard to the number of people that smoke between the main entrance and the bus stops.

Dr Laurence agreed that there is room for improvement at the RUH site.

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

54 HEALTHWATCH UPDATE

Alex Francis, Healthwatch was unable to attend the meeting. The Chair thanked her for her written report on behalf of the Select Committee which can be found on their Minute Book and as an online appendix to these minutes.

55 SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE

Tracey Cox, CCG Chief Officer introduced this item. She explained that 44 Sustainability and Transformation Plans (STPs) are in the process of being developed across England as a local implementation plan for the Five Year Forward View (FYFV). She added that the FYFV sets out the five year blue print for transformation aimed at addressing the three health and wellbeing, quality and finance gaps across the NHS and social care.

She stated that the Bath, Swindon and Wiltshire STP full 'emerging' plan was due to be published on December 14th.

She said that the plan is at a much earlier stage of development than other STPs and we see this as an opportunity to engage our population in making choices. She added that if we do not continue to make efficiencies, then we know there will be a gap between our patient's needs and available health and care resources of approximately £300m by 2020/21.

She said that over the next five years we are planning to change services around five priority areas that will improve our population's health and wellbeing, improve the quality of care people receive and ensure our services are efficient.

- Priority 1: Transforming primary care
- Priority 2: More focus on prevention and proactive care
- Priority 3: Making best use of technology and our public estates
- Priority 4: A modern workforce
- Priority 5: Improved collaboration across our hospital trusts

Councillor Paul May commented that the summary of the Plan before the Select Committee was not detailed enough and that he awaited the publication of the emerging plan. He said that there was only one vague reference made to specialised services, no recognition of devolution, no reference made to Sirona or Virgin Care. He said that residents require more information.

Tracey Cox replied that as the report was a summary of the plan it would not have that level of detail within it. She added that she hoped the points raised would be covered by the emerging plan when it is published in December. She stated that

during this process that Sirona had decided to step away from discussions and that now that Virgin Care have been identified as the preferred bidder through Your Care, Your Way that they would be invited to add their thoughts to the plan.

Councillor Tim Ball commented that services should be available to people where they need them and that patients should be allowed to choose the services they want to use.

Tracey Cox replied that she did not anticipate patients within B&NES having to stop using the RUH. She added the process is not intended to disturb patient flow and should be seen as a way of working with the other authorities to provide a better service.

Councillor Eleanor Jackson commented that she was pleased to see within the report there were plans to have 'Improved access to psychological support for patients with mental health needs'. She asked if following the Brexit decision were plans in place to address the potential loss of workforce.

Tracey Cox replied that national bodies have highlighted the risk of losing some members of the current workforce, but that this was not within the remit of the CCG.

Councillor Vic Pritchard said that whilst attending a recent conference there was a general view that STP's are contentious and should only be signed off when all parties are completely satisfied.

Tracey Cox replied that this was the first time that areas had been asked to work together on such a basis and that the current thinking was to have a final plan published in May 2017. She added that in her view the plan was currently not ambitious enough and that fundamental and revolutionary initiatives should be sought.

Councillor Bryan Organ commented that the cost of appointments not being kept must have an impact on the financial pressure for the area.

Dr Ian Orpen replied that around 4,500 GP appointments a month are not kept within Wiltshire. He said that text reminders are in place at some practices and hospitals.

Councillor Paul May commented that he hoped the final document would recognise communities and their needs and that he would pursue the healthcare of patients close to other authority boundaries.

Councillor Lin Patterson said that she was concerned that services in some areas may drop to increase those in others.

Tracey Cox replied that she was accountable for the budget within B&NES and that each authority's budget would remain their own.

The Chair thanked her on behalf of the Select Committee for the report and attending the meeting.

56 CQC - RUH INSPECTION

Catherine Campbell, CQC Inspection Manager gave a presentation to the Select Committee regarding this item. A copy of the presentation can be found on their Minute Book and as an online appendix to these minutes, a summary of the presentation is set out below.

CQC Inspection: 15-18 and 29 March 2016

The range of services provided by Royal United Hospital Bath NHS Foundation Trust, including the Royal National Hospital for Rheumatic Diseases and the community maternity services required a diverse inspection team:

- 22 inspectors
- 29 specialist advisors
- plus support staff

11 services were inspected:

- 8 acute services at the Royal United Hospital Bath site
- 2 acute services at the Royal National Hospital for Rheumatic Diseases
- The community maternity service (including midwifery led birthing centres)

CQC's 5 key questions

Safe? Are people protected from abuse and avoidable harm?

Effective? Does people's care and treatment achieve good outcomes and promote a good quality of life, and is it evidence-based where possible?

Caring? Do staff involve and treat people with compassion, kindness, dignity and respect?

Responsive? Are services organised so that they meet people's needs?

Well-led? Does the leadership, management and governance of the organisation assure the delivery of high-quality patient-centred care, support learning and innovation and promote an open and fair culture?

Overall ratings

The trust was rated as outstanding for caring, which is a notable achievement, reflecting high compassion, support and patient involvement in delivering care.

The effective and well-led domains were rated as good and the safety and responsive domains as requires improvement

There was a wide range in the ratings given to individual services:

- 1 Outstanding
- 6 Good
- 4 Requires Improvement

Inspection Findings

Safety: Requires improvement

Effective: Good

Caring: Outstanding

Responsive: Requires Improvement

Well-led: Good

There were many areas of excellent and innovative practice. Risk reporting and safety were largely well managed and the governance systems ensured ownership at an appropriate level. Care and treatment were effective and evidence based. There was very good multi-disciplinary working and programmes that prevented hospital admission. Training was generally good. Staff were caring and compassionate and true dedication to the patients shone through. Services were flexible and responsive. Clinical and overall leadership was strong throughout and there was effective staff engagement.

Outstanding Practice

- We saw numerous examples of outstanding practice in the care and compassion shown to patients as well as involvement in their care and treatment, particularly in services for children and young people and in end of life care.

- The Conversation Project: an initiative to improve communication between staff and patients and relatives about care for the dying patient.

- We saw some outstanding practice within the outpatients department, in how staff treated and supported patients living with learning difficulties.

- The Royal National Hospital for Rheumatic Disease was a centre of excellence for lupus care and treatment.

- The Fibromyalgia service had been developed in response to patient need and was now being set up to become a franchised model to share the programme with other trusts.

Next Steps

- Our inspection has identified many areas of good and outstanding practice as well as areas for improvement. We will monitor the trust's plans for improvement.

- The inspection process has focused attention on topics which impact the wider health and social care system – these were considered further during the Quality Summit held after inspection.

Councillor Paul May commented that the impact of the inspection was positive and confirmed what he had seen in person. He added that he felt very reassured.

Councillor Vic Pritchard, Cabinet Member for Adult Social Care & Health praised the excellent work of the hospital. He said however that he was not comfortable with the rating terms used by the CQC as the hospital had achieved a 'good' rating across many areas, but the overall rating was given as 'requires improvement'.

Catherine Campbell replied that they do have a standard to which they have to assess against. She added that she was not aware of anywhere in the country that provides this level of end of life care.

Dr Ian Orpen commented that the final rating does not tell the whole story and suggested that a further rating of 'satisfactory' could be added in between 'good' and 'requires improvement'.

Dr Bruce Laurence said that he agreed with the comments made by Councillor Pritchard and Dr Orpen.

Councillor Eleanor Jackson said that she was impressed with the consistency of approach of the officers involved in the inspection. She stated she was concerned at the lack of a Critical Care Matron for 16 months and asked if some areas of the building were fit for purpose. She said that she had been reassured on the whole by the report, especially with regard to patients with learning difficulties.

Catherine Campbell replied that the estate was not a focus for the inspection, although she was aware that the Trust has a plan for site development.

Councillor Bryan Organ asked for an explanation of lupus care and Fibromyalgia.

Helen Rawlings, CQC replied that Fibromyalgia is a medical condition characterised by chronic widespread pain and a disorder of pain processing due to abnormalities in how pain signals are processed in the central nervous system. She added that lupus is an autoimmune disease in which the body's immune system mistakenly attacks healthy tissue in many parts of the body.

Helen Blanchard, Director of Nursing and Midwifery, RUH gave a presentation to the Select Committee in response to the inspection report. A copy of the presentation can be found on their Minute Book and as an online appendix to these minutes, a summary of the presentation is set out below.

<u>Summary of ratings</u>

Inspection report highlights many areas of good and outstanding practice:

- End of life care and the caring domain rated as 'outstanding'
- Leadership, governance and safety culture promoting high quality person-centred care
- Good coordination of care

Of the 53 indicators represented by the core services and CQC domains:

- 3 rated as ‘outstanding’
- 36 rated as ‘good’
- 14 rated as ‘requires improvement’

Areas for improvement

Some areas for improvement identified including:
- Staffing levels
- Pressures in urgent and emergency care
- Patient flow

The main areas for improvement relate to Urgent and Emergency Services, Medical Care and Critical Care.

An improvement plan is being implemented to address the areas of concern identified by the CQC.

In response to the point raised by Councillor Jackson she said that a Critical Care Matron has now been appointed and commenced in post.

Councillor Paul May reiterated his point that the report was positive and that the Select Committee should support the RUH in its actions for improvement.

The Chair thanked Catherine Campbell, Helen Rawlings and Helen Blanchard for attending the meeting on behalf of the Select Committee.

57 CQC - AWP INSPECTION

Tony Fletcher, CQC Inspection Manager introduced this report to the Select Committee. He explained that the inspection visit was carried out over a two week period from 16 May to 27 May 2016 and covered a large geographical area and range of services.

He stated that during the inspection we visited 37 wards, four health based places of safety, 28 community teams and spoke with:

- 127 patients
- 22 carers
- Members of the executive team and trust board, including the chief executive and the chair
- Twenty two senior managers
- 93 service and ward managers
- 357 other staff, including registered nurses, health care support workers, doctors, psychologists, occupational therapists and practitioners.

He highlighted three key areas from within the report.

Wards for patients with dementia were not dementia friendly with the exception of ward four in Bath. However, environmental security in the forensic and secure

services had improved significantly since our inspection in June 2014 and risk were managed well at both a ward level and individual patient level.

We had serious concerns with the timeliness of Mental Health Act assessments for people detained in the places of safety. Data showed that a significant number of people were in places of safety for over 12 hours waiting for assessment, and many for two or three days. There were eight occasions between March 2015 and April 2016 where people were there beyond the legal limit of 72 hours.

There were also delays in the attendance by the child and adolescent mental health (CAMHS) service (provided by another trust) when there was an admission of a young person. One young person was detained under Section 4 of the Mental Health Act due to the lack of availability of a second doctor to undertake an assessment at the place of safety.

He said that they had found that the trust had made some significant improvements to the safety and quality of services, staffing levels and governance arrangements even at the time of inspection.

Councillor Paul May commented that he was pleased to hear the progress being made especially with regard to governance.

Tony Fletcher replied that key appointments had been made by the Director of Nursing. He added that a further inspection would likely take place in 2017 to assess if the changes are working.

Councillor Paul May asked if the inspection assessed whether the services provided were appropriate for the needs of the community.

Tony Fletcher replied that it did not. He said that the inspection assessed the safety of the provision being provided.

Councillor Eleanor Jackson commented that it was good to see a vast improvement of the ligature policy as it had previously been inadequate. She said that there remained a shortage of around 29 acute beds which had seen some patients sent to Salisbury and Harrogate.

Tony Fletcher replied that he had heard evidence of patients being sent a long distance for acute provision.

Councillor Eleanor Jackson urged for better care in the community with regard to psychiatric care.

Tony Fletcher replied that in the opinion of the CQC the crisis teams had improved.

Councillor Lin Patterson asked if there were any plans to rationalise the area covered by the Trust.

Dr Bill Bruce-Jones, Clinical Director AWP replied that there were not, but that local delivery units do exist and are aligned.

The Director of Integrated Health & Care Commissioning commented with regard to bed capacity that the 8 beds that had been closed at Hillview Lodge had been re-provided through some additional beds in B&NES and the local area. She added that the intention is for further re-provision to include current and future need.

Councillor Paul May asked if AWP can provide a local specialist service.

Dr Bill Bruce-Jones replied that he felt strongly that it would be a great shame they could not provide a full range of services. He added that there was a three year project plan to provide bed provision within B&NES.

Councillor Vic Pritchard asked how much money would be required for the project.

Dr Bill Bruce-Jones replied that it would cost £20m.

The Director of Integrated Health & Care Commissioning said that they anticipated being able to access some funding for the project through NHS Improvement and that they were actively looking for other sources of capital funding.

Councillor Paul May asked if the project would achieve enough revenue.

Dr Bill Bruce-Jones replied that a business case has been prepared.

The Director of Integrated Health & Care Commissioning said that the CCG have confirmed this.

Dr Bill Bruce-Jones gave a presentation to the Select Committee regarding the response from AWP following the inspection. A copy of the presentation can be found on their Minute Book and as an online appendix to these minutes, a summary of the presentation is set out below.

<u>Our experience</u>

“Inspectors were respectful and collaborative.”

“The dialogue with inspectors was excellent; they keep us abreast of their findings so we were able to address many issues within a day.”

<u>What was said</u>

One core service ‘Inadequate’

One service ‘Requires improvement’

Six rated ‘Good’

Overall: Requires improvement.

<u>Place of Safety - What do we know?</u>

We lacked breadth and depth and coordinated data on Place of Safety quality and performance.

Within our health-based Places of Safety, the wait for a Mental Health Act assessment was too long and breaches to 72 hour rule "occurred in the absence of adequate escalation processes."

Information – What do we know?

91% of people detained under S136 arrive with police (or police and ambulance).

Mason Unit detained five times as many people compared with other suites (+50 compared with average 10).

Place of Safety – Making a Difference

We will have an established system wide response to the issues identified by the CQC initially led by Keith Pople.

We will have sustainable Places of Safety with individuals detained appropriately and within timescales, acknowledging reduction in detention times to 24 hours.

Older Adults – What do we Know?

Our record keeping in relation to The Mental Capacity Act, Incident reporting and Care plans were inconsistent. Adherence to care plans and collaborative involvement with service users was also variable.

The standard of our Inpatient environments was variable. They were not all "dementia friendly".

Older Adults – what did we do?

Nurse Consultant for Dementia Care has created a 'Dementia Strategy' for the trust which will guide the organisation in addressing areas highlighted by the CQC and beyond in reference to government policy. The aim will be to achieve excellence in care for this target group.

The Trust has implemented a Trust wide audit of in-patient units against King's Fund standards for dementia friendly environments, to be completed by December 2016.

B&NES – Specific Issues

Vacancies and recruitment in Intensive Service
Ward 4 environment

B&NES – Good Practice

Fresh Art project
Therapies service – Quality improvement audit
Recovery service – community medicines management

Councillor Bryan Organ asked if the new Police building in Keynsham had helped with regard to a Place of Safety.

Dr Bill Bruce-Jones replied that it did not as it is not designed appropriately.

Councillor Lin Patterson asked what makes the Talking Therapies Service the best in the country.

Dr Bill Bruce-Jones replied that it takes a lot of hard work and a great team of young practitioners.

Dr Ian Orpen said that he echoed the comments regarding Talking Therapies and that it was one of the best Mental Health Services he had seen in his career.

The Chair thanked Tony Fletcher and Dr Bill Bruce-Jones for attending the meeting on behalf of the Select Committee.

58 YOUR CARE, YOUR WAY

The Director of Integrated Health & Care Commissioning and the YCYW Community Services Programme Lead gave a presentation to the Select Committee regarding this item. A copy of the presentation can be found on their Minute Book and as an online appendix to these minutes, a summary of the presentation is set out below.

The Director of Integrated Health & Care Commissioning said that she welcomed the key role that the Select Committee has played in the process so far and will continue to play.

She stated that the process should not be seen as solely about Virgin. Wider provider market is critical to the success of delivering transformation and we need to work together as a single system for the population of B&NES.

<u>Virgin Care – Our Values and Vision</u>

Think – Strive for better
- Challenge / Improve / Learn

Care – Heartfelt service
- Communicate / Understand / Inspire

Do – Team spirit
- Involve / Resilience / Hold to account

<u>The future of Community Services</u>

New model of integration
Care co-ordination
Technology

Councillor Lin Patterson asked if the questions raised by the Community Champions have been recorded.

The YCYW Community Services Programme Lead replied that all the questions and full tender documentation have been published on the YCYW website and were publically available. She added that the first round of questions were set primarily by the Cabinet Office and that as the process moved on the questions were more detailed and developed by Commissioners, relevant Subject Matter Experts and Community Champions.

Virgin Care – The Team

Virgin Care Executive Team
Local Virgin Care Delivery Team

Councillor Karen Warrington commented that she believed in this project and said that continuity would be key. She stated that we owe our residents a great service.

Mobilisation - Managing Safe Transfer

Safe Transfer Group
Meetings held with Sirona every week
First 100 days (from April 1st 2017) – Services to remain static in this timeframe
The workforce are such an integral part of this process

Outcomes Based Commissioning

Proactive review of services
More efficient front line services
Economies of scale

Councillor Eleanor Jackson asked how members of the public would be assured about IT security / reliability.

The YCYW Community Services Programme Lead replied that a joint communication would be issued regarding a change of service provider. She added that anyone not wanting their data transferred would have the opportunity to report back to their GP.

Councillor Lin Patterson asked how the Select Committee can be assured that the data it sees is true.

The Director of Integrated Health & Care Commissioning assured the Select Committee that robust performance management and data checking processes are in place. She added that accurate and up to date information is paramount to the success of the project.

Achieving Value for Money

Block funded contracts

All investments and savings will be discussed in great detail

Acknowledge that further due diligence is still to take place

Councillor Eleanor Jackson asked how the financial figures for the next seven can remain the same.

The Head of Management Accounts replied that this had been acknowledged in the business case and that a flat rate is shown as the future can't be predicted.

The Director of Integrated Health & Care Commissioning commented that it is a challenge both nationally and locally to meet the needs of our population with the resources available.

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

59 RE-COMMISSIONING OF URGENT CARE SERVICES

The Commissioning Manager for Urgent Care and Non-Acute Services introduced this report to the Select Committee. She explained that BaNES CCG is:

- Procuring the NHS 111 and Integrated Clinical Hub services with Wiltshire and Swindon CCGs.
- Procuring the GP Out of Hours service with Wilshire CCG, as part of the above procurement process to facilitate integration of services.
- Separately procuring the Urgent Care Centre service (at the front door of the Royal United Hospitals).
- Separately commissioning the Homeless Health Service.

Councillor Lin Patterson asked if NHS 111 advisors would have access to nurses and doctors.

The Commissioning Manager for Urgent Care and Non-Acute Services replied that they would as there is a need to clinical support within the call centre.

Councillor Lin Patterson asked if any practices had yet said that they were willing to take part in the Homeless Health Service.

The Commissioning Manager for Urgent Care and Non-Acute Services replied that it was in the early stages of the process, but stated that they would not be left without a service.

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

60 LSAB ANNUAL REPORT 2015-16

The Head of Safeguarding & Quality Assurance introduced this item to the Select Committee. She informed them that the Board meets on a quarterly basis and has six multi-agency sub-groups that report to it.

She stated the Board works closely with the Responsible Authorities Group who have a remit for all domestic abuse incidents and the LSCB who are concerned about the impact of domestic abuse on children and young people.

She said that during the reporting period 2015-16 B&NES received 1,137 new alerts /referrals (now called concerns). At the end of March 2016, 162 cases remained open and 1,104 had been closed. The 1,137 concerns received was an increase of 53% when compared with 2014-15.

She said that it was important to make care personal, but that providing a personal solution sometimes meant that we were unable to meet our set timescales.

The Select Committee **RESOLVED** to note the Annual Report, Executive Summary and Business Plan.

61 SELECT COMMITTEE WORKPLAN

Councillor Eleanor Jackson proposed that the Select Committee looks at the issue of Community Pharmacies in B&NES in March 2017 following the recommendation made by Council at its meeting on 10th November 2016.

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

The meeting ended at 3.05 pm

Chair(person) .....

Date Confirmed and Signed .....

Prepared by Democratic Services

NHS
Bath and North East Somerset
Clinical Commissioning Group

Briefing for the Health and Wellbeing Select Committee Meeting

Wednesday 30 November 2016

1. A&E performance

The CCG saw increased demand and pressure on services over the summer and performance against the A&E waiting time target (95 per cent of attendees to be seen within four hours) dropped to 79.3 per cent in August 2016. However, performance for October 2016 improved to 91.5 per cent.

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. The newly constituted A&E Delivery Board is focusing on responding to the five nationally mandated actions to support on-going recovery of performance.

2. CCG Improvement and Assessment Framework

Our assurance ratings for quarter two of 2016/17 are:

Better Health	Better Care	Sustainability	Leadership
GOOD	REQUIRES IMPROVEMENT	REQUIRES IMPROVEMENT	REQUIRES IMPROVEMENT

These ratings predominantly relate to the difficulties in securing improvements in the delivery of NHS constitutional targets across our local health system and to the level of unmitigated financial risk which may impact on our ability to deliver our required financial surplus for 2016/17.

NHS England acknowledged a lot of good work has been undertaken around leadership and there are many positive examples of the good work the CCG is carrying out. However, due to concerns around our performance within 'Sustainability' and 'Better Care', we are also assessed as requires improvement under 'Leadership'.

3. Prescribing changes consultation

On 24 November, the CCG launched a four week period of public engagement on proposed changes to our prescribing policy. The CCG has been reviewing treatments that are shown to be less clinically effective, provide insufficient health benefits and those that do not represent good value for money. As a result, there are two proposed changes to the local prescribing policy:

- To stop prescriptions of gluten-free products for people with coeliac disease

- To stop prescriptions for two groups of over-the-counter medicines – painkillers and antihistamines – when they are used for short-term, minor ailments such as mild hayfever, headache, coughs and colds.

4. CAMHS re-procurement

Work is continuing with colleagues in Swindon and Wiltshire to re-procure the contract for Children and Adolescent Mental Health Services (CAMHS). Young people from each area are being recruited to take part in the evaluation of bids.

5. Urgent Care procurements

The CCG is currently involved in procurement for three separate urgent care services which will become operational from May 2018:

a) A procurement process is underway to deliver a more joined up NHS111 system across B&NES, Swindon and Wiltshire. GP out-of-hours services are being re-procured across Wiltshire and B&NES.
b) The Urgent Care Centre at the RUH is being commissioned separately from the GP out-of-hours service. The tender process will begin in January.
c) We are seeking a local GP practice to run the Homeless Health Service from Julian House. The service provides access to GPs and nurses for a registered list of approximately 65 homeless people.

6. Operational Plan

Our draft Operational Plan for 2017-19 has been submitted to NHS England. The final version is due on Friday 23 December. For the first time, plans are required over a two-year period and must support the delivery of the Sustainability and Transformation Plan for B&NES, Swindon and Wiltshire.

NHS England is also providing new funding to improve access and increase capacity in general practice by April 2019. Our Operational Plan includes a section on how we will support and transform general practice to offer extended opening hours across evenings and weekends.

7. Financial Position

The CCG's financial position is very tight this year. We must deliver a 1 per cent surplus and set aside 1 per cent non-recurrent 'headroom' and 0.5 per cent contingency. This will be a challenge but we are taking all possible actions to mitigate financial risks and deliver efficiencies through a programme of QIPP (Quality, Innovation, Productivity and Prevention) schemes.

8. Delegated commissioning

Our 26 member practices are voting to decide if the CCG should take on delegated commissioning of primary care from NHS England. We have been working under joint commissioning arrangements in 2016-17 but delegated commissioning would give the CCG greater control over our future and help us to align our plans across community and acute services.

Swindon and Wiltshire CCGs are also expected to move to delegated commissioning so we have agreed that Wiltshire CCG will host a shared team to deliver the new primary care responsibilities.

9. Online booking at GP practices

GP practices are now able to offer their patients access to all online services; booking and cancelling appointments, ordering repeat prescriptions and viewing their medical records.

NHS England has set a target for practices to have a minimum of ten per cent of their patients registered for online services by 31 March 2017. In B&NES, 81 per cent of all GP practices (21 out of 26 practices) have already achieved ten percent. This is encouraging progress and the CCG continues to work with practices to promote the benefits to patients of registering for online services.

10. Flu Vaccinations for staff

NHS staff are encouraged to have a flu jab each year as winter approaches to help protect them from getting flu and to avoid its spread to colleagues and patients. We are pleased to announce that for 2016 the uptake for BaNES CCG staff was 77 per cent. This exceeds the national target set for NHS organisations.

Cllr Vic Pritchard, Cabinet Member for Adult Social Care & Health
Key Issues Briefing Note

Health & Wellbeing Select Committee November 2016

1. The Mental Health and Wellbeing Charter

The Mental Health and Wellbeing Charter has been created locally by people who have received support for their mental health. This has involved a partnership between New Hope, St Mungo's, Healthwatch, Avon and Wiltshire Mental Health Partnership, B&NES Council, other local organisations and Mental Health Commissioners. This has involved partnerships, pilot groups, focus groups and eventually a launch event in May 2016.

The idea of Charter was introduced and led by Caroline Mellers, a St Mungo's and New Hope volunteer. The Charter has been written into contracts for the Mental Health and Wellbeing Pathways in the new commissioning cycle from April 2017. Caroline has recently received Quartet funding to raise awareness of the Charter to the B&NES mental health sector. Other people with lived experience will also be involved in this project.

It covers the following issues, from the perspective of someone using services as well as their supporters and associated staff:

- Support
- Feeling safe
- Insight into my own mental health
- Supportive staff and organisations
- Advice and Information

There are two parts (more detail can be found in the Mental Health and Wellbeing Charter and 'In Practice' Document attached to this briefing):

The Charter, which highlights 10 Guiding Principles that reflect the support people need for their mental health and wellbeing.

An **'In Practice'** document which provides local examples of best practice to enable staff and other supporters to understand, reflect and develop a supportive network which addresses the Guiding Principles of the Charter.

Local organisations are invited to sign up to these principles and to learn from the good practice examples.

2. Assistive Technology Event

The Council hosted an assistive technology event in Keynsham on the 11th November. 17 providers of innovative assistive technology solutions showcased their services to an audience of over 100 health and care professionals, and some providers gave presentations and demonstrations of their services.

Feedback from the event was universally positive, with many attendees and presenters wanting to see something similar held again, with suggestions to hold an event specifically targeted at service users and carers. Many attendees saw a lot of technology that was new to them with one commenting 'I was previously very unaware of telecare / assistive technology'.

Particularly popular was a provider that has developed videos that can be accessed from a smart phone or tablet by scanning a QR code (a QR code is a 'smart' barcode). Packs of QR codes can be ordered which link to videos including how to use the washing machine and how to make a cup of tea. These QR codes can be stuck on the washing machine or kettle etc. and can be used by many people including those with learning disabilities or acquired brain injuries. Also popular were a variety of items for people with dementia, including tracking technology that fits into the sole of a shoe.

Commissioners are now looking at the next steps to continue raising awareness and the profile of assistive technology within B&NES.

Public Health Update November 2016

1. Family Nurse Partnership (FNP)

With our success in reducing the under 19 pregnancy rate, and with the increasing flexibility in the national model and licence requirements the FNP service has been able to widen its eligibility criteria as follows:

Age 19-24 years with one of the following:

- SEND – Special Educational Needs or Disability
- Care Leaver or ever been a Looked After Child

Age 19-24 years with two or more of the following:

- Does not have a stable and supportive relationship with baby's father or partner, or own mother
- NEET or at risk of NEET (Low educational attainment and/or struggling with course/job)
- Has current mental ill- health
- Current smoker (and doesn't plan to give up during pregnancy)
- Current substance misuser
- Experiencing or at risk of DVA
- Experiencing or at risk of CSE
- Partner in Prison

The team are working closely with maternity services to ensure that women with vulnerabilities are identified early and referred appropriately and as this is a significant change the service will monitor the uptake closely as there are a maximum number of 80 places at any one time and the service is intensive from pregnancy through to age 2.

2. Director of Public Health Award (DPHA)

Primary Schools
9 submissions went to the Award Group assessment meeting in October 2016.
3 schools with highest priority recruited for the first time (Cameley, Twerton Infants and Roundhill)
5 new schools overall subscribed for the first time

Secondary schools
2 secondary schools hold the full DPHA (Norton Hill and Ralph Allen School)
2 Secondary schools re-engaged with the programme (Wellsway, Writhlington)

Also covers EY and college settings

Interventions development

Move a Mile launched in May 2016 (18 schools attended). This is the B&NES challenge to all schools and early years settings to get every child moving at least a

mile more each week (fortnight for EY settings) through running, walking, cycling, dancing, skipping etc.

Learning outside network established and 2 network meetings held so far.

Active Solutions pilot developed. 2 Primary schools recruited to trial a ChiCCs intervention – 1 hour of solution focused therapy and 1 hour of physical activity with the aim of reducing anxiety, raising self-esteem in identified children. Project to start in January 2017.

3. Oral health pilot

Dental health development – resource boxes for baby feeding hubs (HV/CC) developed.

Toothbrushing in EY settings trial is being planned for January 2017. 6 settings recruited including 1 primary school.

Oral health needs assessment underway in B&NES schools.

4. Mental health of boys and young men

In line with national guidance the BANES Suicide Prevention Strategy 2016-2019 highlights the importance of:

- Integrating suicide prevention work within a broader framework for promoting mental health and wellbeing
- Tailoring approaches to improve mental health in specific groups and reduce risk in high risk groups

These two priorities are reflected in a mini pilot focussing on boys and young men. Like elsewhere in England, in BANES men are three times more likely to die by suicide than women. Evidence suggests there are a number of reasons why this might be the case. Stigma around emotional distress and mental illness and social constructs of masculinity make it harder for men to manage feelings of depression or unhappiness in times of crisis and more reluctant to seek (or be seen to seek) help.

The BANES Boys and Young Men's Mental Health project seeks to identify good practice across services which will be shared with schools and other settings as case studies. With a small amount of funding from both Public Health and the CAMHS Transformation budget, the project has recruited representatives (predominately male staff) from primary, secondary and special schools, Bath College, play services, Youth Connect and Mentoring Plus. Members of the project are committed to exploring how they can challenge stigmatising views that inhibit help seeking behaviours and make it difficult for boys and young men to talk about their feelings and worries within their setting.

This work is underpinned by findings from the CAMHS Participation Service following interviews and focus groups with boys and young men using their services. Here

specific factors have been identified regarding service users perceptions of how schools and help services are predominately geared to meet the needs of girls and how this alienates boys who fear ridicule if they appear to need or indeed ask for help. Young men interviewed also reported some staff (often females) being unsympathetic to their emotional needs and or unable to recognise the symptoms they and other males might display if in distress.

Starting in October 2016 the project will operate over the present academic year to deliver the following outcomes:-

- Opportunities to listen to the voices of boys and young men including CAMHS users, and SHEU data for males
- A review of existing outcomes based practice targeting the mental health and wellbeing needs of boys and young men in a school settings
- A review of existing PSHE resources and school mental health programmes to take account of what it means to be a boy; for example through reviewing language and advice given
- Development of bespoke interventions that seek to reduce stigma around mental illness and poor wellbeing amongst boys and young men. This will include consideration of ways to improve help seeking behaviour particularly post puberty.

Findings from the group will be shared in an easy to use guide for schools and services and will include case studies and links to other resources. The opportunity to develop some staff training during the summer term 2017 is also being explored.

5. Alcohol and tobacco control

5a. Alcohol

Blue Light Change Resistant Drinker Training

During October over 90 frontline workers were trained in new approaches to supporting change resistant drinkers.. The demand for the training exceeded expectations and future dates are being planned for 2017.

5b. Tobacco Control

Bath College Smoke Free City Centre Campus

Bath College City Centre site has been supported in its preparation for and implementation of a Smoke Free Site which went live on 5th September 2016. Free prescriptions have been offered for staff wanting to quit and support for students has been promoted via fresher's week. The College are also ran a whole college campaign during Stoptober. Reducing the number of regular smokers (baseline = 33% smoking at least 1 cigarette a week) is the whole college outcome identified for the DPH Award. The College also reduced the number of smoking shelters at the Somer campus and will be working towards that campus going smoke free by 2020.

Smoke Free Sports Clubs

A grant for local sports clubs, to support them to keep smoking off the touch line during youth games, was developed and launched on 1st September 2016. This was money recycled from the previous Assist work. Clubs are encouraged to apply for the grant, administered by Quartet, to access guidance on smoke free policy development, smoke free signage and training for coaching staff and youth team leaders. The grants are targeted at clubs that have youth teams and areas of higher deprivation. In the first round of the grant 12 clubs were granted £500 each and all have now received their training to help implement their smoke free policy. A second round of grants is being launched in December, with the aim of engaging 20 clubs in total during 16/17.

6. Healthy Weight

6.1 National child Measurement Programme

The output from this year's National Child Measurement Programme that's just been published. There are various reports and presentation but this link goes to the main spreadsheet

http://content.digital.nhs.uk/catalogue/PUB22269/nati-chil-meas-prog-eng-2015-2016-tab.xlsx

Some salient facts from table 2 (which is the figures from BaNES schools, while other charts are done on postcodes but there isn't a great difference):

- Prevalence of "overweight" category falls between reception and year 6 which is very unusual but not unique also occurring in the SW in Cornwall and Devon. In this category we start second highest for the region in reception but are middling in yr 6, at just above regional average.

- Prevalence of "obese" goes from 7.6% (just below regional average) to 14.0 (lowest in SW). So what this means is that we have a big rise, almost a doubling, but most other areas have a bigger one.

- Prevalence of overweight and obese combined increases from 23.2% (4th highest in region) to 28.4% (second lowest in region) between reception and Yr 6.

- Prevalence of underweight is also important. No figures are given for BaNES in reception which probably means that actual numbers are extremely low to the point when giving them might risk confidentiality, while for year 6 it is 1.3% which is just above regional average.

So the good news is that in relative terms we have a low level of overweight and obese for the region, and the SW already has among the best rates in the country. And we also have a good record of keeping the rises from reception to year 6 better than most ("we" being any or all of: children, parents, schools, health promotion, leisure services, and cultural and other influences).

But the bad news is that our children are coming into reception relatively heavy, at an age when their diets are as much under parental control as they ever will be, and that although we benchmark well against other areas, in absolute terms this is a big problem in the making when almost 3 in 10 children leave primary school overweight… and many will face a lifelong challenge to then gain and maintain a healthy weight.

So … the glass is half full - but it's a rather large glass!

6.2 Food procurement

Holding a conference on 1st Feb at Farrington's Farm and the theme is 'doing things differently'. The audience will be made up of public providers and purchasers of food. Spaces will be opened up to other organisations.

6.3 Leisure Centre Catering

There will be a new café provider called Coffee Corner next summer. All vending machines will offer healthy options at a lower price and there is a commitment to go for the gold Eat Out, Eat Well award.

6.4 Campaigns

Public Health England have produced a toolkit for physical activity and healthy eating in schools. Young people are having 3 times more sugar in their diet than they should be, therefore there will be a push around "Sugar Smart", one of the most successful campaigns ever, with 2 million people downloading the App.

6.5 Holiday Hunger

Chrysalis Trust are offering families on free school meals the opportunity to have free lunches during the school holidays. They are working out of St Michaels school, Twerton and Southdown Methodist church. Funding is for one year.

7. People living with more than one long term condition:

Limitations of a single disease focused NHS (and the "well / ill" dichotomy).

Figure 1: **Number of QOF conditions – percentage breakdown by age group (Salisbury *et al.* 2011)**

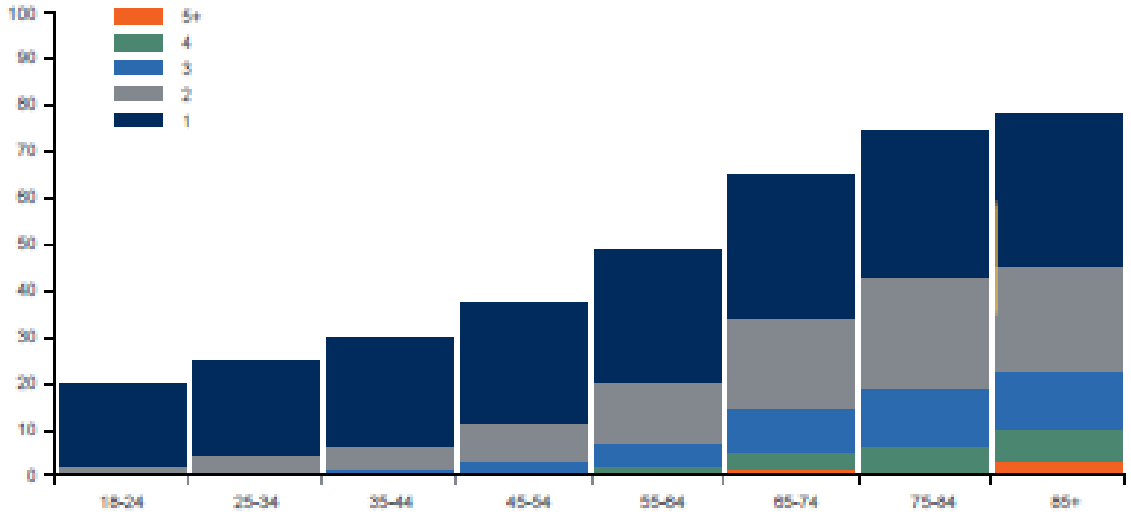
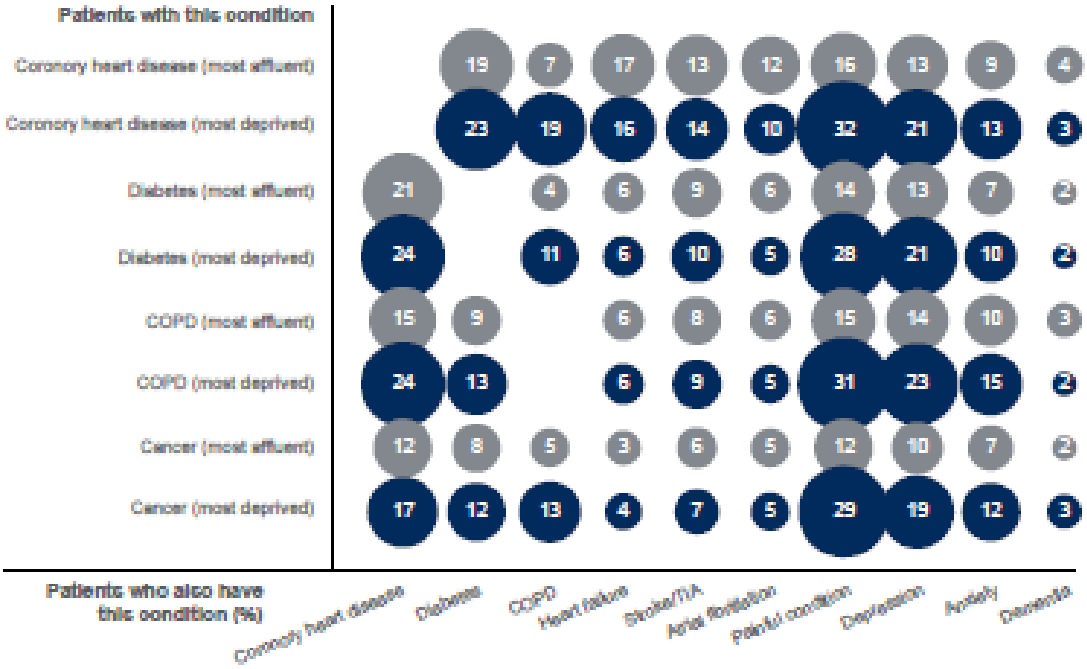


Figure 2: **Selected comorbidities in people with four common, important disorders in the most affluent and most deprived deciles (Barnett *et al.* 2012)**



healthwatch
Bath and North East Somerset

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

Accessible Information Standard (AIS)

This quarter Healthwatch B&NES has approached local support organisations, including Action on Hearing Loss and DeafPlus, to discuss working together to promote the AIS and gather feedback following its introduction on 31 July 2016.

It has become clear from discussions that there is still a general lack of awareness of the AIS, which consequently is leading to very little feedback coming through from the public. A lot more needs to be done to make people aware of the legislation and rights that they have when accessing health or publicly-funded adult social care services.

Healthwatch B&NES has been promoting the legislation through its monthly e-bulletin, website and social media accounts but it requires a combined and continued effort from key organisations across the district to ensure that people are informed.

To find out more about the legislation you can read The Care Forum's information sheet W: http://bit.ly/22HFfIF or view the NHS England pages W: http://bit.ly/2cLFXFg

What next?

Healthwatch B&NES will continue to meet with local support organisations, collate feedback received about the AIS and work to increase public awareness of the legislation.

B&NES, Swindon and Wiltshire Sustainability and Transformation Plan (STP)
During this quarter, the three local Healthwatch in B&NES, Swindon and Wiltshire have worked together to develop a guidance note for the public on the 'duty to consult and engage'.

This document sets out what local people can expect regarding engagement, information and consultation around the STP, including best practice and the role that local Healthwatch will have. The document can be viewed online W: http://bit.ly/2gtgxuc

In a recent press statement released following publication of the STP summary document, the three local Healthwatch told people that:

- Healthwatch had taken up the invitation to comment on the STP summary document.
- However, Healthwatch has concerns about the amount of resource available to deliver public engagement and has raised this with the STP Board.
- The three local Healthwatch have put together information about our role in the STP and what local people should expect in terms of engagement, information and consultation.
- We will continue to be a critical friend and work to ensure that the people of B&NES, Swindon and Wiltshire are given an opportunity to have their say in how their services are run in the future.

In addition to the STP Board, the three local Healthwatch are also sitting on the Communications group to support and advise STP partners with the approach that they take to inform, engage and consult with the public and providers across the footprint.

Healthwatch influencing, supporting and improving local health and social care systems

B&NES Health and Wellbeing Board
During this quarter, Healthwatch has been engaging with the Board to review progress against the strategy, and to begin planning a new strategy from 2017.

Healthwatch is advocating for the Board to assume a more visible role with the general public, and will update further on progress made in the next quarterly report.

At the September Health and Wellbeing Board, Healthwatch was happy to commend the success of the health inequalities action day, held in May 2016, and supported by Healthwatch. We also introduced a challenge to all Board members to ensure that the findings of the action day are upheld and inequalities reduced. The Board agreed to:

'Challenge partners on the Health and Wellbeing Board, and partnerships reporting to Board, to demonstrate explicit plans and actions for the identification of and reduction in health inequalities amongst their client groups'.

Healthwatch has subsequently approached B&NES Public Health to discuss these matters further. The Care Forum (which manages Healthwatch B&NES) is committed to demonstrating explicit plans and actions ourselves.

Parliamentary and Health Services Ombudsman
During this quarter, Healthwatch B&NES has written to the Parliamentary and Health Services Ombudsman regarding concerns that it has heard about long waits for responses to complaints.

Healthwatch has shared the themes from the feedback it has received and asked the Ombudsman to explain what may be causing the problems. Healthwatch is currently awaiting a response and any resulting actions will be published in the next report.

NHS Quality Accounts
During this quarter, Healthwatch B&NES has approached the Royal United Hospitals Bath NHS Foundation Trust (RUH) for an update on some points that were raised in the 2015 Quality Account. The points raised and reassurance received from the RUH are as follows:

1) **Two week wait for breast symptom patients:** Healthwatch B&NES congratulated the RUH on their cancer access targets, but requested reassurance that the staffing issues that affected the two week wait on breast symptoms had been resolved.

   RUH response (June 2016) - the staffing issues regarding the underperformance against the breast symptomatic target were due to a vacant breast radiologist post. There is a nationally recognised shortfall of breast radiologists, which made recruitment to this post particularly challenging. The team arranged additional capacity in the interim. GP referrals continue to be triaged by the clinical teams.

   RUH update (September 2016) - two locum breast radiologists have been in post for the last three months. This additional resource has resulted in a substantial improvement in breast symptomatic performance, from 60.5% in quarter one to 92.7% in quarter two. A substantive breast radiologist started in post on 5 September. We have also extended our locum cover for a further three months to maintain the current level of service and performance.

2) **Friends and Family Test (FFT):** Healthwatch B&NES expressed concern about the reduction in Friends and Family Test (FFT) responses for inpatients and patients at the Accident and Emergency department.

   RUH response (June 2016) - the second meeting of the Matron FFT improvement group was held on the 31 May. The group consists of matron representatives from the three clinical divisions and is chaired by the Emergency Directorate (ED) Matron. The clinical areas have been asked to ensure that the ward clerk/ receptionist/ discharge co-ordinator take ownership of identifying patients who are going to be discharged that day and to ensure that a FFT response card is given to them. Ward areas currently below the 40% target response rate were sent an email from their matron link, asking them to ensure that the daily shift coordinator be responsible for collecting the completed FFT cards. Patients attending 'minors' in ED will be given an FFT card when they book in.

   RUH update (September 2016) - we are very pleased that our FFT response rates are showing an improvement. The response rate for the Emergency Department was over 22% in August against a target of 20% and the response rate for the wards was 39% in August against a target of 40%.

3) **Patient discharge:** Healthwatch B&NES commended the RUH on its discharge project, highlighting the scale of activity and level of commitment that has been shown to improve the patient experience. It asked as part of the discharge project, why the Trust was not considering introducing a discharge lounge?

RUH response (June 2016) - we are not progressing a discharge lounge at this time. It is recognised that a discharge lounge can add yet another step in the patients' journey, which if they are looked after by staff who don't them, can result in a delay to the time they actually leave. Our focus is on planning discharge, making the necessary arrangements and working with patients so they can leave the hospital in the mornings rather than in the afternoon and evenings. Many of the patients are frail elderly and it would not be appropriate to send them to a lounge area.

4) **Hospital cleanliness:** Healthwatch B&NES noted that there had been several mentions of hospital cleanliness throughout the Quality Account. Healthwatch B&NES had also heard about this through feedback from the public during the year. Healthwatch asked for reassurance that this is something that the RUH is addressing.

   RUH response (June 2016) - The Trust has recently appointed a new senior manager for cleaning services. He is currently reviewing cleaning procedures with the infection control team and Matrons to ensure national cleaning standards are achieved in all clinical areas. The Trust has also invested an additional £116,000 in the service for 2016/17 to provide a new rapid response cleaning team to respond in a timely manner to special cleans required in the afternoon and evening. The Trust is also investing in additional public corridor floor cleaning machinery recognising that first impressions are important and that public areas also need to be maintained to a high standard.

Healthwatch B&NES would like to thank the RUH for providing such a comprehensive response to the concerns and requests for reassurance that it raised to the Quality Account, and commend them on the work that they have done on these areas to date. This report demonstrates the follow-up that Healthwatch B&NES hopes to carry out with all NHS Quality Accounts to understand better the work that is being carried out to improve the patient experience, and identify areas where improvement can still be made.

For further information about NHS Quality Accounts and Healthwatch's role in responding to them W: http://bit.ly/2e5LFCc

Report prepared by Alex Francis, Project Coordinator - Healthwatch B&NES on Friday 25 November 2016

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Royal United Hospitals NHS Foundation Trust

CQC inspection

March 2016

Catherine Campbell – Inspection Manager
Helen Rawlings – Inspection Manager

Background to the trust

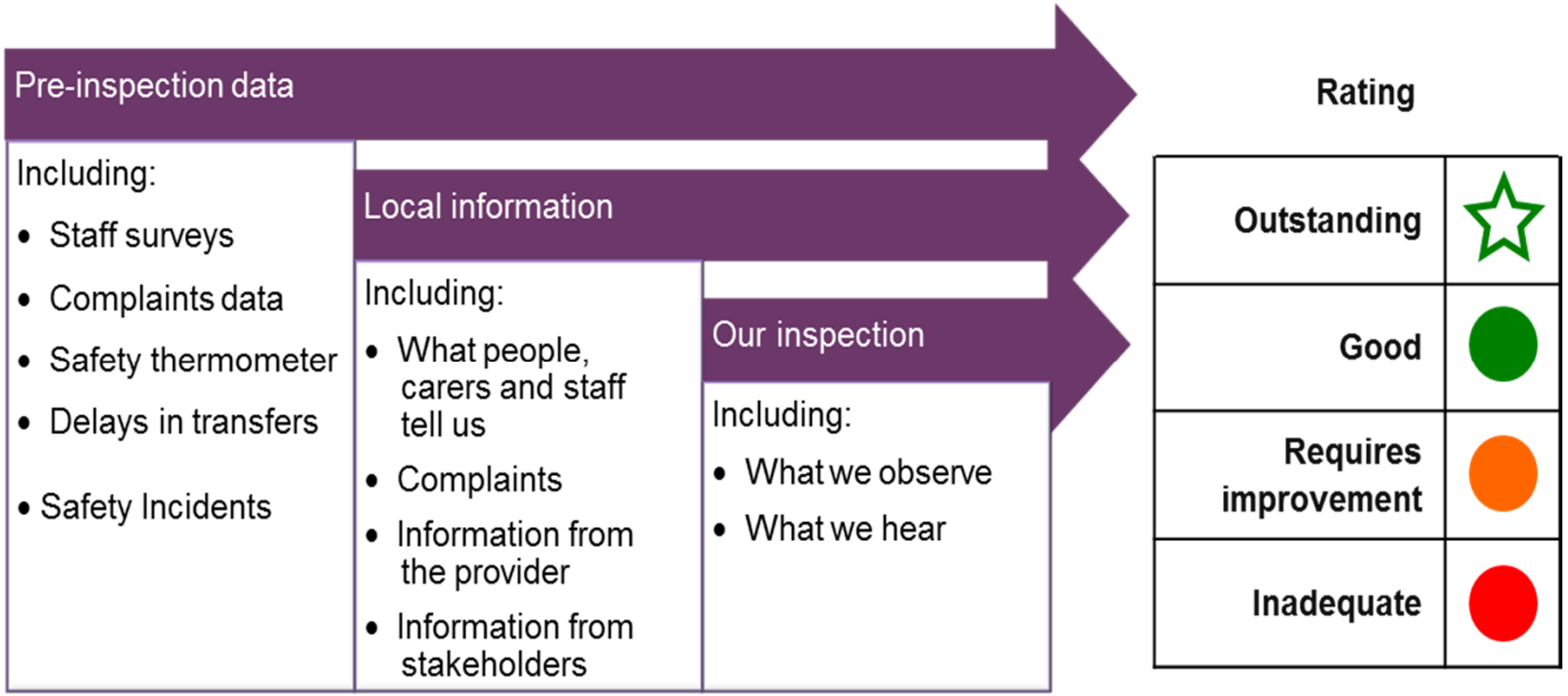
- The trust became a foundation trust in November 2014 and in February 2015 it acquired the Royal National Hospital for Rheumatic Diseases, which was the smallest foundation trust in the country.
- In 2014 the trust also took over the provision of maternity services across Bath, North East Somerset and Wiltshire.
- The trust has 772 beds across the main location, the Royal United Hospital in Bath, the smaller location of the Royal National Hospital for Rheumatic Diseases, and four midwifery led birthing centres in the community, at Chippenham, Frome, Trowbridge and Paulton. At the time of our inspection the Paulton Birthing Centre was temporarily closed.
- The trust serves a population of around 500,000 across, Bath, North East Somerset and Wiltshire.

CQC Inspection: 15-18 and 29 March 2016

- The range of services provided by Royal United Hospital Bath NHS Foundation Trust, including the Royal National Hospital for Rheumatic Diseases and the community maternity services required a diverse inspection team:
  - 22 inspectors
  - 29 specialist advisors
  - plus support staff

- 11 services were inspected:
  - 8 acute services at the Royal United Hospital Bath site
  - 2 acute services at the Royal National Hospital for Rheumatic Diseases
  - The community maternity service (including midwifery led birthing centres)

The inspection process



CQC's 5 key questions

- **Safe?** Are people protected from abuse and avoidable harm?
- **Effective?** Does people's care and treatment achieve good outcomes and promote a good quality of life, and is it evidence-based where possible?
- **Caring?** Do staff involve and treat people with compassion, kindness, dignity and respect?
- **Responsive?** Are services organised so that they meet people's needs?
- **Well-led?** Does the leadership, management and governance of the organisation assure the delivery of high-quality patient-centred care, support learning and innovation and promote an open and fair culture?

Ratings

- CQC rates services, locations and organisations using a standard approach :
  - Outstanding
  - Good
  - Requires Improvement
  - Inadequate

- We take a ‘bottom up’ approach – rating each domain (e.g. safe, effective, caring …) for each service (A&E, medicine etc.) at each location (acute and community…)
- We believe this will be of greatest assistance both to patients/public and to providers and other stakeholders.

Overall ratings

	Safe	Effective	Caring	Responsive	Well-led		Overall
Overall trust	Requires improvement	Good	Outstanding	Requires improvement	Good		Requires improvement

- The trust was rated as outstanding for caring, which is a notable achievement, reflecting high compassion, support and patient involvement in delivering care.

- The effective and well-led domains were rated as good and the safety and responsive domains as requires improvement

There was a wide range in the ratings given to individual services:

- 1 outstanding
- 6 good
- 4 requires improvement

Given the size of the service at the RNHRD we varied the ratings aggregation so that the overall trust rating was taken from the main RUH site.
Although we reported on the community maternity service separately the ratings were amalgamated with the overall rating for maternity and gynaecology at the trust.

Inspection findings – safety: requires improvement

- There were periods where nurse staffing and skill-mix were not as planned by the trust. This was mitigated by higher levels of healthcare assistance and by supervisory sisters working in a clinical capacity. This was predominantly on medical wards and in the emergency department. However, recognised tools were used to review staffing numbers.
- Medical staffing was generally good across the trust with improvements in consultant obstetrician hours planned for August 2016.
- The trust had good infection control procedures and processes in place. Most areas appeared visibly clean although improvements were required in the emergency department, critical care and maternity services.
- Records not consistently maintained in the emergency department and in critical care, this was mostly regarding the recording of observations. Care plans for medical outliers at the RNHRD were not always in place.

Inspection findings – safety: requires improvement

- Servicing of some equipment required improvement, in critical care and maternity.
- Time taken to triage and assess patients who self-presented at the emergency department was not consistently recorded.
- In most areas there was a proactive approach to anticipating and managing risk. These were embedded and were recognised as being the responsibility of staff.
- Strong safety culture within the trust, openness and transparency about safety was encouraged by leaders at all levels within the trust.

Inspection findings – effective: good

- All services with the exception of medical services at the RUH were rated as good. Patients' needs were assessed and care and treatment delivered in line with expected standards.
- The trust's mortality rate were as expected and there was not a difference between those patients admitted to the hospital during the week and those admitted at the weekend.
- A broad audit programme in place across the trust with the outcome of audit being used to make improvements in care.
- Good multidisciplinary working cross-department and directorate working. For example, the whole trust focus and responsibility for improving performance in the emergency department.
- The majority of staff had a clear understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards

Inspection findings – effective: good

- Patient outcomes were good.
  - The trust was rated ‘C’ in the Sentinal Stroke National Audit Programme, this placed them in the top 44% of trusts offering stroke care.
  - Outcome measures in the emergency department were as good as or better than those in other trusts in England.
  - The Royal National Hospital for Rheumatic Diseases had been awarded as a centre of excellence for Lupus.
  - However, improvement was needed in the Diabetes Audit, from an inpatient point of view.

Inspection findings – caring: outstanding

- There was a strong person-centred culture demonstrated by staff.
- Patients were consistently treated with compassion, kindness, dignity and respect and feedback about care received was very good.
- Staff demonstrated a good level of emotional support and we saw caring interactions between staff and patients and occasions of ‘going above and beyond’ in many ways to deliver outstanding care. This was particularly evident in services for children and young people and in end of life care.
- Importantly patients and their relatives were often involved in their care planning and treatment.
- End of life care was delivered by all staff across the trust, there was a truly holistic approach including all staff on wards and in departments.
- In children’s services, parents and children spoke highly of their involvement in planning their care wherever possible.

Inspection findings – responsive: requires improvement

- Access and flow an issue through the hospital.
- This impacted on patient flow through the emergency department. Although patients arriving in the department by ambulance were assessed and admitted within 8 minutes of arrival, the trust consistently failed to meet the 4 hour standard.
- However, this was not solely an emergency department problem. The flow of patients through the hospital from admission to discharge was not efficient.
- In the medical directorate a number of patients had been transferred out of wards overnight.
- Long waiting times, delays and cancellation of operations within the trust.
- Access to routine specialist treatment was greater than the 18 week standard across surgical specialties, cardiology and dermatology.
- In outpatients 14 out of 31 specialties were breaching national standards.

Inspection findings – responsive: requires improvement

- The number of medical outliers on surgical wards and the surgical assessment unit caused flow issues. The surgical short stay unit had been used as an escalation ward since Boxing Day.
- Some medical outliers at the RNHRD did not meet the criteria for admission to the hospital. For example, those with dementia.
- Bed pressures also affected timely discharges from the critical care unit.
- We saw evidence of person-centred care which met people's needs. For example, facilities and support for patients living with dementia or a leading disability.
- End of life care was outstanding, from the individual nature of the planning and delivery of care, to the engagement with partners in the community to ensure rapid discharge and continuity of care.
- There was positive culture of dealing with feedback and complaints and learning lessons.

Inspection findings – well-led: good

- The trust strategy was focused on transformation and improvement and supporting objectives were challenging and innovative.
- There was a track record of delivery against strategy, achieving major changes whilst transforming its financial position.
- Clear set of values and behaviours developed collaboratively with staff and patients.
- Strong and stable leadership.
- Governance arrangements were clearly set out and well understood at all levels. Risks were identified and well managed. Quality received good coverage.
- Positive culture within the trust.
- Exceptionally good commitment to innovation and improvement. E.g. the innovations panel.
- The impact of the plans to improve meaningful staff engagement, had yet to be seen.
- Also on the work to ensure employees from BME backgrounds have equal access to career opportunities, had yet to be seen.

Royal United Hospital: ratings grid

Our ratings for the Royal United Hospital are:

	Safe	Effective	Caring	Responsive	Well-led		Overall
A&E	Requires improvement	Good	Good	Requires improvement	Good		Requires improvement
Medical care	Good	Requires improvement	Good	Requires improvement	Good		Requires improvement
Surgery	Good	Good	Good	Requires improvement	Good		Good
Critical care	Requires improvement	Good	Good	Requires improvement	Requires improvement		Requires improvement
Maternity & family planning	Requires improvement	Good	Good	Good	Good		Good
Children & young people	Good	Good	Outstanding	Good	Good		Good
End of life care	Good	Good	Outstanding	Outstanding	Good		Outstanding
Outpatients	Good	Inspected but not rated[1]	Good	Requires improvement	Good		Good
Overall	Requires improvement	Good	Outstanding	Requires improvement	Good		Requires improvement

Royal National Hospital for Rheumatic Diseases: ratings grid

Our ratings for this Royal National Hospital for Rheumatic Diseases are:

	Safe	Effective	Caring	Responsive	Well-led		Overall
Medical care	Requires improvement	Good	Good	Requires improvement	Requires improvement		Requires improvement
Outpatients	Good	Inspected but not rated[1]	Good	Good	Good		Good
Overall	Requires improvement	Good	Good	Requires improvement	Requires improvement		Requires improvement

Community Maternity Services: ratings

Our ratings for Community Maternity Services are:

	Safe	Effective	Caring	Responsive	Well-led		Overall
Community Maternity Services	Requires improvement	Good	Good	Good	Good		Good
Overall	Requires improvement	Good	Good	Good	Good		Good

Outstanding practice

- We saw numerous examples of outstanding practice in the care and compassion shown to patients as well as involvement in their care and treatment, particularly in services for children and young people and in end of life care.
- Project Search students employed across the trust. This is a mix of work placements and classroom leaning for young people living with learning disabilities.
- The emergency surgical ambulatory care unit (ESAC) run on SAU.
- The Conversation Project: an initiative to improve communication between staff and patients and relatives about care for the dying patient.
- The Priorities of Care for recording a personalised care plan for the dying patient.
- We saw some outstanding practice within the outpatients department, in how staff treated and supported patients living with learning difficulties.

Outstanding practice

- The Royal National Hospital for Rheumatic Disease was a centre of excellence for lupus care and treatment.
- The Royal National Hospital for Rheumatic Disease had received national recognition by the Health Service Journal as the best specialist place to work in 2015.
- The Fibromyalgia service had been developed in response to patient need and was now being set up to become a franchised model to share the programme with other trusts.
- The Complex Regional Pain Syndrome (CRPS) service held a weekly multidisciplinary meeting which was observed to be outstanding.
- Staff worked well in multi-disciplinary teams throughout the trust.

Next steps

- Our inspection has identified many areas of good and outstanding practice as well as areas for improvement. We will monitor the trust's plans for improvement.
- The inspection process has focused attention on topics which impact the wider health and social care system – these were considered further during the Quality Summit held after inspection.

Any Questions?

Royal United Hospitals Bath NHS
NHS Foundation Trust

CQC Inspection Findings – RUH Bath

Helen Blanchard, Director of Nursing and Midwifery

Royal United Hospitals Bath NHS
NHS Foundation Trust

Background

- The CQC carried out an inspection of the Royal United Hospitals Bath NHS Foundation Trust in March 2016
- Inspection report based on:
  - Data from local Clinical Commissioning Groups and Monitor (now NHS Improvement)
  - Findings from the inspection – observations, discussions with staff, patients, relatives
  - Data held by the CQC including from the Provider Information Requests

Our ratings for Royal United Hospital Bath

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Maternity (community services)	Good	Requires improvement	Good	Good	Good	Good
Medical care	Good	Requires improvement	Good	Requires improvement	Good	Requires improvement
Surgery	Good	Good	Good	Requires improvement	Good	Good
Critical care	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Maternity and gynaecology	Requires improvement	Good	Good	Good	Good	Good
Services for children and young people	Good	Good	☆ Outstanding	Good	Good	Good
End of life care	Good	Good	☆ Outstanding	☆ Outstanding	Good	☆ Outstanding
Outpatients and diagnostic imaging	Good	Not rated	Good	Requires improvement	Good	Good
Overall	Requires improvement	Good	☆ Outstanding	Requires improvement	Good	Requires improvement

Our ratings for Royal National Hospital for Rheumatic Diseases

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

Royal United Hospitals Bath NHS
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Summary of ratings

- Inspection report highlights many areas of good and outstanding practice:
  - End of life care and the caring domain rated as ‘outstanding’
  - Leadership, governance and safety culture promoting high quality person-centred care
  - Good coordination of care

- Of the 53 indicators represented by the core services and CQC domains:
  - ☆ 3 rated as ‘outstanding’
  - 36 rated as ‘good’
  - 14 rated as ‘requires improvement’

Areas for improvement

- Some areas for improvement identified including:
  - Staffing levels
  - Pressures in urgent and emergency care
  - Patient flow

- The main areas for improvement relate to Urgent and Emergency Services, Medical Care and Critical Care

- An improvement plan is being implemented to address the areas of concern identified by the CQC

Royal United Hospitals Bath NHS
NHS Foundation Trust

Urgent & Emergency Services

Requires improvement	Actions taken / planned
Reporting on triage of self-presenting patients	• Report added to the daily validation report • Continue training in use of the Manchester Triage tool
Record keeping including pain assessments and early warning score	• Nursing documentation reviewed and checklist introduced • Further NEWS training • Regular auditing
Nurse staffing levels	• Staffing levels reviewed including skill mix • Continue proactive recruitment to vacancies
Ensure all staff are up to date with mandatory training	• Electronic staff record amended to reflect correct staff groups in training reports • Monthly review of training by Clinical Lead and Matron

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Critical Care

Requires improvement	Actions taken / planned
Delayed discharges to wards and discharges at night	• Working group established to identify themes and lead actions
Review of equipment to ensure all maintenance and servicing is up to date	• Equipment spreadsheet created to monitor servicing • Daily checklist for checking of equipment
Employment of Critical Care Matron & nursing levels	• Matron appointed and commenced in post • Protecting the admitting nurse & nurse in charge status • Business Case to be submitted (2nd Supervisory Nurse)
Storage and checking of medicines	• New Digi Lock fridge & digilocks to the drug cupboards • Adaptions to resus trolleys to be tamper compliant.
Cleanliness	• Declutter, deep clean & afternoon cleaning hours • Weekly dual cleaning audits (domestic & nursing)
Incident reporting – staff awareness, reporting and feedback	• Monthly governance meetings including incidents • Demonstrable increase in incident reporting & feedback to staff
Ensure policies, guidance and protocols are up to date	• Removal of paper copies (electronic only) • Review policy/procedure/guidance through governance meetings

Medical Care

Requires improvement	Actions taken / planned
Care records and documentation including risk assessments, care plans and monitoring records	• Weekly audits • Nursing handovers include documentation review • Senior sister walk round includes documentation review
Ensure appropriate medical care is provided to patients transferred to the RNHRD	• SOP for consultant cover clinically for medical patients staying at the RNHRD • Audit of transfer of patients • Implementation of ward round check list
Nurse staffing levels and staffing reviews	• Annual skill mix review with Head of Nursing for Medicine, Matrons and Senior Sister to ensure appropriate skill mix / time of shift patterns • Established an operational Safer Nurse Staffing Group led by the Lead Nurse for Workforce Development
Ensure staff are aware of the major incident protocol	• Major incident training now provided on induction

Avon and Wiltshire NHS
Mental Health Partnership NHS Trust

Our experience

“Inspectors were respectful and collaborative.”

“It was a truly enabling process; the inspectors’ feedback was valuable and confirmed our direction.”

“ The dialogue with inspectors was excellent; they keep us abreast of their findings so we were able to address many issues within a day.”

“ They and we were responsive to any and all changes that needed to be made throughout the inspection process.”

Avon and Wiltshire NHS
Mental Health Partnership NHS Trust

What was said

- One core service ‘Inadequate’
- One service ‘Requires improvement’
- Six rated ‘Good’
- One warning notice
- One removal of warning notice
- 33 should dos
- 21 must dos

Overall ‘Requires improvement’

Avon and Wiltshire NHS
Mental Health Partnership NHS Trust

What was heard

- Places of safety: recording and escalation
- Older adult wards: record keeping, training and dementia friendly environments
- Management and accessibility of beds
- Variations in practice
- Need to strengthen Trustwide governance and assurance

Place of Safety - What do we know?

- We lacked breadth and depth and coordinated **data** on Place of Safety quality and performance

- Within our health-based Places of Safety, the wait for a Mental Health Act assessment was too long and breaches to 72 hour rule "occurred in the absence of adequate escalation processes."

- All of our data was local and lacked robust Trust oversight of **recording** activity providing governance and assurance

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Mental Health Partnership NHS Trust

Information – What do we know?

- **More than half** of people detained under S136 (63%) are sent home after being discharged from detention
- **91%** of people detained under S136 arrive with police (or police and ambulance)
- **68%** of people detained between 6pm and 6am (peaks between 9pm-3pm: 47%)
- Mason Unit detained five times as many people compared with other suites (+50 compared with average 10)
- The population of detainees comprises more 35-44 year olds than those aged 65-74.
- Those people aged 25-34 are **half as likely** to be detained as 16-24 year olds

Avon and Wiltshire NHS
Mental Health Partnership NHS Trust

Escalation – What did we do?

After 3 hours: If there is someone in a place of safety for 3 hours and

- They have not been assessed
  - An email is sent to the Place of Safety unit manager

After 5 hours: If there is someone in a place of safety for 5 hours and they have not been assessed and

- It is in working hours
  - An email is sent to the Modern Matron

After a patient has been in detention for 12 hours (regardless of whether they have been assessed) and

- It is in working hours and then every 12 hours after that (ie at 24, 36 and 48 hours)
  - An email is sent to the locality triumvirate management team

After a patient has been in detention for 50 hours and

- It is in working hours
  - An email is sent to the Clinical Executive
- It is outside working hours
  - An email is sent to the Executive Directors

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Mental Health Partnership NHS Trust

Place of Safety – Making a Difference

- We will have an established system wide response to the issues identified by the CQC initially led by Keith Pople

- We will have sustainable Places of Safety with individuals detained appropriately and within timescales, acknowledging reduction in detention times to 24 hours

- We will have decision making groups such as crisis Concordats that are engaged and empowered to lead

Older Adults – What do we Know?

- Our **record keeping** in relation to The Mental Capacity Act, Incident reporting and Care plans were inconsistent. Adherence to care plans and collaborative involvement with service users was also variable .

- The standard of our Inpatient environments was variable. They were not all "**dementia friendly**".

- Our completed **staff training** across Older Adult Inpatient services was below the 85% standard for the following topics:
  - Practical patient handling
  - Physical Emergency Response Training
  - Prevention and Management of violence and aggression

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Older Adults – what did we do?

- Nurse Consultant for Dementia Care has created a 'Dementia Strategy' for the trust which will guide the organisation in addressing areas highlighted by the CQC and beyond in reference to government policy. The aim will be to achieve excellence in care for this target group.

- The Trust has implemented a Trust wide audit of in-patient units against King's Fund standards for dementia friendly environments, to be completed by December 2016

- An analysis of training data is underway with emphasis on the specific issues for older adults such as DNAs

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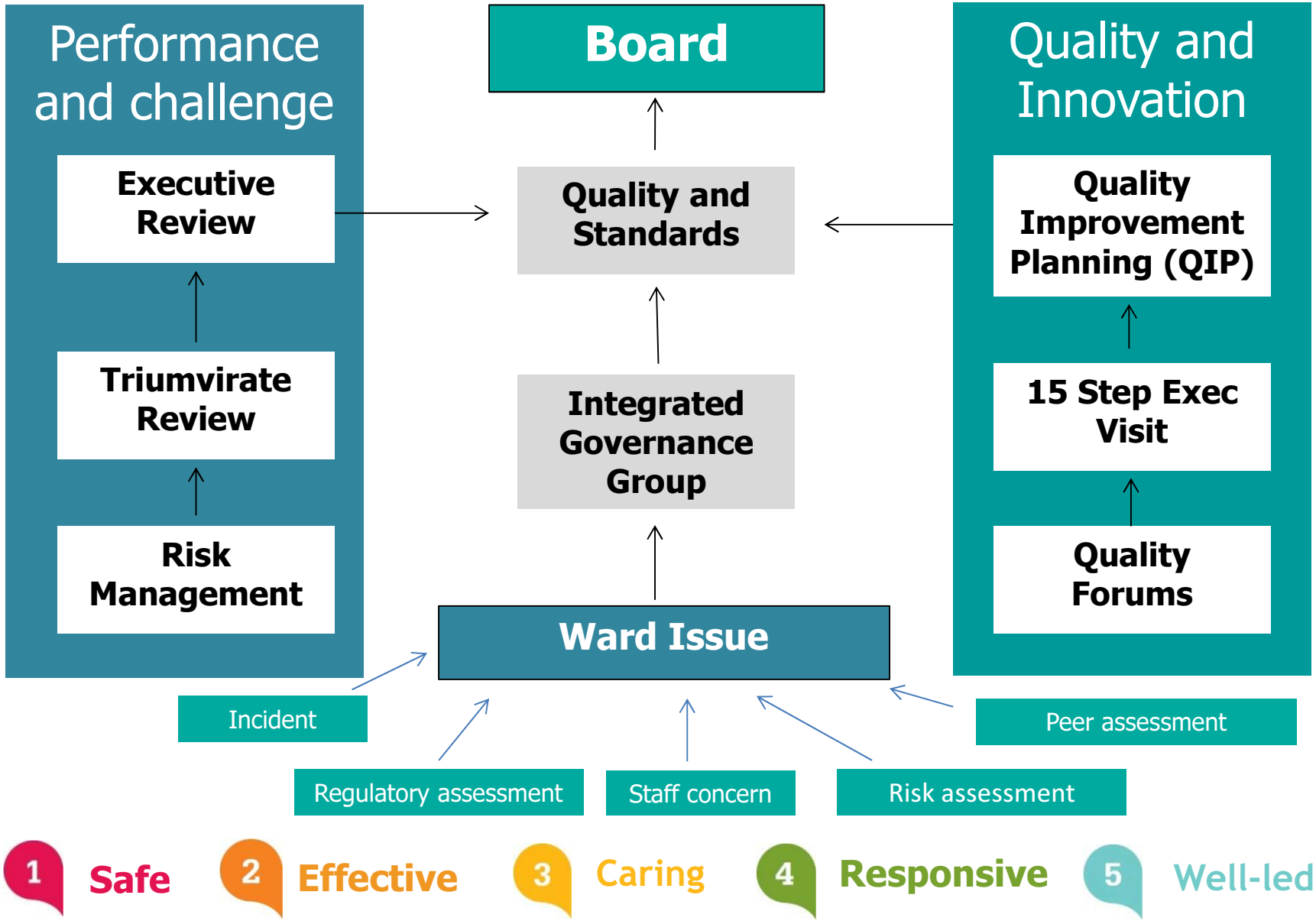
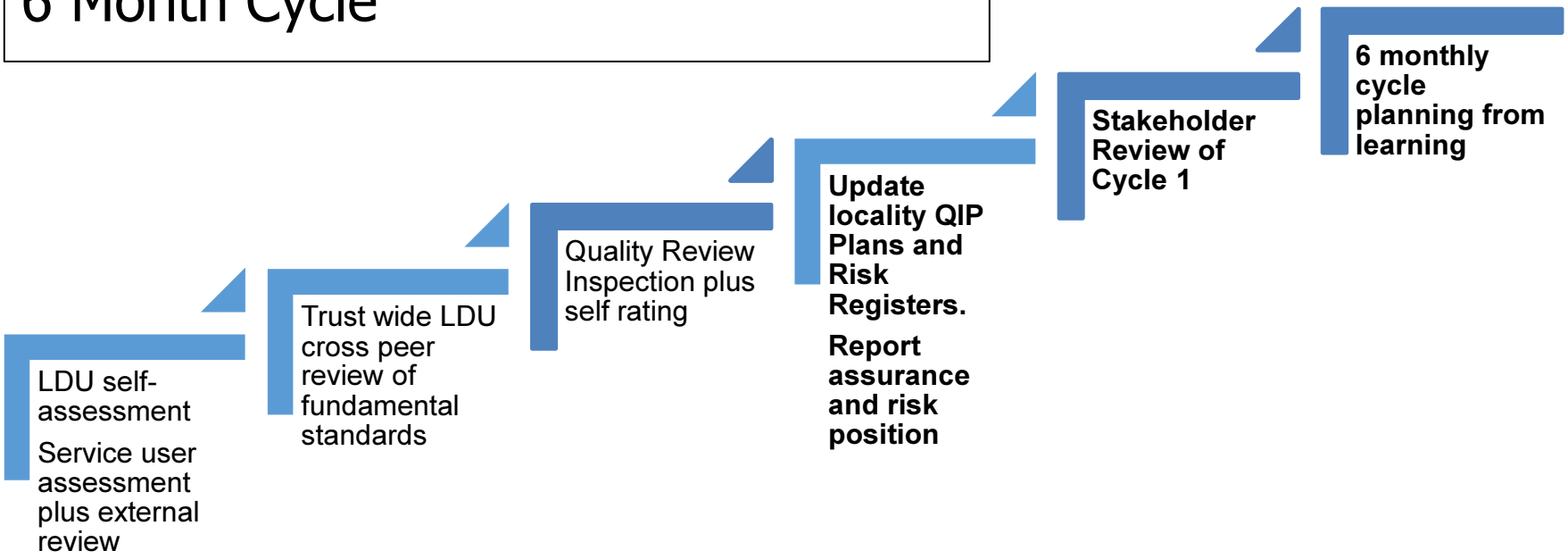
How we will we sustain improvements



How will we know?

Fundamental Standards Framework
6 Month Cycle



B&NES

Specific issues

- Vacancies and recruitment in Intensive Service
- Ward 4 environment

B&NES

Good Practice

- Fresh Art project
- Therapies service – Quality improvement audit
- Police liaison role with Intensive Service
- Confidentiality conference – training with carers
- Recovery service – community medicines management
- Clinicians trained in BSL

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Health and Wellbeing Select Committee

November 2016

Bath & North East Somerset Council

NHS
Bath and North East Somerset Clinical Commissioning Group

Introduction

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Areas for scrutiny…

What will **transformation l**ook like and what are the priorities?

Who are the **Virgin Team** that will oversee delivery services in B&NES?

How will we ensure services are safely **mobilised** for 1st April 2017?

How will we ensure the **contract** is robust and secure for the contract term and how will we measure success?

How will we ensure delivery of a viable **finance model**?

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Transformation
Delivering the priorties

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Virgin Care Our Values and Vision

Think	Care	Do
Strive for better	Heartfelt Service	Team Spirit
		
Challenge I explore ways to do things better and to solve problems	**Communicate** I communicate in a clear and open way	**Involve** I promote team work and collaboration
Improve I make change happen	**Understand** I empathise and take time to understand the needs of others	**Resilience** I recover quickly from set backs, staying positive and focused on delivering
Learn I constantly look for opportunities to learn and to share my knowledge	**Inspire** I inspire and motivate those around me	**Hold to account** I hold myself and others to account

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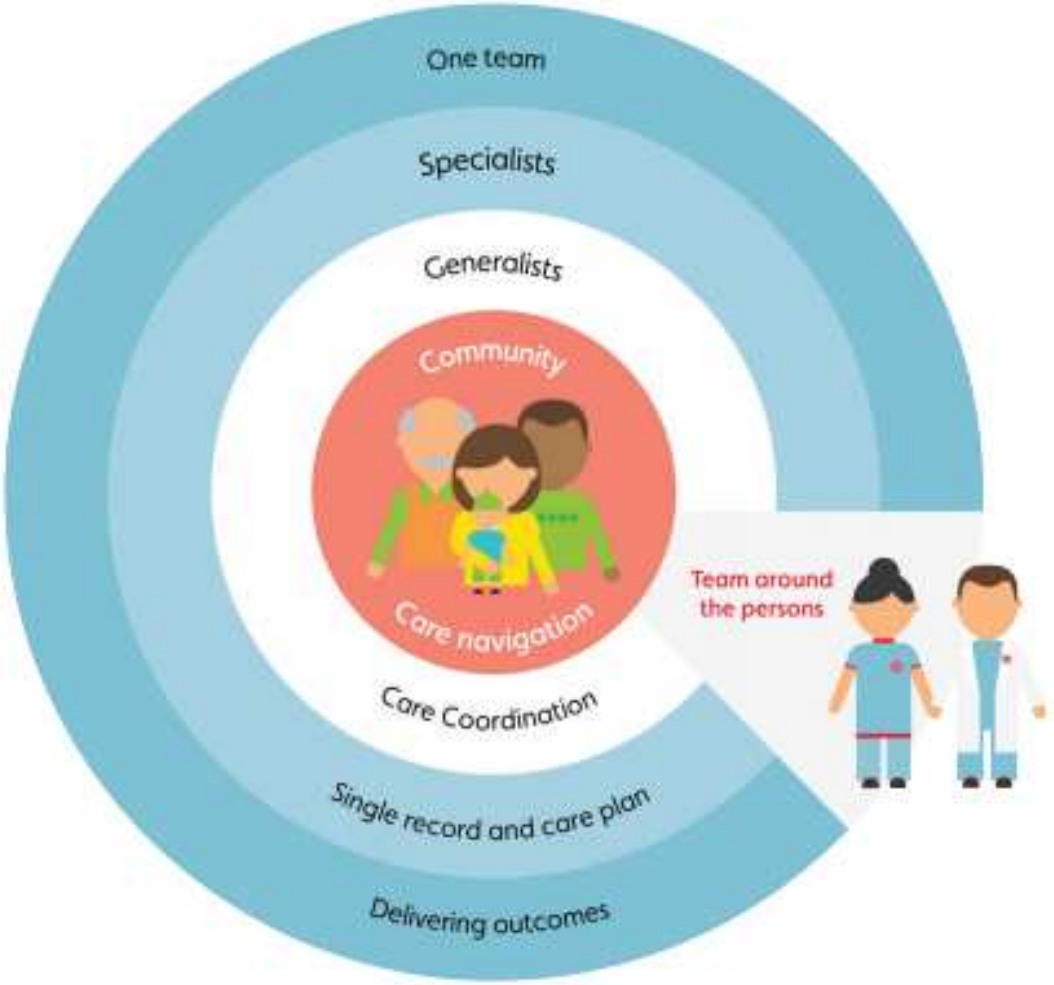
The Future of Community Services



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Virgin Care

The Team

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Virgin Care Executive Team

Bart Johnson
Chief Executive

Dr Vivienne McVey
Strategy & Transformation Director

Karen Millen
General Counsel & Corporate Compliance Director

David Phillipps
Chief Financial Officer

Jayne Carroll
Regional Director of Operations - South West of England

Dr Peter Taylor
Clinical Director

Parker Moss
Information & Technology Director

Jim Kane
Commercial Director

Stuart Rennison-Price
People & Service Director

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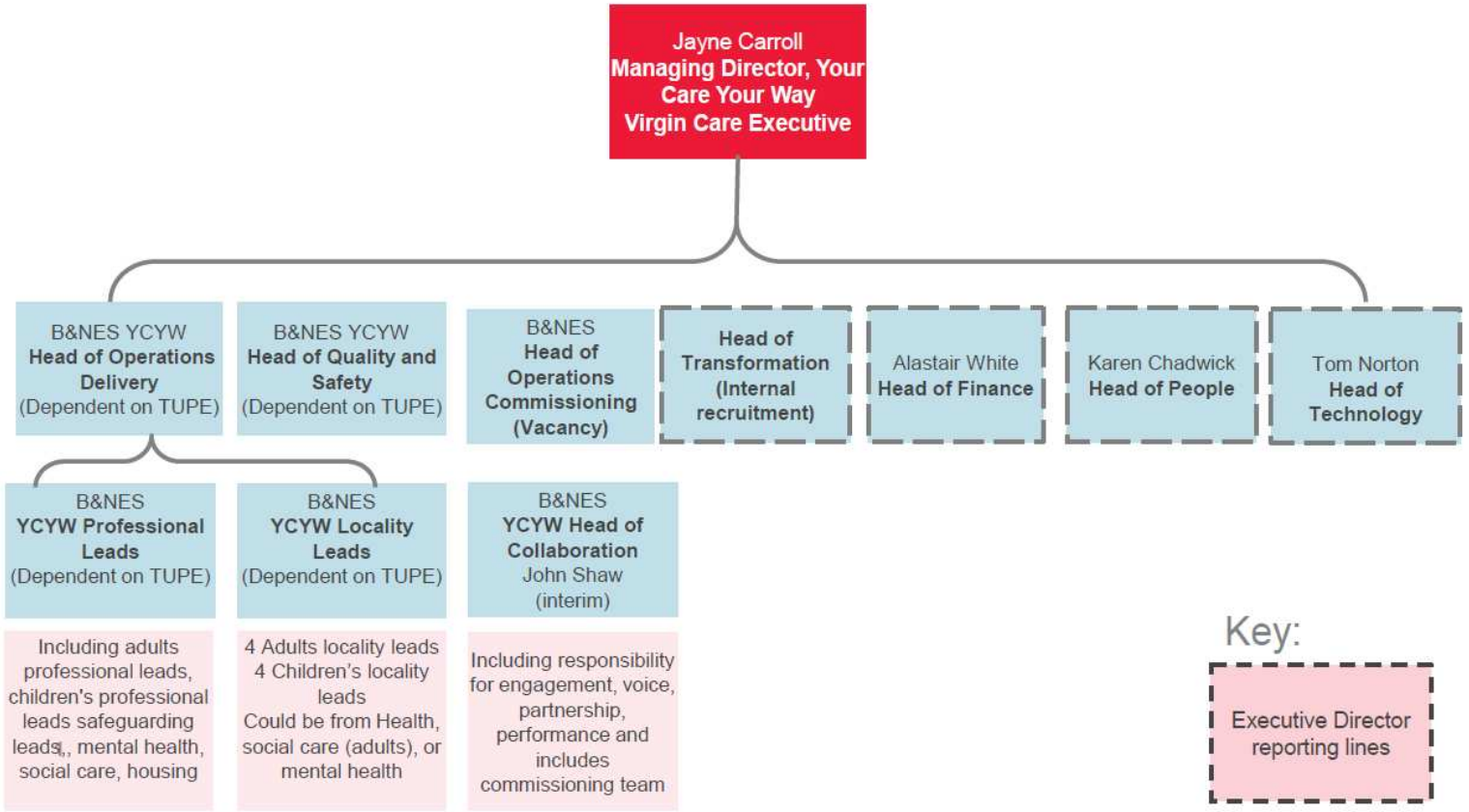
Local Virgin Care Delivery Team



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Mobilisation

Managing Safe Transfer

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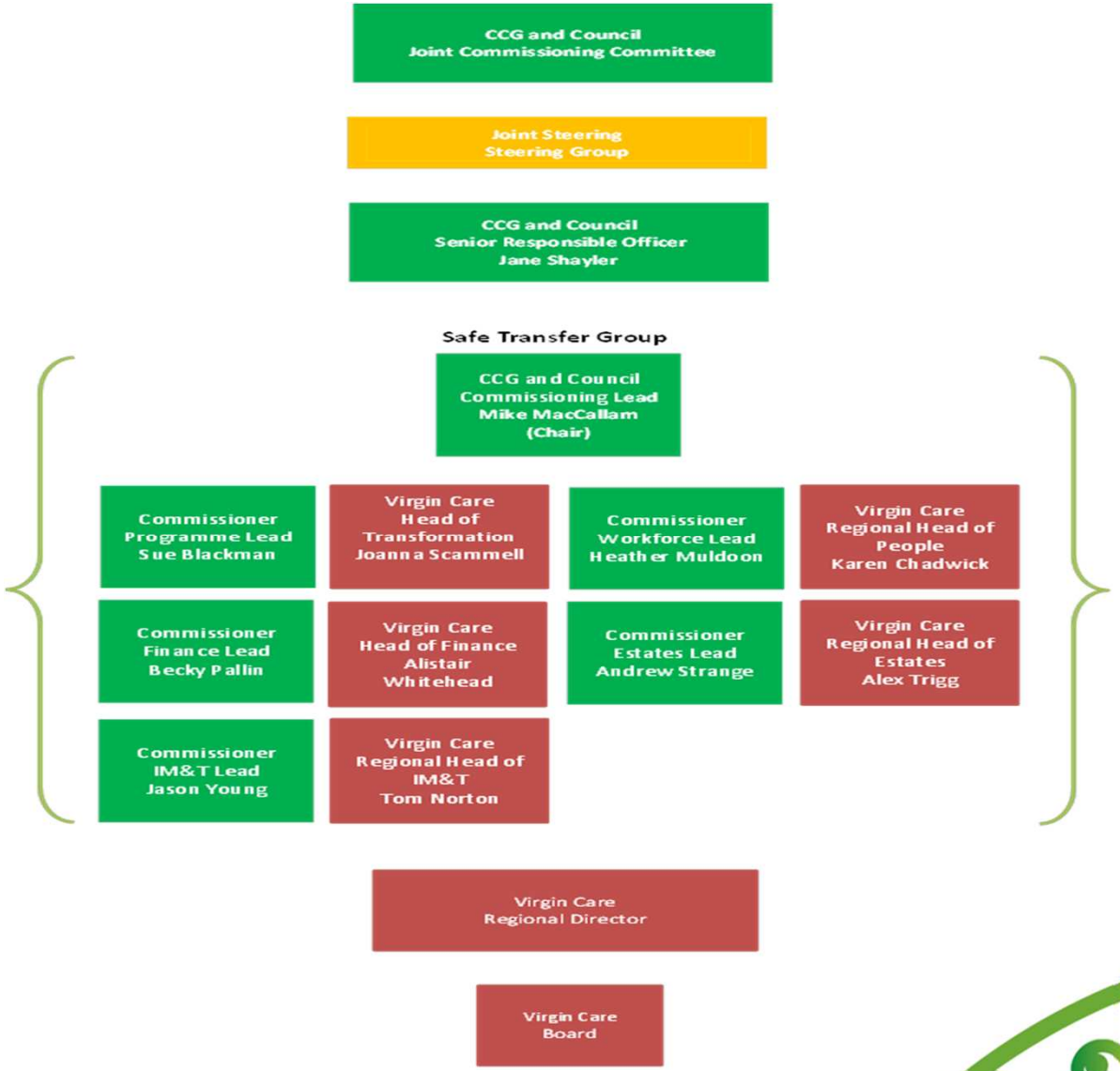
Safe Transfer Group



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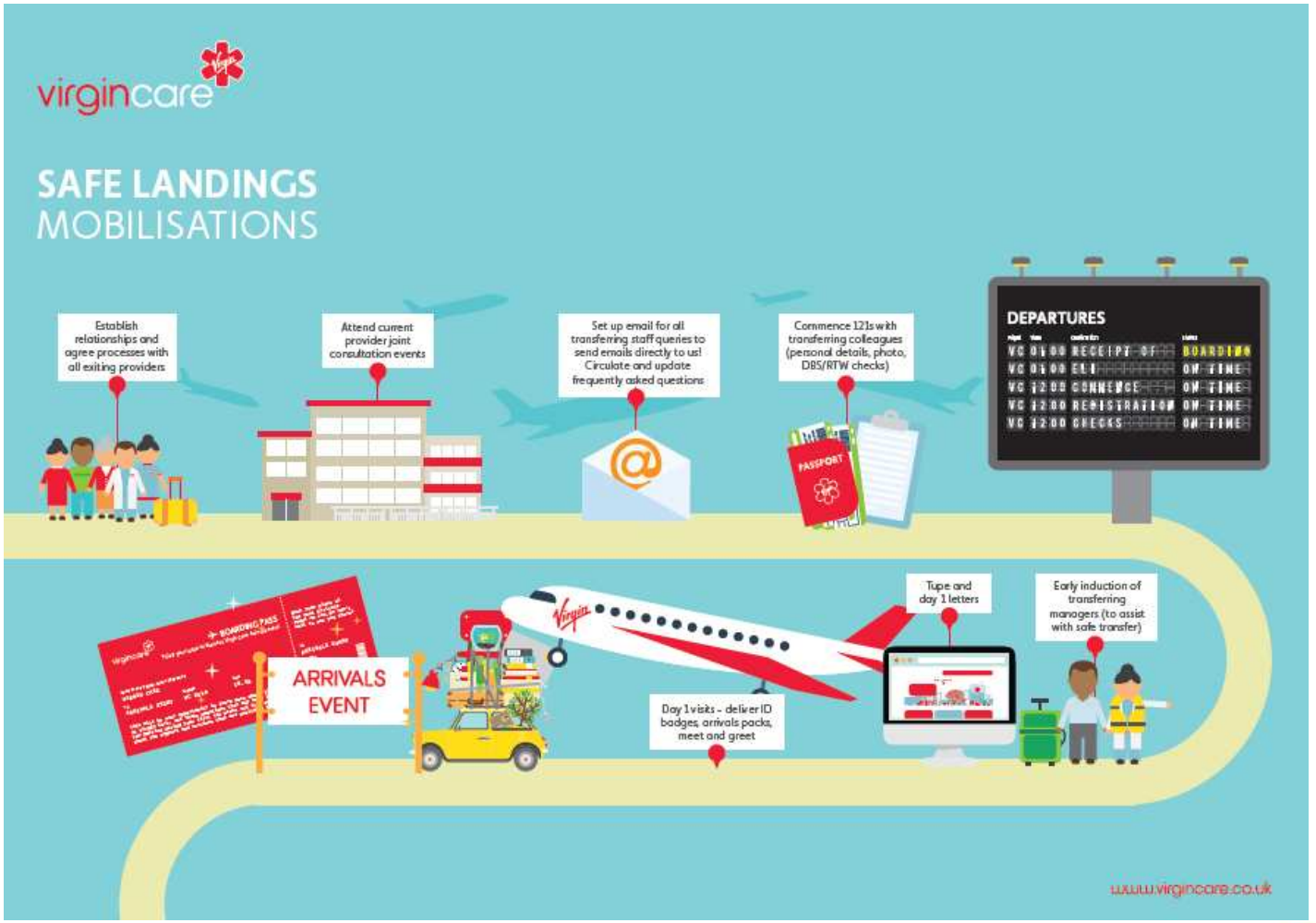
Safe Transfer

your care
your way

Managing Staff Transfer



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Contracting with Virgin Care

Measuring Success

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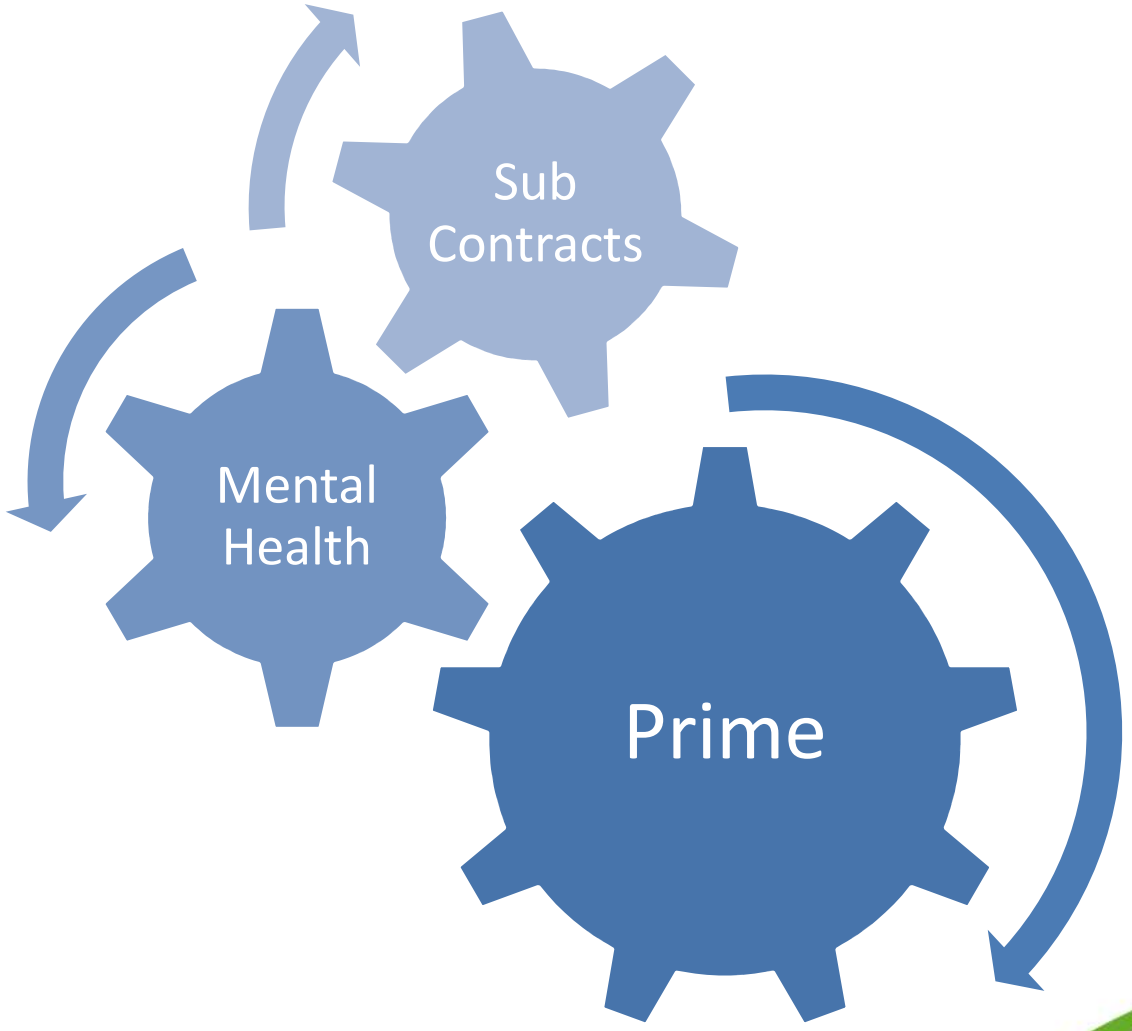
Scope of the Contract



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Outcomes Based Commissioning

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Financial Planning

Finalising the model

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Achieving Value for Money

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Any Questions?

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