

Democratic Services

Lewis House, Manvers Street, Bath, BA1 1JG

Telephone: (01225) 477000 *main switchboard*

Direct Line: 01225 394458 Fax: 01225 394439

Web-site - <http://www.bathnes.gov.uk>

Date: 17th January 2017

E-mail: Democratic_Services@bathnes.gov.uk

To: All Members of the Health and Wellbeing Select Committee

Councillor Francine Haeberling

Councillor Geoff Ward

Councillor Bryan Organ

Councillor Paul May

Councillor Eleanor Jackson

Councillor Tim Ball

Councillor Lin Patterson

Chief Executive and other appropriate officers
Press and Public

Dear Member

Health and Wellbeing Select Committee: Wednesday, 25th January, 2017

You are invited to attend a meeting of the **Health and Wellbeing Select Committee**, to be held on **Wednesday, 25th January, 2017 at 10.00 am** in the **Council Chamber - Guildhall, Bath**.

The agenda is set out overleaf.

Yours sincerely

Mark Durnford
for Chief Executive

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

This Agenda and all accompanying reports are printed on recycled paper

NOTES:

1. **Inspection of Papers:** Any person wishing to inspect minutes, reports, or a list of the background papers relating to any item on this Agenda should contact Mark Durnford who is available by telephoning Bath 01225 394458 or by calling at the Guildhall Bath (during normal office hours).
2. **Public Speaking at Meetings:** The Council has a scheme to encourage the public to make their views known at meetings. They may make a statement relevant to what the meeting has power to do. They may also present a petition or a deputation on behalf of a group. Advance notice is required not less than two full working days before the meeting (this means that for meetings held on Wednesdays notice must be received in Democratic Services by 4.30pm the previous Friday)

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

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

Appendices to reports are available for inspection as follows:-

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

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

4. **Recording at Meetings:-**

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

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

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

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

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

7. Emergency Evacuation Procedure

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

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

Health and Wellbeing Select Committee - Wednesday, 25th January, 2017

at 10.00 am in the Council Chamber - Guildhall, Bath

A G E N D A

1. WELCOME AND INTRODUCTIONS

2. EMERGENCY EVACUATION PROCEDURE

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

3. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

4. DECLARATIONS OF INTEREST

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

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

(b) The nature of their interest.

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

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

5. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

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

At the time of publication no notifications had been received.

7. MINUTES - 30TH NOVEMBER 2016 (Pages 7 - 26)

8. CLINICAL COMMISSIONING GROUP UPDATE

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

9. CABINET MEMBER UPDATE

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

10. PUBLIC HEALTH UPDATE

Members are asked to consider the information presented within the report and note the key issues described.

11. HEALTHWATCH UPDATE

Members are asked to consider the information presented within the report and note the key issues described.

12. DIRECTORATE PLAN - PEOPLE & COMMUNITIES (Pages 27 - 60)

This report presents the People and Communities Directorate Plan to the Select Committee for consideration and feedback as part of the Council's service planning and budget development process.

All Directorate Plans can be viewed at

<https://democracy.bathnes.gov.uk/ecCatDisplay.aspx?sch=doc&cat=13506>

13. PERSONAL BUDGETS (INC. TRANSITIONS) (Pages 61 - 66)

This paper is to provide an update to the Committee on personal budgets within Bath and North East Somerset.

14. SELECT COMMITTEE WORKPLAN (Pages 67 - 70)

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

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

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BATH AND NORTH EAST SOMERSET

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 for Adult Care and Health and 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 practise 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.

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.

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.

Our experience

“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.”

What was said

One core service 'Inadequate'

One service 'Requires improvement'

Six rated 'Good'

Overall: Requires improvement.

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."

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.

Virgin Care – Our Values and Vision

Think – Strive for better

- Challenge / Improve / Learn

Care – Heartfelt service

- Communicate / Understand / Inspire

Do – Team spirit

- Involve / Resilience / Hold to account

The future of Community Services

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 Wiltshire 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

Bath & North East Somerset Council	
MEETING:	Health & Wellbeing Select Committee
MEETING DATE:	25th January 2017
TITLE:	People and Communities Directorate Plan 2016-2020
WARD:	All
AN OPEN PUBLIC ITEM	
<p>List of attachments to this report:</p> <ul style="list-style-type: none"> • Directorate Plan - People and Communities <ul style="list-style-type: none"> ○ Appendix 1 - Summary of functions of the Division – People ○ Appendix 2 - Analysis of Headline Numbers – People ○ Appendix 3 - Capital People Communities - New Emerging ○ Appendix 4 - Budget Proposals Service Impact Statements 	

1 THE ISSUE

- 1.1 This report presents the People and Communities Directorate Plan to the Select Committee for consideration and feedback as part of the Council's service planning and budget development process.

2 RECOMMENDATION

The Select Committee is asked to:

- 2.1 Comment on the draft People and Communities Directorate Plan and;
- 2.2 Identify any areas of feedback the panel would like to refer to the relevant Portfolio holders and Cabinet for further consideration as part of the service planning and budget development process.

3 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

- 3.1 The resource implications are contained within the draft Directorate Plan and their appendices.

4 STATUTORY CONSIDERATIONS AND BASIS FOR PROPOSAL

- 4.1 This report sets out the framework for the service planning and budget processes which lead up to the statutory and legal requirement for the Council to set a budget in February 2017. Proportionate equality analysis is being carried out on the proposals within the Directorate Plans by the Council's Communities Team.

5 THE REPORT

Introduction

- 5.1 A new Corporate Strategy was adopted by Council at their meeting on 16th February 2016. It sets out the 2020 Vision and the Council's direction of travel. It is shaped by and will deliver the 'Putting Residents First' manifesto commitments.
- 5.2 Three Directorate Plans were also developed. They flow from the Corporate Strategy and set out both the strategic and financial ambitions of each Directorate and how they will deliver the Corporate Strategy commitments.
- 5.3 The Directorate Plans were first published in 2015 and will be updated each year until 2020. Year one of the Directorate Plans is coming to a close and the budget to reflect year 2 is due to be set in February. This report presents a refreshed version of the People and Communities Directorate Plan for initial consideration and feedback as part of the 2017/18 budget setting process.
- 5.4 The corporate strategic context remains largely unchanged but the financial context continues to reflect increasingly tough financial targets. The Council is now expecting to be self-sufficient and not reliant on general government grant from 2020.

5.5 *Updates to the Directorate Plans have been highlighted by the use of italics.*

- 5.6 The plan contains a greater level of detail for the coming year. The detail for the following years will continue to develop as Council policy evolves and will take into account consultation about the services affected. There will be a staged approach to consultation with equalities impacts considered at the same time.

January PDS process

- 5.7 During January 2017, the draft Directorate Plans are being presented to the Policy Development and Scrutiny (PDS) Panels. Each PDS Panel will be engaged in this process and Panels should only concentrate on the parts of the plan relevant to their own remit.
- 5.8 This Select Committee is asked to consider the implications of the draft People and Communities Directorate Plan and make recommendations to the relevant portfolio holders and Cabinet. Where the panel wishes to either increase expenditure or reduce savings targets, alternatives should be proposed.
- 5.9 At the meeting, the lead for each Directorate Plan will highlight those aspects of the plan that are directly relevant to the Select Committee. The table below maps the remit of this panel to the related Directorate Plan:

Health & Wellbeing Select Committee remit	Directorate Plan
<ul style="list-style-type: none"> • Adult health and social care • Public Health (Improving health and reducing health inequalities) • Health Scrutiny • Healthwatch • <i>[When relevant - Health, commissioning and planning (Children)].</i> 	<ul style="list-style-type: none"> • People and Communities Directorate Plan

Next steps

- 5.10 Cabinet will consider the feedback received and prepare the Directorate Plans for final consideration and agreement at Cabinet and Council in February 2017.

6 RATIONALE

- 6.1 The Council is required to set a budget which identifies how its financial resources are to be allocated and utilised.
- 6.2 The attached draft People and Communities Directorate Plan sets out the context and process for the directorate's service and financial planning.

7 OTHER OPTIONS CONSIDERED

- 7.1 The Directorate Plans set out a package of options that reflect the Council's Corporate Strategy, and its overarching visions and values.

8 CONSULTATION

- 8.1 The Directorate Plans flow from the Corporate Strategy which was developed in consultation with Cabinet and Council officers. They also build on our 2020 vision which was developed in consultation with the Council, NHS, police, local businesses, fire service and voluntary sector.
- 8.2 Council meetings have been held with officers and cabinet members during the refresh of these directorate plans. A number of Area Forum meetings were also held during November in order to give partners, stakeholders and members of the public the opportunity to hear more about the budget challenge facing us, express views on potential impacts and local priorities and raise ideas and questions.
- 8.3 A short animation with information about the budget process has been developed and publicised online in order to raise awareness and communicate key messages: <https://www.youtube.com/watch?v=e1i-y34PVn4>
- 8.4 An online feedback facility has been provided to allow for feedback on the proposals which were published on the 3rd January.

9 RISK MANAGEMENT

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

Contact person	Mike Bowden (Strategic Director People and Communities)
Background papers	B&NES Corporate Strategy 2016-2020 <ul style="list-style-type: none">• http://www.bathnes.gov.uk/sites/default/files/bnes_corporate_strategy_2016-2020.pdf
Please contact the report author if you need to access this report in an alternative format	

Bath and North East Somerset Council – People and Communities Directorate Plan 2016/17 to 2019/20

Introduction

This plan sets out the future direction of the People and Communities Directorate over the 4 year period ending in March 2020. The plan was first published in the autumn of 2015 and has just been updated. Year one of this plan is coming to a close and the budget to reflect year 2 is due to be set in February. The plan will be updated each year until 2020.

The People and Communities Directorate plan is one of 3 departmental plans and reflects the Corporate Strategy and 2020 Vision, both of which were adopted in 2016 by the Council.

The plan contains a greater level of detail for the coming year. The detail for the following years will continue to develop as Council policy evolves and will take into account consultation about the services affected. There will be a staged approach to consultation with equalities impacts considered at the same time.

This edition of the plan will be considered by Policy Development and Scrutiny panels in January 2017 having been developed on behalf of the Cabinet, and will inform the 2017/18 budget setting process.

The corporate strategic context remains largely unchanged but the financial context continues to deteriorate as increasingly tough financial targets are applied. The Council is now expecting to be self-sufficient and not reliant on general government grant from 2020.

The remainder of this four year plan remains as previously published last year except where highlighted by the use of italics. In addition the financial context section has been rewritten.

PART ONE – CORPORATE OVERVIEW

Strategic context

The Bath and North East Somerset 2020 vision sets out our overarching aspirations for the future including good health and wellbeing, economic growth, financial sustainability, an effective transport system and an efficient, well run Council. The vision was developed in partnership with the NHS, police, local business, the fire service and the voluntary sector.

‘Bath and North East Somerset will be internationally renowned as a beautifully inventive and entrepreneurial 21st century place with a strong social purpose and a spirit of wellbeing, where everyone is invited to think big – a ‘connected’ area ready to create an extraordinary legacy for future generations’

We are already making good progress in working towards this vision. We are a national leader in the integration of health and social care services for both adults and children and our relationship with the NHS continues to grow. Over 90% of children attend Good or Outstanding schools and local unemployment is low at less than five per cent. Our Connecting Families programme, working with vulnerable families, is one of the most successful in the country and the Roman Baths is one of the top most visited heritage sites in the UK.

However, we know that we need to do even more in order to be financially sustainable and deliver high quality services into the future. The landscape for public services continues to change and over the next four years we will need to adapt to accommodate the needs of a growing local population, reduced funding from central government and new legislation that will change the way we deliver some services.

These changes, coupled with an increasing demand for many services means that we need to transform the way we deliver some services, whilst holding onto our commitment to excellence. We have identified four corporate priorities for achieving this as we move towards our 2020 vision:

- A strong economy and growth
- A focus on prevention
- A new relationship with customers and communities
- An efficient business

By getting this right we will be able to achieve our vision for Bath and North East Somerset and for local residents.

Financial context

The previous Directorate Plans were primarily constructed to cover the 2016/17 financial year with some future direction of travel in line with the specific budget priorities and the Council's Corporate Strategy.

The Local Government Finance Settlement for 2016/17 provided definitive figures for 2016/17 together with an offer from Government to provide a guaranteed "minimum" funding settlement covering the period to 2019/20 in exchange for Council's providing 4 year efficiency plans. The Council submitted its plan in October and received confirmation that this had been accepted with confirmation that the Council can expect to receive the funding allocations published as part of the 2016-17 local government finance settlement in 2017-18, 2018-19 and 2019-20.

The multi-year settlement shows continuing significant reductions in the Council's core grant funding during the period to 2019/20. The Settlement also came with a number of further changes to local government finance during this period including:-

- Ongoing reductions to Public Health and Education Support Grant funding in addition to core grant reductions.*
- A consultation on the future of the New Homes Bonus, as substantial changes are considered to reduce this funding stream by up to 60% by the end of the Spending Review period.*
- The implementation of the Business Rates Revaluation from April 2017 – this should be neutral across the country as a whole but there will be regional and even local impacts, including likely appeals from local businesses on any changes.*
- A series of consultations on Government proposals to provide for a 100% locally retained business rates scheme. This will have substantial implications for local government funding and Government has indicated this will be accompanied by an updated needs assessment of local government funding and, a transfer of additional unfunded responsibilities from Government.*
- Expansion of the Better Care Fund, including an additional £1.5bn of national funding between 2017/18 to 2019/20. The service or outcome delivery requirements accompanying this have not yet been set out.*

In light of these changes and the significant funding reductions already announced it is clear that we can expect the scale of the financial challenge facing the Council to continue right through to 2019/20 and potentially beyond.

Whilst the scale and speed of funding reductions will vary depending on the outcome of these national changes, there are also a number of factors which we can identify that will impact on local government funding going forwards:

- The ongoing impact of demographic changes for Adult Social Care.*

- *The likelihood of increasing pay inflation (direct and indirect).*
- *The potential impact of changes to interest rates and the revenue cost of meeting the Council's full borrowing requirement.*
- *The level of inflationary cost pressures arising on Council services.*

The current Financial Planning work to look at the scale of this financial challenge for the Council over the 4-year period covering 2016/17 to 2019/20 estimates that the likely savings, or additional income required, will be around £49M. The Budget for 2016/17 included £12m of savings and additional income which are on track to be delivered, leaving a further £37m to be delivered over the next 3 years.

A rigorous process is being applied to support the development of the Council budget and medium term financial planning process going forwards, including a review of both the Council's revenue budgets and the current Approved Capital Programme.

The Cabinet has been considering a full range of Spending Review options to make savings, explore new models of service delivery, deliver innovation and efficiency, and generate additional income in response to the financial challenge. The review has considered spending across the Council to ensure, where possible, efficiency savings and income generation opportunities are maximised ahead of reductions to Council Services. The outputs from this review are reflected in the Directorate Plans.

The specific financial aspects of the proposals for this Directorate are set out in Appendix 4 – Budget proposals and Service Impact Statement .

PART TWO – DIRECTORATE PLAN

Directorate summary

The People and Communities Directorate led by the Strategic Director-People and Communities provides:

- A strategic lead for the Council in terms of: integration of local authority and health services; the provision of public health services and interventions that improve health and wellbeing and reduce inequality; the understanding of and response to local demographic shifts in terms of services for adults with short or long term/chronic conditions, older people and those with mental health needs; the understanding of and response to the needs of children, young people and families where there are issues of parental incapacity or neglect; the capacity, development and effectiveness of the early learning, schools and wider education systems to promote best outcomes for all children; the effectiveness of multi-agency activity to safeguard and protect the welfare of all children, young people and adults.
- A delivery lead for health improvement and health protection incorporating: promoting healthy lifestyles and minimisation of unhealthy choices, education programmes, Health Visiting, Family Nurse Partnership and School Nursing services, Sexual Health services, the NHS Health Check programme and local oversight of the screening and immunisation programmes for children, young people and vulnerable adults.
- A delivery lead for *Health and Care integrated commissioning for adults, children and young people and families* incorporating: all eligible adults under the Care Act 2014, provision of residential and nursing care, re-ablement, domiciliary care, community mental health services, drug & alcohol treatment, rehabilitation and preventative support, and social work services for people with learning disability or mental health needs and those in intensive supported living and extra care services. The provision of preventative services which prevent, reduce or delay care and support needs and slow the escalation of costs in meeting individual care and support needs. Delivery of services which support the effective functioning of the wider NHS system and prevent unnecessary hospital admissions or delays to discharge from hospital. Securing either directly or through commissioning of the services required to discharge all duties. *The commissioning of preventative, early help, specialist care services and mental health services for Children and Young People and families. Commissioning of child health services.*
- A delivery lead for all services required for children and young people under the Children Acts 1989 and 2004 incorporating: Children “in Need”, Child Protection and Safeguarding, Children In Care and Looked After, Care Leavers, Corporate Parenting, *Early-Help*, Disability, Troubled Families, Youth Offending, Youth Services and Careers Advice and Guidance, Virtual School for Looked After Children, Fostering, Adoption and

Permanence, “Off-line” Safeguarding and Assurance. Securing either directly or through commissioning of services to discharge all duties.

- A delivery lead for services required through various Education Acts (1988, 2006, 2010, 2012) incorporating: Admissions (primary and secondary), School Place Planning (mainstream and special), Early Years, Childcare and Day Care planning and sufficiency, Education, Health and Care (SEND) services and assessment (0-25 years), Children Missing Education, Educational Psychology, School Standards and Improvement, Schools finance, Home to School Transport, Early Help and Preventative services (0-19 years).
- A delivery lead for all safeguarding services and coordination of all multi-agency safeguarding work for children and adults including the work of the Local Safeguarding Children’s Board and Local Safeguarding Adults Board, Management of Allegations against staff, Independent Reviewing and Independent Child Protection Conference Chairing services and commissioning of all services to support and advocate on behalf of service users.

The Directorate has *five* Divisions with each led by a Divisional Director *or Head of Service*. A chart summarising the functions of each Division is attached. It also shows which Cabinet portfolio holder and Policy Development and Scrutiny Panel they report to.

The Directorate has a high degree of integration with the Clinical Commissioning Group which places both Council and CCG in a strong position in relation to delivery of the strategic vision of the Public Services Board, the NHS Five Year Forward View, national moves towards integrated care and health viewed through the lens of austerity. Our local Better Care Fund plan has been identified nationally as a best practice exemplar. We share a commissioning structure and our method of commissioning has helped to shape the corporate model.

The Directorate structure was developed with further integration in mind and was the first of the wider departmental restructures within the Council bringing together Adult Social Care, Community Health, Children’s Social Care and Education and integrating the transferring Public Health function. The original structure also included Housing and Skills and Employment functions which moved across to the Place Directorate in 2014. At this time there was a complete re-structuring of the management structure to deliver the required savings in management.

Over the period of the previous Medium-Term Plan the Directorate reduced expenditure across all functions with the exceptions of Public Health which has a ring-fence in place to aid transition from the NHS to local government. The future of that ring-fence will be dealt with in the next national comprehensive spending review. The Directorate has also utilised a range of mechanisms to manage demand and costs so that overall cash limits could be met. All service areas with the exception of Substance Misuse and Over 65 care benchmark at or below comparator authorities. The benchmarking for Adult Care and Health has been skewed because the amount of NHS funding managed by the Council (including pooled budgets) and which is

therefore included in the data. When this is removed spend aligns with statistical neighbours other than for over 65 care.

Main report: Directorate intentions

The next three years will continue to be challenging but will provide some opportunities. Considerable progress has been made in 2016/17 as set out in the budget challenge consultation workshops. The presentations used for these can be found online. For this Directorate, this includes:-

- *Progressed to contract award on Your Care Your Way- a person-centred approach to health and care for local people including*
 - *More joined up and personalised service from young to old*
 - *GP hubs at the heart of our communities*
- *Maintained a strong focus on preventative services, early intervention and support for the most vulnerable to live more independent lives*
- *Continued building on the success of Connecting Families*
- *Reviewed transport spend and strategy (community and home to school transport) to better focus on needs and begun to pilot new approaches*
- *Supported local schools to consider future options whilst continuing to develop the future role of the local authority within education*
- *Managed substantial growth pressures in adult social care*
- *Reduced spend on substance misuse services to bring us in line with benchmarks*
- *Reduced spend on community services through efficiencies*
- *Redesigned the delivery of Public Health Improvement programmes*
- *Remodelled funding for the project management of schools capital work and the Music Service*
- *Redesigned the Family Information Service, routing enquiries through the One Stop Shop and on –line resources*
- *Launch of the joint Adults/Children’s MASH (Multi-Agency Safeguarding Hub).*

The Directorate’s strategic intentions are set out below against the Council’s four corporate priorities:

- **A strong economy and growth**

We will:

- Continue our nationally recognised Connecting Families programme to support workless families to gain training and employment with a view to permanent entry to the employment market.
- Continue to target those young people most at risk of becoming NEET (Not in Employment Education or Training) so that *they are supported* into education, training or employment and *thereby* prevent long term unemployment and dependency.
- Continue to secure education, training and employment opportunities for our Care Leavers so that we maintain good outcomes into adulthood.

- *Seek to ensure the availability of specialist skills and employment support for those adults less able to access the employment market due to ill health or disability.*
- Continue to challenge and support schools to promote progression and attainment and ensure that young people leave education with an aptitude for study and training and with good employability skills.
- *Progress the joint plans for a Regional Adoption Agency (Adoption West)*
- **A focus on prevention.**

We will:

- Deliver our Early Help Strategy for children, young people and families promoting early identification of need and swift intervention to prevent long-term ongoing need emerging.
- Deliver *our* Behaviour and Alternative Provision Strategy to support children with social, emotional and behavioural needs to promote their integration, learning and achievement and prevent exclusion from school and education.
- Deliver a new Special Educational Needs & Disability (SEND) Strategy to support children with SEND through local integrated provision and local attached and specialist provision with a view to expanding local options and reducing the need for external independent placements.
- Continue to challenge learning settings and schools to promote educational excellence for all children through targeted interventions and shared best practice with a specific focus upon closing the gap for those children most likely to suffer educational under-achievement.
- Work with all local schools, trusts and partners to build a shared plan for their future development based upon collaboration and cooperation and recognising the changing role of the Local Authority so that we promote best outcomes for all children and young people, *whilst at the same time re-modelling our role in education and school support.*
- Subject to anticipated legislation and guidance, continue the development of the Local Safeguarding Children Board and our children's safeguarding functions so that we have robust and effective systems in place to protect children including in those areas of emerging knowledge and practice such as Child Sexual Exploitation, Radicalisation, Female Genital Mutilation and social media.
- Review our services for those children and young people most likely to become Looked After particularly those aged 12-15 years to determine if there are other ways to meet need and improve outcomes.
- Implement a new, fully integrated Community Services model for community health and care services across B&NES resulting from the Your Care Your Way consultation with communities, partners and providers and *approved Full Business Case for the award of a contract to Virgin Care as Prime Provider.*

- *Work with Virgin Care to lead system-wide transformation and improvements to ensure that services are as integrated, effective and efficient as possible to meet the needs and priorities of our community.*
- Develop and implement an Older People Five Year Strategy which goes beyond health, care and housing to encompass all of the services which impact upon older people's lives and which if aligned and sign-posted more effectively can positively manage demand and escalation of need.
- Implement the Care Act 2014 including the new case management and information system (Liquidlogic), new financial management and contribution guidelines, new advice and information duties, etc.
- *Continue to work with partners to secure the re-provision of a B&NES Mental Health Unit which combines specialist acute mental health, dementia assessment and treatment wards so that we develop a provision which is "future-proofed" and able to deliver high quality in-patient care for acute mental illness and dementia.*
- Continue the development of our Local Safeguarding Adults Board and our adult safeguarding functions so that we have robust effective systems in place to protect adults including in those areas of emerging knowledge and practice such as financial abuse, radicalisation, etc.
- **A new relationship with customers and communities.**

We will:

- Continue to develop feedback and engagement systems with service users so that the voice of children, young people, adults and families influences our practice and provision.
- Review children's social care services to determine if we can develop new models of working which build upon our success in Connecting Families, strengthen early help and reduce reliance on *more specialist or statutory* interventions.
- Continue to develop Personalisation, Person-Centred planning and personal budgets to enable individuals and families to take control of their health and care.
- Develop further links with Area Forums and look for ways to enable communities to live healthier lives using their own assets and resources.
- *Explore opportunities for buildings and services historically managed by the Council to be better run by community groups or other providers.*
- **An efficient business.**

We will:

- Use contract management mechanisms and re-commissioning where necessary to deliver cost effective services and reduce "outlier" areas of spend.
- Complete a business support review across the Directorate to deploy business support to priority areas.

- Complete a series of demand management reviews to ensure that our direct operations and commissioned services are as cost effective and efficient as possible.
- *Explore further opportunities for improving efficiency and resilience of smaller services through collaboration with neighbouring Local Authorities.*
- Work with the Resources Directorate to consider opportunities for traded services.
- Work with the Place Directorate to review transport spend and strategy (Community and Home to School Transport elements).
- *Complete our review of Business support staffing roles and structures.*

Risk

The capacity of the Directorate is already stretched, the management structure was rationalised in 2013 with the loss of three Divisional Director posts. The Directorate faces massive legislative change to be implemented over the next 4-5 years across the whole spectrum of functions.

There will be a need for some short term investment in extra capacity and external specialist advice to review some of our operations and to help with service re-design.

The services provided are becoming more targeted and there is the need to ensure that as this trend continues we are aware of, recognise and plan for any equalities-related issues.

The Directorate operates in a wider demographic and societal system which is shifting rapidly and which has huge implications for the services directly delivered or commissioned and therefore for the budgets which fund these activities. The population is ageing and older people have increasingly complex medical and care needs. The number of children in need, those in need of Child Protection and those Looked After are increasing nationally and locally whilst timescales for interventions are being shortened as a result of legislation. Volumes of demand are increasing causing an increase in workloads.

There is an underlying structural underfund within the adult social care budget which has been a factor for several years. This has been offset by savings on other specific adult social care budgets and call down of ear-marked reserves. However, as the demands associated with the Care Act 2014 build-up, this underlying structural issue will crystallise and will require the Council to rectify via investment or other mitigation.

There is also a continuing pressure in the areas of Special Educational Needs and Disability. Further research is needed to fully understand the level of additional demand potentially being generated in both children's and adult services as more people are surviving through childhood and into adulthood with increasingly complex conditions. In addition the changes to the national schools funding formula may leave the Local Authority with a greater exposure to financial risk associated with the 'high needs' funding block.

Against this backdrop, much of our effort over the span of this plan will be in the area of demand management and service efficiency. There is therefore a risk that external factors could undermine some plans for the budget. However, the Directorate will keep all plans under review and seek to mitigate any risks.

Performance management

The Directorate intentions will be reflected in individual Team Plans for each of the Divisions in the Council. These team plans are a mixture of deliverable actions and key performance indicators. Overall performance of these plans will be reported quarterly and via an Annual Report through senior management teams, Informal Cabinet and the Policy Development and Scrutiny process. The underlying information will be published as Open Data.

PART THREE: DIRECTORATE RESOURCE PLAN

The Directorate's financial strategy is to deliver the changes set out in the previous section in accordance with the budget impact statement, and draft capital programme attached.

Each Divisional Director *or Head of Service* carries responsibility for the delivery of their budget proposals and is accountable to the Strategic Director-People and Communities. *The lead role for finance is carried out within the Resources Directorate by the Divisional Director for Business Support, who is the Section 151 officer (Chief Finance Officer), and responsible for the corporate finance strategy.*

In terms of workforce it is expected that the number of posts will fall as indicated in the impact statements. However, through TUPE transfers and effective management of staff turnover it is intended compulsory redundancies will be kept to a minimum. There will continue to be a shift in skills requirements towards commercial skills. Partnerships with external commercial organisations, especially in finance, have been developed to support this. For capital project delivery external expertise will continue to be bought in to work as part of the Project Delivery structure to enable a flexible approach and to minimise overheads. Similarly some short-term or specific external specialist capacity may be required to support the delivery of the ambitious programme of change and financial savings set out in this plan.

Property aspects of our priorities will be factored into planning in discussion with the Section 151 Officer and the Resources Directorate. *The property needs of the whole Council will continue to be reviewed and flexible working will be further developed to help provide better integrated services, and enable key partners to be accommodated. The main opportunities to rationalise the corporate estate (mainly offices) have already been taken but new opportunities are arising from the success of flexible working and office reconfiguration linked to the Workplaces 2018 project. Further integration with health may provide opportunities as the Your Care Your Way initiative*

progresses and will put us in a strong position to support delivery of the Sustainability and Transformation Plans being developed with our NHS partners.

Appendices

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- Appendix 1: Directorate structure
- Appendix 2: Analysis of Headline Numbers for 2016/17 for comparison purposes
- Appendix 3: Draft Capital Programme - new & emerging items
- Appendix 4: Budget proposals and Service Impact Statement

Summary of functions of each People and Communities Division

1. Health and Care Integrated Commissioning

Jane Shayler, Director – Integrated Health & Care Commissioning (Council and CCG)

Councillor Vic Pritchard, Cabinet Member for Adult Social Care and Health

- Commissioning of Adult Care and Community Health Services (Includes: Older People, Learning Disabilities, Physical Disabilities, Long Term Chronic Conditions, Residential Care, Nursing Care, Domiciliary Care)
- Commissioning of Adult Mental Health Services
- Commissioning of Substance Misuse Services
- Commissioning of preventative and early help services for CYP and families
- Commissioning of specialist care services for CYP and families
- Commissioning of Child Health Services
- Commissioning of CYP Mental Health Services
- Better Care Fund
- LA role in health system resilience (seasonal planning)

Scrutiny

- Health and Wellbeing Select Committee (Councillor Francine Haeberling, Chair)
- Health and Wellbeing Board (Dr Ian Orpen, Clinical Commissioning Group Chair and Councillor Vic Pritchard – Co Chairs)
- CYP Policy Development and Scrutiny Panel (Councillor Lisa Brett, Chair)

3. Public Health

Dr Bruce Laurence, Director – Public Health

Councillor Vic Pritchard, Cabinet Member for Adult Social Care and Health

- Commissioning of Children's public health services
- Commissioning of Adult public health service
- Sexual Health Services
- Health improvement and health Inequalities
- Emergency Planning and Resilience
- Health visiting and Family Nurse Partnership
- Advice, consultancy and guidance to Clinical Commissioning Group
- Advice, consultancy and guidance to Local Authority
- Health Intelligence (Joint Strategic Needs Assessment)

Scrutiny

- Health and Wellbeing Select Committee (Councillor Francine Haeberling, Chair)
- Health and Wellbeing Board (Dr Ian Orpen, Clinical Commissioning Group Chair and Councillor Vic Pritchard – Co Chairs)

5. Education Transformation

Margaret Simmons-Bird, Head of Education Transformation

Councillor Michael Evans, Cabinet Member for Children's Services

- Strategic Planning for schools (Admissions, Transport, Place Planning, Capital Strategy)
- School Improvement and Achievement
- Virtual School for Looked After Children
- Specialist Educational Needs Policy and Planning (with Targeted and Specialist Division)
- Leading the work to support schools, and to transform the council's support services to schools, in light of shifting national policy and legislation/academisation.

Scrutiny

- CYP Policy Development and Scrutiny Panel (Councillor Lisa Brett, Chair)
- Health and Wellbeing Board (Dr Ian Orpen, Clinical Commissioning Group Chair and Councillor Vic Pritchard – Co Chairs)

6. CYP Targeted and Specialist Services

Richard Baldwin, Divisional Director, Targeted and Specialist

Councillor Michael Evans, Cabinet Member for Children's Services

- Child Protection Services
- Children in Need Services
- Looked After Children's Services (including Fostering Care and Residential Care)
- Adoption and Permanence Services
- Youth Connect
- Connecting (Troubled) Families
- Early Years and Children's Centre Services
- Early Help and Preventative Services
- Youth Offending Services
- Vulnerable Learners (Children Missing Education, SEN Services, Hospital and Reintegration, Educational Psychology, Alternative Provision)
- Disabled Children's Services
- Care Leaving Services

Scrutiny

- CYP Policy Development and Scrutiny Panel (Councillor Lisa Brett, Chair)
- Health and Wellbeing Board (Dr Ian Orpen, Clinical Commissioning Group Chair and Councillor Vic Pritchard – Co Chairs)

7. Safeguarding Assurance and QA

Lesley Hutchinson, Head of Safeguarding Assurance and QA

Councillor Michael Evans, Cabinet Member for Children's Services

Councillor Vic Pritchard, Cabinet Member for Adult Social Care and Health

- Adult Safeguarding and Assurance
- CYP Safeguarding Assurance (including Independent Reviewing Services (LAC), Independent Child Protection Chairing Service and Local Authority Designated Officer function)
- Local Safeguarding Adults Board
- Local Safeguarding Children Board
- Deprivation of Liberty (DoLS) Safeguards
- Approved Mental Health Practitioner Service
- Social Care Complaints Management (adults and children)

Scrutiny

- Health and Wellbeing Select Committee (Councillor Francine Haeberling, Chair)
- Health and Wellbeing Board (Dr Ian Orpen, Clinical Commissioning Group Chair and Councillor Vic Pritchard – Co Chairs)
- CYP Policy Development and Scrutiny Panel (Councillor Lisa Brett, Chair)

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Appendix 2 – Analysis of Headline Numbers for 2016/17 for comparison purposes

Service	2016-17		
	Gross	Income	Net Budget
	£'000	£'000	£'000
Childrens Services	165,069	(136,903)	28,166
Children, Young People & Families	14,800	(2,235)	12,565
Learning & Inclusion	8,760	(3,361)	5,399
Health, Commissioning & Planning	12,349	(6,727)	5,622
Schools Budgets	129,160	(124,580)	4,580
Adult Services	102,022	(44,124)	57,898
Sirona Care & Health	18,886	(2,678)	16,208
Adults Substance Misuse (DAT)	2,589	(2,049)	540
Management Information & Support System	44	0	44
Adults & Older People-Mental Health Commissioning	12,548	(3,390)	9,158
Supporting People & Communities Commissioning	6,914	(2,082)	4,832
Adult Care Commissioning	1,145	(109)	1,036
Older People & Physically Disabled Purchasing	15,588	(5,525)	10,063
Fairer Charging Income		(2,038)	(2,038)
Learning Difficulties Commissioning	21,579	(7,340)	14,239
Physical Disability, Hearing & Vision	4,871	(664)	4,207
Public Health	9,491	(9,491)	0
Better Care Fund	6,947	(8,670)	(1,723)
Safeguarding	1,420	(88)	1,332
Total for People & Communities	267,091	(181,027)	86,064

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Appendix 3 - Capital Programme – New & Emerging Items 2017/18 – 2020/21

PEOPLE & COMMUNITIES DIRECTORATE

	Cost			Funding		
Project Title	Total 2017/2018	2018/19 Onwards	Total 5 Year Cost	Borrowing/ Capital Receipts	Grants/ External Funding	Comments: All projects proposed for provisional approval unless otherwise stated
	£'000	£'000	£'000	£'000	£'000	
Children's Services						
New/Emerging Schemes						
Schools Capital Maintenance Programme	500	0	500	0	500	Proposed for Full Approval
Schools Devolved Capital	328	0	328	0	328	Proposed for Full Approval – subject to confirmation of grant funding
Basic Needs Feasibility / Option Appraisals	250	0	250	0	250	Proposed for Full Approval
Castle Primary expansion (Phase 4)	2,556	0	2,556	0	2,556	
Bathwick St Mary Primary expansion	3,000	0	3,000	0	3,000	
Whitchurch Primary expansion	1,308	0	1,308	0	1,308	
St Nicholas' Primary expansion	1,500	1,000	2,500	0	2,500	
Bathampton Primary, replacement of temporary accommodation	750	0	750	0	750	
Midsomer Norton area bulge class	300	0	300	0	300	
St Saviour's Junior bulge class	165	0	165	0	165	
Clutton Primary – reinstate classroom space	0	100	100	0	100	
Swainswick Primary School	750	0	750	0	750	
Schools Basic Need Grant 18/19	0	5,758	5,758	0	5,758	
Children's Education Management System	70	0	70	70	0	Increase to existing provisionally approved scheme
Sub Total - Children's Services	11,477	6,858	18,335	70	18,265	
TOTAL PEOPLE & COMMUNITIES NEW & EMERGING	11,477	6,858	18,335	70	18,265	

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Appendix 4 - Budget Proposals and Service Impact Statements

PEOPLE & COMMUNITIES

Savings Title	How to be achieved	17/18 Saving £000	18/19 Saving £000	19/20 Saving £000	3 year Savings Total	Risk to delivery of saving (H/M/L)	Impacts on staff - (incl no of posts deleted)	Impacts on property / assets etc	Impacts to service delivery
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Adult Social Care & Health

Efficiency Savings									
Prime Provider Social Care & Health Contract	Incorporated into the Prime Provider contract and associated risk and gain share.	300	0	0	300	L	0	None	To be delivered through efficiencies, including as a result of implementation of the new social care IT system, Liquidlogic, which will support more streamlined business processes.
Community Support Services	Reduce cost of Community Support services through: Re-defining requirements - new specification with focus on maximising independence and reduce longer-term dependency on funded care. Utilise Prime Provider/DPS arrangement to achieve contracting efficiencies.	0	75	25	100	M	0	None	Improved outcomes for service users as they are able to access services that are focused on maximising their independence and not building unnecessary dependency.
Page 50 Day Care	Reduce the cost of day care services through: redefining requirements - new specification with focus on maximising independence and reducing longer-term dependency on funded care and moving away from more traditional model of day care for people with a LD that have been day-centre based, standard activities. Also, revise approach to transport provision to reflect this new approach.	25	75	0	100	M	0	May impact the long term future use of two Council-owned day-centres	Improved outcomes for service users as they are able to access services that are focused on maximising their independence and not building unnecessary dependency. Potential reduced access to existing service for some people with an LD as the service model is redesigned with a shift away from the current, traditional day-centre model.
Provider Relationship	Strengthen the focus of providers on maximising independence by focusing on individual's strengths, interests, abilities and networks improving outcomes and reducing longer term dependency. Support with a risk and gain share model with community services providers to incentivise them to deliver outcomes and reduce package costs.	125	125	0	250	M	0	None	Improved outcomes for service users able to access services focused on maximising independence. Greater visibility of the available options for service users and carers, giving them greater choice and control. Services can be co-ordinated around the needs and wishes of the individual.
Residential and nursing re-commission	Reduce the cost of care home placements through: a) Refinement of eligibility criteria and active promotion of community based alternatives that focus on maximising independence; b) Ensuring consistency and equity in care home fees by implementing a new commissioning and contracting model informed by Fair Price of Care exercise undertaken in 2016/17; c) Design and implementation of a brokerage service.	0	75	25	100	M	0	None	The assessed level of need is aligned with the cost of meeting that need avoiding "over-prescription" and increased dependency. Improved consistency and equity between service user groups. Improved cost control supported by efficient payment processes achieves better value for money.

Savings Title	How to be achieved	17/18 Saving £000	18/19 Saving £000	19/20 Saving £000	3 year Savings Total	Risk to delivery of saving (H/M/L)	Impacts on staff - (incl no of posts deleted)	Impacts on property / assets etc	Impacts to service delivery
Assistive Technology	Increase the use of assistive technology to reduce overall package costs and reduce demand longer term for residential care a) Package cost reduction of existing service users b) Demand management - reduce future demand for more expensive care through early identification of service users who will benefit from assistive technology c) Income generation - charge service users without eligibility for Council provided care	50	50	0	100	M	0	None	Improved outcomes for service users able to access services focused on maximising independence. Greater visibility of the available options for service users and carers, giving them greater choice and control. Services can be co-ordinated around the needs and wishes of individuals. Some service users may be charged for their service, if not eligible for Council care.
Re-ablement	Maximise impact of re-ablement service promoting independence, avoiding unnecessary admission to residential and nursing care/hospital and supporting timely discharge from hospital. Streamline pathways into reablement to improve access, reduce waiting times and prevent a delay in individuals receiving a service. Improve service user outcomes and reduce dependency on long term packages of care.	125	125	0	250	M	0	None	Service users are supported to maximise their independence and packages do not build unnecessary dependency on funded services resulting in improved outcomes. The assessed level of need is aligned with the cost of meeting that need avoiding "over-prescription" and increased dependency. Improved access to reablement service and avoidance of delays. Some service users receiving reablement for longer than 6-weeks whilst waiting for an ongoing package of care may be charged for their care.
Front Door Review	Redesign social care access as part of an integrated 'front door' to place greater emphasis on: a) providing information, advice and guidance; b) enabling people to access alternative preventative and self-care focused services including those provided by voluntary sector organisations; and c) ensuring that individuals who do need statutory social care services are able to access them without delay.	62.5	187.5	0	250	M	0	None	Service users are supported to maximise their independence and packages do not build unnecessary dependency on funded services resulting in improved outcomes. The assessed level of need is aligned with the cost of meeting that need avoiding "over-prescription" and increased dependency. Improved access to statutory health and care services and avoidance of delays in individuals receiving a service. Greater visibility of the available options for service users and carers, giving them greater choice and control. Service users are enabled to help themselves.
Incremental Package Costs	Analysis of package data indicates that in 2015/16 there were a significant number of incremental package increases. A proportion of these increases will have been appropriate to respond to an increase in need. However, existing controls and governance can be strengthened to reduce the volume, value and duration of incremental increases.	50	50	0	100	M	0	None	<ul style="list-style-type: none"> • Reduced prevalence of incremental package increases, realising a cashable benefit • Improved outcomes for service users by ensuring they receive the right level of care at the right time and dependency is not built unnecessarily • Wider strategic objectives are supported by actively promoting and encouraging alternative ways to meet an identified need that does not necessarily rely on funded social care support, for example, assistive technology • Decision makers are held to account which can result in a greater level of ownership for operational decisions to contribute to wider practice changes • Greater visibility of incremental increases will inform practice change and market development work, by better understanding local drivers for package increases and being better equipped to respond to the reasons for those.

Savings Title	How to be achieved	17/18 Saving £000	18/19 Saving £000	19/20 Saving £000	3 year Savings Total	Risk to delivery of saving (H/M/L)	Impacts on staff - (incl no of posts deleted)	Impacts on property / assets etc	Impacts to service delivery
Support Planning and Brokerage	Transform the approach and delivery structure of support planning and brokerage. This will involve implementing an asset based approach and separating the assessment from support planning and brokerage functions to improve operational efficiency, provide the framework for more innovative support plans and increase consistency to realise cashable and non-cashable benefits.	50	50	0	100	M	0	None	Service users are supported to maximise their independence and packages do not build unnecessary dependency on funded services resulting in improved outcomes. The assessed level of need is aligned with the cost of meeting that need avoiding "over-prescription" and increased dependency. Improved access to statutory health and care services and avoidance of delays in individuals receiving a service. Greater visibility of the available options for service users and carers, giving them greater choice and control. Service users are enabled to help themselves.
Review/restructure of Disabled Care Team (Adults & Children's)	The children's disability team is currently an in-house team whilst the Adult's team is externalised. An opportunity exists to merge the function through service restructuring.	50	50	0	100	m	Not known at this stage	None	The option of amalgamating the Adult and Children's services would provide an opportunity to develop a more seamless service and improve transition arrangements. This could also offer efficiencies in management and back-office costs.
Home Care Compliance	Develop the approach to home care commissioning to strengthen the focus on outcomes and maximising independence. Redesign the commissioning and contracting model to achieve efficiency, stimulate the market and incentivise providers to maximise independence. Streamline business processes to gain efficiencies from payment processes and cost controls.	50	50	0	100	M	0	None	Service users are supported to maximise their independence and packages do not build unnecessary dependency on funded services resulting in improved outcomes. The assessed level of need is aligned with the cost of meeting that need avoiding "over-prescription" and increased dependency. Improved cost control supported by efficient payment processes achieves better value for money.
Sexual health portfolio	Reduction in sexual health preventative and treatment services by ending contracts, reducing contract values and changing service specifications with service providers	31	0	0	31	L	0	None	Loss of service for some specific sexual health interventions as described in last year's plan
Health Improvement Programmes	Completion of last year's agreement to reduce some areas of contract spend on preventative services	157	0	0	157	L	0	None	Reductions across a range of service budgets as described in last year's plan
Public Health further savings	Savings in 17/18 will be made against health improvement programmes including from the DPH award (non-pay), NHS health checks and other lifestyle programmes not included in the Your Care, Your Way envelope. Savings in 18/19 will involve reduction in support to CCG health protection, internal intelligence posts, training budgets and possibly other changes to budgets for staff or commissioned services based on the Your Care, Your Way process.	50	50	0	100	L	0	None	This will have a small impact on a range of preventive services carried out in schools and in the community but no service will be lost entirely and direct client-facing services will be maintained and efficiency maximised through service remodelling in the Your Care, Your Way process
Sub Total - Efficiency Savings		1,125.5	962.5	50.0	2,138.0				

Savings Title	How to be achieved	17/18 Saving £000	18/19 Saving £000	19/20 Saving £000	3 year Savings Total	Risk to delivery of saving (H/M/L)	Impacts on staff - (incl no of posts deleted)	Impacts on property / assets etc	Impacts to service delivery
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Growth Avoidance									
Adult Social Care Demographic Growth - Older People over 65	Fair Price of Care and modelling of alternative fee structures for care home placements has informed development of new commissioning and contracting approaches. However, this is in the context of increasing pressures arising from demographic change. Also in the context of market conditions, which are a significant constraint when negotiating and agreeing new contractual arrangements and fee structures and ensuring that the Council's statutory obligations are met. Very close links with the mobilisation, transition and transformation of community services (your care, your way), the establishment of the Prime Provider/Dynamic Purchasing System arrangements and the agreement of risk and gain share.	333	333	333	999	M	0	None	A strengthened focus on maximising independence by focusing on individuals' strengths, interests, abilities and networks is designed to improve outcomes for service users and reduce longer term dependency. Potential reduced access to their preferred care setting for some service users and carers as the Council balances the views, preferences and wishes of the individual with ensuring that the assessed level of need is aligned with the cost of meeting that need, avoiding "over prescription" and building increased dependency.
Adult Social Care Demographic Growth - Mental Health over 65		190	190	190	570	M	0	None	
Adult Social Care Demographic Growth - Learning Disabilities		348	348	348	1,044	M	0	None	
Adult Social Care Demographic Growth - Mental Health Adults of Working Age		75	75	75	225	M	0	None	
Adult Social Care Demographic Growth - People with Physical Disabilities		46	46	46	138	M	0	None	
Adult Social Care Placements & Packages Inflation	Links to comments above. Focus on delivery is to achieve commissioning and contracting arrangements that are financially sustainable for both the Council and for care providers.	252	0	0	252	H	0	None	Increasing concerns about the capacity, capability and diversity in the market may mean that some people are not able to access their care and support from their preferred care home or provider.
Adult Social Care Placements & Packages Inflation - stretch		0	250	250	500	H	0	None	
Social Work & Safeguarding Activity (Prime Provider Contract)	Incorporated into the Prime Provider contract and associated risk and gain share. Links to Strengthening Social Care initiative.	21	21	21	63	M	0	None	New approaches require significant culture and practice shift, which can be difficult and time-consuming to achieve.
Sub Total - Growth Avoidance		1,265	1,263	1,263	3,791				

Sub Total - Adult Social Care & Health

2,390.5	2,225.5	1,313.0	5,929.0
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Savings Title	How to be achieved	17/18 Saving £000	18/19 Saving £000	19/20 Saving £000	3 year Savings Total	Risk to delivery of saving (H/M/L)	Impacts on staff - (incl no of posts deleted)	Impacts on property / assets etc	Impacts to service delivery
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Children's Services

Efficiency Savings									
Adoption Team regional approach	Combining adoption services with other Local Authorities	0	100	0	100	M	2	None	The creation of Regional Adoption Agencies is a national initiative. The proposed creation of Adoption West will transfer a number of current Adoption responsibilities and activities to a Regional Adoption agency from April 2018. The joining of six Local Authorities will provide children and adopters with a more consistent service as well as providing opportunities to develop more efficient and effective support systems to the process of recruiting and assessing adopters.
Increase the level of "In-house" Foster-Placements	Increase level of in-house foster placements through a combination of enabling in house carers to take more complex cases and/or increasing volumes of in house carers through increased recruitment	50	50	0	100	M	0	None	Initial review of new recruitment approaches (particularly through improving and increasing our social media presence) have resulted in an overall increase in expressions of interest in fostering and those which progress to assessment of carers. An increased number of in-house foster-placements may require additional capacity within the team to support the foster carers, but should still enable a net saving as shown
Children's safeguarding court proceedings	Reducing the numbers of those coming to court and then into care through preventative measures and changing the use of experts during the process e.g. a) reduction in cost of barristers a mediation approach to early prevention b) Early help preventative measures c) Review social worker use	0	100	0	100	H	0	None	The numbers of cases that have required the Local Authority to initiate Court proceedings in relation to young children has risen over the past two years, reflecting a national trend. Any changes to the decision making process will need to be made with consideration to evidence of an incremental and increased demand for legal intervention, but securing professional input in a more cost-effective way and increasing preventative measures can only have a positive impact.
Skills and Employment Funding Model	Reduction in level of funding from People & Communities to Place for Skills & Employment team, which will become self-funding through its work with employers. Consolidation of ad hoc internal savings used to fund this team, by deleting a post within People & Communities.	0	60	0	60	L	1	None	Minimal impact anticipated, providing focus on care leavers and other vulnerable young people is not lost as a result of new funding model
Home to School Transport funding arrangements	Reducing spend on home to school transportation through a) Recovering costs from other Local Authorities b) Not paying for Independent Fostering Agency placement travel as contracts include travel costs	25	0	0	25	M	0	None	None - this is about ensuring that we are recovering home to school transport costs where there is prior agreement that other organisations should be covering these costs.
Preventative Commissioning	Explore opportunities for further integration of commissioned services, creating more joined up approaches and creating some back-office efficiencies	12.5	12.5	0	25	M	0	None	Improved outcomes for families, by integrating services that are coordinated around their needs and preventing escalation into specialist social care services.
Sub Total - Efficiency Savings		87.5	322.5	0.0	410.0				

Savings Title	How to be achieved	17/18 Saving £000	18/19 Saving £000	19/20 Saving £000	3 year Savings Total	Risk to delivery of saving (H/M/L)	Impacts on staff - (incl no of posts deleted)	Impacts on property / assets etc	Impacts to service delivery
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Service Redesign

Children's Centres buildings management	Reduce cost of Children's Centres through 'asset transfer' of centres or finding a way to ensure services are delivered by others through existing buildings	25	75	0	100	M	0	Potential asset transfer	The current service will continue to run. The transfer of some Children's Centre buildings to community ownership could benefit local organisations through more effective use of the buildings as well as reduce unnecessary overheads for the Council. Already exploring this option for the 'spoke' centres (not hubs).
Review savings available from Youth Connect Service	Explore options to enable alternative delivery arrangements for services creating potential partnerships with local communities thus enabling local community groups to develop the additional capacity in key areas that will offer supplementary services for young people	0	200	300	500	H	7-10	Potential asset transfer	This proposal seeks to maintain the Council's commitment to delivering its statutory requirements, whilst also encouraging and enabling local community groups to develop the additional capacity in key areas that will offer supplementary services for young people. Any reduction in the size and remit of the Council-run service may impact on service delivery and our early help offer. The aim of the review will be to minimise any negative impact on outcomes for young people.
Music Service remodelling	Remove Council revenue funding from the Music Service	28	0	0	28	L	0	None	New model of delivery established, linking music development to government grants and selling services to schools and parents
Children's Services Collaboration with other LA	Combine smaller services with other local authorities to achieve efficiencies e.g. YOT, educational functions, admissions, school psychologists, school improvement service etc. a) Combining small services b) Removal of non-essential services	0	25	0	25	M	1	None	Minimal impact expected as this is about combining delivery with another LA. This could assist in making these smaller services more robust as well as providing efficiencies.
Early Years nursery provision	To review all of the existing Council owned and run nurseries and explore the option of assisting other organisations to take on the running and management of nurseries to ensure there are sufficient places available.	50	50	0	100	M	Some fixed term posts already terminated	None	There is now provision of sufficient alternative nursery places in some areas. The private sector has been able to absorb the movement of children to independent nursery providers from Council-run nurseries in some locations. The Council will explore the option of assisting other organisations to take on the running and management of nurseries to ensure that sufficient places remain available across communities
Remodel Education Support & School Services	Scale down offer to meet remaining statutory requirements only, transferring responsibility to schools where appropriate.	0	250	0	250	M	Up to 5	None	This re-modelling follows national policy initiatives which have resulted in academisation of schools and the transfer of functions to schools, academies the Regional Schools Commissioner; Teaching Schools, Trust Boards of Multi Academy Trusts (MAT). Further government announcements are expected on the future role of Local Authorities in education, which may result in further changes in what we deliver. This could be achieved through greater trading with schools and academies and wider opportunities for income generation or working with neighbouring authorities, or simply scaling back the local authority's education support services to schools.

Sub Total - Service Redesign

103 600 300 1,003

Sub Total - Children's Services

190.5 922.5 300.0 1,413.0

Savings Title	How to be achieved	17/18 Saving £000	18/19 Saving £000	19/20 Saving £000	3 year Savings Total	Risk to delivery of saving (H/M/L)	Impacts on staff - (incl no of posts deleted)	Impacts on property / assets etc	Impacts to service delivery
TOTAL PEOPLE & COMMUNITIES		2,581	3,148	1,613	7,342				

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Bath & North East Somerset Council		
MEETING:	Health and Wellbeing Select Committee	
MEETING DATE:	25 th January 2017	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	Personal budgets (including transitions)	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
None		

1 THE ISSUE

- 1.1 This paper is to provide an update to the Committee on personal budgets within Bath and North East Somerset.

2 RECOMMENDATION

- 2.1 That the Committee note the contents of the report.

3 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

- 3.1 This report is provided for information only.

4 STATUTORY CONSIDERATIONS AND BASIS FOR PROPOSAL

- 4.1 The Council provides personal budgets to all adults who are eligible for funded support from adult social care as required by the Care Act (2014), section 117(2C) of the Mental Health Act 1983 (the 1983 Act) and the Care and Support (Direct Payments) Regulations 2014.
- 4.2 Children and young people are provided with personal budgets as described by the Children and Families Act (2014), the Statutory Guidance and Code of Practice for special educational needs and disability 0-25 years (2014) and the 'The Special Educational Needs (Personal Budgets) Regulations (2014).
- 4.3 Guidance in relation to Personal Health Budgets dictates how the NHS provides Personal Health Budgets to individuals.

5 THE REPORT

5.1 What are personal budgets?

A **personal budget** is a sum of money that the Council calculates is sufficient to meet a persons' assessed eligible social care or education needs.

A **personal health budget** is a sum of money that the Clinical Commissioning Group (CCG) calculates is sufficient to meet a persons' assessed eligible health needs.

The person can choose how they wish to spend their personal budget, and can either take control of the money themselves in some cases (a **direct payment**), or can choose for the Council or CCG to arrange their care and support. People can also choose to have a combination of the two.

5.2 How does someone get a personal budget (or personal health budget)?

In order to receive a personal budget (or personal health budget), the individual has to have an **assessment**.

These assessments vary across adults and children's social care, education and health, and they are governed by different pieces of legislation. However, they all look at a person's life, strengths and abilities, what the person wants to achieve and what their needs for support are.

Following the assessment, the Council or CCG calculates the **indicative budget** for that person. This is a rough calculation of how much the Council or CCG thinks it would spend on meeting the person's needs. The method for calculating these indicative budgets varies across adults, children's and health.

This indicative budget is then refined through **care and support planning** during which the person clearly defines how they want their needs to be met and what they would like their budget to be spent on.

At the end of care and support planning, the final personal budget is agreed on. In the case of adult social care, this final personal budget may include an amount that the person contributes themselves (their **calculated charge**).

It's important to note that not everyone is currently eligible for a personal health budget, but the CCG is working on expanding the eligibility for these, based on NHS England guidance.

5.3 What happens in transition?

A person can transition at many stages, either from children's to adult social care, from social care to health, from health to social care or from children's continuing care to adult continuing health care (CHC).

These transitions should be as seamless as possible for the person.

(1) Children's to adults social care:

- In September each year, the Transition Lead receives data from the Special Educational Needs (SEN) team, Youth Connect, the looked after children team, the Lifetime team and data on young carers.
- The Transitions Operational Group uses agreed criteria to identify a young person aged 14 – 16 who is likely to need social care or adult continuing health care support into adulthood.

- During the ages of 14 to 18, the transition social worker or CHC team carries out a general assessment and talks to the young person, their parents, guardian, and/or GP and any assigned worker in children's social care to understand the child's needs in more detail.
- Between the ages of 14-16 the case can sit with the transitions team on 'hold' while the child is in receipt of support from children's social care or from children's continuing care.
- At age 16-17, the adult social worker attends school reviews, multi-disciplinary team (MDT) meetings, and requests children's health service input into the health and social care action plan.
- At this stage, the continuing healthcare (CHC) screening tool is completed if appropriate. Eligibility for adult CHC should be determined in principle by the relevant CCG when a young person is 17yrs old, so that, wherever applicable, effective packages of care can be commissioned in time for the individual's 18th birthday.
- The first adult Care Act assessment takes place for children in care at age 17, (which includes assessment, RAS and support plan).
- For young people who are not in care, the adult social care assessment process starts at age 17 ½ if there are identified ongoing social care needs.
- By the young person's 18th birthday, all funding should be in place within adult social care (if needed) to ensure a smooth transition into adult services.

(2) Adult social care to health:

- If a worker thinks that a person may be eligible for CHC funding, they should complete the CHC checklist. The CHC checklist can be completed by Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) staff, care homes, district nurses, funded nursing care workers and social workers.
- The Nurse Assessor / Community Matron in the CHC team liaises with other teams, the person, family members and possibly refers to the GP records, and completes the Health Needs Assessment and the decision support tool.
- The Nurse Assessor / Community Matron makes a recommendation of eligibility from the outcome of the Decision Support Tool. All of the decisions are recorded on the shared record within Liquidlogic.

(3) Health to adult social care:

- If a person becomes ineligible for funding from health, a letter is sent to the person informing them of this, giving them four weeks' notice of the termination of funding from health and advising them to contact adult social care.
- A copy of the letter is also sent to the Sirona Advice, Signposting, Information and Safeguarding team (ASIST) within adult social care.

5.4 What current work is underway in this area?

The Council and CCG have been reviewing the policies that support direct payments as currently there are three separate ones which cover adult social care, children's social care and health. The review has recommended a single policy which covers all three areas.

The Council and CCG have also reviewed the support that is available to people who choose to have a direct payment and is recommending a pathway of support for people, which can cover adults, children's and health.

This pathway of support is being discussed with Virgin Care as the incoming Prime Provider for community health and social care support from April 2017.

In order to carry out these reviews effectively, the Council and CCG wrote out to all recipients of direct payments in January 2016 asking if people would like to be involved.

Following a good response to this letter, a group of direct payment recipients (**direct payment champions**) have been working with us during the year to refine and adapt our requirements for direct payment support.

5.5 How many people currently have a personal budget?

Personal Budget Summary for Adults and Children's 2015/16	Total Clients	Spend
Adults		
Personal Budgets	1569	£21,572,259.00
Direct payments (included in figures above)	513	£6,331,491.00
Children's		
Direct Payments - Disabled Children's Team	87	£402,308.00

Personal Health Budgets Summary 2015/16	Total Clients	Spend
Adults CHC	18	£945,673.00
Children's	1	£760.81
Children's CHC	4	£25,528.00

6 RATIONALE

6.1 The rationale behind the work that has been undertaken around direct payments has been to try and simplify the processes and policy in order to make it as simple and easy to understand as possible.

7 OTHER OPTIONS CONSIDERED

7.1 None.

8 CONSULTATION

8.1 The following were involved in the development of this paper:

- Senior Commissioning Manager, Better Care
- Integrated Personalised Commissioning and personal health budgets project lead
- Children's Continuing Care Nurse Manager
- Strategic Commissioning Officer, Children's Social Care
- Managers, Disabled Children's Team

9 RISK MANAGEMENT

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

Contact person	<i>Wendy Sharman 01225 477922</i>
Background papers	<i>List here any background papers not included with this report, and where/how they are available for inspection.</i>
Please contact the report author if you need to access this report in an alternative format	

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HEALTH AND WELLBEING SELECT COMMITTEE

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

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

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

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

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

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

Ref Date	Decision Maker/s	Title	Report Author Contact	Strategic Director Lead
25TH JANUARY 2017				
10 Jan 2017	PHED PDS	Directorate Plans	Tim Richens Tel: 01225 477468	Strategic Director - Place
16 Jan 2017	CTE PDS			
17 Jan 2017	CYP PDS			
25 Jan 2017	HWSC			Strategic Director - People
30 Jan 2017	Resources PDS			Strategic Director - Resources
25 Jan 2017	HWSC	Personal Budgets (inc. Transitions)	Wendy Sharman Tel: 01225 477922	Jane Shayler
22ND MARCH 2017				
22 Mar 2017	HWSC	RUH Strategic Plan	James Scott Tel: 01225 824032	James Scott
22 Mar 2017	HWSC	Update on the Transfer of Services from the RNHRD to the RUH (Rheumatology, Therapies, Biologics and Clinical Measurement)	Emma Mooney Tel: 01225 825849	Tracey Cox
22 Mar 2017	HWSC	Community Pharmacies in B&NES	Paul Scott, Joe Prince Tel: 01225 394060,	Strategic Director - People

Ref Date	Decision Maker/s	Title	Report Author Contact	Strategic Director Lead
22 Mar 2017	HWSC	Safeguarding & Quality Assurance	Lesley Hutchinson Tel: 01225 396339	Jane Shayler
24TH MAY 2017				
24 May 2017	HWSC	Update on the Transfer of Services from the RNHRD to the RUH (Adult Fatigue, Pain Services)	Emma Mooney Tel: 01225 825849	Tracey Cox
ITEMS YET TO BE SCHEDULED				
Page 69	HWSC	Dentistry Services	Ruth Bartram Tel: 01138 251522	
	HWSC	Non-Emergency Patient Transport Service		Tracey Cox
	HWSC	Eye Care		
	HWSC	NHS 111 update		Tracey Cox
	HWSC	Loneliness report - update		Strategic Director - People

Ref Date	Decision Maker/s	Title	Report Author Contact	Strategic Director Lead
	HWSC	Homecare Review update (for May 2017)		Strategic Director - People
The Forward Plan is administered by DEMOCRATIC SERVICES : Mark Durnford 01225 394458 Democratic_Services@bathnes.gov.uk				