

HEALTH AND WELLBEING SELECT COMMITTEE

Minutes of the Meeting held

Wednesday, 22nd March, 2017, 10.00 am

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

Officers : Jane Shayler (Director of Integrated Health & Care Commissioning), Tracey Cox (CCG), Bruce Laurence (Director of Public Health), Sue Blackman (Your Care, Your Way Programme Manager), Jayne Carroll (Virgin Care), Lesley Hutchinson (Head of Safeguarding and Quality Assurance), Joe Prince (Senior Public Health Research & Intelligence Officer) and Paul Scott (Assistant Director, Public Health), Clare O'Farrell (Associate Director for Integration, RUH), James Scott, (Chief Executive, RUH)

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

76 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

77 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the emergency evacuation procedure.

78 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Dr Ian Orpen (CCG) and Alex Francis (Healthwatch) had sent their apologies to the Select Committee. Tracey Cox was present at the meeting on behalf of Dr Orpen.

79 DECLARATIONS OF INTEREST

Councillor Eleanor Jackson declared an other interest as a member of the Council's Development Management Committee and said that should the subject of the new Hope House Surgery, Radstock arise she would not make any comment.

Councillor Bryan Organ declared an other interest as a member of the Council's Development Management Committee and said that should the subject of the new Hope House Surgery, Radstock arise he would not make any comment.

Councillor Paul May declared an other interest as he is a non-executive Sirona board member.

80 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

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

Richard Samuel, Chairman of the Camden Residents' Association made a statement to the Select Committee on the subject of Air Quality and Public Health. A copy of the statement can be found online as an appendix to these minutes and on the Select Committee's Minute Book, a summary is set out below.

He explained that air pollution is a major killer in the UK and that the Department of Health estimates that 29,000 deaths annually are attributable to it. He added that one of the principle pollutants is nitrous oxides which are largely emitted by diesel motor vehicles.

He said that further health impacts are caused by PM particulates which are too fine to be captured by the nasal passages and lodge in the lungs creating risks of cancer.

He stated that the Director of Public Health has a crucial role in taking an overview of the public health risks associated with air pollution and poor air quality. He added that in March this year that DEFRA and the Department of Health issued guidance to Directors of Public Health concerning their responsibilities in tackling this serious issue.

He said that the last report of the B&NES Director of Public Health was published in 2016 and was largely silent on the question of air quality.

He wished to call on the Select Committee to examine why this clear risk to public health has not in the past formed part of the report. He urged the Select Committee to ensure that air quality becomes a top corporate priority for the Council and that the Health & Wellbeing Board is held accountable for clear actions to reduce the impacts of vehicle pollution.

Councillor Geoff Ward commented that the Environmental Health department would have a monitoring role on air quality.

Bruce Laurence, Director of Public Health agreed that this was an important issue and that his team had a role to play in educating public on avoiding high areas of air pollution. He added that guidelines from NICE (National Institute for Health and Care Excellence) were due soon.

He explained that the Director's report was a 20 page document that provides a summary of a range of topics and that in the next edition there would be a section on air quality.

Councillor Paul May said that all areas of B&NES should be looked at as the levels in Whitchurch were 18% higher than the London Road.

The Chair commented that traffic levels in Salford were also significant.

Councillor Eleanor Jackson said Westfield was the worst polluted area in B&NES and that the Parish Council was looking to address this through their Neighbourhood Plan. She added she felt that one of the main contributing factors were drivers with their engines on when collecting children from school.

The Chair thanked Richard Samuel on behalf of the Select Committee for his statement.

Councillor Eleanor Jackson addressed the Select Committee following concerns raised by Lady Hylton on the employment opportunities for people with Down's Syndrome and Autism. She questioned how many adults with these and other related issues are employed, seeking employment or have faced barriers in gaining employment.

The Director of Integrated Health & Care Commissioning replied that there were clear targets for the CCG and the Council to meet in terms of providing support to people with learning difficulties and that this data was tracked carefully under a focussed strategy.

She suggested that the Select Committee receive a briefing on this subject at a future meeting that also looks at the links to the new models of care coming in.

James Scott, Chief Executive, RUH informed the Select Committee of the work involving young people at the hospital and Project SEARCH which is a programme to help young adults with learning disabilities learn skills necessary for future employment.

He said that of the 61 students that had taken part in Project SEARCH, 45 were now employed with 32 of them at the RUH. He said that these were the most successful figures in Europe.

Councillor Tim Ball wished to highlight the work of Three Ways School and the nearby Sainsbury's in Odd Down. He said that 10 former pupils were still working there with some now in managerial positions.

He also proposed that the Children & Young People Panel be sent the briefing when it had been written.

Councillor Eleanor Jackson spoke to the Select Committee regarding The Potting Shed, Radstock. She said that Sirona don't want to be involved anymore and are reluctant to meet to discuss transition. She added that Virgin Care refuse to talk to the project leaders and think they should just organise themselves. She said however, a donor has paid the rent for the site for the next 12 months. She asked if any guidance could be provided by officers for a way forward.

The Director of Integrated Health & Care Commissioning replied that she was aware that small pots of funding had been used over the years and that good will was still present from the volunteers involved in the project. She added that officers were looking into what can possibly be achieved for the future.

The Chair thanked Councillor Jackson for her statement on behalf of the Select Committee.

82 MINUTES - 25TH JANUARY 2017

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

83 CLINICAL COMMISSIONING GROUP UPDATE

Tracey Cox 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

NHS England and NHS Improvement brought together local health and care leaders at a Discharge Summit last month to review some of the current issues and challenges. Following this, a key action for the RUH and wider community partners is to adopt a system-wide approach to the delivery of Home First. This initiative identifies patients who can be discharged early to be safely cared for by therapy staff in their own homes and assessed for their ongoing care needs.

All CCGs and NHS acute trusts received a letter on 9 March 2017 from Simon Stevens, Chief Executive of NHS England, and Jim Mackey, Chief Executive of NHS Improvement, setting out a series of actions to get A&E performance back on track.

These include:

- Every hospital has a front door streaming model by October 2017 under which GPs and nurses will assess patients to reduce pressure on A&E
- Rollout of weekend and evening GP appointments to 50% of the population by March 2018 rising to 100% by March 2019
- An increase in the number of callers to NHS111 who receive a clinical assessment

Delegated Commissioning

The CCG's application to take over responsibility for the commissioning of primary care services from NHS England has been approved. This new responsibility takes effect from 1 April 2017.

The successful transition to delegated commissioning will rely on continued close working between the CCG and NHS England.

Financial Position

The CCG has regularly reported the rising pressure on its budget caused by the increasing demand for health and care services. We have made considerable efforts

over the last twelve months to reduce our expenditure and whilst we anticipate that we will achieve a balanced financial position by the end of the 2016/17 financial year, we will not be able to deliver the required 1% surplus of £2.3m as required by NHS England.

This will impact on our financial allocation for 2017/18 and financial pressures are set to continue into future years. If we do not make further efficiency savings the funding gap is projected to be £10m in 2017/18, £15m in 2018/19 and rise to a total deficit of £21m in 2019/20.

We are developing a plan to deliver the significant savings required, balancing this with our determination to minimise the adverse impact on patients. The success of this plan will require greater levels of partnership working with local health and care organisations and our GP members. We will also work with our wider stakeholders and patients to identify how we can commission services appropriately to continue providing high quality health services for our local population.

Sustainability and Transformation Plan

Before the end of March, NHS England is expected to announce the next steps for STPs and how some STP areas will be supported to accelerate towards accountable care systems. An accountable care system takes accountability for the delivery of all care and care outcomes for a given population, for a defined period of time, under a contractual arrangement with a strategic commissioner. In doing so it designs and delivers services to best meet the needs of its population and improve health and wellbeing outcomes. In light of the national direction of travel we are giving some thought to how we might evolve local models of care in B&NES in the future into an accountable care system, building upon current arrangements.

Maternity Services Review

The RUH has begun a review of maternity services, seeking the views of women, families, staff, commissioners and the voluntary sector to understand what matters most to patients. The RUH wants to understand what families want from maternity services and what drives the choices they are making in relation to their care and decision-making around where to have their baby. They also need to understand what women feel is good about the current service provision and what they would like to see improved.

The Budget – Implications for Health & Social Care

The recent Budget included a number of announcements that will impact health and social care:

- An extra £2bn in funding for social care across the next three years, with £1bn available in the next year to allow Local Authorities to act now to commission new care packages
- The government will produce a Green Paper to be published in the autumn setting out the options for the future funding of social care

- £325m investment in a small number of STPs which are ready ahead of schedule, to allow the plans to proceed
- Further investment where necessary for other STPs, with a further announcement in the Autumn Budget around a multi-year capital investment programme for the implementation of STPs across England
- £100m investment to place more GPs in accident and emergency departments for next winter to support the establishment of front door streaming (as described in Section 1).

Councillor Tim Ball asked in terms of A&E performance were the people kept waiting over four hours actual emergencies.

Tracey Cox replied all patients are triaged on clinical property and that the figure was a crude statistic to be judged upon. She added that a front door streaming model would assess the appropriateness of where patients should be attending.

James Scott added that the average for a patient to be seen in February was 8 minutes and to receive treatment was 42 minutes. He said that the department was well staffed and was the best performing in the South West.

Councillor Tim Ball commented that he had concerns over the rollout of weekend and evening GP appointments and queried how many GPs were retiring or leaving because of this.

Tracey Cox replied that it was not about all practices being open and that plans were still being developed. She said that additional capacity could also be found in GP Hubs.

Councillor Tim Ball said in regard to Delegated Commissioning that he would not want to see progressive GPs have their work curtailed.

Tracey Cox replied that this work would not force GPs to change their direction of travel and that it would support practices to be sustainable.

Councillor Geoff Ward asked how much did the CCG contribute to the NHS England Action Plan.

James Scott replied that they attended an Emergency Care Conference where the Plan was discussed at an STP level. He said that one of the key elements being pursued was the Urgent Care Centre at the RUH which is run by local GPs in a similar model that has been successful in Luton and Blackpool.

Councillor Paul May said that the quality of service within A&E was paramount. He added that he supported the GP commissioning work and that specialisms should be looked for within specific practices.

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

84 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.

Motor Neurone Disease (MND) Charter

The MND Charter is a statement of the respect, care and support that people living with MND, and their carers, deserve and should expect. The Charter was launched by the MND Association in March 2016 and was created to raise awareness and campaign to improve services at a local level.

Councillors can play a vital role in supporting people living with MND and their carers and can influence the planning of services that those living with the disease rely on in our local community (i.e. social care, housing adaptations, carers assessments, health care, public transport). So far, 37 councils have adopted the MND Charter and by adopting the Charter in B&NES, we can publically demonstrate our support.

As the Cabinet Member for Adult Social Care & Health I am seeking the Select Committee's support and endorsement for adoption of the MND Charter.

Capital Grant for the Purchase of a Drug and Alcohol Recovery House

Developing Health and Independence (DHI) successfully bid for £750,000 of national funding from Public Health England to buy an 11-bed drug and alcohol house currently leased from Knightstone Housing. DHI are funding the balance of the purchase price and all on-going running costs. No costs will be borne by the Council.

B&NES Council supported the bid.

The house is used to provide a safe and secure environment for B&NES residents who need a residential dry-house environment to enable them to overcome drug and alcohol dependence.

A Memorandum of Understanding has been agreed between the Council and DHI to safeguard the premises in perpetuity for this use and ensure the continuation of an important local service.

Developments in the Domestic Abuse Housing Related Support Sector

After a procurement process the contract for Domestic Violence Refuge and Resettlement services has been awarded to Julian House. The service will provide 10 beds of refuge space in Bath and support for women and children leaving the hostel to resettle in their own accommodation for up to 6 months. This support will help ensure that the women and children are settled, safe and linked into community services and support networks that they need to continue their recovery from the effects of domestic abuse.

By recommissioning this service, we will deliver better value and have therefore been able to release £30,000 p.a. which will be invested in the Serena House

Complex Needs Domestic Abuse Refuge service for women and men. This service which is based in Keynsham and Midsomer Norton, was set up in partnership with Curo, DHI and Julian House with an initial investment of £100,000, secured via grant funding following a successful bid to the Government's Domestic Abuse Fund in 2015.

In February 2017, in response to a successful bid, B&NES was awarded £100,000 from DCLG's Violence Against Women and Girls' fund to set up an 'Enhanced Advice and Resettlement Service for Domestic Abuse'. This project will lead to better outcomes and experience of services for clients affected by domestic abuse.

The funding will be used to employ a specialist Domestic Abuse Housing Advisor in the B&NES Housing Options and Homelessness team, and a partnership/resettlement worker will be employed by Julian House to support domestic abuse clients who are moving back into and out of B&NES from neighbouring Local Authorities.

The Budget

B&NES is due to receive an extra £5.6m in funding for adult social care across the next three years following an announcement at the recent Budget.

Guidance on the use of the funding is expected later this month from the Department of Health as demand continues to grow.

The Director of Integrated Health & Care Commissioning stated the funding was non-recurring and should be used to best effect to achieve sustainability.

Councillor Pritchard informed the Select Committee that Andrea Morland had recently passed away. He spoke of how she had led the Mental Health Team with such strength and said that she was a 'truly exceptional lady'.

Councillor Paul May proposed that the Select Committee send their condolences to her family.

The members of the Select Committee agreed with this proposal and gave their support for the adoption of the MND Charter.

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

85 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.

Weight

Public Health England have done a tracking study from the NCMP (National Child Measurement Programme) of about 34,000 children in 4 Local Authorities showed what happened in Year 6 of children of different weights in reception.

- For the 28,092 children who were a healthy weight in Reception the vast majority remained a healthy weight by Year 6 (77% girls, 73% boys). However, around a tenth of children who were a healthy weight in Reception became obese.
- For the 3,128 children who were overweight in Reception 31% remained overweight, 30% became obese and 13% severely obese by Year 6. However, just under a third (27%) returned to a healthy weight.
- For the 722 children who were underweight in Reception the vast majority (77% boys, 68% girls) gained a healthy weight by Year 6. Just 31% girls and 21% boys remained underweight

Tobacco Control

B&NES Public Health and 8 other local authorities in the South West are jointly funding work with the South West Trading Standards Regional Enforcement Team (SWRET) which aims to reduce illicit supply and demand of tobacco, increase compliance with regulations on marketing and prevent underage sales.

Local area trading standards and public health teams will work with the regional intelligence team to raise awareness of illegal tobacco in local communities, increase local intelligence and take enforcement action where necessary.

Health Champions

The Councils' Organisational Development Action Plan for 17/18 includes the key objective to develop a network of champions for health and wellbeing and to use management information and data to promote initiatives that encourage healthy life styles and productivity.

We are currently recruiting up to 12 Health Champions from across all departments of the Council. These champions will be given accredited training, support and a small budget to work with their team to promote staff health and wellbeing

ASIST – Suicide Prevention

In 2016 B&NES alongside the six other local authorities in the AGW Public Health area received funding to deliver ASIST (Applied Suicide Intervention Skill Training). This money from Public Health England covered the cost of additional training for

two BANES trainers both of whom already have considerable mental health experience as employees from AWP and DHI, as well as the delivery of a two year programme of delivery for frontline staff working in the BANES area.

ASIST training provides an evidenced based approach to supporting a person who is experiencing suicidal thoughts with an emphasis on getting them to a place of safety. At the end of year one 88 members of staff have completed the 2 day ASIST training with the majority working in adult services and from a range of organisations. These include Council workers, Avon Wiltshire Partnership, educational settings, police , Sirona and a range of third sector organisations . The training for 2017/18 is now fully booked reflecting high demand for support and training around this sensitive issue. A full evaluation of the training programme and a plan for sustaining training based support will be available towards the end of the programme.

Domestic Abuse - Funding

£100k has been secured from DCLG for an enhanced domestic abuse resettlement service over two years. This will provide support for survivors moving on from local temporary or supported accommodation to their own place either locally or in neighbouring areas. It will offer resettlement support for up to 6 months. The funding will also provide training for supported housing staff in B&NES.

Councillor Lin Patterson asked if the Public Health department worked in co-ordination with the Transport department.

Dr Bruce Laurence replied that there was a level of co-ordination between the two departments and that they share good practice and have worked together on Air Quality Management Plans. He added that discussions also take place when transport schemes are proposed.

Councillor Geoff Ward said that he thought that the right initiatives were in place and that the decision to bring Public Health back under the umbrella of the Council was proving its worth. He stated that he felt that Public Health should be at the centre of the majority of decisions that are made.

Councillor Lin Patterson asked if any statistics were available relating to patients with respiratory disease living in areas of high level air pollution.

Dr Bruce Laurence replied that some postcode level data was available, but said that it was not always able to be proven. He said that he would bring some information back to a subsequent meeting of the Select Committee.

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

86 HEALTHWATCH UPDATE

The Chair announced that no report was available on this occasion.

87 RUH STRATEGIC PLAN

James Scott, RUH Chief Executive introduced this item through the form of a presentation. A copy can be found on the Minute Book and as an online appendix to these minutes, a summary is set out below.

GP Referral Map

He showed Members a map that clearly displayed that the majority of referrals from GP practices in B&NES were to the RUH and that only Chew was the exception to this. He said that although this made the RUH a busy site he had no interest in changing referral patterns.

The RUH Site

He described the RUH as a 'District General Hospital, with attitude'. He said that amongst other services available were the diagnosis and treatment of Cancer, Radiotherapy and a Dementia research project.

He said that he wished to applaud the good work of the CCG that allows patients from Wilshire and Somerset to be treated there and that he planned to develop services for the local population.

Cardiac MRI

Most advanced form of heart imaging.

One scan – look for:

- Heart function
- Valve disease
- Heart attacks
- Reduced flow
- Inflammation

Service started 2014 – 381 scans have been carried out

Prior to 2014 patients had to go to Bristol or Oxford.

Endo Bronchial Ultra Sound (EBUS)

Procedure for sampling lymph nodes

Using bronchoscope with an ultrasound probe

RUH diagnosed 230 people/year with lung cancer (second highest in cancer network)

Hyper Acute Stroke Unit

Provide Thrombolysis (clot busting) service 24/7;

Treat a significant number of patients each year;

Patients admitted to a Stroke Unit are:

- More likely to survive the stroke;
- More likely to make a full recovery from the stroke;
- More likely to return to own home

Primary Percutaneous Coronary Intervention (PCI)

Current gold standard treatment for heart attacks;

Service started in 2010;

Current provision is:

- 24/7 networked service with Bristol Heart Institute (BHI);
- 07:00 to 19:00 Mon-Fri at RUH;
- Outside of this, at BHI;

Most important process measure is Door to Balloon time;

All RUH individual Consultant outcome data submitted nationally & compares well.

Councillor Paul May said that it was important to Councillors and the local community to understand any possible tensions from hospitals within Bristol to the RUH and the role the Select Committee can play through the STP process and devolution.

James Scott replied that clinical relationships are strong and that already a great number of patients flow into the RUH from Wiltshire. He added that although Health did not form this first round of devolution work he said that he would take steps to protect the RUH in any subsequent part of the process.

Councillor Eleanor Jackson explained that she was a patient at six clinics within the RUH and all of them have different ways of corresponding.

James Scott replied that he had already challenged the team involved with the records system to adapt it to one of uniformity.

Councillor Paul May asked if the RUH had any links to the local universities.

James Scott replied that it had many, across numerous departments.

The Chair thanked him for attending and the presentation on behalf of the Select Committee.

88 UPDATE ON THE TRANSFER OF SERVICES FROM THE RNHRD TO THE RUH (RHEUMATOLOGY, THERAPIES, BIOLOGICS AND CLINICAL MEASUREMENT)

Clare O'Farrell, Associate Director for Integration, RUH introduced this report to the Select Committee. She explained that there will be no change in the level of service provision for patients of the RNHRD Rheumatology and Rheumatology Therapies services. She stated that the same range of outpatient services will be provided at the new RNRHD and Therapies Centre and patients will continue to be seen and treated by the same team to the same high standards, only the location will change.

She added that there is no impact on patient choice, as relocating the service does not reduce the number of appointments or clinics available. Inpatient beds and residential beds will still be provided.

She said that the RUH has good public transport links and is accessible via the Odd Down Park and Ride. She stated that the RUH provides over 350 visitor and patient spaces across the site, and around 100 blue badge spaces. She informed the Select Committee that there is no patient or visitor parking available at the Mineral Water Hospital site other than two Blue Badge parking spaces, so for some patients the proposed new location will be easier to access due to the availability of onsite parking.

She spoke of how the Trust had held an engagement event where attendees had the opportunity to meet with clinicians, hear more about the new RNHRD and Therapies Centre, provide feedback on plans to relocate and have any further questions answered.

She said that the overall tone of the day was positive; participants were grateful for the opportunity to learn more about the planned new centre, appreciated hearing directly from clinicians, welcomed the opportunity to ask questions and ultimately felt reassured that the same services would continue, provided by the same team.

She explained that the next phase of PPE activities relate to proposals to relocate the RNHRD's Bath Centre for Fatigue Service (BCFS) and Pain Management services. Planning is underway to launch PPE activities for the BCFS in March 2017.

Councillor Geoff Ward said that he supported the proposals within the report.

Councillor Lin Patterson asked if in the new arrangements to be proposed for Fatigue and Pain Management the provision would remain the same.

Clare O'Farrell replied that retention of the same services is planned.

Councillor Paul May said that he felt that the work carried out so far regarding the transfer of services was exemplary.

Councillor Eleanor Jackson asked for better provision of buses to the site with wheelchair accessibility and spaces to sit once on board.

The Select Committee **RESOLVED** to:

- i) Note the outcome of the impact assessments and patient and public engagement activities which provided opportunities for patients, staff, stakeholders and the public to provide feedback on the proposed move, and which confirmed that the effects of this change are considered minimal and that there are a number of positive aspects to the change, for current and future patients.
- ii) Endorse the proposal to relocate the RNHRD Rheumatology and Rheumatology Therapies services from the Mineral Water Hospital site to a purpose built RNHRD and Therapies Centre on the RUH's Combe Park site.

89 COMMUNITY PHARMACIES IN B&NES

Paul Scott, Assistant Director of Public Health introduced this item to the Select Committee. Also in attendance were Joe Prince, Senior Public Health Research and Intelligence Officer, Jerry Long, Avon Local Pharmaceutical Committee (LPC) and Ben Holbrook, Larkhall Pharmacy.

He explained that the new contract had been implemented from October 2016 and a national representative body for NHS community pharmacy (the Pharmaceutical Services Negotiating Committee) had expressed concern about a potential national reduction of £113 million in funding in 2016/17 (a reduction of 4% compared with 2015/16), increasing to an overall 7.5% reduction compared with current levels during 2017/18.

He said that in recognising the risks to some pharmacies, the Department of Health have included a component of the new contract (the Pharmacy Access Scheme) that allows for some protection against these losses for pharmacies that are:

- More than a mile away from its next nearest pharmacy (measured by road distance)
- Is on the pharmaceutical list as at 1 September 2016; and
- Is not in the top 25% largest pharmacies by dispensing volume.

He stated that local pharmacies are largely funded by NHS England and that if a pharmaceutical company wishes to open a new premises, they need to make an application to NHS England to do this. He explained that unless there was a significant gap identified in the Pharmaceutical Needs Assessment (PNA), then it was very unlikely that NHS England would approve a new pharmacy application.

Jerry said that these were savage cuts that, according to Government figures could see 3,500 pharmacies in England close, with around 8 – 10 in B&NES.

Ben Holbrook said within his pharmacy a staffing restructure had already taken place and that it was dependent on funding from NHS England. He added that he would like to see a Minor Ailments Service introduced as he felt that around 15 times a day his pharmacy saves people from having to see a GP.

Joe Prince informed the Select Committee that assessing the need for, and supply of, local pharmacy provision is done through a statutory process by the B&NES Health and Wellbeing Board. It must undertake a PNA every three years, with the next one due in 2018.

Councillor Tim Ball said that he was concerned over the possible staff reductions at pharmacies and that this could be a danger for the public.

Ben Holbrook replied that a Pharmacist would always have to be present, but that at his pharmacy the Main Counter Assistant was now part time and this meant that Cholesterol and Diabetes checks were not always possible.

Councillor Eleanor Jackson how could local pharmacies be preserved and whether co-location within a premises such as a Post Office were possible.

Jerry replied that one pharmacy in Chew Magna was considering a co-location option. He added that a professional outlook would need to be maintained for pharmacy services at such a premises.

Ben Holbrook encouraged the public to use the services available at their local pharmacy to highlight their worth.

Councillor Lin Patterson asked how the demographic and geographic needs of particular areas be emphasised.

Joe Prince replied that feedback is provided through the Pharmaceutical Needs Assessment.

Councillor Vic Pritchard, Cabinet Member for Adult Social Care & Health said that pharmacies have a principle role in the preventative agenda and that he believed they have a large role to play in the future.

Ben Holbrook said that pharmacies had been integral in the success of the Sexual Health Prevention Clinics.

Councillor Paul May proposed that the Cabinet Member raise this matter with the Health & Wellbeing Board.

The Select Committee **RESOLVED** to;

- i) Note the potential impacts to local community pharmacy.
- ii) Note the process followed by the Health and Wellbeing Board for assessing any local gaps in provision.
- iii) Ask that the Cabinet Member raise this matter with the Health & Wellbeing Board.

90 SAFEGUARDING & QUALITY ASSURANCE

The Head of Safeguarding & Quality Assurance introduced this report to the Select Committee. She informed them that from 1st April 2017 Virgin Care will be responsible for managing safeguarding concerns regarding adults with care and support needs; however, AWP will continue to manage concerns relating to individuals with mental ill health in the same way they do currently.

She added that the Local Authority team are responsible for chairing the Safeguarding Adult meetings and AWP and Virgin Care will administer and coordinate the cases.

She stated that safeguarding is embedded in all services that are within the scope of Your Care Your Way. The overarching contract with Virgin Care has a specific safeguarding schedule which includes health and social care safeguarding requirements.. There is also a specific specification about Statutory Adult Social Care functions and this includes details about safeguarding.

She said that agencies which are part of the dynamic purchasing system the safeguarding schedule will also apply. This provides the Local Authority, BaNES NHS CCG, LSCB and LSAB assurance that safeguarding responsibilities are clearly and consistently articulated for all agencies commissioned under Your Care Your Way.

She explained that the LSCB and LSAB Annual Reports and business plan are shared with Scrutiny Panels and the Health and Wellbeing Board. She added that within the Annual Reports all partner agencies complete an account of how they are performing with the Board indicators and what their agencies are doing to ensure the safeguarding of children and or adults.

She informed them that the Multi-Agency Safeguarding Hub (MASH) provides the Boards with further assurance that children and adults at risk are not being missed. It does this by gathering information from a number of agencies about cases the Local Authority and Sirona care and health have a concern about but on the information first received are not confident the threshold for safeguarding intervention has been reached. By taking an enhanced look through gathering information from more sources a more effective decision can be made as to how to proceed and whether safeguarding is in fact required.

Councillor Lin Patterson asked who has responsibility for safeguarding within Academies.

The Head of Safeguarding & Quality Assurance replied that this would be done by the Academies themselves as the Local Authority has no right to attend. She added that they are required to complete a Section 175 Self-Assessment which the Governors have to sign off. She said that if staff have concerns they can report it to the LADO (Local Authority Designated Officer). She said that the Child Protection Forums are well attended by the majority of schools and academies.

The Select Committee **RESOLVED** to note the safeguarding assurance arrangements the Local Authority has in place.

91 YOUR CARE YOUR WAY UPDATE

Sue Blackman and Jayne Carroll 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 update is set out below.

Safe Transfer

- A Safe Transfer Group is in place and working alongside Virgin Care.
- Important that there is no change seen by patients and staff on April 1st

Managing Sirona Staff Transfer / Induction

- Positive feedback from Sirona staff
- Consultation complete
- Management Briefings prior to transfer

- Arrivals information sent to all colleagues
- Arrivals events in April & May for all colleagues to attend

Safe Transfer - Day 1 to 100

- Day 1 Readiness plan
- Our 100 day plan
- Finalising our transformation plan through feedback from our Arrival Events
- Virgin Care Ambassadors in attendance from April 1st

Councillor Paul May requested that the Select Committee receives regular updates on this matter from the Director of Integrated Health & Care Commissioning.

The Director of Integrated Health & Care Commissioning agreed with this request and confirmed that it would be a standing item on the agenda for the Select Committee until further notice.

Following on from the earlier discussion relating to the Potting Shed, Radstock she said that an officer had spoken with Bath MIND and had established that the funding had not ceased and that there was to be further talks on how the funding should be used.

92 SELECT COMMITTEE WORKPLAN

The Select Committee **RESOLVED** to approve their workplan as printed.

The meeting ended at 2.10 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services

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Health and Wellbeing Panel
22nd March 2017

- Air pollution is a major killer in the UK. The Department of Health estimates that 29000 deaths annually are attributable to air pollution equivalent to a loss of population life of 340000 life years.
- One of the principle pollutants are nitrous oxides which are largely emitted by diesel motor vehicles.
- Further health impacts are caused by PM particulates which are too fine to be captured by the nasal passages and lodge in the lungs creating risks of cancer.
- The Government after considerable pressure from the EU and after legal action against it has finally begun to take action.
- Directors of Public Health have a crucial role in taking an overview of the public health risks associated with air pollution and poor air quality.
- In March this year DEFRA and the Dept of Health issued guidance to Directors of Public Health concerning their responsibilities in tackling this serious issue.
- The last report of the Director of Public Health on the health of Bath and North East Somerset was published in 2016.
- The report is largely silent on the question of air quality particularly air quality in Bath.
- I am calling on this panel to examine why the clear risk to public health posed by vehicle emissions and resultant air quality has not in the past formed part of the reporting of the Director.
- I urge the panel to ensure that air quality becomes a top corporate priority for the Council and that the Health and Wellbeing Board is held accountable for clear actions to reduce the impacts of vehicle pollution in Bath.

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Briefing for the Health and Wellbeing Select Committee Meeting

Wednesday 22 March 2017

1. A&E performance

Local system performance against the four hour target continues to fall significantly below the national standard. In February, 79.2% of patients were seen within four hours at the Royal United Hospitals Bath NHS Foundation Trust (RUH), against a target of 95%. The unsatisfactory performance is the result of poor flow and delays created when patients are ready to leave an acute setting but are waiting for a residential or nursing placement, package of care or a community hospital bed.

NHS England and NHS Improvement brought together local health and care leaders at a Discharge Summit last month to review some of the current issues and challenges. Following this, a key action for the RUH and wider community partners is to adopt a system-wide approach to the delivery of Home First. This initiative identifies patients who can be discharged early to be safely cared for by therapy staff in their own homes and assessed for their ongoing care needs.

All CCGs and NHS acute trusts received a letter on 9 March 2017 from Simon Stevens, Chief Executive of NHS England, and Jim Mackey, Chief Executive of NHS Improvement, setting out a series of actions to get A&E performance back on track.

These include:

- Every hospital has a front door streaming model by October 2017 under which GPs and nurses will assess patients to reduce pressure on A&E
- Improve access to clinical advice to people in care homes
- Implement response of national ambulance response programme
- Rollout of weekend and evening GP appointments to 50% of the population by March 2018 rising to 100% by March 2019
- An increase in the number of callers to NHS111 who receive a clinical assessment
- 30% of funding for Sustainability and Transformation to be subject to acute trusts achieving a 90% performance target (four hour wait) by September and 95% by March 2018.

We anticipate these requirements will need to be incorporated into revised service improvement plans overseen by each A&E Delivery Board.

2. Delegated Commissioning

The CCG's application to take over responsibility for the commissioning of primary care services from NHS England has been approved. This new responsibility takes effect from 1 April 2017. Delegated commissioning should support:

- The development of clearer, more joined-up visions for primary care, aligned to wider CCG and Sustainability and Transformation Plans for improving health services
- Improved access to primary care
- Improved quality of care being delivered to patients
- Improved CCG relationships with member practices, including greater local ownership of the development of primary care services
- Increased clinical leadership in primary care commissioning, enabling more local decision making
- Greater involvement of patients in shaping services
- A more sustainable primary care system for the future

The successful transition to delegated commissioning will rely on continued close working between the CCG and NHS England.

3. Financial Position

The CCG has regularly reported the rising pressure on its budget caused by the increasing demand for health and care services. We have made considerable efforts over the last twelve months to reduce our expenditure and whilst we anticipate that we will achieve a balanced financial position by the end of the 2016/17 financial year, we will not be able to deliver the required 1% surplus of £2.3m as required by NHS England.

This will impact on our financial allocation for 2017/18 and financial pressures are set to continue into future years. If we do not make further efficiency savings the funding gap is projected to be £10m in 2017/18, £15m in 2018/19 and rise to a total deficit of £21m in 2019/20.

Our priority is maintaining safe, high-quality health and care services for the local population. We perform well against most NHS Constitution targets and achieve good levels of satisfaction for patient experience. However there are some difficult choices to be made to help us achieve longer term financial sustainability.

We are developing a plan to deliver the significant savings required, balancing this with our determination to minimise the adverse impact on patients. The success of this plan will require greater levels of partnership working with local health and care organisations and our GP members. We will also work with our wider stakeholders and patients to identify how we can commission services appropriately to continue providing high quality health services for our local population.

4. Sustainability and Transformation Plan

Before the end of March, NHS England is expected to announce the next steps for STPs and how some STP areas will be supported to accelerate towards accountable care systems. An accountable care system takes accountability for the delivery of all care and care outcomes for a given population, for a defined period of time, under a contractual arrangement with a strategic commissioner. In doing so it designs and delivers services to best meet the needs of its population and improve health and wellbeing outcomes. In light of the national direction of travel we are giving some thought to how we might evolve local models of care in B&NES in the future into an accountable care system, building upon current arrangements.

There are plans for further engagement with patients, carers and other stakeholders to support the further development of STP proposals. This was due to begin in February but this has been pushed back to later in the spring. Many of the STP partner organisations have their own local programmes of public engagement about a wide range of health and care matters. This engagement is in line with wider STP plans and more details are available on individual organisation websites. There will not be any service changes undertaken, locally in B&NES or across the wider STP area, without engaging with patients, carers and other key stakeholders first.

5. Maternity Services Review

The RUH has begun a review of maternity services, seeking the views of women, families, staff, commissioners and the voluntary sector to understand what matters most to patients. The RUH wants to understand what families want from maternity services and what drives the choices they are making in relation to their care and decision-making around where to have their baby. They also need to understand what women feel is good about the current service provision and what they would like to see improved.

There are a number of national and local reasons why this review is taking place including ensuring the RUH is able to respond to:

- The Morecombe Bay investigation (Kirkup 2016) which detailed failings in that Trust's maternity service
- The national maternity review "Better Births: Improving outcomes of maternity services in England. A five year forward view for maternity care" (2015)
- The independent inquiry into the safety of maternity services Kings Fund (2008)
- Responding to learning outcomes of national reports and best practice.
- The RUH CQC report (2016).
- A RUH "birth in the community" focus day held in 2015.
- The service development ambition detailed in the tender document for maternity services (2014).

The review will be undertaken in four phases:

1. Informal patient and public engagement to understand what women and families, and staff, want from our maternity services.
2. Formal patient and public engagement presenting options for service change, based on the feedback received during the informal phase.
3. Agreement of changes to the service by the Trust's Management Board and Board of Directors. This phase will also include feedback to stakeholders in the form of "you said, we did" communications.
4. Consultation with staff on any change to working practices as a result of the agreed changes (if required).

A number of face to face meetings with different stakeholder groups are being held and patients can also feedback comments via an online survey. More details about how to get involved can be found on the RUH's website.

6. The Budget – Implications for Health & Social Care

The recent Budget included a number of announcements that will impact health and social care:

- An extra £2bn in funding for social care across the next three years, with £1bn available in the next year to allow Local Authorities to act now to commission new care packages
- The government will produce a Green Paper to be published in the autumn setting out the options for the future funding of social care
- £325m investment in a small number of STPs which are ready ahead of schedule, to allow the plans to proceed
- Further investment where necessary for other STPs, with a further announcement in the Autumn Budget around a multi-year capital investment programme for the implementation of STPs across England
- £100m investment to place more GPs in accident and emergency departments for next winter to support the establishment of front door streaming (as described in Section 1).

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

Health & Wellbeing Select Committee March 2017

1. Motor Neurone Disease (MND) Charter

The MND Charter is a statement of the respect, care and support that people living with MND, and their carers, deserve and should expect. The Charter was launched by the MND Association in March 2016 and was created to raise awareness and campaign to improve services at a local level.

There is a lack of knowledge and understanding of MND, particularly amongst decision makers and social care professionals, which can lead to those living with MND experiencing difficulty in accessing the services they need.

The MND Charter has five core values -

- 1) the right to early diagnosis and information;
- 2) the right to access quality care and treatments;
- 3) the right to be treated as individuals with dignity and respect;
- 4) the right to maximise their quality of life; and
- 5) carers of people with MND have the right to be valued, respected, listened to and well supported.

Many decisions about services used by people with MND (i.e. social care, housing adaptations, support for carers) are made at a local level by Councillors and it is important that they are mindful of the needs of those living with the disease. The MND Association are urging Councils to adopt the Charter which will mean that we would be committed to:

- 1) promoting the Charter as widely as possible;
- 2) sharing promotional materials with Councillors, Council staff and health and social care professionals; and
- 3) considering other ways of working together to support people with MND.

Councillors can play a vital role in supporting people living with MND and their carers and can influence the planning of services that those living with the disease rely on in our local community (i.e. social care, housing adaptations, carers assessments, health care, public transport). So far, 37 councils have adopted the MND Charter and by adopting the Charter in B&NES, we can publically demonstrate our support.

As the Cabinet Member for Adult Social Care & Health I am seeking the Select Committee's support and endorsement for adoption of the MND Charter.

2. Capital Grant for the Purchase of a Drug and Alcohol Recovery House

Developing Health and Independence (DHI) successfully bid for £750,000 of national funding from Public Health England to buy an 11-bed drug and alcohol house currently leased from Knightstone Housing. DHI are funding the balance of the purchase price and all on-going running costs. No costs will be borne by the Council.

B&NES Council supported the bid.

The house is used to provide a safe and secure environment for B&NES residents who need a residential dry-house environment to enable them to overcome drug and alcohol dependence.

The bid was successful because it demonstrated value for money and client outcomes:

- The drug and alcohol dry house is a cost effective option, saving B&NES Council and the Royal United Hospital (RUH) an estimated £150,000 per annum (it costs approximately £180 per week per detoxification bed as opposed to £1,000+ per week in an in-patient facility, or £500 per night in the RUH). This excludes savings to the criminal justice system; primary care; adult social care; housing and other statutory services.
- Housing is a fundamental building block for those who wish to overcome dependency and make a full and sustained recovery in the community. Recovery provides the foundation from which people can enter and continue in education, training or employment, move onto secure housing and avoid re-offending. Between 2011-15 119 clients were supported in the dry house. 70% of clients exit the dry-house abstinent from drug/alcohol and successfully move on to independent living. (Typical success rates for residential rehabilitation units range from 20-60%.)

A Memorandum of Understanding has been agreed between the Council and DHI to safeguard the premises in perpetuity for this use and ensure the continuation of an important local service.

3. Developments in the Domestic Abuse Housing Related Support Sector

Lots of work has been taking place recently in the Domestic Abuse Housing Related Support Sector and there are a number of developments that we would like to highlight:

Domestic Violence Refuge Services in Bath – a new Service Provider has been appointed.

After a procurement process with an assessment panel that included representation from Children Early Help and Prevention, Probation Services, Housing Team and Crime and Partnership team, we have awarded the contract for Domestic Violence Refuge and Resettlement services to Julian House. The commission will provide 10 beds of refuge space in Bath and support for women and children leaving the hostel to resettle in their own accommodation for up to 6 months. This support will help ensure that the women and children are settled, safe and linked into community services and support networks that they need to continue their recovery from the effects of domestic abuse. The handover process is progressing well and the current provider, Next Link, is working with Julian House for a smooth handover.

The Women's Refuge charity shop on Walcot Street was offered as part of this opportunity as Next Link previously ran it. Julian House will be setting up 'My Sister's Closet' – a charity shop with a focus on selling 'pre-loved' goods for women and children in particular, and the profits from the shop will contribute to the cost of trips and activities for the children in the refuge and welcome packs of toiletries for women who arrive with no belongings. Julian House has some great ideas around using the shop as a better resource and to offer work experience for women in the community as well as the refuge. It has been in contact with the current volunteers and looks forward to getting the shop spruced up using decorators from the Julian House social enterprise handyman service.

By recommissioning this service, we will deliver better value and have therefore been able to release £30,000 p.a. which will be invested in the Serena House Complex Needs Domestic Abuse Refuge service for women and men. This service which is based in Keynsham and Midsomer Norton, was set up in partnership with Curo, DHI and Julian House with an initial investment of £100,000, secured via grant funding following a successful bid to the Government's Domestic Abuse Fund in 2015.

More New Funding Secured for Domestic Abuse

In February 2017, in response to a successful bid, B&NES was awarded £100,000 from DCLG's Violence Against Women and Girls' fund to set up an 'Enhanced Advice and Resettlement Service for Domestic Abuse'. This project will lead to better outcomes and experience of services for clients affected by domestic abuse. It will focus on preventing and reducing homelessness due to domestic abuse, building better partnerships with neighbouring Local Authorities and improving knowledge of and practice around domestic abuse across service areas.

The funding will be used to employ a specialist Domestic Abuse Housing Advisor in the B&NES Housing Options and Homelessness team, and a partnership/resettlement worker will be employed by Julian House to support domestic abuse clients who are moving back into and out of B&NES from neighbouring Local Authorities. This funding is awarded for 2016/17-2017/18 and the project will be tasked with establishing and embedding new ways of working that reflect best practice across Housing, Health, Social Care and neighbouring Local Authorities so that it brings about system change that improves outcomes for people (women, children and men), affected by domestic abuse and homelessness.

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Public Health update for the Health Select Committee. March 2017

1. Weight... (but don't wait too long!).

- a. PHE have done a tracking study from the NCMP (Nat. child measurement programme) of about 34,000 children in 4 LAs showed what happened in Yr 6 of children of different weights in reception.



For the 28,092 children who were a **healthy weight** in Reception:

The vast majority remained a healthy weight by Year 6 (77% girls, 73% boys).



However around a tenth of children who were a healthy weight in Reception became obese; although a small proportion, this represents a large number of children.

● Underweight ● Healthy weight ● Overweight ● Obese ● Severely Obese
(% rounded to nearest 10%, calculated using UK90 clinical cut points)



For the 3,128 children who were **overweight** in Reception:

31% remained overweight, around 30% became obese, and 13% severely obese by Year 6 (a total of over 40% obese or severely obese).



However, just under a third (27%) returned to a healthy weight.

● Underweight ● Healthy weight ● Overweight ● Obese ● Severely Obese
(% rounded to nearest 10%, calculated using UK90 clinical cut points)

For the 722 children who are **underweight** in Reception:

The vast majority (77% of boys, 68% of girls) gained a healthy weight by Year 6.



Just 31% girls and 21% boys remained underweight

● Underweight; ● Healthy weight; ● Overweight; ● Obese; ● Severely Obese
(% rounded to nearest 10%, calculated using UK90 clinical cut points)

So the moral of the story... to no one's surprise... is start as you mean to go on. ...Except for the underweight group most of whom will become a health weight by year 6.

b. NHS Diabetes Prevention Programme

8000+ people with diabetes

15,800 estimated to have "pre-diabetes".

By current trends in 2034 10% of adults will have diabetes 9prediction health warning... may be some technical fixes to this by then?).

Pre diabetes is defined on the basis of HbA1c or Fasting Plasma Glucose. This is not uncontroversial both on grounds of predictive accuracy and "medicalisation".

A partnership has been made between NHS England, Public Health England and Diabetes UK to offer a free, evidence-based lifestyle behavioural programme to people identified as being at high risk of developing Type 2 diabetes Wave 2 being implemented. Will be available across England by 2020

New Provider for B&NES : Reed Momenta. Programme was planned and will be delivered across STP footprint.

The intervention consists of a free, nine month community-based behaviour change programme. 18 group-based sessions for up to 20 people.

This it is quite intensive compared to our usual weight management programmes.

c. Sugar Smart £££.

Our Sustainable Food Cities Grant has been successful and we will be awarded £5000 to support the Sugar Smart Campaign for Bath and North East Somerset. This is our local development of a national campaign to combat obesity, diabetes and dental disease by focusing on reducing unnecessary sugar from the diet.

d. Food Poverty JSNA

The Council has published new Food Poverty Data on its Joint Strategic Needs Assessment. This can be found on the JSNA website and includes pages on:

- Food Poverty overview
- Barriers to Healthy Eating – Financial Factors
- Barriers to Healthy Eating – Physical Factors
- Barriers to Healthy Eating – Social Factors

2. Tobacco control: Disrupting the Supply of Illicit Tobacco

Illicit tobacco is cheap and therefore more easily available to children, unscrupulous about who buys it, and non-contributory to Mr. Hammond's piggy bank. Buying it also funds organised criminal activities and its products may be add extra dangers to those intrinsic to smoking and may not have safety warnings.

B&NES Public Health and 8 other local authorities in the South West are jointly funding work with the South West Trading Standards Regional Enforcement Team (SWRET) which aims to reduce illicit supply and demand of tobacco, increase compliance with regulations on marketing and prevent underage sales.

The project will use an intelligence led approach, specifically targeting areas (wards) or populations with high smoking prevalence rates, deploying a variety of tactics to disrupt the supply of illicit tobacco. Local area trading standards and public health teams will work with the regional intelligence team to raise awareness of illegal tobacco in local communities, increase local intelligence and take enforcement action where necessary.

3. Health Champions

The Councils' Organisational Development Action Plan for 17/18 includes the key objective to develop a network of champions for health and wellbeing and to use management information and data to promote initiatives that encourage healthy life styles and productivity.

We are currently recruiting up to 12 Health Champions from across all departments of the Council. These champions will be given accredited training, support and a small budget to work with their team to promote staff health and wellbeing

4. Water inspection & water testing with a focus on lead

Lead in water is a reducing risk both because houses have not been fitted with lead pipes since the 1960s (along with any refurbished premises) and because phosphate added to water stabilises lead that is in the system. However there can still be cases of above agreed safe levels.

As part of Wessex Water's & Bristol Water's commitment to ensure safe and wholesome drinking water, and as a response to certain directives, they carry out a number of tests and inspections at properties and premises across the region each year, including at schools and other educational establishments. A series of these tests and inspections will be carried out in the B&NES area over the next 12 months in all early years' establishments (excluding childminders), primary and secondary schools. The scope of the visits will include; identifying and testing the first point of consumption to see if it is compliant with the Water Supply (Water Quality) Regulations, a whole site fittings inspection and to facilitate the removal of lead pipes if present.

A small group of B&NES Council officers have been working with the water companies on this project to ensure that their approaches are coordinated and consistent, risk based and an agreed communications approach is in place should an establishment need lead pipes replacing etc.

5. ASIST Suicide prevention

In 2016 BANES alongside the six other local authorities in the AGW Public Health area received funding to deliver ASIST (Applied Suicide Intervention Skill Training). This money from Public Health England covered the cost of additional training for two BANES trainers both of whom already have considerable mental health experience as employees from AWP and DHI, as well as the delivery of a two year programme of delivery for frontline staff working in the BANES area.

ASIST training provides an evidenced based approach to supporting a person who is experiencing suicidal thoughts with an emphasis on getting them to a place of safety. At the end of year one 88 members of staff have completed the 2 day ASIST training with the majority working in adult services and from a range of organisations. These include Council workers, Avon Wiltshire Partnership, educational settings, police , Sirona and a range of third sector organisations . The training for 2017/18 is now fully booked reflecting high demand for support and training around this sensitive issue. A full evaluation of the training programme and a plan for sustaining training based support will be available towards the end of the programme.

Job role / organisation

Role	No	Organisation	No
Support worker	28	BANES Council	16
Therapist / nurse / healthcare	11	AWP	12
Youth worker	6	MIND	7
Social worker	6	DHI	7
Recovery worker	5	RUH	5
School / college / university	4	Southside	5
Safety / security officer	4	School / College/University	4
Occupational therapist	3	Private / volunteer	4
Team manager	3	Curo	3
Probation / YOT	3	Off the Record	3
Volunteer	2	Police	2
Public Health	2	Options for Living	2
GP	2	Sirona	2
Other	9	Home Group	2
		Other / not known	14

6. Domestic abuse

a. Male victims

- In the Avon and Somerset Police Force area, estimates show that 55% of victims of domestic abuse are females and 45% are males. These statistics are produced using three years worth of data (Apr 13 - Mar 16) from the Crime Survey for England and Wales in order to provide robust estimates at individual police force area level. They show the average number of people aged 16 to 59 who, at time of interview, had been victims of domestic abuse in the last year; for all persons and for males and females separately.
- This is not reflected in the figures of who accesses domestic abuse support services and we know that male victims are far less likely to report it. The British Crime Survey also indicates that nationally only 19% of male victims have told someone in authority compared to 44% of women.

b. Age

- The single age group that have been the victim of the greatest number of recorded domestic abuse crimes in B&NES was the 22-27 year olds. Over half of the domestic abuse crimes recorded were people 33 years old and under (source: B&NES JSNA 2012-12 data): The partnership's comms. subgroup will work on campaigns expressing the unacceptability of abuse and the importance of disclosure.

c. Funding

- We recognise that issues with the short term funding and have recently mapped the current commissioning routes and funding sources.
- £100k has been secured from DCLG for an enhanced domestic abuse resettlement service over two years. This will provide support for survivors moving on from local temporary or supported accommodation to their own place either locally or in neighbouring areas. It will offer resettlement support for up to 6 months. The funding will also provide training for supported housing staff in B&NES
- Additionally, the B&NES domestic abuse partnership (DAP) has just applied for around £270k over three years from the Home Office transformation fund. The bid for this covers:
 - Working with communities to increase awareness of domestic abuse, challenge attitudes, behaviours, practices and ensure that domestic abuse is seen as 'everybody's business'.
 - Roll-out of a youth based domestic abuse awareness and health relationships initiative.
 - Enhanced provision for survivors of domestic abuse including a specialist worker to work with those experiencing the combination of domestic abuse, mental ill-health and substance misuse or other complex issues.

7. Dental needs assessment, strategy and implementation

A lot of good work has been done in relation to dental needs assessment of children and also adults, followed by a regional strategy, which is now having an implementation plan developed. There is a presentation on this that has been prepared for the people and communities directorate briefings. If any members of the committee wants to see this please ask Mark Durnford or Bruce Laurence to forward it.

Bruce Laurence and the public health team March 2017

Health & Wellbeing Select Committee – 22nd March 2017

James Scott, Chief Executive

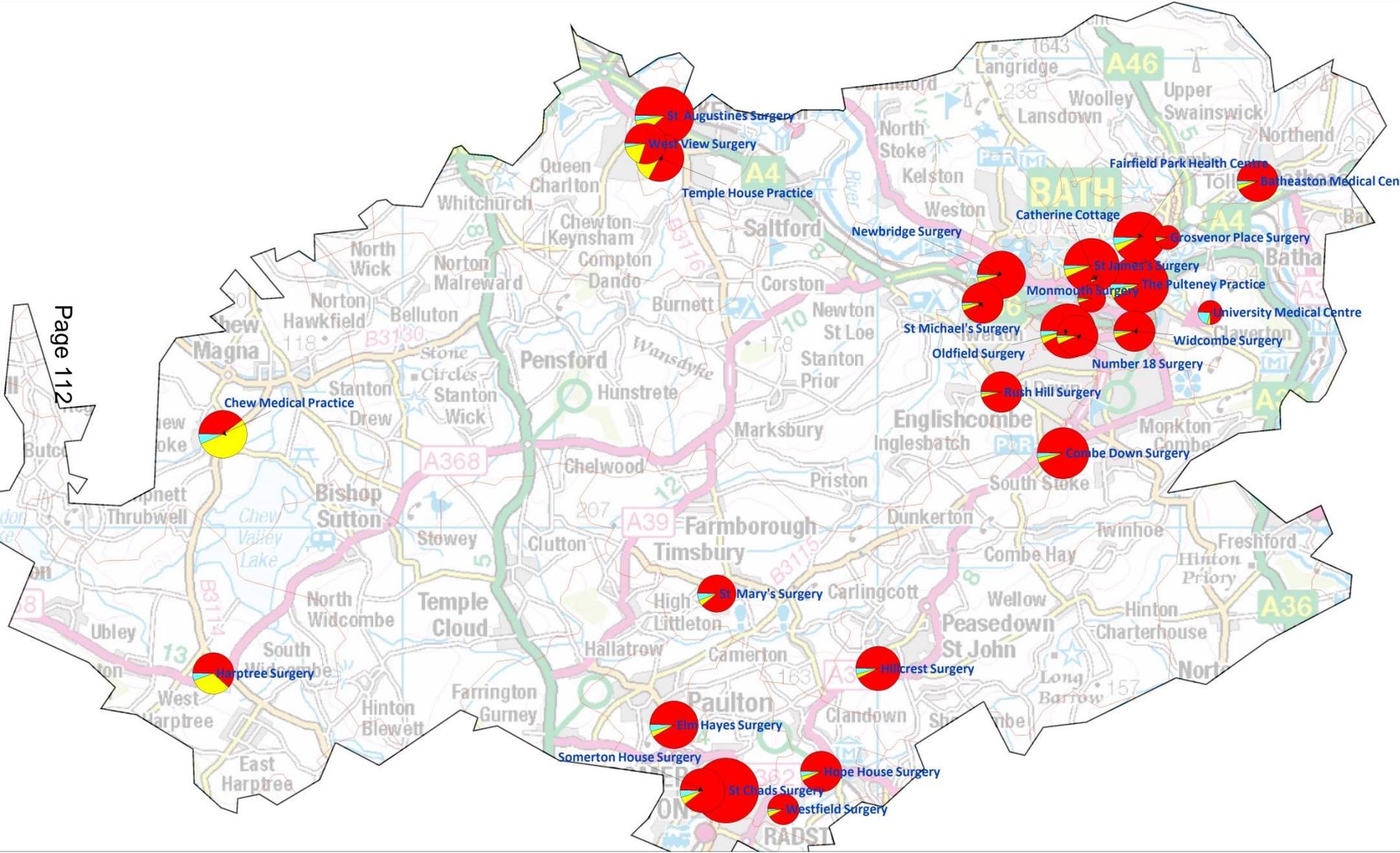
Page 111



Royal United Hospitals Bath



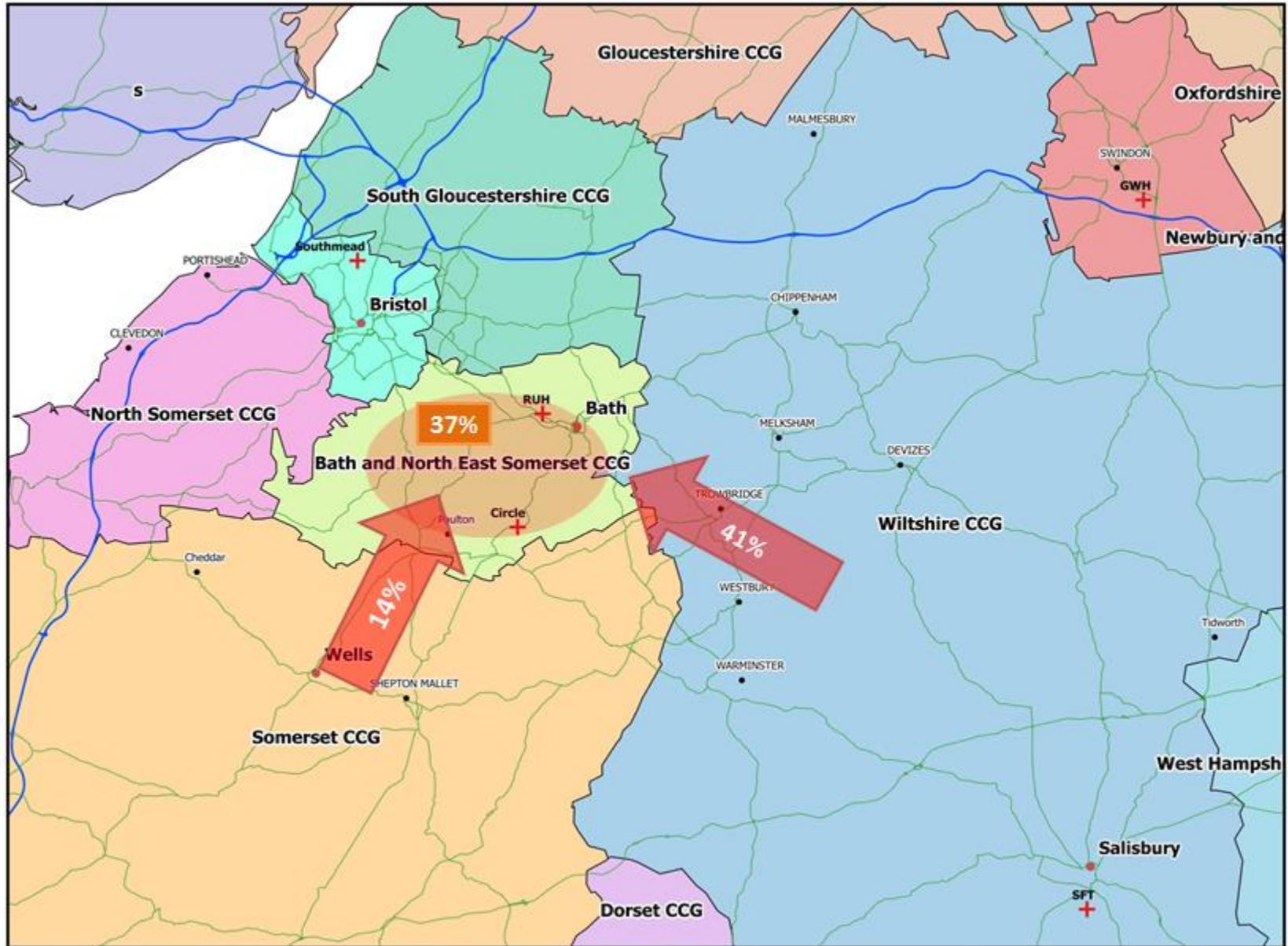
NHS Foundation Trust



PET CT



Links with Bristol



Cardiac MRI

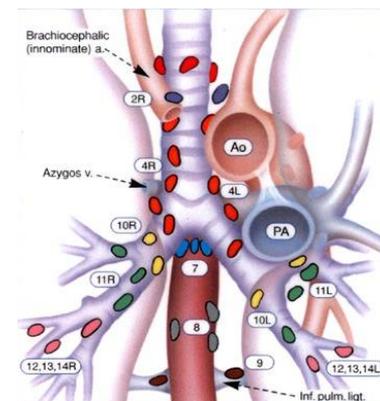
- Most advanced form of heart imaging
- One scan – look for:
 - Heart function
 - Valve disease
 - Heart attacks
 - Reduced flow
 - Inflammation
- Service started 2014 – 381 scans
- Prior to 2014 patients had to go to Bristol or Oxford

Page 115



Endo Bronchial Ultra Sound (EBUS)

- Procedure for sampling lymph nodes
- Using bronchoscope with an ultrasound probe
- RUH diagnosed 230 people/year with lung cancer (second highest in cancer network)



Hyper Acute Stroke Unit

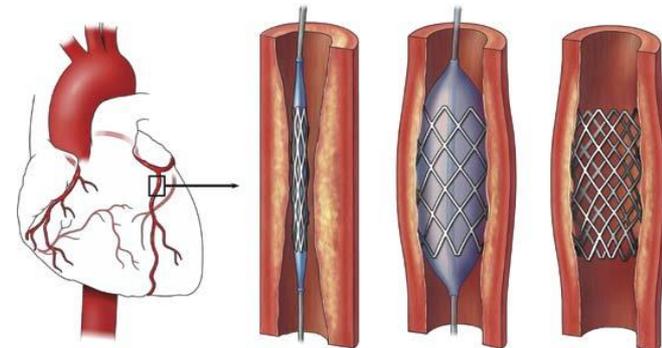
- Provide Thrombolysis (clot busting) service 24/7;
- Treat a significant number of patients each year;
- Patients admitted to a Stroke Unit are:
 - More likely to survive the stroke;
 - More likely to make a full recovery from the stroke;
 - More likely to return to own home

Page 116



Primary Percutaneous Coronary Intervention (PCI)

- Current gold standard treatment for heart attacks;
- Service started in 2010;
- Current provision is:
 - 24/7 networked service with Bristol Heart Institute (BHI);
 - 07:00 to 19:00 Mon-Fri at RUH;
 - Outside of this, at BHI;
- Most important process measure is Door to Balloon time;
- All RUH individual Consultant outcome data submitted nationally & compares well





your care
your way

Health and Wellbeing Select Committee March 2017

Page 117

Bath & North East
Somerset Council

NHS
*Bath and North East Somerset
Clinical Commissioning Group*

Programme Update



YCYW was nominated for an award...





your care
your way

Safe Transfer

Page 120

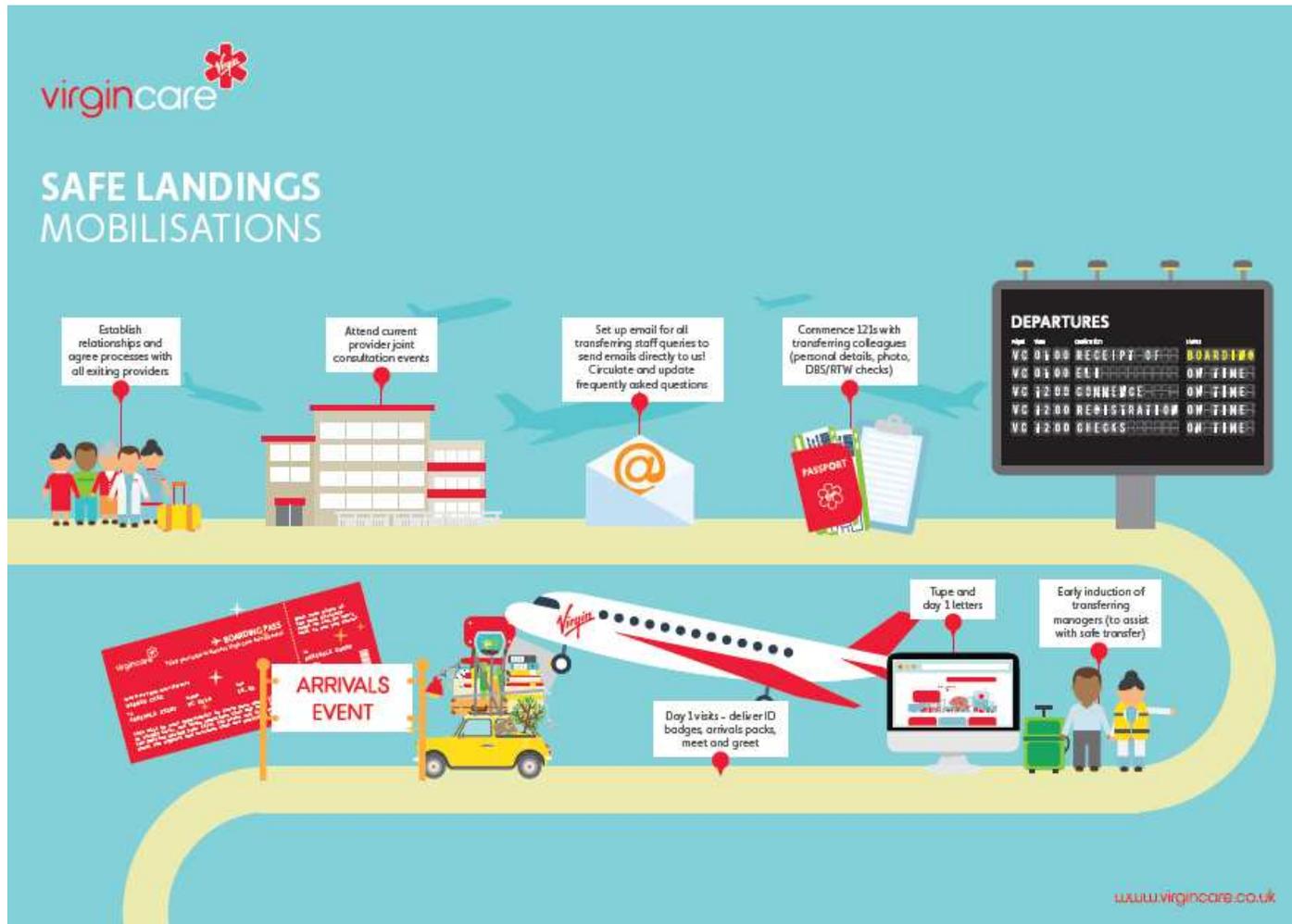
Bath & North East
Somerset Council

NHS
Bath and North East Somerset
Clinical Commissioning Group

Safe Transfer

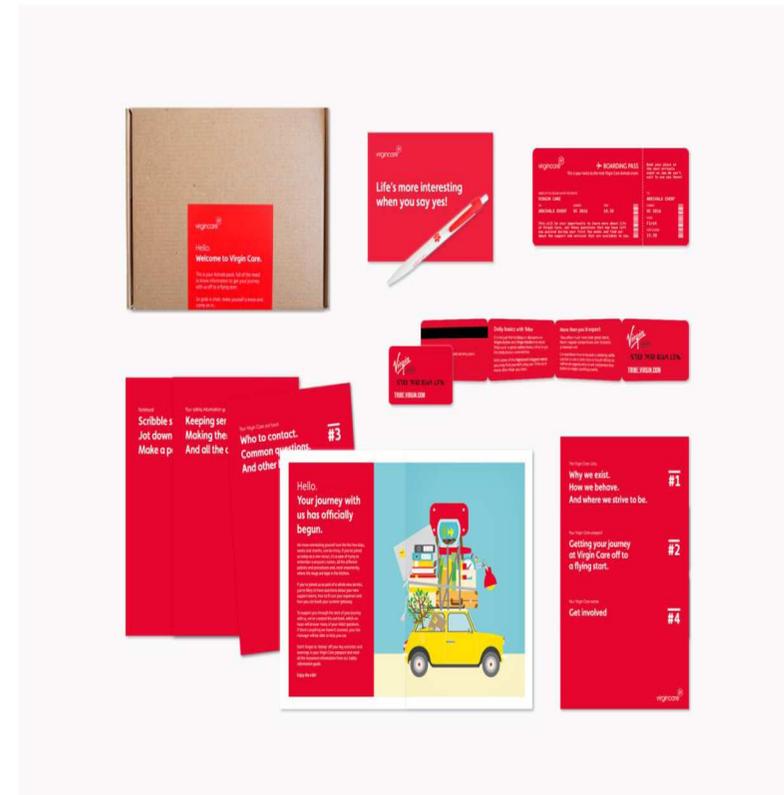


Managing Sirona Staff Transfer



Inducting our new colleagues

- Management Briefings prior to transfer
- Arrivals information sent to all colleagues
- Arrivals events April & May for all colleagues to attend



Introducing our values to our leaders

Strive for better - Think

Heartfelt service - Care

Team spirit - Do



Challenge

I explore ways to do things better and to solve problems

Communicate

I communicate in a clear and open way

Involve

I promote team work and collaboration

Improve

I make change happen

Understand

I empathise and take time to understand the needs of others

Resilience

I recover quickly from set backs, staying positive and focused on delivering

Learn

I constantly look for opportunities to learn and to share my knowledge

Inspire

I inspire and motivate those around me

Accountability

I hold myself and others to account

Safe Transfer - Day 1 to 100

- Day 1 Readiness plan
- Our 100 day plan
- Finalising our transformation plan

Day 1 Readiness Plan

- Complaint protocols
- Subcontracts for managing complaints
- LA legal experts
- Recording system
- Access to SC information
- Referrals/duty rota
- Safeguarding referrals
- Supervision contracts
- ASYE arrangements
- Cover plans

Social Care

- Budgets set
- Payroll
- Oracle
- Public sector pensions
- Financial on boarding
- Finance support
- Lease cars
- Ordering process- cost/account codes
- Insurance
- Pensions
- Petty cash
- P/O system

Finance

- FP10s
- PGDs
- Referral processes
- Medicines management policies
- Specialist advice
- Translation/interpretation service
- OOH
- Staff awareness
- Medical gases
- Friends & family
- Needle stick injuries

Quality and safety

People

- Rotas/ Bank
- Organogram of management structure
- ID badges/lanyards
- Welcome events
- Uniform
- Welcome bags
- Key training
- Functional Support
- Professional leadership
- Policies and procedures
- Emails and NI to VIP

Comms

- Day one letter
- Press briefing for all volunteering VC staff.
- Service leaflets
- Generic leaflets- info/pals
- Branded materials
- Website/ external directives
- Volunteers for day 1
- Welcome packs adapted for social care
- Provider notices
- Change of provider notice

IM&T

- IT support
- IT equipment
- Telephone numbers
- Directory of service updated
- IG Support
- IG equipment
- IG awareness
- Backup plans
- Recover Plans
- Staff emails
- Policy and procedures
- Clinical system

Estates

- List of all services open and live on Saturday 1st April
- All facilities management subcontracts/arrangements in place
- All HOT are in place
- Building access
- Parking
- Postage/confidential waste