

# Health and Wellbeing Select Committee

**Date: Wednesday, 19th July, 2017**

**Time: 10.00 am**

**Venue: Council Chamber - Guildhall, Bath**

Councillor Francine Haeberling

Councillor Geoff Ward

Councillor Bryan Organ

Councillor Robin Moss

Councillor Tim Ball

Councillor Lin Patterson

Vacancy



**Mark Durnford**

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## NOTES:

1. **Inspection of Papers:** Papers are available for inspection as follows:

Council's website: <https://democracy.bathnes.gov.uk/ieDocHome.aspx?bcr=1>

Paper copies are available for inspection at the **Public Access points:-** Reception: Civic Centre - Keynsham, Guildhall - Bath, The Hollies - Midsomer Norton. Bath Central and Midsomer Norton public libraries.

2. **Details of decisions taken at this meeting** can be found in the minutes which will be circulated with the agenda for the next meeting. In the meantime, details can be obtained by contacting as above.

### 3. **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.

The Council will broadcast the images and sound live via the internet [www.bathnes.gov.uk/webcast](http://www.bathnes.gov.uk/webcast) An archived recording of the proceedings will also be available for viewing after the meeting. The Council may also use the images/sound recordings on its social media site or share with other organisations, such as broadcasters.

### 4. **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. They may also ask a question to which a written answer will be given. **Advance notice is required not less than two full working days before the meeting. This means that for meetings held on Thursdays notice must be received in Democratic Services by 5.00pm the previous Monday.** Further details of the scheme:

<https://democracy.bathnes.gov.uk/ecCatDisplay.aspx?sch=doc&cat=12942>

### 5. **Emergency Evacuation Procedure**

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Additional information and Protocols and procedures relating to meetings

<https://democracy.bathnes.gov.uk/ecCatDisplay.aspx?sch=doc&cat=13505>

**Health and Wellbeing Select Committee - Wednesday, 19th July, 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 - 24TH MAY 2017 (Pages 7 - 20)

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. Panel members may ask questions on the update provided.

10. PUBLIC HEALTH UPDATE

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

11. HEALTHWATCH UPDATE

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

12. YOUR CARE YOUR WAY UPDATE - HEALTH AND SOCIAL CARE COMMUNITY SERVICES : 100 DAY REPORT (Pages 21 - 26)

This report provides an evaluation of the 'First 100 Days' of the Virgin Care contract, which started on April 1st 2017.

13. HOME FIRST SERVICE DEVELOPMENT (Pages 27 - 32)

This paper aims to provide the Health and Wellbeing Select Committee with an outline overview of the Home First service model, which was implemented within Bath and North East Somerset in March 2017.

14. SELECT COMMITTEE WORKPLAN (Pages 33 - 36)

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.

**BATH AND NORTH EAST SOMERSET**

**HEALTH AND WELLBEING SELECT COMMITTEE**

Wednesday, 24th May, 2017

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

**Also in attendance:** Jane Shayler (Director of Integrated Health & Care Commissioning), Dr Ian Orpen (Clinical Chair, BaNES CCG), Dr Bruce Laurence (Director of Public Health), Alex Francis (Team Manager, Healthwatch B&NES), Sue Blackman (Your Care, Your Way Programme Manager), Jayne Carroll (Virgin Care), Caroline Mellers (Charter Lead, St Mungo's / New Hope) and Ralph Lillywhite (St Mungo's Bridges to Wellbeing Manager)

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

**1 WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting. She asked the Select Committee and others who were present to stand and observe a minutes silence for those who had died in the recent bomb attack in Manchester.

**2 EMERGENCY EVACUATION PROCEDURE**

The Chair drew attention to the emergency evacuation procedure.

**3 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS**

There were none.

**4 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.

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

There was none.

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

## **THIS MEETING**

There were none.

### **7 MINUTES - 22ND MARCH 2017**

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

### **8 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.

#### **New rapid response falls service**

This month, a new pilot service has launched in B&NES - the Falls Rapid Response Team – to assist people aged over 65 years who fall while at home. Since the pilot began on 2 May, the team has already helped 39 patients.

The team includes a specialist paramedic and an occupational therapist and can respond to up to four people in B&NES each day. The team helps the person get comfortable, and carries out a home-based falls risk assessment to recommend any necessary interventions that could help prevent future falls.

The pilot is the result of collaboration between BaNES CCG, South Western Ambulance Service NHS Foundation Trust, Virgin Care and Bath's Royal United Hospital. It operates between 8am and 6pm, seven days per week.

#### **HANDiApp launches in B&NES**

A free smartphone app launched in B&NES at the end of March to help parents and carers of young children access expert advice about the six most common childhood illnesses. Since its launch, over 4,000 people have downloaded it.

We know that 34 per cent of all users have used Handi App for advice on dealing with high temperatures, and 17 per cent have used it for information on newborn problems and chestiness in children over one year old.

The paediatric HANDiApp is also available for health care professionals who care for young children. So far, there have been over 900 downloads by community healthcare professionals and almost 850 uses of the hospital pathway. This pathway gives medical advice using a traffic-light system based on the seriousness of the symptoms presented.

The project team – involving staff from the CCG, Council, RUH and Wiltshire CCG – will assess whether the emergency department (especially paediatric emergencies) and/or GPs perceive that attendance by children with high temperature, chestiness, newborn problems, diarrhoea and vomiting and tummy pain has reduced.

## **Antimicrobial resistance**

BaNES CCG has the highest proportion of Antibiotic Guardians in the country according to Public Health England (PHE) data for 2016. A total of 134 out of every 100,000 B&NES residents has pledged to do their part in tackling antibiotic resistance.

The CCG and Council have also been shortlisted for a PHE Antibiotic Guardian award for their work with primary schools in B&NES. The children designed posters to illustrate what they had learned and these posters were displayed in locations all around B&NES. The general public were encouraged to 'hunt' for the posters and upload photographs of them to social media.

## **Cyber attack**

On Friday 12 May, the NHS became one of a number of targets of a malware attack. NHS Digital led the response, in close connection with the National Cyber Security Centre, the Department of Health and NHS England.

While no NHS organisations in the B&NES area were reported to have been directly affected by the virus, NHS Digital took action to protect GPs' computer systems. Practice computers received a "forced patch" software fix in the days immediately after the attack.

Communications from NHS England indicate that Trusts in the South were impacted minimally with only a small number of postponed procedures/appointments.

## **AGM Invite**

The CCG's annual general meeting is taking place on the morning of Thursday 27 July at Somerdale Pavilion, Keynsham. All members of the Health & Wellbeing Select Committee are invited to attend.

Councillor Eleanor Jackson offered her congratulations to those involved for protecting residents and organisations from the cyber attack. She asked if the block relating to NHS emails had been lifted.

The Democratic Services Officer replied that it had.

Councillor Lin Patterson asked when the public would be able to see the joint plan in response to the Urgent and Emergency Care requirements set within the Five Year Forward View next steps paper if initial drafts were required to be submitted to the NHS England by 9 June and final plans by the 16th June.

Dr Ian Orpen replied that he was not sure of the dates concerned and felt that those given now might be put back due to the upcoming General Election. He added that he wished to reassure the Select Committee that no major reconfigurations were planned for the area and that those involved recognise the need to engage.

Councillor Bryan Organ acknowledged the new falls service and asked if any preventative work was still carried out.

Dr Ian Orpen replied that this work remains ongoing through Active Ageing and is delivered through Virgin Care. He acknowledged that preventative work was important.

Councillor Geoff Ward asked how he could become an Antibiotic Guardian.

Dr Ian Orpen replied that he would ensure that the website link was circulated to the Select Committee.

Councillor Geoff Ward asked if any further information could be given as to how locally we had not been affected by the recent cyber attack.

Dr Ian Orpen replied that he believed that organisations that were operating under Windows 7 rather than XP had been better protected as XP is no longer supported by Microsoft. Therefore there had been no reported direct impact of the cyber attack in B&NES.

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

## **9 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.

### **Improved Better Care Fund (iBCF) 2017/18-2018/19**

The Improved Better Care Fund (iBCF) Policy Framework was published in April 2017. Adult Social Care Grant conditions and detailed implementation guidance from NHS England (NHSE) were due to be published in April 2017. However, publication has been delayed and whilst the revised date for publication has not been confirmed it is not anticipated that this will be in advance of the general election on 8 June.

In Bath and North East Somerset 2016/17 saw a continued increase in pressure on the adult social care budget. These have arisen as a direct result of implementation of the National Living Wage and the costs associated with purchased care packages. In addition, there are pressures arising from support to people with complex and acute needs in their own homes, including those with a learning disability transitioning into adult services and living longer with high levels of care and support needs. There is also an increasing demand for high dependency residential care and nursing care home placements.

### **Health and Wellbeing Board Development**

Following the introduction of the Health and Social Care Act in 2012, a formal Health and Wellbeing Board (HWB) was established in order to bring together leaders from the local health and care system to improve health and wellbeing.



There is a strong commitment to working in partnership to improve health and wellbeing, good relationships between Board members and a clear understanding of the needs and issues within B&NES.

As part of a series of reflective sessions last year, members began to articulate the direction they wanted to see the Board move in. This includes the Board's focus on building a truly whole-place approach to health and wellbeing in B&NES - bringing organisations together around the local people and communities we all serve.

The HWB proposed to broaden its membership to include wider representation from key health and social care providers and public services. This would enable the HWB to more directly engage these wider services, identify areas of common focus and demonstrate their stake in the health and wellbeing agenda. The proposed new membership included representation from Police, Fire, Housing, and Education as well as providers from Acute, Community, Primary and Voluntary Sector Care.

The HWB wrote to these proposed new members during the early part of this year to engage them in these proposals and seek their view on whether they would be interested in joining the Board. This included a voluntary sector recruitment process to identify a representative.

These changes have been set out in a revised terms of reference which was presented to Council at the 18th May AGM and formally adopted.

Councillor Geoff Ward asked what work was being done to ensure that Members and officers work together and not in silos to focus on one of the main objectives to allow older people to remain in their own home for as long as is possible.

Councillor Pritchard replied that this issue was to be covered by the Health & Wellbeing Board. He added that a housing representative was now on the Board. He said that alongside the need to comply with the Sustainability and Transformation Plan he wanted the Council to build a foundation of independence.

Councillor Tim Ball asked for the guidance relating to the Improved Better Care Fund to be shared as soon as possible.

Councillor Lin Patterson said that she believed that the proposal described in Home First Proposal 4 to commission 5 beds for a 12 month period for temporary assessments within nursing homes for a maximum of 6 weeks whilst assessments were made was not enough.

Councillor Pritchard replied that initially there had been a plan for there to be 8 beds but that they were operating under financial constraints.

The Director for Integrated Health & Care Commissioning added that the current proposal would enable the model to be tested and evaluated.

Councillor Eleanor Jackson asked for a fuller discussion on the proposals at the next meeting of the Select Committee which would be after the General Election.

The Director for Integrated Health & Care Commissioning commented that the Joint Commissioning Committee had received a report on the proposals and that this could be circulated to the Select Committee and then a focussed briefing could be given at the next meeting.

Councillor Eleanor Jackson replied that this would be very helpful. She said that she was aware of applications coming into the Council for Dementia Care Homes and asked if there was an understanding of what resources were needed locally.

The Director for Integrated Health & Care Commissioning replied that a report on this issue could be scheduled for a future meeting.

Councillor Paul May asked if our CCG were considering similar plans to those proposed by Bristol, North Somerset & South Gloucestershire to transfer funds between Acute Services and Care Services.

The Director for Integrated Health & Care Commissioning replied that the context within those Local Authorities mentioned is different to ours and that they have very significant financial savings to make. She added that there are links in some work areas, particularly Mental Health, but that generally the STP differences are recognised.

Councillor Paul May asked if the matter of Community Pharmacies within B&NES had yet been discussed by the Health & Wellbeing Board.

Councillor Pritchard replied that it would be an agenda item for a future meeting of the Board.

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

## **10 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.

### **Injury Prevention**

B&NES Injury Prevention Partnership is promoting the Child Accident Prevention Trust's 'Child Safety Week' during 5<sup>th</sup> – 11<sup>th</sup> June. The theme for the week is Safe Child: Sharing is Caring and we will be encouraging families and professionals to play their part in keeping children safe by sharing their experience and knowledge of the practical things to do to help prevent injuries.

### **Mental Health Awareness Week 8-15<sup>th</sup> May**

This was a national promotion that had been well publicised and which provided an important opportunity to promote ways to maintain good mental health and challenge stigma around mental ill-health. With the theme of 'Thriving or Surviving?' this year's campaign had been concerned with promoting the message that good mental health

is much more than the absence of mental health problems and talking about mental health is important.

Within the Council the staff Health and Wellbeing Group arranged a series of free workshops for staff on a range of issues including workplace mindfulness, movement for the mind, food and mood, T'ai Chi and mental health awareness for managers. As a part of this Public Health have also organised and delivered a series of Time to Change sessions for staff across a range of organisations including the CCG, RUH, Council, housing and third sector organisations.

### **Sexual health of young people in care needs assessment**

The Sexual Health Board has recently completed a health needs assessment looking into the sexual health needs of Young People in Care in B&NES, developed in partnership with colleagues in the Council, RUH, Sirona and Virgin Care, and with significant input from young people.

The review found that there are good partnerships between a range of B&NES services and a strong commitment to ensuring that young people's sexual health needs are met. The report makes a number of recommendations under five themed areas and an action plan has been developed to take the recommendations forward.

### **Two interesting studies from Scotland:**

- An analysis was done of the Scottish Health Surveys 1995-2012 with data from over 50,000 people in total. Disadvantaged social groups have greater alcohol-attributable harms compared with individuals from advantaged areas for given levels of alcohol consumption, even after accounting for different drinking patterns, obesity, and smoking status at the individual level.

*"Experiencing poverty may impact on health, not only through leading an unhealthy lifestyle but also as a direct consequence of poor material circumstances and psychosocial stresses. Poverty may therefore reduce resilience to disease, predisposing people to greater health harms of alcohol."*

- A study of over a quarter of a million people showed that cycling to work reduced all-cause mortality, mortality from cancer and cardiovascular disease by **almost half**. Commuting by walking showed lower levels of CVD mortality but to a lesser extent. These associations were independent of sex, age, deprivation, ethnicity, smoking status, recreational and occupational physical activity, sedentary behaviour, dietary patterns, and other confounding factors, including body mass index and comorbidities

### **Air pollution, specifically Nitrogen Dioxide, draft plans.**

Government (DEFRA and DfT) has just published "Improving air quality in the UK: tackling nitrogen dioxide in our towns and cities Draft UK Air Quality Plan for tackling nitrogen dioxide."

It is an interesting document with much background information on sources and trends in NO<sub>x</sub> and sections on existing and new actions required of different bodies.

71 councils in England are likely to exceed legal limits based on modelling if no improvements made in mainly, but not entirely urban areas. B&NES is not included in the chart attached, but there is a specific exclusion of roads managed directly by Highways England which may explain.

Councillor Eleanor Jackson asked him to consider including within his next update preventative advice relating to incontinence.

Dr Bruce Laurence replied that he would consider providing further information on this matter.

Councillor Lin Patterson commented regarding the air pollution item that information should be given by Highways England.

Dr Bruce Laurence assured Councillor Patterson that other reporting and monitoring does take place and that his item was in relation to one particular document.

Councillor Tim Ball commented in relation to the alcohol study that the true menace to society was cheap cider and called upon the Government to increase the tax imposed on it.

Dr Bruce Laurence replied that this was a well recognised point.

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

## **11 HEALTHWATCH UPDATE**

Alex Francis, Team Manager, Healthwatch B&NES 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.

### **Enter and view programme**

During this quarter the enter and view team undertook visits to two care homes (Cranhill Care Home and Cedar Park Residential and Nursing Home, both in Bath), with a further visit having to be re-scheduled due to a Care Quality Commission (CQC) inspection.

The team has devised a programme of visits to take them through to autumn 2017. This programme has been shaped with input from the commissioning manager for care homes at B&NES Council, and the CQC.

In addition to the programme of visits for 2017, Healthwatch B&NES is also planning to carry out re-visits to providers that we have visited over the last two years to see how the recommendations that were made have influenced practice and people's experiences of using services.

Healthwatch B&NES has recently presented to the Care Home Forum to inform care home managers about the enter and view function. Healthwatch B&NES hopes to maintain a positive working relationship with this forum in order to share learning and themes from enter and view visits, and develop links with settings and key personnel across the district.

## **Learning from patient experience**

In January 2017, a project was outlined for Healthwatch B&NES to work with St. James's Surgery and BaNES Clinical Commissioning Group in order to explore what works well when engaging patients in changes to General Practice.

A questionnaire was circulated to the patients that were affected by the closure of Weston Church Hall walk-in service in 2016. Healthwatch received 13 responses - 19% of those patients affected. Although a small number of responses, the feedback received provided insight into how communication about changes to services could and should be shared and how people felt processes such as this could be improved.

The responses received about the St. James's Surgery suggested that patients had been well-informed of what was being proposed and were offered the opportunity to have a say in a way that was convenient for them.

## **Urgent care – gathering people's views on local services**

During this quarter, Healthwatch B&NES held five focus groups to understand people's views and experiences of using local urgent care services. Throughout these sessions, Healthwatch B&NES spoke to 39 people, including those living with chronic conditions and their carers, and gathered feedback about what is working well and what could be improved.

The feedback gathered related to a number of services, including: NHS 111, the Urgent Care Centre at Combe Park, the Minor Injuries Unit at Paulton and the out of hours GP service. The report is being drafted and will be shared with providers and the Clinical Commissioning Group shortly. The full report and any responses from providers will be released in June 2017.

Councillor Paul May commented on the good work of Healthwatch and the focus it gives to the needs of the people. He asked if they awarded a rating following a review, similar to the CQC.

Alex Francis replied that Healthwatch does not issue its own ratings, but advised that there is a system via their website where members of the public can leave reviews and give their own ratings on services.

Councillor Paul May asked if there was role the Select Committee could play in highlighting the work of Healthwatch.

Alex Francis replied that she would be happy to discuss any such proposals with the Chair and other members of the Select Committee.

Councillor Geoff Ward asked what experience and qualifications do the staff within Healthwatch have to carry out visits.

Alex Francis replied that the volunteers that are authorised to carry out enter and view visits are trained specifically, have been DBS checked and have knowledge and understanding of safeguarding, people engagement and dementia.

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

## **12 MENTAL HEALTH AND WELLBEING CHARTER**

Caroline Mellers, Charter Lead, St Mungo's / New Hope and Ralph Lillywhite, St Mungo's Bridges to Wellbeing Manager gave a presentation to the Select Committee on the Mental Health & Wellbeing Charter for Bath & North East Somerset.

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.

### **Background**

- Why the Charter was developed? - The aim of the Charter is to inform those who work with people with mental health issues about the key areas which support wellbeing. It promotes a shared approach between those using services, their families, friends, groups and professionals to support each person's unique mental health needs.

The idea of Charter was introduced and led by Caroline Mellers, initially as a St Mungo's and New Hope volunteer. Caroline has a personal and professional background in mental health, having used crisis, and inpatient services. She worked for the District Health Board in New Zealand as a service evaluator and now works with a number of local statutory and 3rd sector organisations in B&NES.

- What supports people's mental wellbeing? - The Charter supports the key aims of New Hope which are to 'affect positive change in treatment and support services' and to 'give service users and carers a voice'.
- Scope of the Charter - The Charter highlights the 10 Guiding Principles that reflect the support people need for their mental health and wellbeing. Local organisations are invited to sign up to these principles.

### **St Mungo's Bridges to Wellbeing**

- New Hope - New Hope is an organisation of volunteers working to improve mental health services in Bath & North East Somerset. We focus on co-production: working together with other groups to produce great work.
- How the Charter fits with the multi-agency services approach – Worked alongside many organisations including Healthwatch, Council and the recent Your Care, Your Way consultation.
- 'Bridging the Gap' report – This report currently underpins mental health commissioning strategy. One of the key findings of the report was the

importance of 'statutory services and other support networks working together to optimise support for the individual'.

- Building Bridges to Wellbeing – Our service works with people with low to moderate mental health needs in Bath and NE Somerset.

Our aim is to enable clients to have more independent and fulfilling lives by developing peer support networks and groups.

### **Creating the Charter – How it happened**

- Led by people who have used services
- Steering group – local organisations
- Initial Charter design – Two Focus groups
- Consultation - Ten focus groups, over 100 people who had received support for their mental health
- Final Charter & 'In Practice' document

### **What is the Charter?**

- In 2 parts: i) 10 point Charter  
ii) In Practice document
- Increases awareness of mental health needs
- Integrates the views of people using services into service delivery
- Supports staff to understand and follow the philosophy of the Charter
- Charter has been written into the Mental Health and Wellness Pathways

### **What's happening now?**

- Recruiting facilitators with lived experience to deliver training
- Training-the-trainer course for facilitators
- To train organisations working in mental health

### **What's next?**

#### **B&NES - Statutory and 3<sup>rd</sup> Sector Groups**

- Establishing with organisations who have signed up to the Charter the most effective way of implementing it.

#### **Peer Evaluation Tool (establishing a pilot)**

- A small funding grant has been secured from Quartet
- Establish 2 pilot schemes, one for statutory and one for a 3<sup>rd</sup> sector organisation
- Ideally this would set a baseline which could be reviewed in the future
- The Peer Evaluation Tool could provide Commissioners and organisations with a more a comprehensive understanding of the needs of people accessing services

The Charter is dedicated to the memory of Andrea Morland, Senior Mental Health Commissioning Manager B&NES. We have been deeply heartened in B&NES by the true collaborative working within the sector.

Councillor Eleanor Jackson praised the work as a significant step forward. She asked if they had considered approaching Parish Councils to make them aware of the Charter.

Ralph Lillywhite replied that they were keen to tell as many groups as possible about the Charter.

Councillor Lin Patterson commented that she was deeply impressed with the work they have done.

Councillor Bryan Organ asked if the Charter had helped in terms of the transition period from being a Young Person to an Adult.

Caroline Mellers replied that she felt it had as the Charter can be used a tool within services to highlight issues for individuals.

Councillor Paul May said that he supported the brilliant work that had taken place so far and asked the Select Committee to commend the Charter to the Cabinet Member for Adult Social Care & Health so that all efforts are made to support it in all areas of work within the Council.

Councillor Vic Pritchard, Cabinet Member for Adult Social Care & Health said that he first became aware of the Charter through a presentation at a Your Health, Your Voice. He stated that he was impressed then and remains to be impressed by the work undertaken.

He said that he would like to see, when relevant, the Charter considered in reports that come before bodies such as the Council, Cabinet, Panels and Committees.

Dr Ian Orpen stated how important it was to raise the profile of Mental Health and would welcome the Mental Health Charter coming to a future Health & Wellbeing Board meeting. This was particularly relevant to the expanded membership of the board.

Councillor Lin Patterson suggested that it could also form an agenda item for the Bath City Forum.

The Select Committee **RESOLVED** to commend the Mental Health & Wellbeing Charter to the Cabinet Member for Adult Social Care & Health so that all efforts are made to support it in all areas of work within the Council.

The Chair thanked Caroline and Ralph for their work and attending the meeting on behalf of the Select Committee.

## **13 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.

### **Review of safe transfer**

- No major incidents have occurred within the first 54 days
- 1,300 colleagues safely transferred on 1st April. People using services also experienced a safe transfer and no disruption to services they were using.
- All safety and quality requirements during this transfer period were achieved.
- Virgin Care are now actively participating in a number of Boards, delivery plans and urgent care planning activities
- A comprehensive 100 day plan is being deployed including review of services, operating procedures and policies. The progress on the 100 day plan and risk registers are shared weekly with commissioners.

### **Developments so far**

- People – we have had attendance from over 90% of teams at arrivals events, with overwhelming positive feedback.
- Support – we have a single point of access for queries and to enable us to support those that need help quickly.
- Communications – we have continued to engage with stakeholder groups and have proposed an external engagement strategy which is due to be discussed with community champions next week
- Systems and people – we have rolled out over 200 new phones to enable staff to get access to emails on the move. Positively received by colleagues
- Pay – all colleagues, carers and subcontractors have received first payments successfully.

### **Coming up in the next month....**

We have been:

- Working with the commissioners on developing the Service Development and Improvement Plan, including reviews of: mental health services, continuing health care and reablement
- Undertaking pathway review of home-first implementation across community services and are quickly developing a new roll-out plan. Next month the plan will be launched

We will be:

- Launching the review and redesign of wellbeing services, involving all partners
- Implementing our 'Virtual Desktop' environment in June

### **Lessons Learnt**

- Our engagement and the involvement of Community Champions was deemed 'gold standard' but we need to consider in the next stage how we increase the diversity of the group
- Internal communications and co-production with staff is as important as communications and engagement with the public
- Internal communications and co-production with staff is as important as communications and engagement with the public

Councillor Eleanor Jackson asked if any re-evaluation of Home Care had taken place by VirginCare since April.

The Director for Integrated Health & Care Commissioning replied that a re-commissioning of Home Care Services will take place in the future, but that no packages have been reviewed as part of the safe transfer process. She added that some recipients of care may have been due an annual review or have had their care package reviewed for a specific reason.

Alex Francis asked if any timeframes were available for the reviews mentioned and when public involvement would take place.

Jayne Carroll replied that reviews will be discussed initially with the Community Champions and then public engagement would take place. She added that no timeframes were in place yet.

The Chair thanked Sue Blackman and Jayne Carroll for the presentation on behalf of the Select Committee.

## **14 SELECT COMMITTEE WORKPLAN**

Councillor Eleanor Jackson asked about the possibility of commencing an update of the Home Care Review.

The Director for Integrated Health & Care Commissioning replied that it was the role of the Chair's and Vice-Chair's to meet and discuss whether a particular review should be carried out. She added that at this moment in time she could not allocate any further resources for a review. She said that the previous review was a good piece of work, but that it did take a long time to carry out.

She stated that quality of Home Care is a priority for the Council and that there are processes in place for any concerns to be raised.

The meeting ended at 12.40 pm

Chair(person) .....

Date Confirmed and Signed .....

**Prepared by Democratic Services**

Bath & North East Somerset Council		
MEETING:	Health and Wellbeing Select Committee	
MEETING:	19th July 2017	EXECUTIVE FORWARD PLAN REFERENCE: n/a
TITLE:	Health and Social Care Community Services : 100 Day Report	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report: Not Applicable		

## 1 THE ISSUE

This report provides an evaluation of the 'First 100 Days' of the Virgin Care contract, which started on April 1<sup>st</sup> 2017. This will include description of the governance processes supporting activity during this period, key success factors and risks, and the steps taken to resolve these.

## 2 RECOMMENDATION

That the Select Committee notes the progress made during the First 100 Days.

## 3 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

There are no direct resource implications within this report which is presented for information.

## 4 STATUTORY CONSIDERATIONS AND BASIS FOR PROPOSAL

Community health and care services play a vital role in meeting the statutory responsibilities of the Council and CCG. For the Council, these included those in the Care Act (2014); Mental Capacity Act (2005); Mental Health Act/Deprivation of Liberty Safeguards (2007); Children Acts (1989 and 2004) and SEND (Special Educational Needs and Disabilities) reform. Public Health responsibilities include a duty to promote the health & wellbeing of the inhabitants of its area and to reduce inequalities amongst its population.

This Programme also supports the delivery of local strategic priorities, including those set out in the Health & Wellbeing Strategy, Better Care Fund Plan, Council vision and priorities, and CCG 5-Year Strategy.

## 5. THE REPORT

### 5.1 Introduction to 100 day process.

Following a detailed mobilisation phase spanning November 2016 to March 2017 over 150 services and 1,350 staff successfully transferred to Virgin Care on 1<sup>st</sup> April 2017.

This initial transfer has, since April 1<sup>st</sup>, been consolidated through Virgin Care's 'First 100 Days' plan, which was designed to ensure that all services were transferred safely and that any challenges identified during transfer were resolved without impacting on the experience of those who use services. This programme of work was managed by Virgin's Operations Team and overseen by the Council and CCG through the Safe Transfer Group.

The comprehensive 100 day plan included the review of critical services, operating procedures and policies by Virgin Care. It also involved running 'Arrivals Events' for staff, the rollout of a new IT network and infrastructure, the deployment of new mobile working technology for Virgin Care staff, and the agreement of transformation goals for 2017/18.

### 5.2 Governance

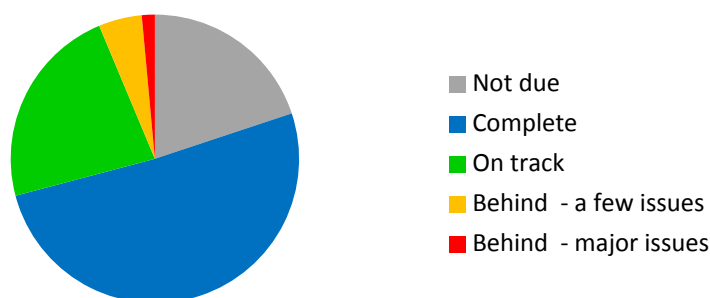
Clear governance during the first 100 days has allowed Virgin Care, the Council and CCG to work together with confidence as the new commissioning model becomes established.

Commissioners undertook close monitoring of this work through The Safe Transfer Group, which monitored all mobilisation objectives. The Safe Transfer Group received progress reports and risk registers from Virgin Care, ensuring that emerging issues were identified and escalated in a timely manner. The Safe Transfer Group in turn reported to the Your Care Your Way Steering Group, which uses authority delegated from the JCC to provide a robust framework of governance and accountability.

### 5.3 Current Status

At the time of writing this report Virgin Care Services Limited are operating within normal Business as Usual status. Progress against the 100 day plan is shown in Figure 1 below;

Figure 1: Business as Usual Status



## **5.4 Key Risks and challenges and steps taken resolve these**

### **5.4.1 Staff Pay**

During the first pay run following the transfer in April Virgin Care reports that all 1,300 colleagues who had transferred were paid successfully with only a few issues raised.

During the May pay run the vast majority of colleagues received salary payments in full but a proportion of Virgin Care colleagues, those who received increments or who were undertaking additional, hourly-paid work experienced an issue with their pay. Virgin Care took immediate action to swiftly resolve these issues.

Virgin Care takes any issue, no matter how small, relating to pay very seriously and as a result undertook a full investigation led by a member of the Executive Team. In addition, Virgin Care also made changes to timesheet processes based on feedback from colleagues in Bath and North East Somerset which were well received.

Virgin Care reports that the most recent pay run in June was successful and no further issues are anticipated.

### **5.4.2 Bank Staff**

At the time of transfer it was not possible to migrate the Bank Solution from Sirona Care and Health to Virgin Care, it was recognised that there was a risk to both operational safety and agency costs on an ongoing basis.

Virgin Care undertook a proactive campaign to recruit bank staff and this has resulted in 250 members joining the bank and Virgin Care are undertaking a number of actions to support this; to continue the successful recruitment campaigns, to put in some additional resource to support bank allocation and additionally to implement a new IT software package for arranging and booking bank so staff find it easier to identify and post shifts they need to fill via bank.

### **5.4.3 Virtual Desktop and Network Roll Out**

As part of its 100 day plan, Virgin Care has undertaken a complete replacement of the IT infrastructure used by the services they deliver. This project lays the foundations for the delivery of the new services and the transformation planned for the future, but was also driven by necessity as Virgin Care were only able to use the existing IT network for 100 days after transfer.

This large scale project required all devices and networking equipment to be replaced across 32 sites in Bath and North East Somerset by 1 July 2017 with all colleagues provided with new equipment and access details for both IT and telephony. This included the deployment of 670 new desktop computers, 98 new laptops, 370 new desk phones as well as new printing and scanning devices and removal of the previous provider's equipment. 260 new iPhones were also rolled out to colleagues allowing access to email and calendar when away from the office.

As would be expected with any project of this scale, users reported some issues and these were logged and resolved or mitigated in line with the project plan. As the new system was rolled out to more users, the number of issues being raised increased but

Virgin Care continued to mitigate and resolve issues so that services were able to continue to operate, making use of business continuity plans wherever necessary.

The issues reported related to accessing files, access to systems by visiting clinicians and difficulties using newly-installed printers and scanners alongside the issue described in 5.4.4 below.

On 3 July 2017, Virgin Care took the precaution of enacting their Internal Major Incident Plan, providing a formal framework and allowing additional resource to be diverted to support the operation of frontline services. Virgin Care also liaised with commissioners, the CQC and other local providers to ensure the system was aware that services were operating business continuity plans and were aware of the actions being taken.

As a result of the appropriate planning of the project and the actions taken to mitigate and resolve issues as they arose, while colleagues did experience inconvenience Virgin Care continued to deliver services safely throughout.

#### **5.4.4 GP Practice System Configuration**

As a result of the new network roll out described in section 5.4.3 above Virgin Care have reported an localised issue with how Community Matrons access the GP records system (SystmOne). This is primarily linked to Virgin Care's requirement to continue to operate within nationally prescribed Information Governance regulations. For an interim period of 5 days there were a small number of Nursing Staff who could only access GP systems from another GP site, not the newly networked sites. Access to information was possible, but not at these staff bases. Access has been restored at the newly networked sites to ensure the necessary information is available to the nursing teams directly affected.

## **6 KEY SUCCESS FACTORS**

### **6.1 Arrivals events and single point of contact for staff**

Over 95% of transferring staff attended arrivals events across Bath and North East Somerset to find out about Virgin care, values and the vision for services in B&NES. They were able to feed in their input into what was working well and what could be changed. This feedback is being used to update the transformation plans. Feedback from colleagues attending this event was overwhelmingly positive, with some commissioners and community champions also attending the events.

### **6.2 Relationship building with key partners**

Virgin Care have continued to engage with the voluntary, community and social enterprise ( VCSE ) organisations and care delivery partners throughout the first 100 days. They have actively participated in 3<sup>rd</sup> sector events, along with representatives from the Council and CCG, as well as attending Local Area Forums. Conversations have begun around community navigators being provided by the Virgin Care organisations and how they will be integral to care coordination going forwards. Village Agents have welcomed Virgin Care's proactive involvement in the development of these schemes and in supporting workshop events.

Work has also begun with the RUH, where a new service has commenced for falls-pick up with South Western Ambulance Service NHS Trust. This joint work has already

prevented admissions. Additional pathway work is being jointly undertaken around discharging people from the hospital and the work that can support this in the community. The RUH and Virgin Care are working closely together to ensure priorities are aligned going forwards for the benefit of the community.

### **6.3 Social Care Records**

Virgin Care have been working closely with the Council to address current issues identified within the implementation of the social care client records system, as well as looking for improvements that can be made. Virgin Care will start providing the core systems training in a face to face environment from mid-July to replace the current eLearning training. This training will be provided in the hope that colleagues will feel more confident using recently implemented systems and should result in improvements to the processes that support service delivery freeing up Practitioner time.

The Council had previously asked teams to provide a list of current issues, these issues have now been collated by the Systems Steering group and are being addressed by the appropriate teams. A champion user group is now in place, these users will assist colleagues directly within teams and feedback best practice across organisations. There are still further improvements to be made which Virgin Care, other system users and the Council will continue to work closely to deliver.

### **6.4 Early areas of service redesign**

A key service review of future Community Mental Health Services arrangements has been launched and engagement on this is currently underway. Partnership working between the Council, CCG and Virgin Care and other key partners has been strong around this review.

Virgin Care has urgently prioritised Home First which is the subject of a separate report to this meeting of the Committee. This has included working closely with the RUH to ensure that people are discharged from hospital and assessed at home wherever possible. Significant progress has been made in ensuring that these pathways are established across the community and that acute and community colleagues are working jointly to ensure safe handovers are in place.

A review of Continuing Health Care processes was requested urgently by Commissioners and Virgin Care has undertaken this within the 100 days and has developed an action plan for improvement. This development work will be jointly led across the CCG & Virgin Care teams to ensure a single, coherent approach is achieved.

Virgin Care have also commenced work on a full review and redesign of the provision of adult social care. This has involved a restructure of governance to ensure that there is a clearly defined and visible leadership across social work practice and clarity of accountability for the Council's statutory responsibilities including assurance to and oversight by the Council. Virgin Care also participated in a visit from the Chief Social Worker and are organising a professional practice development day in October.

## **7 RATIONALE**

This report is provided for information to enable the Committee to fulfil its role in the ongoing scrutiny of the provision of Community Health and Social Care Services in Bath and North East Somerset.

## 8 OTHER OPTIONS CONSIDERED

Not applicable to this report

## 9 CONSULTATION

Not applicable to this report

## 10 RISK MANAGEMENT

A risk register is maintained in accordance with the Council's decision making risk management guidance and reviewed and updated on a weekly basis by the Safe Transfer Groups with reporting to the YCYW Steering Group.

<b>Contact person</b>	<i>Sue Blackman, Programme Lead</i>
<b>Background papers</b>	Not applicable
<b>Please contact the report author if you need to access this report in an alternative format</b>	



Bath & North East Somerset Council		
MEETING	Health and Wellbeing Select Committee	
MEETING DATE:	19 July 2017	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	An Introduction to the Home First Service	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
Not Applicable		

## 1 THE ISSUE

- 1.1 This paper aims to provide the Health and Wellbeing Select Committee with an outline overview of the Home First service model, which was implemented within Bath and North East Somerset (B&NES) in March 2017. The paper additionally aims to highlight the progress made within the B&NES Home First service to date and outline any planned developments.

## 2 RECOMMENDATION

- 2.1 The Committee is asked to note the briefing on the Home First service model.

## 3 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

- 3.1 The Home First service is currently provided within the Virgin Care Integrated Reablement Service using existing staffing and funded largely through the Better Care Fund. It is also supported with additional funding from the Clinical Commissioning Group. Part of the Improved Better Care Fund Adult Social Care grant monies awarded to the Council for 3 years from 2017-2020<sup>1</sup> will also be used to support a 7 day service, offer earlier transport home and to commission 5 beds within a nursing home which are explained more at sections 5.3 and 5.4.

## 4 STATUTORY CONSIDERATIONS AND BASIS FOR PROPOSAL

- 4.1 Home First has been set out as a requirement for Clinical Commissioning Groups and Councils to develop. It is set out within the Better Care Fund

<sup>1</sup> Three year adult social care grant funding known as the Improved Better Care Fund (I-BCF) announced in the Spring Budget and totalling £6.5m for B&NES. It must be used to support the delivery of social care and local social care providers such as care homes, and also help ensure that hospital discharges are not held up where possible.

guidance for 2017-19 which expects that local health and care systems will invest in services which support people to be discharged from hospital as soon as they are ready and also in NHS England's Next Steps for the NHS Five Year Forward View published in March 2017.

## **5 THE REPORT**

- 5.1 Home First (also known as Discharge to Assess) has been identified as a key priority locally to support patients to leave hospital and help them to have their needs assessed at home or in a more homely environment wherever possible. Being delayed in hospital can have many repercussions for people themselves but also for acute hospitals and people needing care and treatment elsewhere in the health system such as the front door of hospitals (the Emergency Department), as people cannot move through the hospital system. The service model for Home First is specifically referenced in this year's guidance for the Better Care Fund, the Government's strategic approach to health and social care integration and also the Improved Better Care Fund which is three year adult social care grant funding announced in the Spring Budget 2017. As noted above, Home First has also been identified as a priority in NHS England's Next Steps on the Five Year Forward View, published on 31<sup>st</sup> March 2017.

Home First is based upon the principle that it is aimed, where safe, for all individuals to be discharged home as soon as they no longer require care that can only be provided in an acute hospital bed. Here any further health and social care assessments can be undertaken at the right time and in the most appropriate environment for the individual to fully assess their long term care and support needs. If individuals are unable to safely return home then temporary options need to exist to allow assessments to be undertaken in an environment which will best meet their needs. Before Home First, often assessments for care at home and long term care home beds were carried out in hospital, in an unfamiliar environment and also when people were still recovering from an acute illness. This meant that permanent decisions about care needs were often made at a time when people's needs could still change, leading to early admissions to care homes and also over-provision of care in the community at a time when this is a scarce resource.

- 5.2 The local and national focus on Home First stems from the fact that not only does it help deliver improvements against national measures, such as people delayed in hospital waiting to be discharged (Delayed Transfers of Care, also known as DTOC), but also from the recognition that an acute hospital bed is not the best place for individuals who no longer need to be there. For older people in particular, it is recognised that prolonged hospital stays can lead to worse health outcomes and can increase their long-term care needs. By allowing time for recuperation, rehabilitation and reablement in a more appropriate environment, it will increase an individual's independence and ability to undertake day to day activities such as washing, dressing and meal preparation. Additionally it ensures that nobody is making a decision about their long term care needs whilst they are in crisis. In summary, Home First is not only the right thing to do for the system; it is the right thing to do for individuals.

However, whilst the rationale for Home First is clear, pathways need to be developed to support the Home First model. The pathways for Home First in

B&NES have been the subject of significant work across the health and care system and four pathways have been agreed as follows:

Essential Criteria	Pathway 0	Home First - Pathway 1	Pathway 2	Pathway 3
	No additional support	Additional support needed, but can go home	Additional support needed, but can't go home	Straight to long term care/ specialist care
	RUH ward managed discharge	RUH ward identify patients, <u>referral process?</u>	RUH ward refer to IDS & MDT discussion	RUH ward refer to IDS & MDT discussion
	1. <u>Medically able</u> , with no additional post discharge support required	1. <u>Medically able</u> but additional post-inpatient support required	1. <u>Medically able</u> but additional post-inpatient support required	1. <u>Medically able</u> but additional long term support required
	2. Safe to be discharged to home (includes no safeguarding concern)	2. <u>Safe to be left between visits</u> (including no safeguarding concerns present)	2. <u>Not safe to be left between visits</u> (includes safeguarding concern)	2. Known and settled long term complex needs which prevent returning home
	3. Has access to a normal place of residence (this includes nursing and residential home settings)	3. Has access to a normal place of residence ( <u>includes residential care homes</u> but not nursing homes)	AND/OR 3. Doesn't have access to a normal place of residence (includes existing care /nursing home)	OR 3. Known and settled long term complex needs which can be managed at home through a bespoke, planned discharge package
				OR 4. Additional support needs could be met in existing care /nursing home subject to assessment/ planning of discharge

(Figure 1)

5.3 Home First Pathway One has been recognised both nationally and locally as the pathway that is likely to deliver the biggest improvements against national measures, such as DTOCs, and individual outcomes, such as increased independence, and therefore has been the subject of significant work.

Within B&NES, this work is led by a Home First Operational Group made up of health and social care organisations in B&NES, Wiltshire and Somerset. For B&NES, representatives from the third sector (our Age UK Home from Hospital service) and domiciliary care agencies attend as well as our main providers such as Virgin Care and the RUH. The RUH provide the day to day leadership to develop this model.

Within B&NES the Home First Service (Pathway One) is delivered by the Integrated Reablement Team based with Virgin Care and three strategic domiciliary care agencies. The team are currently commissioned to provide Home First discharge slots for 20 individuals per week between Mon and Fri. Additionally they provide care, support and assessment to all people receiving Home First on their caseload across 7 days, for a maximum of 6 weeks.

It was agreed that this service should consist of the following:-

- A 24 hour turnaround from ward referral to discharge.

- An initial assessment by a Registered Physiotherapist or Occupational Therapist within 2 hours of discharge to identify immediate care and equipment needs.
- Care support of up to 4 visits per day, delivered by the Reablement Team or Reablement Strategic Domiciliary Care Partners.
- Equipment provision to support the individuals' care and mobility needs.
- On-going rehabilitation and reablement to increase to help people regain independence and strength – for example to climb stairs, make meals and get dressed themselves.
- On-going assessment to fully assess long term care needs.
- Onward referral to appropriate services once long term needs are apparent.

Since May 2017, 126 individuals have been discharged into the B&NES Home First Service, an average of 14 per week.

The service is continuing to develop and as outlined in the Better Care Fund Briefing provided to the Health and Wellbeing Board on 17<sup>th</sup> May 2017, an investment proposal has been agreed in principle to expand the service to support referral and discharge across 7 days. Temporary funding has also been provided to the RUH to help fund a discharge vehicle to enable people return home earlier in the day.

- 5.4 Pathway Two supports people who are still aiming to go home but will need some support over a 24 hour period and are unable to go home immediately. This is currently provided in B&NES only by the two community hospitals at St Martins and Paulton. Other communities may provide a wider range of options for people including rehabilitation, reablement and assessment beds within residential and nursing homes.

As outlined in the Better Care Fund report to the Health and Wellbeing Board on 17<sup>th</sup> May 2017 an investment proposal has been agreed in principle, to procure 5 beds within a single nursing home provider which will deliver bed based rehabilitation, reablement and assessments for up to 6 weeks. The rationale behind this is whilst community hospitals are able to deliver effective and evidence based rehabilitation, this is done so in a clinical environment and there are many people who need 24 hour support immediately on discharge from hospital, but do not need the medical input provided by a community hospital.

- 5.5 The investment above will also support people whose needs are likely to be met in a nursing or residential care environment, yet could be offered a further period of reablement to stabilise their needs and avoid making long term decisions about care needs in a hospital setting. This is Pathway Three in the table at figure 1.
- 5.6 Strategic development of these pathways will continue at a system-wide discharge workshop on the 24<sup>th</sup> July and metrics are currently being developed for this service.

In conclusion this briefing aims to outline the ethos behind the Home First Service model within B&NES. Generally it is about ensuring that home is the default pathway option for all individuals who no longer require care that can only be provided in an acute hospital bed. If the individual is unable to return home, then temporary options exist to support such individuals. These options ensure that, where possible, no decisions are made about individuals' long term care needs in a hospital environment and they offer additional opportunities to return home and to increase independence wherever possible. The development of the Home First service so far in B&NES has been led by colleagues across health, social care and the voluntary sector in a collaborative and positive way. The service is being evaluated and will shortly be able to demonstrate the positive impact that assessing a person's needs in their own home environment, or allowing them the time to recover from an acute illness before making a decision about their long term care needs can have on people themselves and on each part of the health and care system as capacity is directed to those who most need it. The outcomes for people themselves are positive, as are the outcomes for our health and care services which must ensure that they make the most of the resources available to them.

## **6 RATIONALE**

6.1 Not Applicable. Paper for reference only.

## **7 OTHER OPTIONS CONSIDERED**

7.1 Not Applicable. Paper for reference only.

## **8 CONSULTATION**

8.1 B&NES CCG Commissioners, B&NES Council Adult Social Care Commissioners, Virgin Care and The Royal United Hospitals Bath NHS Foundation Trust.

## **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. However as this report is for reference only, no risks have been identified.

<b>Contact person</b>	<i>Caroline Holmes</i> <i>Senior Commissioning Manager – Better Care</i> <i>01225 477313</i>
<b>Background papers</b>	<i>Not Applicable</i>
<b>Please contact the report author if you need to access this report in an alternative format</b>	

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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:

<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
<b>19TH JULY 2017</b>				
19 Jul 2017	HWSC	Your Care Your Way Update	Sue Blackman, Jayne Carroll Tel: 01225 396180,	Jane Shayler
19 Jul 2017	HWSC	Home First Service Development	Caroline Holmes Tel: 01225 477313	Jane Shayler
<b>27TH SEPT 2017</b>				
27 Sep 2017	HWSC	Your Care Your Way Update	Sue Blackman, Jayne Carroll Tel: 01225 396180,	Jane Shayler
<b>ITEMS YET TO BE SCHEDULED</b>				
	HWSC	Update on the Transfer of Services from the RNHRD to the RUH (Adult Fatigue, Pain Services)	Emma Mooney Tel: 01225 825849	Tracey Cox
	HWSC	Integrated Urgent Care Procurement	Catherine Phillips Tel: 01225 831868	Tracey Cox
	HWSC	Dentistry Services	Ruth Bartram Tel: 01138 251522	



Ref Date	Decision Maker/s	Title	Report Author Contact	Strategic Director Lead
	HWSC	Non-Emergency Patient Transport Service		Tracey Cox
	HWSC	Eye Care		
	HWSC	NHS 111 update		Tracey Cox
Page 33	HWSC	Loneliness report - update		Strategic Director - People
	HWSC	Homecare Review		Strategic Director - People
The Forward Plan is administered by <b>DEMOCRATIC SERVICES</b> : Mark Durnford 01225 394458 Democratic_Services@bathnes.gov.uk				

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