

HEALTH AND WELLBEING SELECT COMMITTEE

Minutes of the Meeting held

Wednesday, 27th September, 2017, 10.00 am

Bath and North East Somerset Councillors: Francine Haeberling (Chair), Geoff Ward, Bryan Organ, Eleanor Jackson, Tim Ball, Lin Patterson and Lizzie Gladwyn

In attendance : Dr Ian Orpen (Clinical Chair, B&NES CCG), Alex Francis (Healthwatch B&NES Team Manager), Paul Scott (Assistant Director of Public Health) Sue Blackman (Community Services Programme Lead), Vincent Edwards (Commissioning Manager - Adult Social Care) and Clare O'Farrell, Deputy Chief Operating Officer, RUH

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

29 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

30 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the emergency evacuation procedure.

31 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Bruce Laurence (Director of Public Health) had sent his apologies to the Select Committee. Paul Scott (Assistant Director of Public Health) was present as his substitute.

32 DECLARATIONS OF INTEREST

Councillor Lizzie Gladwyn declared an other interest with regard to agenda item 13 (Mental Health Pathway Review) as she is an expert patient and volunteer for AWP.

33 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

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

There were none.

35 MINUTES - 19TH JULY 2017

The Cabinet Member for Adult Care, Health and Wellbeing, Councillor Vic Pritchard advised the Democratic Services Officer that he had not been included within the 'in attendance' section of the front page of the minutes.

With this amendment in mind the Select Committee confirmed the minutes of the previous meeting as a true record and they were duly signed by the Chair.

36 CLINICAL COMMISSIONING GROUP UPDATE

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

A&E performance

In July over 94 per cent of patients were seen in A&E within the four hour target wait. However in August this dropped to 90.6 per cent and unverified figures for September indicate a further decline. Working with the Royal United Hospitals Bath NHS Foundation Trust (RUH), Virgin Care, the South Western Ambulance Service NHS Foundation Trust and many other providers we are beginning our preparations for winter to ensure we can maintain patient safety and performance over the coming months.

GP Survey Results Summer 2017

GPs in Bath and North East Somerset have once again come top of a nationwide patient survey for patient experience. The July GP Patient Survey showed that 93 per cent of the almost three thousand B&NES residents who took part in the survey in January 2017 rated their experience at their GP surgery as 'good'. This compares with a national average of 85 per cent. The continued positive results that B&NES GPs achieve in this survey despite the exceptional pressures on their time and services is testament to GPs commitment to the quality of patient care.

Urgent Care Centre

At the start of August 2017 we appointed the RUH and B&NES Enhanced Medical Services to run the Bath-based Urgent Care Centre after a rigorous procurement process.

The partnership will take over responsibility of the centre from May 2018, and will work closely with B&NES Doctors Urgent Care – which currently runs the service – to ensure a smooth transition.

Helping patients get fit for surgery

From next month we are making changes to the fitness programme we currently provide for patients needing hip or knee surgery. Over 40 percent of participants see such an improvement they no longer require surgery. From October the programme will be extended by up to three months to include weight management support for

those with a body mass index (BMI) of 30 or more and smoking cessation advice for smokers.

One of the ways to improve health and wellbeing is to increase the number of people accessing smoking cessation and weight management services, and evidence suggests that the point of referral to surgery is an opportune moment to encourage people to uptake referrals to these services.

Evidence also suggests that patients who smoke and/or are obese are at higher risk of surgical complications when compared to those who don't smoke and are a healthy weight.

We plan to roll the scheme out to other surgical procedures next year following consultation with the public about our plans which begins at the start of October.

NHS England consultation on prescriptions for medicines of low value

NHS England has launched a formal consultation on new national guidelines which state that 18 treatments – including homeopathy, travel vaccines and herbal treatments (which together cost UK taxpayers £141 million a year) should no longer be routinely prescribed by GPs.

The consultation also seeks views on the prescribing of products for minor self-limiting conditions which are readily available over the counter, at supermarkets and other retailers, often at a lower price than the cost to the NHS. The products include cough mixture and cold treatments, eye drops, laxatives and sun cream lotions.

The consultation closes on 21 October and once the feedback has been analysed we can expect to receive new guidance to inform our decisions about changes to our local prescribing policies.

Following consultation locally in B&NES in 2016, we have already made some changes to our prescribing policies for gluten-free foods for patients with coeliac disease and two types of over-the-counter products – antihistamines and painkillers where they are used to treat minor, short-term ailments.

Information about the consultation is available via our website www.banescCG.nhs.uk

Councillor Bryan Organ asked if the number of GP and hospital appointments not being kept was an issue within B&NES.

Dr Orpen replied that it is an issue that is monitored and is addressed if it occurs from regular sources. He said that all but one local surgery has an automated phone system to enable members of the public to cancel appointments.

Councillor Lizzie Gladwyn said that it was good to see the merged pathway for Urgent Care. With regard to patients being fit for surgery she asked if it was taken into account for those who, through their current condition cannot lose weight.

Dr Orpen replied that hospitals were conscious of the need to not disadvantage people that require surgery. He added that through a public survey 70% of respondents recognised the need to do more to help themselves prior to surgery.

Councillor Lizzie Gladwyn asked if the pressure on the A&E department in August and September was due to specific holiday injuries or people returning from holiday with injuries.

Dr Orpen replied that if anything actual numbers of patients were down and that the delays were due to less staff being on site due to the time of year.

Councillor Tim Ball said that he agreed with the approach taken on the matter of being fit for surgery. He added that he recognised the need to withdraw certain types of prescription, he commented though that he had noticed that there had been in some cases a 50% rise in the cost of some gluten-free foods in supermarkets following the withdrawal of those for coeliac patients in 2016.

Dr Orpen replied that he had met with the Coeliac Society prior to that decision being made to discuss alternatives that patients could choose.

Councillor Tim Ball addressed Dr Orpen and Councillor Vic Pritchard in their role as Co-Chair of the Health & Wellbeing Board. He said that a formal complaint had been submitted as the apologies of himself and Councillor Jackson were not being recorded in their role as official observers to the Board.

Councillor Eleanor Jackson said that she attended the Board whenever she could and that it was only through recent ill health that she was unable to be present. She said that she found it insulting to be treated in this manner and also could not understand why they were not allowed to be involved in any Development Days.

Dr Orpen replied that the Development Days were about the effectiveness of the Board and although he understood their role as observers they were not members of the Board.

Councillor Vic Pritchard said that he could see a reason for recording their attendance but as they were not members of the Board he was not sure of the need to record their apologies.

The Chair said that the matter should be discussed further outside of the Select Committee by Dr Orpen, Councillor Pritchard and the Director Integrated Health & Care Commissioning.

Dr Orpen said that there was no intention to offend both Councillors and that he hoped a solution could be found.

Councillor Eleanor Jackson asked if a review of patient prescription medication took place as standard every year. She also invited Dr Orpen to one of her weekend surgeries to meet local members of the public and discuss problems.

Dr Orpen replied that GP's do perform such a review to see if a patient still requires the medication or if their circumstances have changed. He added though what they cannot do is address patients directly on their previous usage.

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

37 CABINET MEMBER UPDATE

Councillor Vic Pritchard, Cabinet Member for Adult Care, Health & Wellbeing 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.

Community Services : Virgin Care Update

- Workforce

Virgin Care recognise that recent operational issues have had in some cases a significant impact on staff and the Senior Management Teams are ensuring staff are adequately supported and fully equipped to undertake their roles.

The appointment of the Virgin Care Bath and North East Somerset Managing Director post has now been appointed to and will take up post in early November 2017.

Work is also underway to finalise arrangements for CCG and Council Commissioning Resource in relation to sub-contracted services that will transfer to Virgin Care on 1st April 2018.

- Transformation

Transformation plans are progressing and all required contractual milestones for Quarter 1 have been met by Virgin Care.

Considering the Whole Person

Virgin Care launched the Citizens Panel in Quarter 1 against a Quarter 2 deadline, the panel aims to be representative, and open to all and focuses on the views of local people, and seeks views, insight and involvement in local health and care services. There are currently 28 members recruited to the Panel and Virgin Care will seek to ensure that year-on-year the number of members increases. The Virgin Care draft Engagement Strategy has also been shared with Commissioners and Community Champions. The launch of the Carers club will take place in Quarter 2.

Work has also commenced in developing a framework by Quarter 4 that delivers a comprehensive assessment that will enable the production of a holistic care and support plan, specific to the individual and based around their personal goals.

Red Bag Initiative with local care homes

Ten care homes in B&NES are piloting a new initiative whereby residents who need to visit hospital are accompanied by a distinctive red bag, which contains all relevant medical information as well as their personal belongings.

The red bags will stay with the patient for the duration of a hospital visit and contain specific admission and discharge checklists for medical staff to fill out. These lists will help ensure that every member of the medical team receives exactly the same

information, and nothing gets misplaced or miscommunicated on the way in or out of hospital.

The initiative is being introduced jointly by the CCG and Bath & North East Somerset Council into initially five nursing and five residential care homes in B&NES. It was first launched in 2016 by Sutton Clinical Commissioning Group and the design of the B&NES pilot has had important input from hospital matrons and palliative care nurses at the Royal United Hospitals Bath NHS Foundation Trust.

Efficient communication helps build good working relationships and working practices between the care home and hospitals, which ensures that a resident's hospital admission and discharge is also efficient.

The pilot launched in September 2017 and will be reviewed after six months to evaluate how it is working and decide whether the red bags will be introduced into all care homes in B&NES.

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

38 PUBLIC HEALTH UPDATE

Paul Scott 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.

Physical (in)activity

Sport England have published a report based on a survey from 2015-6 into levels of activity in adults from 40-60. 4 out of 10 (41%) adults aged 40 to 60 in England walk less than 10 minutes continuously each month at a "brisk pace" which equates to moderately intense physical activity that brings cardiovascular benefits.

There is a small gender difference: 18.9% of men vs. 20.4% of women but a more striking socio economic inequality, with 32.9% of adults aged 40 to 60 from the most deprived areas being classed as physically inactive, compared to 11.3% in the least deprived areas.

Part of the national strategy to increase levels of activity is the development and promotion of the "Active 10" idea and app. by Public Health England which is encouraging adults to build 10 minutes continuous brisk walking into their day as a simple way to improve their health. The 'Active 10' app has been developed to show how much brisk walking a person is doing each day and how to incorporate more of it into their lifestyles. You can visit the website:

http://po.st/Active10_Bath_NESomerset or search active 10 in the app store to download it free.

He informed the Select Committee of the Bathscape Walking Festival that took place from the 16th – 24th September 2017. He explained that the Bathscape Landscape Partnership aims to reconnect people with the unique natural setting of Bath and the surrounding area.

Responding to a burst water main

On July 19th a water main burst at Willsbridge in South Gloucestershire that caused a loss of supply to 35,000 properties in Keynsham, parts of Saltford and Kelston. This then led to a combined response from the B&NES environmental health and public health teams, the local NHS, residential and nursing homes, various businesses and of course Bristol Water, and similar counterparts in South Gloucestershire.

In the event water was off for just about 24 hours, which caused much inconvenience, but no real serious problems or outcomes.

The silver lining to the cloud of such an event is that we get the chance to test emergency response and business continuity plans for real across partnerships. And in this case, as ever, there were some good findings and some lessons to be learned where things didn't go so well.

On the plus side some findings of what went quite well were:

- Good feedback from Domiciliary Care providers
- Internal team work to help affected businesses/vulnerable groups
- Virgin Care business continuity plans and offer of help from District Nurses to vulnerable patients.
- Public Protection phoning around high risk premises
- Out of hours list and contacts
- Red Cross were very helpful
- We were ready to open the Council's control room

Some things that went less well were:

- Poor communications from Bristol Water; gravity of event was not recognised from outset, anticipated time to regain water supply varied, there was poor use of website and council and NHS did not initially have any hot-line to operations staff and had to use the public information lines. (It should be noted that Bristol Water said that this was one of their largest ever incidents and the problem of fixing the main was exacerbated by there being a gas pipe alongside which makes the work more delicate and demanding).
- Gaps in Bristol Water's vulnerable person list – lack of capacity to deliver water to vulnerable people/groups.
- Major incident called late.
- Ability to share vulnerable person information – availability of secure email between partners within and outside NHS.
- Public Protection evening work – under resourced/resilience – would have been tested more by longer lasting event.

As a result of this some work will fall to Bristol Water and partners including:

- Briefing staff in call-centre
- Update vulnerable person list
- Providing an alternative way of LA and other key partners to contact them in an emergency

- Provide informed information to public and partners on website, point of water collection at bowzers

Follow-up will also include Wessex Water and other utility companies and we will review our mechanisms for ensuring that all partners locally are informed and coordinated in a timely way when there is any significant incident.

Working towards a Smoke Free NHS

The NHS has done much work in recent years to create smoke free sites. Many Trusts are still struggling with smoking related litter, fires on site and the poor image projected by patients, visitors and staff smoking at site entrances and within the grounds of their estate.

B&NES staff are working with colleagues across the STP area (Swindon, Wiltshire and B&NES) to support NHS Trusts and providers to go completely smoke free. This basically means 3 things:

- Everyone understands there is no smoking anywhere on NHS property
- Every frontline professional discusses smoking with their patients
- Every smoker is offered stop smoking support on site or referral to service

Stoptober

Stoptober encourages smokers across England to make a quit attempt during October. Launched in 2012, this is the 28-day stop smoking challenge from PHE that encourages and supports smokers across England towards quitting for good. Stoptober is based on the insight that if you can stop smoking for 28-days, you are five times more likely to be able to stay quit for good. The campaign chunks down the quitting process, presents it as a more manageable 28 days and rallies people around a specific date to get started

New group to support adults bereaved by suicide

The Public Health team and Bath District Cruse Bereavement have joined forces to set up a support group for adults bereaved by suicide. This will meet every third Wednesday of the month at the Open House Centre, Manvers Street Baptist Church in Bath starting 21st September 2017, 18.30 – 20.00. The group is run by trained volunteers who have themselves been bereaved or affected by suicide.

Councillor Geoff Ward commented that it is a big challenge to increase the levels of physical activity of certain age groups across the Council. He said that in his view it was easier to achieve this if people had access to certain apps for their phones. He said that any future initiatives should be shared appropriately through social media.

Councillor Tim Ball said that any advertising should be used carefully as people who might struggle to walk may take offence at such articles. He added that of course any activity was better than none.

Councillor Lin Patterson said that she welcomed the Suicide Support Group and asked how many people had been involved so far.

Paul Scott said that two open events had been held and one actual meeting, at which nine people were present. He added that if numbers increased consideration would be given to another group being formed.

Councillor Eleanor Jackson asked if a copy of the update report could be sent to the Planning and Highways departments to highlight the need for better walking routes to be achieved through planning decisions. She added that from personal experience she could see the value that the Suicide Support Group would bring to people.

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

39 HEALTHWATCH UPDATE

Alex Francis, Team Manager - Healthwatch B&NES and Healthwatch South Gloucestershire 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.

Non-emergency patient transport

During quarter two, BaNES Clinical Commissioning Group (CCG) approached Healthwatch to ask if we would be interested in undertaking some joint work around the non-emergency patient transport service provided by Arriva Transport Solutions. Healthwatch agreed as this is a service that we regularly receive feedback about, and have raised concerns with the CCG about in the past due to the quality of service that people have reported.

A joint visit was carried out in early August between Healthwatch and the CCG, which included a 'ride-along', which allowed us to experience patient transport first-hand. During the ride-along staff spoke to patients and drivers about their experiences of using and providing the service. The visit also included an opportunity to speak to patients that had arrived at, or were waiting to be collected from, the Royal United Hospital, Bath.

All of the feedback gathered during the visit has been pulled together into a joint report. The CCG has shared the report with Arriva for comment.

B&NES community mental health review

In August, Healthwatch met with commissioners and staff from B&NES Council, BaNES CCG and Virgin Care to discuss the community mental health review that is currently underway. During this meeting Healthwatch shared all of the feedback that it had received regarding community mental health services, both from people that use these services, and also their carers or relatives.

An options paper outlining the themes and proposals for community mental health provision in B&NES is expected to be released in the autumn. Healthwatch has offered to run a public meeting for people to discuss the options in more detail, and also a Health and Wellbeing Network meeting so that voluntary, community and social enterprise (VCSE) colleagues can have their say. Details of these events will be shared widely once confirmed.

Safeguarding adults

Healthwatch is a member of the Local Safeguarding Adults Board; we are currently working closely with B&NES Council, BaNES Clinical Commissioning Group, Avon and Somerset Police and other partners to undertake three safeguarding adults' reviews.

Healthwatch aims to provide a lay perspective on each case; asking questions about how local safeguarding policies and procedures have been implemented, and helping to establish how effectively local organisations have worked together to safeguard the individuals concerned. Once complete, the findings of these reviews will be published, including recommendations for the future and any key learning to ensure best practice is implemented.

Sustainability and Transformation Partnership (STP)

In August, Healthwatch B&NES and Healthwatch Wiltshire met with the new STP Programme Director and Programme Manager to discuss Healthwatch's role in the revised governance arrangements, and review the communications and engagement approach that has been in place to date. Local Healthwatch reiterated the need for communication to improve, and engagement with patients, the public and the voluntary, community and social enterprise (VCSE) sector to increase.

In July, NHS England carried out a progress assessment of STPs across the country through which the B&NES, Swindon and Wiltshire STP was rated 'advanced'. Moving forwards, the Board endeavours to improve communication and engagement with the local population regarding the STP.

There is an STP stakeholder event taking place on Friday 20 October, 9.30am – 12.30pm at Bailbrook House, Bath.

Councillor Geoff Ward commented that it was important to know about such services as Non-Emergency Patient Transport. He asked how they were advertised.

Alex Francis replied that in terms of the service that Arriva provides there is an eligibility criteria. She added that other forms of community transport are available across B&NES and that Healthwatch do provide a signposting service in this respect.

She said that further information could be found via the Wellbeing Options or One Big Database websites.

Councillor Lizzie Gladwyn said that she welcomed Healthwatch having an input into the Mental Health Review.

Councillor Eleanor Jackson said that she was pleased to see the work relating to non-emergency patient transport as she was aware that Arriva had previously had problems with collecting people on time and then subsequently missing appointments.

Councillor Lin Patterson asked if Healthwatch had been asked to review or monitor midwifery services locally as she believed they were overstretched.

Alex Francis replied that they had not, but would discuss the matter with colleagues to see what could be done.

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

40 **UPDATE ON THE TRANSFER OF SERVICES FROM THE RNHRD TO THE RUH (ADULT FATIGUE)**

Clare O'Farrell, Deputy Chief Operating Officer, RUH introduced this report to the Select Committee. She informed them that there will be no change in the level of service provision for patients of the RNHRD Bath Centre for Fatigue Services. She explained 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 stated that the proposed new location will provide better facilities, including enhanced group rooms and improved waiting room facilities. There will be improved physical access, including flat access to the new Centre, ground floor clinic and group rooms and a purpose designed building which can better accommodate those with restricted mobility.

She said around thirty attendees were present at an informal engagement session which was convened earlier in the year, as an addition to a pre-arranged Friends and Family event. She explained that they had the opportunity to see plans and hear about the detail for the new Centre. She said that attendees were generally positive about new and improved facilities on the understanding of the same quality of service at the new location.

She explained that a total of 22 people completed at least some of the engagement questionnaire, with 17 completing the full questionnaire.

She said that subject to the Committee's endorsement of the plan to relocate the RNHRD's Bath Centre for Fatigue Services to a purpose built RNHRD and Therapies Centre on the RUH's Combe Park site, construction of the Centre will get underway in 2017, and the services will relocate when the new build is complete, scheduled for 2019.

She added that the next phase of PPE activities relate to proposals to relocate the RNHRD's Pain Management services. Planning is underway to launch the final round of PPE activity in early 2018.

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 Bath Centre for Fatigue Services from the Mineral Water Hospital site to a purpose built RNHRD and Therapies Centre on the RUH's Combe Park site.

41 MENTAL HEALTH PATHWAY REVIEW

The Community Services Programme Lead introduced the report on behalf of the Senior Commissioning Manager for Mental Health who was unable to attend. She informed the Select Committee that a review of the mental health pathway is being undertaken by the Council and Clinical Commissioning Group in order to determine the best model for the future commissioning of community and statutory mental health services across health and social care.

She explained that the review aims to identify how people access services, the quality of the services received, how they leave services and ongoing support. She added that it will seek to identify how services link together and in particular how physical and mental health services work together.

She said that the review will also identify areas of best practices within B&NES, what is working well, where there are gaps, duplication, potential for sharing resources and areas for improvement.

She gave the Select Committee some examples of the comments made during the initial engagement interviews.

- The voluntary sector in BANES is excellent – but statutory services need to support them and service users and carers to use and further develop them.
- Peer working, peer mentoring, volunteering and befriending are important elements of the recovery process and require further development.
- Transitions between CAMHS and adult mental health services sometimes do not work well.
- Dual diagnosis (substance misuse and mental health) service users can fall between gaps - too risky for IAPT but not severe enough for other services.

She stated that it is anticipated that an initial assessment of options will be considered by the Council / CCG Joint Commissioning Committee in October 2017, and that this will be followed by a more detailed options appraisal to be presented in November / December 2017 with the aim of implementing from April 2018.

Councillor Bryan Organ asked if the matter of transitions had improved recently.

The Community Services Programme Lead replied that there had been some improvement. She said that through the review 15 CAMHS users had been interviewed. She added that the question remains as to whether Children's Services should extend to 25 years of age or for what period there should be an overlap. She stated that this issue was high up on the list to be resolved.

Councillor Lin Patterson commented that she was pleased to see this issue receiving the appropriate attention.

Councillor Eleanor Jackson raised the matter of being able to access services and that this may be different for members of the public who are based more rurally to those within the city. She added that she had seen information that reported that 1 in 4 girls suffer from some form of depression.

The Community Services Programme Lead that the engagement with young people throughout this process was key. She added that in particular officers were keen to assess their aspirations and talk of how they access services. She said that as part of the review that Bath Area Play Project and Off The Record have held focus groups.

Councillor Tim Ball said that he had concerns that some service users who had been assessed as being on the Autism spectrum were having problems receiving medication after turning 18 years of age.

The Community Services Programme Lead replied that she would take that point away and discuss further with colleagues.

The Select Committee **RESOLVED** to note the themes emerging from the review.

42 CARE HOME PROVISION

The Commissioning Manager for Adult Social Care introduced this report to the Select Committee. He informed them that the Care Quality Commission (CQC) lists 60 care homes in B&NES. The 'Older Persons' portion of that market consists of 36 homes offering 1,375 beds in total. He added that roughly a quarter of this capacity supports dementia care.

He explained that the Council currently has 320 active placements in B&NES, including 34 Continuing Healthcare beds on behalf of the CCG. This is a market share of 23%. The remaining beds are either vacant or occupied by placements from other Local Authorities/CCGs or self-funders. The Council and CCG also make some out of area placements though this is a minority.

He said that as of 11th September 2017, there are 40 available vacancies across B&NES and 11 of these are for nursing beds. However, the bed types do not always match the needs of people assessed and not all of them are affordable to the Council. Almost half of the 40 vacancies are in one particularly expensive home. This puts a lot of pressure on the Council when securing placements and can also cause delays in hospital discharge.

He stated that the majority of care homes in B&NES are rated by CQC as 'Good' though a few do 'Require Improvement' in one respect or another.

He explained that between 2016 and 2017, 6 care homes in B&NES closed with the loss of almost 200 beds. This was due to a range of factors but again has reduced capacity significantly, pushed up fees and led to greater pressure on hospital discharges. The commissioning team has a successful track record in managing these closures and ensuring continuity of care for residents.

He informed the Select Committee of the 'Discharge 2 Assess' beds project. He said that this was a result of joint commissioning across the Council and CCG in partnership with the not-for-profit sector. He explained that commissioners are

piloting a scheme to deliver 5 short-stay beds to assess people's long term care needs. This alleviates pressure on hospital discharge and allows people's long term needs to be more accurately assessed outside the acute hospital setting. It will also help the Council to place people in a more planned way and negotiate fees with providers with more time.

The Chair asked if there were any concerns over staffing levels within care homes.

The Commissioning Manager for Adult Social Care replied that B&NES is a member of the 'Proud to Care-South West' campaign. This seeks to make social care a more attractive career option and tackle the longstanding challenges of recruitment and retention in care homes. He added that there are enduring issues of staff turnover and shortage, with close attention on the possible impact of the UK leaving the European Union.

Councillor Bryan Organ asked if the Council had working connections with St. Monica's Trust.

The Commissioning Manager for Adult Social Care replied that there is an established working relationship and that potential opportunities were being explored.

Councillor Lizzie Gladwyn asked if a figure could be given to the average waiting to be placed in a home.

The Commissioning Manager for Adult Social Care replied that the availability of appropriate supply is fluid. He said that every Friday a multi-agency discussion takes place to help find the right placement or care package for people. He added that delays can occur through either the patient's needs changing while in hospital or changes in families preferred destination.

Councillor Geoff Ward asked if a local place within a local home can be guaranteed.

The Commissioning Manager for Adult Social Care replied that travel links were key in this decision making process. He said that affordability was a factor and considering how in some boundary areas, placements outside of the B&NES area may be required where there isn't in-area supply.

Councillor Eleanor Jackson asked was there any evidence to support the planning decision for a dementia care home that the developer now says cannot be marketed.

The Commissioning Manager for Adult Social Care replied that the need has been identified and that commissioners were to become more involved with the planning department prior to future developments. He added that the challenge remains through affordability and geography and that it was a long piece of work that lied ahead.

Councillor Geoff Ward commented that an ageing population is obviously a factor alongside the work that takes place to keep older people at home for longer initially before care is required.

The Select Committee **RESOLVED** to note the report.

43 SELECT COMMITTEE WORKPLAN

The Chair introduced this item by noting that the Select Committee were due to receive the Local Safeguarding Adult’s Board Annual Report at its November meeting.

Councillor Bryan Organ proposed that they receive a report in November regarding Non-Emergency Patient Transport Services.

Councillor Lin Patterson proposed that a report on Midwifery Services be submitted to the Select Committee.

The Select Committee **RESOLVED** to approve these items for their workplan.

The meeting ended at 12.40 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services

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Briefing for the Health and Wellbeing Select Committee Meeting

Wednesday 27 September 2017

1. A&E performance

In July over 94 per cent of patients were seen in A&E within the four hour target wait. However in August this dropped to 90.6 per cent and unverified figures for September indicate a further decline. Working with the Royal United Hospitals Bath NHS Foundation Trust (RUH), Virgin Care, the South Western Ambulance Service NHS Foundation Trust and many other providers we are beginning our preparations for winter to ensure we can maintain patient safety and performance over the coming months.

2. GP Survey Results Summer 2017

GPs in Bath and North East Somerset have once again come top of a nationwide patient survey for patient experience.

The July GP Patient Survey showed that 93 per cent of the almost three thousand B&NES residents who took part in the survey in January 2017 rated their experience at their GP surgery as 'good'. This compares with a national average of 85 per cent.

The continued positive results that B&NES GPs achieve in this survey despite the exceptional pressures on their time and services is testament to GPs commitment to the quality of patient care.

3. GP appointment booking survey

We conducted a survey from July to August to find out how residents of B&NES prefer to book GP appointments and what they think about the different options available to do this. We also asked for general feedback about booking appointments that we will use to improve current processes and better promote them locally.

The survey was available in online and paper format and was given to GP practices to be shared with patients. We also promoted the survey directly with the public via our social media channels and those of Healthwatch B&NES, and discussed it with the CCG's patient and public involvement group 'Your Health, Your Voice'.

A total of 473 people filled in the survey and the results show that booking appointments over the telephone – person-to-person – is the most popular option, followed by online booking via a website.

Just under half of respondents felt that having the option to book online was very important to them, while only 10 per cent felt that automated telephone booking was very important.

4. Urgent Care Centre

At the start of August 2017 we appointed the RUH and B&NES Enhanced Medical Services to run the Bath-based Urgent Care Centre after a rigorous procurement process.

The partnership will take over responsibility of the centre from May 2018, and will work closely with B&NES Doctors Urgent Care – which currently runs the service – to ensure a smooth transition.

This appointment helps further our goal of joining up urgent care services across the region, including the Urgent Care Centre, NHS 111, the local ambulance service and GP out-of-hours services. This will ensure patients receive the right care, in the right place, at the right time and that pressure on the emergency department can be minimised.

5. Helping patients get fit for surgery

From next month we are making changes to the fitness programme we currently provide for patients needing hip or knee surgery. Currently patients undertake a programme of exercise and physiotherapy which helps them get fitter for their operation. Over 40 percent of participants see such an improvement they no longer require surgery. From October the programme will be extended by up to three months to include weight management support for those with a body mass index (BMI) of 30 or more and smoking cessation advice for smokers.

High BMI and smoking are amongst the biggest risk factors for morbidity in England and have a significant impact on people's health and wellbeing.

One of the ways to improve health and wellbeing is to increase the number of people accessing smoking cessation and weight management services, and evidence suggests that the point of referral to surgery is an opportune moment to encourage people to uptake referrals to these services.

Evidence also suggests that patients who smoke and/or are obese are at higher risk of surgical complications when compared to those who don't smoke and are a healthy weight.

The CCG and Council have a key focus on preventing ill-health by helping people stay healthy and reducing average obesity and smoking rates. This initiative supports that aim whilst also encouraging residents to take greater responsibility for their own health.

We plan to roll the scheme out to other surgical procedures next year following consultation with the public about our plans which begins at the start of October.

6. NHS England consultation on prescriptions for medicines of low value

Residents in B&NES are being encouraged to have their say on draft national guidelines that would cut prescriptions of medicines deemed as being of low priority for NHS funding.

NHS England has launched a formal consultation on new national guidelines which state that 18 treatments – including homeopathy, travel vaccines and herbal treatments (which together cost UK taxpayers £141 million a year) should no longer be routinely prescribed by GPs.

The consultation also seeks views on the prescribing of products for minor self-limiting conditions which are readily available over the counter, at supermarkets and other retailers, often at a lower price than the cost to the NHS. The products include cough mixture and cold treatments, eye drops, laxatives and sun cream lotions.

The consultation closes on 21 October and once the feedback has been analysed we can expect to receive new guidance to inform our decisions about changes to our local prescribing policies.

Following consultation locally in B&NES in 2016, we have already made some changes to our prescribing policies for gluten-free foods for patients with coeliac disease and two types of over-the-counter products – antihistamines and painkillers where they are used to treat minor, short-term ailments.

Information about the consultation is available via our website banesccg.nhs.uk or [here](#).

7. John Moon joins our Board

There are some changes to our Board to share with you. Helen Harris has stepped down as practice manager representative and John Moon, practice manager at St Augustine's in Keynsham has been voted in by our members to take on Helen's role from October. Dr Jonathan Osborn has also resigned from the Board as he is moving to a new practice in Wiltshire. Helen and Jonathan have made an invaluable contribution to the CCG and ensuring primary care is a key priority for us and we would like to thank them both.

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

Health & Wellbeing Select Committee September 2017

1. Community Services : Virgin Care Update

Introduction

The contract management structure is now in place and fully mobilised for the Prime Contract. CCG, Council and Virgin Care contract escalation procedures also documented and agreed.

There has been some impact on service performance, arising from the recent issues with IT associated with the implementation of the new Virgin network and Virtual Desktop Implementation as outlined in the 100 Day Report. Commissioners continue to closely monitor key operational performance and we are beginning to see a general reduction in issues around IT and a return to an expected level of enquiries around Staff Pay.

Workforce

Virgin Care recognise that recent operational issues have had in some cases a significant impact on staff and the Senior Management Teams are ensuring staff are adequately supported and fully equipped to undertake their roles.

The appointment of the Virgin Care Bath and North East Somerset Managing Director post has now been appointed to and will take up post in early November 2017.

Work is also underway to finalise arrangements for CCG and Council Commissioning Resource in relation to sub-contracted services that will transfer to Virgin Care on 1st April 2018.

Statutory Services Performance

Adult Social Care

Virgin Care inherited poor performance in adult services social care key performance targets and this reduced further in the first few months of the year. Virgin Care has confirmed that this is due to process issues, the impact of induction, vacancies, and IT issues. Virgin Care has strengthened social care leadership and developed a detailed social care action plan which includes plans for a brokerage team, a review of all processes in social care and long term improvements in practice. Successful active recruitment has taken place across the teams with seven of the nine vacancies recruited too. August data shows improvement in performance which is in line with the trajectory required. The Council is closely monitoring the service and working in partnership to support practice improvement.

Continuing Healthcare

A comprehensive review of processes within CHC has taken place led by the Interim Virgin Care Managing Director for B&NES. This has resulted in a detailed recovery plan and the establishment of a joint working group with the CCG to address outstanding issues and agree the timeframes for referrals, assessments and reviews across all CHC functions and pathways.

Children's Services

Service performance across the range of public health and community child health services provided by Virgin Care is on target. The service review in relation to Paediatric Audiology and the Child Protection on-call arrangements continue to be jointly led by Virgin Care and B&NES commissioners. B&NES Children's commissioners are meeting with Virgin Care to review Key Performance Indicators in the service specifications. Virgin Care has completed an internal management review across Children and Young People's Workforce, across B&NES and Wiltshire. This was an internal consultation but Virgin Care did share the proposal with children's commissioners across B&NES and Wiltshire at the appropriate time. Commissioners did provide formal feedback on the proposals and were assured that there is a clear focus on the different service provision across the 2 localities.

Transformation

Transformation plans are progressing and all required contractual milestones for Quarter 1 have been met by Virgin Care.

Integrated Care Record

Details regarding key stakeholders and systems to be integrated have been submitted to Commissioners along with a proposed implementation plan. A joint working group consisting of Council, CCG and Virgin representatives will be mobilised in October to further facilitate delivery of this priority.

Care Co-Ordination

A phased plan for the provision of Care Coordination has been made available to Commissioners. Options for locations of Care Coordination Centre(s) are currently being considered. A joint working group will be mobilised in October to further facilitate delivery of this priority. A joint working group will also be mobilised in October to further facilitate delivery of this priority.

Valuing the Workforce

1300 staff attended 16 welcome events in April and May 2017; this gave colleagues the opportunity to say what they thought worked well, what didn't work so well and where there were areas for improvement within the services and their working environment. This data has been used to inform transformation priorities. Whilst the Quarter 1 milestone has been met, work remains to ensure staff current mood and feelings are fully acknowledged and acted upon. A staff survey will be carried out in Quarter 2.

Considering the Whole Person

Virgin Care launched the Citizens Panel in Quarter 1 against a Quarter 2 deadline, the panel aims to be representative, and open to all and focuses on the views of local people, and seeks views, insight and involvement in local health and care services. There are currently 28 members recruited to the Panel and Virgin Care will seek to ensure that year-on-year the number of members increases. The Virgin Care draft Engagement Strategy has also been shared with Commissioners and Community Champions. The launch of the Carers club will take place in Quarter 2.

Work has also commenced in developing a framework by Quarter 4 that delivers a comprehensive assessment that will enable the production of a holistic care and support plan, specific to the individual and based around their personal goals.

Service Reviews and Redesigns

Homefirst

A draft Standard Operating Procedure for Homefirst has been developed by Virgin care and a single point of referral from the RUH went live in early July. The project team meets weekly with system partners to strengthen relationships and collaborate to improve efficiency. Appropriate referrals are being received and accepted although numbers remain low and Virgin Care is working closely with the RUH to encourage wards to refer.

Reablement

Virgin Care's national service design team have been reviewing the data that was received about reablement prior to the transfer of services from Sirona as well as spending time with the reablement services to start to map their processes. A launch review was held in August.

Mental Health

Joint working with commissioners and teams is progressing well and the Mental Health Review team are working through their engagement plan to gather feedback from relevant stakeholders and Community Champions to inform the review. Internally within Virgin Care, a launch has been held to scope joint working across health improvement, mental health and the wellbeing college.

Other Services

There is also specific focus on the following services in 17/18;

- Adults Community Nursing
- End of Life Care
- Medicines Optimisation
- Community Hospitals
- MSK
- Children's Audiology Service
- Children's Speech and Language Service
- Children's Community Nursing and Psychology Service
- Looked After Children's Service
- Public Health Nursing

2. Red Bag Initiative with local care homes

Bright red bags help ease the journey from care home to hospital, and back again

Ten care homes in Bath and North East Somerset (B&NES) are piloting a new initiative whereby residents who need to visit hospital are accompanied by a distinctive red bag, which contains all relevant medical information as well as their personal belongings.

The red bags will stay with the patient for the duration of a hospital visit and contain specific admission and discharge checklists for medical staff to fill out. These lists will help ensure that every member of the medical team receives exactly the same information, and nothing gets misplaced or miscommunicated on the way in or out of hospital.

The idea behind the red bag is so simple yet has the potential to be so powerful for care home residents who need to visit hospital and could be seen by a number of staff over a period of days.

“Having all of the relevant information about a patient in one stand-out place will help staff make the best decisions for that patient, and equally, their care home will be able to continue doing so once the patient has returned,” said Caroline Holmes, Bath & North East Somerset Council and Clinical Commissioning Group Senior Commissioning Manager for Better Care.

The initiative is being introduced jointly by the CCG and Bath & North East Somerset Council into initially five nursing and five residential care homes in B&NES. It was first launched in 2016 by Sutton Clinical Commissioning Group and the design of the B&NES pilot has had important input from hospital matrons and palliative care nurses at the Royal United Hospitals Bath NHS Foundation Trust.

The sorts of information contained in the bag will include a general medical history – including any pre-existing medical conditions and medication the person is taking – as well as details of the immediate health concern.

“The most important thing is that patients have the best experience and receive the best care possible, and a lot of that is down to effective communication between each member of staff looking after them,” said Maria Kelly-Fursdon, Manager of Newbridge Towers Residential Care Home in Bath.

Efficient communication helps build good working relationships and working practices between the care home and hospitals, which ensures that a resident’s hospital admission and discharge is also efficient.

The pilot launches in September 2017 and will be reviewed after six months to evaluate how it is working and decide whether the red bags will be introduced into all care homes in B&NES.

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Public Health – Select Committee report September 2017

1. Physical (in)activity.

Sport England have published a report based on a survey from 2015-6 into levels of activity in adults from 40-60.

<https://www.sportengland.org/media/11498/active-lives-survey-yr-1-report.pdf>

4 out of 10 (41%) adults aged 40 to 60 in England walk less than 10 minutes continuously each month at a “brisk pace” which equates to moderately intense physical activity that brings cardiovascular benefits..

Of course walking is just one form of exercise, but taking all into account it is still the case that 1 in 5 (19.7%) of 40 to 60 year olds (= 3 million adults) are classed as physically inactive, which is defined as taking less than 30 minutes of moderately intense physical exercise per week. This is an important age group when a lifetime of too much, (or in some cases not enough) sex, drugs and rock ‘n’ roll can start to manifest themselves in long term illnesses and disabilities.

There is a small gender difference: 18.9% of men vs. 20.4% of women but a more striking socio economic inequality, with 32.9% of adults aged 40 to 60 from the most deprived areas being classed as physically inactive, compared to 11.3% in the least deprived areas.

As would be expected from our population profile BaNES compares well nationally and regionally with a figure of 17.1% inactivity against 19.0 for the South West region. But still only just over two thirds of this age group is active at the level recommended by national guidelines which is at least 150 minutes of moderately intense activity each week. And of course there will be much variation within this figure between different localities. Levels of activity are now around 20% down on the 1960s but even modest improvements could have major impacts on individuals and the population as a whole.

Part of the national strategy to increase levels of activity is the development and promotion of the “Active 10” idea and app. by Public Health England which is encouraging adults to build 10 minutes continuous brisk walking into their day as a simple way to improve their health. The ‘Active 10’ app has been developed to show how much brisk walking a person is doing each day and how to incorporate more of it into their lifestyles. You can visit the website:

http://po.st/Active10_Bath_NESomerset or search active 10 in the app store to download it free.

2. Responding to a burst water main.

On July 19th a water main burst at Willsbridge in South Glos. that caused loss of supply to 35,000 properties in Keynsham, parts of Saltford and Kelston.

This then led to a combined response from the BaNES environmental health and public health teams, the local NHS, residential and nursing homes and various business and of course Bristol Water, and similar counterparts in South Glos. The water company has a responsibility to provide water, at least for five days, when their primary distribution fails, and can do this using trucks, bowsers, bottled water etc. In the event water was off for just about 24 hours, which caused much inconvenience but no really serious problems or outcomes.

The silver lining to the cloud of such an event is that we get the chance to test emergency response and business continuity plans for real across partnerships. And in this case, as ever, there were some good findings and some lessons to be learned where things didn't go so well. These were discussed at a debriefing session shortly afterwards.

On the plus side some findings of what went quite well were:

- Good feedback from Domiciliary Care providers
- Internal team work to help affected businesses/vulnerable groups
- Virgin Care business continuity plans and offer of help from District Nurses to vulnerable patients.
- Public Protection phoning around high risk premises
- Out of hours list and contacts
- Red Cross were very helpful
- We were ready to open the Council's control room

Some things that went less well were:

- Poor communications from Bristol Water; gravity of event was not recognised from outset, anticipated time to regain water supply varied, there was poor use of website and council and NHS did not initially have any hot-line to operations staff and had to use the public information lines. (It should be noted that Bristol Water said that this was one of their largest ever incidents and the problem of fixing the main was exacerbated by there being a gas pipe alongside which makes the work more delicate and demanding).
- Gaps in Bristol Water's vulnerable person list – lack of capacity to deliver water to vulnerable people/groups.
- Major incident called late.
- Ad hoc notifications internally/with local partners indicating need for more systematic cascade protocol
- Some delay in contact with takeaways (who are important food providers if people don't have water to cook with, but who need guidance about food safety in such an eventuality).
- Ability to share vulnerable person information – availability of secure email between partners within and outside NHS.

- Public Protection evening work – under resourced/resilience – would have been tested more by longer lasting event.
- Lack of large containers to transport water to residential and nursing homes and social housing.

As a result of this some work will fall to Bristol Water and partners including:

- Briefing staff in call-centre
- Update vulnerable person list
- Providing an alternative way of LA and other key partners to contact them in an emergency
- Provide informed information to public and partners on website, point of water collection at bowzers

Follow-up will also include Wessex Water and other utility companies and we will review our mechanisms for ensuring that all partners locally are informed and coordinated in a timely way when there is any significant incident.

3. Working towards a Smoke Free NHS

The NHS has done much work in recent years to create smoke free sites. However we know that some Trusts have found it difficult to enforce the policy and reverted to providing smoking shelters on sites due to pressure from local residents, service users and staff. Many Trusts are still struggling with smoking related litter, fires on site and the poor image projected by patients, visitors and staff smoking at site entrances and within the grounds of their estate.

We also know that approximately 25% of patients in hospital are smokers however very few are offered support to stop smoking whilst in hospital

B&NES staff are working with colleagues across the STP area (Swindon, Wiltshire and B&NES) to support NHS Trusts and providers to go completely smoke free. This basically means 3 things:

- Everyone understands there is no smoking anywhere on NHS property
- Every frontline professional discusses smoking with their patients
- Every smoker is offered stop smoking support on site or referral to service

The Trusts/providers we are supporting include the Royal United Hospital, Salisbury Foundation Trust, Great Western Trust, Avon and Wiltshire Mental Health Partnership, Virgin Care and Wiltshire Health and Care. All of these providers have nominated champions to take this agenda forward and will be working towards a completely smoke free NHS over the next 12 – 18 months. AWP are leading the way and are implementing their smoke free policy from 1st October 2017.

...and towards a smoke free world: Stoptober

Stoptober encourages smokers across England to make a quit attempt during October. Launched in 2012, this is the 28-day stop smoking challenge from PHE that encourages and supports smokers across England towards quitting for good. Stoptober is based on the insight that if you can stop smoking for 28-days, you are five times more likely to be able to stay quit for good. The campaign chunks down the quitting process, presents it as a more manageable 28 days and rallies people around a specific date to get started.

4. New group to support adults bereaved by suicide

It hardly needs saying that when bereavement is caused by suicide it brings added emotion, stress and torment to what is already one of the most difficult human experiences. Support groups and people affected have recognised a need for specific help.

The public health team and Bath District Cruse Bereavement have joined forces to set up a support group for adults bereaved by suicide. This will meet every third Wednesday of the month at the Open House Centre, Manvers Street Baptist Church in Bath starting 21st September 2017, 18.30 – 20.00. The group is run by trained volunteers who have themselves been bereaved or affected by suicide.

5. Public health newsletter

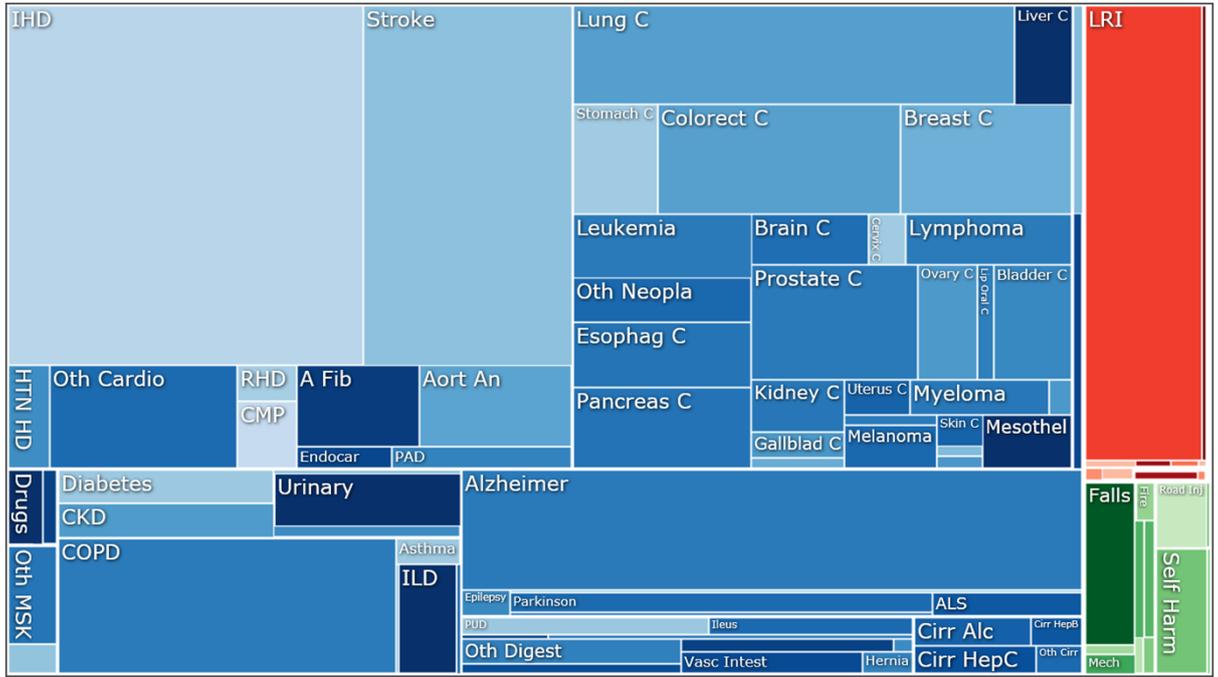
This month has seen the launch of a new BaNES public health newsletter. This is particularly intended to publicize and explain, as concisely as possible, current and upcoming public health campaigns which we would like all stakeholders to be aware of. It will go out to all Councilors. It will come out approximately monthly but frequency will be pragmatic. Any feedback is welcome.

6. Winter is coming...and we may be in for a bad flu season

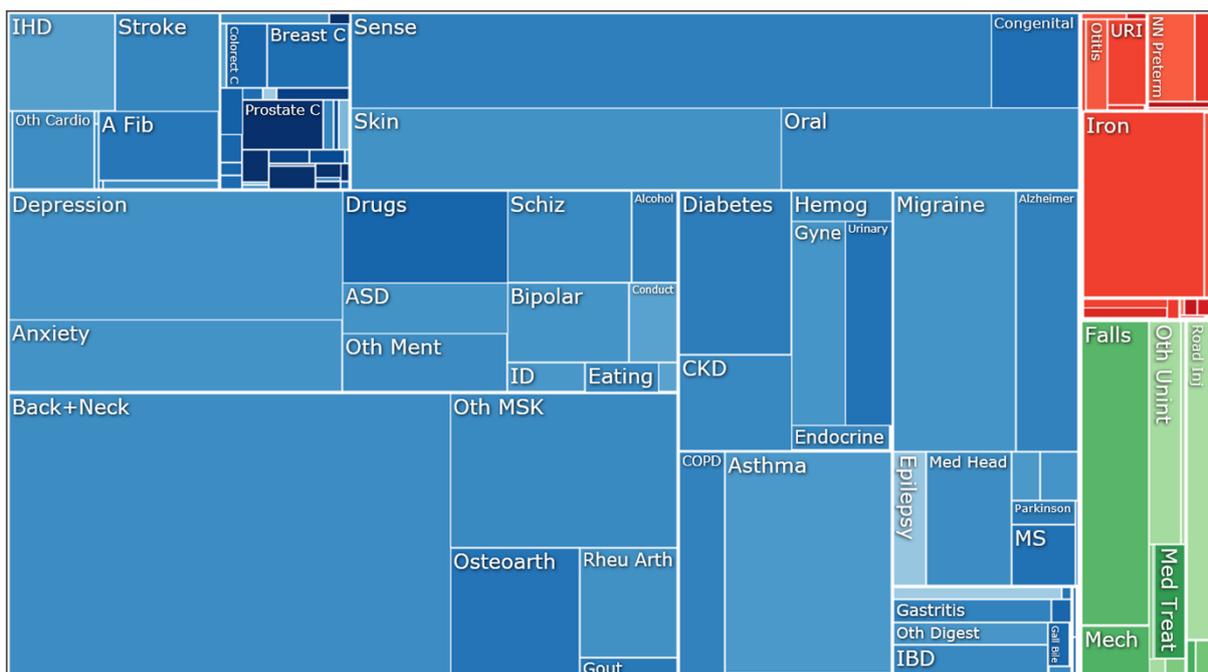
The flu season in the Southern Hemisphere can give an indication as to the likely severity of our own, and this year Australia and New Zealand have had one of the worst for some years, with Australia reporting close to double the amount circulating than the average of the past five winters. Therefore it is important that we do all we can to protect people and also hard-pressed services, by achieving high levels of vaccination in all target groups.

7. Two interesting charts from the WHO Global Burden of Disease project.

- a. SW England: Total years of life lost (YLL) from “premature” deaths (based on global estimates of life exp. at age of death). A measure of “what takes away our years”. Coronary artery dis, stroke, cancers, lower resp. infections (eg. pneumonia), dementia, COPD (chronic bronchitis + emphysema) prominent.



- b. SW England: “Years of life lost to disability” (YLD). A (complex) measure of “what takes away our good health”. Musculoskeletal, depression + anxiety, other mental illnesses, hearing and sight loss, skin and oral problems, asthma, falls, migraine, diabetes, iron deficiency, dementia.



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1) **Non-emergency patient transport**

During quarter two, BaNES Clinical Commissioning Group (CCG) approached Healthwatch to ask if we would be interested in undertaking some joint work around the non-emergency patient transport service provided by Arriva Transport Solutions. Healthwatch agreed as this is a service that we regularly receive feedback about, and have raised concerns with the CCG about in the past due to the quality of service that people have reported.

A joint visit was carried out in early August between Healthwatch and the CCG, which included a 'ride-along', which allowed us to experience patient transport first-hand. During the ride-along staff spoke to patients and drivers about their experiences of using and providing the service. The visit also included an opportunity to speak to patients that had arrived at, or were waiting to be collected from, the Royal United Hospital, Bath.

All of the feedback gathered during the visit has been pulled together into a joint report. The CCG has shared the report with Arriva for comment.

2) **B&NES community mental health review**

In August, Healthwatch met with commissioners and staff from B&NES Council, BaNES CCG and Virgin Care to discuss the community mental health review that is currently underway **W**:

<http://bit.ly/2wag1IH>

During this meeting Healthwatch shared all of the feedback that it had received regarding community mental health services, both from people that use these services, and also their carers or relatives. This feedback would also have been shared through Healthwatch's quarterly Feedback Feed Forward reports, which can be found online **W**: www.healthwatchbathnes.co.uk

An options paper outlining the themes and proposals for community mental health provision in B&NES is expected to be released in the autumn. Healthwatch has offered to run a public meeting for people to discuss the options in more detail, and also a Health and Wellbeing Network meeting so that voluntary, community and social enterprise (VCSE) colleagues can have their say. Details of these events will be shared widely once confirmed.

3) **Working with Virgin Care**

Having positive working relationships with local service providers and commissioners is key to Healthwatch's work. Whether we are sharing praise and compliments for a service, or suggestions of how things could be improved, it is vital that Healthwatch is able to have a frank and honest conversation with key members of staff and organisations to discuss what we have heard and explore how things can progress.

In early September, Healthwatch met with Joanna Scammell, Director of Transformation, and Martha Cox, Patient Experience Manager, both at Virgin Care This was a positive meeting and, as

a result, Healthwatch hopes will ensure regular communication between the two organisations, particularly around:

- the ongoing programme of transformation and service reviews
- opportunities for public involvement, engagement and consultation
- the sharing of, and responding to, feedback that Healthwatch gathers on both the services that Virgin Care provides, and those that it commissions.

4) Safeguarding adults

Healthwatch is a member of the Local Safeguarding Adults Board; we are currently working closely with B&NES Council, BaNES Clinical Commissioning Group, Avon and Somerset Police and other partners to undertake three safeguarding adults' reviews.

Healthwatch aims to provide a lay perspective on each case; asking questions about how local safeguarding policies and procedures have been implemented, and helping to establish how effectively local organisations have worked together to safeguard the individuals concerned. Once complete, the findings of these reviews will be published, including recommendations for the future and any key learning to ensure best practice is implemented.

5) Sustainability and Transformation Partnership (STP)

In August, Healthwatch B&NES and Healthwatch Wiltshire met with the new STP Programme Director and Programme Manager to discuss Healthwatch's role in the revised governance arrangements, and review the communications and engagement approach that has been in place to date. Local Healthwatch reiterated the need for communication to improve, and engagement with patients, the public and the voluntary, community and social enterprise (VCSE) sector to increase.

In July, NHS England carried out a progress assessment of STPs across the country through which the B&NES, Swindon and Wiltshire STP was rated 'advanced'. The STP Board recognised this as an assessment of their work together so far, rather than how effective they have been at delivering quality improvements and efficiencies. Moving forwards, the Board endeavours to improve communication and engagement with the local population regarding STP. Local Healthwatch wholeheartedly supports this and has committed to continue to act as a 'critical friend' to the process.

There is an STP stakeholder event taking place on Friday 20 October, 9.30am – 12.30pm at Bailbrook House, Bath. To find out more and book a place **W:** <http://bit.ly/2fFLRXC>

Report prepared by Alex Francis, Team Manager, Healthwatch B&NES and Healthwatch South Gloucestershire, on Friday 22 September 2017.