

BATH AND NORTH EAST SOMERSET

HEALTH AND WELLBEING SELECT COMMITTEE

Wednesday, 29th November, 2017

Present:- Councillors Francine Haeberling (Chair), Geoff Ward, Bryan Organ, Eleanor Jackson, Tim Ball, Lin Patterson and Lizzie Gladwyn

Also in attendance: Jane Shayler (Director, Integrated Health & Care Commissioning), Tracey Cox (CCG, Chief Officer), Alex Francis (Team Manager - Healthwatch B&NES), Deborah Forward (Senior Commissioning Manager - Preventative Services), Dami Howard (Safeguarding Children & Adults Boards Business Support Manager), Denice Burton (Assistant Director of Health Improvement), Reg Pengelly (Former Independent Chair - LSAB / LSAB) and Robert Lake (Independent Chair - LSCB / LSAB)

Cabinet Member for Adult Care, Health and Wellbeing: Councillor Vic Pritchard

44 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

45 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the emergency evacuation procedure.

46 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Dr Ian Orpen (CCG) and Dr Bruce Laurence (Public Health) had sent their apologies to the Select Committee. Tracey Cox and Denice Burton were present for the duration of the meeting as their respective substitutes.

47 DECLARATIONS OF INTEREST

There were none.

48 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

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

There were none.

50 MINUTES - 27TH SEPTEMBER 2017

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

51 CLINICAL COMMISSIONING GROUP UPDATE

Tracey Cox, Chief Officer, CCG 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 October 89.9 per cent of patients were seen in A&E within four hours against a national target of 95 per cent. We continue to work closely with the Royal United Hospital to help coordinate a whole-system response to manage pressure on services and drive up four hour waiting time performance. The CCG is making sure that primary care and community services are operating as effectively as they can, so that patients can be cared for out of hospital wherever possible.

A number of initiatives are being introduced to help reduce the pressure on hospitals. Home First enables patients who no longer need hospital care, but might need a bit of extra support, to go home as soon as possible. Once at home, the patient is met by a therapist and reablement workers who immediately provide a detailed assessment and organise support for up to six weeks to help the patient regain the skills and confidence to live at home independently – rather than stay in hospital.

Home First is being extended so it accepts referrals at weekends, in addition to Monday to Friday. We are also funding additional appointments at GP practices from January to March 2018 to help divert patients away from A&E and expanding our Early Home Visiting Service across all our practices.

She added that the NHS was due to be given £350m from the Autumn Budget as additional winter funding.

Integration of health and social care services

Plans to improve existing joint working arrangements between the CCG and Council have been approved at the Council's Cabinet (8 November) and CCG Board (9 November).

The focus on further integration is also in response to the changing needs of the local population, challenging budgets and to ensure services are sustainable in the longer term. By joining up the delivery of services, more of the local health and care budgets can be pooled and commissioners will be able to plan and deliver services for local people more effectively.

Plans to restrict access to three non-urgent services

We have begun engaging with the public on proposals to restrict access to fertility treatment, vasectomies and female sterilisations. In June we announced publicly that, like many NHS organisations across the UK, BaNES CCG is facing unprecedented financial pressures. We also signalled that we would need to make difficult decisions about the best way to fairly distribute NHS resources in B&NES.

We are proposing to remove NHS funding for vasectomies and female sterilisations in all but exceptional circumstances.

We are also proposing to continue providing one cycle of IVF for individuals who qualify for NHS-funded fertility treatment, but that to qualify, women need to be aged under 35 years, men under 55 years and couples need to have been trying for a baby for at least two years.

As with vasectomies and sterilisations, the CCG will still consider funding IVF treatment for people who do not meet these criteria but for whom there are exceptional circumstances.

The consultation is open until 27 December to allow as many people as possible to give their views on the proposals. The CCG is particularly interested in hearing from anyone who would be affected directly by the proposals, including health professionals, any suggestions people have about additional and/or alternative proposals to consider.

Tamsin May, Head of Communications, CCG added that street surveys were also planned to take place in Keynsham on Tuesday 5th December and in Bath on Thursday 7th December.

Councillor Eleanor Jackson commented that she would be happy to deliver copies of the survey to members of the public in Radstock / Midsomer Norton via her weekly local surgery.

She added that the Labour Group would also be writing a considered response to the proposals to restrict access to the three non-urgent services mentioned. She asked if there was a definition of exceptional circumstances and if social pressure would also be taken into account.

Tracey Cox replied that current figures show a decline in the number of vasectomies and the figures for female sterilisation are already low. She said that any requests for these procedures would be judged by a Clinical Panel.

Councillor Eleanor Jackson said that she was concerned at the time it takes on occasion to carry out care assessments prior to patients being discharged from hospital.

Tracey Cox replied that there has been a huge focus this year on delayed transfers of care which has included the formation of an Action Plan. She added that the CCG have also commissioned a number of discharge to assess beds in the new care home situated in the Chocolate Quarter, Keynsham.

Councillor Lin Patterson asked if they were aware of the possible legal action against the Secretary of State for Health regarding the moving of Health & Social Care to a USA model.

Tracey Cox replied that she was aware of a challenge to the Accountable Care System being non-compliant with the Health & Social Care Act. She added that as

far as she was aware there was no assumption that patients will have to pay for care.

Councillor Tim Ball said that he felt that the consultation survey relating to the three non-urgent services was misleading and proposed that it be amended. He stated that potential patients on benefits would not be able to afford these procedures.

Tracey Cox thanked him for his feedback and assured him that a comprehensive consultation process will be carried out and that an Impact Assessment will be completed prior to a decision being made.

Tamsin May added that the consultation had been tested through patient user groups and that other mechanisms, such as the street surveys will be carried out. She added that a colleague was meeting a community group in Foxhill this morning to discuss the proposals.

Councillor Tim Ball commented with regard to patients being fit for surgery. He suggested that patients returning in short succession for similar operations and having already been through the six-week programme of physiotherapy and physical exercise and maintained it, might not need to be asked to go through it again. He said this could therefore save time and money.

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

52 CABINET MEMBER UPDATE

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

Virgin Care – Patient Safety, Safeguarding and Quality Assurance Reporting, Monitoring and Management

Following the motion passed at the November meeting of full Council in relation to the reporting and management of any patient safety concerns I have been provided with assurance by the Council's Head of Safeguarding & Quality Assurance and CCG's Director of Nursing & Quality that these have been addressed.

He stated that specifically, in relation to the concerns expressed by some members of staff in Virgin Care and reported in the local media, the Director of Nursing & Quality and Head of Safeguarding & Quality Assurance did seek and receive assurance that all appropriate policies, procedures, systems and support to staff are in place to ensure they are able to raise any concerns that they may have, both internally and also, directly to external bodies, including CQC, the Council and the CCG.

He added that the Health & Wellbeing Select Committee receives regular updates on the Virgin Care Contract and he has requested that future updates include feedback

on performance, quality, safeguarding concerns, complaints and any serious incidents.

“Three Conversations”

Taking a personalised approach in adult social care has been a long held aspiration. However, supporting processes, including how assessments are undertaken, determining eligibility, putting in place support plans and arranging services remains largely unchanged.

But now some local authorities are exploring a radically different approach. The “three conversations” model aims to create a new relationship between professionals and people who need support, providing a graded process of conversations aimed at helping people lead independent lives, with traditional (funded) support packages offered only when other options have been exhausted.

Early evaluations are showing some remarkable results – improved outcomes for individuals, more fulfilled staff and a significant reduction in the number of people needing to receive long-term support packages funded by the Local Authority.

Conversation 1: Listen & Connect

Conversation 2: Work intensively with people in crisis

Conversation 3: Build a good life

Bath & North East Somerset Council is starting to try this very different approach. The three-conversation model draws on the individual’s own resources and encourages professionals to forge stronger links with the wider community – especially the voluntary sector, in order to support individuals to make best use of all the support available in their community.

The Director for Integrated Health & Care Commissioning commented that the approach will seek to look at what the community / voluntary sector can offer up front. She offered to show a short video at the next meeting that shows the strength of the service users.

Proud to Care South West Update

Proud to Care South West is part of the national Proud to Care initiative, aimed at raising the profile and appeal of a career in social care and health.

It is publically well documented that the social care workforce across the UK is under significant pressure. With that workforce spread across a variety of large and small organisations, a regional support structure to attract talent and help underpin future sustainability in the sector is a welcome and necessary development.

The Council’s investment in Proud to Care South West supports a coordinated approach across the region on a range of activities aimed at tackling the current issues and longer term initiatives aimed at the workforce of tomorrow.

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

53 PUBLIC HEALTH UPDATE

Denice Burton, Assistant Director Health Improvement 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.

Mental Health Time to Change Pledge

Bath & North East Somerset Council is calling all employers to sign the Mental Health Time to Change Pledge. The Council has joined a growing number of companies nationally who have signed the pledge, demonstrating their commitment to taking action to improve attitudes towards mental health – overcoming the stigma surrounding mental health issues and offering more support in the workplace.

NHS diabetes programme bulletin

NHS England is launching a new bi-monthly bulletin to keep up to date all partners, stakeholders and providers involved in the delivery of the NHS Diabetes Programme. The bulletin will include updates from across all streams of the Programme (NHS Diabetes Prevention Programme, Treatment and Care and Digital), share knowledge between delivery sites, help to build and maintain local engagement in the Programme and share reports, results and impact. The first bulletin is due to go out in November.

New guidance for professionals working with children and young people who self-harm

Over the past year a working party made of up of professionals from a range of B&NES services and young people from our CAMHS Participation Group have come together to review current guidance for professionals working with young people who self-harm. It has been unanimously agreed that B&NES will adopt the information and guidance on the **HarmLESS** website developed by Oxford Health NHS Foundation Trust and this content will replace all previous guidance.

Workplace Health Needs Assessment

Public Health England have published the *Workplace Health Needs Assessment*, a tool developed with Healthy Working Futures to help employers of all types and sizes to carry out workplace health needs assessments and provide practical workplace health advice. These resources add to existing materials for employers and local areas, including: employer toolkits developed with Business in the Community and others regarding mental health, musculoskeletal health, suicide prevention and suicide postvention; and a set of health and work infographics

Maternity services transformation

The local Maternity system (LMS) across B&NES, Wiltshire Swindon (STP footprint) has co-developed a transformation plan, in response to the national Better Birth Recommendations and the NHS Five Year Forward View. This is an exciting time for

our maternity services and for women and families in B&NES, Wiltshire and Swindon. Service user representatives have been centrally involved in developing our local transformation plan, working alongside key stakeholders, sharing information, considering needs, identifying gaps and shaping services that have women and their families at the centre

The vision is that: "All women have a safe and positive birth and maternity experience, and be prepared to approach parenting with confidence."

A full Engagement Plan is being developed, which will build on the work commenced by the Royal United Hospital in Bath in relation to place of birth. The MTP plan will be finalised by the end of November. The STP wide Maternity Strategy and Liaison Committee (MSLC) undertook a place of birth survey earlier this year with more than 800 responses. This feedback was used during the development of the plan and will form the basis of the Engagement Strategy.

Briefing for Councillors on Relationships and Sex Education (RSE) from the South West Regional Sexual Health Office

From September 2019 all schools will have to make provision for RSE and this briefing has been prepared for councillors across the region.

This briefing sets out the rationale for providing comprehensive Relationships and Sex Education (RSE) in schools and the opportunities that statutory RSE offers to local authorities in safeguarding young people and improving their public health outcomes.

From September 2019:

- **In all secondary schools 'relationships and sex education' will become statutory** – looking at what constitutes healthy relationships as well as the dangers of sexting, online pornography and sexual harassment
- **In primary schools 'relationships education' will become statutory** - focusing on building healthy relationships and staying safe
- Lessons will be delivered at an age-appropriate level using appropriate language, topics and activities
- The parental right of withdrawal from sex education will be maintained
- There will be flexibility for schools in their approach, including for faith schools to teach within the tenets of their faith
- RSE will help all schools to fulfil their statutory duties in regards to safeguarding, wellbeing and equality

This change represents an opportunity for public health and local authorities who commission sexual health and children and young people's services to help shape RSE.

Elected members can:

- Be local champions for quality RSE in schools and across council services

- Ensure local input into the national consultation on the content of RE, RSE and PSHE during the autumn of 2017
- Ensure information about supporting RSE is included in the JSNA, Health and Wellbeing strategy and local children's plans
- Visit or talk to head teachers, teachers, PSHE leads and Healthy Schools Coordinators about delivering good quality RSE, following best practice guidance and support schools in sharing good practice with each other
- Communicate positive messages and the benefits of high quality, age appropriate, se-positive RSE with fellow Members and school governors
- Ensure that commissioners and providers are seeking the views of children and young people to inform what is provided and how it is delivered in schools
- LAs need to provide strong leadership at this important time and support schools to make the necessary changes

Councillor Bryan Organ commented that the Mental Health Pledge in his view was vitally important. He added that focus should also be given to older people in the workforce who may need help with retaining concentration.

Denice Burton agreed that support will be required as we see a rise in workers with long term conditions.

Councillor Bryan Organ asked if she had any thoughts on the announcement that transgender children will be allowed to join Rainbows, Brownies and Girl Guides.

Denice Burton replied that she thought it was an enlightening approach, inclusive and forward thinking.

Councillor Geoff Ward commented that he believed that a growing number of people were becoming scared at the thought of retirement. He suggested that a promotion of activities available within the local community be embarked upon.

Denice Burton replied that it was important for people approaching retirement age to be happy, connected and active. She added that B&NES has invested in the Wellness Service that provides a holistic assessment of people's needs.

Councillor Eleanor Jackson said that in support of people staying active, both physically and mentally, Radstock in Bloom were now receiving referrals.

Councillor Lin Patterson asked if there was locally a central volunteering register.

Denice Burton replied that Developing Health & Independence (DHI) has a volunteer recruitment programme and that work was being done to establish a volunteering network across the sector.

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

Update on non-emergency patient transport

At the September meeting Healthwatch updated the Committee on a piece of work it had undertaken with BaNES Clinical Commissioning Group (CCG) around the non-emergency patient transport service provided by Arriva Transport Solutions.

The visit included an opportunity to speak to patients that had arrived at, or were waiting to be collected from, the Royal United Hospital, Bath

Feedback gathered during the visit was pulled together into a joint report, which the CCG has shared with Arriva for comment. Here are some of the key points from the visit:

Health, safety and welfare of passengers/ patients

- All of the drivers were respectful and courteous to passengers using the transport. Passengers were referred to by name and appeared to be pleased to see the crews.
- The crews were asked about identifying potential harm to a passenger. Safeguarding was discussed and crews knew the process for referring passengers.
- Arriva aims to provide return journeys (after a patient's appointment) within four hours. For some passengers, e.g. those that have diabetes, this can require planning to ensure that food and/or medication is brought in order to prevent a hypoglycaemic incident.
- Crews were observed assisting patients onto the transport in their wheelchairs. All were securely strapped in with an additional seat belt.
- On the day there appeared to be good relationships between the crews and the departments/ care home staff. The crews gave examples of situations when this hasn't been so good, for example where a journey has been delayed without the care home or hospital department being notified.

Patient feedback

- Patients stated that the crews were kind and approachable.
- The patients did say that at times when delays occurred they become frustrated and the crews can get the brunt of this, however the patients didn't feel it was the crews fault.

- The patients felt frustrated with the people who plan the journeys as they often have heard the crews speaking to the control centre stating that they are unable to get to the next journey on time.
- The patients said they felt frustrated for the crews as they can see that the journey time is impossible. One patient said they would like to have the opportunity to go to the control centre to explain this.
- One frequent user of the service stated that their life “revolves around Arriva” as the service frequent picks them up late and gets them home late. This patient stated that they feel they “want to give it all up as I can’t face the transport”.

Healthwatch is awaiting further update from the CCG regarding the full report and will notify the Committee when it becomes publicly available.

Accessible Information Standard (AIS)

The Care Quality Commission (CQC) has recently released information highlighting how they will monitor implementation of the AIS during inspections of NHS and publicly-funded adult social care services.

Healthwatch B&NES is currently carrying out some public engagement to understand people’s experiences of accessing services and how the AIS has impacted on their experiences during the last 12 months. We aim to release a full report in the spring and host a learning event with local providers to share best practice. Further details will be released nearer to the time.

Councillor Eleanor Jackson thanked her for the crucial work Healthwatch carries out. She commented that she felt that the patient transport control centre was not always well briefed on the geography of B&NES.

She said that she was also aware of occasions where drivers had not been able to pick patients up at the correct time and that sometimes the timings were not in sync with appointments.

Councillor Bryan Organ said that a similar service was provided in Keynsham through Dial-a-Ride and he agreed that on occasion timing could be a problem. He said that he advocated another volunteer should be present alongside the driver to assist with patient’s needs.

Councillor Lizzie Gladwyn commented that having worked previously at the RUH that some drivers may be under the impression that a ‘Discharge Lounge’ still exists.

Alex Francis stated that the RUH were not seeking to bring this provision back, but she did feel that a central point for collecting patients was key.

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

55 MATERNITY TRANSFORMATION PLAN FOR B&NES, SWINDON AND WILTSHIRE

The Senior Commissioning Manager for Preventative Services introduced this item to the Select Committee. She explained that the plan details our system wide response across the Strategic Transformation Partnership (STP) footprint to the national Better Birth Recommendations and the NHS Five Year Forward View. She added that it also describes our vision for local maternity services to ensure that - "All women have a safe and positive birth and maternity experience, and be prepared to approach parenting with confidence."

She informed them that all maternity services were asked to develop a Local Maternity System (LMS) across their STP footprint by October 2017. The B&NES, Swindon and Wiltshire STP created such a system in April 2017 with all providers and commissioners across the maternity pathway joining together to discuss and agree operational and strategic aims and objectives.

She stated that public consultation will of course be key and that a full Engagement Plan is being developed, which will build on the work commenced by the Royal United Hospital in Bath in relation to place of birth.

She said that the MTP plan will be finalised by the end of November. She added that the STP wide Maternity Strategy and Liaison Committee (MSLC) undertook a place of birth survey earlier this year with more than 800 responses and this feedback was used during the development of the plan and will form the basis of the Engagement Strategy.

She explained that the mobilisation and implementation of the plan will be supported by a dedicated project midwife, which is being funded from national money dedicated to the development of Local Maternity Systems. This post is currently being recruited to.

Councillor Eleanor Jackson said that the Labour Group would provide a written response to the proposals in due course. She said that she was surprised that there seemed to be no reference made to pain control within the Plan and that some sections of it were not particularly true to life as babies don't always read their birthing plan.

She spoke of how important it was to have the same midwife throughout the duration of the pregnancy.

She explained that she was aware of a local resident that had begun to give birth in Paulton Hospital but due to complications had to be transferred to the RUH. She said that the RUH staff were so busy there appeared to be no time to explain the circumstances of her transfer.

She said that further support was also required to assist with breastfeeding as in some cases this can take a number of days to be successful.

The Senior Commissioning Manager for Preventative Services thanked Councillor Jackson for her comments.

Councillor Lizzie Gladwyn commented that she hoped improvements could be sought following the Better Births Gap Analysis, in particular midwife support.

The Senior Commissioning Manager for Preventative Services said that she would bring an update on the Plan to the Select Committee in due course.

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

56 LOCAL SAFEGUARDING ADULT'S BOARD ANNUAL REPORT

The former Independent Chair of the Board, Reg Pengelly introduced the report to the Select Committee. Also present were Robert Lake, the new Independent Chair and the Safeguarding Children & Adults Boards Business Support Manager.

He said that the relationship that the Board has with all agencies involved across the authority is so welcome.

He explained that during the reporting period 2016 – 17 B&NES received 1,496 new alerts/referrals (now called concerns) and that this is an increase of 32% compared to the previous year which saw the implementation of the Care Act. He stated that the increased level of activity is taking additional time for all the agencies concerned.

He said the links between the LSAB and the Local Safeguarding Children's Board (LSCB) had been further strengthened in the past year through a joint working plan and joint stakeholder days in order to promote 'Think Family'.

He informed them that joint working with the LSCB to raise awareness of Female Genital Mutilation (FGM) has progressed with the development of a poster and information leaflet.

He stated that the Board has updated a range of policies, training and guidance in accordance with the requirements of the Care Act 2014 and its revisions including a full revision of the multi-agency procedures that went live in September 2016, and developed more robust systems for monitoring dissemination of policies and procedures.

Councillor Eleanor Jackson advised those present of a clerical error within the report as the area referred to as Norton Radstock no longer exists. She asked that it be amended to Midsomer Norton and Radstock.

She said that she found the report contained some extremely useful information. She asked how the potential conflict between information sharing and data protection was managed.

Reg Pengelly replied that in terms of safeguarding safety is seen as paramount over data protection.

Councillor Eleanor Jackson asked what transitions systems were in place when referring to children moving into adult care.

Reg Pengelly replied that well developed transitions processes were in place. He added that the support criteria is different for those over the age of 18, but that some services can extend to 25. He said that plans for migration should be in place from 16 where possible.

Councillor Bryan Organ asked how they could make more people aware of the work of the Board.

Reg Pengelley replied that there was a joint LSAB / LSCB website that had three tiers of information available to it.

The Chair asked if they had supplied any publicity material to local GPs.

The Safeguarding Children & Adults Boards Business Support Manager replied that they had provided them with leaflets and posters relating to the work of the Boards.

Councillor Tim Ball commented that he was aware of some young people that from the age of 16 are weaned off their ASD medication and that these same people are now in receipt of adult care.

The Director for Integrated Health & Care Commissioning replied that as Chair of the Health & Wellbeing Board Sub-Committee she could look into this on his behalf.

Councillor Eleanor Jackson said that she would welcome further information relating to husbands being abused in terms of Domestic Violence.

Reg Pengelly replied that this question would be better addressed to a representative of the Responsible Authorities Group (RAG) and suggested Dr Bruce Laurence.

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

57 SELECT COMMITTEE WORKPLAN

The Chair introduced this item. She said that they were due to receive the Directorate Plan reports in January ahead of the budget being set in February.

She reminded them that they had earlier agreed to receive a video / presentation on the Three Conversations referred to in the Cabinet Member Update.

Councillor Eleanor Jackson requested that the Select Committee receive some training on Commissioning during 2018.

The Director for Integrated Health & Care Commissioning replied that she felt that some training on the Commissioning Cycle could be provided.

Councillor Vic Pritchard spoke to confirm the status of both Councillor Jackson and Councillor Ball as official observers to the Health & Wellbeing Board and that any future apologies would be recorded.

Councillor Lin Patterson asked for an STP update to be put on the workplan.

Councillor Eleanor Jackson asked if by November 2018 the Select Committee could receive a report that addresses the provision of midwives and care home staff locally and the effect that Brexit may have on them.

The Director for Integrated Health & Care Commissioning replied that she would discuss the matter with the Commissioning Manager for Adult Social Care to see what could be possible.

The Select Committee **RESOLVED** to approve all of the proposals made.

The meeting ended at 12.50 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services

Briefing for the Health and Wellbeing Select Committee Meeting**Wednesday 29 November 2017**

1. A&E performance

In October 89.9 per cent of patients were seen in A&E within four hours against a national target of 95 per cent. We continue to work closely with the Royal United Hospital to help coordinate a whole-system response to manage pressure on services and drive up four hour waiting time performance. The CCG is making sure that primary care and community services are operating as effectively as they can, so that patients can be cared for out of hospital wherever possible.

A number of initiatives are being introduced to help reduce the pressure on hospitals. Home First enables patients who no longer need hospital care, but might need a bit of extra support, to go home as soon as possible. Patients are only discharged when the ward team have completed the necessary checks to make sure they are medically fit. Once at home, the patient is met by a therapist and reablement workers who immediately provide a detailed assessment and organise support for up to six weeks to help the patient regain the skills and confidence to live at home independently – rather than stay in hospital. This support includes making meals, helping them get in and out of bed on their own and getting dressed.

Home First is being extended so it accepts referrals at weekends, in addition to Monday to Friday. We are also funding additional appointments at GP practices from January to March 2018 to help divert patients away from A&E and expanding our Early Home Visiting Service across all our practices. This scheme is for people who are unwell and cannot get to their GP surgery to be seen. They can now call the practice first thing in the morning to request an early home visit so that patients who might need to go to hospital for a check can do so and return home again on the same day.

2. Integration of health and social care services

Plans to improve existing joint working arrangements between the CCG and Council have been approved at Council Cabinet (8 November) and CCG Board (9 November).

At these meetings, Cabinet and Board members approved plans for a future joint governance and decision-making framework and to undertake more detailed work to further join up the delivery of NHS-provided health and Council-provided (social) care services in order to improve the health outcomes for local people.

The Council and CCG's two-year review of local community services ***your care, your way*** (2014-2016) highlighted how people would like to see services better coordinated around the individual so the right care is offered at the right time and in the right place. Our plans for integration are an important step forward to achieving that vision. The focus on further integration is also in response to the changing needs of the local population, challenging budgets and to ensure services are sustainable in the longer term. By joining up the delivery of services, more of the local health and care budgets can be pooled and commissioners will be able to plan and deliver services for local people more effectively.

3. Plans to restrict access to three non-urgent services

We have begun engaging with the public on proposals to restrict access to fertility treatment, vasectomies and female sterilisations. In June we announced publicly that, like many NHS organisations across the UK, BaNES CCG is facing unprecedented financial pressures. We also signalled that we would need to make difficult decisions about the best way to fairly distribute NHS resources in B&NES.

We have a savings plan in place to help reduce expenditure and have already made some significant efficiencies whilst maintaining high quality, safe services. However we need to go further and look at other ways we can save money in order to fulfil our duty to live within our budget.

We are proposing to remove NHS funding for vasectomies and female sterilisations in all but exceptional circumstances.

We are also proposing to continue providing one cycle of IVF for individuals who qualify for NHS-funded fertility treatment, but that to qualify, women need to be aged under 35 years, men under 55 years and couples need to have been trying for a baby for at least two years.

As with vasectomies and sterilisations, the CCG will still consider funding IVF treatment for people who do not meet these criteria but for whom there are exceptional circumstances.

The CCG has already taken the decision to stop funding for gluten-free foods and over-the-counter medicines for short-term ailments for all but the most vulnerable patients.

The consultation is open until 27 December to allow as many people as possible to give their views on the proposals. The CCG is particularly interested in hearing from

anyone who would be affected directly by the proposals, including health professionals, any suggestions people have about additional and/or alternative proposals to consider.

You can find out more via the CCG website banesccg.nhs.uk

4. Helping patients get fit for surgery

People living in Bath and North East Somerset are invited to help shape new plans to tackle obesity and smoking, by encouraging patients who need routine surgery to quit smoking and/or lose weight beforehand. Studies show that patients who succeed in adopting a healthier lifestyle have a reduced risk of complications during and after their operation, recover more quickly and experience long-term health benefits.

People in B&NES with osteoarthritis who need a hip or knee replacement already go through a six-week programme of physiotherapy and physical exercise to help them get fitter for their operation. From this November, patients with a BMI of 30 or above, and those who smoke, are being encouraged to try to lose weight and/or stop smoking for a period of up to three months, before they are referred for physiotherapy and surgery.

The CCG plans to introduce a similar scheme for other types of non-urgent surgery in the New Year and patients who smoke or have a BMI of 30 or above, will be encouraged to try to stop smoking and/or lose weight for a period of time, before they are referred for non-urgent operations. The CCG is keen to understand the needs of people who may be affected by this scheme and has launched a period of consultation. You can find out more via the CCG website banesccg.nhs.uk

5. STP Update

Chris Bown has been appointed as the new Senior Responsible Officer for the BaNES, Swindon and Wiltshire STP. Chris has a strong leadership record within the NHS. He started his career at St Thomas' and Guy's Hospitals in London. He took up his first executive level post at Birmingham Children's Hospital in 1991 as Director of Operations and subsequently has held trust Chief Executive posts in Suffolk and Dorset. Chris has since 2014, also undertaken freelance management consultancy and interim CEO executive assignments both in the UK and overseas. Chris took up his post at the start of November and will be based at St. Martin's Hospital with the rest of the STP Programme Management Team.



An STP Stakeholder Engagement Event was held in Bath on Friday 20 October. Nearly 70 people representing voluntary, charity and third sector organisations came together to hear the STP's emerging proposals to focus on Older People and the Mental Health and Wellbeing of our populations.

A regular Newsletter called STOP Press is being published to provide updates on all STP wide developments. A link to the latest edition is

<http://www.bswstp.nhs.uk/news>

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

Health & Wellbeing Select Committee November 2017

1. Virgin Care – Patient Safety, Safeguarding and Quality Assurance Reporting, Monitoring and Management

Following the motion passed at the November meeting of full Council in relation to the reporting and management of any patient safety concerns I have been provided with assurance by the Council's Head of Safeguarding & Quality Assurance and CCG's Director of Nursing & Quality last full Council.

The arrangements in place are as follows:

- Safeguarding, performance and quality reporting and standards are enshrined in the contract with Virgin Care and associated service specifications and contract schedules.
- Specifically, the quality schedule contained within the Virgin Care contract sets out the requirements in relation to reporting any concerns in patient safety. There are requirements for both the internal and external reporting of concerns. There is a requirement to have a whistleblowing policy in place to support staff to report concerns directly to external bodies, including CQC if appropriate.
- The quality schedule also sets out the requirements for the submission of data to support the CCG's robust monitoring of quality issues including patient safety.
- The contract schedule also sets out the requirements for the reporting of safeguarding concerns and complaints and the submission of data to support the monitoring of safeguarding issues and complaints.
- Contract management arrangements including:
 - Monthly Contract Quality and Performance Management Meetings between senior managers and subject matter experts from the Council, CCG and Virgin Care, supported by the Commissioning Support Unit.
 - Monthly Quality Meetings and Social Care and Safeguarding Performance meetings between the CCG, Council and Virgin, which receive and review detailed reports, including a specific agenda item on complaints and significant incidents with the clear expectation that any whistleblowing issues are reported.

- o Monthly Finance & Performance Meetings, which receive detailed finance and performance reports.

Specifically, in relation to the concerns expressed by some members of staff in Virgin Care and reported in the local media, the Director of Nursing & Quality and Head of Safeguarding & Quality Assurance did seek and receive assurance that all appropriate policies, procedures, systems and support to staff are in place to ensure they are able to raise any concerns that they may have, both internally and also, directly to external bodies, including CQC, the Council and the CCG.

The Health & Wellbeing Select Committee receives regular updates on the Virgin Care Contract and I have requested that future updates include feedback on performance, quality, safeguarding concerns, complaints and any serious incidents. These reports will be signed-off by the CCG's Director of Nursing and Quality and the Council's Head of Safeguarding & Quality Assurance. I am advised, however, that the information publicly reported cannot provide a level of detail that includes any personal data and/or might enable the individual making the complaint or raising a concern to be identified. In advance of signing-off on the reports to the Health & Wellbeing Committee, the Director of Nursing & Quality and the Head of Safeguarding & Quality Assurance, will assure themselves that the appropriate people within the Council, CCG and any other external bodies have received the required level of detail.

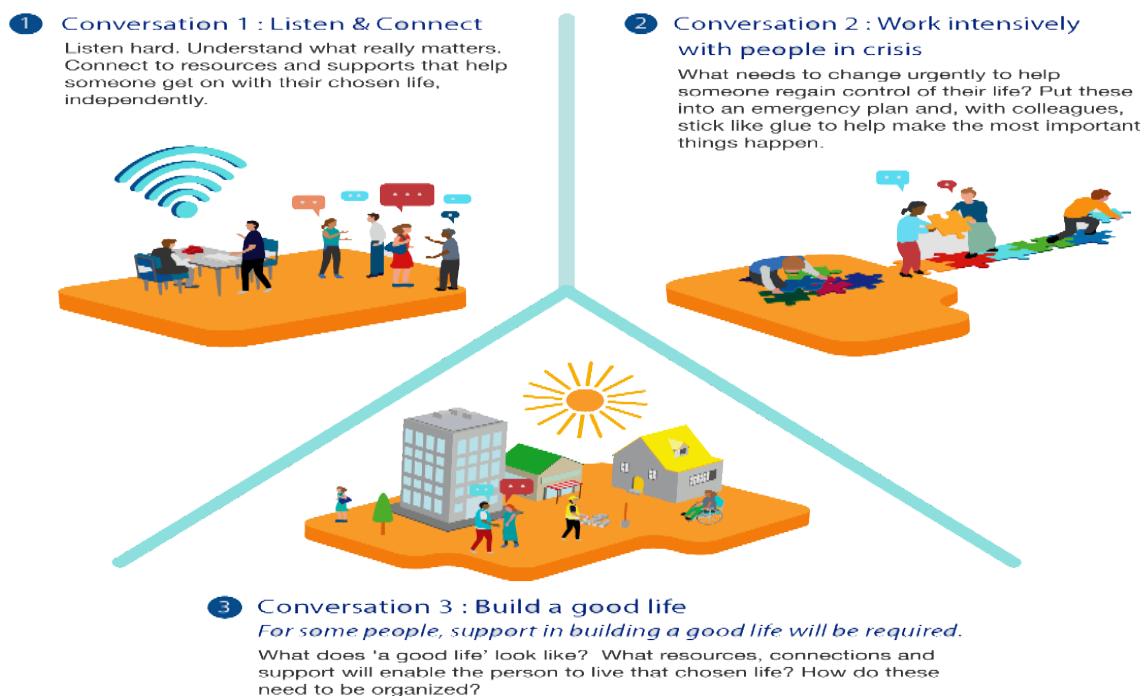
2. “Three Conversations”

Taking a personalised approach in adult social care has been a long held aspiration. However, supporting processes, including how assessments are undertaken, determining eligibility, putting in place support plans and arranging services remains largely unchanged.

But now some local authorities are exploring a radically different approach. The “three-conversations” model aims to create a new relationship between professionals and people who need support, providing a graded process of conversations aimed at helping people lead independent lives, with traditional (funded) support packages offered only when other options have been exhausted.

Early evaluations are showing some remarkable results – improved outcomes for individuals, more fulfilled staff and a significant reduction in the number of people needing to receive long-term support packages funded by the Local Authority.

The three conversations are:



The Chief Architect of the three conversations model is Sam Newman, Director of Consultants [Partners for Change](#), which has worked with 13 councils over the past six years to put the model into practice. Other councils are now looking to follow suit and Bath & North East Somerset Council is one of those councils starting to try this very different approach. Sam Newman is also currently working with the Chief Social Worker for Adults and that Department of Health to establish a new framework for adult social care incorporating the “three conversations” approach.

The three-conversation model draws on the individual's own resources and encourages professionals to forge stronger links with the wider community – especially the voluntary sector, in order to support individuals to make best use of all the support available in their community.

Newman believes we need to break the assumption that the offer is an assessment of services or that people automatically need services. *“Instead, we should be asking: how can I make your life work and, if you are in crisis, work out what things need to change.”*

3. Proud to Care South West Update

Proud to Care South West is part of the national Proud to Care initiative, aimed at raising the profile and appeal of a career in social care and health. In the South West, it is a partnership of 16 local authorities along with Health Education England working together at a regional level to deliver on these aims.

It is publically well documented that the social care workforce across the UK is under significant pressure. With that workforce spread across variety of large and small organisations, a regional support structure to attract talent and help underpin future sustainability in the sector is a welcome and necessary development.

Proud to Care South West went live in July 2017 and has its own dedicated website: www.proudtocaresw.org.uk. Each Partner Council also has its own local website tailored to the local offer and opportunities. The B&NES Proud to Care pages can be found under the 'Skills and Local Employment' section of the Council's site: <http://www.bathnes.gov.uk/services/skills-and-local-employment/proud-care>.

The Council's investment in Proud to Care South West supports a coordinated approach across the region on a range of activities aimed at tackling the current issues and longer term initiatives aimed at the workforce of tomorrow. For example:

- a) Press editorials & adverts
- b) A Health Education England pilot programme for schools to help teachers talk to children about the benefits of care and health careers
- c) Online and social media accounts promoting the initiative and relaying real life stories of workers across the sector to highlight the rewards of a career in care and health

<https://www.youtube.com/playlist?list=PLQc9Le2m2W6t77KpBq1jxCwQI5h22yDiY>

Current developments & Priorities

A key priority is developing B&NES' local online content to better reflect the specific requirements of our local market. One way we intend to do this is to set up a recruitment and volunteering portal where local providers can advertise vacancies.

We will raise the profile of Proud to Care South West across B&NES communities and partner agencies as part of a holistic online commissioning resource on the Council's website (currently in development).

Links to interactive forums, social media will improve communication and support the Council's overall market facilitation responsibilities – of which workforce development plays a key part. The commissioning site will also host the Council's market position statement (MPS) for adult social care and offer a range of useful information and support to providers and citizens.

Other workforce development initiatives

Proud to Care South West is one of a number of workforce development vehicles that commissioners are actively engaged in, including:

- At regional level, through the Association of Directors of Adult Social Services (ADASS)
- Through the Sustainability and Transformation Partnership (STP) with health and social care partners in Swindon and Wiltshire
- Bath College Care Academy

Following a successful implementation, the Proud to Care South West partners are currently reviewing the programme to ensure its continued effectiveness and agree future priorities.

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Health select committee update November 2017

1. In the interests of organisational efficiency the basis of the select committee update will now be the public health newsletter where one has been published covering a similar period of time, with other items of interest also included below that.

Bath & North East
Somerset Council

Public Health News

November 2017



Alcohol Awareness Week 13-19 November 2017

The theme of Alcohol Awareness Week 2017 focuses on alcohol and how it affects families. We'll be using this opportunity to start a conversation around harmful drinking to help break the cycle of silence and stigma that is all too often experienced by families. For more information on events and resources visit: <http://www.bathnes.gov.uk/services/public-health/one-you/alcohol-awareness-week> (this webpage will go live on 10 Nov).



Mental Health Time to Change Pledge

Bath & North East Somerset (B&NES) is calling all employers to sign the Mental Health Time to Change Pledge. The Council has joined a growing number of companies nationally who have signed the pledge, demonstrating their commitment to taking action to improve attitudes towards mental health – overcoming the stigma surrounding mental health issues and offering more support in the workplace. To find out more contact the Public Health Team or visit: <http://www.bathnes.gov.uk/latestnews/council-signs-time-change-pledge-support-mental-health>



NHS diabetes programme bulletin

NHS England is launching a new bi-monthly bulletin to keep up to date all partners, stakeholders and providers involved in the delivery of the NHS Diabetes Programme. The bulletin will include updates from across all streams of the Programme (NHS Diabetes Prevention Programme, Treatment and Care and Digital), share knowledge between delivery sites, help to build and maintain local engagement in the Programme and share reports, results and impact. Within your organisations, please can you publicise to interested colleagues that they can sign up to receive the bulletin here: <https://www.england.nhs.uk/email-bulletins/nhs-diabetes-programme-bulletin/>. The first bulletin is due to go out in November.

New guidance for professionals working with children and young people who self-harm

Over the past year a working party made of up of professionals from a range of B&NES services and young people from our CAMHS Participation Group have come together to review current guidance for professionals working with young people who self-harm. It has been unanimously agreed that B&NES will adopt the information and guidance on the **HarmLESS** website developed by Oxford Health NHS Foundation Trust and this content will replace all previous guidance. HarmLESS <https://www.oxfordhealth.nhs.uk/harmless/> provides up to date information about:-

- What is meant by self-harm including thoughts and acts of self-harm, and risks and triggers for young people
- Guidance on how to react and talk to young people who are self-harming using the acronym SLEEP (Stop, Listen, Empathise, Explore, Plan)
- An online assessment tool to complete with a young person. This assessment automatically generates a safety plan
- Links to other useful resources and web sites
- Links to (B&NES) Child and Adolescent Mental Health Services (CAMHS) Anyone currently using the document entitled *Multi Agency Guidelines for Professionals Working with Children and Young People who Self-harm* should note that as of November 2017 this is now out of date and should be removed from circulation.

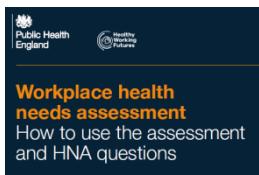
STAY WELL THIS WINTER

It's not too late to get your Seasonal Flu Vaccination

Eligible groups can still have their free NHS flu jab at their GP surgery or at a participating pharmacy. Children in reception and years 1, 2, 3 & 4 will be offered the flu nasal spray by their school immunisation team. For further information, click [here](#) on the NHS Choices website. You can order posters and leaflets free of charge from the DH order line:

https://www.orderline.dh.gov.uk/ecom_dh/public/home.jsf or download and print them and other resources from

<https://www.gov.uk/government/collections/annual-flu-programme#2017-to-2018-flu-season>



Workplace Health Needs Assessment

Public Health England have published the [Workplace Health Needs Assessment](#), a tool developed with Healthy Working Futures to help employers of all types and sizes to carry out workplace health needs assessments and provide practical workplace health advice. If you use this tool please do let us know how useful you find it. These resources add to existing materials for employers and local areas, including: employer toolkits developed with Business in the Community and others regarding mental health, musculoskeletal health, suicide prevention and suicide postvention; and a set of health and work infographics



Blue Light Training – working with change resistant drinkers (10 January 2018)

Due to high demand, another training date has been made available; book your place now for 10th January 2018 (see attached flyer).

Email: public_health@bathnes.gov.uk

Telephone: 01225 394067

Website: www.bathnes.gov.uk/se

2. Maternity services transformation;

The local Maternity system (LMS) across B&NES, Wiltshire Swindon (STP footprint) has co-developed a transformation plan, in response to the national Better Birth Recommendations and the NHS Five Year Forward View. This is an exciting time for our maternity services and for women and families in B&NES, Wiltshire and Swindon. Service user representatives have been centrally involved in developing our local transformation plan, working alongside key stakeholders, sharing information, considering needs, identifying gaps and shaping services that have women and their families at the centre

The vision is that: "All women have a safe and positive birth and maternity experience, and be prepared to approach parenting with confidence."

The plan has four core commitments, with actions against each one:

a. Women and their chosen support networks will be partners in care

Women will receive unbiased, timely information to enable them to participate fully in personalised care planning, and they will be encouraged to explore and question available options. Services will reflect on the language they use, focusing on the women's experience. Above all women will be listened to.

b. Maternity services and organisational partners within the LMS will work collaboratively

Woman will receive a service that is seamless and joined up irrespective of where they access their care. Women will receive personalised care and staff will be enabled to provide continuity.

c. We will enhance safety through assisting all women to experience the best birth possible for their personal circumstances.

Woman will be supported to make informed decisions, ensuring risks and benefits are assessed, discussed and managed proportionality. We will adopt an approach that works with the physiology of labour and optimises physical and mental good health. Learning will be shared across organisations and multidisciplinary teams will learn together.

d. Women, partners and their families will be supported and enabled to optimise their health in preparation for pregnancy, birth and parenthood.

Ensuring staff have the skills and confidence to deliver consistent and effective public health interventions that positively impact on outcomes for women and children.

A full Engagement Plan is being developed, which will build on the work commenced by the Royal United Hospital in Bath in relation to place of birth. The MTP plan will be finalised by the end of November. The STP wide Maternity Strategy and Liaison Committee (MSLC) undertook a place of birth survey earlier this year with more than 800 responses. This feedback was used during the development of the plan and will form the basis of the Engagement Strategy.

The mobilisation and implementation of the plan will be support by a dedicated project midwife, which is being funded from national money dedicated to the development of Local Maternity Systems. This post is currently being recruited to.

For more information, or to see the entire document contact Deborah Forward, Margaret Fairbairn or Jo Lewitt.

3. Briefing for councillors on Relationships and Sex Education (RSE) from the South West Regional Sexual Health Office.

From September 2019 all schools will have to make provision for RSE and this briefing has been prepared for councillors across the region.

Relationships and Sex Education A briefing for councillors

Relationships and Sex Education is changing.

There is an opportunity to improve local delivery that will have a direct effect on the outcomes for our young people.

This briefing for elected members sets out the rationale for providing comprehensive Relationships and Sex Education (RSE) in schools and the opportunities that statutory RSE offers to local authorities in safeguarding young people and improving their public health outcomes.

WHAT IS RELATIONSHIPS AND SEX EDUCATION (RSE)?

- School based Relationships and Sex Education (RSE) is an important source of information for young people and is associated with positive sexual health outcomes
- RSE is learning about the emotional, social and physical aspects of growing up, relationships, sex, sexuality and sexual health
- RSE prepares children and young people for the modern world, protecting them from dangers and providing them with the skills, knowledge and values to determine their sexual and reproductive wellbeing and enjoy safe and fulfilling relationships

Background and statutory changes

CURRENTLY:

- The Department for Education states that all schools should make provision for personal, social, health and economic (PSHE) education, but schools are free to develop their own PSHE programme to reflect the needs of their pupils
- Relationships and Sex Education (RSE) is often, but not exclusively, delivered as part of a planned, taught programme of PSHE education
- Some elements of RSE such as reproduction, HIV, AIDS and sexually transmitted infections are taught to pupils in secondary education through the National Curriculum. Independent schools, academies and free schools do not have to follow the National Curriculum, and so are not under this obligation
- Parents have the right to withdraw their children from PSHE or RSE lessons, but not the statutory National Curriculum lessons. However the majority of parents are happy for their children to attend RSE lessons

FUTURE:

- From September 2019:
 - **In all secondary schools 'relationships and sex education' will become statutory** – looking at what constitutes healthy relationships as well as the dangers of sexting, online pornography and sexual harassment
 - **In primary schools 'relationships education' will become statutory** - focusing on building healthy relationships and staying safe
- Lessons will be delivered at an age-appropriate level using appropriate language, topics and activities
- The parental right of withdrawal from sex education will be maintained
- There will be flexibility for schools in their approach, including for faith schools to teach within the tenets of their faith
- RSE will help all schools to fulfil their statutory duties in regards to safeguarding, wellbeing and equality
- This change represents an opportunity for public health and local authorities who commission sexual health and children and young people's services to help shape RSE

Why is RSE important?

The need for RSE in schools has never been stronger as it provides an opportunity for young people to discuss and reflect on their attitudes and values, whilst gaining essential life skills and knowledge

Positive outcomes

- RSE enables the development of personal and social skills and positive attitudes towards sexual health and wellbeing
- RSE provides young people with an understanding of what constitutes a healthy relationship
- RSE enables young people to access advice and support when it is needed

Consensual relationships

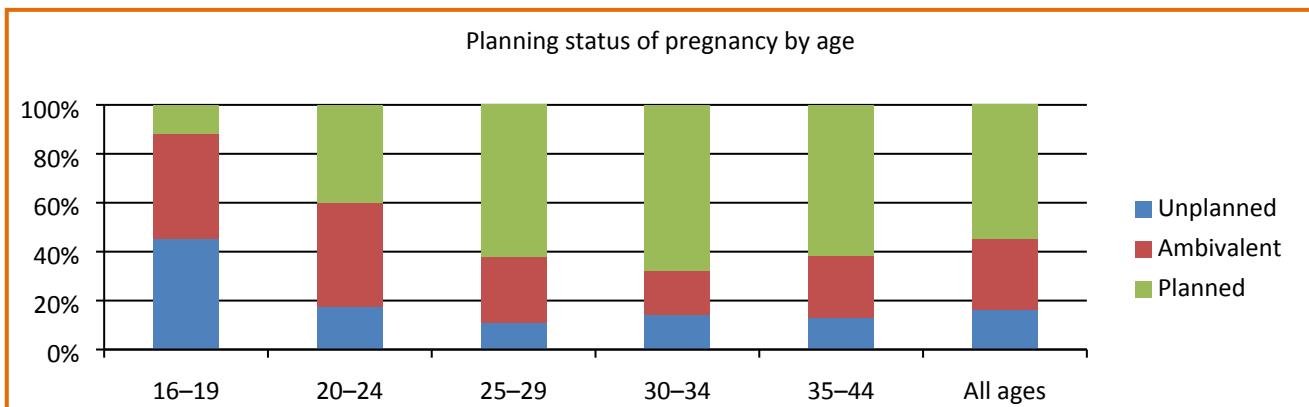
- If RSE is provided at school, women are less likely to report that they have experienced sex against their willⁱ

Delay the age of first sex

- Young people are more likely to be older when they first have sex, waiting until they are ready before they start having sexⁱⁱ

Prevent unplanned pregnancy

- Young people are less likely to become pregnant before reaching the age of 18



Source: Natsal-3survey 2012

Improve sexual health

- Young people are more likely to use contraception when having sex and have fewer sexual partners

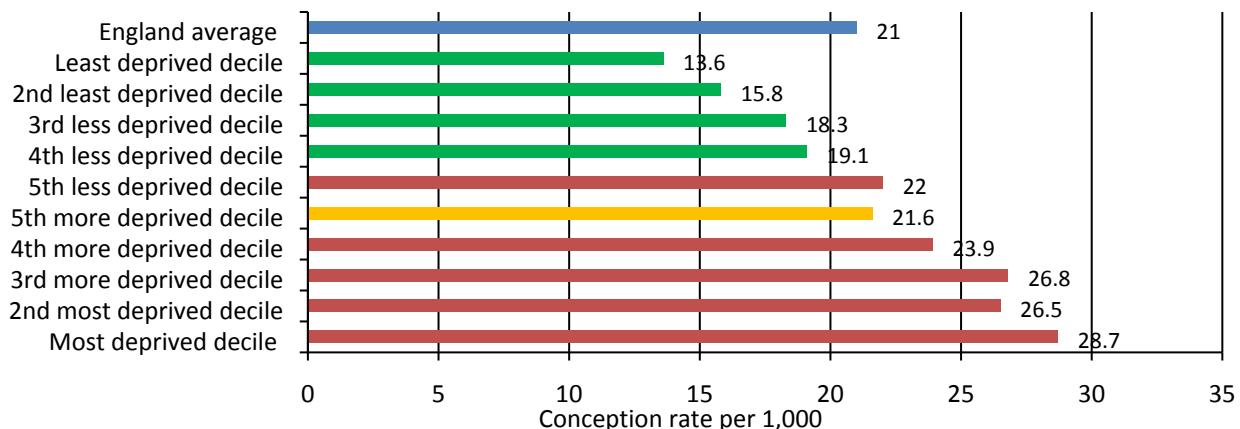
Be aware of, or report abuse

- Young people receiving RSE are more likely than others to tell an adult if they had, or were experiencing sexual abuseⁱⁱⁱ
- RSE reflects today's changing environment, educating young people about the risks of sexual violence and online access

Public health priorities

- RSE improves health outcomes for young people, addressing public health priorities related to sexual abuse, unplanned pregnancies, teenage pregnancies, sexually transmitted infections and health inequalities – rates of sexually transmitted infections, teenage pregnancy and abortion are still affecting different social groups disproportionately

Under 18s conception rate per 1,000 in 2015 by deprivation deciles in England (IMD2015)



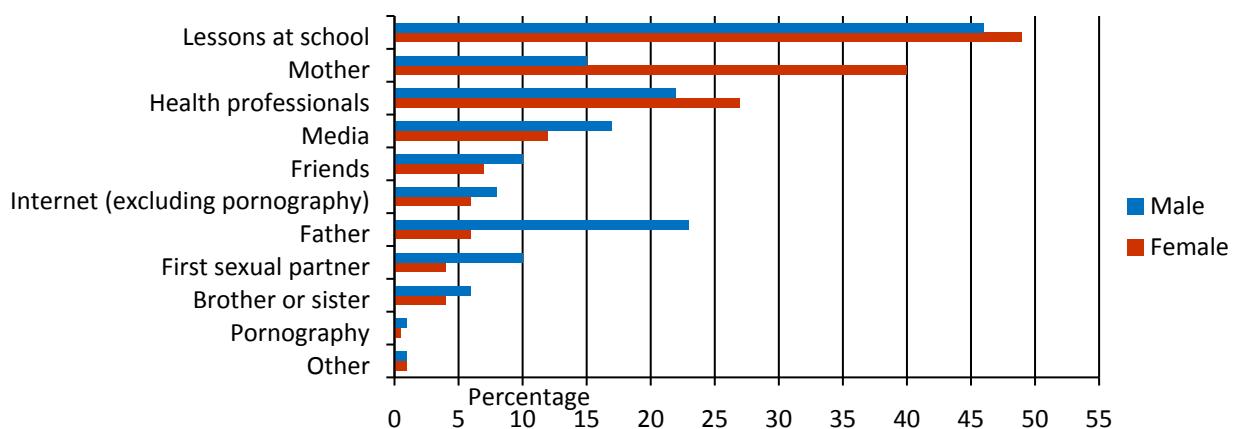
Source: ONS

Support for parents

- As many parents feel they lack the skills, confidence and knowledge to talk to their children about sex, they look to schools for support and the provision of RSE
- RSE can adapt, ensuring it reflects the developments in digital technologies. Young people have constant, widespread and often uncontrolled internet access. This has changed how young people learn about sex and relationships, and conduct their sexual lives, bringing new risks and challenges in the delivery of RSE

- Secondary age young people report a preference for receiving their sex education through school lessons

Preferred sources of information about sex when growing up, young people aged 16-24, Great Britain, 2012



Source: Natsal-3survey 2012

There is evidence that teaching children and young people about relationships and sex makes them likely to wait until they are older to have sex, and more likely to make healthier choices when they do^{iv}

What can be done locally?

- Elected members can:

- Be local champions for quality RSE in schools and across council services
- Ensure local input into the national consultation on the content of RE, RSE and PSHE during the autumn of 2017
- Ensure information about supporting RSE is included in the JSNA, Health and Wellbeing strategy and local children's plans
- Visit or talk to head teachers, teachers, PSHE leads and Healthy Schools Coordinators about delivering good quality RSE, following best practice guidance and support schools in sharing good practice with each other
- Communicate positive messages and the benefits of high quality, age appropriate, se-positive RSE with fellow Members and school governors
- Ensure that commissioners and providers are seeking the views of children and young people to inform what is provided and how it is delivered in schools
- LAs need to provide strong leadership at this important time and support schools to make the necessary changes

Delivery is just as important as content in RSE – staff delivering RSE should have expertise in sexual health, be enthusiastic and liaise with local sexual health and advice services.

Further information and contacts

<http://fingertips.phe.org.uk/profile/sexualhealth> - local trends and comparative data on reproductive health, STIs and HIV

www.rsehub.org.uk – briefings for heads, governors and councillors, resources and reports

www.sexeducationforum.org.uk – evidence, resources and FAQs on statutory RSE

www.pshe-association.org.uk – evidence and resources

<https://riseabove.org.uk/tag/relationships> - Rise Above, a new schools programme

<https://campaignresources.phe.gov.uk/resources/campaigns> - new resources for teaching PSHE in schools

<http://researchbriefings.files.parliament.uk/documents/SN06103/SN06103.pdf> - House of Commons briefing paper

<https://www.bristol.ac.uk/policybristol/policy-briefings/sex-education/> - Delivery is just as important as content

The DsPH Network and Office for Sexual Health South West - a regional network led by local authority Directors of Public Health that provides leadership and co-ordination within existing structures, to help ensure that the sexual health needs of the population in the South West are met (Wendy.Lawton@southglos.gov.uk)

ⁱ Natsal-3survey 2012

ⁱⁱ Journal of Adolescent Health 2012

ⁱⁱⁱ Cochrane review 2015

^{iv} Kirby 2007, UNESCO 2009, NICE 2010

1) Update on non-emergency patient transport

At the September meeting Healthwatch updated the Committee on a piece of work it had undertaken with BaNES Clinical Commissioning Group (CCG) around the non-emergency patient transport service provided by Arriva Transport Solutions.

A joint visit was carried out in early August between Healthwatch and the CCG, which allowed us to experience patient transport first-hand. During the 'ride-along' staff spoke to patients and drivers/the crew 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.

Feedback gathered during the visit was pulled together into a joint report, which the CCG has shared with Arriva for comment. Here are some of the key points from the visit:

Health, safety and welfare of passengers/ patients

- All of the drivers were respectful and courteous to passengers using the transport. Passengers were referred to by name and appeared to be pleased to see the crews.
- The crews were asked about identifying potential harm to a passenger. Safeguarding was discussed and crews knew the process for referring passengers.
- Arriva aims to provide return journeys (after a patient's appointment) within four hours. For some passengers, e.g. those that have diabetes, this can require planning to ensure that food and/or medication is brought in order to prevent a hypoglycaemic incident.

Crews were asked how they would establish passengers' needs and what they would do if they had concerns about a passenger coming to harm. The CCG and Healthwatch were advised that if concerned about the patient they [the crew] could ring the control centre and advise them. However, the crew stated they have called in the past and it doesn't seem to make any difference as the patient would be considered in a 'place of safety' and, if they became unwell, the expectation would be that the ward/ unit would deal with this. The CCG and Healthwatch were also advised that when crews have called [the control centre] in the past this can be received with mixed reception depending who answers the phone.

This was tested on the day of the visit as there was a passenger who had diabetes and had not been made aware of the potential for a four hour wait. The crew made a call, which was handled by a polite call handler who said they would put this onto the system. The call handler explained that there were 88 patients needing return journeys allocated and unlikely to get there any earlier and that the resident was in a 'place of safety' in case anything happened.

- Crews were observed assisting patients onto the transport in their wheelchairs. All were securely strapped in with an additional seat belt.
- On the day there appeared to be good relationships between the crews and the departments/care home staff. The crews gave examples of situations when this hasn't been so good, for example where a journey has been delayed without the care home or hospital department being notified.

Patient feedback

- Patients stated that the crews were kind and approachable.
- The patients did say that at times when delays occurred they become frustrated and the crews can get the brunt of this, however the patients didn't feel it was the crews fault.
- The patients felt frustrated with the people who plan the journeys as they often have heard the crews speaking to the control centre stating that they are unable to get to the next journey on time.
- The patients said they felt frustrated for the crews as they can see that that the journey time is impossible. One patient said they would like to have the opportunity to go to the control centre to explain this.
- One frequent user of the service stated that their life "revolves around Arriva" as the service frequent picks them up late and gets them home late. This patient stated that they feel they "want to give it all up as I can't face the transport".

The visiting team were grateful to the crew, passengers and Arriva for supporting the ride along. The feedback gathered during this visit has been triangulated with feedback from other sources, such as the Patient Advice and Liaison Service (PALS), contract monitoring meetings, Care Quality Commission (CQC) inspections etc, to build a clearer understanding of patients' experiences and the service that is being delivered.

Healthwatch is awaiting further update from the CCG regarding the full report and will notify the Committee when it becomes publicly available.

2) Accessible Information Standard (AIS)

The Care Quality Commission (CQC) has recently released information highlighting how they will monitor implementation of the AIS during inspections of NHS and publicly-funded adult social care services. To read more W: http://www.cqc.org.uk/equality_objectives_2017-19.pdf

Healthwatch B&NES is currently carrying out some public engagement to understand people's experiences of accessing services and how the AIS has impacted on their experiences during the last 12 months. We aim to release a full report in the spring and host a learning event with local providers to share best practice. Further details will be released nearer to the time.

Report prepared by Alex Francis, Team Manager, Healthwatch B&NES and Healthwatch South Gloucestershire, on Friday 24 November 2017.