Bath & North East Somerset Council

Health & Wellbeing Board

Date: Tuesday, 30th January, 2018
Time: 10.30 am
Venue: Brunswick Room - Guildhall, Bath

Members: Dr Ian Orpen (Member of the Clinical Commissioning Group), Councillor Vic Pritchard (Bath & North East Somerset Council), Ashley Ayre (Bath & North East Somerset Council), Mike Bowden (Bath & North East Somerset Council), Jayne Carroll (Virgin Care), Mark Coates (Knightstone Housing), Tracey Cox (Clinical Commissioning Group), Debra Elliott (NHS England), Diana Hall Hall (Healthwatch), Steve Kendall (Avon and Somerset Police), Bruce Laurence (Bath & North East Somerset Council), Councillor Paul May (Bath and North East Somerset Council), Professor Bernie Morley (University of Bath), Laurel Penrose (Bath College), Jermaine Ravalier (Bath Spa University), Hayley Richards (Avon and Wiltshire Partnership Trust), James Scott (Royal United Hospital Bath NHS Trust), Andrew Smith (BEMS+ (Primary Care)), Sarah Shatwell ((VCSE Sector) - Developing Health and Independence), Jane Shayler (Bath & North East Somerset Council), Elaine Wainwright (Bath Spa University) and Stuart Matthews (Avon Fire and Rescue Service)

Observers: Cllrs Tim Ball and Eleanor Jackson

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

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

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

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

3. **Recording at Meetings**:-

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

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

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6. Supplementary information for meetings

Additional information and Protocols and procedures relating to meetings

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Health & Wellbeing Board - Tuesday, 30th January, 2018

at 10.30 am in the Brunswick Room - Guildhall, Bath

A G E N D A

1. WELCOME AND INTRODUCTIONS

2. EMERGENCY EVACUATION PROCEDURE

3. APOLOGIES FOR ABSENCE

4. DECLARATIONS OF INTEREST

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

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

   (b) The nature of their interest.

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

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

5. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

6. PUBLIC QUESTIONS/COMMENTS

7. MINUTES OF PREVIOUS MEETING - 25 OCTOBER 2017 (Pages 5 - 12)

   To confirm the minutes of the above meeting as a correct record.

8. CHILDREN AND YOUNG PEOPLE'S SUB GROUP REPORT (Pages 13 - 68)

   To receive an update from the Children and Young People's Sub-Group.

   10.40am – 25 mins – Jane Shayler and Mary Kearney-Knowles

9. BATH AND NORTH EAST SOMERSET PHARMACEUTICAL NEEDS ASSESSMENT 2018-2021 (Pages 69 - 140)

The Bath and North East Somerset Health and Wellbeing Board has a legal obligation to produce and publish a refreshed Pharmaceutical Needs Assessment (PNA) for the area by 1 April 2018. The refreshed 2018-21 draft Pharmaceutical Needs Assessment is currently out for consultation for a period of 70 days from 11 December 2017 to 18 February 2018. The Board is asked to consider the attached report.

11.05am – 25 mins – Paul Scott and Joe Prince

10. MENTAL HEALTH PATHWAY REVIEW (Pages 141 - 150)

The attached report summarises the feedback and findings from the Mental Health Pathway Review as well as making recommendations for further areas of work.

11.30am – 25 mins – Jane Shayler

11. BETTER CARE FUND PLAN 2017-2019 UPDATE (Pages 151 - 174)

The attached report gives an update on performance against the Better Care Fund Plan, including an update on schemes, governance, finance and the position against delayed transfers of care (DTOCs) from hospital.

11.55am – 30 mins – Jane Shayler and Caroline Holmes

12. DATE OF NEXT MEETING

To note that the next meeting will take place on Tuesday 17 April 2018 at 10.30am in the Brunswick Room, Guildhall.

13. CLOSING REMARKS

To receive closing remarks from the Chair.

12.25pm – 5 mins – Cllr Vic Pritchard

The Committee Administrator for this meeting is Marie Todd who can be contacted on 01225 394414.

HEALTH & WELLBEING BOARD

Minutes of the Meeting held

Wednesday, 25th October, 2017, 10.30 am

Dr Ian Orpen (Chair)	Member of the Clinical Commissioning Group
Ashley Ayre	Bath & North East Somerset Council
Fiona Bird (in place of James Scott)	Royal United Hospital
Mike Bowden	Bath & North East Somerset Council
Diana Hall Hall	Healthwatch
Steve Kendall	Avon and Somerset Police
Bruce Laurence	Bath & North East Somerset Council
Councillor Paul May	Bath and North East Somerset Council
Val Scrase (in place of Jayne Carroll)	Virgin Care
Andrew Smith	BEMS+ (Primary Care)
Sarah Shatwell	(VCSE Sector) - Developing Health and Independence
Jane Shayler	Bath & North East Somerset Council
Elaine Wainwright	Bath Spa University
Councillor Will Sandry (in place of Councillor Tim Ball)	Bath and North East Somerset Council (Observer)
Councillor Eleanor Jackson	Bath & North East Somerset Council (Observer)

24 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

He explained that two information reports had been circulated to Board members regarding the annual reports of the Sexual Health Board and the Local Safeguarding Adults Board. These reports were circulated for information only and would not be discussed at this meeting.

25 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the evacuation procedure as listed on the call to the meeting.

26 APOLOGIES FOR ABSENCE

Apologies for absence were received from:

Cllr Tim Ball – Observer – substitute Cllr Will Sandry
Jane Carroll – Virgin Care – substitute Val Scrase
Mark Coates – Knightstone Housing
Tracey Cox – Clinical Commissioning Group
Stuart Matthews – Avon Fire and Rescue Service
Bernie Morley – University of Bath
Laurel Penrose – Bath College
Cllr Vic Pritchard – B&NES Council
Hayley Richards – Avon and Wiltshire Partnership Trust
James Scott – Royal United Hospital Bath NHS Trust – substitute Fiona Bird

27 DECLARATIONS OF INTEREST

Councillor Paul May declared a non-pecuniary interest as a Non-Executive Director on the Board of Sirona.

28 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

There was no urgent business.

29 PUBLIC QUESTIONS/COMMENTS

There were no public questions or comments.

30 MINUTES OF PREVIOUS MEETING - 6 SEPTEMBER 2017

The minutes of the previous meeting held on 6 September 2017 were approved as a correct record and signed by the Chair.

31 INTEGRATION PROGRAMME UPDATE

The Board considered a report which described the role that B&NES Council and B&NES CCG could play in leading the extension and enhancement of integrated commissioning for the benefit of the population and to create a more sustainable approach to Health and Care going forward.

Each organisation has its own constitution and separate accountabilities but has a

common interest in the health and wellbeing of local people. There is now an opportunity to strengthen existing joint arrangements to achieve the level and pace of service integration needed to meet current and future challenges. This will enable both organisations to provide the seamless health and care which residents need and to meet the sustainability challenge faced by both organisations.

There are already a number of joint commissioning arrangements in place. The focus in the first instance would be on governance and decision making arrangements. The key principle to support integrated commissioning is that the new model must be capable of adding value and improving outcomes. Providers would appreciate a clearer single voice from commissioners and shared information could be used to good effect.

This proposal offered an exciting opportunity to move the partnership forward to support the delivery of the Health and Wellbeing Board strategy.

In response to a question from Sarah Shatwell, Jane Shayler confirmed that the following services currently operated pooled budgets:

- Mental health
- Learning disabilities
- Better Care Fund including from 2017/18 community health and care services
- Community equipment
- Children's complex needs

She also confirmed that further updates would be brought back to the Board as the project progresses. It was noted that the proposed integration will take the form of a "partnership of equals."

Dr Ian Orpen stated that this provided a good opportunity to bring together many elements as commissioning is currently fragmented. The focus should be on considering the person and not the condition and how to do this effectively.

RESOLVED:

(1) To agree broad support for the proposal to develop an Integrated Commissioning model between the Council and the Clinical Commissioning Group, that is fit for purpose, sustainable and responds effectively to emerging issues and pressures across health and social care.

(2) To note the benefits of this integrated commissioning model as an enabler for delivering the Joint Health and Wellbeing Strategy and improved health and wellbeing outcomes for the people of B&NES.

(3) To note the links to the early work of the Board in considering the development of an Accountable Care model across Bath & North East Somerset.

32 **BATH AND NORTH EAST SOMERSET VIRTUAL EMPLOYMENT HUB**

The Board considered a report which provided an update on the Economic Strategy

Review, which was presented in 2015. The report also set out an introduction to the B&NES Virtual Employment Hub.

Ben Woods, Group Manager – Economy and Culture, gave a presentation to the Board regarding the Employment Hub. The presentation covered the following issues:

- It is important to improve the employment prospects of residents as evidence shows that being in work improves both physical and mental health.
- The latest information on benefit claimants in the B&NES area is:
    - 1671 people claiming Universal Credit and seeking work intensively.
    - 581 people in work, claiming Universal Credit and required to increase their income.
    - 656 people with no work requirements following the work capability assessment
    - 260 people on Jobseekers Allowance
    - 2330 people on Employment Support Allowance
    - 1720 on Employment Support Allowance and Disability Living Allowance
    - 920 on Disability Living Allowance only
    - 2500 on other combinations
- Work and Health Programme – the organisation Pluss has been awarded the Southern Contract Package area. This replaces the work Choice and Work Programme.
- There will be voluntary referral for claimants with health barriers and mandatory referral for claimants who are long term unemployed (over 2 years).
- The programme will provide an opportunity to improve service integration. There are currently a large number of employment support programmes in the local area which officers will track and engage with.
- Officers will be identifying employment opportunities in the local area and aiming to secure jobs for residents (for example the in new Bath casino)
- The West of England Combined Authority will also have an important role in the provision of work and training opportunities.
- It is vital to ensure that training takes place at the point where people can use these skills to get into work.
- Of people out of work due to health barriers 51% are because of mental health issues.
- There will be early engagement with Virgin Care and links to existing arrangements such as the Volunteer Centre.
- Pathways and referral mechanisms between services will be developed.

The Board then discussed the report and presentation covering the following points:

- Bruce Laurence noted the importance of considering outcomes, particularly for people with mental health issues and learning difficulties. He noted that it was also important to provide relevant vocational training to provide the skills required locally.
- Cllr Jackson asked officers to consider engaging with two other organisations – Bath Mind and Swallows - in the Somer Valley area who provided employment support.

- Jane Shayler advised, in response to a question about performance indicators for supporting people with a mental health need or learning disability into employment, that performance is good but these performance indicators only capture employment information for those already in contact with services so there was more that could be done to identify and provide support into employment for those people not in contact with statutory services.
- Fiona Bird stated that the RUH, as a large local employer, would be interested in this project.
- It was noted that sometimes people feel that benefits prohibit them from seeking work or that they have been out of work so long that they do not feel ready to re-enter the job market.
- Many partner organisations could identify people who could make use of local employment services.

A copy of the presentation slides is attached as *Appendix 1* to these minutes.

RESOLVED:

(1) To support the Virtual Employment Hub (VEH) approach outlined in the report and presentation.

(2) To agree that health colleagues are supported to contribute to the VEH process.

(3) To consider a further update on this project in six months' time.

33 PREVENTION CONCORDAT

Jane Shayler, Director – Integrated Health and Care Commissioning, gave a presentation to the Board regarding the implementation of the prevention concordat. The following issues were outlined:

- The concordat is a shared commitment by a wide range of national organisations.
- It represents an approach to improving people's mental health and reducing the risk of mental illness.
- It was launched by Public Health England as an ambition of the Five Year Forward View for Mental Health to support the objective that all local areas have a prevention plan in place by 2017/18.
- The concordat includes:
    - Promoting good mental health and wellbeing
    - Preventing mental health problems and suicide
    - Improving the lives of people experiencing and recovering from mental health problems

  From early years and adolescence through adults and parenthood and into older age.
- Public Health England proposed the following five key steps to create a local prevention plan for better mental health:
    - Needs and assets assessment
    - Partnership and alignment

    - Translating need into deliverable commitments
    - Defining success outcomes
    - Leadership and accountability
- The Health and Wellbeing Board could take a lead role in:
    - Raising the profile of this work
    - Inviting the key partnerships and groups to account for progress
    - Supporting co-ordination across the system
    - Identifying one or two specific preventative initiatives to promote good mental health and wellbeing in B&NES.

Bruce Laurence noted that many physical health symptoms were generated by stress and so improving mental health would also lead to improvements in physical health.

Diana Hall Hall stressed the need to listen to local health and wellbeing and mental health networks to ascertain their needs and requirements.

A copy of the presentation slides is attached as *Appendix 2* to these minutes.

RESOLVED:

(1) To agree the approach outlined in the presentation with regard to implementing the Prevention Concordat.

(2) To support the suggestion of a "Year of Mental Health" including events to raise awareness of mental health issues and tackle stigma including the "5 ways to wellbeing" model:

- Connect – with the people around you family, friends, community
- Be active
- Take notice – be curious, catch sight of the beautiful, savour the moment, be aware of the world around you
- Keep learning
- Give – thank someone, smile, volunteer, join a community group

34 HEALTH PROTECTION BOARD ANNUAL REPORT

(Note: At this point Dr Ian Orpen left the meeting and Cllr Paul May took the chair.)

The Board considered a report setting out the annual report of the B&NES Health Protection Board 2016/17. The report detailed the progress made by the Board on its priorities and recommendations, highlighted the areas of work that had taken place in the last year and identified priorities for the forthcoming year.

Becky Reynolds, Consultant in Public Health, and Anna Brett, Health Protection Manager, gave a presentation covering the following issues:

- Definition of Health Protection
- Specialist areas covered by the Health Protection Board
- Progress on 2015/16 priorities – 4 of the priorities had been rated as "green" and 3 as "amber".

- The primary school project to raise antibiotic awareness had been particularly successful. The campaign in B&NES to raise awareness of the importance of using antibiotics won in the Community Engagement category of this year's national Antibiotic Guardian awards.
- The importance of immunisation was stressed and in particular the uptake of the MMR vaccination.
- Illegal tattooing was another issue that had arisen last year with a particular instance of under 18 year olds being tattooed by an unregistered tattooist.

Andrew Smith stated that the antimicrobial resistance strategy had been very helpful to GPs.

It was noted that overall in B&NES there had been a 65% uptake of bowel cancer screening. Research showed that men were less likely to participate in screening than women.

A copy of the presentation slides is attached as *Appendix 3* to these minutes.

RESOLVED:

(1) To note the annual report of the Health Protection Board for 2016/17.

(2) To support the following priorities for the Board for 2017/18:

- Assurance: continue to monitor the performance of specialist area, identify risks, ensure mitigation is in place and escalate as necessary.
- Support activities to slow the development and spread of antimicrobial resistance.
- Continue to ensure that the public are informed about emerging threats to health.
- Support the review, development and implementation of all Air Quality Action Plans.
- Improve the uptake of flu vaccinations in at risk groups, pregnant women, health and social care workers, and carers; and pneumococcal vaccination amongst under 65s at risk and over 65s.
- Continue to reduce health inequalities in screening and immunisation programmes.

35 **FUTURE MEETING DATES**

It was noted that the next meeting would take place on Wednesday 6 December 2017 and that meetings in 2018 would take place as follows:

Tuesday 30 January 2018 – Kaposvar Room, Guildhall
Tuesday 17 April 2018 – Brunswick Room, Guildhall
Tuesday 26 June 2018 – Brunswick Room, Guildhall
Tuesday 25 September 2018 – Brunswick Room, Guildhall
Tuesday 27 November 2018 – Brunswick Room, Guildhall

The meeting ended at 12.30 pm

Chair .....

Date Confirmed and Signed .....

Prepared by Democratic Services

MEETING	**B&NES HEALTH AND WELLBEING BOARD**
DATE	**30 January 2018**
TYPE	**An open public item**

Report summary table	
Report title	**Children and Young People Sub Group Report**
Report author	Sarah McCluskey, Strategic Commissioning Officer Mary Kearney-Knowles, Senior Commissioning Manager
List of attachments	Draft Children and Young People's Plan 2018-2021 – **Appendix 1** Children and Young People's Plan 2014-2017 Year 3 review- **Appendix 2** Draft CAMHS Transformation Plan 2017-2018 - **Link** http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Children-and-Young-People/StrategiesPoliciesPlanning/banes-transformation-plan-oct17v6.docx
Background papers	Children and Young People's Plan (CYPP) 2014-2017 http://www.bathnes.gov.uk/cypp B&NES Early Help Strategy http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Children-and-Young-People/ChildProtection/early_help_strategy_jan_2016_final.pdf

Summary	This is the report from the Children and Young People's Sub-group of the Health and Wellbeing Board (HWB).
	
	This group takes the strategic lead in developing a local Children and Young People's Plan and ensuring that the priorities identified in the existing Children and Young People's Plan 2014- 2017 (now extended to cover 2017-2018) are met. The group is chaired by a member of the Health & Wellbeing Board, other representatives include :
	• Chairs of the CYP strategy groups:
	  ○ Be Healthy Outcomes groups (representative of the various elements of the be healthy outcomes groups)
	  ○ Emotional Health and Wellbeing group
	  ○ SEND Strategy Group
	  ○ Early Help Board
	  ○ Stay Safe (LSCB PPP Sub group chair)
	• Head of Safeguarding and Quality Assurance
	• VCS (Voluntary & Community Sector) representative
	• Head of School Improvement
	• CCG Safeguarding Lead

Recommendations	The Board is asked to : • To endorse the draft plan for 2018-2021 as a board, and for each

	individual agency to support and promote the outcomes and priorities within their service delivery to children, young people and their families. • To note the timescales on the completion of the Yr. 4 review of the Children and Young People's Plan (covering 2017-2018) and the proposal that the completed Yr. 4 review is presented to the H&WB in Dec 2018. • A request to the H&WB that from 2018 it receives six monthly information reports in June and Dec on the work undertaken by the CYP sub group, and its delivery groups. • Note the B&NES LSCB Challenges 2017-2018 to the CYP Sub group from the work of the LSCB and its Annual Report 2015-16 and Business Plan 2015-18. (These challenges will be reported on every 6 months within the LSCB Business Plan and annually in June to the Health & Wellbeing Board) • To endorse the Draft CAMHS Transformation Plan 2017-2018 which details the range of additional support commissioned by the CCG, LA and schools to improve children and young people's emotional health and wellbeing.
Rationale for recommendations	The Children and Young People's Plan has always been closely aligned to the Health and Wellbeing Strategy: it is in effect the delivery arm of the Health and Wellbeing Strategy for children and young people.
Resource implications	The delivery of the current extended CYPP 2017-2018 and related plans must be delivered within the current financial envelope and in the context of the overarching savings requirements of the Council and the CCG.
Statutory considerations and basis for proposal	Much of the work in the CYPP contributes towards meeting the statutory duties of the CCG and Council in respect of health and social care.
Consultation	This report is produced on behalf of the CYP Sub-group. The draft Children and Young People's Plan has, so far, gone out for consultation to the various strategy groups, with the VCS, children and young people and parent carers who are users of commissioned services, the Early Help Board, the SEND Strategy Group, e-teams in schools and will be sent out to the wider VCS via the Learning Bulletin.
Risk management	A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

THE REPORT

1.1 <u>Draft Children and Young People's Plan 2018-2021</u>

The Board is requested to review the draft CYPP and to agree it's Vision, Outcomes and Priorities and to consider how best the members can support the delivery of the plan. The Board is asked to note the changed approach to this CYPP, wherein we are moving towards a greater focus on Outcome Based Accountability with absolute focus on the key priority areas, rather than 'business as usual'.

1.2 Year 3 Review of the Children and Young People's Plan (CYPP) 2014-2017

The Children and Young People's Plan sets out the local priority areas for children and young people across Bath and North East Somerset (B&NES).

Every year the CYPP is reviewed and progress against each of the priorities is reported. Year 1 and 2 can be found on the following page:
http://www.bathnes.gov.uk/cypp

Year 3 Review of the Children and Young People's Plan 2014-2017 (2016- 2017) includes the following progress reports:

Priority 1 Children and Young People are Healthy

- Healthy Weight Strategy – completed
- Substance Misuse needs Assessment – completed
- CAMHS Transformation Plan – completed

Priority 2 Children and Young People are Safe

- Multi Agency Thresholds Document – updated
- Good uptake on multi agency safeguarding training

Priority 3 Children and Young People have Equal Life Chances

- Early Help Strategy – completed
- New Family Support and Play Service has been commissioned
- Increase in number of requests for Education, Health and Care Plans

The review indicates good progress in all areas against the agreed outcomes

Year 4 Review – 2017-2018 will be completed in May - July 2018 and it is proposed that the it is presented to the H&WB in December 2018

1.2 SEND Update

The strategic board continues to meet and representation is very strong from all partners and stakeholders. Following the completion of a self-evaluation in 2016, the board now oversees a Improvement Plan to continue to develop our work and focus on where we need to improve. Reporting to this board are a number of operational groups, including an OFSTED/CQC readiness group, who are focused on preparing the Local Area for an anticipated inspection of our SEND arrangements in the near future.

An event was held in late November 2017, with key services and parent/carers to focus on the work of the board to improve services for SEND in our Local Area and to focus on the aspects of our work where we think OFSTED CQC will take a particular look.

Whilst we can always do better, there are many strengths in B&NES which include;

- A good range of health services with good records of providing services in a timely way
- Support for children via an education health Care Plan is now delivered in a timely way and 90% of the time the plans are delivered within the statutory 20 week timescale, way above the national average of 60%
- Plans to increase the volume & type of SEND education placements to complement our outstanding special schools

1.3 Challenges and Issues relating to CYP from the LSCB Annual Report 2015-2016 and Business Plan 2015-2018 to the CYP Sub Committee of the Health and Wellbeing Board

Historically, the Children Trust Board provided assurance around the challenges posed by the Local Safeguarding Children's Board in terms of local safeguarding arrangements. The responsibility for this challenge and assurance now sits with the CYP Sub-group on behalf of the Health and Wellbeing Board. The LSCB has identified the following challenges for 2017-2018:

Challenges for 2017-2018

1. Improve information sharing between agencies at Early Help stage
2. Progress targeted work with drug and alcohol agencies, mental health and domestic abuse services – seek assurance that effective co-ordinated work is in place
3. Given the increase in children excluded and those home schooled assurance is sought that they are achieving good outcomes
4. Given the commitment to Think Family the C&YP Sub Committee is asked to work with the Parenting Strategy Group and adult services to develop joint principles and actions that agencies can sign up to and implement.

The CYP Subgroup will report and provide assurance on how it has responded to these challenges on behalf of the Health and Wellbeing Board every 6 months in June and December to the LSCB, in order to update the LSCB Business Plan.

1.4 The CAMHS Transformation plan

The CAMHS Transformation Plan is developed and delivered by the multi-agency emotional health and well-being (EHWB) strategic group, one of the sub-groups of the CYP Sub-group. The plan is refreshed each year and the EHWB strategic group developed the 17/18 action plan, building on feedback from service users, professionals and local & national guidance.

The plan incorporates the key themes of the national CAMHS strategy *Future in Mind*. These are;

- Promoting resilience, prevention and early intervention
- Improving access to effective support
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

Please contact the report author if you need to access this report in an alternative format

Children and Young People's Plan 2018-2021

Draft Version 1 15/11/2017

Introduction

The outcomes for Children and Young People are influenced by a range of wider determinants, such as home environment, education and housing. The scope of this plan will be on the services that the Local Authority and the Clinical Commissioning Group (CCG) commission to support better outcomes for children and young people.

This plan builds on previous Children and Young People's Plans, data and performance information and the JSNA .It aims to identify the key priority areas that all partners are asked to prioritize in their service delivery and commissioning decisions.

This plan has been developed by the Children and Young People's sub group, a sub-group of the Health and Wellbeing Board (previously the Children Trust Board). It has been closely aligned to the Health & Wellbeing Strategy, to the emerging LSCB Business Plan 2018-2019 and the refreshed Workforce Strategy 2018-2021 to ensure a more coherent strategic focus on the needs of children and young people in B&NES.

The Children & Young Peoples Voluntary & Community Sector Workforce (VCS) CYPP 2018-2021

The Children & Young People's Voluntary & Community Sector Workforce (VCS) within B&NES plays a vital role within the communities they work with and has the unique ability to recognise and respond quickly to local priorities and need.

Our flexibility enables us to adapt quickly to change as well as provide a personalised approach, offering innovative and responsive preventative services for children, young people and their families.
Through effective collaboration and partnership between organisations we are proactive and responsive to the changing needs of children, young people and their families. Historically, the third sector has worked holistically and with a renewed focus on 'Think family' we are well placed to offer early help to those most in need.

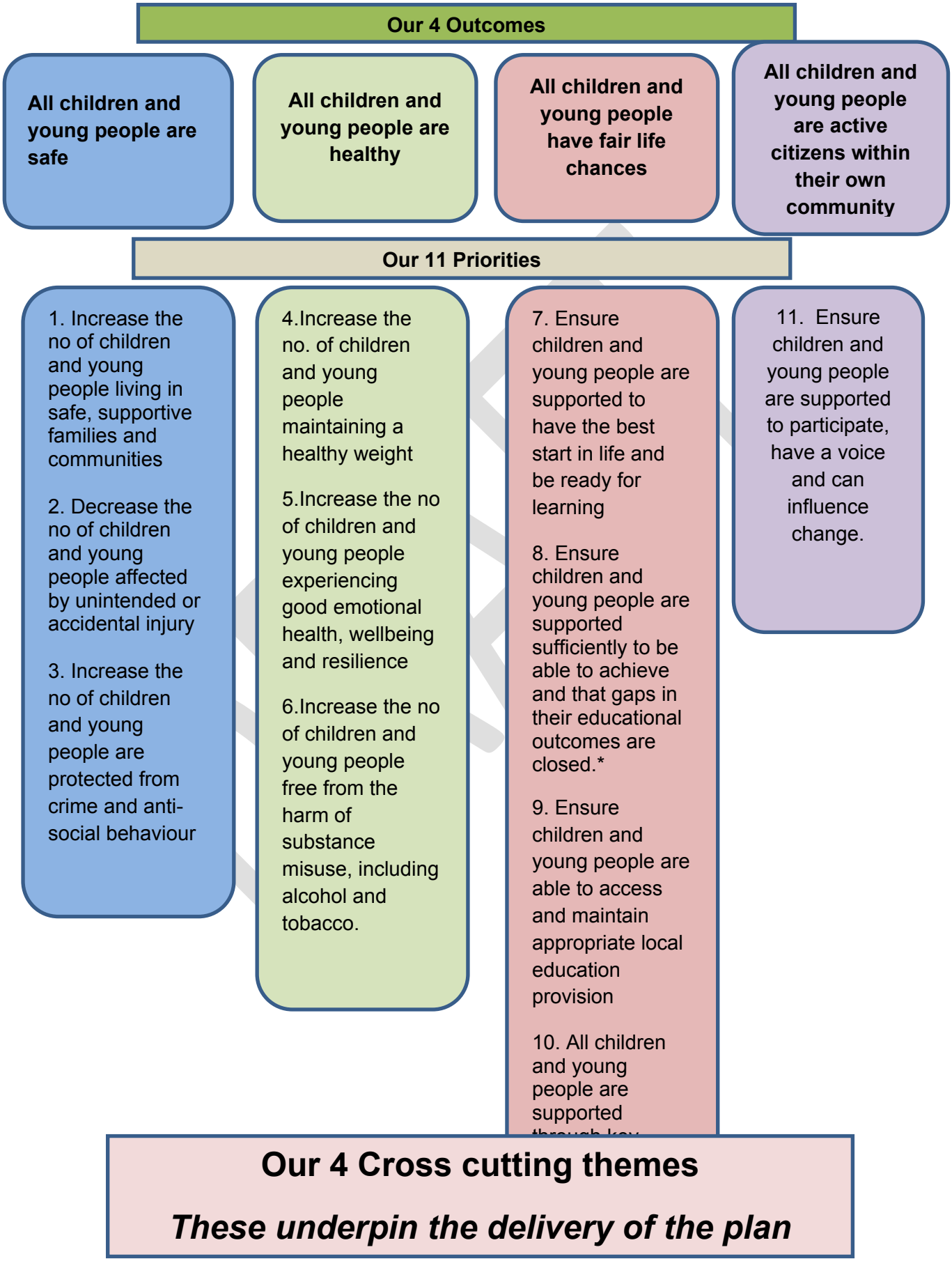
Within the statutory services there is great support for the work of the VCS and recognition of the importance of their contribution. We will continue to maintain this strong relationship a promote the voice of the children and young people we work enabling them to contribute positively to their future

Through both Commissioned and non -Commissioned Services,
the VCS in B&NES are well placed to provide:

- **Opportunities for appropriate intervention and early recognition of need**
- **Engagement with children & young people and families that find services hard to access**
- **Timely and holistic support and intervention within families and communities**
- **Collaborative partnerships between organisations which bring together strengths and expertise**

We will aim to build on our good practice by continuing to develop and support the priorities as set out in the 2018 – 2021 plan by providing an effective network of services.

Our Vision
All children and young people will enjoy childhood and be well prepared for adult life.


Our 4 Outcomes
All children and young people are safe
All children and young people are healthy
All children and young people have fair life chances
All children and young people are active citizens within their own community
Our 11 Priorities
1. Increase the no of children and young people living in safe, supportive families and communities
2. Decrease the no of children and young people affected by unintended or accidental injury
3. Increase the no of children and young people are protected from crime and anti-social behaviour
4.Increase the no. of children and young people maintaining a healthy weight
5.Increase the no of children and young people experiencing good emotional health, wellbeing and resilience
6.Increase the no of children and young people free from the harm of substance misuse, including alcohol and tobacco.
7. Ensure children and young people are supported to have the best start in life and be ready for learning
8. Ensure children and young people are supported sufficiently to be able to achieve and that gaps in their educational outcomes are closed.*
9. Ensure children and young people are able to access and maintain appropriate local education provision
10. All children and young people are supported
11. Ensure children and young people are supported to participate, have a voice and can influence change.
Our 4 Cross cutting themes
These underpin the delivery of the plan

Think Family Approach – an increased emphasis on prevention, early intervention and empowering individuals to be more independent and resilient using a strengths based approach across childrens and adult services

Strengthen Early Help - Giving cyp the best start in life

Narrowing the achievement and inequalities gap - Shared leadership and stronger partnership working with schools and partners across the area.

A skilled and competent workforce - Ensure that we have sufficient, local workforce that is skilled, appropriately trained to support deliver y of the priorities

Our Outcomes, Priorities and Actions

Outcome - All Children and Young People are Safe

How we'll know we've made a difference? – (Population indicators)

Priority 1: Increase the no of children and young people living in safe, supportive families and communities.

Actions (Some measures to be identified)

- % decrease no of cyp with child protection plans
- % decrease no of cyp who need to be looked after
- % decrease in number of cyp at risk of CSE
- % increase in uptake of Early Help Assessments.
- % increase in Connecting Families outcomes
- % increase no of joint risk assessments and plans between adults and children's services – including those involving Toxic Trio
- % increase no of early stage interventions of parenting capacity assessments
- % increase in no of cyp with SEN/D who take up short breaks

Priority 2: Decrease the no of children and young people affected by unintended or accidental injury
Actions (Measures to be identified)

- % decrease children killed or seriously injured in road traffic accidents
- % decrease in hospital admissions caused by injuries in children 0-14 yrs

Priority 3 Increase the no of children and young people are protected from crime and anti-social behaviour

- % decrease proportion of 10 – 17 year olds offending
- % decrease first time entrants to the criminal justice system age 10 -17

Outcome - All Children and Young People are healthy

How we'll know we've made a difference? – (Population indicators)

Actions (Some measures to be identified)

Priority 4 : Increase the no of children and young people maintaining a healthy weight.
(SHEU* data self-reported survey of young people's behaviour - eating and physical activity)

- % decrease in no cyp presenting with excess weight and as obese at 11yrs
- % increase in physical activity for cyp with disabilities(via short-break services)

Priority 5 : Increase the no of children and young people experiencing good emotional health, wellbeing and resilience
(SHEU self-reported survey of young people's behaviour - relationships , bullying , emotional wellbeing)

- % decrease in no of cyp aged 10 -24 admitted to hospital as a result of self-harm
- % increase in no of cyp who have direct access to interventions e.g. Nurture Outreach, School Nurse, Counselling, online counselling and Oxford Health
- % increase of cyp known to CAMHS, who are supported to transfer to adult services

Priority 6: Increase the no of children and young people free from the harm of substance misuse including alcohol and tobacco.
(SHEU self-reported survey of young people's behaviour - consumption of alcohol in the last 7 days (YR 10 SHEU data) and if possible YR 12

- Decrease the prevalence of 15 year olds who regularly smoke from 8% to 3% or less by 2022
- Decrease the prevalence of smoking in pregnancy from 10.7% to 6% or less by 2022
- Decrease the inequality gap in smoking prevalence between those in routine and manual occupations and the general population.
- % decrease in Self-reported Alcohol Specific Hospital Admissions Under 18yrs
- % increase in use of '*DrinkThink'* toolkit

**SHEU Schools Health Education Unit*

Outcome - All Children and Young People have Fair Life Chances
(Narrowing the Gap)

How we'll know we've made a difference? – (Population indicators)

Actions (Some measures to be identified

Priority 7: Ensure children and young people are supported to have the best start in life and be ready for learning

- % children with good level of development at the end of the reception year

Priority 8: Ensure children and young people are supported sufficiently to be able to achieve well and that gaps in educational outcomes are closed.

- % with good achievement at the end of KS2
- % Attainment and progress score remains at least 2 points above national. Progress 8 measure remains above 0.
- level 3 qualifications at 19
- % decrease in the achievement gaps at 5 , 11, 16 and 19 for cyp who are BME, LAC, SEN and disabled
- % increase of yp who are identified as EET's
- % decrease of of yp who are identified as NEET

Priority 9. Ensure children and young people are able to access and maintain appropriate local education provision

- % increase in good primary and secondary attendance
- % of children in good / outstanding schools and settings
- % Decrease rate of temporary and permanent exclusions from school for vulnerable groups.
- Increase access to educational placements across the locality for all vulnerable groups
- Ensure safety and educational attainment of cyp who are home schooled
- % increase for cyp to access behaviour interventions (BEA/BP)

Priority 10. All children and young people are supported through key transitions, including into adulthood

- destinations data for all children and young people, disadvantaged pupils and those with SEN and/or disabilities
- % young people with SEND progressing to further education and employment
- % increase in transition for young people into adult services, as appropriate

Outcome - All children and young people are active citizens within their own community

How we'll know we've made a difference? – *(Population indicators)*

Priority 11 Ensure children and young people are supported to participate to influence change.

- % increase in positive feedback from cyp about the services they use
- % increase in number of cyp with My Future My Choice and One Page Profiles for children and young people with EHC Plans
- % increase in cyp inputting to early help assessments
- % increase in number of young people who engage in Youth Democracy across B&NES eg strengthening the work of the Youth Forum and MYP

How will we deliver the plan?

This plan has been developed in an ever changing economic, political and policy environment. All public sector budgets are under financial pressure; changing legislation e.g. SEND reform, Working Together 2017, academisation of schools and significant welfare reform. The plan must be delivered within the available resources and be cost neutral.

It aims to clearly identify how services in B&NES will increasingly be targeted to the most vulnerable and those not achieving their full potential. It highlights further areas to be developed over the period of the plan: to include a greater focus on early help, support for complex families and those in need of increased support and safeguarding.

It does not detail all the ongoing work that all partners are doing to meet the needs of children and young people locally but rather to capture the key priority areas that need greater collective focus above and beyond the everyday 'business as usual'.
This plan needs to be supported by schools, academies, emerging MATS and all partner agencies as its success requires the sign up and full support across ALL agencies in B&NES.

Bath & North East Somerset Council

NHS
Bath and North East Somerset Clinical Commissioning Group

Children and Young People's Plan 2014-2017

YR 3 Review 2016 – 2017 on delivery of progress made against the priority headings

RAG rating red/amber/green

How to use a RAG Status Report

Report only on key areas of performance. For example, overall progress, performance, budget, trends and scope. Add in supporting commentary but not in too much detail.

Red

- There are significant issues with the sub priority.
- The priority requires significant action to meet outcomes. The issue cannot be handled solely by the service manager or team.
- One or more aspects of project viability — time, cost, scope — exceed thresholds set by the project board.

Amber

- The priority requires action to meet outcomes. The issue can be handled solely by the service manager or team.
- One or more aspect of sub priority — time, cost, scope — is at risk of not being met.
- Action is taken to resolve the problem or a decision made to watch the situation with a clear timescale

Green

- The sub priority outcomes will be met.
- All aspects of viability time, cost, scope, are within thresholds.

- No action is needed

Children and young people are healthy Leads: Physical - Denice Burton & Emotional - Mary Kearney-Knowles		
Sub priorities	**RAG rating**	**Supporting Comments/Evidence**
All children and young people maintain a healthy weight		**Progress Report - for period April 2016 – March 2017** **Performance against outcomes/ population indicator:** **Infant Feeding - 6-8 week breastfeeding rates** The coverage rate for the breastfeeding data dropped to below 95% in 16/17 which meant the data was not able to be published nationally. The overall breastfeeding rate was 55.6% in 16/17 (at a coverage rate of 93.5%). Data analysis has not been provided by age or ward but GP cluster data shows Somer Valley has the lowest rate at 45%, with Bath West reporting the highest rate at 69%. Changes in the process of recording and reporting the rates and the change of providers at year end, may also have impacted on the quality of the data set. The latest data available by age and ward is published here; **http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/breastfeeding** **NCMP Performance against outcome measures:** In 2015/16 1,855 Reception Year children were measured in B&NES schools - a **participation rate** of 96.6% (72nd out of 150 English local authorities, with 1st being the local authority with the highest participation rate). In 2015/16 1,577 Year 6 children were measured in B&NES schools - a participation rate of 93.0% (101st out of 150 English local authorities). The participation rate, particularly among Year 6 pupils, is lower in 2015/16

		compared to the previous year (97.2% for Year 6 pupils in 2014/15). It is thought that this was, at least in part, due to national media coverage of a local story. **NCMP published results for B&NES in 2015/16 (16/17 data will be published in October 2017):** • 22.6% of **Reception aged children (4 to 5 years old)** in B&NES are an unhealthy weight, i.e. either overweight or obese. 7.4% of Reception aged children in B&NES are obese. • 27.9% of **Year 6 aged children (10 to 11 years old)** in B&NES are an unhealthy weight, i.e. either overweight or obese. 13.6% of Year 6 aged children in B&NES are obese. • **Trends in childhood unhealthy weight** - including overweight and obesity - have been relatively static since the national measurement programme began in 2006/07, i.e. there has been no long-term significant upward or downward shift. This is in accordance with national findings that demonstrate prevalence rates of overweight and obesity may have stabilised between 2004 and 2013. • **Age** is a significant factor in the levels of obesity among children in B&NES, i.e. increasing with age. **Deprivation and ethnicity** are significant factors in the level of obesity among Year 6 aged children in B&NES. • There appears to be a **gender gap** opening up nationally, especially among Year 6 aged boys, who are more likely to be classified as obese compared to their female peers. **In summary, children are starting school relatively heavy at an age when their diets are under parental control as they will ever be and although we benchmark well against other areas** in **absolute** terms this is a big problem in the making when almost 3 in 10 children leave primary school overweight… and many will face a lifelong challenge to then gain and maintain a healthy weight **The Child Health-Related Behaviour Survey** **Key Facts from the 2015-16 School Child Health and Wellbeing Survey** Primary (years 4 & 6) • The percentage of primary school pupils reporting high levels of self-esteem has risen significantly since 2013. 46% of boys and 39% of girls reported high self-esteem in 2015. • The numbers of pupils skipping breakfast more than doubled between 2013 and 2015 to 8% Secondary (years 8 & 10)

		• Nearly two-thirds of girls wanted to lose weight (although it would appear that not this many need to). • Pupils in B&NES appeared to have a healthier diet than nationally, and this seems to be improving. • Many more pupils were skipping breakfast compared to results in 2013 and 2011, especially girls. • The level of physical activity was high, but there appears to have been a recent decline in more intensive physical activity. • Self-reported high self-esteem has remained constant amongst secondary boys since 2011 but has declined amongst girls from 41% in 2011 to 31% in 2015 • A much higher proportion of B&NES Year 8 and Year 10 pupils are eating vegetables and fruits on most days compare to in 2013 and 2011 • The numbers of pupils skipping breakfast doubled between 2011 and 2015 to 21% girls and 12% for boys Pupils reporting they receive school meals, or have done in the last 6 years have poorer lifestyles and lower self esteem than pupils who say they don't.
All children and young people maintain a healthy weight		**Progress against action plans/milestones** **1. Leadership and Governance** • The Healthy Weight Strategy was completed and published at **http://www.bathnes.gov.uk/services/public-health/public-health-strategies-and-policies/healthy-weight** • The healthy weight strategy group, the Local food partnership and the two themed sub groups for the Fit for life partnership are functioning and delivering local implementation plans. • B&NES achieved a Bronze award for sustainable food cities from Sustrans which reflects and recognises the partnership working and strategic planning on this issue. • The Health Visiting Service facilitates an Infant Feeding Provider Forum bringing together local services to improve support for parents. **2.** **3. Intelligence** • Joint Strategic Needs Assessment on food poverty and food access developed and

		published • JSNA was updated with new NCMP figures **4. 0-19 Services** **Health Visiting** ***Breastfeeding support :*** • Initiated and maintained a weekly Specialist Breastfeeding Support pathway /Service (baby circle) for mothers experiencing persistent and / or complex breastfeeding problems, staffed by midwives / health visitors / lactation consultants. Evaluation not available currently. • Initiated and rolled out a group based 3-4 month offer to new parents, health promoting discussions. The discussion groups offered anticipatory guidance on introducing family foods at six months (in addition to other topics). ***Antenatal Support:*** • Supported and collaborated with Midwifery services to develop an integrated a joint antenatal offer with a shared approach and philosophy. Not launched by year end but still work in progress. • Delivered 11 Hello Baby! courses with excellent feedback from parents. 149 mothers and 36 partners attended over the year. Evaluation not available currently. ***Baby Feeding Hubs:*** • Worked collaboratively with Children's Centre Services at four of the Baby Feeding Hubs. 781 feeding hubs were attended by 3016 infants over the year (these are numbers attending not individual infants) • Continued to offer supervision and support to 24 breastfeeding peer supporters volunteering at the baby feeding hubs. • Improved range of resources about infant feeding and introducing solids for the 16 hubs • Continued to produce routine infant feeding newsletters for staff and parents

		School Nursing • Ongoing promotion of SHINE intervention during the year and consultation regarding the end of the SHINE programme • Delivered agreed healthy weight intervention to young people who are referred via NCMP and continue to provide proactive follow up. School nurses work with children and young people referred in other ways (e.g. schools, parents etc.) Also those that attend 'drop in' for help with healthy weight or are picked up when doing the school nurse assessment for another reason. • Oral Health, health promotion, in primary - schools school nurses are talking about 'hidden sugars' and using a 'sugar shockers' board • In Q1-3 during 2016 school nurses reported 81 contacts for NCMP follow up – regarding concern over weight, 180 contacts regarding overweight and 167 contacts regarding underweight. Please note that number of contacts does not reflect the number of children as there may be multiple contacts with each person. The full year report is due in Oct 2017. **National Child Measurement programme** • Revised the letters to families to include standardisation of the feedback (results) using BMI centile scale - as a way of helping families to visually identify where their child falls on the BMI scale and if they are at risk of moving into the overweight/obese category. • Schools have received (where available) individual schools NCMP results, identifying the percentage of children at school above a healthy weight, compared with the national & B&NES average and are encouraged to support healthy weight through a whole school approach and are signposted to the DPH Award. **5. Director of Public Health Award – Early Years, Colleges and Schools** ***Performance*** • October 2016 and March 2017 Award groups saw 30 settings (18 schools, 11 EY settings, City of Bath College) achieve at least one certificate. A successful celebration evening held on April 6th 2017, attended by nearly 100 guests including children and young people from a number of schools and the winners of the Young and Junior Chef competitions and their

families.

Alignment to Childhood obesity plan

- The DPH Award criteria for schools and settings were updated to incorporate aspects of the *Childhood Obesity Plan* relating to physical activity and healthy eating.
- The DPHA coordinator contributed to the expert panel convened by the DfE about the proposed Healthy Rating Scheme for schools – due to be implemented in September 2017. The scheme was put out to tender for a provider to develop an online platform in December 2016.

B&NES Young and Junior chef competitions held for Primary and Secondary schools. B&NES Young and Junior Chef
competitions – 6 Secondary and 4 primary schools took part

Learning Outside network continues to be well supported. Over 50 people on the circulation list

Active Solutions pilot started in 2 Primary schools– 1 hour of solution focussed therapy and 1 hour of physical activity with the aim of reducing anxiety, raising self-esteem in identified children. One school doing yoga as PA intervention, the other multiskills. Report due July 2017.

Dental health **development** – resource boxes for health visitors and children's centres have been developed.
Toothbrushing trial and training has been rolled out across 5 EY settings and 2 schools (Reception and KS1) and is being evaluated and findings shared across BNSSG.

School meals film now being used on Change 4Life school Zone website.

Review of charging policy
In line with School Improvement and Achievement Service, the DPHA will be increasing charges to subscribe to the programme from 1st April 2017. Cost will be £300 +40p per pupil

6. **Health in Pregnancy Service** :

		The health in pregnancy service has achieved positive results Health in Pregnancy Service, based on SHINE model • 220 women with a BMI 28+ engaged with the service • Around 50% of women with a BMI>30 accessing 1-1 service and some women with BMI>28 • For all women seen with full data sets: • 65% are at or below the recommended weight gain for pregnancy at 36 weeks • 56% are below their booking weight after birth • 56% who engaged with the service for obesity have a spontaneous delivery. • Improvements in psychological scores: 59% anxiety, 48% depression, 52% self-esteem, 72% lifestyle, 81% emotional eating, 67% health beliefs and making changes. • SATOD 7.5% - low rate • 48% are in the 2 most deprived quintiles **7. Childrens weight management services** : • 2 SHINE programmes delivered • 56 referrals to the programme with 20 children starting and 11 completing • Telephone support offered to families as part of NCMP • Childrens weight management services have been included in the contract with Sirona and will transfer on April 1st 2017 • SHINE services for Children will be decommissioned and will no longer be available from April 1st for new starters **8 Food Interventions** **Food and health service**

		• 18 courses delivered (3 HENRY, 8 Parent Cook It! and 7 Family Cook It! Programmes delivered) • 119 clients started the programmes (35 HENRY , 44 Parent Cook it ! and 40 family Cook it) • 35 Clients participated in HENRY with 63% completion rate • 44 clients took part in Parent Cook It! with 71% completion rate • 40 clients took part in Family Cook It! with 59 % completion rate **Sugarsmart campaign** • Planning for a two year Sugarsmart campaign is underway coordinated by B&NES Council in partnership with Sugar smart UK and the Jamie Oliver Foundation. A grant has been secured from Sustainable food cities together with public health funding. A steering group has been established and priorities include educational settings, flagship community (Westfield and Radstock) NHS settings and leisure settings. **Food procurement and planning policy** • A West of England Food Procurement Group has been established to support public sector organisations including early year settings, schools, colleges, universities, hospitals and workplaces to procure and provide healthier and more sustainable food in line with the voluntary government buying standards. A food procurement and catering conference was held in February 2017 to engage with 80 organisations on healthy and sustainable catering with input from Public Health England and DEFRA. • New food growing planning policies have been adopted to make it easier for people to access food growing space by ensuring all new residential development incorporates flexible opportunities for food growing. **B&NES Food forum** • B&NES Council co-ordinated a successful "**British Food Fortnight"** programme of events in September 2016 to engage communities with healthy and sustainable food including cooking and growing opportunities. Promoted British Food Fortnight Activities in schools including session plans and B&NES cratering held a 'British menu' during the week. Winner of the national "British Food Fortnight" competition judged and sponsored by CO – OP food,

		Chef Raymond Blanc and the Governmental Department for Food, Environment and Rural Affairs. • Updated **School Food Policy** and **Packed lunch policy** templates for schools & settings to utilise • Promoted **national school meals week** to schools and communication materials for families to promote uptake of school meals. • Challenged School Meals providers in LA regarding meeting the School Food Standards. **8. Physical activity and sport interventions** **Early years / maternal** • Post-natal Moving on Up dance project continues to offer group programmes for mothers across B&NES. Moving on Up supported 56 mums between September 16 and March 17. **School Sports Partnership:** During this period : • 10 schools received creative movement intervention • 24 schools participated in daily physical activity Road shows • 15 C4L “inspired” clubs established in primary schools • Move a Mile launched in May 2016 – 18 schools attended the launch. programme being promoted through the School Sport Partnership to a target 20 Primary schools. • 38 schools involved in taster programmes across 5 sports • 9 schools have received Yoga & Mindfulness tasters & staff training • 2 schools participated in the Active Solutions pilot **Bikeability Levels 1 & 2** • A total of 621 children undertook levels 1 and 2 Bikeability training to the end of February/March 2017.

		• After School Inclusive cycling club has more than 20 children attending on a weekly basis **9. Workforce development** **Health Visiting service:** • Submitted a successful annual audit of staff skills and mother's experiences to UNICEF BFI UK. • Delivered training to health visitors and children's centre staff, delivered training to 8 volunteers to become peer supporters • Continued to train and support staff in the delivery of the HELLO Baby! Antenatal courses **DPH Award Early Years:** • Worked with the Early Years team to develop their baby quality toolkit – physical development package. Aimed at baby rooms • HENRY core training – 12 people trained at first course and a further 16 people were trained in March 2017. • Portion size training in line with the School Food Standards guidance was delivered in December 2016 for B&NES Catering Service including 39 cooks in charge and 5 catering supervisors. **Food and Health** • Support offered to Governors of those schools who have opted out of B&NES Catering service and are having their school meals supplied from either Secondary Schools catering or who have moved to in house catering. This is to ensure they are aware of their statutory duty that the governing board are responsible for the provision of school food • Work with Multi Academy Trusts around food provision for primary schools – Wellsway Matt and Dragonfly trust in particular. • Balanced packed lunch programme written & trialled in one school and EYs setting, which involves teaching lessons and resources to go home to families for consistent messages • 3 Cook it Train the trainer programmes delivered

All children and young people have good emotional wellbeing and resilience		**Progress Report - April - March 2017** Good progress has been made by all partners across B&NES to support emotional health and wellbeing developments and increase support/interventions for children and young people. In conjunction with the Local Authority and the Clinical Commissioning Group, schools have continued to fund attachment aware training, nurture outreach and school-based counselling. The CCG had a specific focus on mental health as part of a 'Your Care Your Health' event: the Youth Parliament has focused on emotional health and wellbeing as their key campaign and the Primary Parliament also focused on emotional health and wellbeing. In July the CCG hosted a celebratory event for all agencies/services across B&NES who provide mental health services. Public Health has made it a requirement that all schools must have an e- team and focus on emotional wellbeing to be eligible for the Director of Public Health award. The CCG made all the national funding allocation for CAMHS Transformation available to support the multi-agency Emotional Health and Wellbeing Strategic Group's strategic plan. The details can be found in the CAMHS Transformation Plan http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Children-and-Young-People/banes_transformation_plan_nov16_final.pdf. Oxford Health, the CAMHS provider; have developed a number of additional pilot services. They also started to record patient recorded outcome measures for all children and young people on their caseload. **PUBLIC HEALTH in SCHOOLS** The DPH Award increased its subscription costs from 1st April 2017. This was to contribute to Council savings targets and to generate the working budget for the programme. The Award continues to be supported by Public Health; who fund 3posts to deliver, (1 WTE, 0.6 WTE and 0.3 WTE posts). 12 schools had subscribed as of June 2017. The School Improvement and Achievement Service also became a traded service from 1st April. The PSHE Consultant offers a package of support for schools to buy-in, or they can attend training or buy the Consultant in using a pro-rata pay-as-you-go menu. As of June, 5-schools had subscribed to the full package of support. **Mindfulness in Schools**

		The primary school pilot completed in June 2016 and was evaluated by Bath University over the summer. Very good outcomes were seen in the evaluation, the main conclusion being: Overall, the mindfulness project for primary school teachers delivered in early 2016 was highly valued by both the teachers and children who experienced it. Teachers perceived the mindfulness training useful for improving their own wellbeing, and reported a statistically meaningful decrease in their anxiety levels. The training was found to be highly relevant (i.e., all teachers could see how it may be of value to their students) and generated a high level of confidence among teachers that they would be able to deliver mindfulness within their schools. This was translated into action in most cases, with two thirds of teachers running mindfulness activities within the first two months following training, increasing to 90% to include those who have firm plans to do so at a future point. The children we spoke to thoroughly enjoyed, the mindfulness activities delivered and appreciated the effect it had on them. Generally, they believed the activities made them feel calmer, more relaxed, and helped them to deal with negative feelings. Despite occasional disruption from other children and embarrassment in taking part most children appeared to derive benefits from sessions. Although we typically do not expect children to make very personal disclosures within focus groups, we nonetheless heard some heartening examples of the ways in which even younger children had used the mindfulness activities to help them to deal with emotions and feelings. Overall, the evaluation suggests that the mindfulness activities taught through the Relax Kids training can be a very valuable tool for children of all ages, and that the training provided to teachers through the course sponsored by Bath & North East Somerset council was sufficient to equip teachers with the skills to do this. Potential limitations to the sustainability of activities include support from schools for scheduling and funding such activities and access to resources to refresh the activities carried out with children. Having access to evidence of the reported benefits of Relax Kids by children themselves may be useful to both help teachers to promote the activities to parents and to lobby for support within their schools. Next steps: to repeat this course at Brighter Futures in January 2017. Schools will have to pay for places. Cost will be £150 per person for the 10 week course (8 weeks Mindfulness and 2 weeks Relax Kids resources and approaches). **Update – June 2017** 2 further Primary Mindfulness courses have been commissioned and run by Brighter Futures between January and May 2017. A further 24 teachers have been trained from 15 different schools. Each place cost £150 and CAMHS Transformation funding paid half the cost.

		Secondary school mindfulness work. Judy Allies and Kate Murphy have visited senior managers in 2 of the 3 Secondary schools with trained teachers of Mindfulness (.b trained) to gather information about how this resource is being used in schools. Will collate a report once all 3 schools have been interviewed, but initial use of these staff members has been positive i.e. used to deliver mindfulness sessions to staff, targeted students and at a Primary school mental health day with primary aged children. • Mental Health resource packs for schools – all secondary schools have 2 packs and packs have been given to appropriate non-school settings • A Primary mental health resource pack for KS1 and 2 was launched in January 2017. Every Primary school has received a pack. All schools either attended the launch or received a 20 minute visit from the PSHE Consultant or DPH Award lead to be shown the pack and discuss its use. Initial responses have been very positive. The pack was written by young people in the CAMHS participation team and supported in development by the LA. • DPH Award for Schools and Colleges – Award Group meeting held in October 2016. 9 school certificates were awarded. 6 of these were Healthy School Certificates (audit) and 3 Healthy Outcomes. Schools identified mental health issues for their Healthy Outcomes. Schools used a variety of interventions to support wellbeing including Bath Rugby Foundation Stickability course, drumming, Theraplay (sunshine circles) and Relax kids (by a teacher that had attended the mindfulness pilot). Case studies written up for each of these show measurable positive impact on children and young people. DPH Award group meeting in March 2017 saw 11 schools, 7 EY settings and Bath College receive certificates. A celebration evening was held in early April 2017 attended by over 90 partners, staff and children /young people. Guests included the cabinet member for Children and young people, the Chief executive of the Council and the Director of People and Communities. Healthy School Certificate criteria have been updated and will be used from October 2016. Schools are now required to complete the SHEU survey in order to reach the green level for one of the criteria. Use of the B&NES mental health resource packs, having an E team (considering equalities issues) and supporting staff and student mental wellbeing remain as other requirements on the audit • SHEU strategy group is considering gender bias in the questions related to mental health in order to get a better understanding of how boys are feeling and how they cope with their feelings. The requirement for

		schools to take part in the SHEU survey as part of the DPH Award will hopefully increase the number of schools taking part in 2017. 12 Secondary schools and 2 Studio schools completed the SHEU survey around Easter 2017. 3,149 pupils in years 8 and 10 complete the survey – the biggest sample yet. In addition, approximately 450 Year 12 students also completed the survey from 6 schools. Results will be widely disseminated in late summer/early autumn. Primary surveys will be run during the summer of 2017. We have had 74% of eligible schools state their intention to do the survey - the biggest number of schools to take part ever. • Parliaments Primary and Secondary Parliaments – last year Mental Health was the theme for both. School Improvement / Off The Record / Member of Youth Parliament are following up on recommendations. Report delivered to Policy and Scrutiny. This year the theme was "Getting actively involved / going for it". Both primary and secondary parliaments were very successful, with Norton Hill School & Roundhill Primary taking the lead. Reports have been written and will be taken to Policy and Scrutiny meetings for discussion / action. • Boys Mental Health Project - funding also secured from Public Health budget and CAMHS Transformation funds. Staff from; schools, college and CYP organisations were recruited and first steering group held. CAMHS Participation group were consulted and their findings presented. Steering group members are now developing their own areas of work. Public Health have secured funding from the Charlie Waller Memorial Trust (CWMT) to work with an infant, primary and secondary school next year to explore issues and positive approaches to Boys' mental health. Following a pilot phase, the steering group have now made a successful bid to the Charlie Waller Memorial Trust Stella Project for funding to support ongoing work under the project title of 'Boys in Mind' This will fund the cost of delivering a package of support in three schools that will cover: • 'Whole School Approach to Male Mental Health' training & staff briefing • Solutions Focused training for identified relevant staff to develop confidence in applying this approach with boys and young men • Boys / young men focus group led by CAMHS participation lead to identify school priorities • Access to a bespoke checklist to assess PSHE materials and resources to assess their suitability for boys • Training for duty and playground staff /SMSAs to challenge gender stereotyping and mental health stigma. To include the development and use of an agreed scripts • Parents' workshop

		This work and subsequent case studies report will be shared nationally through CWMT. A further project is being funded to deliver a suicide prevention programme at Bath College for students who are taking construction industry related courses in academic year 2017/18 • PSHE Training to include Mental Health – mental health is now a part of every PSHE training programme, whether cluster or school-based. **SIRONA SERVICES** • Health Visiting- Infant brain development and attachment is dependent on good maternal mental health. The Health visitor service is commissioned to provide universal and targeted support to children and their families with the child at the centre of the service. The universal health visiting service ensures that every family receives an antenatal visit at 28 weeks, and is invited to an antenatal programme preparing them for looking after their baby and for parenthood. Following the birth, every mother will receive a new birth visit, after handover from the midwife. Before 8 weeks each mother will undertake a maternal mood review. If any unmet need is identified the health visitor will offer a universal plus service of listening visits or, if appropriate, will signpost to a GP, or to the adult IAPT service. The health visitor then provides a universal 12 month and 2 year review to assess the child's development and identify any needs that may require additional support or intervention. • Family Nurse Partnership- The FNP programme is: a voluntary intensive 1-1 evidence based programme which is offered to mothers; under-20 who are pregnant for the first time. The intervention begins in early pregnancy and lasts until the child is 2 years old. The programme uses Parenting in Partnership (PIPE) tools each visit to work through with a focus on attachment and child development, • School Nursing Service - School Nurses offer direct interventions with children and young people and during the year (April to March) made an average of 437 face-to-face contacts each month (excluding height and weight assessments) many of which concerned emotional and mental health difficulties. • School nurses have produced leaflets for parents to help manage childhood anxiety. • Contribution to Emotional health and Wellbeing hubs in Secondary schools • College nurses support Bath College with EHWB and the college has launched its new FeelSafe college branding which has seen an increase in young people seeking support for emotional distress and suicidal thoughts. • School nurses provide consultation to school staff across B&NES on a range of emotional health

		issues. School nurses have delivered emotional resilience and awareness sessions to Parents in 4 primary and 1 secondary schools as a pilot – good initial feedback. • CBT based, emotional resilience sessions - FRIENDS - were delivered in 12 classes (reaching 300 pupils). The sessions ran in 8 Primary schools (St Phillips, St Michaels Twerton, Coombe Down Primary, Whitchurch Primary, St Keyna, Camerton, Roundhill and St Andrews). Year 5 children received 8 one-hour sessions of FRIENDS. Parent sessions ran in each primary school. There was positive feedback from children, teaching staff and parents. **CAMHS/PCAMHS SERVICE (OXFORD HEALTH)** Referrals to P/CAMHS during 16/17 averaged 106 referrals per month. Of these an average of 66 were accepted by specialist CAMHS, 27 by primary CAMHS and average of 11 were deemed inappropriate referrals. The majority of referrals are from GPs. Due to increasing demand, vacancies and the complexity of some referred CYP the waiting time target for assessment was not met. Only 58% of PCAMHS referrals were assessed within 4 weeks (target 90%), and only 58% of routine CAMHS clinic referrals were assessed within 4 weeks (target 90%). Urgent CAMHS cases were assessed more quickly – 100% within 4 weeks. • BANES' CAMHS Transformation Plan. Some of the proposals for driving improvement within the Transformation Plan are cost-neutral, requiring a different way of helping C&YP within existing resources. But the Government has committed additional monies to local areas based on the standard CCG allocation formula. B&NES received £333k in 15/16 and £476k in 16/17. Each year £95,191 of this funding has been assigned to develop a specialist C&YP Community Eating Disorders Service. This service – TEDS (The eating disorder service) – operates across B&NES, Wiltshire and Swindon and was launched at a multi-agency event in March 2017. The service has national access and waiting time standards and although accurate reporting data was unavailable at the start of the year, the latest, Q4, data indicates that 100% (3 YP) of urgent cases were treated within a week and 87% (7 of 8) routine cases were treated within 4 weeks, (the 1 delay being due to a patient cancellation).

		During 16-17, other commissioned interventions included; • The KOOTH on-line counselling service (pilot) was launched in April 2016. The service was widely promoted across secondary schools/services by a KOOTH outreach worker. Engagement with schools has been generally positive and the update of the service has been promising. In the first year of service 693 young people registered with the on-line website and logged on 3,798 times. The contract has been extended for 17/18. • Counselling became available in all maintained secondary schools and at both college sites: Services are provided by Relate, Off the Record or Focus Counselling. The uptake has been good and the feedback very positive. • The CAMHS School Resilience Hubs pilot was continued for a second academic year. Despite significant efforts by CAMHS, who deliver the offer, uptake from secondary schools remains mixed. Some schools use the full offer- monthly support meetings and staff training- others have yet to fully engage. Further work needs to be done with schools to explore this response. • School Nurses delivered a whole class CBT based intervention (8 weeks) in 11 Year 5 classes at selected B&NES primary schools. • A CAMHS senior mental health practitioner (0.6 WTE) has been seconded to the LA Family Placement team to provide therapeutic support for foster carers and adoptive parents (to prevent placement breakdown) See below for further detail. • Various elements of workforce development were delivered in 16/17 e.g. Theraplay accreditation, Thrive training, mindfulness etc. See below for further detail. • CYP Mental Health Liaison; To, provide RUH Emergency Departments and Childrens' Ward with enhanced and out of hours access to specialist mental health assessment. This will include mental health interventions to optimise the time the patient spends in these environments and aimed at reducing length of stay. During 16/17 funding from the Health and Justice Board (NHS England) was awarded to B&NES and Wiltshire CCGs to provide additional support for children and young people who display Harmful Sexual Behaviour (HSB). Whilst some specialist training was delivered during 16/17, the appointed CAMHS lead was not in post until May 2017. The practitioner will provide consultation and support to front line staff in social care and

		YOT to better identify, assess and support CYP with HSB. **Preventative Services Commissioning** • **Theraplay** (attachment based parent/child support 2-5 year-olds) In this period 24 of children aged 2-5 years with complex emotional/behavioural needs supported through Theraplay intervention, a commissioned parent/child attachment based intervention delivered by Alison Cliffe. CAMHS Transformation funding 2016/7 has enabled delivery of additional Theraplay training and supervision with 4 practitioners trained to Foundation level across the children's workforce (Children's Centres and social care). This has increased capacity for this therapeutic support in early years with development of a Practicum of staff able to use Theraplay informed techniques in support of parent and young children. The National Thera play Institute has acknowledged B&NES as a leading authority in this area. Practitioners from surrounding authorities attend training and seek supervision from B&NES. • **Nurture Outreach Service** (delivered by Brighter Futures) in primary schools. This unique locally developed service offers comprehensive support to primary schools throughout Bath and North East Somerset to support and include children presenting with emotional and behavioural issues which pose a barrier their ability to start school at reception. From October 2016 – March 2017 the service managed 27 cases entering reception year. Of this cohort 96% of children have improved their learning and 96% increased their emotional wellbeing rating. In this period the service worked with 19 primary schools with 93% of schools have developed skills to manage children and have adapted the curriculum and environment to support them. CAMHS Transformation Fund has contributed to roll out of THRIVE training delivered by Brighter Futures through behaviour and attendance panels and all secondary's and primaries in areas of highest needs have had one or two practitioners attend this training. THRIVE equips practitioners with skills to assess children's emotional levels and to adjust learning activities and group learning accordingly. This has been well received by schools attending. • **Therapeutic support/counselling in 6 primary schools (Place2Be)**

		Place2Be (national mental health charity) operates less therapeutic play/counselling service as a number of the original 6 primary schools who developed this with support from the Council have faced financial difficulties in sustaining the service. Schools independently commission the service. There is no longer a local authority commission to oversee the outcomes from the service. **Social Care** • MASH MASH was implemented at the end of September and despite some IT issues this is predominantly going really well; referrals so far 134 as of December '16. The MASH operational group will meet quarterly; part of the plan going forward is that an annual plan will be produced for the MASH. This will make clear our vision and aspirations for the MASH. There are further plans to expand the referrals sent to MASH looking firstly at CSE and then domestic abuse referrals. • Policies and Procedures Social Care; are in the process of updating the Missing Protocol and strategy. We are also updating the CSE action plan. They are re-writing the Joint protocol between AWP, SDAS, DHI and Social Care • New Way, Stepping Stones & Footprints Social Care; are about to complete annual plans for the groups mentioned above. They are also going to produce quarterly reports for these groups looking at data and outcomes so that effectiveness can be analysed and monitored. This will assist in shaping service provision going forward. • Child Protection and Parental Engagement Social Care; are going to present to the March LSCB a proposed new way of facilitating CP conferences. There will be greater focus on planning rather than information sharing. The emphasis will be that it is the families, and most importantly, the children and young people's plan rather than the agencies plan with the families' name on it. The ethos will be about partnership working and seeing parents and carers as part of the solution with an attempt to reduce power inequalities.

		• A Clinical Psychologist has been seconded from CAMHS to the Family Placement Team to support placement stability. This has been funded from the CAMHS Transformation Plan The post-holder started in post on 24th August This role is now embedded in the team and is receiving very positive feedback from carers and initial indicators are positive. To date they have supported 14 fourteen foster carers currently caring for 24 children. This is a quote from 2 carers who have 2 complex young people and were thinking about ending the placement of one of them. This is a quote from 2 carers who have 2 complex young people and were thinking about ending the placement of one of them. “Ann (psychologist) continues to support them and both children remain in placement” “We just had another session with Ann this morning and I must say we think they are most useful and that she is great. We feel really blessed by the support that you and your team give us and the boys.” **Schools & Colleges** The Virtual School has used Pupil Premium Plus to engage an Educational Psychologist for 1 day per week to carry out Educational Psychologist assessments and reports on Looked After Children (LAC) causing concern. This has been very useful indeed especially as she is willing to travel outside of B&NES – this has included visits to North Wales and Dorset. Schools are finding the reports very useful indeed. The Virtual school is recommissioning for another year due to the rise in more complex cases and the need for support with ensuring the needs of young people are met. This is also a more rapid method of ensuring EHCPs are in place for children in care with SEND needs that are not currently being met. The role is being developed to meet demand more effectively. The Virtual School is recommissioning Attachment Aware Schools for 2017-2018. The expensive course that was implemented a few years ago has allowed a member of staff at most schools to gain an in-depth knowledge of attachment disorder. The previous Head-teacher felt that all those who would follow the course have now done so. When evaluating impact, a plan is now needed for those who have had the funding to attend the course, now use this knowledge and training to create a whole school policy that has an impact on practice. This is due to the rise in fixed term exclusions within this cohort of students over the last 2 years, further evidenced within the OFSTED report. It was hoped that the courses commissioned would be preventing this through greater understanding school wide of the difficulties experienced by these students. Due to budget difficulties this year, there will be pause on commissioning any new initiatives on this however

		there will be training on this for governors, DTs, Head-teachers and carers through a new training and resources' website and also an annual calendar of face to face sessions with the Virtual School Team. Education Psychology is helping to promote the CAMHs School Hubs pilot. In addition, the service is looking at how to develop links with CAMHs and support children who don't meet the criteria for CAMHS. **Bath College EHWB progress** • Students fully aware of Kooth and are using the service • Safeguarding Leads receiving CAMHS and associated training • Young Men and Mental Health Campaign in Jan 2017 has seen an increase in young men into welfare services, counselling, mentoring and safeguarding • Distraction objects purchased from the YM and MH fund to help reduce anxiety or anger in young men when in the welfare provision. • CAMHS Funding for Off the Record Counselling Service at Somer Valley Campus, Radstock • Introduced student online Peer Mentoring • Introduced face to face, annual Safeguarding Updates for ALL staff • Introduced a Mental Health Policy and Wellbeing Statement. • Added Mental Health to the College's risk register. • Increased the profile of the College's 'Got Y Back' Campaign created by students • Strengthened the Safeguarding Team by employing an additional dedicated safeguarding lead Additional campaigns: • Think Tolerance and Respect Campaign • New Student Prevent Campaign • Male Mental Health 'Have You Got the Ball?' campaign • FGM campaign • Stop Adult Abuse Campaign • Introduced 'Holly Guard' to staff and students • Increased the profile of the Student Welfare Team around College • All Student Welfare Team have undertaken extensive mental health awareness training, & CP L3 training. • Engaged with the CAMHS Hub and training

		• Celebrating success with vulnerable learners (e.g. LAC, YC etc.) • Introduction of Smoothwall web filtering (safeguarding and Prevent) • Modernised the College's counselling provision • Increased campus security
All children and young people are free from misuse of substances		**Progress Report YR 3 April 2016 – March 2017** **Performance against outcomes / population indicators:** **Alcohol admissions under 18s** Alcohol-Specific Hospital Admissions for under 18 yr olds in B&NES are reducing, in line with national trends, but the latest data shows that B&NES admission rate is still significantly worse than the England average (B&NES has 53.2 admissions per 100,000 pop compared to England average of 37.4 per 100,000 pop). Actual numbers of admissions are low (55 over a 3 yr period) and self-reported drinking in 11- 15 yr olds is falling, however we still have 22% of 14 and 15 year olds in B&NES reporting they have had an alcoholic drink in the last 7 days (1 in 4 boys and 1 in 5 girls). **Smoking at time of delivery (SATOD)** 16-17 SATOD data shows we have maintained low levels of smoking prevalence from 15/16 (7.2%) with 7.1% of women smoking at time of delivery. This is significantly better than the England average of 10.5%, and perhaps mirroring what is being described as a national 'stall' in the trend downwards. It is also worth noting that B&NES data quality record for this service is excellent. **School Health Education Survey** The SHEU survey questions for the 2017 survey were updated to include more detailed questions about e-cigarette use and whether children have been offered cheap or foreign cigarettes or tobacco. Years 6,8,10 and 12 will be asked these questions. The Secondary school survey took place at Easter 2017 with Primary schools following in the summer 2017. All Secondary schools with a Sixth form are being asked to include

		year 12 in the survey this year to get a better idea about smoking, drinking and drug use in older young people. The findings will be included in the 17/18 progress report **Headlines from the 2015 /16 Children's School Health Survey** which have been widely disseminated during 15/16 were: **Alcohol** ➢ The proportion of 12-15 yr olds who reported having an alcoholic drink in the last 7 days dropped significantly from 22% in 2013 to 13% in 2015. ➢ Year on year – drinking is going down, both nationally and locally ➢ More young people in B&NES appear to be drinking alcohol compared to national ➢ Older pupils are much more likely to drink alcohol than younger pupils ➢ Significantly more drinking reported amongst those of sexual or ethnic minority ➢ Young people are drinking at home with their parents knowledge **B&NES YR 10 Regular smokers (at least one cigarette a week):** ➢ 5% of YR10 boys say they smoke at least one cigarette a week ➢ 11% of YR10 girls said they smoke at least one cigarette a week ➢ B&NES smoking prevalence amongst 15 year olds is similar to national survey results (HSCIC) for boys (4%) but higher for girls (8%). **Drugs:** ➢ 15% of YR 10 boys and 16% of YR 10 girls said that they had ever taken illegal drugs or legal highs (lower than national HSCIC survey). ➢ The most common drugs reported were cannabis and nitrous oxide.

		Performance against action plans/milestones: **Specialist substance misuse treatment for Young People** **A full year review has taken place from 1/04/2016 – 31/03/2017 with the outcomes below detailing this time period.** • The total number of young people accessing treatment remains consistent at 119 with the primary substances of cannabis and alcohol being used which is in line with the national picture • Young People accessing treatment have a range of vulnerabilities with 24% of young people having four or more vulnerabilities. For young people with multiple complexities, it is important to have a team around the child, working together. Multi agency working is very high in B&NES with 91% of young people being worked with in a multi-agency way compared to 57% nationally • 6 training sessions have been delivered with 214 professionals attending training • 586 young people have been reached through outreach • Project 28 and the Youth Offending Team worked alongside the Police to refer first time offenders that were initially stopped and searched and found with small amounts of cannabis to be referred to Project 28 to enable them to learn about the harms of alcohol and drugs looking at the psychological and physical effects on the body and to prevent them from getting a criminal record; which is seen as a 'teachable moment'. During the pilot phase of this project, the workshop had proved to be successful with the first time entrants into youth custody dropping by 50%. Over 30 young people have attended diversionary workshops • 90% of young people complete their programme of specialist support compared to 80% nationally. Of those who complete, very few re-present back into treatment • All young people who are in treatment complete a Young People's Outcome record (YPOR) which is a national tool to measure outcomes for substance misuse treatment. When young people leave treatment in B&NES they have higher life satisfaction; increased feelings of worthwhileness; increased feelings of happiness and reduced anxiety compared to the national picture. • **Smoking:** In addition to the YPOR outcomes above, the prevalence and impact of tobacco

		interventions for young people in treatment have been monitored, as at the end of treatment during the previous year 2015-16, 90% of young people who were smoking, continued to smoke when they left treatment. It has been a key priority for the specialist treatment service to reduce smoking rates amongst those in treatment during the last year. As such, all Project 28 staff have received support to stop smoking training. 100% of young people completing the YPOR were smoking tobacco at the start of treatment which has reduced to 39% at exit (compared to 90% the previous year). Nationally, 55% of young people continued to smoke at treatment exit. **Supporting Parents** A review of data for parents in treatment with children has taken place with a joined up approach now being implemented between children centres and the substance misuse services. It was identified at Quarter 1 2016-17 that outcomes for opiate parents in treatment were below the national average, (3.5% local outcome versus 7.6% national average) and that there were opportunities identified and agreed through the Early Help Strategy for adult and children services to work more closely together to improve outcomes for opiate parents in treatment. This includes: • Joint meetings with staff working with families in children's centres and substance misuse services to share knowledge of how to jointly support families. • Referrals of children aged 0-5 years to children centres where parents are in treatment. The jointly delivered pilot includes a children's group running alongside a group for parents focussing on different aspects of their substance misuse. Additionally, Theraplay is run alongside the sessions for parent and child together. • Exploration and further development of jointly run groups for parents in treatment. The adult substance misuse needs assessment will review the progress of the pilot as well as next steps as part of the wider 'Think Family' and early help approach. **Support for families and carers of change resistant drinkers**

		➢ B&NES Council has collaborated, via a national partnership, with Alcohol Concern and ADFAM to support the development of guidelines for working with families and carers of change resistant drinkers. ➢ A workshop for agencies, families and carers was run in Bath to identify information and support needs, alongside a survey of professionals and others. ➢ This work contributed to a national report by Alcohol Concern/Adfam on findings and the support and training needs of professionals, families and carers. A local B&NES report was also produced and disseminated. ➢ Guidelines and tools for local professionals and others supporting families and carers of change resistant drinkers were produced in collaboration with local partners. ➢ These guidelines have now been published and plans are being developed for training and dissemination to frontline workers and those who support families and carers. **Blue light change resistant drinkers** Blue Light Training was developed for colleagues across B&NES, aimed at an array of different settings to challenge the notion that nothing can be done for this client group. In addition, there was a need to improve the response to entrenched Blue Light drinkers from local agencies to reduce the suffering not only to the individual, but those around them and to reduce the financial burden on frontline emergency services. During 16/17 : - 4 x half day training sessions were delivered. - Over 115 colleagues trained - 25 different agencies were involved: Police, Probation, Fire Service, Emergency Department, Paramedics, Julian House, St Mungo's, B&NES Housing, AWP Mental Health Services, Primary Care and B&NES Community Safety. Training Evaluation Feedback: - Over 70% of the participants said that the training had greatly increased their knowledge and understanding of working with change resistant drinkers, with the majority citing the Risk Management and Harm Reduction Approaches/ Tools as the most beneficial aspect. - Over 70% of the attendees stated that they would now use the Blue Light approach every time they came into contact with a change resistant drinker within their working practice.

		Conduct research with CYP ➢ Young People's substance misuse services have been part of the task group to help establish the Early Help App which will enable professionals to have access to screening tools to assist in identifying if substance misuse is problematic. This was launched in January 2017 and is now available for professionals. ➢ The pathway from A&E will be reviewed which will include how referrals for young people admitted are referred through from social care and school health nurse teams. **Increase knowledge and skills of children's workforce** Alcohol/Drugs ➢ Training has been delivered for health visitors on Alcohol Identification and Brief Advice (IBA). Others trained in IBA include speech and language therapists, IV therapists, dermatology, family nurses and the health improvement team in Sirona. Development work has also started with Maternity services supporting them to ensure a systematic approach to screening and brief advice for alcohol at time of booking. Outcomes will include a new Maternity alcohol pathway, Alcohol Identification and Brief advice guidance document and training and a bespoke alcohol resource for midwives. This work will complete in 17/18. ➢ Children's workforce drugs awareness training and drink think training was undertaken on 5/6 June and 10/11 October 2016. These courses are evaluated and results are available on request. ➢ As part of an on-going review of any potential gaps in substance misuse training for the workforce, consideration will be given to explore if the wider children's workforce may benefit from Blue Light training. (See Support for families and carers of change resistant drinkers above for more information) Smoking:

		➢ A meeting was held with the Family nurse partnership team to review the approach to smoking cessation with young mothers. Bespoke training and support needs were agreed and delivered to the team by the specialist smoking cessation team in November 2016. **Training for schools to deliver substance misuse education**. ➢ The PSHE & Drugs advisor continues to support schools through best practice networks and provision of resources. Recently updated smoking and e-cigarette lessons are now available on the **DPH Award website**. There is a lesson plan for Primary schools and one for Secondary schools. ➢ Project 28 continues to work with independent schools with 4 being worked with in 2016. This work remains on-going. **Evaluation of Drink Think tool and dissemination of findings** ➢ The qualitative evaluation of the Drink Think training and implementation tool is now complete. A paper has been written on the key findings of the evaluation which will be published in the Journal of Public Health during 17/18. ➢ A summary of the findings are below: **Facilitators to using Drink Think (DT) tool:** ➢ Appreciation of new knowledge & skills gained through the DT training ➢ Components of the materials (flash cards & body diagram) are popular/ useful **Barriers:** ➢ Tension between the informal, person-centred focus of youth and social care agencies, and perceived formality of Drink Think tool ➢ Alcohol sometimes viewed as secondary to other issues, such as sexual health and drug use ➢ For some, the initial training was insufficient on; a) how to apply the tool; and b) when it should be

		delivered in current work practice ➢ Structural constraints: Drink Think had to compete with other health interventions & within services that were already over-stretched Main conclusions were alcohol screening and brief intervention tools such as Drink Think need to include staff in the development and design phase, in order to avoid failure related to: • Attitudes towards alcohol as a public health issue • Diversity in working 'cultures' and methods • Time limitations/ work loads Next Steps: ➢ A working group has been set up to plan a children's workforce development day on alcohol consumption by children. This event is planned for May 2017. ➢ A grant application to Children in Need was successful to enable Project 28 to develop the Drink Think tool further to support young People Not in Employment Education and Training (NEET) and Children at risk of Sexual Exploitation. **Explore opportunities to work with colleges** ➢ The School Improvement team and members of the B&NES Tobacco Action Network supported Bath College City Centre site in its preparation for and implementation of a Smoke Free Site which went live on 5th September 2016. Free prescriptions were offered for staff wanting to quit and support for students was promoted via fresher's week. The College also carried out a whole college campaign during Stoptober. Reducing the number of regular smokers (baseline = 33% smoking at least 1 cigarette a week) is the whole college outcome identified for the DPH Award. The College also reduced the number of smoking shelters at the Somer campus and will be working towards that campus going smoke free by 2020. **Smoke Free Sports Club Grant**

		➢ 19 Sports clubs in B&NES that run youth groups (6 – 17yrs) were successful in their application for a Smoke Free Sports Club Grant of £500 during 16/17. The clubs all received training on tobacco control, signage, including pitch side signs, wall signs and banners and implemented smoke free policies as a condition of participation, ensuring they keep smoking off the touchline when children are playing sport. The clubs spent their grant predominantly on equipment and boosting coaching capacity. Eight different sports were represented, including 7/19 from football and rugby clubs. Following very positive feedback from clubs we will be offering the grant again during the 17/18 season. **E-cigarettes** ➢ Guidance on E-cigarettes for health and social care professionals was developed by the B&NES Tobacco Action Network and widely disseminated in October 2016. A section giving guidance on specifically working with Children and Young people who smoke was included. ➢ The B&NES Tobacco Action Network have advised the Lifeskills injury prevention centre in Bristol on e-cigarette messages aimed at Year 6 pupils for potential use in their newly updated scenarios. All B&NES primary schools attend the centre annually for a Year 6 experiential learning session.
Children and young people are safe Lead - Richard Baldwin		
Sub priorities	**RAG rating**	**Supporting Comments**
Workforce are skilled to meet the safeguarding needs of children and young people		**Progress Report for period April 2016 - March 2017** **Children's workforce are skilled and knowledgeable to address safeguarding and early help needs of children and young people in Bath and North East Somerset:** All training topics outlined in the LSCB business plan have been delivered within the training programme either through specific classroom courses, e-learning modules or learning about the

from early help through to statutory social care		issue taking place on an associated course. LSCB Courses over this period have been well attended with 1057 delegates attending 'classroom training' over the identified twelve month period. It is of note that due to the increased demand on Standard and Advanced CP training, additional courses were arranged and these were also fully subscribed. Additionally within this timeframe 112 people attended a Prevent Workshop and 95 people attended the stakeholder's event. This year's stakeholder's day was a collaborative approach between the LSCB and the LSAB which focused on the topic of Domestic Abuse / Violence. Single agency training has also been delivered to a number of schools, independent organisations and GPs. All LSCB training has received positive feedback through the course evaluation forms. In addition to the usual course evaluation a longitudinal project focusing on the outcomes gained from attending the Standard CP course ran for a twelve month period before capacity issues within the team necessitated it being placed on hold. The responses demonstrated that the confidence and knowledge delegates gain following training remained in a similar position or increased in the three months following completion of the course. This information strengthened the evidence gained through other evaluation methods that the programme was achieving the intended learning outcomes and having a positive impact on practice. It is planned to restart the longitudinal study once an apprentice joins the team as the benefits of measuring the longer term impact of training on the workforce is clearly recognised. In preparation for the restart of the project work has been undertaken to streamline the process to make it more user friendly, as whilst the return rate far exceeded the average gained in the south west for longitudinal evaluation, the levels had reduced over time. It is hoped that the adjustments made in the procedure will increase the return rate and create a greater pool of information on which to draw upon. The feedback provided by delegates with regards to the Stakeholders event was overwhelmingly positive about the day being a joint event for the Adult's and Children's Workforce. The response from delegates suggested that the content of the day equally catered for both the adult's and

		children's workforce and provided a beneficial opportunity to theoretically and practically consider the 'Think Family' Approach. However, the format of the day created mixed reviews. Some delegates shared that they found the 'class room style' learning extremely beneficial, others would have preferred a more 'consultative' approach being taken with additional group discussions / tasks. This feedback will be helpful when structuring future stakeholder events, to ensure a wider variety of training styles are used to maximise learning opportunities for all. Within this period a challenge was also posed by the CSE sub group regarding the impact of the training programme. Following a robust process the training sub group expressed that the evaluations from the CSE training demonstrated that the content was valuable with an increase in confidence felt by delegates across the CSE programme, qualitative data also evidenced that the knowledge held by the trainer was impressive and their style of delivery effective. Consequently the training provided was regarded as effective and meaningful, with recognition being given to the importance of supervisors / teams ensuring the learning and knowledge gained is then embedded within the work place. **That the children's workforce is skilled and knowledgeable in assessing children and families and providing evidence based interventions which have measurable outcomes for children:** A variety of courses have been run which focus on developing workers skills set in these areas, including participation training, working with parents who experience trauma, motivational interviewing and solution focused training. Attempts to run individual sessions on person centred thinking have not generated enough interest to make the training viable, therefore it has been decided to include this area of practice into other courses, for example CP and disabled children. Strategies to understand and manage challenging behaviour effectively are explored through a suite of Sexual Health and CAMHS courses. Theraplay Training continues to be arranged through the children's centre. Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) workshops were provided to equip childcare workers with knowledge and understanding of these areas and how they apply to practice. Unfortunately the initial attendance at these workshops was not as high as hoped, and two sessions needed

		to be cancelled due to low numbers. Consequently further work was undertaken around promoting the importance of these areas of practice and workshops continue to be offered on the training programme. An e-learning module on MCA is also available to the workforce through the Learning Zone. In response to specific requests made by managers about equipping the workforce with additional assessment and analysis skills a lunchtime training session was provided which was facilitated by the Principle Social Worker, this unfortunately gained very low attendance, A full day training on this topic has been arranged to take place, occurring at the start of the 2017 – 2018 training programme. Unfortunately despite considerable effort it was not possible to identify a trainer who delivers Assessment and Analysis training with an OBA approach, although the evaluation information viewed for the course that has been commissioned is very strong. The implementation of an OBA approach is being explored with a proposal to move towards an Outcome based accountability approach for new plans created for 2018 onwards. **That the children's workforce are safe in front line practice:** It is crucial that staff develop their emotional resilience for practice as a lack of resilience and stress has been associated with impaired performance, physical illness, turnover and sickness, all of which will be detrimental to the work being undertaken with children and their families. Therefore Safer Lone Working & Break- away courses are available through the training programme. Within this time period considerable work has been undertaken on a corporate level to support the physical and emotional well-being of the workforce with the introduction of well-being initiatives for example Tai – Chi sessions and weekly walks, alongside the ongoing training programmes on Introduction to Mindfulness, Managing Stress in the workplace and the and e-learning modules available. The Children's Workforce have strengthened links with the Volunteers network and the Well – being college, to ensure the wider workforce have access to training to increase their knowledge and skills in lone working and to build resilience in practice. It is planned that these courses and initiatives will continue across the next financial year, with further developments taking place for example training regarding managing Hostile and Aggressive Behaviour is being sought through Bloom.

		Through the provision of these courses it is hoped that staff have a greater level of confidence and understanding of their physical and emotional well-being which in turn allows them greater ability to reflect on their practice, consider their personal motivations, and explore the nature and impact of their empathic interactions with service users. Emotional intelligence has also been found to underpin the development of "accurate" empathy; this helps professionals build effective emotional boundaries enabling them to deliver compassionate, person-centred care and avoid over-involvement with service users or the development of cynical attitudes towards them (Grant 2013) ➢ As part of our preparation for the Ofsted inspection, we have now developed a "Training attendance and Compliance" tracker. This tracker highlights the courses that staff have attended and the percentage/numbers of staff who have received training set against attendance targets. ➢ The LSCB continues to provide Safeguarding training to all agencies within the LSCB. Audits undertaken by the LSCB in regard to the level of take-up for these training courses show consistently good "take-up" from agencies in regard to attendance. ➢ The range of training provided by the LSCB continues to be reviewed regularly to ensure that it remains relevant, is regularly up-dated and covers new practice developments.
Staff in all agencies working with CYP have increased awareness in how to recognise risk of potential self-harm and suicide.		➢ During our recent Ofsted inspection, the Council received positive comments from inspectors on the work that continues to be undertaken in relation to raising awareness of suicide and self-harm. ➢ The guidance on Self-harm for professionals and parents has been reviewed and updated. This guidance is available on the LSCB web-site.
Increased understanding and		➢ Over the past year work has taken place to develop a multi-agency Virtual Early Help Hub. This will be launched in October 2017. ➢ In the last 12 months agencies have also collaborated on establishing a fortnightly Early

awareness of risk and appropriate interventions and support available.		Help allocation process. This has assisted in efficiently directing work to the most appropriate teams and service areas. ➢ The Early Help Board continues to meet regularly and is well attended. ➢ The Multi-agency Threshold document will be re-promoted as part of the launch of the Early Help Hub. This will ensure that all agencies continue to be aware of thresholds for interventions.
Injury Prevention		➢ B&NES continues to fund a part-time Domestic Violence (IDVA) post which is based at the RUH. This post has been successful in seeking to intervene with victims of domestic violence and the point of presentation. This has assisted in ensuring more positive outcomes for victims of DV. ➢ B&NES also continues to commission IDVA services which are delivered from Southside.
Improving 'Early Help' offer to families and signposting to other services		The Early Help priority to improve access to information for practitioners in all agencies about services available is an ongoing priority but improvements have been made following the launch of the Early Help App in January 2017. A comprehensive marketing plan has ensured that the App has been promoted via staff briefings, team meetings, on the B&NES website, GP Forum, Libraries, Adult services, through People & Communities Family Information Online, the Children & Young People's Network, Housing Providers, Wessex Water, Police and Adult Voluntary Organisations. The Early Help App signposts to local early help services, includes thresholds information and screening tools to help professionals supporting families or who come into regular contact with families signpost them to the right help at the right time. Information available on the App includes advice and organisations able to help with; • Benefits and Managing Money • Housing and Homelessness • Health and Wellbeing • Education

		• Safeguarding and Child Protection • Child Sexual Exploitation • Domestic Violence and Abuse • Family Support and Parenting • Childcare Between January and end June 2017 252 professionals accessed the app over 581 sessions and downloaded 105 documents/ information. The information tiles most frequently accessed were "family support and parenting", "health and wellbeing" followed by "early help". The number of CAFs for young people aged 11-19/25 has dropped and continues to be very low over the year ranging from 6-9% of CAFs. The CAF/multiagency early help assessment process is being reviewed and as part of this process consultation will take place with schools and agencies to understand the barriers to the process in order to improve the early help offer to this age group.
Ensuring children and Young People's life chances are not adversely affected as a result of Domestic Abuse		➢ We have now established improvements in the recording of Domestic Violence referrals within the Duty Team. This has improved our understanding of demand and prevalence of DV concerns ➢ As mentioned above, B&NES continues to commission and fund a number of IDVA posts across the area which actively work with victims of domestic violence. ➢ We continue to promote the understanding and awareness of Complex (Toxic) trio concerns with all staff.
Children with special circumstances are safeguarded and include :-		
Children in care		➢ Children "Looked After" continue to be a key priority for the Council, and the duty as a corporate parent is understood by all staff and members. The numbers of young people "looked after" has risen over the past 12 months as pressures grow on services. However all

		audits and checks indicate that thresholds and decision making between agencies remain appropriate. In accordance with the Governments National Dispersal System, we have been asked to accommodate up to 23 Unaccompanied Asylum Seeking Children over the next two years. This will place additional pressures on resources.
Care leavers		➢ Services to care leavers continue to perform well against national and regional comparators. Our levels of NEET care-leavers are good and we remain in touch with the vast majority of young people following their 18th birthday.
Children with disabilities		➢ We continue to provide short breaks for families with children who have a disability. This can be in the form of; a) Day-time respite (b) Over-night care (c) Opportunities for children with a disability to participate in educational and recreational activities.(d) Emergency care due to illness, or if safeguarding concerns have been identified. ➢ The work of the Disabled Children's Team was highlighted by inspectors as being of high quality and evidenced by positive outcomes for young people and parents. ➢ We have recently completed a staffing re-structure of the DCT which has strengthened staffing and management arrangements of the team.
Priority 3 Children and young people have equal life chances • **Leads - Debbie Forward/Mary Kearney Knowles**		
Sub priorities	**RAG rating**	**Supporting comments**
CYP are supported through		**Commissioned services –** Two contracts in preventative services - Theraplay (early years) and Nurture Outreach Service (primary schools) work closely to ensure that vulnerable children with Emotional Health and

seamless transitions		behavioural issues are identified and supported to be ready for school. this work is facilitated through the local authority Inclusion and Partnership manager who is also responsible for management of Transition Funding panel and Inclusion Support Funding. This collaborative work ensures that young children with the highest level of need receive appropriate and timely support to enable them to access Reception classes. Children's Centre services have also supported children to access early years settings and to make positive transitions into reception classes. Youth Connect support young people aged 11 – 19 (up to 25 with SEND) and Mentoring Plus support young people aged 11 – 21 to experience positive transitions from primary to secondary school, from secondary school to further education and from further education into training or employment.
CYP are active citizens who feel they have a voice and influence		All commissioned services are monitored to ensure that they enable CYP to share their views and influence service provision. Active participation of young people across B&NES includes: Senior In Care Council • Involvement in recruitment of Deputy Safeguarding Lead/IRO/LAC Nurse/CP Chair • Wrote and delivered presentation about work experience campaign to ICC steering group • Helped design the health passports for the young people in Care and fed back as to when young people should receive these. • As part of a BANES wide sexual health consultation for LAC and care leavers the SICC fed back on a range of topics to include; LAC nurses, sexual health information • Consulted as part of a PHD student at Oxford University looking at the mental health of young people in Care • Contributed scenarios for CAMHS PSHE pack for schools to include quotes taken from surveys conducted by SICC and Youth Forum • Delivered presentation to the Policy Development and Scrutiny Panel • Updated poster 'What makes a good social worker' with carer leavers and JICC, and their own additional feedback. This is now used actively as part of the interview process for Social Workers

		• Put care leavers feedback in a 'young person friendly' format • Delivered a presentation for the IRO's - as a result the care review "Your review" has been updated and the wording changed. • Feedback about LAC packs • Gave a presentation to Education Students at Bath Spa University. • Were in involved in the interviews for the post of Virtual Head • Presented Corporate Parents Group and met with the chair independently to discuss their campaigns • Presented on SICC at BANES Secondary Parliament Day Junior In Care Council • The JICC is a consultation group that meets three times a year to carry out consultations and team building activities. This year Social Care and OTR have undertaken successful events/consultations, and additional 1- 1 visits to children aged 7years plus as part of advocacy consultation. Youth Forum • The Deputy Member of Youth Parliament (DMYP) created a PowerPoint for the (MYM) campaign used by Members of Youth Parliament's across the country • An Inclusion Advocate helped create the inclusive ballot for MYM which has been used nationwide and includes the OTR and BANES Youth Forum logo (created by our young people). • Youth Forum delivered workshops and presentations on MYM • DMYP created a PowerPoint for Don't Hate Educate Campaign (again used nationally by MYP's and workers). • DMYP/SICC member gave an excellent presentation on Mental Health and Wellbeing at 2016 Primary Parliament • MYP attended PDS meeting with PSHE lead talked about Mental Health Pack and feeding back to schools about Mental Health including findings from Young Parliament Day 2016.

		• MYP Annual Sitting taking part in debates, workshops and attending Key Note Speeches. • MYP, DMYP and UK Youth Parliament Procedures Group young person lead met to analyse mental health survey data • Consultations with Sirona and NHS England • CAMHS commission **BANES Young Inclusion Advocates:** All the Participation opportunities for young people facilitated by OTR are inclusive, with some specific pieces of work carried out to further thinking and development work. • Young Inclusion Advocates (BYIA) session was held with young people giving feedback on the short breaks statement, including a request for an easy read/widget version, to enable them to give quotes in their statements. • Individuals consulted and inclusive ballot paper for MYM 2016 created Wider participation Secondary E – Team event in 2016 Primary Parliament 2016 – Free2Be ME Secondary Pupil Parliaments 2016
Vulnerable CYP and their families receive timely and effective early intervention		**Family Support and Play Service** – a commissioned service managed by Southside Family Project in partnership with Bath Area Play Project. Target group families of children and young people aged 5-19 years – offering whole family specialist support including coaching, counselling, play therapy and group interventions. From October 16-March 2017 Southside worked with 181 families. Following closure of work - • 68% of adult family members reported to have increased capacity to keep their children safe (including e safety, families affected by domestic violence, MARAC and lower risk cases) • 78% of victims of domestic abuse better able to keep themselves safe. • 76% of children and young people improved their emotional resilience *(Outcomes measured using Family Start – practitioner and service user tool for outcome setting and review).* Children's Centre services working closely with Maternity and Health Visiting receive referrals for those children aged 0-5 and their families who have emerging needs and are at risk of experiencing poor outcomes through increasing parenting skills and capacity so they are able to keep their

<table>
<tr><td></td><td></td><td>children safe, increasing parents' education and employability skills and ensuring children are ready for school.

During 2016/17, Children's Centre services helped 135 children increase their readiness for school, 194 parents to improve their parenting, 57 to increase their education and employability skills, 102 families to become healthier and 29 (out of 30 parents referred) to improve their ability to keep their children safe.

Preventative Youth Support Services include Youth Connect, Mentoring Plus and Compass who all provide support to young people who are at risk of suffering poor outcomes due to social and emotional needs with then increase their risk of becoming NEET (not in education, employment or training) and/or entering the youth justice system. In 2016/17, Youth Connect supported 411 young people, Mentoring Plus supported 66 young people and Compass supported 27 young people.</td></tr>
<tr><td>CYP with SEND enjoy good health and lead fulfilling independent lives</td><td></td><td>Currently the uptake of Annual Health Checks nationally is 75%, in B&NES it is 45% so work is being undertaken to have a more consistent approach for 14+ with a LD to receive their Annual Health Check. Those cyp who are entering the system via an EHCP, will generate a 'flag' notification to their GP, who will then offer the Annual Health Check. For those who are 14+ and are on an existing EHCP or have a statement awaiting conversion to an EHCP, the Annual Health Check is being promoted to special schools.

Update of no of EHCP Sept 2016 – Sept 2017
<table>
<tr><th>Year</th><th>Requests</th><th>Assessments</th></tr>
<tr><td>2016/2017</td><td>253</td><td>186</td></tr>
</table>
NEET data for young people with SEND aged 16-24 compares well with national data: 9.5% NEET B&NES cohort compared to national cohort of 11.1%.

No's of children with SEND in mainstream education and training 76.4% compared to national figure of 46.7%.</td></tr>
</table>

Narrowing the educational achievement gap for cyp who are vulnerable learners, including BME, SEND, CP/CIN and LAC		The gap in performance between disadvantaged children (those in receipt of FSM, LAC or adopted from care) is closing at most key stages but remains significantly larger than the national gap. The attainment of children with SEND is broadly the same as similar pupils nationally, but the progress is lower, meaning that these pupils are not doing as well as they should. BME attainment is variable due to the small numbers in each cohort in each group and so there is no overall pattern except that in most key stages the small number of black pupils have lower attainment than similar pupils nationally, and often lower progress.

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MEETING	**B&NES HEALTH AND WELLBEING BOARD**
DATE	**30 January 2018**
TYPE	**An open public item**

Report Summary Table	
Report title	**Bath and North East Somerset Pharmaceutical Needs Assessment 2018-21**
Report author	Joseph Prince, Senior Public Health Research & Intelligence Officer (01225-394070) Project Lead: Paul Scott, Assistant Director of Public Health
List of attachments	Appendix One: Draft Bath and North East Somerset Pharmaceutical Needs Assessment 2018-21
Background papers	N/A
Summary	The Bath and North East Somerset Health and Wellbeing Board has a legal obligation to produce and publish a refreshed Pharmaceutical Needs Assessment (PNA) for the area by 1st April 2018. The existing Pharmaceutical Needs Assessment runs from 1st April 2015 to 31st March 2018, and the key findings were approved by the Bath and North East Somerset Health and Wellbeing Board during March 2015. The refreshed 2018-21 draft Pharmaceutical Needs Assessment is currently out for consultation – for a period of 70-days from 11th December 2017, ending on 18th February 2018.
Recommendations	The Board is asked to: • Consider and comment on the key findings set out in the current draft Bath and North East Somerset Pharmaceutical Needs Assessment 2018-21 (Appendix One). • Agree for the two Co-Chairs of the Health and Wellbeing Board to have delegated power to approve the final version of the Pharmaceutical Needs Assessment 2018-21 following the end of the consultation period in February, and any further amendments made in March 2018. • Agree the proposed arrangements for maintaining and keeping the Pharmaceutical Needs Assessment up to date.
Rationale for recommendations	It is a statutory requirement to publish a refreshed Pharmaceutical Needs Assessment for Bath and North East Somerset by 1st April 2018.
Resource implications	The Bath and North East Somerset Pharmaceutical Needs Assessment 2018-21 has been managed within existing Council capacity and budgets. The key findings contained within the draft Pharmaceutical Needs Assessment will help inform the future commissioning and delivery of local pharmacy services by NHS England, Clinical

	Commissioning Group and Council.
Statutory considerations and basis for proposal	The Health and Social Care Act 2012 established Health and Wellbeing Boards and transferred responsibility to develop and update Pharmaceutical Needs Assessments from Primary Care Trusts (PCTs) to HWBs. The requirements for a Pharmaceutical Needs Assessment are set out in the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (as amended).
Consultation	In order to test the findings set out in the draft Bath and North East Somerset Pharmaceutical Needs Assessment 2018-21, a 70-day consultation period is currently being undertaken – commenced on 11th December 2017, and is due to end on 18th February 2018. A range of methods are being used to promote the consultation period including: • A letter to key stakeholders inviting feedback (including HWB members, Wellbeing Policy Development and Scrutiny Panel members, neighbouring authorities, CCG colleagues, dispensing doctors and those on the pharmaceutical list, Ward Councillors, Connecting Community Forum Chairs, key officers, providers and community groups) • An online questionnaire and promotion through Twitter • A number of local e-bulletins, newsletters and websites
Risk management	A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

THE REPORT

Background – purpose of the PNA

1.1 Responsibility for developing and updating Pharmaceutical Needs Assessments (PNA) was transferred to Health & Wellbeing Boards in 2012 as a result of the Health and Social Care Act - previously a responsibility of Primary Care Trusts. The Bath and North East Somerset Health and Wellbeing Board has a statutory obligation to refresh the current PNA for the area by 1st April 2018.

1.2 The PNA is a statement from the Bath and North East Somerset Health and Wellbeing Board which describes the provision of pharmaceutical services across Bath and North East Somerset, as well as assess whether there are any significant gaps in the provision of local pharmaceutical services. The PNA also considers whether the level of pharmacy provision will be right for local communities over the next three years.

1.3 The PNA will be used by NHS England when making decisions on pharmacy applications, articulating what the pharmacy needs look like across B&NES so that there is a clear understanding of what service provision is required (for example - whether there is a need for a new pharmacy in a proposed location, or whether current provision is adequate). However, it is the role of NHS England through the application process and not the PNA, to assess what the best delivery mechanism for a pharmacy service would be. For example, the new pharmacy in Station Road, Keynsham (opened 20th March 2017) was granted on appeal due largely to the current PNA identifying a gap in easily accessible local pharmaceutical services beyond 18:30

Monday to Saturday. The current PNA also identified a gap in easily accessible local pharmaceutical provision on a Sunday in Keynsham, which was met by the opening Boots in the High Street from 1st July 2015.

1.4 The PNA will also contribute to the delivery of local strategic priorities set out in the Joint Health and Wellbeing Strategy and Clinical Commissioning Group plans, highlighting opportunities where pharmaceutical services can be better targeted to meet local need and enable greater health independence, self-care and self-management, as well as help to reduce health inequalities. Findings from the PNA will also be used to help inform future plans and strategies.

1.5 The PNA will also inform interested parties of the pharmaceutical needs in the area so that services can be planned, developed and delivered in the most suitable way for local people.

Health and Wellbeing Board responsibilities

1.6 Publishing the refreshed PNA by April 1st 2018

A draft Pharmaceutical Needs Assessment 2018-21 for Bath and North East Somerset is attached as Appendix One.

The draft consultation document identifies a number of key findings, which the Board is asked to consider and comment on:

- Key Finding 1: there are no significant gaps in the current provision of easily accessible local community pharmaceutical services that serve all three PNA areas in Bath and North East Somerset.
- Key Finding 2: within the existing pharmaceutical provision there are a number of pharmacies that do not have wheelchair accessible 'closed' consultation rooms. We have identified this as a gap in the existing local pharmaceutical provision.
- Key Finding 3: it is anticipated that current pharmaceutical provision from existing pharmacies will be able to cope with the demand from new populations during the period of this PNA, i.e. 1st April 2018 to 31st March 2021. This will be reviewed, at the latest, during 2020/21.
- Key Finding 4: there are no known planned relevant local NHS services that could significantly alter the need for pharmaceutical services in Bath and North East Somerset.

Until 18th February, members of the Board also have an opportunity to formally respond to the current consultation; either by completing the on-line questionnaire, or by responding in writing (e-mail, letter, etc.), or responding verbally (telephone, etc.).

The PNA Steering Group is due to meet on 6th March 2018 to consider the responses received during the current consultation period. Also at this time, suggestions will be made as to whether there needs to be any additional analysis undertaken, as well as whether any of the current interim key findings need to be amended.

1.7 Maintaining and keeping the PNA up to date

If the Health and Wellbeing Board identifies any significant changes to the availability of pharmaceutical services following publication of its refreshed PNA, it is required to make the necessary updates (either through revision to the PNA if deemed appropriate or through a supplementary statement). As a minimum, a refreshed PNA must be published every three years.

In addition, the Health and Wellbeing Board is required to keep a map up to date of the provision of NHS pharmaceutical services within the area.

To meet this requirement, it is recommended that the PNA Steering Group will meet as required during 2018 and 2019 to ensure any changes are taken in to account and that in 2020/21 the PNA group will meet regularly to oversee a range of work to ensure the document as a whole is refreshed.

Please contact the report author if you need to access this report in an alternative format

Bath & North East Somerset Council

healthwatch Bath and North East Somerset

NHS Bath and North East Somerset Clinical Commissioning Group

Bath and North East Somerset Pharmaceutical Needs Assessment 2018 to 2021

Consultation Draft

11th December 2017

Consultation Closes: 18th February 2018

Bath & North East Somerset (B&NES) Pharmaceutical Needs Assessment (PNA): At a Glance

This document sets out an assessment of need for pharmaceutical services in Bath and North East Somerset (B&NES) for the three year period 1st April 2018 to 31st March 2021. Producing this assessment is the responsibility of the B&NES Health & Wellbeing Board.

Chapter 1 sets out the regulatory background, how pharmaceutical services are defined and the process for producing the assessment.

Demographic characteristics and forecasted future population trends, as well as relevant strategic health priorities, are set out in Chapter 2. Also set out in Chapter 2 is an assessment of whether any relevant local NHS services might have an impact on current or future need for local pharmaceutical services, as well as any potential gaps in the future due to population and housing growth.

Current provision of local pharmaceutical services is outlined in Chapter 3. Commentary is provided on the number of service providers located in B&NES, accessibility, and the services that they provide and are willing to provide. The services currently provided are either commissioned through the national pharmaceutical contract, or commissioned locally by NHS BaNES Clinical Commissioning Group (CCG) or B&NES Council. Future opportunities for pharmaceutical services are also briefly considered.

Chapter 4 summarises the four key findings of the report. These are as follows:

1) There are no significant gaps in the current provision of easily accessible local community pharmaceutical services that serve all three PNA areas in B&NES.
2) Within the existing pharmaceutical provision there are a number of pharmacies that do not have wheelchair accessible 'closed' consultation rooms. We have identified this as a gap in the existing local pharmaceutical provision.
3) It is anticipated that current pharmaceutical provision from existing pharmacies will be able to cope with the demand from new populations during the period of this PNA, i.e. 1st April 2018 to 31st March 2021. This will be reviewed, at the latest, during 2020/21.
4) There are no known planned relevant local NHS services that could significantly alter the need for pharmaceutical services in B&NES.

Acknowledgements

Steering Group Members:

Paul Scott, Consultant in Public Health & Assistant Director, B&NES Council

Joel Hirst, Senior Commissioning Manager for Medicines, NHS BaNES CCG

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Andrea Benham, Senior Strategy Officer, B&NES Council

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Project Manager and Lead Author:

Joe Prince, Senior Public Health Research & Intelligence Officer, B&NES Council

Thanks for the input and support from colleagues who helped produce the PNA, including:

Avon LPC (for the PNA Questionnaire data collection and validation)

Alice Edwards, GP Registrar and Public Health Scholar, B&NES Council

Andrea Benham, Senior Strategy Officer, B&NES Council

Harriet Batista Ferrer, Senior Public Health Research & Intelligence Officer, B&NES Council

<placeholder for giving thanks to responders to the PNA Consultation>

Acknowledgement to:

Other PNA's, of which some aspects of our PNA are based

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Glossary of Terms

Body Mass Index (BMI)	Body Mass Index (BMI) is a measure that uses height and weight to work out whether your weight is healthy. The BMI calculation divides an adult's weight in kilograms by their height in metres squared.
Bordering pharmacies	Pharmacies situated within one mile of the Bath and North East Somerset border.
Controlled localities	Those which have been determined to be 'rural in character' by NHS England in accordance with guidelines set out in the National Health Services (Pharmaceutical Services) Regulations.
Clinical Commissioning Group (CCG)	"*Clinical Commissioning Groups (CCGs) are a core part of the government's reforms to the health and social care system. In April 2013, they replaced primary care trusts as the commissioners of most services funded by the NHS in England. They now control around two-thirds of the NHS budget and have a legal duty to support quality improvement in general practice.*" [The King's Fund definition]
Core Opening Hours	A pharmacy normally has 40 core contractual hours per week (or 100 for those that have opened under the former exemption from the control of entry test), which cannot be amended without the consent of NHS England. A pharmacy may also have more than 40 core hours where it has made an application based on that higher number, and NHS England has agreed that application.
Core Strategy	The Core Strategy is a key policy document for the area that puts in place a strategic planning framework to guide change and development in the area over the next 20 years and beyond. The Bath and North East Somerset Core Strategy is available online here: http://www.bathnes.gov.uk/services/planning-and-building-control/planning-policy/core-strategy-examination
Community Pharmacy Contractual Framework (CPCF)	The Community Pharmacy Contractual Framework (CPCF) is made up of three different service types: (i) Essential services and clinical governance, which are provided by all pharmacy contractors and are commissioned by NHS England; (ii) Advanced services which can be provided by all contractors once accreditation requirements have been met and are commissioned by NHS England; and (iii) locally commissioned services.
Dispensing doctor(s)	GPs practicing in rural areas that provide dispensing services to NHS patients in addition to the usual range of medical services.
Dispensing Appliance Contractor(s) (DACs)	A specific sub-set of contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings and bandages and cannot supply medicines.
Electronic Prescription Service (EPS)	The Electronic Prescription Service (EPS) sends electronic prescriptions from GP surgeries to pharmacies. Eventually EPS will remove the need for most paper prescriptions.

Fraser guidelines	Fraser guidelines refer to a legal case which looked specifically at whether doctors should be able to give contraceptive advice or treatment to under 16-year olds without parental consent. But since then, they have been more widely used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.
Health and Wellbeing Board (HWB)	The Health and Social Care Act 2012 established Health and Wellbeing Boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. HWBs are established and hosted by Local Authorities.
Healthy Living Pharmacy (HLP)	HLP is an organisational development framework underpinned by three enablers of: ○ workforce development – a skilled team to pro-actively support and promote behaviour change, improving health and wellbeing; ○ premises that are fit for purpose; and ○ engagement with the local community, other health professionals (especially GPs), social care and public health professionals and local authorities. The HLP concept provides a framework for commissioning public health services through three levels of increasing complexity and required expertise with pharmacies aspiring to go from one level to the next.
Indices of Deprivation (ID)	A measure of deprivation that includes a range of combined information relating to income, employment, education, health, skills and training barriers to housing and services and crime.
Joint Strategic Needs Assessment (JSNA)	The Joint Strategic Needs Assessment (JSNA) is designed to be the single portal for facts, figures and intelligence about our local area, its communities and its population. The B&NES JSNA is available online in a 'Wiki' format here: www.bathnes.gov.uk/jsna
Joint Health and Wellbeing Strategy (JHWS)	The Joint Health and Wellbeing Strategy (JHWS) sets out the priorities for action based on the health and wellbeing needs identified in the Joint Strategic Needs Assessment. A process of rigorous prioritisation was undertaken by the Health and Wellbeing Board in order to reach agreement on the priorities outlined within the Joint Health and Wellbeing Strategy. The priorities are not an exhaustive list of everything that the Council and NHS are doing to meet local health and wellbeing need; but rather a small set of priorities for the Health and Wellbeing Board to really focus on and make a difference. The Bath and North East Somerset Joint Health and Wellbeing Strategy is available online here: www.bathnes.gov.uk/health-wellbeing-board

Local Pharmaceutical Committee (LPC)	Local Pharmaceutical Committees (LPCs) represent all NHS pharmacy contractors in a defined locality. LPCs are recognised by local NHS primary care organisations and are consulted on local matters affecting pharmacy contractors.
NHS Health Check	The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions or have certain risk factors, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk.
National Reporting and Learning System (NRLS)	A central database of patient safety incident reports.
Neighbouring Health and Wellbeing Board	A term used within the PNA when, for example, a HWB is consulting on their draft PNA and needs to inform the HWBs which border their HWB area.
Pharmaceutical Services Negotiating Committee (PSNC)	The Pharmaceutical Services Negotiating Committee (PSNC) is recognised by the Secretary of State for Health as the representative of community pharmacy on NHS matters.
Palliative Care	The active holistic care of patients with advanced progressive illness. Management of pain and other symptoms and provision of psychological, social and spiritual support is paramount. The goal of palliative care is achievement of the best quality of life for patients and their families. Many aspects of palliative care are also applicable earlier in the course of the illness in conjunction with other treatments.
Parenteral	Parenteral drug administration means any non-oral means of administration, but is generally interpreted as relating to injecting directly into the body, bypassing the skin and mucous membranes. The common parenteral routes are intramuscular (IM), subcutaneous (SC) and intravenous (IV).
Patient Group Directions (PGDs)	Patient Group Directions provide a legal framework that allows some registered health professionals to supply and/or administer a specified medicine to a pre-defined group of patients, without them having to see a prescriber. However, supplying and/or administering medicines under PGDs should be reserved for situations in which this offers an advantage for patient care, without compromising patient safety.

Pharmacy Contractor (inc. community pharmacies and distance selling pharmacies)	Healthcare professionals working for themselves or as employees who practice in pharmacy, the field of health sciences focusing on safe and effective medicines use. Within this category are: • Community pharmacies (which mainly provide pharmaceutical services from high street premises, supermarkets or adjacent to doctor's surgeries) • Distance selling pharmacies (which provide pharmaceutical services remotely through the patient placing an order by post, telephone or over the internet and the medication being delivered to the patients' home).
Pharmaceutical Services	In relation to the PNA these include: essential services, advanced services and locally commissioned services commissioned by NHS England. These services are available from pharmacy contractors (pharmacies), Dispensing Appliance Contractors (DACs), Dispensing GPs and Local Pharmaceutical Services (LPS) contractors.
PharmOutcomes	PharmOutcomes is a web-based system which helps community pharmacies provide services more effectively and makes it easier for commissioners to audit and manage these services.
Quality Payments Scheme	DH has introduced a Quality Payments Scheme as part of the CPCF in 2017/18. This will involve payments being made to community pharmacy contractors meeting certain gateway and quality criteria.
SAFE	SAFE is a quality standard branding scheme offered to all organisations in B&NES who provide sexual health information and services to young people. The SAFE accreditation is given to pharmacies that can demonstrate they: (i) are accessible to young people regardless of disability, gender, ethnicity, sexuality, locality or financial situation; (ii) provide up to date information and resources on a range of sexual health and relationship issues for all young people; (iii) are confidential; (iv) are friendly, welcoming and comfortable places for young people to be; and (v) are encouraging and supportive of opportunities for young people to help services to continue to improve and develop, in both what services are provided and how they are provided.
Stoma	A stoma, or ostomy, is a surgically created opening on the abdomen which allows stool or urine to exit the body. There are 3 main types of stoma – colostomy, ileostomy and urostomy.
Supplementary Opening Hours	Opening hours of a pharmacy exceeding core opening hours (usually 40 hours per week). Supplementary hours can be can be amended by a pharmacy subject to giving three months notice to NHS England (or less if NHS England consents).
Sustainability and Transformation Plans (STPs)	Sustainability and transformation plans (STPs) were announced in NHS planning guidance published in December 2015. NHS organisations and local authorities in different parts of England have come together to develop 'place-based plans' for the future of health and care services in their area. Draft plans were produced by June 2016 and 'final' plans were submitted in October 2016.

Summary Care Record (SCR)	The NHS Summary Care Record (SCR) is an electronic summary of key clinical information (including medicines, allergies and adverse reactions) about a patient, sourced from the GP record. It is used by authorised healthcare professionals, with the patient's consent, to support their care and treatment. Where a patient and their doctor wish to add additional information to the patient's Summary Care Record, this may be added with the explicit consent of the patient.
Voicebox Resident Survey (B&NES)	The large scale Voicebox Resident Survey aims to provide an insight into Bath and North East Somerset and its local communities and to capture resident's views on their local area and council services. The questionnaires are posted to a random selection of addresses within the local authority area. Selected respondents also have the opportunity to complete the survey online.

List of Abbreviations

AUR	Appliance Use Reviews
B&NES / BaNES	Bath and North East Somerset
BMI	Body Mass Index
BSW	B&NES, Swindon and Wiltshire
BSWSTP	B&NES, Swindon and Wiltshire Sustainability and Transformation Plan
CCG	Clinical Commissioning Group
CPCF	Community Pharmacy Contractual Framework
DAC	Dispensing Appliance Contractors
DH	Department of Health
DHI	Developing Health and Independence Charity
ED	Emergency Department
EHC	Emergency Hormonal Contraceptive
EPS	Electronic Prescription Service
ETTF	Estates and Technology Transformation Fund
GP	General Practice
HLP	Healthy Living Pharmacy
HWB	Health and Wellbeing Board
ID	Indices of Deprivation
JHWS	Joint Health and Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment
LPS	Local Pharmaceutical Services
MUR	Medicines Use Reviews
NHS	National Health Service
NMS	New Medicines Service
NRLS	National Reporting and Learning System
NRT	Nicotine Replacement Therapy
NSP	Needle and Syringe Programmes
NUMSAS	NHS Urgent Medicine Supply Advanced Service
ONS	Office of National Statistics
PGD	Patient Group Direction
PhAC	Pharmacy Access Scheme
PNA	Pharmaceutical Needs Assessment
PSNC	Pharmacy Services Negotiation Committee
SAC	Stoma Appliance Customisation
SCR	Summary Care Record
STI	Sexually Transmitted Infection
STP	Sustainability and Transformation Plan
UCC	Urgent Care Centre

Chapter 1: Background and Process

1.0 Introduction

This chapter introduces the legislative and regulatory background to this Pharmaceutical Needs Assessment (PNA) and describes the process undertaken, including the methodology adopted, to produce it.

1.1 Background

1.1.1 Introduction

The PNA is a statement from the Bath and North East Somerset Health and Wellbeing Board which describes the provision of pharmaceutical services across Bath and North East Somerset (B&NES), as well as assess whether there are any significant gaps in the provision of local pharmaceutical services. The PNA also considers whether the level of pharmacy provision will be right for local communities over the next three years. Finally, it is intended to assist local decision makers in the commissioning of future local pharmaceutical services in B&NES.

The responsibility for the development, publishing and updating of PNAs became the responsibility of Health & Wellbeing Boards (HWBs) as a result of Section 206 of the *Health and Social Care Act 2012*[1] which amended Section 128 of the *National Health Service Act 2006*.[2] This PNA is the first revised assessment of local pharmaceutical services since this new responsibility.

1.1.2 Regulatory Background

The regulatory basis for developing and updating a PNA is set out in *The National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013*[3] (hereafter referred to as "*The Regulations*"). *The Regulations* were amended by the *National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment and Transitional Provision) Regulations 2014*[4] on 1st April 2014 (the 2015 PNA considered this amendment).

The Regulations requires HWBs to produce and publish their first PNA under these new regulations by 1st April 2015, and publish a revised assessment as soon as is reasonably practicable after identifying significant changes to the availability of pharmaceutical services.

[1] *Health and Social Care Act 2012*, c.7, available from: http://www.legislation.gov.uk/ukpga/2012/7/contents
[2] *National Health Service Act 2006*, c.41, available from: http://www.legislation.gov.uk/ukpga/2006/41/contents
[3] *The National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013*, No. 349, available from: http://www.legislation.gov.uk/uksi/2013/349/contents/made
[4] *The National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment and Transitional Provision) Regulations 2014*, No. 417, available from: http://www.legislation.gov.uk/uksi/2014/417/contents/made

The key findings in the current 2015 PNA[5] were adopted by members of the local HWB on 25th March 2015,[6] and covers the period 1st April 2015 to 31st March 2018.

The Regulations also states that "…*after it has published its first pharmaceutical needs assessment, each HWB must publish a statement of its revised assessment within 3 years of its previous publication of a pharmaceutical needs assessment*." This PNA is the first revised assessment and will cover the period 1st April 2018 to 31st March 2021.

Since the publication of the current 2015 PNA *The Regulations* have been subject to further amendments, as follows:

- *The National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendments and Transitional Provision) Regulations 2015*;[7]
- *The National Health Service (Amendments to Primary Care Terms of Service relating to the Electronic Prescription Service) Regulations 2015*;[8]
- *The National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2016*;[9] and
- *The National Health Service (Pharmaceutical Services, Charges and Prescribing) (Amendment) Regulations 2016*.[10]

The National Health Service (Pharmaceutical Services, Charges and Prescribing) (Amendment) Regulations 2016 amends the process for dealing with applications to consolidate (merge) two or more sites into a single site. This allows the consolidation of community pharmacies, in effect providing a way for a pharmacy to close without creating an opportunity for another pharmacy to open. The opinion of the HWB on whether or not a gap in pharmaceutical service provision would be created by the consolidation must be given when the application is notified locally and representations sought. If the application is granted and pharmacy premises are removed from the relevant pharmaceutical list, if the HWB does not consider that a gap in service provision is created as a consequence, it must publish a supplementary statement published alongside its PNA recording its view.

1.1.3 Purpose

The PNA will be used when making decisions on pharmacy applications, articulating what the pharmacy needs look like across B&NES so that that there is a clear understanding of

[5] Bath and North East Somerset Council (2015), *Bath and North East Somerset Pharmaceutical Needs Assessment*, available from: http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/pharmacies

[6] B&NES (2015), *B&NES Health & Wellbeing Board Agenda and Minutes*, Wednesday 25th March 2015, Item 83, available from: https://democracy.bathnes.gov.uk/ieListDocuments.aspx?CId=492&MId=3977&Ver=4

[7] *The National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendments and Transitional Provision) Regulations 2015*, No. 58, available from: https://www.legislation.gov.uk/uksi/2015/58/contents/made

[8] *The National Health Service (Amendments to Primary Care Terms of Service relating to the Electronic Prescription Service) Regulations 2015*, No, 915, available from: http://www.legislation.gov.uk/uksi/2015/915/contents/made

[9] *The National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2016*, No. 296, available from: http://www.legislation.gov.uk/uksi/2016/296/made

[10] *The National Health Service (Pharmaceutical Services, Charges and Prescribing) (Amendment) Regulations 2016*, No. 1077, available from: http://www.legislation.gov.uk/uksi/2016/1077/made

what service provision is required (for example - whether there is a need for a new NHS pharmacy in a proposed location, or whether current provision is adequate).

Pharmaceutical services are an integral part of the wider health and social care provision locally. As part of this, the PNA will contribute to the delivery of local strategic priorities set out in local strategies, highlighting opportunities where pharmaceutical services can be better targeted to meet local need and enable greater health independence, self-care and self-management, as well as help to reduce health inequalities. Findings from this PNA will also be used to help inform future plans and strategies.

1.1.4 Scope

The PNA encompasses pharmacy contractors[11] and Dispensing Appliance Contractors (DAC)[12] within B&NES. Reference is made to B&NES's five GP Dispensing Practices, who provide a valuable dispensing service to its (mainly rural) registered patients to the south and south west of B&NES.[13]

In addition, a number of pharmacies which are outside of the B&NES district, but are close enough to the boarder to likely be suppliers of pharmaceutical services to B&NES residents, are considered. These are referred to as bordering pharmacies.[14]

In accordance with *The Regulations* this PNA, apart from listing them, does not cover dispensing of medicines which takes place at a number of acute and urgent care prescribing centres in the area.[15]

1.1.5 Definition of Pharmaceutical Providers

The Pharmaceutical List is maintained by NHS England and contains a list of providers which have been given permission to provide pharmaceutical services. The list is made up of the following:

A. **Pharmacy Contractors** – pharmacists or a body cooperate that employs a pharmacist. Within this category are **community pharmacies** (which mainly provide pharmaceutical services from high street premises, supermarkets or adjacent to doctor's surgeries) and **distance-selling pharmacies** (which provide pharmaceutical services remotely through the patient placing an order by post, telephone or over the internet and the medication being delivered to the patients home).

   At the time of finalising this pre-consultation report, within B&NES, there are 40 pharmacy contractors – 39 are community pharmacies and one is a distance selling pharmacy.[16] Of the 39 community pharmacies, nine are believed to be co-located alongside GP practice premises.[17]

[11] defined in 1.1.6 and listed in the appendix.
[12] defined in 1.1.6.
[13] listed in 3.1.2.
[14] see 3.2.1.
[15] listed in 3.1.4.
[16] listed in the appendix.
[17] listed in the appendix and referred to in 3.2.2.

B. **Dispensing Appliance Contractors (DAC)** – a specific sub-set of contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings and bandages and cannot supply medicines.

   At the time of finalising this pre-consultation report, there are no DACs located in B&NES.

C. **Dispensing Doctors** – medical practitioners authorised to provide drugs and appliances in designated rural areas known as 'controlled localities'.

   At the time of finalising this pre-consultation report, there are five dispensing GP Practices in B&NES, two with branch surgeries, including one with a branch surgery across the border in Somerset.[18]

D. **Local Pharmaceutical Services (LPS) Contractors** – who provide a level of pharmaceutical services in some areas. An LPS contract allows NHS England to commission community pharmaceutical services tailored to specific local requirements. It provides flexibility to include within a single locally negotiated contract a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under national pharmacy arrangements set out in *The Regulations*. All LPS contracts however, must include an element of dispensing.

   At the time of finalising this pre-consultation report, there are no LPS contractors in B&NES.

1.1.6 Definition of Pharmaceutical Services

NHS England is the only organisation that can commission NHS Pharmaceutical Services. Therefore, they are responsible for managing and performance monitoring the Community Pharmacy Contractual Framework (CPCF). Unlike GPs, dentists and optometrists, NHS England does not hold contracts with most pharmacy contractors (the exception being LPS Contractors). Instead, they provide pharmaceutical services under terms of service set out in legislation, as follows.

Services defined as pharmaceutical services, and provided by **pharmacy contractors**, are as follows:

A. **Essential Services**[19] – which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service. These services are nationally negotiated and must be provided from all pharmacies:
   - Dispensing of medicines
   - Repeat dispensing
   - Safe disposal of unwanted medicines
   - Promotion of healthy lifestyles
   - Signposting
   - Support for self-care

[18] listed in 3.1.2.
[19] Schedule 4 of *The Regulations*.

- Clinical governance

While not classed as separate services, pharmaceutical contractors may also provide the following as enhancements to the provision of essential services:

- Access to the NHS Summary Care Record (SCR)
- Electronic Prescription Service (EPS)

B. **Advanced Services**[20] – services community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation, as necessary. They are negotiated nationally and any contractor may provide:

- Medicines Use Reviews (MURs)
- New Medicines Service (NMS)[21]
- Appliance Use Reviews (AURs)
- Stoma Appliance Customisation Service (SAC)
- Influenza Vaccination Service[22]
- NHS Urgent Medicine Supply Advanced Service (NUMSAS) [*pilot*][23]

1.1.7 Locally Commissioned Services

Locally commissioned community pharmacy services can be contracted via a number of different routes and by different commissioners, including local authorities, Clinical Commissioning Groups (CCGs) and local NHS England teams.

NHS England does not currently commission any public health services from pharmacy contractors in B&NES.

BaNES CCG commissions the following services from pharmacy contractors locally:[24]

- Specialist Drugs (Palliative Care) Service
- Emergency Medicines Supply Service
- Medicines Optimisation Service

B&NES, via Virgin Care,[25] commissions the following services from community pharmacies locally:[26]

- Sexual Health Services
- Smoking Cessation Services
- Substance Misuse Services

[20] Parts 2 and 3 of *The NHS Act 2006, the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013*.
[21] This service is temporarily commissioned and is currently under review nationally.
[22] On 20th July 2015, NHS Employers (on behalf of NHS England) and PSNC announced that a seasonal influenza vaccination service would be added to the CPCF as an Advanced Service. This service is the fifth Advanced Service in the CPCF. In March 2017, NHS England announced in its Flu Plan it would recommission the seasonal influenza vaccination service programme in 2017/18.
[23] To provide, at NHS expense, urgent supplies of repeat medicines and appliances for patients referred by NHS 111, and so reduce demand on the urgent care system, particularly GP Out-of-Hours providers. This is a national pilot running until 31st March 2018.
[24] considered in detail in 3.5.6[A].
[25] Virgin Care directly provide and commission other organisations – including NHS, social enterprise and voluntary sector – to deliver Community Health and Care Services in B&NES.
[26] considered in detail in 3.5.6[B].

- NHS Health Checks

1.1.8 Non-Commissioned Added Value Community Pharmacy Services

Community pharmacy contractors can also provide services directly to patients that are not commissioned by NHS England, Local Authorities or CCGs – they are free to decide whether to charge for these services as part of their business model. An example of an added value service provided by some pharmacies within B&NES is the provision of a home delivery service to patients.[27]

1.1.9 Key changes since the last Pharmaceutical Needs Assessment

There have been a number of key developments since the publication of the last B&NES PNA in 2015.

Demographic changes, such as the projected increase in the number of older people in B&NES, are likely to affect local pharmaceutical service provision, for example, leading to an increase in the number of prescription items being dispensed and an increased demand for services targeted to an older population. Health needs also change over time and pharmaceutical services need to reflect this and make sure they are meeting the needs of a changing population.

There have also been a number of pharmacy changes since the last PNA publication, in particular, the opening of a new community pharmacy in Keynsham on 20th March 2017 that met a previously identified gap in easily accessible local pharmaceutical services serving the Chew/Keynsham GP Cluster in the evening after 18:30 Monday to Saturday. This new community pharmacy has meant that local pharmaceutical provision has increased from 2015, i.e. when the last PNA was published. In 2015 there were 39 pharmacy contractors, and as at the date of finalising this pre-consultation report this has increased to 40 pharmacy contractors – 39 community pharmacies and one distance selling pharmacy.

Continued implementation of the Bath and North East Somerset Core Strategy,[28] as well as development of a new West of England Joint Spatial Plan, will also impact on future demand for pharmaceutical services in B&NES. The adopted Core Strategy sets out the vision for spatial development within B&NES until 2029, and this strategy identifies a housing requirement of approximately 13,000 new dwellings that it is seeking to deliver. The emerging West of England Joint Spatial Plan seeks to deliver additional housing in B&NES. The provision of pharmaceutical services will need to reflect these plans for new housing and respond to the resultant changes in demand, as well as any potential changes to the health needs of a changing population.

In late 2016 the DH announced some changes to the contractual framework for pharmacies. These include:

- a reduction in funding of 4 per cent in 2016/17 and a further reduction of 3.4 per cent in 2017/18;

[27] some of these services are detailed further in 3.5.3 and 3.5.4.

[28] B&NES (2014), *Bath and North East Somerset Core Strategy: Part 1 of the Local Plan*, July 2014, available from: http://www.bathnes.gov.uk/services/planning-and-building-control/planning-policy/core-strategy-examination

- the introduction of a Pharmacy Access Scheme (PhAS);
- introduction of a Quality Payments Scheme;
- the introduction of NUMSAS [see 1.1.6[B]); and
- allowing the consolidation of pharmacies, in effect providing a way for a pharmacy to close without creating an opportunity for another pharmacy to open instead (see 1.1.2).

The Pharmacy Access Scheme (PhAS) runs until 31st March 2018 ad provides some transitional funding to limit the impact of the funding reductions on eligible pharmacies. Pharmacies are eligible for the scheme of they:

- were open on 1st September 2016;
- are more than one mile by road from the nearest pharmacy; and
- are not in the top 25 per cent largest pharmacies.

In B&NES the following five community pharmacies in B&NES are included in the PhAS:

1. Day Lewis Pharmacy, Saltford (Keynsham and Chew Valley PNA area)
2. Timsbury Pharmacy, Timsbury (Somer Valley PNA area)
3. Boots, London Road East, Batheaston (Bath PNA area)
4. Bathampton Pharmacy, Bathhampton (Bath PNA area)
5. Chew Pharmacy, Chew Magna (Keynsham and Chew Valley PNA area)

The Quality Payments Scheme also runs until 31st April 2018 and allows all eligible pharmacies to earn some additional funding for meeting a number of criteria, for example, becoming a Healthy Living Pharmacy (HLP).

These funding changes have already been cited as one of the main reasons for the closure of pharmacy contractors, for example, Lloydspharmacy's parent company Celesio UK's announcement on 26th October 2017 that it will cease trading in 190 "*…commercially unviable…*" branches across England.[29] Other impacts are likely to include reduced opening hours and stopping the provision of services which pharmacy contractors are not obliged to provide, such as home delivery of medicines and the supply of medicines in compliance aids.

1.2 Content

Regulation 4 and Schedule 1 of *The Regulations* set out the minimum requirements for a PNA. A PNA is required to include the following:

1.2.1 Necessary Services – current provision (Sch. 1, Para. 1)

Current provision of 'necessary' pharmaceutical services within the B&NES area (or outside of the area, but which contribute towards meeting the need for pharmaceutical services in the area) are defined as:

- All Essential Services (defined in 1.1.6; provision is detailed in 3.3 and accessibility is detailed in 3.5.3).

Necessary Services are defined in 4.1.1.

[29] The Pharmaceutical Journal (2017), '*Almost 200 Lloyds pharmacies to be closed or sold off*', Vol. 299, No. 7907, available from: http://www.pharmaceutical-journal.com/news-and-analysis/news/almost-200-lloyds-pharmacies-to-be-closed-or-sold-off/20203814.article

1.2.2 Necessary Services – gaps in provision (Sch. 1, Para. 2)

Any pharmaceutical services which are not currently provided within the B&NES area but which the local Health and Wellbeing Board has identified as needing to be provided (currently or in the future).

Gaps in the provision of Necessary Services are outlined in 4.1.2.

1.2.3 Other Relevant Services – current provision (Sch. 1, Para. 3)

Any other pharmaceutical services provided within the B&NES area which aren't necessary to meet the need but have secured improvements, better access or affect the assessment of need (or outside of the area but which have an impact on the B&NES area).

For the purpose of this PNA, 'Other Relevant Services' are defined as:

A. Non-Commissioned Services

- Collection of prescriptions from GP practices (outlined in 3.5.3[B])
- Delivery of dispensed medicine (outlined 3.5.3[B])
- Medication dispensed in dosett boxes

B. Commissioned Services

- Advanced Services:
  - Medicines Use Reviews (outlined in 3.5.5[B])
  - New Medicine Service (outlined in 3.5.5[B])
  - Appliance Use Reviews (outlined in 3.5.5[B])
  - Stoma Appliance Customisation Service (outlined in 3.5.5[B])
  - Influenza Vaccination Service (outlined in 3.5.5[B])
  - NHS Urgent Medicine Supply Advanced Service NUMSAS
- Locally Commissioned Services:
  - Specialist Drugs (Palliative Care) Service (outlined in 3.5.6[A])
  - Emergency Medicines Supply Service (outlined in 3.5.6[A])
  - Medicines Optimisation Service (outlined in 3.5.6[A])
  - Sexual Health Services (outlined in 3.5.6[B])
  - Smoking Cessation Services (outlined in 3.5.6[B])
  - Substance Misuse Services (outlined in 3.5.6[B])

1.2.4 Improvements and better access – gaps in provision (Sch. 1, Para. 4)

Any pharmaceutical services not currently being provided but which would secure future improvements to pharmaceutical services (common examples of this include major industrial, communications or housing developments).

These gaps are outlined in 4.1.3.

1.2.5 Other Services (Sch. 1, Para. 5)

Any NHS services provided or arranged by the Health and Wellbeing Board, NHS Commissioning Board, a CCG, an NHS Trust or an NHS Foundation Trust which affect current

or future need for pharmaceutical services (for example, a large health centre providing a stop smoking service).

Other services that might potentially impact on the future need for pharmaceutical services are outlined in 2.4.

1.2.6 How the assessment was carried out (Sch. 1, Para. 6)

An explanation of how the PNA has been carried out including: (i) how the localities used within the PNA have been determined; (ii) how the different needs of different localities within the area have been taken into account, as well as the different needs of people in the area who share a protected characteristic; and (iii) a report on the consultation that has been undertaken.

A description of the PNA process is outlined in 1.3.

1.2.7 Maps (Sch. 1, Para. 7)

A map (kept up to date in so far as is practicable[30]) identifying the premises at which pharmaceutical services are provided in the area.

This requirement is met by the provision of Figure 7, Figure 8 and Figure 9.

1.3 Process

1.3.1 Introduction

B&NES's Health & Wellbeing Board has established a PNA Steering Group to oversee the process of developing a new PNA. Members of this PNA Steering Group include representation from B&NES Council, NHS BaNES CCG, NHS England, Avon Local Pharmaceutical Committee (LPC) and Healthwatch.

1.3.2 Methodology

The Department of Health's PNA Information Pack,[31] designed to support local authorities with regards to their responsibilities in developing a PNA, has been used as a guide for the methodology adopted in this PNA.

The content of this PNA will be produced by means of a structured analysis of a range of data sources in order to identify the following:

- demographic characteristics and forecasted future population trends (Chapter 2);
- relevant strategic health priorities (Chapter 2);
- an assessment of whether any relevant local NHS services might have an impact on current or future need for local pharmaceutical services (Chapter 2);
- current provision of local pharmaceutical services (Chapter 3); and
- gaps in the current and future provision of local pharmaceutical services (Chapter 4).

[30] Regulation 4(2) of *The Regulations* requires the HWB to keep the above map up to date, in so far as is practicable.

[31] Department of Health (2013), *Pharmaceutical Needs Assessments: Information Pack*, available from: https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack

Data and information will be taken from a wide variety of sources; including national data sources, B&NES's Joint Strategic Needs Assessment (JSNA), a PNA Questionnaire, and others.

The methodology adopted in this PNA differs from the previous PNA (carried out in 2014/15). Rather than always assume that members of the public used only those pharmacies located close to where they live, the previous PNA took into account dispensing behaviours of those people registered with GP practices located in the BaNES CCG area (by analysing dispensing activity data). What this analysis showed was that patients registered at GP practices that made up the then Norton Radstock and Chew/Keynsham GP clusters overwhelmingly went to community pharmacies also located in the same GP cluster. However, the picture appeared more fluid in the then three Bath GP clusters of Bath Central, Bath West and Bath East; with a greater proportion of patients going to community pharmacies in another Bath GP cluster to the one their GP practice was located in. It is for this reason that B&NES was split into the following three geographical areas for this PNA:

- **Bath (including Bathavon) PNA area** – made up of Bath City Centre electoral wards[32] and the Bathavon Connecting Communities Forum area in B&NES (Figure 1).
- **Keynsham and Chew Valley PNA area** – made up of the Keynsham and Chew Valley Connecting Communities Forum areas in B&NES (Figure 1).
- **Somer Valley PNA area** – made up of the Somer Valley Connecting Communities Forum area in B&NES (Figure 1).

Figure 1: Connecting Communities Forum Areas, B&NES

[32] Abbey, Bathwick, Combe Down, Kingsmead, Lambridge, Lansdown, Lyncombe, Newbridge, Odd Down, Oldfield, Southdown, Twerton, Walcot, Westmoreland, Weston and Widcombe electoral wards.

1.3.3 People with Protected Characteristics

In accordance with *The Regulations*, this PNA will highlight, where possible, the demographics and health needs of people in B&NES who share a '*protected characteristic*'. Under the Equality Act 2010[33] the following nine characteristics are known as '*protected characteristics*':

- age;
- disability;
- gender reassignment;
- marriage and civil partnership;
- pregnancy and maternity;
- race;
- religion or belief;
- sex; and
- sexual orientation.

1.3.4 Consultation

A. PNA Questionnaire

In order to ensure appropriate stakeholder engagement in the development of the PNA, information was sought from pharmaceutical providers through an on-line survey process organised and run by Avon LPC[34] during May 2017. Survey responses were collected from all 40 pharmacy contractors (including the distance selling pharmacy). The results of this survey are outlined in the Pharmaceutical Services chapter (Chapter 3).

B. Statutory Consultation

In addition, a statutory 70-day consultation (extended by ten days from the statutory 60-day minimum to allow for the Christmas and New Year break) of this pre-consultation draft PNA will be carried out during the period Monday, 11th December 2017 to Sunday, 18th February 2018. This consultation will seek the views of key stakeholders and members of the public on whether they agree with the contents and key findings. The feedback from this consultation will inform the final published PNA document.

C. Voicebox

At the time of publication of the most recent 2015 PNA a local community Voicebox survey had also been carried out that asked local residents about their use and views of pharmaceutical services in the area. Although the results were not ready in time for publication of the 2015 PNA, the results were included in the B&NES JSNA soon after publication (as part of a process of on-going development of the PNA).[35] Around one in five (18 per cent) of respondents stated they used a pharmacy more

[33] *Equality Act 2010*, c.15, available from: http://www.legislation.gov.uk/ukpga/2010/15
[34] Commissioned by B&NES.
[35] B&NES (2015), *Pharmacies*, JSNA, available from: http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/pharmacies#footnote2_9d8d03h

than once a month, with only five per cent of respondents saying they never use a pharmacy. Three quarters of respondents tended to use the same pharmacy. The vast majority of respondents, 89 per cent, stated they were satisfied with the service they received the last time they visited a pharmacy, with only 3 per cent stating they were dissatisfied. At least half of respondents felt the following features and services were very important for a pharmacy: (i) having a prescription service from GPs so they are ready to collect (56 per cent); (ii) being open at weekends (51%); and (iii) being close to their GP (50 per cent).

1.3.5 Governance

The B&NES Health and Wellbeing Board is the statutory body with overall responsibility for ensuring that the JSNA and PNA are produced for the local area. Production and on-going development of the PNA will follow a similar governance process as the JSNA, i.e. the Health and Wellbeing Board will act as project sponsor for the work and the PNA Steering Group will oversee the on-going development of the PNA and ensure that all requirements are being met.

1.3.6 Ongoing Review Process

The ongoing process to update the B&NES JSNA and B&NES Health and Wellbeing Strategy will be mindful of any implications for pharmacy provision, and where relevant, this document will be reviewed sooner than the three year time frame for this PNA (1st April 2018 to 31st March 2021).

Chapter 2: Context

2.0 Introduction

Following the methodology adopted in this PNA (outlined in 1.3.2), this chapter will highlight the demographic characteristics and forecasted future population trends, as well as relevant strategic health priorities. Also set out in this chapter is an assessment of whether any relevant local NHS services might have an impact on current or future need for local pharmaceutical services, as well as any potential gaps in the future due to population and housing growth.

2.1 Demographics

2.1.1 B&NES Resident Population[36]

Table 1: B&NES Resident Population by Age and PNA Area (as at 30th June 2015)

Age Group	B&NES No.	Bath (incl. Bathavon) No.	Keynsham & Chew Valley No.	Somer Valley No.
0-14	28,674	15,108	5,757	7,809
15-24	33,275	24,697	3,928	4,650
25-64	87,921	49,284	17,266	21,371
65-84	29,761	15,323	7,478	6,960
85+	5,243	2,935	1,317	991
Total	**184,874**	**107,347**	**35,746**	**41,781**

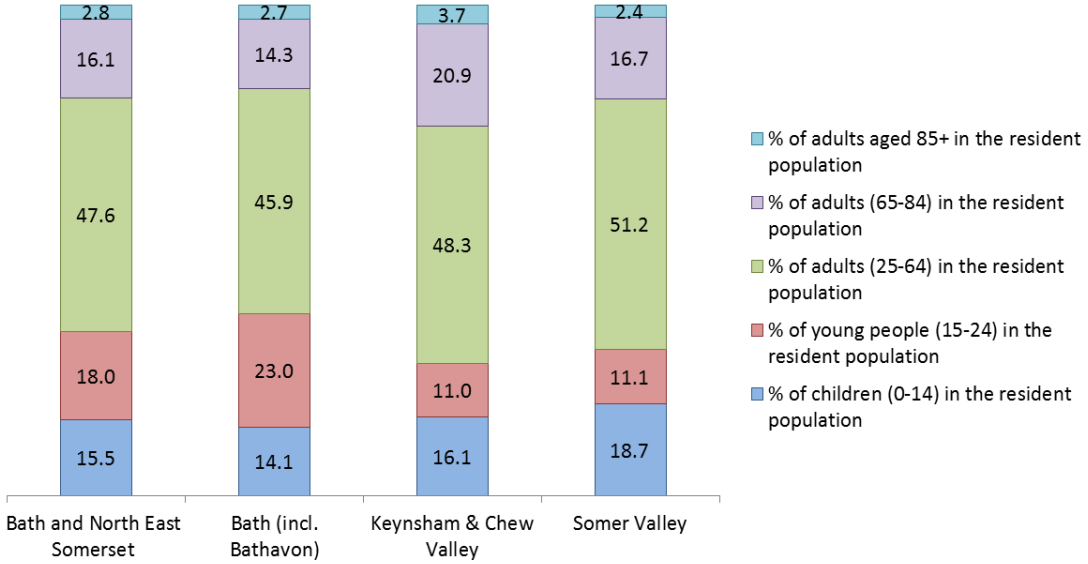
Source: ONS (2016), Population Estimates for UK, England and Wales, Scotland and Northern Ireland: mid-2015, available from: https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2015

As at mid-2015 the total B&NES resident population is estimated to be 185,000 (Table 1). The Bath (incl. Bathavon) PNA area has the largest population, with an estimated 107,000 residents (58 per cent of the B&NES resident population); followed by Somer Valley PNA area with an estimated 42,000 residents (23 per cent of the B&NES resident population); and Keynsham & Chew Valley PNA with an estimated 36,000 residents (19 per cent of the B&NES resident population).

Somer Valley PNA area has the highest proportion of children and young people aged under-15, 19 per cent, or nearly one in five of the population of the Somer Valley PNA area (Figure 2). The number and proportion of young adults aged 15 to 24 is highest in the Bath PNA area, 24,700 and 23 per cent respectively (Table 1 and Figure 2). A large proportion of these young people in the Bath PNA area will be from the resident student population in B&NES.

[36] B&NES JSNA web-link: http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/population

Figure 2: B&NES Resident Population by Age and PNA Area (as at 30th June 2015)



Source: ONS (2016), Population Estimates for UK, England and Wales, Scotland and Northern Ireland: mid-2015, available from: https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2015

Note: Due to rounding, may not add up to 100 per cent

Keynsham & Chew Valley PNA area has the greatest concentration of older people – 21 per cent are aged 65-84, and a further four per cent are aged 85 and over (Figure 2). At first sight this may indicate that the greatest level of health need is likely to be in the Keynsham & Chew Valley PNA area.

2.1.2 Forecasted Future B&NES Resident Population[37]

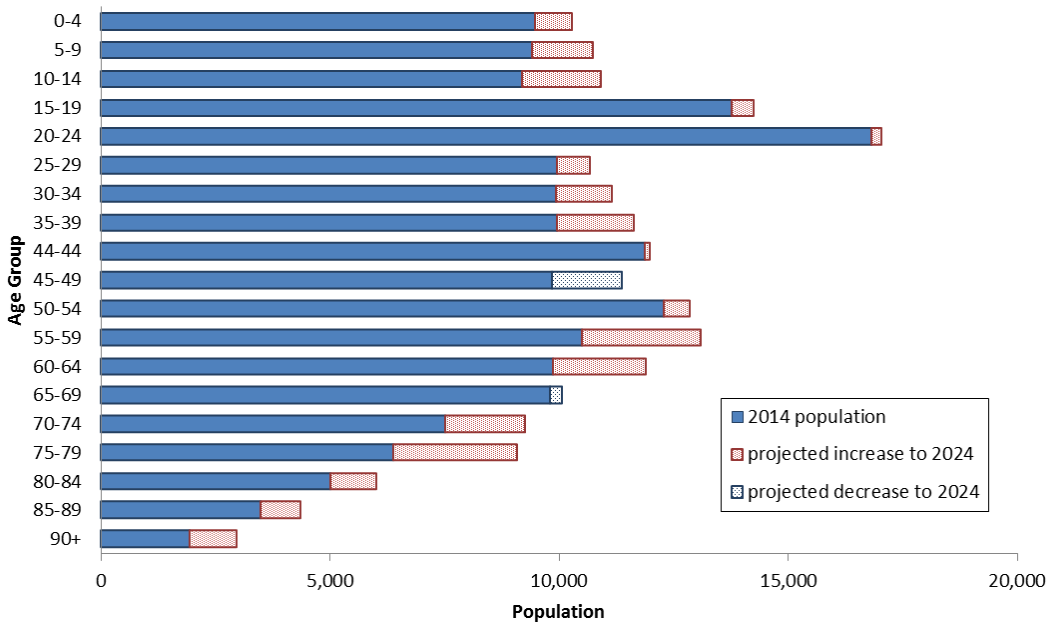
The Office for National Statistics produce regular projections designed to model the future growth of the population for each local authority. These projections are based on historical trends of births, deaths and migration. As a result, they do not take into account any population changes due to policy, i.e. they exclude increases in the population due to planned new housing development.

In 2015 local population forecasts were commissioned by B&NES in order to attempt to account for housing growth, as projected through the adopted Core Strategy for B&NES, the main planning document for guiding and managing new development in B&NES from 2014 to 2029.[38] The Core Strategy proposes the building of c.13,000 new homes between 2011 and 2029 (including c.3,300 affordable housing units).

[37] B&NES JSNA web-link: http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/population-change

[38] B&NES (2014), *Bath and North East Somerset Core Strategy: Part 1 of the Local Plan*, July 2014, available from: http://www.bathnes.gov.uk/services/planning-and-building-control/planning-policy/core-strategy-examination

Figure 3: Population Forecasts for the B&NES Resident Population by Age Group, 2014 to 2024



Source: B&NES locally commissioned population forecasts

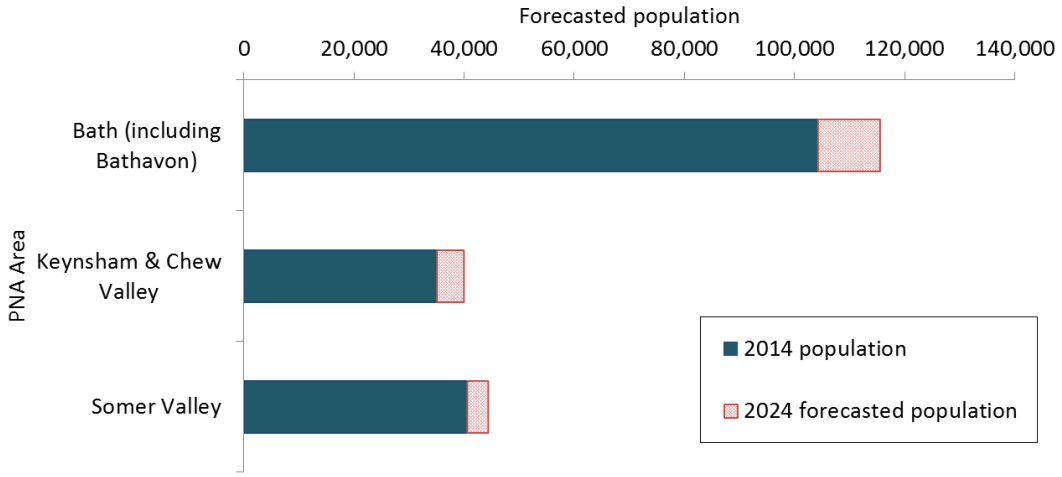
Overall, the population of B&NES is forecast to increase from 180,500 in 2014 to nearly 200,000 people by 2024, an 11 per cent increase. The number of residents aged 75 and over is forecast to increase from 17,000 in 2014 to 22,500 people in 2024, a much larger increase of a third. Indeed, the largest proportionate forecasted increase in the resident population between 2014 and 2024 is for residents aged 90 years and over, a 53 percentage increase of around 1,000 additional residents (Figure 3).

The resident population of under-5s is forecast to increase from 9,500 in 2014 to just over 10,000 people in 2024 (Figure 3). The resident school age (5 to 15) population in B&NES is forecast to increase from 20,614 to 23,840 people (representing a 16 per cent increase).[39]

There is forecast to be a slight fall in those aged in their 40s – from 25,000 in 2014 to 23,500 people in 2024 (Figure 3). This will have an impact on the Dependency Ratio – the number of dependents (children aged below 16 and adults over 65 years old) for every person of working age (16 to 64 years old). In B&NES the Dependency Ratio is forecast to rise from 53 per cent in 2014, to 58 per cent in 2024. This will have implications for future commissioning local health and social care services, including the commissioning of local pharmaceutical services.

[39] B&NES locally commissioned population forecasts

Figure 4: Population Forecasts for the B&NES Resident Population by PNA Area, 2014 to 2024



Source: B&NES locally commissioned population forecasts

In the Bath (incl. Bathavon) PNA area, the population is forecast to increase in each of the PNA areas between 2014 and 2024 (Figure 4). The largest forecasted increase in terms of the number of additional people is expected to be seen in the Bath (incl. Bathavon) PNA area – an additional 11,000 people between 2014 and 2024 (representing an 11 per cent increase in the population). The Keynsham and Chew Valley PNA area is forecast to see the greatest proportionate increase in its population during the decade 2014 to 2024 – a 14 per cent increase (representing an additional 5,000 people). Somer Valley is forecast to see an additional 4,000 people during the decade 2014 to 2024 (representing a 10 per cent increase in the population). However, over the next three years (during the period of this PNA) the rate of new housing growth is forecast to be relatively slow. Therefore, it is anticipated that current local pharmaceutical provision will be able to cope.

Key Finding: it is anticipated that current pharmaceutical provision from existing pharmacies will be able to cope with the demand from new populations during the period of this PNA, i.e. 1st April 2018 to 31st March 2021. This will be reviewed, at the latest, during 2020/21.

2.1.3 Ethnicity (B&NES Resident Population)[40]

Data relating to ethnicity of the B&NES population has not been up-dated for a number of years. According to the 2011 Census, 10 per cent of the population, or 17,500 residents, are classified as belonging to a minority ethnic group (non-White British).[41] Approximately 6,600 residents identify themselves as 'Other White' (a large proportion of who are assumed to be from the EU Accession states) and 4,500 as Asian or Asian British descent.

[40] B&NES JSNA web-link: http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/ethnicity

[41] Data from the 2015 B&NES Child Health-Related Behaviour Survey showed 11 per cent of secondary school aged-respondents described themselves as belonging to a minority ethnic group. This suggests the ethnic composition of B&NES residents has not changed drastically since the 2011 Census data. Source: B&NES JSNA web-link: http://www.bathnes.gov.uk/sites/default/files/siteimages/Your-Council/Local-Research-Statistics/cyp_hwb_secondary_survey_2015_emotional_wellbeing.pdf

As at July 2017 there were 38 dwellings in B&NES which accommodate Gypsies and Travellers.[42] Gypsy and Traveller communities have poorer health outcomes than UK ethnic minority and socioeconomically disadvantaged groups.[43] The 2015 Health Needs Assessment showed a higher prevalence of risk factors for a range of health issues including child mortality, smoking, mental illness, and physical disabilities.[44]

In addition, B&NES has a relatively high number of resident 'Boaters' who are mainly moored along the Kennet and Avon Canal. The 2016 Boaters survey showed the majority comprise single/separated men aged over 40 years, in addition to young families and couples.[45]

2.2 Locally Identified Strategic Health Priorities

This section summarises already identified strategic health priorities from a range of local strategic plans that are directly relevant to local pharmaceutical services in B&NES.

2.2.1 B&NES Joint Health and Wellbeing Strategy (JHWS) 2015-19

The Health and Wellbeing Board (HWB) is the body responsible for improving the health and wellbeing of people in Bath and North East Somerset. The Joint Health and Wellbeing Strategy (JHWS)[46] sets out how the HWB will improve local health and priorities for action based on the health and wellbeing needs. It does this by assessing the evidence, setting the strategic direction and deciding how to make the best use of collective resources.

There are three main themes and eleven priorities in the current JHWS, which were identified in 2015 (Figure 5).

[42] B&NES JSNA web-link: http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/travellers-and-gypsy

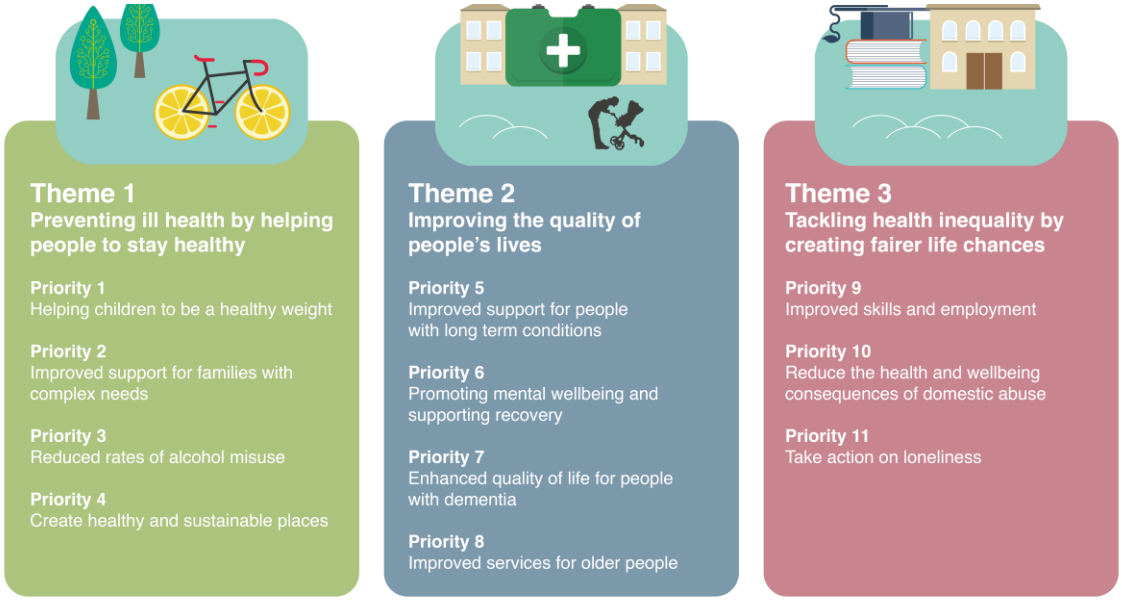
[43] Parry, G. *et al*. (2004), *The Health Status of Gypsies & Travellers in England*, University of Sheffield: School of Health and Related Research, available from: https://www.shef.ac.uk/scharr/research/publications/travellers

[44] Travelling Community Support (2015), *Into the Future: An Overview of Gypsy, Traveller & Boater Health Needs within B&NES*, Third Progress Report, December 2015, available from: http://www.bathnes.gov.uk/sites/default/files/siteimages/Your-Council/Local-Research-Statistics/traveller_and_boater_traveller_health_needs_2015_winter_report_final_draft.pdf

[45] Atkins (2016), *B&NES Water Space Study: Boater Survey Consultation Report*, available from: http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Environment/bnes_wss_boaters_survey_consultation_report_final_01.12.16.pdf

[46] B&NES (2015), *Bath and North East Somerset Health and Wellbeing Strategy 2015-2019*, available from: http://www.bathnes.gov.uk/sites/default/files/banes_health_and_wellbeing_strategy_2015_-_2019.pdf

Figure 5: Themes and Priorities, B&NES Joint Health and Wellbeing Strategy 2015-2019



Source: B&NES (2015), *Bath and North East Somerset Health and Wellbeing Strategy 2015-2019*, available from: http://www.bathnes.gov.uk/sites/default/files/banes_health_and_wellbeing_strategy_2015_-_2019.pdf

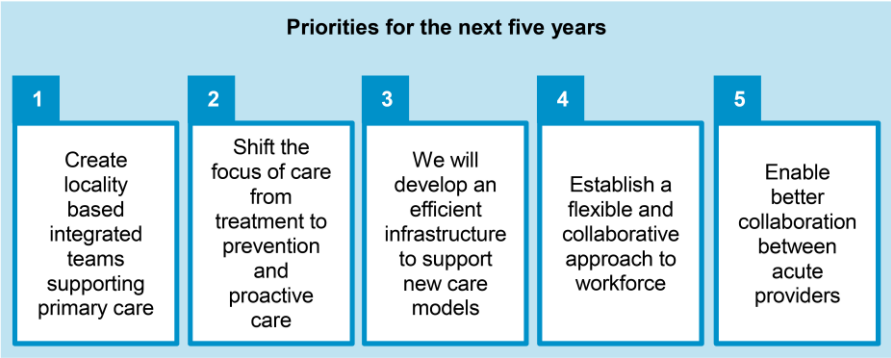
Local pharmacy contractors have the potential to help deliver against all three themes in the JHSW. They are developing further their '*preventing ill health*' agenda, for example, through engagement with the Health Living Pharmacy (HLP) initiative (being supported through the CPCF). Pharmacy Contractors are also well placed to help deliver the second theme, '*improving the quality of people's lives*'; for example, through the development of services to support people with long-term conditions, in both the Quality Payments Scheme[47] (asthma), and through the locally commissioned Medicines Optimisation Service.[48] Finally, pharmacy contractors are ideally placed in communities to help support the third theme of '*tackling health inequalities*', for example, by being easily accessible in B&NES's most deprived communities.[49]

2.2.2 B&NES, Swindon and Wiltshire Sustainability and Transformation Plan (BSWSTP)

In response to increasing financial pressures, rising healthcare costs and patient demands, the B&NES, Swindon and Wiltshire (BSW) five year Sustainability and Transformation Plan (STP)[50] has been developed. The BSWSTP aims to provide a mechanism for accelerating improvements to health and care planning and delivery for BSW residents in a financially sustainable way. The early priorities established in 2016 for the next five years are set out in Figure 6.

[47] see 1.1.9
[48] see 1.1.7 and 3.5.6[A]
[49] see 3.2.3
[50] BSWSTP (2016), *Bath and North East Somerset, Swindon and Wiltshire Sustainability and Transformation Plan*, available from: http://www.bswstp.nhs.uk/

Figure 6: Priories of the Bath, Swindon and Wiltshire STP



Source: BSWSTP (2016), Bath and North East Somerset, Swindon and Wiltshire Sustainability and Transformation Plan, available from: http://www.bswstp.nhs.uk/

The Independent Review of Community Pharmacy Clinical Services[51] identified that STPs could provide good opportunities for community pharmacy. Specifically, that STPs could provide a structure through which the commissioning of pharmacy services across multiple commissioners may become more streamlined. Also, that they may provide the opportunity for pharmacies to become a coherent part of joined-up system-wide services and pathways to provide better care. Across the BSWSTP, pharmacy contractors, due to the opportunities they have with interaction with patients and local communities, can help with the at least four of these five BSWSTP priorities, namely:

Priority	Potential contribution of pharmacy contractors
'*Create locally based integrated teams supporting primary care*'	Clinical Pharmacists in Primary Care are potentially a bridge between the GP Practices and local pharmacy contractors to help align priorities, and integrate further key population needs.
'*Shift the focus of care from treatment to prevention and proactive care*'	Pharmacy contractors supporting self-care and a proactive role will become ever more important. Signposting of patients to Community Pharmacy from both 111 and GP surgeries could help support patients engage with this agenda more.
'*We will develop an efficient infrastructure to support new care models*'	Clinical Pharmacists in GP surgeries are being seen as one important element, out of several, of creating a more sustainable model; both helping with high GP workload, and driving more proactive care.
'*Establish a flexible and collaborative approach to workforce*'	

Identification of these five priorities led to three transformational work streams: (i) preventative and proactive care; (ii) planned care, and; (iii) urgent and emergency care. As a result of a greater focus on preventative health care, in the future there may be increased opportunities for delivery of more community-based preventative services through pharmacies.

[51] Murray, R. (2016), *Independent Review of Community Pharmacy Clinical Services*, NHS England, available from: https://www.england.nhs.uk/commissioning/primary-care/pharmacy/ind-review-cpcs/

2.2.3 BaNES CCG Operational Plan 2017-19

BaNES CCG's Operational Plan for 2017 to 2019[52] sets out the plans to improve the health of, and quality of the health services delivered to, the local population. The strategic objectives include:

- Improving quality, safety and individuals' experience of care
- Improving consistency of care and reducing variability of outcomes
- Providing proactive care to help people to age well and to support people with complex care needs
- Creating a sustainable health system within a wider health and social care partnership
- Empowering and encouraging people to take personal responsibility for their health and wellbeing
- Reducing inequalities and social exclusion and supporting our most vulnerable groups
- Improving the mental health and wellbeing of our population

Work that started in 2017/18 through the commissioning of the Medicines Optimisation Service[53] has provided an opportunity to align the BaNES CCG agenda with pharmacy contractors, in particular in medicines initiatives which are aimed at improving quality. This includes the optimisation of stroke prevention medication and providing proactive care to support people with complex needs (for example, audit work on type 2 diabetes to reduce their cardiovascular risk). BaNES CCG will be working with pharmacy contractors to look at opportunities to deepen the reach and clinical impact of this commissioned service.

2.2.4 BaNES CCG Medicines Optimisation Strategy 2016-20

The Medicines Optimisation Strategy 2016-20[54] set out ten key priorities for the next four years, as follows:

1. **Diabetes Care** – optimise the medicines used
2. **Frail Elderly** - commission clinical pharmacy medicines reviews for all frail elderly
3. **Antimicrobial Stewardship** – lead a collaborative and work programme to support this national priority
4. **Improving Value from our Medicines** - ensuring maximum benefit from investment through a focus on outcomes
5. **Musculoskeletal** - support the review of rheumatology and pain medicines pathways
6. **Workforce development** - maximise the use of pharmacy staff in the health community
7. **Acute Kidney Injury** – implement the national programme for primary care Acute Kidney Injury and optimise management of patients with Chronic Kidney Disease
8. **Stroke Prevention and VTE** – optimise the medicines used
9. **Safer Care Culture** – establish a local reporting and learning culture in primary care including use of the National Reporting and Learning System (NRLS) GP e-form

[52] Bath and North East Somerset CCG (2017), *Operational Plan: 2017-19*
[53] *Ibid.*
[54] Bath and North East Somerset CCG (2016), *Medicines Optimisation Strategy 2016-20*, available from: http://www.bathandnortheastsomersetccg.nhs.uk/assets/uploads/2016/01/2-5-Meds-Opti-Strat-Final-JCC-Jan16.pdf

10. **Mental Health** – optimise the medicines used for this vulnerable group

As mentioned above, there is an opportunity to utilise the Medicines Optimisation Service[55] to help pharmacy contractors prioritise and help deliver some of the priorities of the BaNES CCG Medicines Optimisation Strategy.

2.2.5 B&NES Sexual Health Strategy 2015-18

B&NES's Sexual Health Strategy[56] has been produced to inform its approach to improving the sexual health of the diverse communities of B&NES, as well as to reduce sexual health inequalities. The overall aim of this strategy is to provide a strategic framework to shape the planning and delivery of services and interventions to support improved sexual health outcomes. There are three population-level outcomes that this strategy seeks to deliver, they are as follows:

1. Sexually active adults and young people are free from STIs;
2. Sexually active adults and young people are free from unplanned pregnancies; and
3. Young people are supported to have choice and control over intimate and sexual relationships.

Pharmacies play an important role in supporting the delivery of these outcomes in a number of ways, including the direct provision of information and advice, specialist interventions such as provision of emergency hormonal contraception and chlamydia treatment, and by their support and participation with the SAFE accreditation scheme.

2.2.6 B&NES Tobacco Control Strategy 2013-18

Smoke Free B&NES's Tobacco Control Strategy for the period 2013 to 2018[57] aims to reduce health inequalities by:

- Preventing young people from starting to smoke;
- Encouraging smokers to quit; and
- Reducing the harm from smoking through:
    - exposure to toxins from second hand smoke; and
    - harm to existing smokers.

Local action will focus on achieving these aims through the following key strands of Tobacco Control:

- Multi agency partnership working;
- Normalising smoke free lifestyles;
- Reducing exposure to second hand smoke;
- Restricting supply of tobacco;
- Helping people to quit; and
- Ensuring effective communications and marketing.

[55] see 1.1.7 and 3.5.6[A]

[56] Bath and North East Somerset Council (2015), *Sexual Health Strategy 2015-18*, available from: http://www.bathnes.gov.uk/sites/default/files/sexualhealthstrategy_2015_18_first_draft_with_design.pdf

[57] Bath and North East Somerset Council (2013), *Tobacco Control Strategy 2013-18*, available from: http://www.bathnes.gov.uk/sites/default/files/siteimages/Social-Care-and-Health/Public-Health/smokingstrategy_2014_final.pdf

Pharmacies are key partners in the delivery of the Tobacco Control Strategy, in particular delivering advice and support in helping people to quit smoking.

2.3 Responses to Statutory Consultation

<placeholder for post consultation content>

2.4 Other Services

The following are planned known additional 'Other Services' (as defined in 1.2.5) that could impact on the need for pharmaceutical services in B&NES:

- The NHS England's Estates and Technology Transformation Fund (ETTF) is investing in general practice facilities and technology throughout England between 2015/16 and 2019/20.[58] This includes exploring the possibility of investment within the Bath (incl. Bathavon) PNA area to redevelop a site in Oldfield Park. Should this redevelopment go ahead, this would create additional GP capacity, which could in turn create additional need for pharmaceutical services in this area. However, with a community pharmacy already on-site,[59] another in the rank of shops on Moorland Road[60] and a third pharmacy at Wellsway,[61] any such redevelopment is unlikely to create a significant gap in easily accessible local community pharmaceutical provision in the Bath (including Bathavon) PNA area (during the period of this PNA).
- In the Keynsham and Chew Valley PNA area, St Augustine's Medical Practice will move from its present location in Keynsham to a new purpose built premises at Somerdale in January 2018 (i.e. during the consultation period for this PNA). Partly due to the opening of a new nearby community pharmacy in Station Road, Keynsham earlier this year,[62] this GP surgery relocation is unlikely to create a significant gap in easily accessible local community pharmaceutical provision in the Keynsham & Chew Valley PNA area (during the period of this PNA).
- In the Somer Valley PNA area, Hope House Surgery is to relocate, probably during the first half of 2019/20. While there is likely to be some additional capacity, this move will also be about delivering a new model of care, as it will be co-located with a Children's Centre, library and other community facilities. During the period of this PNA this GP surgery relocation is unlikely to create a significant gap in easily accessible local community pharmaceutical provision in the Somer Valley PNA area.
- There will be newly commissioned urgent care services during 2018. This includes a new provider for the Urgent Care Centre (UCC), who will be contractually required to charge on-site for dispensed products (which the current provider does not do). This may change patient habits as to where they get their prescriptions. There will also be a new combined GP Out-of-Hours service, NHS111 service and 'Virtual Clinical Hub' service, which means that patients will be able to access clinical advice earlier. The impact of these changes is likely to be more patients directed appropriately to

[58] NHS England (), Estates and Technology Transformation Fund (ETTF), available from: https://www.england.nhs.uk/gp/gpfv/infrastructure/estates-technology/
[59] the co-located Hounsell and Greene Pharmacy (see Appendix)
[60] John Preddy Co. Ltd. (see Appendix)
[61] Wellsway Pharmacy (see Appendix)
[62] see 1.1.9

local pharmacies rather than more acute services. Although difficult to predict the likely impact of these changes, analysis of the volume of prescriptions issued by the Out-of-Hours service for the previous 2015 PNA, indicated relatively low levels of likely demand for dispensing in B&NES between 21:00 and midnight. Therefore, during the period of this PNA these changes are unlikely to create a significant gap in easily accessible local community pharmaceutical provision in any of the three PNA areas in B&NES.

Key Finding: there are no known planned relevant local NHS services that could significantly alter the need for pharmaceutical services in B&NES.

Chapter 3: Pharmaceutical Services

3.0 Introduction

This chapter provides an overview of current pharmaceutical services provided across Bath and North East Somerset (B&NES). Commentary is provided on the number of service providers located in B&NES, accessibility, and the services that they provide and are willing to provide. The services currently provided are either commissioned through the national pharmaceutical contract, or commissioned locally by NHS BaNES Clinical Commissioning Group (CCG) or B&NES Council. There are currently no local services commissioned by NHS England.

3.1 Pharmaceutical Service Providers

3.1.1 Pharmacy Contractors

There are currently 40 pharmaceutical contractors in B&NES – 39 of these pharmaceutical contractors are community pharmacies, and one is a distance selling pharmacy (see Appendix). The 40 pharmacy contractors can be categorised as large multiples, small multiples and independents (Table 2). The distance selling pharmacy is located in the Keynsham and Chew Valley PNA area and has been included in Table 2.

Table 2: Categorisation of Pharmacy Contractors in B&NES

Multiple or Independent	Pharmacy Name (where a multiple)	Number	Percentage
Large Multiples	Boots (7) Lloyds (8) Superdrug (1) Well (1)	17	43%
Small Multiples	Jhoots (2) Dudley Taylor (3) Day Lewis (1) Shaunak Pharmacy (1) Preddy Newco Ltd. (1)	8	20%
Independents	Lifestyle Pharmacy (1) Bathwick Pharmacy (1) Chew Pharmacy (1) Chandag Road (1) Keynsham Pharmacy (1) Larkhall Pharmacy (1) Timsbury Pharmacy (1) Hawes Whiston and Co. (1) Midsomer Pharmacy (1) Wellsway Pharmacy (1) Widcombe Pharmacy (1) Bathampton Pharmacy (1) Hounsell and Greene (1) Pulteney Pharmacy (1) Bath Pharmacy (1) [Distance Selling]	15	37%

3.1.2 Dispensing GP Practices

There are five dispensing GP practices in B&NES, which operate across six different sites, although one of these – Chilcompton (a Branch Surgery) – is outside the B&NES border, in Somerset County Council area. All five dispensing GP practices serve rural populations across the south and south west of B&NES. Two of the five dispensing GP practices are located in the Keynsham and Chew Valley PNA area, and two are located in the Somer Valley PNA area.

The dispensing GP practices are as follows:

- **Keynsham and Chew Valley PNA area**
  - Chew Medical Practice
  - Harptree Surgery (provides a dispensing service at both the Harptree site, and its branch surgery in Cameley)
- **Somer Valley PNA area**
  - Elm Hayes Surgery
  - Timsbury Surgery (St Mary's Surgery)
- **Outside of B&NES**
  - St Chads Surgery (only the branch surgery, Chilcompton, has a dispensing service, which is located in Somerset County Council)

3.1.3 Dispensing Appliance Contractor

There is no pharmacy contractor in B&NES registered as a Dispensing Appliance Contractor (DAC).

3.1.4 Other Pharmacy Provision

Dispensing of medicines also takes place in hospitals and the Urgent Care Centre (UCC) within B&NES. These include:

- The RUH and UCC, Bath (Royal United Hospitals Bath NHS Foundation Trust);
- CircleBath, Peasedown St John, Bath; and
- BMI Bath Clinic, Combe Down, Bath.

The dispensing services within these hospitals are not directly commissioned by NHS BaNES CCG or NHS England and are excluded from the PNA assessment because they do not fall within *The Regulations*. Each hospital will have its own dispensing arrangements in place.

3.2 Location of Pharmacies

3.2.1 Geographical Location

Figure 7 (Bath, including Bathavon), Figure 8 (Keynsham and Chew Valley) and Figure 9 (Somer Valley) shows the geographical location of the pharmacy contractors in the three local PNA areas within B&NES. These maps also show the location of pharmaceutical contractors up to one mile (or 1.6 kilometres) beyond the border of B&NES.

The majority of pharmacy contractors in B&NES are located in the Bath (including Bathavon) PNA area, with 24 of the 40 pharmaceutical contractors (60 per cent). All 24 are community

pharmacies. There are no pharmaceutical contractors located within one mile of the border of the Bath PNA area. [Figure 7]

Eight of the 40 pharmaceutical contractors in B&NES are located in the Keynsham and Chew Valley PNA area (20%). Seven are community pharmacies and one is a distance selling pharmacy. There are also twelve pharmacy contractors located within one mile of the B&NES border (referred to as '*bordering pharmacies*' in this PNA) – two in the South Gloucestershire Council area to the north of Keynsham, and ten in the Bristol City Council area to the west of Keynsham. [Figure 8]

The remaining eight of the 40 pharmaceutical contractors in B&NES are located in the Somer Valley PNA area (20%). All eight are community pharmacies. There are no pharmaceutical contractors located within one mile of the border of the Bath PNA area. [Figure 9]

3.2.2 Co-location

Of the 39 community pharmacies located in B&NES, nine are believed to be co-located alongside GP practice premises (see Appendix). Six of the nine co-located community pharmacies in B&NES are located with GP surgeries in the Bath (incl. Bathavon) PNA area. There are a further two co-located community pharmacies located with GP surgeries in the Somer Valley PNA area, with the final one being located in the Keynsham and Chew Valley PNA area.

There are potential benefits to co-locating pharmacies with GP practices, for example, ease of access to pharmaceutical services for patients visiting primary care practitioners and greater opportunity for community pharmacists to integrate with other primary care staff. However, there are also potential benefits of having a pharmacy in a separate location, for example, if it makes it more accessible by a greater range of transport options and being closer to other amenities. Furthermore, co-located pharmacies do not tend to open for longer hours, for example, none of the nine co-located community pharmacies in B&NES are open on a Sunday.

3.2.3 Deprivation

One of the three key themes identified in the B&NES Joint Health & Wellbeing Strategy (JHWS) is to tackle health inequalities by creating fairer life chances.[63] One strategy to help achieve this is by ensuring that people living in B&NES's most deprives areas have easy access to community pharmacies.

Figure 10 shows the geographical location of those pharmacy contractors across B&NES in relation to its most deprived areas.

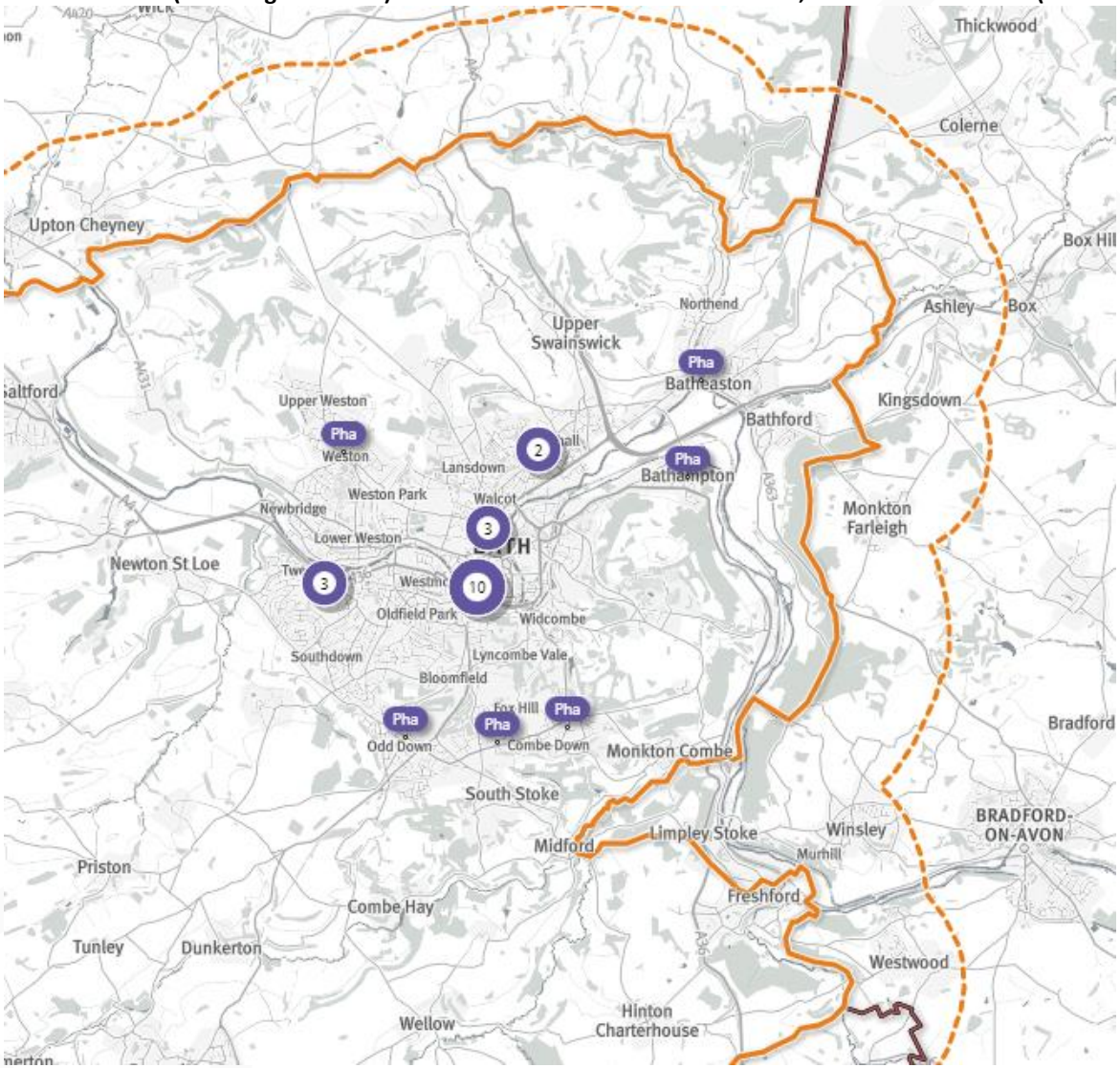
[63] see 2.2.1.

Indices of Deprivation (ID): the most deprived areas are those where residents are more likely to be living in poverty, and as a consequence, are more likely to experience a lack of basic necessities and poorer outcomes. For example, poorer health (including disability) outcomes and living environments; lower unemployment, ill health or family circumstances); educational attainment and qualifications; and household incomes, higher crime, and barriers to housing and other services. These distinct dimensions of deprivation are measured separately and have been combined into a single overall measure called the Indices of Deprivation (2015). It is this measure that is displayed geographically in Figure 10 and which allows comparison of deprivation between areas in B&NES.

The most deprived areas in B&NES appear to be reasonably well served by community pharmacies (Figure 10). Furthermore, Table 3 demonstrates that local pharmaceutical provision in B&NES's two most deprived quintile areas have much higher rates of community pharmacies compared to the other three quintile areas. Therefore, there appears to be no significant gaps in the current provision of easily accessible local community pharmaceutical provision that serve the communities in B&NES's most deprived areas in all three PNA areas.

The analysis in this section would appear to indicate that there are no significant gaps in the current local community pharmaceutical provision that serve all three PNA areas in B&NES.

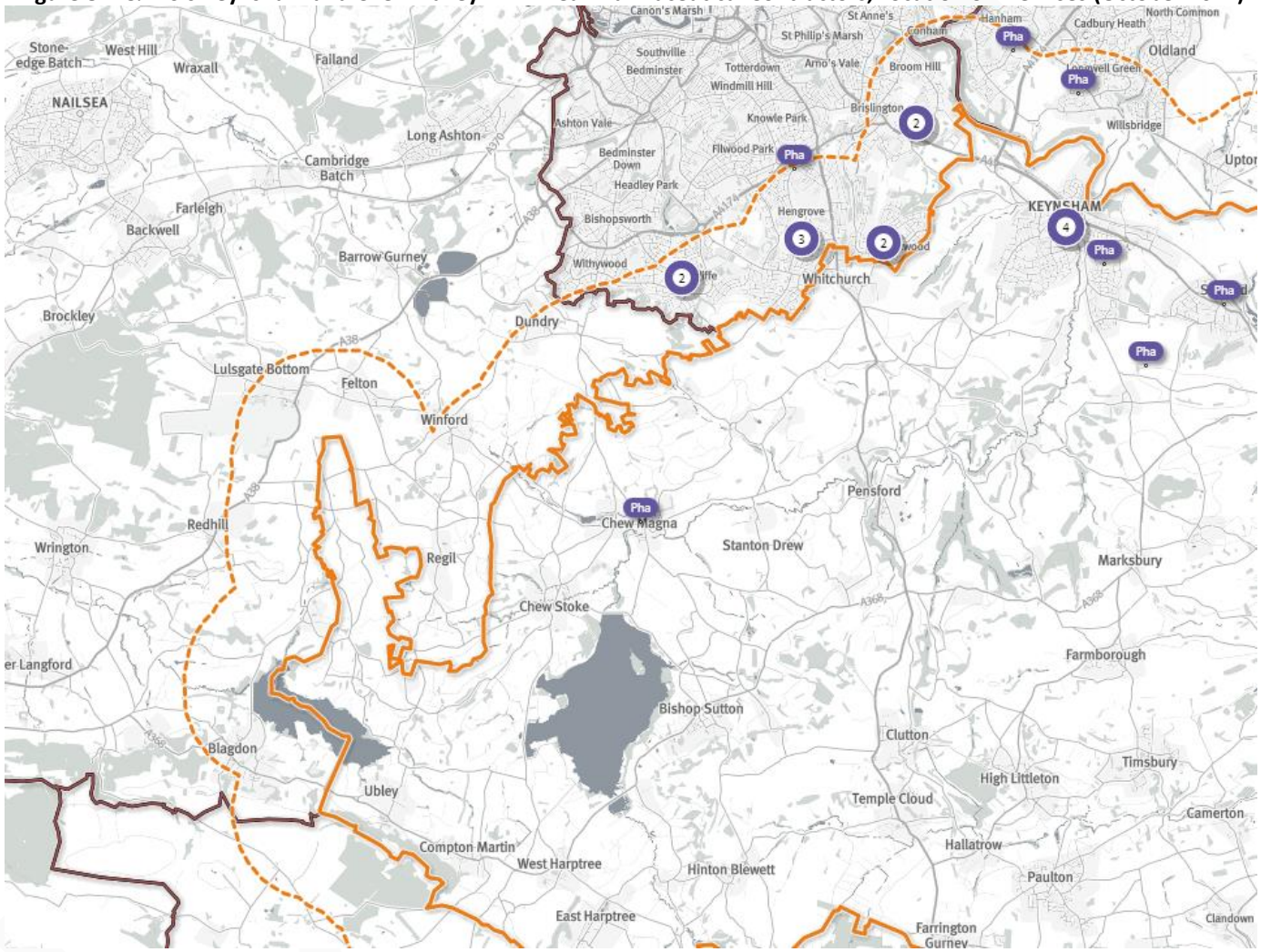
Figure 7: B&NES's Bath (including Bathavon) PNA Area Pharmaceutical Contractors, Location of Premises (October 2017)



Source: NHS Strategic Health Asset Planning and Evaluation (SHAPE) Tool: https://shape.phe.org.uk/

Notes: (1) the bold orange line represents the B&NES border. (2) the dotted orange line represents the 1-mile (1.6 km) buffer border. (3) the numbers shown on the map represent the number of pharmacy contractors in that location (i.e. there are too many to show separately in a small geographical area)

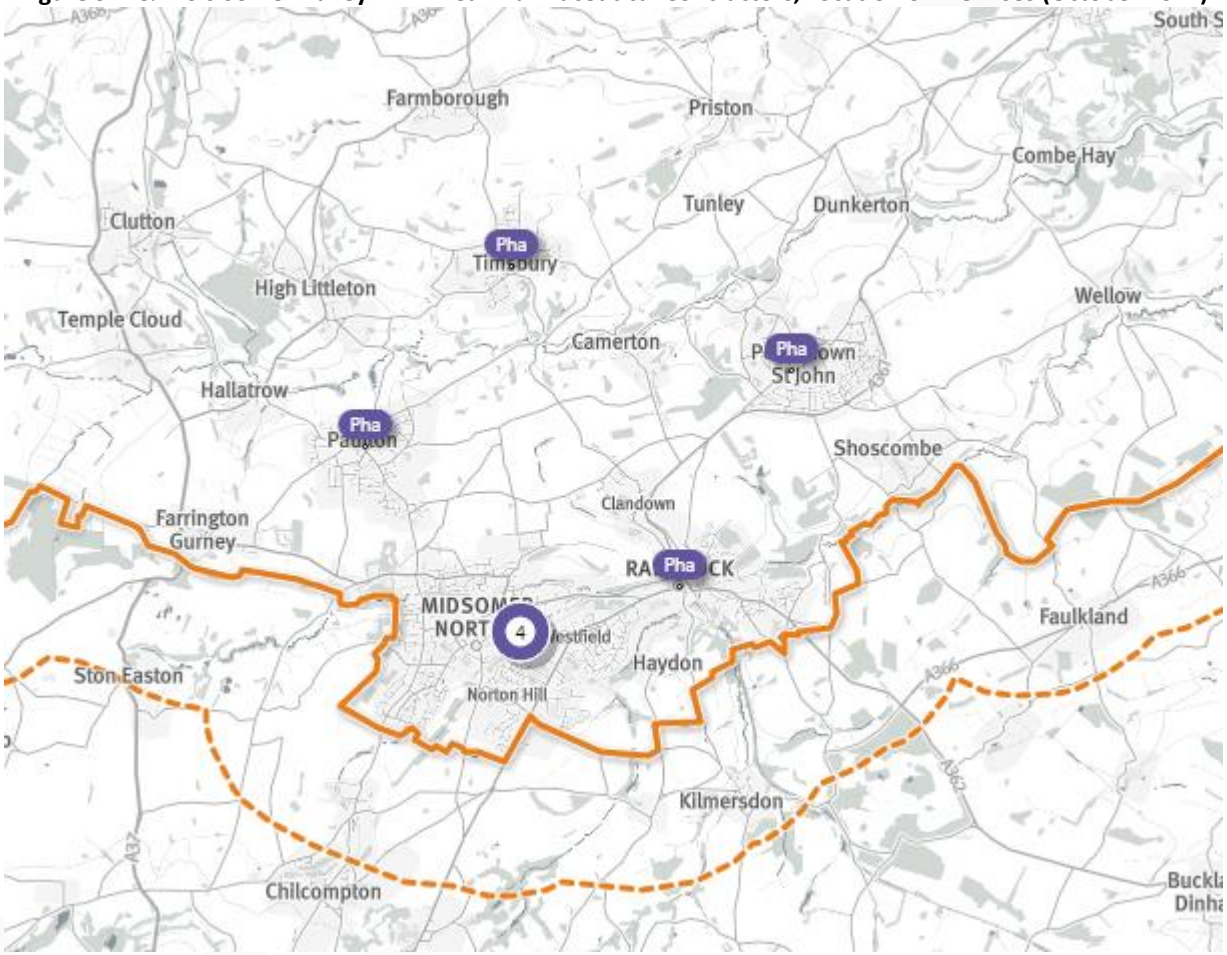
Figure 8: B&NES's Keynsham and Chew Valley PNA Area Pharmaceutical Contractors, Location of Premises (October 2017)



Source: NHS Strategic Health Asset Planning and Evaluation (SHAPE) Tool: https://shape.phe.org.uk/

Notes: (1) the bold orange line represents the B&NES border. (2) the dotted orange line represents the 1-mile (1.6 km) buffer border. (3) the numbers shown on the map represent the number of pharmacy contractors in that location (i.e. there are too many to show separately in a small geographical area)

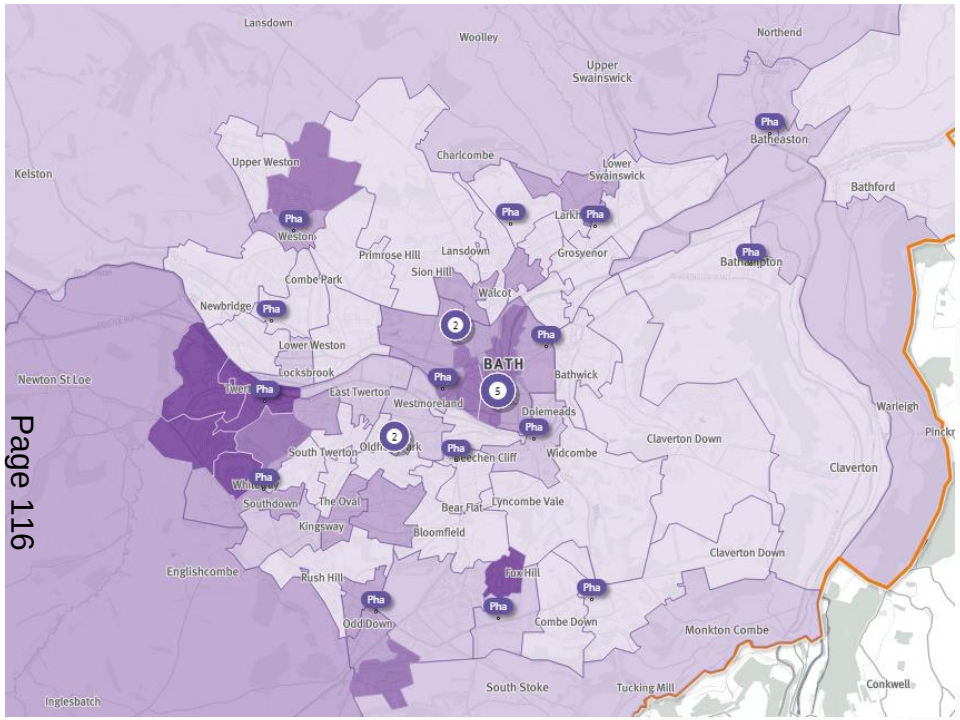
Figure 9: B&NES's Somer Valley PNA Area Pharmaceutical Contractors, Location of Premises (October 2017)

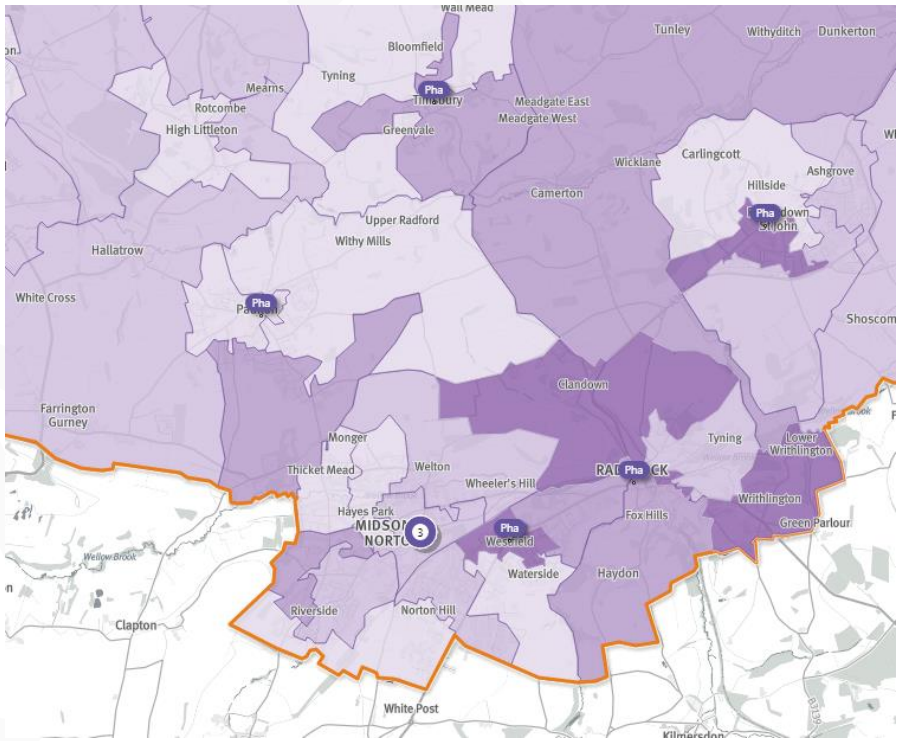


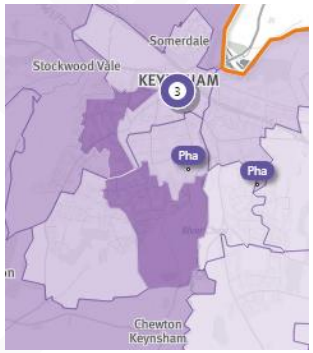
Source: NHS Strategic Health Asset Planning and Evaluation (SHAPE) Tool: https://shape.phe.org.uk/

Notes: (1) the bold orange line represents the B&NES border. (2) the dotted orange line represents the 1-mile (1.6 km) buffer border. (3) the numbers shown on the map represent the number of pharmacy contractors in that location (i.e. there are too many to show separately in a small geographical area)

Figure 10: Pharmaceutical Contractors in B&NES's PNA Areas, by Deprivation (October 2017)







The colours represent the quintiles:

- 33.89 to 92.6
- 21.44 to 33.88
- 13.93 to 21.43
- 8.38 to 13.92
- 0.48 to 8.37

Data

Population mid-2012: 177,643

English Indices of Deprivation 2015

3.3 Pharmacy Provision

3.3.1 Benchmarked Pharmacy Provision

Table 3: Community Pharmacies per 100,000 resident population

Local Authority Areas	Number of Community Pharmacies	Population (000's) Mid-2015[(1)]	Community Pharmacies (per 100,000 population)
England [1]	11,688	54,786	21
Bath and North East Somerset	**39**	**185**	**21**
Bath (including Bathavon) PNA area	**24**	**107**	**22**
Keynsham and Chew Valley PNA area	**7**	**36**	**19**
Somer Valley PNA area	**8**	**42**	**19**
B&NES: quintile 1 (least deprived) [2]	**4**	**37**	**11**
B&NES: quintile 2	**5**	**38**	**13**
B&NES: quintile 3	**7**	**38**	**18**
B&NES: quintile 4	**13**	**37**	**35**
B&NES: quintile 5 (most deprived)	**10**	**35**	**29**
Bristol	93	449	21
North Somerset	43	210	20
Somerset	102	545	19
South Gloucestershire	51	275	19
Swindon	41	217	19
Wiltshire [3]	74	486	15

Source: (1) NHS Digital (2016), General Pharmaceutical Services in England: 2006/07 to 2015/16, available from the following link: http://digital.nhs.uk/catalogue/PUB22317 [Table 1]. Other LAs from published LAs Consultation Draft PNAs.
Notes: (1) as at end 2015/16. Remainder as at October 2017. (2) uses 2015 Indices of Deprivation. (3) Wiltshire has 28 Dispensing General Practices.

At the time of the previous PNA (2013) B&NES had 38 community pharmacies, or 22 per 100,000 population. Even though there has been one additional community pharmacy in B&NES, this figure has fallen slightly to 21 per 100,000 population in 2017 (Table 3). This is also the same as the England average (21 per 100,000 population). Neighbouring areas are broadly similar in provision, for example, 21 community pharmacies per 100,000 population in Bristol. Even though there are only 15 community pharmacies per 100,000 population in Wiltshire, by far the lowest of B&NES's neighbouring areas (and STP partner, Swindon), Wiltshire also has an additional 28 Dispensing General Practices.

Table 3 also shows the provision of community pharmacies per 100,000 population in the three local PNA areas within B&NES – ranging from 22 community pharmacies per 100,000 in Bath (including Bathavon) PNA area to 19 community pharmacies per 100,000 population in the Keynsham and Chew Valley PNA area and Somer Valley PNA area.

3.5 Analysis of PNA Questionnaire

3.5.1 Introduction

The following information has been gained from a questionnaire completed and submitted by all 40 pharmacy contractors in B&NES, known as the 2017 PNA Questionnaire. The questionnaire

used was developed by the Pharmacy Services Negotiation Committee (PSNC) to support the PNA process.[64]

3.5.2 Methodology

In this 2018 PNA all 40 pharmacy contractors located in B&NES have been grouped into the following three geographical areas:

- Bath (including Bathavon);
- Keynsham & Chew Valley; and
- Somer Valley.

The rationale for this geographical split is discussed in 1.3.2. The geographical area that each pharmacy contractor has been allocated to is detailed in the Appendix.

Table 11: Number of pharmacy contractors serving each area

	B&NES	Bath (incl. Bathavon)	Keynsham and Chew Valley	Somer Valley
Number of pharmacy contractors serving B&NES and each area	**40**	24	8	8

Note: B&NES and Keynsham & Chew Valley PNA area includes the Distance Selling Pharmacy Contractor

During May 2017 all of the 40 pharmacy contractors in B&NES completed the 2017 PNA Questionnaire. This represents a 100 per cent response rate for completion.

The following represents the analysis of the responses by the 40 pharmacy contractors to the 2017 PNA Questionnaire, i.e. detailing accessibility, facilities provided, services provided and services pharmacy contractors are willing to provide.

3.5.3 Accessibility of Pharmaceutical Services

There are several aspects to assessing the accessibility of pharmaceutical services that will be considered in this sub-section. Firstly, there is opening times, and whether people are able to access pharmacies at times to suit them. Secondly, there is distance to a pharmacy, and how many people are not within a reasonable distance[65] of a pharmacy. Thirdly, there is the issue of how accessible pharmaceutical services are to people with disabilities. Finally, there are potential accessibility issues to people whose first language is other than English.

A. Opening hours

The Appendix shows the detailed opening times of all 40 pharmacy contractors in B&NES. The following section is based on the total opening hours (Core and Supplementary), as documented by each pharmacy contractor (supplemented, where necessary, by cross-checking with other sources).

[64] Available from: http://psnc.org.uk/contract-it/market-entry-regulations/pharmaceutical-needs-assessment/
[65] The University of the West of England (UWE) WHO Collaborating Centre for Healthy Urban Environment's adopts half- and one-mile buffers as standard.

Table 4: B&NES Pharmacy Contractors – Opening Hours

	B&NES	Bath (incl. Bathavon)	Keynsham and Chew Valley	Somer Valley
7-days a week	7	4	2	1
All-day Saturday (i.e. excl. only Sunday)	6	3	1	2
Half-day Saturday (i.e. excl. only Sunday)	20	11	4	5
Monday to Friday (i.e. closed Sat & Sun)	7	6	1	0

Source: B&NES 2017 PNA Questionnaire

Notes: (i) see Appendix (B&NES and Keynsham & Chew Valley PNA area includes the Distance Selling Pharmacy Contractor); and (ii) including Core and Supplementary Hours

There is one 100-hour pharmacy in B&NES, which is open for 100 hours each week, serving the Somer Valley (Table 4). In addition, six community pharmacies are open seven days a week – four serving the Bath (including Bathavon) PNA area, and two serving the Keynsham and Chew Valley PNA area (Table 4).

A further 26 pharmacies are open six days a week (Monday to Saturday) – six open for the whole day on a Saturday (three serving the Bath PNA area, one serving the Keynsham and Chew Valley PNA area and two serving the Somer Valley PNA area); and 20 open for half the day on a Saturday (11 serving the Bath PNA area, four serving the Keynsham and Chew Valley PNA area and five serving the Somer Valley PNA area) (Table 4).

Seven pharmacy contractors operate Monday to Friday only – six serving the Bath PNA area and one serving the Keynsham and Chew Valley PNA area (Table 4).

- **Monday to Friday opening**

  All of the pharmacies are open between the hours of 09:00 until 17:30 from Monday to Friday. Twenty three pharmacies (57.5 per cent) are open before 09:00. The majority (75 per cent) are open beyond 17:30, with most closing at 18:00 and seven pharmacies open beyond 18:00. Fifteen pharmacies (37.5 per cent) are closed during the lunch hour; five are closed for half an hour or less at some point between 13:00 and 14:00, nine for the full hour between 13:00 and 14:00, and one pharmacy is closed for an hour and a quarter.

  During the week, pharmacies that serve the Bath (including Bathavon) PNA area are open until 21:00. There is one community pharmacy that is open beyond 18:30 that serves the Keynsham & Chew Valley PNA area (this pharmacy closes at 21:00). The Somer Valley PNA area is served by the 100-hour pharmacy, which is open until 23:00.

- **Saturday opening**

  Thirty-three community pharmacies (82.5 per cent) are open on a Saturday, with thirteen (32.5 per cent) open all day Saturday (including the 100-hour pharmacy) and 20 (50 per cent) open for half the day. There is at least one community pharmacy serving each PNA area that is open all day Saturday.

  The majority of pharmacies that are open on a Saturday open at 09:00 (although ten open earlier), and close at 13:00 if open for half the day. If the pharmacy is open for a full day Saturday, closing times vary between 17:30 and 21:00. Of the five pharmacies that are open beyond 17:30 on a Saturday: one is open until 18:00 (Bath PNA area); two until

19:00 (one in the Bath PNA area and the 100-hour pharmacy in Somer Valley PNA area); one until 20:00 (Bath PNA area); and one until 21:00 (Keynsham and Chew Valley PNA area).

There is a pharmacy open until 19:00 on a Saturday in the Somer Valley PNA area. In the Bath (incl. Bathavon) PNA area there is a pharmacy in Bath City Centre open until 20:00. There is one pharmacy in Keynsham & Chew Valley PNA area which is open until 21.00 on a Saturday.

- **Sunday opening**

Seven community pharmacies (17.5 per cent) are open on a Sunday (including the 100-hour pharmacy). The 100-hour pharmacy serves the Somer Valley PNA area, whilst the other six community pharmacies serve the Bath (including Bathavon) PNA area (four community pharmacies) and Keynsham & Chew Valley PNA area (two community pharmacies). The earliest Sunday opening time in the Bath PNA area is 10:30, while in the Keynsham & Chew Valley PNA area it is 10:00. The earliest Sunday opening time in the Somer Valley PNA area is 09:00 (the 100-hour pharmacy). The latest Sunday closing time for both Bath (incl. Bathavon) and Keynsham & Chew Valley PNA areas is 17:00 on a Sunday, and 19:00 in the Somer Valley PNA area.

B. Distance to pharmacies

Figure 11 shows areas in B&NES where residents are within at least a 15 minute walking time of a pharmacy contractor. The majority of people living in B&NES are within a 15 minute walking time of their nearest pharmacy – c.140,000 people (75 per cent of the population). However, there are around 45,000 people in B&NES (25 per cent) who do not live within at least a 15 minute walking time of a pharmacy contractor.

Figure 12 shows areas where residents need to travel more than a five minute car journey (outside of rush hour) to reach their nearest pharmacy contractor. The majority of people living in B&NES are within a 5 minute car drive of their nearest pharmacy – c.163,000 people (88 per cent of the population). However, there are around 22,000 people in B&NES (12 per cent) who do not live within at least a 5 minute car drive of a pharmacy contractor.

Those living in the following villages in B&NES (as well as other villages) do not live within a 15 minute walk, or a 5 minute car drive, of a pharmacy contractor:

- Combe Hay
- Compton Martin
- Bishop Sutton
- Pensford
- Priston
- Clutton
- Stanton Drew
- Norton Malreward
- Norton Hawkfield
- Hinton Blewett
- Hinton Charterhouse
- Ubley

- Wellow
- West Harptree*
- East Harptree

* Harptree Surgery, a Dispensing General Practice, is located in West Harptree

As public transport in these rural locations is limited, the majority of people are likely to travel by car to access pharmacies and dispensing practices. Therefore, those people that do not drive or have a car are limited in terms of being able to easily access a pharmacy or dispensing practice. This is a particular concern for older and younger people, and people with disabilities, who are less likely to have their own means of independent transport. However, almost all the pharmacy contractors in B&NES offer a discretionary delivery service for dispensed medicines (see below), either to resident's homes, or a secure local community location (e.g. village hall, shop). The issue of collection of prescriptions (see below) is being overcome through the Electronic Prescription Service (EPS).[66]

- **Bordering pharmacies**

  B&NES shares borders with five other unitary local authorities – Wiltshire, Somerset, South Gloucestershire, North Somerset and Bristol City. There are twelve bordering pharmacies that are within one mile of the B&NES border, all potentially could serve residents in the Keynsham and Chew Valley PNA area (see 3.2.1).

- **Collection of prescriptions and delivery of dispensed medicines**

  All 40 pharmacy contractors in B&NES are EPS enabled, as well as 23 out of 26 GP Practices in B&NES.

  Thirty-eight of the 40 pharmacy contractors in B&NES reported that they provide a discretionary free home delivery service. These are spread across all three geographical PNA areas. However, several pharmacy contractors have geographical restrictions and eligibility criteria in order to qualify for home delivery, for example, being housebound.

Key Finding: there are no significant gaps in the current provision of easily accessible local community pharmaceutical services that serve all three PNA areas in B&NES.

C. Access for people with disabilities

Table 5: B&NES Pharmacy Contractors – Accessibility of Consultation Rooms

Accessibility of Consultation Room(s)	B&NES		Bath (incl. Bathavon)		Keynsham & Chew Valley		Somer Valley	
	No.	%	No	%	No.	%	No.	%
With wheelchair access	32	80	18	75	7	88	7	88
Without wheelchair access	8	20	6	25	1	12	1	12

Source: B&NES 2017 PNA Questionnaire
Note: B&NES and Keynsham & Chew Valley PNA area includes the Distance Selling Pharmacy Contractor

[66] see 3.5.5[A]

All 40 pharmacies state that they have a consultation room available to deliver services. However, one of these pharmacies does not have space in the shop, but accesses a room at the GP surgery. Thirty-two (80 per cent) stated that they are accessible by wheelchair (Table 5). Seven of the eight pharmacies that serve both Somer Valley and Keynsham & Chew Valley PNA areas, have consultation rooms that are accessible by wheelchair. The largest proportion of pharmacy contractors that do not have wheelchair accessible consultation rooms serve the Bath (including Bathavon) PNA area (25 per cent). This is due, at least in part, to the physical and planning related constraints of Bath's historic buildings. Despite this though, there are 18 pharmacy contractors in the Bath (including Bathavon) PNA area which have a consultation room with wheelchair access.

D. Access for people that speak a language other than English

Twenty-two non-English languages, including eleven European languages, are spoken by pharmacy staff across the 40 pharmacy contractors in B&NES. In addition, staff in all 40 pharmacy contractors have access to Language Line Solutions, a telephone translation service.

3.5.4 Facilities Provided

This section describes the consultation facilities that pharmacies in B&NES have. The facilities do to some extent determine what services the pharmacy is able to provide, for example, pharmacies need to have a consultation room to be able to provide the majority of Enhanced and Locally Commissioned Services.

A. On-site Consultation Room

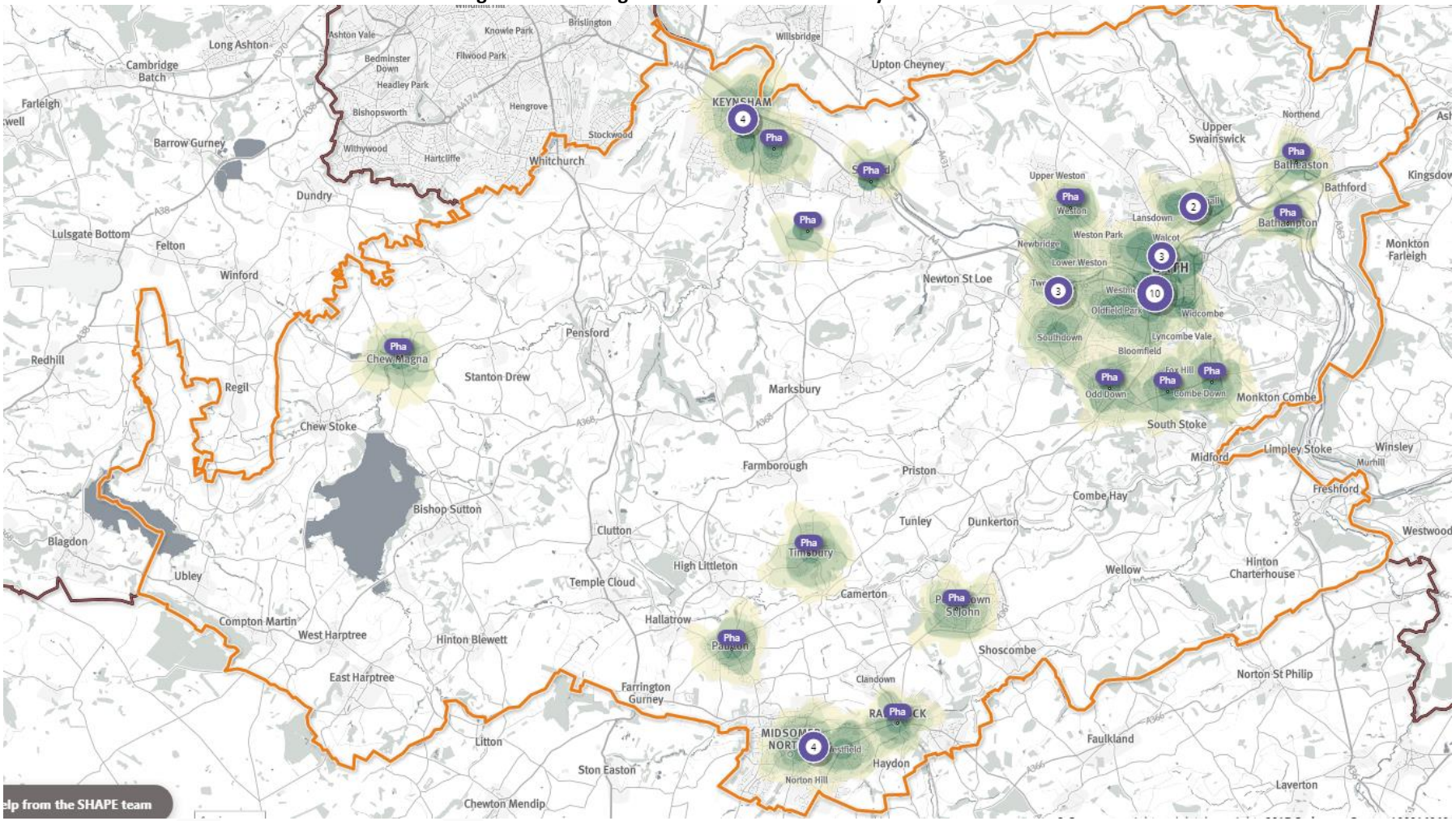
Thirty-nine of the 40 pharmacy contractors (98 per cent) have at last one consultation room available to use on-site. The one community pharmacy without an on-site consultation room is co-located with a GP surgery and has access to a consultation room there. All 39 pharmacy contractors with at least one consultation room have at least one 'closed' consultation room, which enables private consultations to take place. Twenty nine of the 39 pharmacy contractors with at least one consulting room, 74 per cent, have a wheelchair accessible consultation room.

B. Off-site Consultation Facilities

Seventeen of the 40 pharmacy contractors, 43 per cent, are willing to undertake consultations in patients' homes, or other suitable sites.

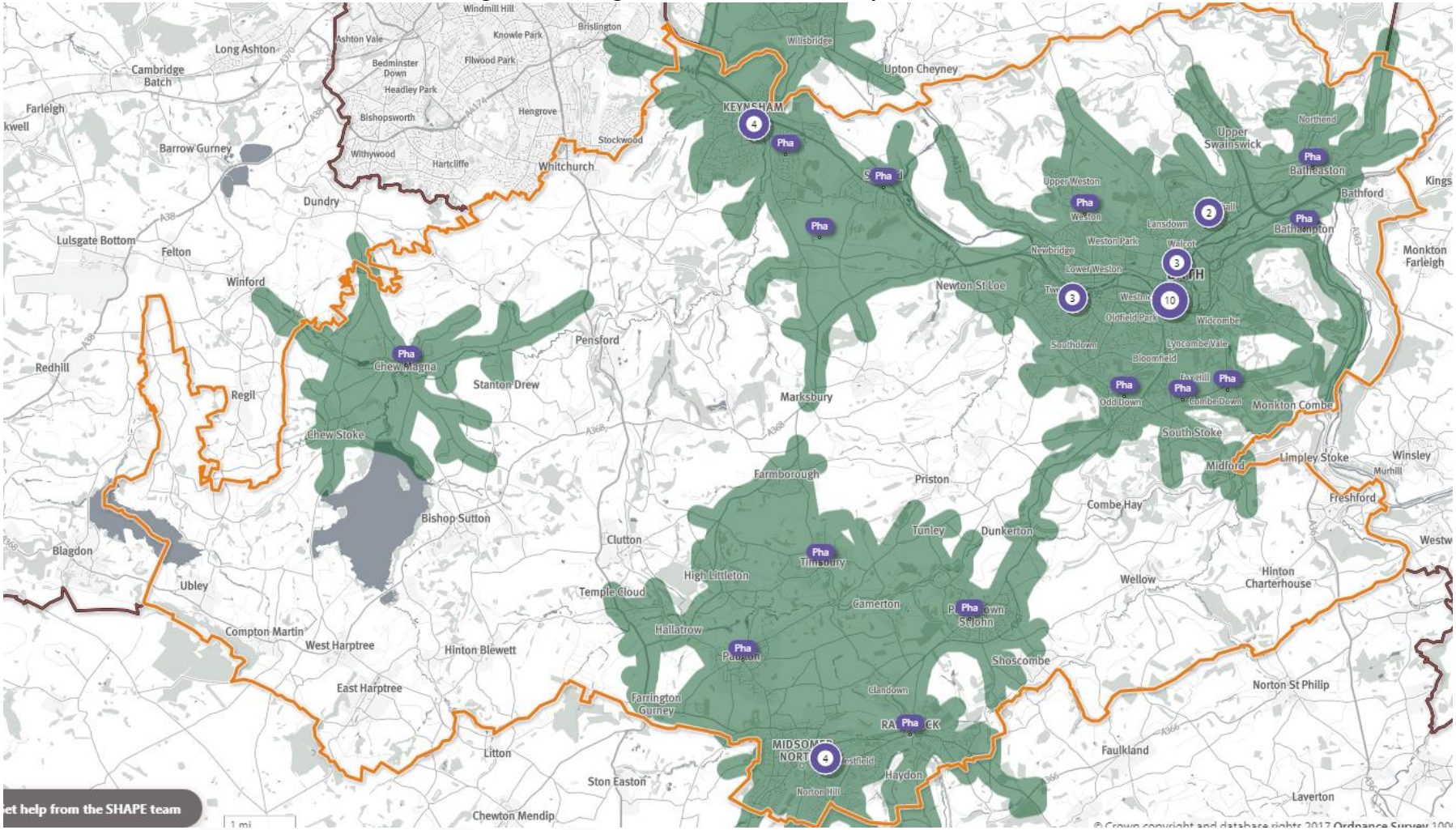
Key Finding: within the existing pharmaceutical provision there are a number of pharmacies that do not have wheelchair accessible 'closed' consultation rooms. We have identified this as a gap in the existing local pharmaceutical provision.

Figure 11: Walking Times of B&NES's Pharmacy Contractors



Source: NHS Strategic Health Asset Planning and Evaluation (SHAPE) Tool: https://shape.phe.org.uk/

Figure 12: Driving Times of B&NES's Pharmacy Contractors



Source: NHS Strategic Health Asset Planning and Evaluation (SHAPE) Tool: https://shape.phe.org.uk/

3.5.5 NHS Pharmaceutical Services Provided by B&NES's Pharmacy Contractors

Pharmacy contractors provide two tiers of NHS Pharmaceutical Services (introduced in 1.1.7). They are as follows:

A. Essential Services

Essential services are those services that every community pharmacy providing NHS pharmaceutical services must provide. Essential services are:

- **Dispensing** – the safe supply of medicines or appliances. Advice is given to the patient about the medicines being dispensed and how to use them. Records are kept of all medicines dispensed and significant advice provided, referrals and interventions made.
- **Repeat dispensing** – the management of repeat medication for up to one year, in partnership with the patient and prescriber. The patient will return to the pharmacy for repeat supplies, without first having to visit the GP surgery. Before each supply the pharmacy will ascertain the patient's need for a repeat supply of a particular medicine.
- **Disposal of unwanted medicines** – pharmacies accept unwanted medicines from individuals. The medicines are then safely disposed of.
- **Promotion of Healthy Lifestyles (Public Health)** – opportunistic one to one advice is given on healthy lifestyle topics, such as stopping smoking, to certain patient groups who present prescriptions for dispensing. Pharmacies will also get involved in six local campaigns a year, organised by NHS England. Campaign examples may include promotion of flu vaccination uptake or advice on increasing physical activity.
- **Signposting patients to other healthcare providers** – pharmacists and staff will refer patients to other healthcare professionals or care providers when appropriate. The service also includes referral on to other sources of help such as local or national patient support groups.
- **Support for self-care** – the provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families. The main focus is on self-limiting illness, but support for people with long-term conditions is also a feature of the service.
- **Clinical governance** – pharmacies must have a system of clinical governance to support the provision of excellent care, requirements include:
  - provision of a practice leaflet for patients
  - use of standard operating procedures
  - patient safety incident reporting to the National Reporting and Learning Service
  - conducting clinical audits and patient satisfaction surveys
  - having complaints and whistle-blowing policies
  - acting upon drug alerts and product recalls to minimise patient harm
  - having cleanliness and infection control measures in place
- **Electronic Prescription Service (EPS)** - enables prescribers to electronically send a prescription to a patient's chosen pharmacy for dispensing. The system makes the

prescribing and dispensing process more efficient and convenient for patients and staff. In addition, EPS can help to reduce wastage of medicines by allowing pharmacy more opportunities to help patients use their medicines more effectively as well as reduces risks of disruption to the supply of medicines to patients.

As these are services which must be provided by all pharmacists, analysis of their availability is, *de facto*, an analysis of the distribution (3.3) and accessibility (3.5.3) of the services which are necessary to meet the need for pharmaceutical services.

B. Advanced Services

Advanced services are services pharmacy contractors and Dispensing Appliance Contractors can provide, subject to accreditation. They include the following:

- **Medicine Use Review (MUR) service** (Table 6) – a medicine check-up service, which is useful for people who regularly take several prescription medicines, or are on medicines for a long-term illness. Thirty eight of the 40 pharmacy contractors in B&NES (95 per cent) provide a MUR service. This includes all of the pharmacy contractors that serve the Keynsham & Chew Valley and Somer Valley PNA areas. There is also good coverage in the community pharmacies that serve the Bath (including Bathavon) PNA area with 92 per cent providing a MUR service. The two community pharmacies in the Bath (including Bathavon) PNA area that do not currently provide MUR state that they will be providing a MUR service "*soon*".

Table 6: B&NES Pharmacy Contractors – Medicine Use Review (MUR) Service

Medicine Use Review (MUR) service	B&NES		Bath (incl. Bathavon)		Keynsham & Chew valley		Somer Valley	
	No.	%	No.	%	No.	%	No.	%
MUR	38	95	22	92	8	100	8	100
No MUR	2	5	2	8	0	0	0	0

Source: B&NES 2017 PNA Questionnaire
Note: B&NES and Keynsham & Chew Valley PNA area includes the Distance Selling Pharmacy Contractor

The number of MURs in BaNES CCG per 1,000 dispensed items during the financial year 2016/17 is 2.31, lower than the comparable national rate of 3.32.[67] The relative performance of MURs in BaNES CCG has been lower than national since at least 2014.[68]

- **New Medicine Service (NMS)** (Table 7) – is a service offered to people when they are prescribed a medicine to treat a long-term condition for the first time. The pharmacist will support them to use the medicine safely and to best effect. Thirty-six of the 40 pharmacy contractors in B&NES (90 per cent) provide a NMS. This includes all of the pharmacy contractors that serve the Keynsham & Chew Valley PNA area. Of those community pharmacies that serve the Bath (including Bathavon) PNA area three (12 per cent) do not provide a NMR service. However, two of these community pharmacies state that they will be providing a NMR service to customers *"soon"*. There is one community

[67] NHS Business Services Authority (2017), *Medicines Optimisation Dashboard*. Available from: https://apps.nhsbsa.nhs.uk/MOD/AtlasCCGMedsOp/atlas.html
[68] *Ibid.*

pharmacy in the Somer Valley PNA area that does not provide NMS. However, this community pharmacy too states that they will provide a NMR service *"soon".*

Table 7: B&NES Pharmacy Contractors – New Medicine Service (NMS)

New Medicine Service (NMS)	B&NES		Bath (incl. Bathavon)		Keynsham & Chew Valley		Somer Valley	
	No.	%	No	%	No.	%	No.	%
NMS	36	90	21	88	8	100	7	88
No NMS	4	10	3	12	0	0	1	12

Source: B&NES 2017 PNA Questionnaire
Note: B&NES and Keynsham & Chew Valley PNA area includes the Distance Selling Pharmacy Contractor

The number of NMS in BaNES CCG per 1,000 dispensed items during the financial year 2016/17 is 0.56, lower than the comparable national rate of 0.86.[69] The relative performance of NMS in BaNES CCG has been lower than national since at least 2014/15.[70]

- **Appliance Use Reviews (AURs) service** (Table 8) – an appliance (medical device) check-up service, which is useful for people who use a medical device, such as stoma bags. Nine community pharmacies (22 per cent) provide an AUR service, with between two and four community pharmacies providing this service to each PNA area. One community pharmacy in the Keynsham & Chew Valley PNA area states they would be "*willing to provide*" this service. There are far fewer community pharmacies offering this service compared to the 2015 PNA (22 community pharmacies were providing this service at the time of the 2014 PNA Questionnaire in B&NES). However, it is understood that appliances are increasingly being sent off to centralised centres for dispensing.

Table 8: B&NES Pharmacy Contractors – Appliance Use Reviews (AURs)

Appliance Use Reviews (AURs)	B&NES		Bath (incl. Bathavon)		Keynsham & Chew Valley		Somer Valley	
	No.	%	No	%	No.	%	No.	%
AUR	9	22	2	8	3	37	4	50
No AUR	31	78	22	92	5	63	4	50

Source: B&NES 2017 PNA Questionnaire
Note: B&NES and Keynsham & Chew Valley PNA area includes the Distance Selling Pharmacy Contractor

- **Stoma Appliance Customisation (SAC) service** (Table 9) – involving the customisation of a quantity of more than one stoma appliance. The aim of the SAC service is to ensure proper use and comfortable fitting of the stoma appliance and to prolong the duration of its use. Two community pharmacies (5 per cent) provide a SAC service, and these are both situated in the Keynsham & Chew Valley PNA area. A further community pharmacy in the Keynsham and Chew Valley PNA area states they are "*willing to provide"* the service. One community pharmacy in the Somer Valley PNA area states that they will be providing the service "*soon".* As with the AUR service, the number of community pharmacies providing SAC is much reduced compared to the time of the 2015 PNA Questionnaire – down from eleven in 2014 to two in 2017. Similarly, it is understood that appliances are increasingly being sent off to centralised centres for dispensing.

[69] *Ibid.*
[70] *Ibid.*

Table 9: B&NES Pharmacy Contractors – Stoma Appliance Customisation (SAC) Services

Stoma Appliance Customisation (SAC)	B&NES		Bath (incl. Bathavon)		Keynsham & Chew Valley		Somer Valley	
	No.	%	No.	%	No.	%	No.	%
SAC	2	5	0	0	2	25	0	0
No SAC	38	95	24	100	6	75	8	100

Source: B&NES 2017 PNA Questionnaire
Note: B&NES and Keynsham & Chew Valley PNA area includes the Distance Selling Pharmacy Contractor

- **Influenza Vaccination Service** (Table 10) – thirty-two pharmacy contractors are currently delivering the new Influenza Vaccination Service (80 per cent).

Table 10: B&NES Pharmacy Contractors – Influenza Vaccination Service

Influenza Vaccination Service	B&NES		Bath (incl. Bathavon)		Keynsham & Chew Valley		Somer Valley	
	No.	%	No.	%	No.	%	No.	%
Flu Vaccine	32	80	19	79	7	88	6	75
No Flu Vaccine	8	20	5	19	1	12	2	25

Source: B&NES 2017 PNA Questionnaire
Note: B&NES and Keynsham & Chew Valley PNA area includes the Distance Selling Pharmacy Contractor

The above analysis appears to demonstrate that there are no significant gaps in the current provision of advanced pharmaceutical services that serve all three PNA areas in B&NES.

3.5.6 Locally Commissioned Pharmaceutical Services

Pharmacy contractors in B&NES are commissioned locally to provide the following services:

A. Bath and North East Somerset Clinical Commissioning Group

- **Specialist Drugs (Palliative Care) Service** (Table 11) – involves commissioning (usually a small number of) pharmacies to keep in stock certain specialist medicines (used in palliative care) so that they can be made available on receipt of a valid prescription. These medicines are often required at short notice and may not normally be stocked by pharmacies. There are currently five pharmacies in B&NES commissioned to provide this service. Two of these are in the Bath (including Bathavon) PNA area, one in the Keynsham & Chew Valley PNA area (including the private provider), and two in the Somer Valley PNA area.

Table 11: B&NES Pharmacy Contractors – Specialist Drugs (Palliative Care) Service

Specialist Drugs (Palliative Care) Service	B&NES		Bath (incl. Bathavon)		Keynsham & Chew Valley		Somer Valley	
	No.	%	No	%	No.	%	No.	%
Provides service	5	13	2	8	1	13	2	25
No service	35	87	22	92	7	87	6	75

Source: NHS BaNES CCG
Note: B&NES and Keynsham & Chew Valley PNA area includes the Distance Selling Pharmacy Contractor

- **Emergency Medicines Supply Service** – this is a new service since the last PNA, introduced to support patients accessing emergency supplies of repeat medication as a first port of call from pharmacy contractors. This service supports patients not to inappropriately attend the GP out-of-hours service or hospital Emergency Departments to meet the need for

emergency supplies of medicines that they have run out of. Near all pharmacy contractors, 38 out of the 40 (95 per cent), are commissioned to provide this service across all three PNA areas (Table 12).

Table 12: B&NES Pharmacy Contractors – Emergency Medicines Supply Service

Emergency Medicines Supply Service	B&NES		Bath (incl. Bathavon)		Keynsham & Chew Valley		Somer Valley	
	No.	%	No	%	No.	%	No.	%
Provides service	38	95	24	100	7	88	7	88
No service	2	5	0	0	1	12	1	12

Source: NHS BaNES CCG
Note: B&NES and Keynsham & Chew Valley PNA area includes the Distance Selling Pharmacy Contractor

- **Medicines Optimisation Service** – to reduce excessive prescribing BaNES CCG commissioned pharmacy contractors to actively review their patients' medication and to look for opportunities to optimise their care. Twenty-four pharmacy contractors (60 per cent) are commissioned to provide this service. The greatest level of provision is in the Somer Valley PNA area, with all but one of the pharmacy contractors commissioned to provide the local Medicines Optimisation Service (Table 13).

Table 13: B&NES Pharmacy Contractors – Medicines Optimisation Service

Medicines Optimisation Service	B&NES		Bath (incl. Bathavon)		Keynsham & Chew Valley		Somer Valley	
	No.	%	No	%	No.	%	No.	%
Provides service	24	60	12	50	5	62	7	88
No service	16	40	12	50	3	38	1	12

Source: NHS BaNES CCG
Note: B&NES and Keynsham & Chew Valley PNA area includes the Distance Selling Pharmacy Contractor

B. Bath and North East Somerset Council

- **Sexual Health Services** – from 1st April 2017 community pharmacies in B&NES are contracted by Virgin Care to deliver contraceptive and sexual health services through a two tiered model.

  Tier 1 services are:

  - The supply of condoms free of charge to young people under 24 years old, as part of the B&NES C-Card scheme;
  - The supply of pregnancy tests free of charge to women under 24 years old; and
  - The supply of free chlamydia testing kits to clients under 25 years old.

  Tier 2 services are all of the Tier 1 services defined above, and:

  - The supply of emergency hormonal contraception free of charge to women aged over 13 year old and under 25 years old under a Patient Group Direction (PGD); and
  - The supply of free treatment for chlamydia infection for people under 25 years old under a Patient Group Direction (PGD), and their partner(s) where appropriate.

  Twenty-four community pharmacies offer Tier 2 services (EHC and treatment for chlamydia), with a further nine community pharmacies offering access to EHC. These community pharmacies are spread across all three PNA areas in B&NES.

Community pharmacies deliver services in compliance with the Fraser Guidelines and Department of Health guidance on confidential sexual health advice and treatment for young people aged under-16. In addition, many pharmacies are also SAFE accredited. Currently 28 community pharmacies delivering sexual health services are SAFE accredited. There is an on-going programme to ensure that all pharmacies become SAFE accredited.

- **Chlamydia testing** – 34 of the 40 pharmacy contractors in B&NES (85 per cent) are contracted to provide a chlamydia testing service, but only 15 out of these 34 pharmacy contractors have been actively providing the service – 13 are located in the Bath (including Bathavon) PNA area and two are located in the Keynsham & Chew Valley PNA area. No community pharmacy located in the Somer Valley PNA area currently provides a chlamydia testing service. Although there is limited sexual health service provision in the Somer Valley PNA area, including provision of chlamydia screening, there is ongoing work to target pharmacies in the Somer Valley PNA area to develop sexual health provision by initially supporting pharmacies to become SAFE accredited, and by promoting links between pharmacies and the local Clinic in a Box services. The development of the integrated Sexual Health Service from April 2018 will also seek to ensure a more consistent provision of sexual and reproductive health services across the whole of B&NES.

- **Chlamydia treatment** – 34 of the 40 pharmacy contractors in B&NES (85 per cent) are contracted to provide a chlamydia treatment service, but only 24 out of these 34 pharmacy contractors have been actively providing the service – 16 in the Bath (including Bathavon) PNA area and four in each of the Keynsham & Chew Valley and Somer Valley PNA areas.

- **Emergency Hormonal Contraceptive (EHC)** – 34 of the 40 pharmacy contractors in B&NES (85 per cent) are contracted to provide the EHC service, and 33 are currently providing the EHC service – 19 in the Bath (including Bathavon) PNA area, five in the Keynsham & Chew Valley PNA area and eight in the Somer Valley PNA area.

- **Contraception Service (C-Card Scheme)** – 34 of the 40 pharmacy contractors in B&NES (85 per cent) are contracted to provide a contraception service, but only 15 out of the 34 pharmacy contractors have been actively providing the service – eight in the Bath (including Bathavon) PNA area, three in the Keynsham & Chew Valley PNA area and four in the Somer Valley PNA area.

- **Smoking Cessation Services**

Smoking cessation services that can be provided by community pharmacies include the provision of stop smoking support services and Nicotine Replacement Therapy (NRT) supply. The Stop Smoking Service supports people who want to stop smoking through one to one support and advice and facilitates access to, and where appropriate supply of, pharmacotherapy and aids. The service will also refer clients to specialist services where appropriate. The NRT service involves the supply of NRT to clients receiving support from the Specialist Stop Smoking Service who have been issued with a voucher for supply of NRT. The Stop Smoking and NRT Supply services are contracted by Virgin Care from 1st April 2017.

- **Stop Smoking Service** – 30 community pharmacies (out of 39 in B&NES) are accredited to provide the service during 2016/2017, and 14 were active. Community pharmacies across all three PNA areas provide this service.

- **NRT Supply Service** – all 40 pharmacy contractors in B&NES are accredited providers of NRT.

- **Substance Misuse Services**

  Substance misuse services that pharmacies can provide include the Needle and Syringe Programmes (NSP), supervised administration (consumption) and sharps disposal. These are sub-contracted by Virgin Care, with DHI delivering. Virgin Care undertakes payments to pharmacies for supervised consumption.

  - **Needle and Syringe Programmes (NSPs)** – eight pharmacy contractors in B&NES currently provide NSPs. Six of these eight are located in the Bath (including Bathavon) PNA area, with the other two are located in the Somer Valley PNA area. The pharmacy service supplements the two NSPs delivered by DHI from bases in Midsomer Norton and Bath City Centre. NSPs are targeted based on need, i.e. which pharmacy clients wish to use for needle exchange, to ensure that all injecting drug users have easy access to clean works and return used works for safe disposal to reduce the incidence of Blood Borne Viruses and to keep the community safe. DHI manage the NSP service (including payments to pharmacies).

  - **Supervised Administration (Consumption)** – according to PharmOutcomes, in March 2017 there were 25 out of 40 pharmacy contractors in B&NES providing this service (63 per cent) – 14 located in the Bath (including the Bathavon) PNA area, three in the Keynsham & Chew Valley PNA area and eight in the Somer Valley PNA area.

- **NHS Health Check Service**

  Accredited pharmacy staff provide a cardiovascular risk assessment service for people in the target group (people aged 40-74 years of age who have not had a previous diagnosis of vascular disease) in order to improve awareness of their cardiovascular risk and how to minimise or manage that risk. Patients are referred to their GP for follow on tests if appropriate and/or referred to local lifestyle services.

  Five community pharmacies are currently accredited to deliver NHS Health Checks in B&NES. They are all located in the Bath (including Bathavon) PNA area as this area was identified and targeted as having lower levels of take-up compared to the Keynsham and Somer Valley areas.

The above analysis would appear to indicate that there are no significant gaps in the current provision of locally commissioned pharmaceutical services that serve all three PNA areas in B&NES.

3.6 Potential Future Local Commissioning Opportunities

Community pharmacies are willing and able to provide additional services, if commissioned locally, to enhance the outcomes for their local populations. These include, but are not limited to, alcohol interventions to support people in reducing their intake, weight management to reduce people's BMI and support a healthier lifestyle, exercise referral service to increase activity and reduce social isolation and test and treat services for transmittable diseases.

There are a number of identified local strategic health priorities stated in section 2.2 where pharmacy contractors could potentially play a role in delivery. However, due to significant financial pressures that the public sector continues to face, future new commissioning opportunities are likely to be on an 'invest to save' basis.

Chapter 4: Conclusion

4.0 Introduction

In compliance with Regulation 4 and Schedule 1 of *The Regulations*, this chapter identifies gaps in pharmaceutical services in B&NES where current or future unmet need for pharmaceutical services has been identified.

4.1 Key Findings

4.1.1 Necessary Services: definition

Necessary Services are defined as all Essential Services (as defined in 1.1.6).

4.1.2 Necessary Services: gaps in provision

As already stated in 3.5.5, analysis of the provision of essential services is, *de facto*, an analysis of the distribution and accessibility of the services.

Key Finding 1: there are no significant gaps in the current provision of easily accessible local community pharmaceutical services that serve all three PNA areas in B&NES.

In view of a possible future expanded role for pharmacy contractors, particularly in providing a greater role allied to the Primary Care sector (3.6), there is a need for all community pharmacies, as a minimum, to comply with the requirements of the 2010 Equality Act, including the physical access requirements (3.5.3[C]).

Key Finding 2: within the existing pharmaceutical provision there are a number of pharmacies that do not have wheelchair accessible 'closed' consultation rooms. We have identified this as a gap in the existing local pharmaceutical provision.

4.1.3 Improvements and Better Access: gaps in provision

Assuming planned future housing development takes place as provided for by the local adopted Core Strategy, this would lead to additional forecasted predicted population growth. This forecasted population growth will be seen in all three PNA areas (see 2.1.2).

Key Finding 3: it is anticipated that current pharmaceutical provision from existing pharmacies will be able to cope with the demand from new populations during the period of this PNA, i.e. 1st April 2018 to 31st March 2021. This will be reviewed, at the latest, during 2020/21.

4.1.4 Other Services

As discussed in 2.4:

Key Finding 4: there are no known planned relevant local NHS services that could significantly alter the need for pharmaceutical services in B&NES.

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Appendix: B&NES Pharmacy Contractors – total opening hours (core and supplementary)

Blue - Open 7 days a week
Yellow - Open weekdays and all day Saturday
Orange - Open week days and half day Saturday

Pharmacy	Address	PNA Area	Co-Located with GP Practice	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Boots Pharmacy	1 Newark Street, Southgate, Bath, BA1 1AT	Bath (including Bathavon)		08:00 - 19:00	08:00 - 19:00	08:00 - 19:00	08:00 - 20:00	08:00 - 1900	08:00 - 19:00	11:00 - 17:00
Boots Pharmacy	33-35 Westgate Street, Bath BA1 1EL	Bath (including Bathavon)		08:30 - 18:00	08:30 - 18:00	08:30 - 18:00	08:30 - 18:00	08:30 - 18:00	08:30 - 18:00	10:30 - 16:30
Lloyds Pharmacy in Sainsburys	Green Park Station, Green Park Road, Bath, Somerset, BA1 2DR	Bath (including Bathavon)		08:00 - 21:00	08:00 - 21:00	08:00 - 21:00	08:00 - 21:00	08:00 - 21:00	08:00 - 20:00	11:00 - 17:00
Lifestyle Pharmacy Ltd.	15 Westgate Street	Bath (including Bathavon)		09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 -17:30	11:00 - 16:00
Superdrug Pharmacy	30-32 Westgate Street, Bath, Somerset, BA1 1EL	Bath (including Bathavon)		08:30 - 17:30 Closed 14:00 - 14:30	08:30 - 17:30 Closed 14:00 - 14:30	08:30 - 17:30 Closed 14:00 - 14:30	08:30 - 17:30 Closed 14:00 - 14:30	08:30 - 17:30 Closed 14:00 - 14:30	09:00 - 17:30 Closed 14:00 - 14:30	Closed
The Bathwick Pharmacy (A.H. Hale Ltd.)	8 Argyle Street, Bath, Somerset, BA2 4BQ	Bath (including Bathavon)		09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 17:00	Closed
The John Preddy Co. Ltd.	41 Moorland Road, Bath	Bath (including Bathavon)		09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:00 Closed 13:00 - 14:00	Closed
Jhoots Pharmacy	Newbridge Road Surgery, 129 Newbridge Hill BA1 3PT	Bath (including Bathavon)	Newbridge Road Surgery	08:30 - 18:00 Closed 13:00-13:30	08:30 - 18:00 Closed 13:00-13:30	08:30 - 18:00 Closed 13:00-13:30	08:30 - 18:00 Closed 13:00-13:30	08:30 - 18:00 Closed 13:00-13:30	08:30 - 13:00	Closed
Boots Pharmacy	125 High Street, Weston, Bath BA1 4DF	Bath (including Bathavon)		09:00 - 18:00 Closed 13:00 - 14:00	09:00 - 18:00 Closed 13:00 - 14:00	09:00 - 18:00 Closed 13:00 - 14:00	09:00 - 18:00 Closed 13:00 - 14:00	09:00 - 18:00 Closed 13:00 - 14:00	09:00 - 13:00	Closed
Boots Pharmacy	201 London Road East, Batheaston, Bath BA1 7NB	Bath (including Bathavon)		09:00 - 18:00 Closed 13:00-14:00	09:00 - 18:00 Closed 13:00-14:00	09:00 - 18:00 Closed 13:00-14:00	09:00 - 18:00 Closed 13:00-14:00	09:00 - 18:00 Closed 13:00-14:00	09:00 - 13:00	Closed
Your Local Boots	84-85 High Street, Twerton, Bath BA2 1DE	Bath (including Bathavon)		09:00 - 18:00 Closed 13:00 -14:00	09:00 - 18:00 Closed 13:00 -14:00	09:00 - 18:00 Closed 13:00 -14:00	09:00 - 18:00 Closed 13:00 -14:00	09:00 - 18:00 Closed 13:00 -14:00	09:00 - 13:00	Closed
Larkhall Pharmacy	1 St. Saviours Road, Bath, Somerset, BA1 6RT	Bath (including Bathavon)		09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 13:00	Closed

Orange - Open week days and half day Saturday
Green - Open Monday to Friday only

Pharmacy	Address	PNA Area	Co-Located with GP Practice	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Lloyds Pharmacy	88 Frome Road, Odd Down, Bath	Bath (including Bathavon)		09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09.00 - 13:00	Closed
Well	3 Claremont Terrace, Campden Road, Bath BA1 6EH	Bath (including Bathavon)		09:00 - 18:00 Closed 13:00 - 14:00	09:00 - 18:00 Closed 13:00 - 14:00	09:00 - 18:00 Closed 13:00 - 14:00	09:00 - 18:00 Closed 13:00 - 14:00	09:00 - 18:00 Closed 13:00 - 14:00	09:00 - 13:00	Closed
Dudley Taylor Pharmacy Ltd	87 Bradford Road BATH	Bath (including Bathavon)		09:00 - 17:30 Closed 13:00 - 14:00	09:00 - 17:30 Closed 13:00 - 14:00	09:00 - 17:30 Closed 13:00 - 14:00	09:00 - 17:30 Closed 13:00 - 14:00	09:00 - 17:30 Closed 13:00 - 14:00	09:00 - 13:00	Closed
Hawes Whiston and Co.	38 St. James's Square, Bath, Somerset, BA1 2TU	Bath (including Bathavon)		08:45 - 18:00 Closed 13:15 - 13:45	08:45 - 18:00 Closed 13:15 - 13:45	08:45 - 17:30 Closed 13:15 - 13:45	08:45 - 18:00 Closed 13:15 - 13:45	08:45 - 18:00 Closed 13:15 - 13:45	08:45 - 13:00	Closed
Wellsway Pharmacy	2 Hayes Place, Bath, Somerset, BA2 4QW	Bath (including Bathavon)		09:00 - 17.30	09:00 - 17.30	09:00 - 17.30	09:00 - 17.30	09:00 - 17.30	09.00 - 13.00	Closed
Widcombe Pharmacy	4a Widcombe Parade, Bath, Somerset, BA2 4JT	Bath (including Bathavon)	Widcombe Surgery	08:30 - 18.00	08:30 - 18.00	08:30 - 18.00	08:30 - 18.00	08:30 - 18.00	09.00 - 14.00	Closed
Jhoots Pharmacy	28 Brock Street, Bath BA1 2LN	Bath (including Bathavon)		09:00 - 17:30 Closed 13:00-13:30	09:00 - 17:30 Closed 13:00-13:30	09:00 - 17:30 Closed 13:00-13:30	09:00 - 17:30 Closed 13:00-13:30	09:00 - 17:30 Closed 13:00-13:30	Closed	Closed
Lloyds Pharmacy	Combe Down Surgery, Combe Down House, The Avenue, Combe Down	Bath (including Bathavon)	Combe Down Surgery	08:30 - 18.30	08:30 - 18.30	08:30 - 18.30	08:30 - 18.30	08:30 - 18.30	Closed	Closed
Your Local Boots	100 Mount Road, Southdown, Bath BA2 1LN	Bath (including Bathavon)		09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	Closed	Closed
Bathampton Pharmacy	27 Holcombe Lane, Bathampton, Bath, Somerset, BA2 6UL	Bath (including Bathavon)	Bathampton Surgery	08:45 - 17:30 Closed 12:45 - 14:00	08:45 - 17:30 Closed 12:45 - 14:00	08:45 - 17:30 Closed 12:45 - 14:00	08:45 - 17:30 Closed 12:45 - 14:00	08:45 - 17:30 Closed 12:45 - 14:00	Closed	Closed
Hounsell and Greene Pharmacy	45 Upper Oldfield Park	Bath (including Bathavon)	Oldfield Surgery	08:30 - 18:00	08:30 - 18:00	08:30 - 18:00	08:30 - 18:00	08:30 - 17:30	Closed	Closed
Pulteney Pharmacy	35 Great Pulteney Street, Bath, Somerset, BA2 4BY	Bath (including Bathavon)	Great Pulteney Street Surgery	08:30 - 17:45	08:30 - 17:45	08:30 - 17:45	08:30 - 17:45	08:30 - 17:45	Closed	Closed

Blue - Open 7 days a week
Yellow - Open weekdays and all day Saturday
Orange - Open week days and half day Saturday
Green - Open Monday to Friday only

Pharmacy	Address	PNA Area	Co-Located with GP Practice	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Keynsham Pharmacy	15 Station Road Keynsham	Keynsham and Chew Valley		08:30 - 21:00 Closed 13:00 - 14:00	08:30 - 21:00 Closed 13:00 - 14:00	08:30 - 21:00 Closed 13:00 - 14:00	08:30 - 21:00 Closed 13:00 - 14:00	08:30 - 21:00 Closed 13:00 - 14:00	09:00 - 21:00 Closed 13:00 - 14:00	10:00 - 17:00 Closed 13:00 - 14:00
Boots Pharmacy	40 High Street, Keynsham, Bristol BS31 1DX	Keynsham and Chew Valley		08:30 - 17.30 sometimes closes for lunch	08:30 - 17.30 sometimes closes for lunch	08:30 - 17.30 sometimes closes for lunch	08:30 - 17.30 sometimes closes for lunch	08:30 - 17.30 sometimes closes for lunch	08:30 - 17.30 Sometimes closes for lunch	10:00 - 16:00
Lloyds Pharmacy	54 High Street, Keynsham, Bristol	Keynsham and Chew Valley		08:30 - 18.00	08:30 - 18.00	08:30 - 18.00	08:30 - 18.00	08:30 - 18:00	09:00 - 17:30	Closed
Lloyds Pharmacy	Keynsham Health Centre, St. Clements Road, Keynsham	Keynsham and Chew Valley	Keynsham Health Centre	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	09:00 - 13:00	Closed
Chandag Road Pharmacy	47 Chandag Road, Keynsham, Bristol, Bristol, BS31 1PW	Keynsham and Chew Valley		08:30 - 18.00	08:30 - 18.00	08:30 - 18.00	08:30 - 18.00	08:30 - 18.00	09:00 - 13.00	Closed
Day Lewis Pharmacy	497 Bath Road, Saltford, Bristol, Bristol, BS31 3HQ	Keynsham and Chew Valley		08:30 - 18:00 Closed 13.00 - 14.00	08:30 - 18:00 Closed 13.00 - 14.00	08:30 - 18:00 Closed 13.00 - 14.00	08:30 - 18:00 Closed 13.00 - 14.00	08:30 - 18:00 Closed 13.00 - 14.00	09:00 - 13:00	Closed
Chew Pharmacy	4 South Parade, Chew Magna	Keynsham and Chew Valley		08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	09:00 - 13:00	Closed
The Bath Pharmacy Company	Unit 20, Burnett Business Park, Gypsy Lane, Gypsy Lane, Bristol, Bristol, BS31 2ED	Keynsham and Chew Valley		09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	Closed	Closed

Purple - 100 hr pharmacy
Yellow - Open weekdays and all day Saturday
Orange - Open week days and half day Saturday

Pharmacy	Address	PNA Area	Co-Located with GP Practice	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Midsomer Pharmacy	98 High Street, Midsomer Norton BA3 2DE	Somer Valley		07:00 - 23:00	07:00 - 23:00	07:00 - 23:00	07:00 - 23:00	07:00 - 23:00	09:00 - 19:00	09:00 - 19:00
Lloyds Pharmacy	Chesterfield House, High Street, Midsomer Norton, Bath	Somer Valley		08:30 - 18:00	08:30 - 18:00	08:30 - 18:00	08:30 - 18:00	08:30 - 18:00	08:30 - 17.30	Closed
Lloyds Pharmacy	Elm Hayes Health Centre, Clansdown Road, Paulton, Bristol	Somer Valley	Elm Hayes Health Centre	08:00-18.30	08:00-18.30	08:00-18.30	08:00-18.30	08:00-18.30	08:45 - 17.30	Closed
Shaunaks Pharmacy	15 Bath Road, Peasedown St John, Bath BA2 8DH	Somer Valley		09:00 - 18.00 Closed: 13.00-14.00	09:00 - 18.00 Closed: 13.00-14.00	09:00 - 18.00 Closed: 13.00-14.00	09:00 - 18.00 Closed: 13.00-14.00	09:00 - 18.00 Closed: 13.00-14.00	09:00 - 13.00	Closed
Clements (Dudley Taylor Pharmacy Ltd.)	7 The Street, Radstock, Bath	Somer Valley		08:30-18:00.	08:30-18:00.	08:30-18:00.	08:30-18:00.	08:30-18:00.	08:30 - 13.30	Closed
Westfield Pharmacy (Dudley Taylor Pharmacy Ltd.)	9 Elm Tree Avenue, Radstock, Somerset, BA3 3SX	Somer Valley		09:00 - 18.00	09:00 - 18.00	09:00 - 18.00	09:00 - 18.00	09:00 - 18.00	09:00 - 13.00	Closed
Timsbury Pharmacy (Tans Pharmacy)	High Street, Timsbury, Bath, BA2 0HT	Somer Valley		09:00 - 18.00 Closed 13.00 - 14.00	09:00 - 18.00 Closed 13.00 - 14.00	09:00 - 18.00 Closed 13.00 - 14.00	09:00 - 18.00 Closed 13.00 - 14.00	09:00 - 18.00 Closed 13.00 - 14.00	09:00 - 12.30	Closed
Lloyds Pharmacy	St Chads, Gullock Tyning, Midsomer Norton, BA3 2UH	Somer Valley	St. Chads Surgery	08:00 - 19.00	08:00 - 19.00	08:00 - 19.00	08:00 - 19.00	08:00 - 19.00	08:00 - 13:00	Closed

MEETING	**B&NES HEALTH AND WELLBEING BOARD**
DATE	**30 January 2018**
TYPE	**An open public item**

Report summary table	
Report title	Mental Health Pathway Review
Report author	George O'Neill
List of attachments	Appendix One - Mental Health Workstreams.
Background papers	None
Summary	In line with proposals in the your care, your way full business case and following the appointment of Virgin Care as the Prime Provider a review of the mental health pathway was 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. The Review took place from May 2017 to October 2017 led by the CCG and Council, with support from Virgin Care as the Prime Provider of health and care services. This report summarises the feedback and findings from the review as well as making recommendations for further areas of work.
Recommendations	The Board is asked to: • Feedback on and provide support for areas of further work • Note the proposed allocation of resources • Note the process in respect of future contracting arrangements
Rationale for recommendations	The six areas of further detailed work are a direct result of what people told us during the review, emerging best practice, and our local, B&NES/Swindon/Wiltshire Sustainability & Transformation Partnership (STP) and national priorities.
Resource implications	Estimated additional resource requirements based on 50 days of Programme Lead, Full time Project Manager and Legal Advice is £73,540. It is proposed that this be funded from the Better Care Fund/iBCF. It is proposed that all other resource requirements associated with the mental health pathway review be covered within existing resources.

Statutory considerations and basis for proposal	It is hoped that the public engagement and next steps recommended improve people's experience of the mental health pathway. The recommendations are based on what people told us and emerging best practice.
Consultation	The Review Team met with people who use services, the people who care for them, the people who provide services, and with the general public and consisted of: • More than sixty face to face meetings and focus groups • More than 100 responses to tailored surveys for people who use services, carers, and service providers
Risk management	A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

MENTAL HEALTH PATHWAY REVIEW

1. Background

1.1 In line with proposals in the your care, your way full business case and following the appointment of Virgin Care as the Prime Provider a review of the mental health pathway was 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.

1.2 The full scope of the contractual arrangements was set in the your care, your way Business Case submitted to Governing Bodies in Nov 2016, this defined the services to be delivered directly by Virgin Care and those to be delivered by material sub-contractors, in partnership or through Dynamic Purchasing System (DPS) arrangements.

1.3 The due diligence process undertaken as part of the procurement highlighted the need to give further consideration to the positioning of mental health services, particularly those currently provided by Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) and their relationship with Virgin Care as the prime provider, the findings of which are contained in this report.

1.4 The review built on the innovative mental health work undertaken in B&NES, which has helped develop a flourishing voluntary sector with a strong network of services.

1.5 This was led by the previous mental health lead commissioner, Andrea Morland, over a number of years. B&NES were one of the first authorities to commission a Wellbeing College, implement social prescribing, pilot a Wellbeing House and were praised by the then Health Secretary for their Mental Health Crisis Concordat. Within Avon & Wiltshire Mental Health Partnership NHS Trust (AWP), B&NES locality is the highest performing area, with services such as IAPT (Improved Access to Psychological Therapies) and recovery rates being some of the highest nationally.

1.6 The review is therefore building on a strong base and aiming to further develop integrated services for the people of B&NES.

1.7 As with the your care, your way process the focus is on early intervention, prevention and self-care with people only accessing statutory services where this is needed.

1.8 The Review took place from May to October 2017 led by the CCG and Council, with support from Virgin Care as the Prime Provider.

1.9 The Mental Health Community Services Pathway Review is split into four phases, and engagement underpins the entire programme. The phases are a) engagement; b) option development; c) detailed work on options with engagement; and d) implementation and delivery. The next part of this report describes key themes and messages from the engagement phase.

2. Engagement

2.1 The Review Team met with people who use services, the people who care for them, the people who provide services, and with the general public and consisted of:

- More than sixty face to face meetings and focus groups
- More than 100 responses to tailored surveys for people who use services, carers, and service providers

2.2 Headline themes from the engagement phase can be grouped in 5 areas and are:

- Focus on preventing escalation and admission
- Improve Community Based Support
- Join up services
- Drive parity of esteem between medical and social interventions
- Improve the signposting of services

2.3 Areas where people told us services could improve included:

- Transitions between Children & Young People's mental health services and Adult mental health services/Think Family approach.
- Commissioning of age appropriate services for this group of young people.
- Accessing secondary mental health services. In particular Primary Care Liaison Services.
- Response in times of crisis.
- The integration of physical and mental health care.
- People falling through the gaps. An example would be people who do not meet the criteria for secondary mental health services, or IAPT and are not signposted to other services.
- Advice and support for GP's and primary care.
- Support from secondary care services to the voluntary sector. Examples given were people being discharged when they are still experiencing acute difficulties and the voluntary sector managing this group of people.
- Engagement feedback indicated that the commissioned social prescribing service could be better tied in with other organisations – awareness of the service among GPs was seen as being poor and the services was not seen as making the most of the range of activities available in B&NES.

2.4 Areas of duplication of services:

- Social Prescribing. Several agencies said they provided this, but the services did not link together.
- Peer Mentoring. Several agencies said they provided this, but the services did not link together.
- Employment Services. Several agencies said they provided this, but the services did not link together.

2.5 Areas of good practice:

- The focus on prevention and wellbeing within the services provided by the voluntary sector.
- IAPT services. Although some people did report having to wait significant periods of time to access this service.

3. Option Development

3.1 Following the engagement phase the Review Team made attempts to triangulate the themes gained with performance information. This was not an easy exercise as only AWP reports on consistent KPI's. However, there were some key areas to highlight and these included the responsiveness of the Primary Care Liaison Service (PCLS), use and function of the Wellbeing House and the Social Prescribing Service, which could be better tied in with other services.

4. Areas of Policy, Strategy, Best Practice

4.1 The Review Team then looked at areas of best practice, local and national policy, as well as STP and local priorities to further inform option development. It focused on 5 areas of good practice to inform any changes to the pathway:

- Integration of Physical and Mental Health Care
- Crisis Response
- Safe Havens
- Individual Placement Support
- Transitions

5. Areas for further work in the pathway.

5.1 The review builds on the work already undertaken through the your care, your way process which focused on early intervention, prevention and self-care with people only accessing statutory services where this is needed. The mental health pathway mirrors this.

5.2 It is recommended that there are six key areas for further detailed work to make the pathway as effective and responsive as possible. It is also recommended that a project management approach is developed to undertake detailed work on the six key areas, involving subject matter experts, people who use services, GPs. Community champions and the voluntary sector. The six areas are:

5.3 Mental Health Collaborative

5.3.1 The majority of services in the pathway, highlighted in our mapping of services, could be described as those focused on good mental health and wellbeing.

5.3.2 These services support general population wellbeing activities and outcomes, as well as preventing needs escalating through information sharing, health promotion, advice, awareness raising, education, one to one support and support groups/networks.

5.3.3 The review would suggest that not all of these services work effectively together as they could and that there is some duplication.

5.3.4 The Mental Health Collaborative workstream will describe how this part of the pathway can work more effectively together, as well as how it links with other parts of the pathway and in particular commissioned parts of the voluntary sector and secondary care providers.

5.3.5 It will also be clear on governance of the mental health collaborative. Currently there is no clarity about the form, function, purpose and governance of the mental health collaborative. There is, however, a commitment to collaborative working and strong engagement from a wide range of Community, Voluntary and Social Enterprise sector organisations.

5.4 Care Coordination/Integration of physical, mental health and social care

5.4.1 The vision is to build on the care coordination model described in your care, your way business case. It is envisaged that there will be a single point of entry to mental health, physical health and social care services via hubs which will be developed around GP clusters. They will provide:

- a timely integrated response
- prevent needs escalating
- an assessment function
- provision of short term interventions
- provide advice
- signposting

5.4.2 The primary care hubs will work closely with GPs and the wider primary care team as part of an integrated physical, mental health and social care service.

5.4.3 These could be supported by greater integration between physical and mental health within the wider primary care multidisciplinary team and could include mental health experts within the wider primary care teams. The model would include some functions which at the moment sit within AWP, Virgin Care and the third sector.

5.5 Crisis Response

5.5.1 A key theme from the review was the need for a stepped approach to dealing with crisis response out of normal working hours. B&NES has a wide range of preventative services, but none which specifically focus on crisis avoidance and crisis management for people experiencing acute mental health crisis.

5.5.2 The Wellbeing House is available Monday to Friday and has no staff on site after 5pm. There is no safe haven out of hours. This is a model developed in many parts of the country which has been shown to reduce hospital admissions and Emergency Department attendance.

5.5.3 Although the Intensive Service commissioned from AWP operates 24 hours per day, it is unable to meet the requirements of Core 24 model (response within one hour). This was an area which carers frequently mentioned as an area of high priority for them.

5.5.4 It is therefore suggested that a key third workstream focuses on crisis avoidance and crisis management.

5.6 Employment/meaningful occupation

5.6.1 The review highlighted that a number of organisations provide what could be described as employment services.

5.6.2 These range from the development of the Council's virtual employment hub, access to education services, work development and job retention, volunteering and peer mentoring. Within B&NES a gap is Individual Placement support. This is a well evidenced model where rapid access to employment takes place for people diagnosed with serious mental illness usually within secondary care services. This has proven to significantly reduce the length and frequency of inpatient stays in mental health units.

5.6.3 It is suggested that this workstream develops an employment pathway which may include an employment service which links all aspects of the pathway together.

5.7 Flexible Transitions between children and young people's mental health services and adult mental health. Think Family.

5.7.1 It is suggested that this workstream builds and adopts the work being led by the STP and in doing so focuses on three areas:

5.7.2 The flexible transition between statutory services

5.7.3 Commissioning of specific services for this younger age group

5.7.4 Developing a Think Family approach in mental health services.

5.8 Contacting Options

5.8.1 The full scope of the contracting arrangements was set in the your care, your way Business Case submitted to Governing Bodies in Nov 2016, this defined the services to be delivered directly by Virgin Care and those to be delivered by material sub-contractors, in partnership or through DPS arrangements.

5.8.2 The due diligence process undertaken as part of the procurement highlighted the need to give further consideration to the positioning of mental health services, particularly those currently provided by AWP and their relationship with Virgin Care as the prime provider, the findings of which are contained in this report.

5.8.3 An initial optional appraisal been undertaken in relation to future contracting arrangements but this has not been able to conclude pending further guidance from HMRC expected early in 2018.

6. Next Steps

6.1 A Programme Board will be established with six workstreams taking this work forward. The workstreams will undertake detailed work from January through to the end of July 2018, before a further engagement exercise with stakeholders is undertaken describing the emerging model. Membership of the Board and workstreams will include commissioning, GP representation, community champion, subject matter experts, service users, carers, voluntary sector, AWP and Virgin Care.

6.2 The following phases and timescales will be adopted to take this work forward:

- Development of detailed models/specifications via the workstreams from January to July 2018
- Further engagement with stakeholders in July/August 2018
- Service Specifications completed in October/November 2018
- New service model commences in April 2019

6.3 Future contracting arrangements will be agreed by relevant governing bodies following receipt of guidance from HMRC.

Please contact the report author if you need to access this report in an alternative format

Appendix 1: Mental Health Workstreams

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MEETING	**B&NES HEALTH AND WELLBEING BOARD**
DATE	**30 January 2018**
TYPE	**An open public item**

Report summary table	
Report title	Better Care Fund Plan 2017-2019 Update
Report author	Caroline Holmes – Senior Commissioning Manager – Better Care Jane Shayler, Director, Integrated Health and Care Commissioning Rebecca Paillin, Strategic Business Partner, Finance and Commissioning Jo Galloway, Performance Manager
List of attachments	Appendix 1: 2017-2018 Performance Dashboard Appendix 2: Update on schemes Appendix 3: Risk Register
Background papers	Report to the Health and Wellbeing Board and BCF Submission 2017-19 http://www.bathandnortheastsomersetccg.nhs.uk/documents/strategies/better-care-fund-201719
Summary	The B&NES Better Care Plan describes how the BCF is being used as an enabler for the integration of services and also the journey towards further integration with a focus on prevention. The first plan was published in 2014, followed by a revised plan in 2016/17. The later plan specifically referenced the *your care your way* community services review and the vision and priorities for our people and communities. The 2017/18 -2018/19 BCF Plan builds on this whilst also setting out how new conditions will be met, including those for Improved Better Care Fund (iBCF) adult social care grant funding. The plan was submitted to NHS England on 11th September 2017 as part of the assurance process for 2017-2019. Formal written confirmation that the plan has been signed off was received on 20th December 2017. A link to the plan is included above. This report gives an update on performance against the plan, including an update on schemes, governance, finance and the position against delayed transfers of care (DTOCs) from hospital.

Recommendations	The Board is asked: To note the update on the Better Care Fund 2017-19 provided in this report and the appendices attached.
Rationale for recommendations	The Better Care Fund is a key enabler of the national and local vision of integrated health and care services. In B&NES, the journey towards closer integration is set out within the *your care your way* programme. *Your care, your way* was introduced in the

	BCF plan 2016-17 and the 2017-19 Better Care Fund (BCF) Plan and associated pooled budget will incorporate all of the care and health services procured under *your care your way*. The inclusion of the full range of *your care your way* services in the BCF Plan and pooled budget consolidates the commitment to invest in preventative services and further develop integrated services which is a key requirement of the BCF. This local vision is aligned with and makes a significant contribution to delivery of the outcomes in the Joint Health and Wellbeing Strategy as follows: Theme One - Helping people to stay healthy: • Reduced rates of alcohol misuse; • Creating healthy and sustainable places. Theme Two – Improving the quality of people's lives: • Improved support for people with long term health conditions; • Reduced rates of mental ill-health; • Enhanced quality of life for people with dementia; • Improved services for older people which support and encourage independent living and dying well. Theme Three – Creating fairer life chances: • Improve skills, education and employment; • Reduce the health and wellbeing consequences of domestic abuse; • Increase the resilience of people and communities including action on loneliness. A requirement of NHS England is that the plans for investing the 2017-19 BCF must be agreed by the Health and Wellbeing Board, which will then have strategic oversight of the delivery of those plans.

Resource implications	This update gives a financial update and position for the BCF as at November 2017.
Statutory considerations and basis for proposal	This report responds to the technical and planning guidance published on 4th July 2017. In order to draw down the maximum B&NES' BCF allocation, it is necessary for BCF plans and proposals to comply with this guidance.
Consultation	Not required for this plan update.
Risk management	A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

THE REPORT

1 SUMMARY AND INTRODUCTION

1.1 This report summarises progress against the Better Care Fund plan 2017-19 which was submitted to NHS England on 11th September 2017 and received formal approval on 20th December 2017. This year's plan has seen a renewed focus on prevention, stabilising adult social care and supporting hospital discharges. The inclusion of the Virgin Community Services contract within the Better Care Fund from 2017 demonstrates B&NES' commitment to integrated working.

1.2 The report is supported by 3 appendices as follows:

Appendix 1: 2017-19 Performance Dashboard

Appendix 2: 2017-19 Scheme Updates

Appendix 3: Risk Register

1.3 The Government is clear within the Better Care Fund Policy Framework for 2017-19 that people need health, social care, housing and other public services to work seamlessly together to delivery better quality care. More joined up services help improve the health and care of local populations and may make more efficient use of available resources.

1.4 In B&NES, the journey towards closer integration is set out within the *your care your way* programme. *Your care, your way* was introduced in the BCF plan 2016-17 and the 2017-19 Better Care Fund (BCF) Plan and associated pooled budget incorporates all of the care and health services procured under *your care your way* under the Virgin Care community services contract. The inclusion of the full range of *your care your way* services in the BCF Plan and pooled budget consolidates the commitment to invest in preventative services and further develop integrated services which is a key requirement of the BCF. The management of the Virgin Care community services contract is separate to the BCF process and therefore is not reported in detail as part of this update.

2 THE 2017-19 INTEGRATION AND BETTER CARE FUND GRANT ALLOCATIONS POLICY FRAMEWORK

2.1 The Better Care Fund is the only mandatory policy to facilitate integration. It brings together health and social care funding and includes a new injection of grant funding for adult social care announced in the Spending Review 2015 and Spring Budget 2017 known as the Improved Better Care Fund (iBCF). The policy framework for the Fund covers two financial years.

2.2 National total amounts of adult social care grant funding announced in the Spending Review 2015 (one-off grant for 2017/18) and Spring Budget 2017 (3-years grant funding covering the period 2017/18-2019/20) are £1.115bn in 2017/18 and £1.499bn in 2018/19.

2.3 For B&NES the figures are as follows:

- 2017/18 - £3.428m*
- 2018/19 - £2.063m
- 2019/20 - £1.028m

*Total Grant allocation comprising £2.698 iBCF announced in Spring Budget and one-off £730k Adult Social Care Support Grant announced in the Spending Review 2015 but not confirmed until December 2016.

2.4 Nationally, the total amount of Better Care Fund and iBCF funding amounts to £5.128bn for 2017/18 and £5.616bn for 2018/19. B&NES has chosen to pool more BCF funding than is required, by including the services commissioned under *your care your way,* within the Virgin Care Community Services contract. As a consequence, B&NES BCF pooled budget has increased from £13.4m in 2016/17 to £61.1m in 2017/18. The BCF Plan for 2017/18-2018/19 reflects this extension of services funding from the BCF pooled budget.

2.5 Conditions of Access to the Better Care Fund

For 2017-19, NHS England set the following conditions within the technical and planning guidance published in July 2017:

- Plans must be jointly agreed;
- The NHS contribution to adult social care is maintained in line with inflation;
- There is agreement to invest in NHS commissioned out of hospital services, which may include 7 day services and adult social care; and
- There is a requirement to manage transfers of care between services and settings.

The plan received its formal approval from NHS England on 20th December 2017.

2.6 Measuring Success

Beyond the four national conditions set out above, areas are given flexibility on how the Fund is spent over health, care and housing schemes or services. However, the spending needs to demonstrate how it will improve performance against the four national metrics which are:

- Delayed transfers of care
- Non-elective admissions to hospital
- Admissions to residential and nursing homes
- The effectiveness of reablement.

These metrics and how we have performed against them so far this year are set out at Section Three and appendix 1.

2.7 The Improved Better Care Fund (iBCF)

Guidance on the use of new iBCF adult social care grant funding was released in April 2017 and included within the technical guidance for the BCF published in July 2017.

Key requirements are:

- Grant paid to a local authority may be used only for the purposes of meeting adult social care needs; reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and ensuring that the local social care provider market is supported.

- A recipient local authority must:
    a) Pool the grant funding into the BCF; and
    b) Work with the relevant CCG and providers to meet the National Condition 4 (Managing Transfers of Care) in the Policy Framework and Planning Requirements for 2017-19); and
    c) Provide quarterly reports as required by the Secretary of State.

2.8 High Impact Change Model and Managing Transfers of Care

BCF and iBCF Conditions both make explicit reference to the implementation of the High Impact Change Model for Managing Transfer of Care to support system-wide improvements in transfers of care from hospital

The High Impact Change Model sets out eight high impact changes that can support local health and care systems reduce delayed transfers of care (DTOC):

- Change 1: Early Discharge Planning.
- Change 2: Systems to Monitor Patient Flow.
- Change 3: Multi-Disciplinary/Multi-Agency Discharge Teams, including the voluntary and community sector.
- Change 4: Home First/Discharge to Assess.
- Change 5: Seven-Day Service.
- Change 6: Trusted Assessors.
- Change 7: Focus on Choice.
- Change 8: Enhancing Health in Care Homes.

The B&NES DTOC Action Plan has also been written to respond to each High Impact Change and this is monitored monthly by a multi-agency DTOC Action Group. The plan was revised in September 2017, to take into account delays in some areas of priority and progress in others. The plan will now be supported by a dedicated Community Services Commissioning Manager and a key focus for the remainder of 2017-18 will be a review of mental health delays, trusted assessor models and keeping the momentum with the Home First 7 day service and the opening of the 5 new Discharge to Assess beds..

As part of this year's plan, B&NES has been asked to submit a number of trajectories for delayed transfers of care and these are explained more in section three. , To help set trajectories in B&NES, the impact of schemes such as reablement and Home First has been assessed and estimated to help plan the reductions. Planned reductions have been tested with members of the multi-agency DTOC Action Group which monitors DTOCs and works to implement the Action Plan.

2.9 National Performance Metrics

As in 2015-16 and 2016-17, local areas are asked to agree and report metrics in the following four areas:

- Delayed transfers of care from hospital;
- Non-elective admissions in acute hospitals (using the same metric which is agreed in the CCG's Operational Plan);
- Admissions of older people (65+) to residential and care homes; and
- The effectiveness of reablement.

The latest dashboard, presented to the Joint Commissioning Committee in December 2017, is attached at appendix 1. Whilst meeting the four metrics above, B&NES has also set itself three local targets which are as follows:

- Number of live in care packages (which monitors whether B&NES is offering people support in proportion to their needs)
- Volume of community equipment provided which helps to monitor all spend that supports people to stay at home, not just directly provided care.
- Length of stay in community hospitals which will help support patient flow through the community.

The metrics so far this year demonstrate a health and social care system under significant pressure. A summary of performance is set out below:

- Non-elective admissions were 15.0% above plan (×). However, the CCG has identified that this is not indicative of a drop in performance but recording methods that have not changed to reflect different ways of supporting patients. This means that those being treated in A&E under short stays are being coded as inpatients. This is being addressed with the RUH.
- Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 populations were 2% below plan (✓).
- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services: while reported performance is below plan at 72.3% against a plan of 89.1% (×), the community provider has reported that the method used in 2016/17 over-stated performance, so the trajectory for 2017/18 was based on an incorrect data. An interim proxy measure has been used to calculate the Q2 result while a corrected reporting method is developed. The variance against plan reflects a change in reporting methodology rather than a change in outcomes for individuals compared to 2016/17.
- Delayed transfers of care (delayed days) per 100,000 18+ populations: performance at Q2 is above plan (×). Further detail is provided in section three to explain the DTOC position.

In terms of local metrics set:

- Number of live in care packages agreed (✓) - this target continues to make good progress with only three packages started against a target of 12 in the first six months of the year. This indicator helps to monitor alternatives to permanent placements being made and shows that the overall trend for both live in care and

permanent placements is dropping, which demonstrates an increasing ability and focus on keeping people as independent as possible and managing risk appropriately.
- The level of DTOCs due to care home and domiciliary care capacity has fluctuated with peak demand in August and improved performance since then. (x)
- Community hospital length of stay was expected to reduce this year, following the review into issues affecting length of stay and an action plan being developed by Virgin Care. Sustained performance in reducing the length of stay continues to be a challenge and it is hoped that this will improve going into 2018 (x).

3 DELAYED TRANSFERS OF CARE UPDATE (DTOC)

For 2017 onwards, B&NES was required to set a number of metrics to reduce Delayed Transfers of Care from hospital (DTOCs). Different expectations have been set by different organisations (the NHS Executive (NHSE) and the Department of Communities and Local Government (DCLG). NHSE set a target to reduce occupied bed days (OBD) to 3.5% in all providers. DCLG set a target to reduce social care delays to 2.6 delayed days per 100,000 population. Performance against these targets is explained below. The approach to monitoring delays has been confusing and time-consuming and is not an element of the BCF plan which has added particular value to improving patient experiences across health and care.

There are a number of schemes in place to reduce DTOCs; many funded either by BCF or iBCF monies. These include:

- Reablement and its review
- 7 day working in Home First
- Discharge to Assess beds
- Support planning and brokerage (commissioning Care Home Select to provide interim support)
- Community equipment

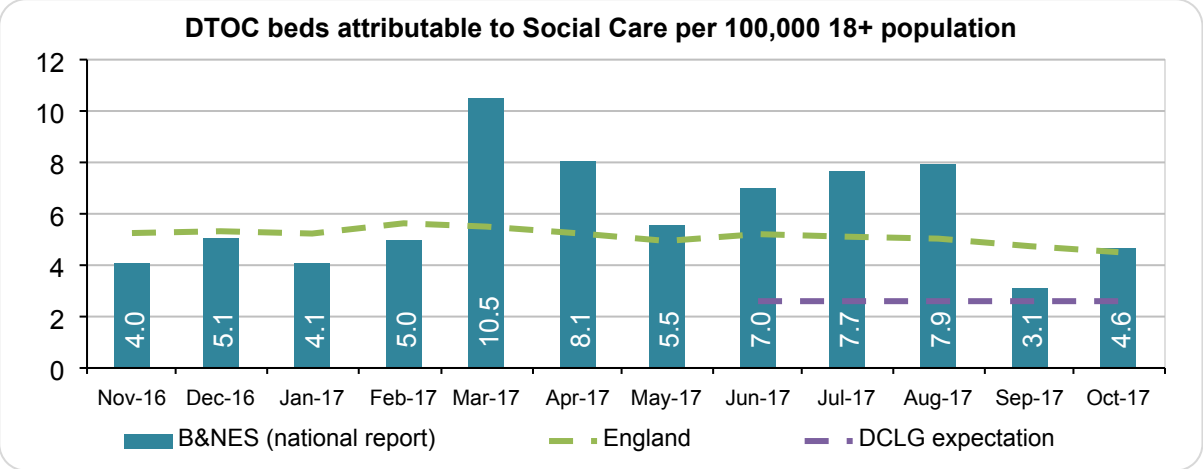
Plus other schemes which are not funded by the BCF or iBCF but contribute and these include:

- The fracture support pathway beds and care (for people in plaster following a fracture)
- The community hospital review

There are other schemes also supporting DTOCS, although not all listed here. Some schemes have seen delays in implementation, including the Discharge to Assess beds and the reduction in length of stay expected at the community hospitals. Other schemes have been agreed to help mitigate this position, and these include purchasing additional brokerage support to help self-funders access care homes in a timely way and offering additional care and care home placements for people on the Fracture Support pathway (who are in plaster and would normally be placed in a community hospital or be cared for by the reablement team).

3.1 DTOC Targets

Department for Communities and Local Government (DCLG) set a target to reduce social care delays to 2.6 delayed days per day (known as DTOC beds) per 100,000 adult population. B&NES baseline for planning, based on 2016/17 actuals, was over 5 DTOC beds per 100,000 (for all providers excluding the community provider). The LGA has stated that it deems the target to be significantly challenging. Where B&NES has in recent years had a high proportion of social-care attributable delays when compared to other areas, there has been a shift in recent months which may in part be due to the review of coding.



The improvement in September was helped by the availability of social workers, which had led to delays in previous months. Referrals to social workers also dropped in September, but have subsequently increased in October.

NHSE monitors the number of delayed days reported nationally from organisations with beds. Currently, B&NES does not report national data for community hospital beds and there is a lack of consistency across the country with this approach. However, it has been agreed that community hospital beds will report nationally from January 2018. This will affect the B&NES reported position, however, it will not change the overall performance.

NHSE asked all CCGs to create a trajectory to reduce delays, using baseline data from 2017-18. The baseline for B&NES was set incorrectly and this has been the subject of considerable discussion with NHSE, however, a position has now been confirmed with NHSE and B&NES reports on RUH delays for its agreed trajectory. Performance against this trajectory is in the table below.

HWBs were asked by NHSE to plan that their providers would achieve targets in thresholds that were set based upon 2016/17 performance. For RUH, AWP, UHB and NBT the target was to limit delayed days to 3.5% of occupied bed days (OBDs) in September 2017 and March 2018. The BCF trajectory, based on RUH data, also has a 3.5% target therefore.

Providers' performance against this target and the plan in September is as follows:

Provider	RUH	AWP	UHB	NBT
NHSE expectation	3.5%	3.5%	3.5%	3.5%
Plan (Sep-17)	4.1%	8.4%	4.0%	44.7%
Actual (Sep-17)	6.0%	5.5%	0.9%	28.2%

(B&NES' low proportion of estimated beds at NBT means that the percentage of OBDs always appears high. UHB and NBT return low numbers of delayed days for B&NES patients and are subject to variation depending on whether there is a B&NES patient with a long delay.)

RUH performance was higher than planned as there was an increase in delays for patients awaiting community hospital beds. This is being kept under review, as there has been a recent review of the coding of delays, so some increase may be attributable to this change. AWP were better than planned but continue to face challenges in sourcing suitable placements for complex patients as any available bed is in demand from multiple HWBs.

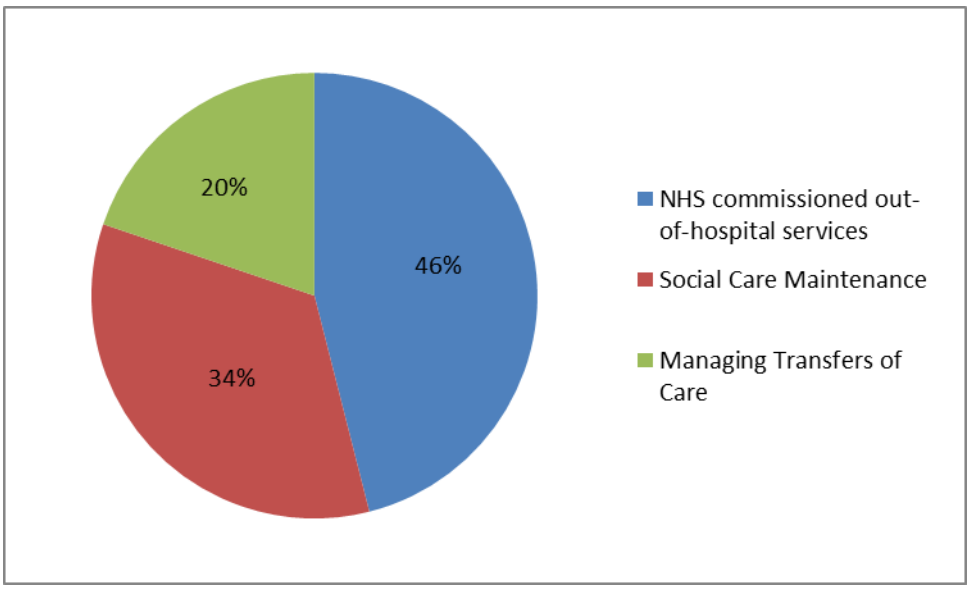
Appendix 1 of the report also gives further detail on the reasons for delays and these are monitored regularly by the multi-agency DTOC Action Group. A changing pattern is emerging in 2017-18, with a smaller proportion of social care delays and a higher proportion of NHS delays, generally for patients awaiting transfer to community hospital beds. Across the whole, the DTOC position for B&NES is showing a steady pattern. There are not significant reductions in delays, and apart from August 2017, the performance is steady. This is not delivering the rate of reductions expected by NHSE or by DCLG and this does place B&NES at risk of further intervention to support delays.

This intervention may include restricting or requiring iBCF monies to be spent on certain schemes to reduce DTOCs and also may include an in-depth inspection of the health and care system by CQC. Other forms of intervention will include increased scrutiny by – and reporting to – NHSE, although the full extent of the forms of intervention have not confirmed.

In November 2017, B&NES received communication from NHSE to confirm that it would not be in the next cohort of health and care systems requiring review by CQC, however, this may change if DTOC performance does not improve.

4 B&NES 2017/18-2018/19 PLAN SCHEMES

4.1 For this year's plan, we highlight and focus on a number of existing schemes (including social prescribing, falls response and reablement) and have also introduced new schemes funded by the Improved Better Care Fund. Some existing schemes already funded by the BCF have grown in priority, for example, Community Equipment are, therefore, also an area of focus. An update on these is set out at appendix 2 with a brief written summary below at section 4.2. Each scheme identifies which national metric it will support and the pie chart below at shows the split of the national metrics across these key schemes.



4.2 A brief summary of progress against schemes

The schemes funded by the BCF and i-BCF cover a wide range of areas, including those aimed at managing transfers of care from hospital, supporting NHS Commissioned out of hospital services and those supporting the delivery of adult social care overall. Full details of all the schemes are available in the overall BCF plan but below is a short summary of highlights and challenges.

- **Strengths based Working:** The Council is adopting a new model of care called the Three Conversations Model, which aims to help practitioners focus on the independence of people they are working with and help them make the most of their lives, whilst recognising and supporting complex needs where appropriate. Implementation sites are being agreed with Virgin Care and an update on this can be provided at the Health and Wellbeing Board meeting.

- **Supporting Planning and Brokerage:** A new E-Brokerage model is being procured which will help free up time within the social care teams, help providers see on line exactly what care packages are needed and will help Commissioners support the market to develop in the long term. As part of this project, short term additional brokerage capacity has been commissioned by an independent agency called Care Home Selection which is helping people to choose care homes and access domiciliary care in a timely way.

- **Home First – Weekend Working:** the Home First service, which aims to get people home from hospital and assess their needs in their own environment, moved to working 7 days a week in October 2017. Although slightly later than planned, this is a good example of simplifying models of care and putting people at the centre of discharges from hospital.

- **Falls Response Service –** this service continues to flourish, helping 482 people (between May-Dec 2017) to be treated in their own homes after a fall, and led by an OT and Paramedic.

- **Community equipment and assistive technology–** this service is under review at the moment and a steering group is clarifying how the service

needs to be provided going forward, including the links to assistive technology, so that the Council and CCG can deliver an integrated equipment and technology strategy.

Challenges include:

- **Discharge to Assess beds –** these 5 beds were planned to open in November and it is hoped that they will now open at the end of January, or early February. This is disappointing but it is hoped that the beds will open soon.

- **Integrated reablement service –** this service is under review with Virgin Care and strategic partners and a number of positive changes are planned, particularly in relation to working with care providers who deliver reablement alongside Virgin Care. It is expected that the service will be much strengthened in 2018-19, supporting also the redesign of domiciliary care.

- **Capacity to deliver change –** additional capacity to deliver change has been recruited and will be in place from February 2018. This will significantly increase the speed at which changes and transformation projects can be delivered.

5 FINANCIAL IMPLICATIONS

5.1 Funding allocations

The table below sets out the contributions for the Better Care Fund together with the previous year's figures for comparison. The first four rows are the CCG's contribution with the remaining figures being the Council's investment.

Funding Source	16/17 £	17/18 £	18/19 £
CCG Section 75 Transfer to Council	£8,460,000	£8,611,434	£8,775,051
CCG Commissioned Out of Hospital Services	£2,008,000	£2,043,943	£2,082,778
CCG Risk Share Contingency	£539,994	£549,660	£560,103
CCG Commissioned YCYW	£0	£24,182,014	£24,182,014
Disabilities Facilities Grant Capital	£991,000	£1,084,352	£1,177,682
Other Local Authority Grants	£0	£779,987	£1,394,458
Council Revenue for Care Act	£1,500,000	£1,500,000	£1,500,000
IBCF	£0	£2,698,013	£2,063,000
Council and Public Health Commissioned YCYW	£0	£19,668,842	£19,668,842
Total	**£13,498,994**	**£61,118,246**	**£61,403,929**

The funding has been included in both the plans and budgets of both the Council and CCG for the year 2017-19. These plans have been through the governance processes of both organisations as laid out in section 9 of the narrative plan and have been signed off by the CCG's Board and the Cabinet of the Council.

The section 75 agreement has been written to cover the inclusion of the *your care,your way* community services provision and the funding mapped to individual service level documents. The use of the BCF funding has been agreed by both the Council Section 151 officer and CCG Chief Financial Officer to give transparency on the use of funds for both organisations.

5.2 As at month 8, the forecast out turn is showing a predicted underspend of £389k against the budget of £61,118k (0.6%).. Discussions are underway to re-allocate this funding or accelerate other schemes, for example by bringing forward planned strategic development for assistive technology. This underspend has been reported in line with the requirements of the section 75 agreement and together with mitigating plans is monitored on behalf of the CCG and Council by the Joint Commissioning Committee at their monthly meeting.

5.3 Plans are also being revised for those schemes which were not fully worked up in year one or where timeframes or circumstances have changed to confirm final allocations of funding for 2018-19, particularly in respect of the improved Better Care Fund allocation. For example, the Mental Health Pathway Review will take place during 2018-19 and funds are being earmarked for the review from unallocated iBCF monies. Following the recent announcement at Budget 2017 of an additional £42 million for the Disabled Facilities Grant (DFG) in 2017-18 we have received notification that an additional £106k has been awarded to B&NES. The DFG can only be used for home adaptations; however there is some flexibility to use this additional funding on wider social care capital projects. The additional funding must be used in year. At the time of writing we are exploring options for the innovative use of this additional funding which may include support to the CRC's and Community Equipment Pool if appropriate.

6 RISK AND GOVERNANCE

6.1 For 2017-18 onwards, revised governance arrangements have been established for the Better Care Fund. This follows feedback from the Health and Wellbeing Board and CCG Board and therefore a detailed update is provided below. Further information can be provided for each of the committees listed below if requested.

6.2 The governance and operational structures of the Better Care Fund are underpinned by a Joint Working Framework, adopted by both the CCG and the Council, which sets out the commitment, aims and practical supporting arrangements for joint working. This framework is underpinned by the following legal agreements:

- S113 agreements allowing managers with joint responsibility employed by either body to perform functions for and be accountable to the other body within an agreed HR framework and within the Schemes of Delegation of each organisation.

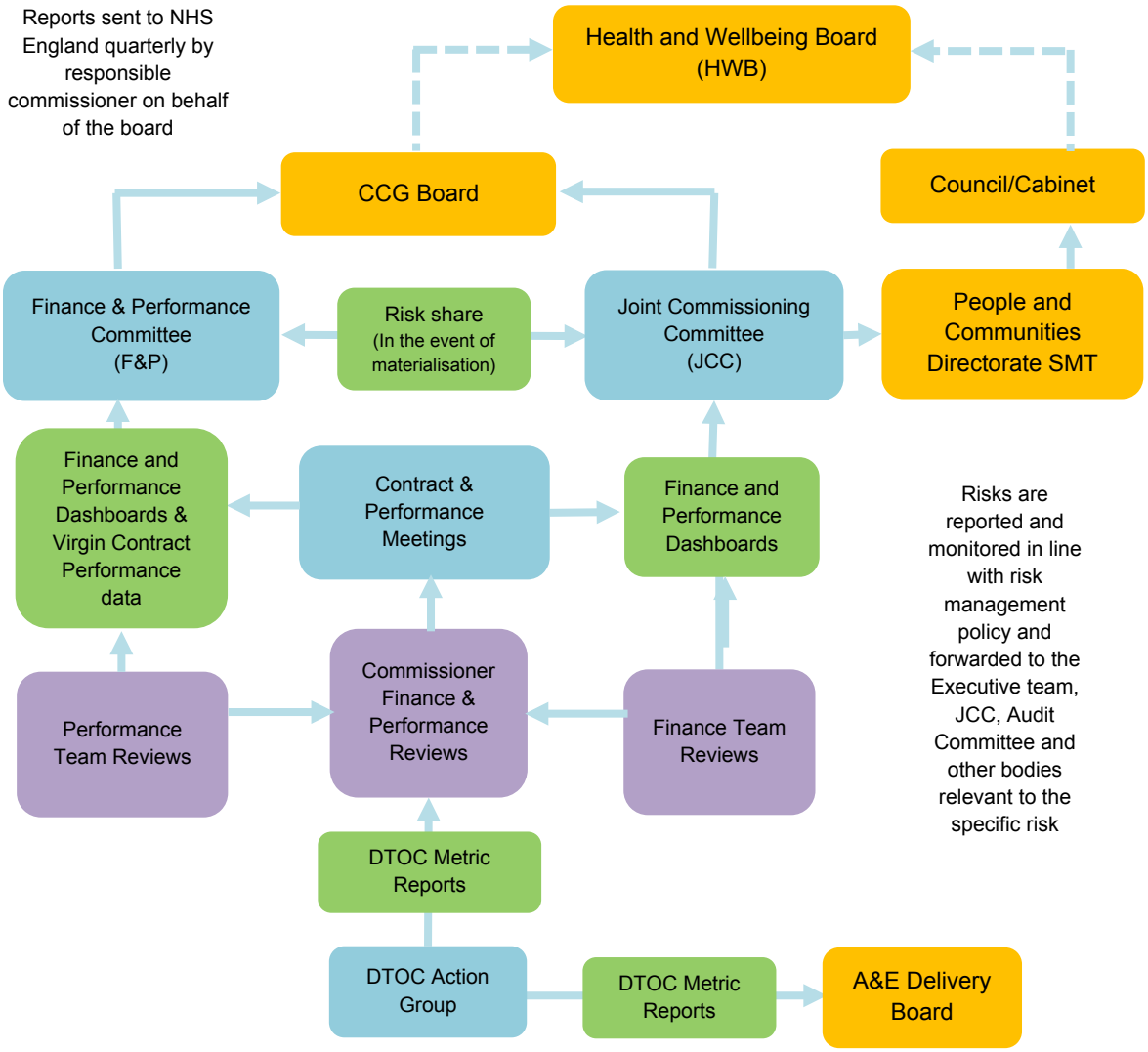
- This S75 pooled budget agreement which allows the pooling of resources managed by joint commissioners and supports integrated commissioning and provision; and

- S256 agreements which support expenditure on social care which has a benefit for health services.

Assurance of the overall delivery of the Better Care Fund (BCF) is monitored through the Joint Commissioning Committee (JCC) with overall responsibility sitting with the Health and Wellbeing Board (HWB). Monitoring of the financial implications of the BCF and pooled budget will be undertaken for the CCG by the Finance and Performance Committee (F&P).

The Governance and Reporting structure of the BCF is shown in the table on the next page:

Better Care Fund Governance and Reporting Structure



6.3 Risks identified are held on the BCF risk register and this is reviewed by JCC as a standard agenda item. Risks deemed to be sufficiently material are included on the Partnership risk register. The Risk Register was last reviewed on 7th December. There are four risks which remain rated over 16. The detail and mitigations are shown on Appendix 2.

It has been confirmed that three of these are already covered by risks already on the Partnership register (Finance under number 34/Fragility of the care market under number 141/YCYW Capacity under numbers 211 & 213) having been raised in connection with the Community Services contract.

The remaining risk which covers the DTOC Metric has been put forward in December for inclusion on the Partnership Risk Register but although a high risk to the BCF this is expected to be moderated as an overall risk to the Partnership.

7 2018-19 FUTURE PLANS

7.1 Further guidance is expected from NHSE and the LGA on the BCF for 2018-19, however, local priorities are also beginning to emerge. These include:

(1) Further focus on the delivery and performance of reablement, including the structure of the service model going forward;

(2) Linked to the above, ensuring a robust and outcomes-focused model of domiciliary care for 2019 onwards;

(3) Ensuring iBCF monies are targeted effectively and considering options for a potential Home First Plus model to support more people to return straight home from hospital who may need more intensive personal care support in the first few days;

(4) Focusing on strengths based working and the Three Conversations Model which aims to transform the approach to adult social care and the offer from the Council;

(5) Taking forward the Mental Health Pathway Review to set out strategic direction for Mental Health going forward;

(6) Continuing to support the redesign of the CRCs and Extra Care service models as they undergo transition.

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Bath & North East Somerset Council

Appendix 1 Better Care Fund 2017/2018 Performance Dashboard

NHS Bath and North East Somerset Clinical Commissioning Group

Current Reporting Period: Q2

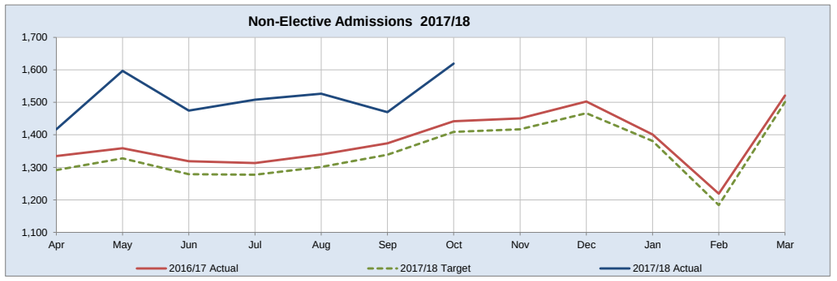
Non-Elective Admissions

Total non-elective admissions in to hospital, all-ages

	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Oct	Nov	Dec	Q3	Jan	Feb	Mar	Q4	Ytd
2016/17 Actual	1,335	1,359	1,319	4,013	1,313	1,340	1,374	4,027	1,442	1,451	1,503	4,396	1,401	1,219	1,521	4,141	9,482
2017/18 Target	1,292	1,328	1,279	3,899	1,277	1,301	1,339	3,917	1,409	1,417	1,467	4,293	1,381	1,184	1,501	4,066	9,225
2017/18 Actual	1,417	1,597	1,475	4,489	1,508	1,527	1,470	4,505	1,619								10,613
Difference to Target	125	269	196	590	231	226	131	588	210								1,388
Against Target	▲	▲	▲	▲	▲	▲	▲	▲	▲								▲
% Variance Against Target	9.7%	20.3%	15.3%	15.1%	18.1%	17.4%	9.8%	15.0%	14.9%								15.0%

Commentary

- Non-elective admissions have continued above plan in 2017/18. although the variance to the plan has decreased across Q2, the overall variance is at the same level as Q1.
- However, the variance to the plan is not reflective of a decline in performance. The CCG has identified that the variance is due to the nature of service delivery changing to benefit patients through increased ambulatory care activity but that the business rules are not aligned with this change in pathway. Short stays are recorded as non-elective admissions therefore. The CCG continues to work with RUH to agree business rules that reflect the nature of activity undertaken.
- Further information is included in the non-elective admissions dashboard page.



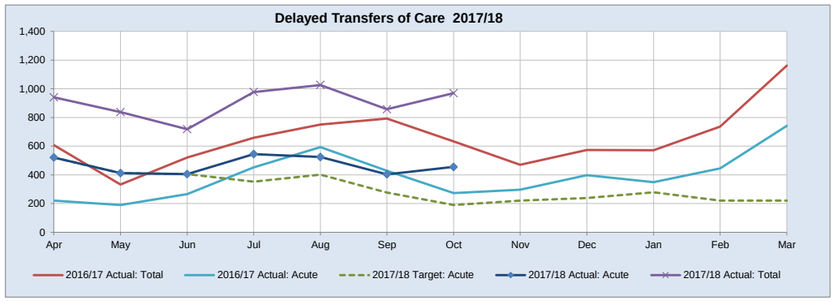
Delayed Transfers of Care Days

Delayed transfers of care (delayed days) from hospital (aged 18+)

	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Oct	Nov	Dec	Q3	Jan	Feb	Mar	Q4	Ytd
2016/17 Actual: Total	608	333	521	1,462	658	750	792	2,200	634	471	574	1,679	571	736	1,162	2,469	4,296
2016/17 Actual: Acute	221	189	265	675	453	593	429	1,475	273	297	398	968	349	445	742	1,536	2,423
2017/18 Target: Acute	521	412	405	1,338	353	401	277	1,031	189	221	239	649	279	221	221	721	2,558
2017/18 Actual: Acute	521	412	405	1,338	545	524	404	1,473	455								3,266
2017/18 Actual: Total	940	837	718	2,495	977	1,026	857	2,860	969								6,324
Variance to Target (Acute)	0	0	0	0	192	123	127	442	266								708
Against Target	◄►	◄►	◄►	◄►	▲	▲	▲	▲	▲								▲
% Variance Against Target	0.0%	0.0%	0.0%	0.0%	54.4%	30.7%	45.8%	42.9%	141%								27.7%

Commentary

- Performance in Q2 was significantly above plan as the system faced the continued effects of the reduction of available care home beds since the start of 2016. In Q2, delayed days attributed to awaiting care home placements accounted for 34% of total delayed days for the CCG. There has also been an increase in delays attributed to patients requiring further non-acute care (reason C), which is driven by the number of patients awaiting beds in community hospitals.
- The commencement of the Home First seven-day service is expected to improve performance in Q3. While October data indicates that performance has not seen improvement, early indications for November suggest that the effect of Home First is helping to reduce delayed days.
- The Acute data above includes RUH only measured against the BCF plan, which was based on RUH delays only. As AWP, NBT and UHB make national submissions, B&NES performance at national level shows high variance to the trajectory. Further detail is provided in the DTOC page.



Residential Admissions

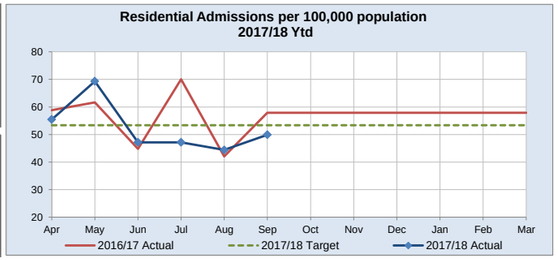
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population

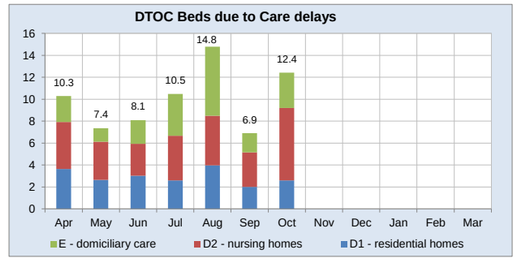
Metric (as at Sep-17)	2017/18
Baseline	682
Annual target	641
Ytd target	320
Ytd actual	313
Variance	-7.1
% variance	-2%

▼ Below Target

Commentary

- Permanent admissions have reduced in Q2 following above plan performance in Q1 overall, with Q2 results being better than plan by 12%.
- In each month in the quarter, admissions have been below the planned level of performance, continuing the good performance seen in June 2017.
- The year-to-date position of 2% below the plan demonstrates the level of improvement, as at Q1 permanent admissions were 7% above plan.
- See Data Note 2 below.





DTOC beds related to home care placements and domiciliary care

	2017/18
Baseline	
Annual target	
Ytd target	
Ytd actual	
Variance	
% variance	

Monitoring for baseline

Local Metric (IBCF return)

- Over a third of delayed days in B&NES in the year to date have been attributable to awaiting care home placements (D1 and D2) peaking in August and October. These delays should be reduced when the community reablement beds are live and the brokerage service is in place.
- Delayed days attributable to awaiting a domiciliary care package increased in Q2 with unexpected levels of Summer demand . Dom care capacity also supports people leaving reablement and admission avoidance that will not show as a DTOC but equally support flow in the community.

Reablement

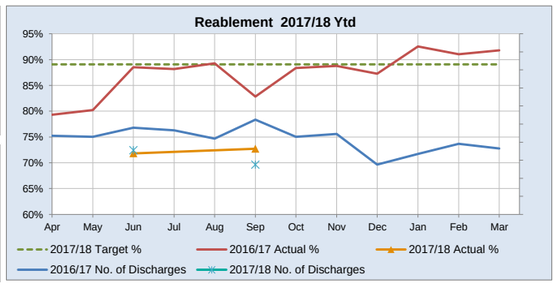
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services

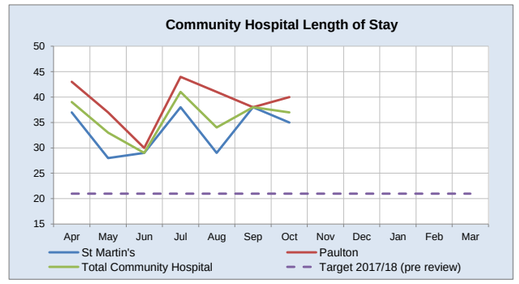
Metric (as at Sep-17)	2017/18
Baseline	87.3%
Annual target	89.1%
Ytd target	89.1%
Ytd actual	72.3%
Variance	-16.8%
Change vs M6 2016/17	-10.6%

▼ Below Target

Commentary

- The community provider has advised the CCG and Council that the method used to calculate this measures previously has led to over-stating performance. While the provider works with the CCG and Council to refine the method, an interim proxy measure has been used.
- While the 2017/18 data suggests a reduction in performance, it reflects a change in reporting rather than a change in outcomes for patients when compared to 2016/17.





Community Hospital: Length of Stay (LoS)

	2017/18
Baseline	
Annual target	21
Ytd target	21
Ytd actual	36
Variance	15
% variance	71%

Monitoring for baseline

Local Metric

- Community Hospital LoS is being monitored to identify the impact on system flow and to illustrate the effect of the community hospital review
- While the average rates have been subject to fluctuation this year, there is a generally increasing trend for total across the community hospitals and at each site, Paulton and St Martin's despite some improvement for the total and St Martin's values in October.
- The LoS target was set prior to the Community Hospital Review. While current performance is above the target, the target may be revised pending the outcomes of the review.

Local Metric (IBCF return)

Reablement packages completed within 6 weeks of the service starting

	2017/18
Baseline	
Annual target	-
Ytd target	-
Ytd actual	
Variance	-
% variance	-

Monitoring for baseline

Reablement packages completed within 6 weeks of service commencement

Data unavailable.
Update expected for Q3 reporting.

Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
Packages completed within 6 weeks
% completed within 6 weeks

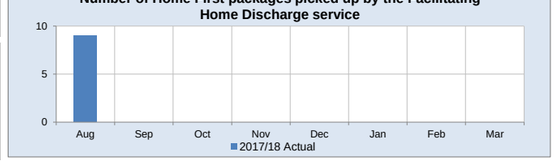
Local Metric (IBCF return)

Number of Home First packages picked up by the Facilitating Home Discharge service

	2017/18
Baseline	
Annual target	
Ytd target	
Ytd actual	9
Variance	
% variance	

Monitoring for baseline

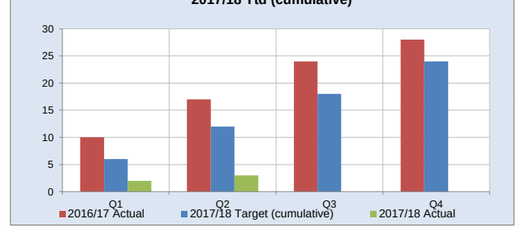
Number of Home First packages picked up by the Facilitating Home Discharge service



Commentary

- The means of measuring reablement packages completed within 6 weeks of the service starting is being revised by the community provider to exclude time waiting for the service to start. An update is expected for Q3.
- The number of Home First packages picked up by the FHD service is being monitored this year to understand how this impacts on system flow. Data has only been provided for August as a snapshot. A new template has been issued to the provider which means that data will be provided regularly for October reporting onwards.

Number of people started on a Live-in-Care package 2017/18 Ytd (cumulative)



Service users started on a Live in Care Package

	2017/18
Baseline	28
Annual target	24
Ytd target	12
Ytd actual	3
Variance	-9
% variance	-75%

▼ Below Target

Local Metric

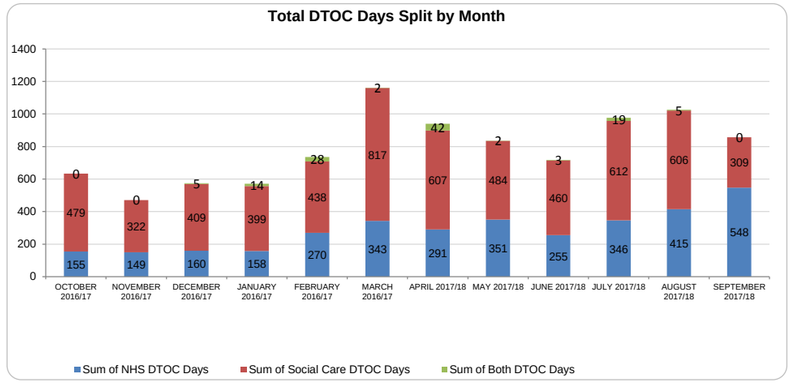
- The concerted effort to reduce the number of Live-in-Care packages has continued to yield results, as there have only been three such packages agreed up to end of Q2 against a target of 12. These efforts are contributing to a reduction in the hours of home care provided overall.
- The number of packages awarded to the end of Q2 is 83% lower than at the same time in 2016/17. Given that 2016/17 performance was better than planned, this year's performance is exceptional.

Data note 1	From February 2017 the RUH revised their DTOC reporting to align with national standards, which has led to an increase in delayed days. Further, delayed days attributable to both NHS and Social Care reasons had been omitted from this report until February 2017; the dashboard has been retrospectively updated to included accurate data.
Data note 2	Data for permanent admissions to care homes is subject to change as some cases are entered into LiquidLogic after the reporting period. That means that between quarterly reports, the figures published in the previous quarter's report may no longer be up-to-date at the next reporting period.

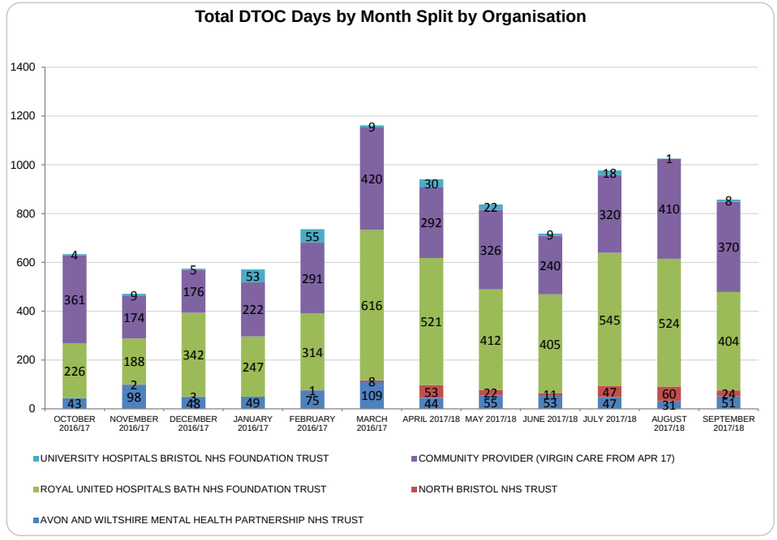
Delayed Transfers of Care (DToC) by reporting provider 2017/18

ALL BANES PATIENTS

Graph 1.



Graph 2.



DTOC Days	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	17/18 YTD Total	% of Total
NHS	155	149	160	158	270	343	291	351	255	346	415	548	**2,206**	**41%**
Social Care	479	322	409	399	438	817	607	484	460	612	606	309	**3,078**	**57%**
Both	0	0	5	14	28	2	42	2	3	19	5	0	**71**	**1%**
Total	**634**	**471**	**574**	**571**	**736**	**1,162**	**940**	**837**	**718**	**977**	**1,026**	**857**	**5,355**	**100%**

Table 1.

NHS DTOC Days by Reason

DTOC Reason	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	17/18 YTD Total	% of Total
A - COMPLETION ASSESSMENT	4	9	0	0	0	3	0	7	0	13	41	30	**91**	**4%**
B - PUBLIC FUNDING	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0%**
C - FURTHER NON ACUTE NHS	29	70	29	73	91	90	117	159	118	201	122	218	**935**	**42%**
Di - RESIDENTIAL HOME	16	17	24	9	35	66	36	13	8	15	48	42	**162**	**7%**
Dii - NURSING HOME	40	15	0	19	69	40	37	69	74	91	36	143	**450**	**20%**
E - CARE PACKAGE IN HOME	15	8	24	8	20	63	22	36	21	14	142	71	**306**	**14%**
F - COMMUNITY EQUIP ADAPT	0	7	1	0	6	0	0	0	0	0	0	0	**0**	**0%**
G - PATIENT FAMILY CHOICE	51	16	78	19	30	64	42	45	27	12	6	23	**155**	**7%**
H - DISPUTES	0	0	0	0	0	0	0	0	1	0	0	0	**1**	**0%**
I - HOUSING	0	7	4	30	19	17	37	22	6	0	20	21	**106**	**5%**
O - OTHER	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0%**
Total	**155**	**149**	**160**	**158**	**270**	**343**	**291**	**351**	**255**	**346**	**415**	**548**	**2,206**	**100%**

Table 2.

Social Care DTOC Days by Reason

DTOC Reason	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	17/18 YTD Total	% of Total
A - COMPLETION ASSESSMENT	35	6	42	77	104	214	167	127	92	113	74	61	**634**	**21%**
B - PUBLIC FUNDING	73	8	26	1	35	37	90	20	32	103	61	21	**327**	**11%**
C - FURTHER NON ACUTE NHS	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0%**
Di - RESIDENTIAL HOME	35	81	155	177	154	308	108	126	120	103	128	57	**642**	**21%**
Dii - NURSING HOME	248	163	84	67	115	136	148	148	105	103	121	88	**713**	**23%**
E - CARE PACKAGE IN HOME	76	61	72	60	30	122	94	63	110	149	222	82	**720**	**23%**
F - COMMUNITY EQUIP ADAPT	0	0	7	0	0	0	0	0	0	0	0	0	**0**	**0%**
G - PATIENT FAMILY CHOICE	12	3	23	17	0	0	0	0	1	41	0	0	**42**	**1%**
H - DISPUTES	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0%**
I - HOUSING	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0%**
O - OTHER	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0%**
Total	**479**	**322**	**409**	**399**	**438**	**817**	**607**	**484**	**460**	**612**	**606**	**309**	**3,078**	**100%**

Comments (September data is shown here with comments based on feedback from the most recent DTOC Action Group):

The total number of DTOC days decreased in September by 16% to 857. There has been a significant change in the attribution of delays in September where social care attributable delays accounted for 36% of total delayed days, which is at odds with the split in previous months where Social Care delays have been in the majority in recent years (2015/16 onwards). September's attribution split is more in line with the national trend, and locally the level of available social workers improved in September. There was also a drop in referrals to social workers due to the impact of Home First. All providers except AWP and UHB saw reductions in delayed days compared to August.

RUH's delayed days reduced by 23% compared to August, although this remained above the planned level of 277. There was a 138% increase in delays attributable to further non-acute health care (193 compared to 81 in August) which local reports indicate was due mainly to delays in awaiting community hospital beds. Again, this may be partly due to a review of coding of delays, so this will continue to be monitored to understand if it represents a change in performance. In contrast, delays attributable to awaiting residential and nursing home placements reduced by 48% (57 days) and 55% (52 days) respectively. Delayed days due to awaiting domiciliary care packages reduced even further by 74% (144 days).

Virgin Care's reduction of 9.8% was due to a fall in delayed days for all reasons except awaiting nursing home placement and housing. Nursing home delays increased by 700% (136 days compared to 17 in August) but this was offset by the combined reductions for other reasons, including a 40% fall (68 days) for delays due to awaiting domiciliary care packages.

AWP's increased delayed days was driven by delays due to awaiting a nursing home placement. The sourcing of suitable placements for complex patients remains challenging with demand from multiple HWBs for any suitable bed that becomes available.

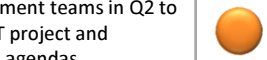
Appendix 2 – Better Care Fund Scheme Plans 2017-19

Q2 Update – September 2017

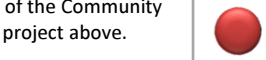
Bath & North East Somerset Council

NHS Bath and North East Somerset Clinical Commissioning Group

Assistive Technologies

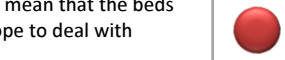
		Update	Status	iBCF
Ref: **14**	Name: **Assistive Technologies**	The equipment that will be used in the project has been decided upon. The University of West England researchers met with the reablement teams in Q2 to describe the project and its aims. The ethics approvals and contract signature process is underway but is delayed. Links between the AT project and community equipment agendas are being made and the Community Equipment steering group outiined below will draw together both agendas.		
Commissioner: **Wendy Gyde**				

Enablers for Integration

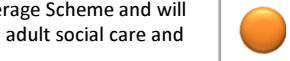
		Update	Status	iBCF
Ref: **7b**	Name: **Community Equipment**	The milestones timeline will be revised and updated in the Q3 report. Actions for future reporting periods include: fortnightly meetings of the Community Equipment Steering Group in Q3 and a stock take, which is due to take place early in Q4, plus review of AT potential in B&NES, linked to project above. Several contracts will be reviewed together to develop a combined strategic approach to community equipment.		
Commissioner: **Wendy Gyde**				

Transfer of Care

		Update	Status	iBCF
Ref: **23**	Name: **Home First**	The business case for the weekend service was signed off in Q2 and the service went live in Q3, so at the end of Q2 it was overdue. Prior to the weekend service starting, the number of discharges per week was on a generally increasing trend, and this has continued with the introduction of weekend discharges. Average time from referral to discharge has also now started to reduce. . All overdue actions were in progress or completed in Q3.		☑
Commissioner: **Angela Smith**				

Ref: **23d**	Name: **D2A Beds**	At the end of Q2, the beds were not open as planned. At the time of writing, as the end of Q3 approaches, there are still delays which mean that the beds are not likely to be in use before early January. However, commissioners continue to work with GP practices and the care home in scope to deal with emerging issues in order to have the beds available as soon as possible in Q4.		☑
Commissioner: **Vince Edwards**				

Integrated care planning

		Update	Status	iBCF
Ref: **13**	Name: **Strengths-based Working**	All milestones are in progress and on track as at the end of Q2. This project is significantly linked with the Support Planning and Brokerage Scheme and will be influenced by the ongoing development of the 3 Conversations approach which will deliver significant transformational change in adult social care and leading to a greater focus on the independence and strengths of people accessing our services.		
Commissioner: **Helen Wakeling**				

Key:

- Not Started
- In Progress but overdue
- In Progress
- Complete

Better Care Fund Scheme Plans 2017-19

Q2 Update – September 2017

Bath & North East Somerset Council

NHS Bath and North East Somerset Clinical Commissioning Group

Intermediate Care services

	Update	Status	iBCF
Ref: **3** Name: **Integrated Reablement** Commissioner: **Angela Smith**	Virgin Care is progressing its review of the reablement service with engagement from homecare strategic partners. This has been received positively by Commissioners. Revised performance metrics and specifications are being agreed with Virgin Care and homecare partners for an interim period in 2018/19 prior to implementing a redeveloped pathway from April 2019. Outcome based commissioning intentions for the revised pathway are being informed by the review and by independent specialist researchers, funded by government grant. However, a revision of the milestones will be undertaken for Q3 reporting to reflect the change in the timeline now that interim arrangements will be in place for 2018/19.		
Ref: **4** Name: **Falls Response** Commissioner: **Jonathan Didlick**	Feedback from the scheme has been very positive with common themes including "feeling reassured and helped, positive response time and positive use of skill combination and professionalism." The scheme moved onto the evaluation phase in Q3 in order to continue funding in 2018-19. It is an excellent example of working together across the Ambulance Service and Acute Trust to work differently and share expertise to keep people at home.		

Early Intervention

	Update	Status	iBCF
Ref: **9** Name: **Social Prescribing** Commissioner: **Basil Wild**	The project is progressing well towards its targets as all were met in Q2. The mean time to initial appointment improved on Q1 to 2.8 weeks against a target of 3.5 weeks. Referrals into the service has been generated from 96% of GP practices, above the target of 80%. All people who left the holistic service were supported by signposting to relevant support services.		

Residential placements

	Update	Status	iBCF
Ref: **19** Name: **NMW/Sleep in** Commissioner: **Mike MacCallam**	All milestones are on track as at the end of Q2. In Q3 the Council is continuing to work with providers to understand their cost pressures with a view to keeping clients in their current placements where possible.		☑
Ref: **21** Name: **CRCs** Commissioner: **Karen Green**	The transition of CRCs is progressing slowly. Cleeve Court and Charlton House have moved to their new models, with nursing placements now being provided at Charlton House. Combe Lea is expected to transfer to its new model in February. The £700k upgrades to the buildings continue to progress.		☑
Ref: **22** Name: **Transition of ECSH** Commissioner: **Anne-Marie Stavert**	In the year to date, The Orchard's bed occupancy performance has moved back above the amber threshold in 2017/18 (to the end of Q2) and is moving towards the target. Hawthorn's Court has exceeded the target this financial year, showing improvement on 2016/17 levels. Avondown, Greenacres and St John's are currently lower than their 2016/17 bed occupancy rates but this is being addressed between providers and Commissioners.		☑

Key:

- Not Started
- In Progress but overdue
- In Progress
- Complete

Better Care Fund Scheme Plans 2017-19

Q2 Update – September 2017

Bath & North East Somerset Council

NHS Bath and North East Somerset Clinical Commissioning Group

Other		Update	Status	iBCF
Ref: **17**	Name: **FPoC**	The investment through the Better Care Fund aims to ensure that the older people's care homes market in B&NES is funded sustainably and in line with the Council's legal commitments. The Council is currently analysing the impact of implementing the Fair Price of Care (FPoC) in B&NES and is updating work to establish a revised evidence base for the FPoC in 2018/19, with the outcome expected in Q4 2017/18. This work is also informed by recent evolution in the legal background in this area, which enables local authorities to have 'due regard' of local providers' costs with other relevant factors and, in doing so, re-frame their FPoC position. All actions are either complete or in progress.		
Commissioner: **Vince Edwards**				
Ref: **20**	Name: **Support Planning and Brokerage**	All milestones are either completed or in progress as the project remains on track. The milestones will be revised in the Q3 report as a number of them are no longer relevant. A key risk remains the capacity of all parties to implement at pace, although this has not yet impeded progress. Into Q3, the procurement for the ebrokerage system has closed with evaluation due to take place for the end of the year, so it is likely that the Q3 update will also be positive. While Social Care performance is being managed through the recovery process, the supporting metric on care plans in place within 28 days of assessment is likely to see a deterioration as the waiting list is addressed, as more long waiters receiving their care plans per month as opposed to those receiving theirs within 28 days.		
Commissioner: **Helen Wakeling**				

Key:
- Not Started
- In Progress but overdue
- In Progress
- Complete

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Appendix 3 - Better Care Fund Risk Register

Unique Risk No.	Status	Impact Area	Date Raised	Date of Next Review	Date Closed	Risk Title	Risk Description	Consequence	Risk Owner	Likelihood (5 = highly likely, to 1 = unlikely)	Impact (5 = catastrophic, to 1 = insignificant)	Risk Rating (Likelihood x Impact)	Current Mitigation and further planned actions
BCF01	Open	Scheme	01/04/17	01/12/17		Non-delivery of emergency admissions target	Further embedding and developing our established integrated care model fails to translate into the required reductions in emergency admissions in 2017/18, impacting the overall funding available to support core services and future schemes.	Financial risk impacts mainly on Council and CCG, operational risk is borne by provider.	Caroline Holmes	3	4	12	The A+E Delivery Board will support system wide overview of delivering of urgent care transformation programme and system wide performance on managing urgent care activity. Alignment of other commissioning initiatives means that delivery is not wholly reliant on BCF schemes. The Joint Commissioing Committee (JCC) will regularly review progress and continuously review strategic and operational priorities. The financial risk of non-delivery has been recognised by both the CCG and Council, the Council & CCG have also identified contingency reserves within their plans to the necessary value to cover the risk. A further review on the delivery and capacity of reablement to understand and measure its benefits in the current model.
BCF02	Open	Programme	01/04/17	01/12/17		Benefits realisation	There is a risk that the programme completes to an agreed timetable but the expected benefits are not realised.	DTOC levels do not reduce and emergency admissions rise	Caroline Holmes	3	4	12	In line with MSP practice, each scheme has identified benefits with dependencies and benefit owners. These will be tracked regularly with regular formative evaluation throughout the programme. Development of contingency plans e.g. aligned initiatives as set out above. DTOC metric reductions have been modelled conservatively. Additional schemes are being introduced including support for self-funders to mitigate slow progress in other schemes.
BCF03	Open	Scheme	01/04/17	01/12/17		Overlap and complexity of initiatives	There is a risk that the complexity and interrelationship of our initiatives with other related initiatives are not clearly understood.	There is confusion and duplication between the schemes	Caroline Holmes	3	4	12	Robust identification of expected impacts and of the relationship between different schemes (good programme and detailed project arrangements) and developing monitoring to match. These will be reviewed regularly by the JCC.
BCF04	Open	Programme	01/04/17	01/12/17		Health and social care management capacity	The complexity of the programme will stretch the management capacity of the health and social care system	Reporting will not be to the level required to deliver the scrutiny that the Programme needs	Caroline Holmes	3	3	9	The JCC will review progress on a regular basis and continuously review strategic and operational priorities. CCG and LA to engage in regular joint review of deployment of resources to deliver joint commissioning priorities. Additional capacity being provided within the Council.
BCF05	Open	National Conditions	01/04/17	01/12/17		Programme capacity	There is a lack of capacity to monitor progress and idenitfy issues with schemes	see above	Caroline Holmes	3	3	9	Ensure performance measures are deliverable by providers. Agree programme for performance reporting. New commissioning manager role will include DTOC support.
BCF06	Open	National Conditions	01/04/17	01/12/17		DTOC Metrics	The risk that DTOC numbers do not reduce in line with the metrics set	Flow in hospitals will continue to be compromised	Caroline Holmes	4	4	16	Continue to implement DTOC action plan with clear ownership and reporting in place. New schemes being introduced. Discussion planned with NHSE re DTOC metrics as national expectations still do not match reporting.
BCF07	Open	Programme	01/04/17	01/12/17		*Your Care Your Way* capacity	The transfer to a new community provider may take up resource in commissioning and ?? Virgin Care as contracts bed in. This will affect the pace of transformation	The delivery of the schemes may be compromised	Caroline Holmes	4	4	16	Continue to monitor delivery of schemes and programme overall . Monitor any concerns about capacity in contract meetings. Delivery of changes in community hospitals and reablement is slow - being managed through contract review meetings and has been escalated internally.
BCF08			01/04/17	01/12/17		Fragility of care home market and risk of closures	170 beds have closed in BaNES in the last 18 months. This is a service risk and a continuity risk.	Financial risk to Council as fees likely to rise. Quality risk to BaNES as provision reduces. DTOC risk	Caroline Holmes	4	4	16	Council has increased fees (Fair Price of Care) Continue to work with providers. Trust in Pathway 3 D2A Beds to support discharges. Block contract beds negotiated with one provider. FSP (fracture support pathway) beds due to open in early Dec. Pathway 3 due to open late Nov.
BCF09			01/04/17	01/12/17		Financial position for Council and CCG	Financial pressures in both Council and CCG are demonstrated in savings plans and efficiencies.	Pressures may impact on relationships and may cause additional priorities around savings programmes	Caroline Holmes	4	4	16	Range of savings plans in place for Council and CCG. iBCF support additional demand on adults budget. Financial position for both the Council and CCG still under pressure. Funding from iBCF and BCF schemes that are delayed is being used for additional schemes. ORCP monies funding Fracture Support beds.

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