
HEALTH & WELLBEING BOARD

Minutes of the Meeting held

Tuesday, 26th June, 2018, 10.30 am

Councillor Vic Pritchard (Chair)	Bath & North East Somerset Council
Mike Bowden	Bath & North East Somerset Council
Tracey Cox	Clinical Commissioning Group
Alex Francis	The Care Forum – Healthwatch
Bruce Laurence	Bath & North East Somerset Council
Kirsty Matthews	Virgin Care
Councillor Paul May	Bath and North East Somerset Council
Laurel Penrose	Bath College
Sarah Shatwell	(VCSE Sector) - Developing Health and Independence
Jane Shayler	Bath & North East Somerset Council
Elaine Wainwright	Bath Spa University
Observers:	Cllr Tim Ball Cllr Eleanor Jackson Cllr Robin Moss

1 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

2 EMERGENCY EVACUATION PROCEDURE

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

3 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from:

Ashley Ayre – Bath and North East Somerset Council
Mark Coates – Liverty Housing
Steve Kendall – Avon and Somerset Police
Bernie Morley – University of Bath
Dr Ian Orpen – Clinical Commissioning Group
Hayley Richards – Avon and Wiltshire Partnership Trust
James Scott – Royal United Hospital Bath NHS Trust
Dr Andrew Smith – BEMS+ (Primary Care)

4 **DECLARATIONS OF INTEREST**

Councillor Paul May declared a non-pecuniary interest as a Non-Executive Director on the Board of Sirona. This particularly related to item 12 on the agenda (Community Services – One Year On) and Cllr May stated that he would leave the meeting while this item was discussed if necessary.

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

There was no urgent business.

6 **PUBLIC QUESTIONS/COMMENTS**

Fred Jerrome from UNISON made a statement and asked a number of questions regarding the ongoing industrial dispute between Sirona and UNISON members working in extra and residential care.

A response to the questions was circulated at the meeting.

A copy of the statement, questions and response is attached as *Appendix 1* to these minutes.

7 **MINUTES OF PREVIOUS MEETING - 17 APRIL 2018**

The minutes of the previous meeting were approved as a correct record and signed by the Chair.

8 **3 CONVERSATIONS - PERSONALISED APPROACH TO ADULT CARE**

The Board received a presentation from Helen Wakeling (Deputy Safeguarding Lead) and Natalie Steadman (Head of Transformation Programme) regarding the 3-conversations model for social care. The model provided a graded process of conversations aimed at helping people lead independent lives with traditional (funded) support packages offered only when other options have been exhausted.

The presentation covered the following issues:

- Overview of the 3-conversations model:
 - Conversation 1 – Listen and connect

- Conversation 2 – Work intensively with people in crisis
- Conversation 3 – Build a good life – for some people support in building a good life will be required
- Progress so far:
 - Two innovation sites have been live since March 2018 – one at the RUH and one in the social care community team
 - A third team, the North East Somerset social care community team, went live with the approach in mid-May.
 - Plans are currently being developed to roll the model out to two further sites over the summer including one in a mental health team.
 - A scorecard has been developed to record the impact of the innovation sites.
- Lessons from other areas:
 - People experience an improvement in the quality of the social care provided by getting a response in a timely way to a request for information or assistance; and by being seen as an individual with abilities, networks and resources utilising social care funding to support them in a proportionate way.
 - Other local authorities have seen a reduction of the social care purchasing spend as resources are focused on what is needed by a person rather than prescribing 'off the shelf' packages of care.
 - Social care staff report that, unlike some of the existing approaches, the 3 conversations approach supports their professional understanding of what a quality adult social care service should provide.
- Case studies from the current approach
- The way forward:
 - The innovation sites are going to be reviewed at the end of June and a decision made about continuing the roll out across all of B&NES social care services.
 - The plan is to continuously learn, reflect and amend the approach to suit our local needs

Officers then responded to questions as follows:

- The approach would be used for both new and experienced users of social care.
- Staff usually communicated with people face to face and advocacy services could be provided if required.
- A phone number access point was available.
- The second conversation included family and friends as appropriate.
- The approach would be evaluated and assessed and lessons would be learnt from the early pathfinder work.

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

RESOLVED:

- (1) To note the information covered in the presentation.
- (2) To request a further update on the 3-conversations model in six months' time.

9 HEALTH INEQUALITIES UPDATE

The Board received a presentation from Bruce Laurence (Director of Public Health) regarding health inequalities; this followed a previous report provided to the Board on this matter in July 2017.

The presentation covered the following issues:

- Work themes:
 - Give every child the best start in life
 - Enable all children young people and adults to maximise their capabilities and have control over their lives
 - Create fair employment and good work for all
 - Ensure a healthy standard of living for all
 - Create and develop healthy and sustainable places and communities
 - Strengthen the role and impact of ill health prevention
 - Inequity in access to health and care services
- The latest report on health inequalities showed that life expectancy figures linked to inequalities remained stable.
- School readiness was a clear indicator of health inequality.
- People suffering from mental illness often had worse physical health than those who did not.

The following issues were discussed:

- It was felt that the key focus area to reduce inequalities was maximising early years' investment.
- Sarah Shatwell highlighted the need to make the best use of the voluntary sector to help reduce inequalities as the community sector was very diverse.
- Elaine Wainwright stated that there were links between employment and mental health. It was noted that there was a project in B&NES to promote healthy workplaces and that it would be helpful to see more emphasis on this.
- Jane Shaylor informed the Board that under the mental health pathway review occupation is a key workstream. Some work may be sponsored with smaller employers on how best to support employees and this will involve testing what works well in this area.
- Cllr Paul May noted the importance of school readiness and support for communities. As Cabinet member for Children and Young People he would follow this up with the West of England Combined Authority (WECA) who had responsibility for learning and skills.
- Bruce Laurence stressed the importance of communication between organisations to take this issue forward. A government green paper regarding child mental health was in the process of being produced and this could link into reducing inequalities.
- The Board noted the problems that some parents had in obtaining support for

children who required assistance due to conditions such as autism. Cllr Ball pointed out that sometimes without a diagnosis no help or support was available. Cllr Jackson stated that the prescription of drugs such as Ritalin to children had doubled in the last 5 years. Members felt that it would be useful to discuss children's mental health at the next meeting.

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

RESOLVED:

- (1) To note the information provided in the presentation.
- (2) To request a report regarding children's mental health services at the next meeting.
- (3) To request a further update on health inequalities in one year's time.

10 DOMICILIARY CARE AND REABLEMENT RE-SERVICES AND RE-DESIGN

The Board considered a report regarding the recommissioning of homecare and reablement services in Bath and North East Somerset. The report focussed on creating services to deliver outcomes which make a tangible difference to peoples' lives and to promote care market sustainability.

The Board also received a presentation from Vince Edwards (Commissioning Manager, Adult Social Care) and Alison Enever (Commissioning Project Manager) regarding this matter covering the following issues:

- Overview – the recommissioning aimed to maximise independence and ethical good quality care and to deliver outcomes that make a tangible difference to people's lives by:
 - Innovation co-operation and emerging good practice
 - Review and remodel existing services
 - Designing new pathways
 - Re-framing the role of formal care in a modern care and health landscape
- Details and timeline of the transformation programme
- Challenges in the care sector:
 - Urgent care
 - Social care
 - Motivation
 - New methods
- Workshops and consultation
- Ethical care standards temperature check
- What we are trying to achieve:
 - A reabling focus to care – people at the heart of services
 - A range of options – right support at the right time
 - Support for rural communities – making best use of capacity
 - Learning from best practice
 - Developing relationships between providers – joined up services
 - Empowering people to live happier, healthier lives

It was noted that homecare was mainly provided for older residents. Currently there was a good mixed model provided primarily through Virgin Care. About 70% of care in B&NES was provided by 4 organisations.

It was difficult to recruit and retain staff in the care sector and a number of initiatives were being considered to address this challenge.

A copy of the presentation slides are attached as *Appendix 4* to these minutes.

RESOLVED: To note the report.

11 **PROPOSED CHARTER FOR JOINT ACTION ON IMPROVING HEALTH AND WELLBEING THROUGH NATURE**

The Board considered a report which proposed closer partnership working between the B&NES Health and Wellbeing Board and the West of England Nature Partnership to support the shared aims of a healthy society. A Charter was circulated which provided an overview of the value of natural assets and their importance for health and wellbeing and suggested guiding principles for partnership working.

Prefessor Selena Gray, Chair, West of England Nature Partnership gave a presentation regarding the charter. The following issues were covered in the presentation:

- Information regarding the West of England Nature Partnership, its aims and mission statement.
- Information regarding the work of the West of England Nature Partnership.
- The purpose of the charter for joint action was to achieve a high-level commitment to work together to achieve the shared vision of a healthy society.
- The spectrum of green care and the importance of experiencing and interacting with nature.
- Links to sustainable development goals.
- Principles of the charter for joint action:
 - Place based approach
 - Leadership
 - Investment and support
- Outcomes for the charter for joint action:
 - Reciprocal representation between the Health and Wellbeing Board and the West of England Nature Partnership
 - Collaborate at South West level (SW LNPs) where possible
 - Identify and actively promote commissioning of nature-based solutions (green care)
 - Collaboration on natural assets and healthcare outcomes embedded in local policies and strategies
 - Community Connectors trained in nature-based solutions and opportunities (green care)

Cllr Pritchard stated that he saw this proposal as a component to preserve both

physical and mental health.

Bruce Laurence noted that it was important to promote local opportunities and supported the adoption of the charter. There was evidence to support the positive effect of nature on health and wellbeing.

Cllr Paul May was also supportive of this work and felt that it was an important area to protect and develop.

A copy of the presentation slides are attached as *Appendix 5* to these minutes.

RESOLVED: To agree to the principle of the Charter attached as Appendix 1 to the report which commits to joint action on improving health and wellbeing through nature between the B&NES Health and Wellbeing Board and the West of England Partnership.

12 **COMMUNITY SERVICES - ONE YEAR ON**

The Board considered a report which provided an overview of the first year (2017/18) of the Virgin Care Services community services contract including:

- Delivery of transformation priorities; and
- Quality and performance of service delivery

The Board also received a presentation from Kirsty Matthews (Managing Director, Virgin Care) which covered the following matters:

- Key achievements
- Progress on transformation
- 2018/19 transformation focus
- Service quality report
- Friends and family test feedback
- B&NES priorities
 - Workforce plan to strengthen recruitment, decrease agency spend and develop workforce
 - Service quality, safety and enhancing user experience
 - Estates and Hotel Facilities Strategic Plan
 - Delivering Year 2 Transformation Plan
 - Meeting the B&NES System Needs, including expanding the Home First service and Reablement review
 - Review and make changes to commissioning

Sarah Shatwell asked about the current mental health review and queried whether this would be delayed until December. Jane Shayler stated that the initial round of consultation and engagement had resulted in some initial messages which needed to be considered. It was important to obtain a strong voice from the “seldom heard” groups and it was hoped that adjustments could be made as necessary. She explained that the timetable for the review was being looked at in the light of any further engagement that needed to take place. She confirmed that B&NES was not anticipating decommissioning or changing the overall spend on these services. She acknowledged the concerns of the providers regarding any potential delay and

wanted to support partner collaboration and make necessary adjustments. She also confirmed that the contracts had to be in place by April 2019.

Cllr Pritchard proposed that a report on the mental health review be considered at a future meeting of the Board.

Alex Francis from Healthwatch asked whether the breadth and pace of the transformation had affected the capacity of Virgin Care to meaningfully engage with patients, families and staff. Kirsty Matthews responded stating that the number of consultees on the Citizens' Panel was lower than hoped. With each of the services provided there was an opportunity for service users to engage. She confirmed that Virgin Care were working with colleagues to ensure that engagement was meaningful.

Alex Francis then asked whether there would be an opportunity to reflect on the changes given the large scale transformation. Kirsty Matthews stated that there was a dedicated transformation team working on this which provided scope for challenge.

Mike Bowden stated that this had been a very large undertaking and that further updates could be brought to the Board in due course.

Cllr Pritchard noted that the first 100 days had passed without incident, although there had been a somewhat difficult start. He noted that the real transformation was now beginning. He confirmed that there would be further updates regarding the transformation of community services which would be brought to future meetings of the Board.

A copy of the presentation slides is attached as *Appendix 6* to these minutes.

RESOLVED:

- (1) To note the contents of the report and presentation.
- (2) To receive further update reports regarding the transformation process.

13 DATE OF NEXT MEETING

It was noted that the next meeting will take place on Tuesday 25 September 2018 at 10.30am in the Brunswick Room, Guildhall.

14 CLOSING REMARKS

The Chair thanked everyone for attending the meeting.

The meeting ended at 12.30 pm

Chair

Date Confirmed and Signed

Prepared by Democratic Services

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UNISON STATEMENT TO HEALTH AND WELLBEING BOARD

26 JUNE 2018

Thank you for allowing us to make this statement regarding the industrial dispute in Sirona. My name is Fred Jerrome, I am an organiser for UNISON. We represent the residential and extra care workers currently on strike there

About 170 of these staff, almost all women, earning base rates of the minimum wage or not much above, have made the difficult decision to go on strike. It is a choice that causes them money problem and anxieties over the wellbeing of their residents. But it is also the case that they feel a duty to stand up for not only their families, but for the provision of safe care in Sirona.

I am sure you are all aware of Sirona's proposals that have caused the problem, but I have seen some descriptions from council officers that do not capture the entire issue.

Care workers are not simply being asked to replace a paid break with an unpaid break. For starters they currently receive no official break on shift. In several homes there is nowhere staff can even take a break. Sirona have not answered questions about how a thirty minute uninterrupted break could be guaranteed while still maintaining safety, particularly overnight. UNISON will circulate a briefing on this. The nature of care work, exacerbated by frequent staff shortages, is constant and unpredictable demands. If Sirona senior managers spent time on the shop floor they would know this.

If this proposal is forced through by Sirona, there will not be unpaid breaks because it will not be realistic or safe to take them. There will simply be a reduction of thirty minutes pay per shift.

The alternative for care staff is to build up a time debt of thirty minutes per shift. They would then owe back extra shifts, for no extra pay. Some would have to work another sixteen shifts per year.

I know it is not your role as the Health and Wellbeing Board to make decisions on the internal affairs of one company. But I would ask you to consider the effects on the wider health economy in B&NES.

First and foremost, if this change is forced through, Sirona will shed experienced, committed care workers. They know their residents, they know their jobs, they go the extra mile. But as colleagues from across public services will know, you cannot run a system on goodwill forever.

Many of the affected staff have worked for Sirona, and B&NES before that, for more than ten years. That sort of knowledge is rare and valuable in care. It won't be replaced with a recruitment drive, particularly given the demographics of the care

workforce – put simply; care workers talk to each other and Sirona is getting a reputation.

Staff are already leaving in the face of this. Recruitment and in particular retention is also a problem, despite what Sirona say. Sirona spent over £1.1 million on agency and bank staff in extra and residential care alone in 2016/17. From April to December 2017 the organisation had already spent another million in this area.

If the care that Sirona provides takes a hit as staff leave or burn out, then that has knock on costs for the rest of the system. It will mean more ambulance call outs, more hospital admissions, more calls to the police. It will mean people who currently live relatively independently in supported housing decline faster and those with serious conditions get less continuity of care.

Sirona say they cannot deliver the contract value that they agreed with B&NES without making these cuts. B&NES say there is no money left. Yet for the sake of £170,000 per year – a quarter of one percent of Sirona's turnover, or slightly more than their highest paid director takes home each year – this proposal will impoverish people and turn extra and residential care into a problem for the rest of the system.

I would implore you all to use your influence as health and public service professionals to press B&NES and Sirona to work with UNISON to find a solution to this before it is too late.

QUESTIONS TO HEALTH AND WELLBEING BOARD

26 JUNE 2018

FRED JERROME - UNISON

These questions relate to the ongoing industrial dispute between Sirona and UNISON members in extra and residential care. See attached briefing for background.

1. The B&NES health and wellbeing strategy 2015-19 identifies a need for enhanced care for older people and people with dementia. How will cutting wages for Sirona staff responsible for delivering this help achieve this priority?
2. Sirona has on its website adverts for at least seven jobs with hourly rates of £7.58 - that is 25p below the legal minimum wage. How much confidence does this give you in Sirona's managerial competence?
3. We have surveyed Sirona workers affected by the plan to cut their pay or make them work extra shifts for free. Over one third say they are considering leaving due to the harmful impact of the changes. What impact do you predict on care outcomes from this predicted exodus of staff?
4. Sirona staff have highlighted to us that the plan to insert 30 minute unpaid breaks into shifts would leave only one person on duty, particularly during night work. Do you have any concerns about this?
5. Problems identified by Sirona staff workers from the lack of safe staffing during unpaid breaks include: risks for health and safety, fire safety, movement of patients, dealing with aggressive residents, administering time critical medication, and lone working. Do you feel the unpaid breaks are a workable option?
6. The health and wellbeing strategy draws attention to the importance of a skilled health workforce. Do you think forcing staff to choose between working extra shifts for free or losing hundreds of pounds pay is likely to achieve this outcome?
7. Service users feeling safe and secure is a stated outcome of the health and wellbeing strategy. Will this be achieved if service users know there will not be enough staff on shift during their 30 minute breaks should an incident occur?

Background to the Sirona dispute

120 Sirona care workers are set to take strike action at the start of June. These staff, mainly women, work in residential and extra care for older people in Bath, Keynsham and Midsomer Norton. Their pay scales start at the minimum wage and don't go far above it. Only staff working unsocial hours would have an hourly rate higher than the Real Living Wage.

The strike is happening because Sirona management plan to make care workers choose between a pay cut, or working longer hours. Even working longer hours will in practice result in a loss of earnings to the workers, because they will be less able to take up bank work or other sources of additional income.

The specific plan would see a thirty minute "unpaid break" inserted into most shifts. Currently the workers do not get a break during their shifts. So the result is a cut of half an hour's pay per shift.

Sirona have presented an alternative. This would see workers paid as normal for shifts including the "break". But they would accrue a "debt" of thirty minutes per shift, and then pay those back by essentially doing extra shifts for free. Some are predicted to be liable for up to sixteen extra unpaid shifts each year. The more shifts worked, the more time debt owed.

To make this change Sirona asked these workers to sign new contracts. Care staff have refused to do so en masse, so Sirona now say they will dismiss and re-engage all the staff to force them onto the new contracts.

In response to this, care workers in UNISON have voted overwhelmingly (95%) to strike. Their first strike was 24 hours from 0800 on 6 June to 0800 on 7 June. They are now striking for two hours every other day throughout June, at times around the clock.

Why is Sirona cutting pay for care workers?

Sirona have handled the situation badly, failing to provide information to care workers in a timely fashion and putting undue pressure on them to sign the new contracts before they have the full facts available.

Sirona have provided staff with incorrect figures and have failed to establish how safe working practices would be possible under the new breaks system. Even if staff were to accept the breaks system they would not be able to take breaks because a) it would leave insufficient numbers of staff on shift, particularly on nights, and b) some Sirona homes have no appropriate break facilities.

But UNISON does not believe that responsibility for this situation sits solely with Sirona. Sirona claim they have been left with a £215,000 hole in their budget by B&NES council, who set up Sirona in 2010 and commission the service. B&NES

claim they have not cut Sirona's funding. The situation is complicated by the fact that in 2017 Virgin Care won a large contract that Sirona had previously delivered. This resulted in Sirona renegotiating their remaining contracts with B&NES, which is where the problem seems to have arisen.

To solve the dispute B&NES council needs to provide sustainable funding for Sirona. UNISON has already agreed some cost saving plans with Sirona, so additional investment of just £170,000 would protect the incomes of the care workers and the service for the individuals in care.

What will this mean for care workers?

Care workers do not want to go on strike but they cannot endure the conditions proposed by management. The shift changes present a number of problems

- The impact on the workers' already precarious finances. They are low paid, living in an area with a high cost of living. They cannot afford to turn down the extra shifts.
- UNISON members have told us they are already forced to use food banks because their wages do not cover the essentials.
- Even if they do take the extra shifts, this means the workers cannot make up their incomes using bank shifts, unsocial hours shifts, or other second jobs. This will cost them hundreds of pounds a year in lost income.
- The staff are almost all women and a very high percentage having caring responsibilities of their own, either for children, for elderly parents, or for both. They will be faced with unaffordable extra childcare costs or in some cases simply have to leave if the changes go through.

For further information please contact John Drake on j.drake@unison.co.uk

RESPONSE

Whilst the Council does value and have an interest in the welfare and conditions of staff working for our commissioned providers, any employment dispute is for staff and their representatives to resolve with the employer.

There was a meeting on Friday 15 June between senior representatives of the Council and Sirona and Unison representatives to discuss the current dispute. As part of that discussion, the Council did clarify its position, which is summarised below.

Bath & North East Somerset Council understands that Sirona needs to make savings to ensure that people continue to have their care needs met.

Whilst the Council has not reduced the funding it has specifically allocated for these services, the Council recognises that the funding available to Sirona to run residential services is less because the size of their overall contract in Bath and North East Somerset has reduced; meaning they have less overall flexibility to absorb cost pressures.

The Council is itself managing the impact of reductions in government funding for its own services, including losing 300 full time equivalent posts and reducing services. The Council is not, therefore, in a position to supplement the Sirona contract for residential services, but remains committed to their on-going improvement and development; for this reason the Council has invested £700,000 in upgrading the buildings and has provided some transitional support to allow Sirona to move from residential to nursing home provision.

The Council has undertaken its own due diligence with Sirona and believes that the current contract sum is the right level of funding to run the services, but understands that a number of changes have to be made to enable Sirona to live within the contract amount and continue to provide safe, good quality services. These changes include reducing overheads and the contractual change which will achieve greater consistency of the Terms and Conditions of some members of staff with the wider care sector.

The Council recognises the difficult decisions being made and their impact on staff but supports the need to reduce the cost of provision to continue to provide the service within available resources.

3 Conversations – a personalised approach to Adult Care

A presentation for the Health and Wellbeing
Board
June 26th 2018

Natalie Steadman and Helen Wakeling

Overview

- » The 3-conversations model aims to create a new relationship between professionals and people who need support, providing a graded process of conversations aimed at helping people lead independent lives, with traditional (funded) support packages offered only when other options have been exhausted.
- » The approach draws on the individual's own resources and encourages professionals to forge stronger links with the wider community, especially the voluntary sector, in order to support individuals.
- » For some people information and advice will be enough, while others may find an item of equipment or identifying a local group to attend makes all the difference. However, there will still be care and support for those who need it.

The model

- 1 Conversation 1 : Listen & Connect**
Listen hard. Understand what really matters. Connect to resources and supports that help someone get on with their chosen life, independently.



- 2 Conversation 2 : Work intensively with people in crisis**
What needs to change urgently to help someone regain control of their life? Put these into an emergency plan and, with colleagues, stick like glue to help make the most important things happen.



- 3 Conversation 3 : Build a good life**
For some people, support in building a good life will be required.
What does 'a good life' look like? What resources, connections and support will enable the person to live that chosen life? How do these need to be organized?



Progress so far

- » Two 'innovation sites', one in the Bath social care community team and one in the RUH hospital social care team, have been live since March 18.
- » A third team, the North East Somerset social care community team, went live with the approach in mid May.
- » Plans are currently being developed to roll the model out to two further sites over the summer including one in a mental health team.
- » A scorecard has been developed to record the impact of the innovation sites. It is too early to provide any rigorous data, however the sites are already showing a reduction in the time a person has to wait for social care involvement and evidencing an increased awareness of the person's strengths and abilities.

Lessons from other areas

- » People experience an improvement in the quality of the social care provided by getting a response in a timely way to a request for information or assistance; and by being seen as an individual with abilities, networks and resources utilising social care funding to support them in a proportionate way.
- » Other local authorities have seen a reduction of the social care purchasing spend as resources are focused on what is needed by a person rather than prescribing 'off the shelf' packages of care.
- » Social care staff report that, unlike some of the existing approaches, the 3 conversations approach supports their professional understanding of what a quality adult social care service should provide.

A story from our current approach

A day before Mr Y was discharged from hospital after his stroke, Mr and Mrs Y had a meeting with a professional who told them about the care package she had arranged.

This package was drawn up with no input from Mr or Mrs Y, and without any knowledge of their home situation. The package included domiciliary care being provided four times a day, with an initial visit focused on getting Mr Y washed and dressed.

When Mrs Y stated that he could do that for himself, she was told that she could not cherry pick: either accept the whole package or get nothing at all. The first morning, Mr Y woke up early, washed and dressed himself, and waited for the care worker to arrive. It took 4 weeks for professionals to realise that this level of care was not required.

A lot of money could have been saved and frustration avoided if Mr and Mrs Y had had a conversation about what they needed rather than being told what they could have.

A story of difference

Mrs X was ready to leave hospital. The initial information from the ward suggested that she needed residential care. Mrs X and her family were very keen for her to return home. The ward Multidisciplinary Team (MDT) were very concerned that she would not manage at night at home and that her day time transfers would also put her at risk. Mrs X was aware of these concerns and had strategies at home that had worked for her in the past – but which did contain an element of risk, a level of risk both Mrs X and her family were prepared to take. The ward MDT agreed to Mrs X's going home partly because the social care worker would be continuing to support her at home and Mrs X would not be put on a waiting list for a community team. Mrs X returned home with a high day time support package and her overnight needs were monitored. In the following two weeks her funded support was decreased as Mrs X was managing well with support from her family.

The way forward

- » The innovation sites are going to be reviewed at the end of June and a decision made about continuing the roll out across all of B&NES social care services.
- » The plan is to continuously learn, reflect and amend the approach to suit our local needs

Progress on tackling health inequalities in B&NES

A brief update for the Health and Wellbeing Board June 2018

Paul Scott, B&NES Public Health

Work themes

1. Give every child the best start in life
2. Enable all children young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure a healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill health prevention
7. Inequity in access to health and care services

Best start in life

- B&NES trauma informed care conference in 2018
- Moving from 'why' to 'how'
- ...but still some questions about 'who', 'when'

Children and young people and adults

- *A Best start in Life* established - includes commissioners and providers of maternity, health visiting, FNP, early years settings and children's centres
- Purpose is to ensure effective referral pathways and joint working between services to improve outcomes for young children. This group reports into the Early Help Board
- Consideration is being given as to how to best implement ACE and Trauma informed care in practice and co-ordinate across children's and adult's services

Good employment for all

- Started delivery of the FutureBright project in 2018 which supports people who are in work and on low incomes to improve their earnings (more money and / or more hours)
- Developing the Employment Hub website due to be launched this summer. The website enables people to clearly identify the support available to them to enter employment and progress their careers so they are able to help themselves. There are also pages for content which will include links to health services and tips on reducing stress
- Employment and skills review looking at how employment and skills services can better work together locally and how they link to other support services (including health)

Good employment for all

- Employment and Occupation as a pathway in the B&NES Community mental health services review
- Working with local employers to support them to offer 'good' jobs, funded via FutureBright to start this work.
- St John's Round Table work on employment and mental health

Create and develop healthy and sustainable places and communities

- Bath Air Quality Management Area - plans to work with people who have relevant long term conditions to proactively notify them in advance of high air pollution days with preventative advice

Ill health prevention

- CCG Health Optimisation policy
- No evidence that shows whether or not such a policy widens health inequalities or can reduce health inequalities
- A health inequalities impact assessment has been carried out and a resulting plan put in place that recognises that some groups of patients are less likely than others to benefit from a referral to services for support to lose weight or stop smoking, so identifies actions aimed at increasing their ability to benefit

Ill health prevention

- CCG continues targeted work on safeguarding and pre-diabetes in our most deprived practice areas
- Progress on work to improve physical health care for people with severe mental illness

Access to services

- STP work on increasing flu vaccination amongst people with lower vaccination rates, including carers and clinically higher risk groups
- Multi-agency workshops in 2017 looking at poor uptake of cervical screening and childhood immunisation
- Two action plans, now agreed between council public health and NHSE/PHE screening and immunisation leads
- Most work in the action plans will be taken forward by a Health Inequalities Screening and Immunisation Worker in post for 12 months – funded by NHSE

Access to services

- B&NES public health, Avon Breast Screening Programme and PHE working together to produce a breast screening video specifically for women with learning difficulties, to explain simply and clearly what screening involves and why it is important.
- Funding secured largely from PHE. There is a real need for such a resource, and we expect that this will be made available nationally once it has been produced.

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Homecare & Reablement Recommissioning

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Health & Wellbeing Board – 26.06.18

Vincent Edwards
Alison Enever

Commissioning Manager, Adult Social Care
Commissioning Project Manager



Overview

Maximising independence & ethical, good quality care.
Delivering outcomes that make a tangible difference to people's lives, by –

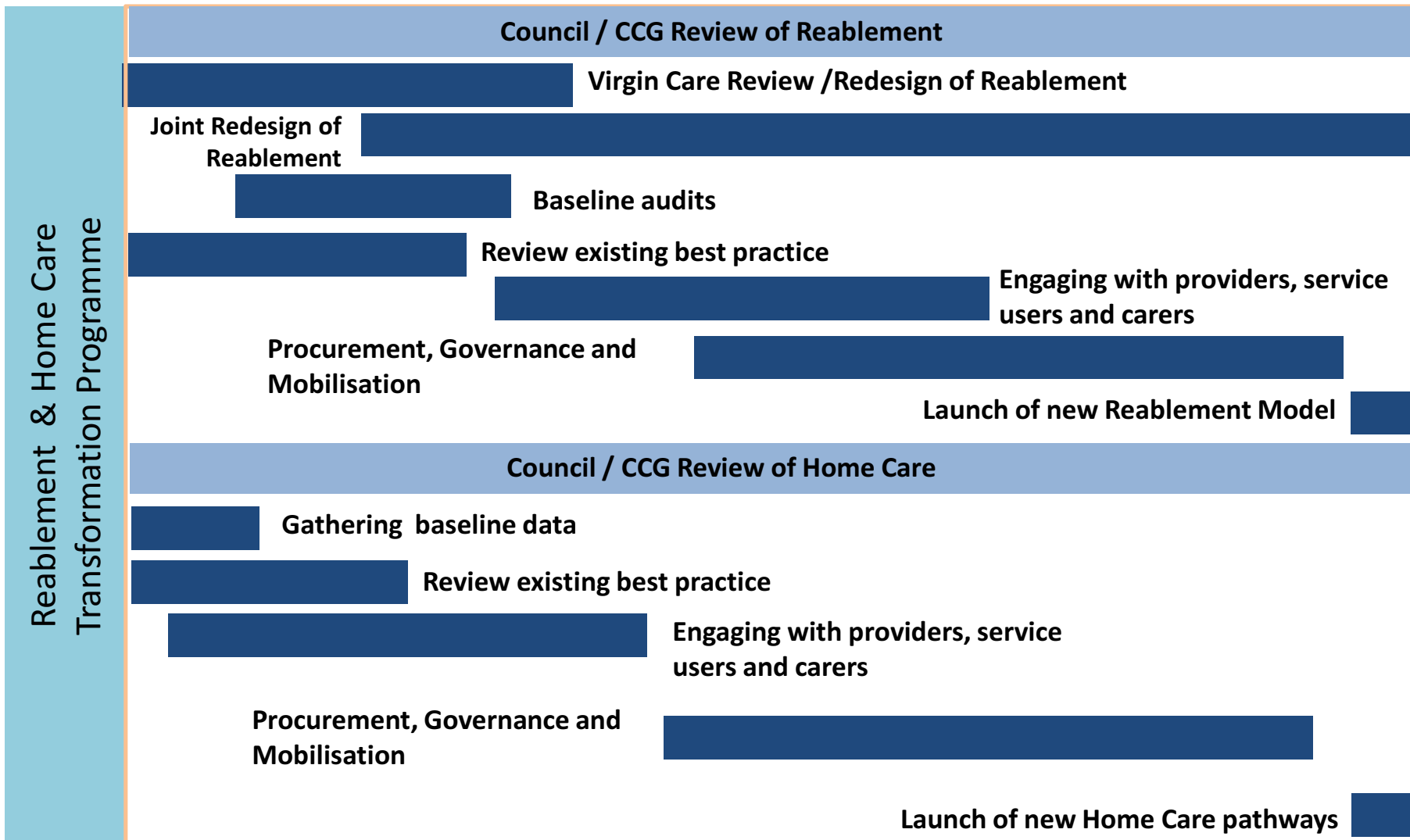
Innovation, co-production & emerging good practice

Review and remodel existing services

Designing new pathways

Re-framing the role of formal care in a modern care & health landscape

	2018-2019												2019/2020			
Month	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July
Quarter	Qtr. 1			Qtr. 2			Qtr. 3			Qtr. 4			Qtr. 1 / 2			



Challenges in the care sector (1)

Urgent Care

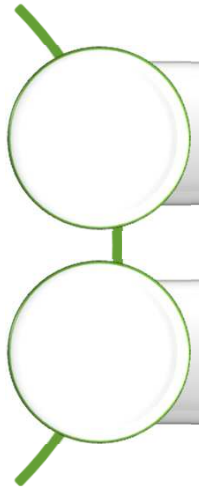
- ❖ Continued pressure
- ❖ Home First expansion →



Social Care

- ❖ workforce & business sustainability
- ❖ Cost of services

Challenges: motivation & new methods



Providing social work
3 conversations - *increasing independence (reducing demand?)*

The notion of 'service'
Other person-centred ways of meeting the same outcomes?

Collaboration & motivation

*Aligning across statutory private
and voluntary sectors*

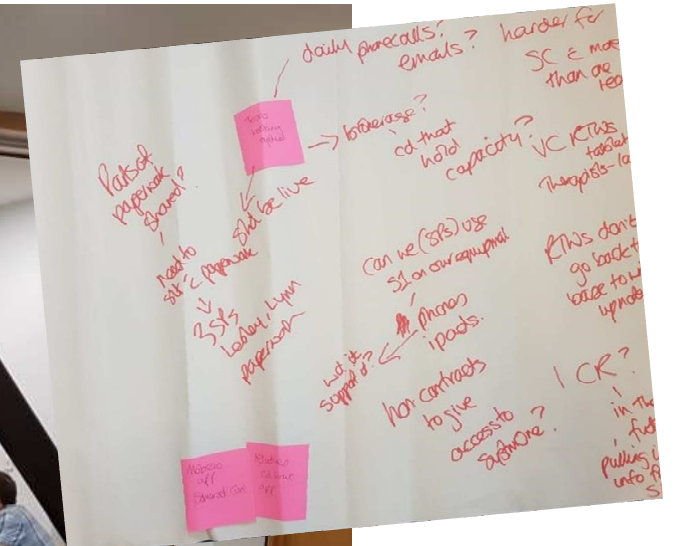


How does it feel to use Home Care?

reliable
social interaction human contact
including family carers standards charter
family feedback different care worker every night
it takes the stress out of the house
mentor scheme school holidays flexibility
quality of life training

What would great look like for you?

Workshops with our partners



Ethical Care Standards Temperature Check

12 standards. 3 stages. Council's role in delivery varies. We asked providers how B&NES is doing.....



Summary: What we're trying to achieve



A reabl-ing focus to care – people at the heart of services

A range of options – right support at the right time

support for rural communities - Making best use of capacity

Learning from best practice

Developing relationships between Providers - joined up services

Empowering people to live happier, healthier lives

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West of England Nature Partnership
Joining up the dots for nature

- Joint working on Health, Wellbeing and Nature

Introduction: West of England Nature Partnership



- The designated Local Nature Partnership for the West of England, est. 2012

Local Nature Partnerships:

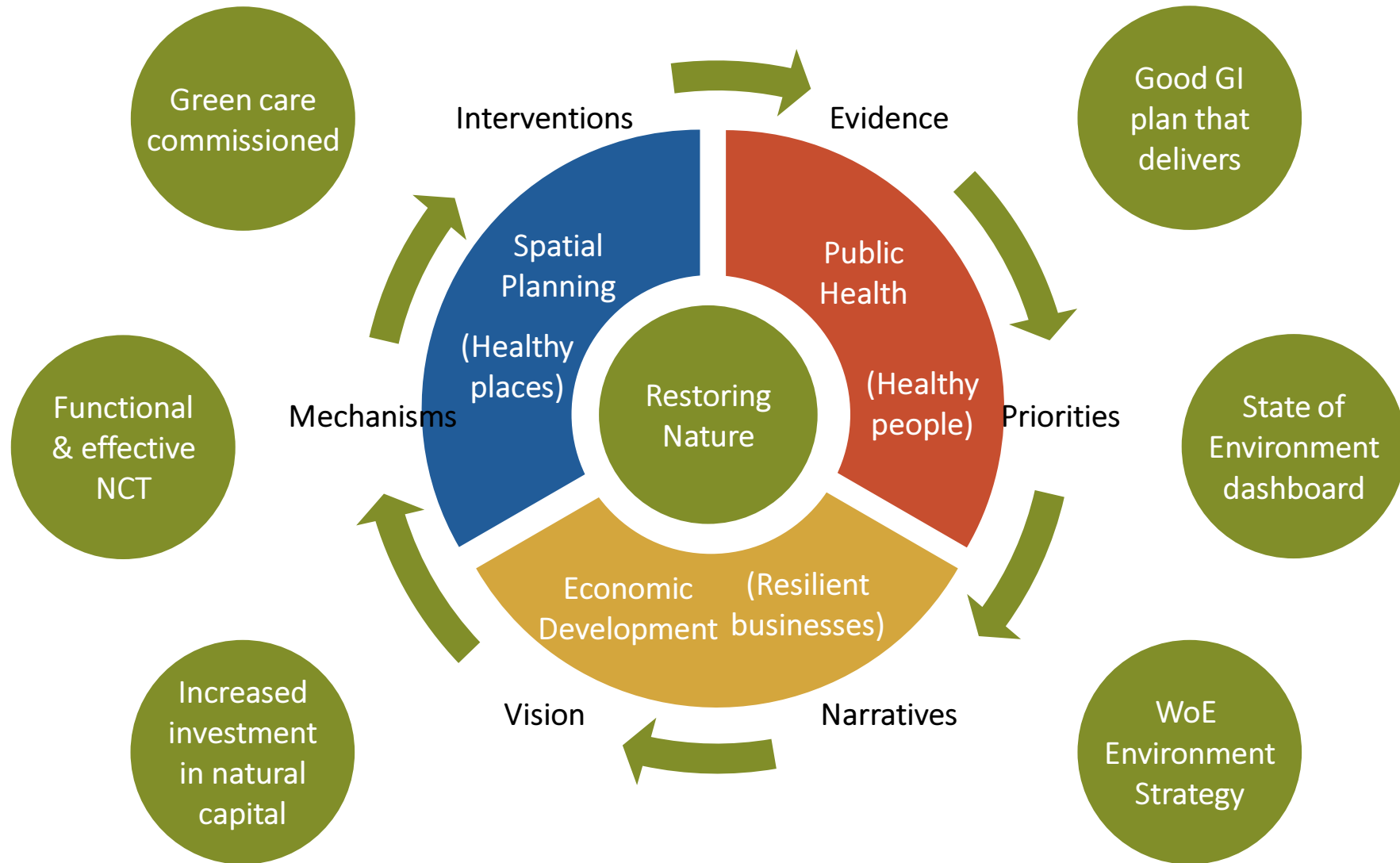
- Set up to maximise the benefits of the natural environment for **wildlife**, **people** and the **economy** – taking a natural capital approach
- Work with Local Enterprise Partnerships and Health and Wellbeing Boards

Our Mission:

To create and coordinate a plan for the restoration of the natural environment and integrate that plan into regional strategies for economic development, spatial planning and public health



WENP: What we do & Priority Outcomes



Charter for Joint Action



Purpose:

- A high-level commitment between Local Nature Partnerships and Health and Wellbeing Boards to work together to achieve our shared vision of a **healthy society**



Natural Capital approach...

Functions

Visual and noise screen

Recreation

Reduce urban heat island

Clean air

Storm water drainage

Habitat

Nutrient recycling

Flood defence

Evapotranspiration

Carbon sequestration

Aesthetic

Provide food

Page 61

Woodlands

Community spaces

SuDS

Nature reserves

Parks

Canals

Meadows

Assets

Orchards

Green roofs

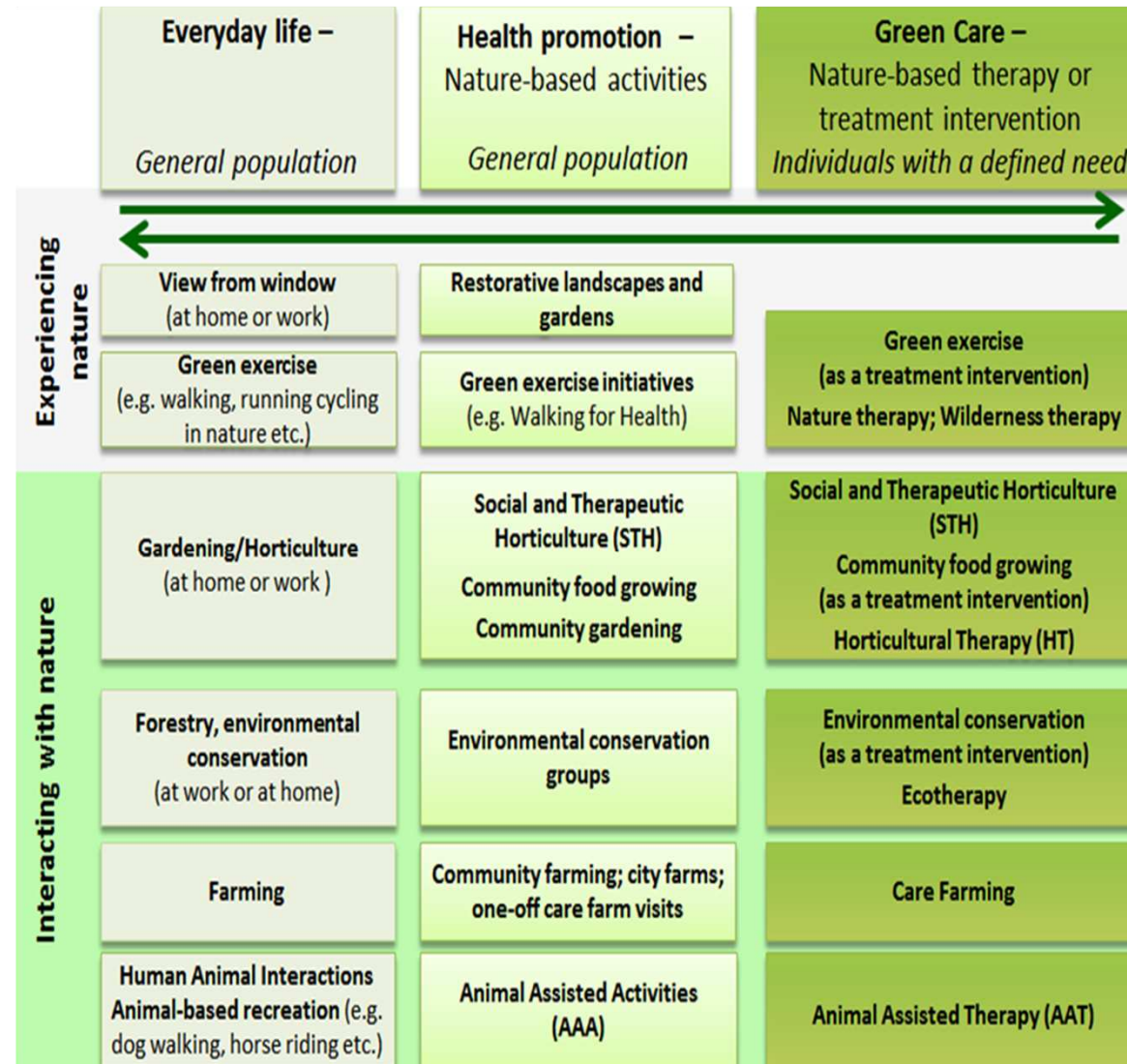
Allotments

Rivers

Ponds



Spectrum of green care

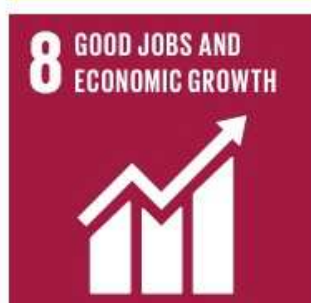


Source: Adapted from Haubenhofer, Braetz et al., 2010; Semoik and Braetz, 2013; Braetz 2014; Braetz and Atkins, 2016 <http://publications.naturalengland.org.uk/publication/4513819616346112>

Links to Sustainable Development Goals



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Charter for Joint Action

Princip

- Place based approach
 - Green space enhancement
 - Integrate natural capital into Sustainability & Transformation Plan
 - GP prescribing and commissioning of green care

- Leaders

- Value of natural capital understood in decision making

- Investment & Support

- Identify best investments & funding to enhance natural capital & in turn improve health & wellbeing

Charter for Joint Action



Outcomes:

- Reciprocal representation between HWB and WENP
- Collaborate at South West level (SW LNPs) where possible
- Identify and actively promote commissioning of nature-based solutions (green care)
- Collaboration on natural assets and healthcare outcomes embedded in local policies and strategies
- Community Connectors trained in nature-based solutions and opportunities (green care)



Virgin Care

Health and Wellbeing Board report Tuesday 26 May

Virgin Care
1 year on achievements

1 year on achievements



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B&NES community health and care services key achievements

- Feel the Difference Fund funded a choir to help people with speech problems after a stroke communicate and express themselves, a 'meet and greet' for Shared Lives Carers, Lego therapy building blocks for children with autism and an electronic lobby sign in for the Ambulatory Care team to improve their welcome
- Worked with partners to launch a Rapid Response Falls service, which is helping avoid the need for people over 65 who fall at home to be admitted to hospital
- Service for adults in B&NES with type 2 diabetes offered a new programme called X-PERT

www.virginicare.co.uk

*Providing care good enough for our own families.

1 year on achievements continued



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B&NES community health and care services key achievements





- Home First service regional winner in the NHS70 Parliamentary Awards
- Wellbeing House (run by Virgin Care and partner Curo) wins national Housing Award
- Hearing Therapy service nominated for Health Service Journal (HSJ) award
- Successful all colleague 1st Anniversary event held on 13 June
- Recent recruitment campaigns have been successful in the recruitment of support workers and physiotherapists – areas that were proving hard to recruit to
- Successful recruitment of Bank Health Care Assistants and Bank nurses
- Supported the system around winter pressures and Opel 4 status including during the snow in March

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Virgin Care
B&NES Transformation update

17/18 transformation progress

YCYW Priority	Key achievements in year 1
<p>Joined up care</p> 	<ul style="list-style-type: none"> • Mobile working pilots undertaken, with colleague engagement in trailing and selecting devices. • Working with other partners to understand benefits of integrated records and developing the product for roll out.
<p>Consider the whole person</p> 	<ul style="list-style-type: none"> • Strengths based model for social care (3 Conversations) being piloted across social care • Citizens panel launched with over 50 members • Carers club launched as per the roadmap
<p>Focus on prevention</p> 	<ul style="list-style-type: none"> • Development of an advice hub, joining up all wellbeing services (launch in July 18) • Engagement and development with VCSE to deliver a directory of services across B&NES
<p>Valuing workforce and volunteers</p> 	<ul style="list-style-type: none"> • Go-live of the Volunteer pass, working with other organisations now well embedded across B&NES • Safe transfer of volunteer centre services enabling this volunteering service to continue and sharing expertise of developing volunteers throughout community services • Innovation fund launched with successful staff applicants across services

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18/19 transformation focus

Page 69

- One advice hub launched
- One BANES phone number progressed
- One assessment agreed
- One e-referral portal in place

SPA



- Detailed operational plan developed
- Physical premises secured
- CCS team redeployed
- Community navigators integrated into CCS

CCS



- 6 year roll-out plan developed
- MDT working enabled & optimised
- Primary care data added & GPs on-boarded
- Patient portal piloted

ICR



- Service reviews completed
- Redprint updated and changes carried out
- Mobile working implemented
- 3 C's embedded in social care & beyond
- Locality hubs identified & plan in place

Working practices



One joined up back of house
with empowered & appropriately supported teams

One joined up front of house
With empowered & appropriately supported service users

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Virgin Care
Quality report

Service Quality report



- ✓ Falls Service Car
- ✓ Extended clinic times to accommodate people who work
- ✓ Chronic Obstructive Pulmonary Disease (COPD) passport
- ✓ Clinic in a box for sixth formers
- ✓ 100% uptake of infant immunisation at 24 months
- ✓ Electronic prescribing
- ✓ Three conversations model

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Service Quality report continued



FFT feedback

- ✓ Friends and Family Test recommendation rate of 97%
- ✓ Pressure ulcers incidence at or below national average
- ✓ Podiatry cited as a service of excellence
- ✓ B&NES Supported Living Services positive feedback from a recent CQC inspection, Bath obtained a rating of Good, waiting report for North East Somerset
- ✓ Delayed transfers of care have fallen significantly
- ✓ Proportion of first face-to-face appointments having full continence assessment has increased significantly to 96%, due to improved process by the Bladder and Bowel Service

Feel the difference

www.virginicare.co.uk

Virgin Care
B&NES priorities

B&NES priorities



- ✓ Workforce plan to strengthen recruitment, decrease agency spend and develop workforce
- ✓ Service quality, safety and enhancing user experience
- ✓ Estates and Hotel Facilities Strategic Plan
- ✓ Delivering Year 2 Transformation Plan
- ✓ Meeting the B&NES System Needs, including expanding the Home First service and Reablement review
- ✓ Review and make changes to commissioning

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Questions?

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