

# Health & Wellbeing Board

**Date: Tuesday, 26th June, 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), Mark Coates (Livery), Tracey Cox (Clinical Commissioning Group), Debra Elliott (NHS England), Alex Francis (The Care Forum – Healthwatch), Steve Kendall (Avon and Somerset Police), Bruce Laurence (Bath & North East Somerset Council), Kirsty Matthews (Virgin Care), Stuart Matthews (Avon Fire and Rescue Service), 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), Dr Andrew Smith (BEMS+ (Primary Care)), Sarah Shatwell ((VCSE Sector) - Developing Health and Independence), Jane Shayler (Bath & North East Somerset Council) and Elaine Wainwright (Bath Spa University)

**Observers:** Councillors Tim Ball and Eleanor Jackson

Other appropriate officers  
Press and Public

## NOTES:

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

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

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

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

3. **Recording at Meetings:-**

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

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

To comply with the Data Protection Act 1998, we require the consent of parents or guardians before filming children or young people. For more information, please speak to the camera operator.

The Council will broadcast the images and sound live via the internet [www.bathnes.gov.uk/webcast](http://www.bathnes.gov.uk/webcast) The Council may also use the images/sound recordings on its social media site or share with other organisations, such as broadcasters.

4. **Public Speaking at Meetings**

The Council has a scheme to encourage the public to make their views known at meetings. They may make a statement relevant to what the meeting has power to do. They may also present a petition or a deputation on behalf of a group. They may also ask a question to which a written answer will be given. **Advance notice is required not less than two full working days before the meeting. This means that for meetings held on Thursdays notice must be received in Democratic Services by 5.00pm the previous Monday.** Further details of the scheme:

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

5. **Emergency Evacuation Procedure**

When the continuous alarm sounds, you must evacuate the building by one of the designated exits and proceed to the named assembly point. The designated exits are signposted. Arrangements are in place for the safe evacuation of disabled people.

6. **Supplementary information for meetings**

Additional information and Protocols and procedures relating to meetings

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

**Health & Wellbeing Board - Tuesday, 26th June, 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 - 17 APRIL 2018 (Pages 7 - 14)

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

8. 3 CONVERSATIONS - PERSONALISED APPROACH TO ADULT CARE

To receive a presentation regarding the three-conversation model. The model draws on the individual's own resources and encourages professionals to forge stronger links with the wider community.

*10.40am – 15 minutes – Helen Wakeling/Natalie Steadman*

9. HEALTH INEQUALITIES UPDATE

To receive a presentation regarding health inequalities. This follows a previous report provided to the Board in July 2017.

*10.55am – 20 minutes – Paul Scott*

10. DOMICILIARY CARE AND REABLEMENT RE-SERVICES AND RE-DESIGN (Pages 15 - 20)

To consider a report concerning the recommissioning of homecare and reablement services in Bath & North East Somerset. It focusses on creating services to deliver outcomes which make a tangible difference to people's lives and promote care market sustainability.

*11.15am – 20 minutes – Vince Edwards*

11. PROPOSED CHARTER FOR JOINT ACTION ON IMPROVING HEALTH AND WELLBEING THROUGH NATURE (Pages 21 - 28)

The Board is asked to consider the attached Charter 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 Nature Partnership.

*11.35am – 20 minutes – Professor Selena Gray*

12. COMMUNITY SERVICES - ONE YEAR ON (Pages 29 - 40)

To consider the attached report which provides an overview of the first year (2017/18) of the Virgin Care Services Ltd (VCSL) community services contract, including delivery of transformation priorities and quality and performance of service delivery.

*11.55am – 20 minutes – Kirsty Matthews/Jane Shayler*

13. DATE OF NEXT MEETING

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

14. CLOSING REMARKS

Closing remarks from the Chair.

*12.15pm – 5 minutes – Cllr Vic Pritchard*

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



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## HEALTH & WELLBEING BOARD

### Minutes of the Meeting held

Tuesday, 17th April, 2018, 10.30 am

|   |  |
|---|--|
| Dr Ian Orpen (Chair)                      | Member of the Clinical Commissioning Group |
| Councillor Vic Pritchard                  | Bath & North East Somerset Council         |
| Mike Bowden                               | Bath & North East Somerset Council         |
| Tracey Cox                                | Clinical Commissioning Group               |
| Steve Kendall                             | Avon and Somerset Police                   |
| Bruce Laurence                            | Bath & North East Somerset Council         |
| Kirsty Matthews                           | Virgin Care                                |
| Councillor Paul May                       | Bath and North East Somerset Council       |
| Professor Bernie Morley                   | University of Bath                         |
| Laurel Penrose                            | Bath College                               |
| James Scott                               | Royal United Hospital Bath NHS Trust       |
| Dr Andrew Smith                           | BEMS+ (Primary Care)                       |
| Jane Shayler                              | Bath & North East Somerset Council         |
| David Trethewey (in place of Ashley Ayre) | Bath & North East Somerset Council         |
| <b>Observers:</b>                         | Cllr Eleanor Jackson<br>Cllr Robin Moss    |

#### 48 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

49 **EMERGENCY EVACUATION PROCEDURE**

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

50 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from:

Ashley Ayre – B&NES Council – substitute David Trethewey  
Mark Coates – Livery  
Alex Francis - Healthwatch  
Stuart Matthews – Avon Fire and Rescue Service  
Hayley Richards – Avon and Wiltshire Partnership  
Sarah Shatwell – Developing Health and Independence  
Elaine Wainwright – Bath Spa University

51 **DECLARATIONS OF INTEREST**

There were no declarations of interest.

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

There was no urgent business.

53 **PUBLIC QUESTIONS/COMMENTS**

Cllr Lin Patterson addressed the Board regarding the environment and the positive effects that nature can have upon health. She referred to Local Plans and the importance of “building with nature” to include green spaces in developments. Cllr Patterson supported the charter put forward by the West of England Nature Partnership and hoped that the Health and Wellbeing Board would sign up to this.

54 **MINUTES OF PREVIOUS MEETING**

The minutes of the meeting held on 30 January 2018 were approved as a correct record and signed by the Chair.

55 **TOPIC/CASE STUDY: DEMENTIA**

The Board received a presentation from representatives of the Alzheimer’s Society which provided an overview of dementia services and support available in the B&NES area. The presentation covered the following matters:

- Information regarding the Alzheimer’s Society
- Dementia statistics in Bath and North East Somerset – the diagnosis rate in the area is 61.9% which is well below the target set by NHS England (66.7%) and below the West of England average (67.3% and the South West average (62.2%)
- The percentage of residential care and nursing home beds rating as good or outstanding is only just over half as compared with 62.4% across the South



West region.

- The Alzheimer's Society delivers many services and projects to help people with dementia in the B&NES area. There are a number of support workers who aim to eradicate the social isolation for those people with dementia.
- Local Authorities have a great impact on the experience of residents with dementia and it was noted that B&NES Council has made a commitment to becoming more dementia friendly.
- There are 850,000 people living with dementia in the UK and this number is set to rise to 1 million by 2021.
- The Government is due to release a Green Paper over the summer and this provides an opportunity to affect the future of social care in the UK. The Alzheimer's Society will be campaigning to ensure it reflects the needs of people with dementia.

The following issues were then discussed:

- Tracey Cox stated that the CCG is working to improve diagnosis figures in line with NHS targets.
- James Scott pointed out that the RUH undertakes a lot of work with the Alzheimer's Society and the Research Institute for the Care of Older People (RICE) including research regarding dementia. This is an important issue for the RUH which is aiming to become the most dementia friendly hospital in the country. With the increasing age expectancy this will become more and more important.
- Steve Kendall reported that the police service has contact with a growing number of people suffering from dementia. More training in this area would be welcomed by the Police Service.
- It was noted that "dementia friends" can help to give confidence when interacting with people with dementia.
- Jane Shayler stated that the Council is aware of the below average number of care home beds which were rated as good or outstanding and informed the Board that action is being taken to improve this. This statistic could be linked to the high cost of living in the B&NES area which in turn leads to rising staffing costs and recruitment difficulties. The Council is working closely with the Care Quality Commission on this issue.
- It was noted that the Alzheimer's Society can provide courses for staff working in care homes.

**RESOLVED:** To note the information provided in the report and presentation.

## 56 **INTEGRATED CARE SYSTEM UPDATE**

Tracey Cox, Chief Officer of B&NES CCG, gave an update regarding the Integrated Care Partnership. The following matters were covered in the presentation:

- Sustainability and Transformation Partnerships, Integrated Care Systems (ICSs) and Integrated Care Organisations are different ways of delivering integration.
- ICSs are key to sustainable improvement in health care by creating more robust cross-organisational arrangements to tackle the systemic challenges facing the NHS.

- The role and membership of the ICS Partnership Board (which is a sub-group of the Health and Wellbeing Board).
- Progress so far – there is no shared consensus on a “vision”. However a key theme of a recent event was “we want to get on with it” with a strong desire to generate a plan for action. There was also agreement that B&NES is a workable footprint in terms of size and geography.
- An initial set of draft principles that the Leadership Team may wish to adopt in order to guide their actions and behaviours.
- Actions identified at the Leadership Event e.g. .targeting specific areas such as “stranded and super stranded patients”, resource sharing and having honest conversations where needed to facilitate collaborative working.
- The vision set out in the Health and Wellbeing Board draft statement of intent is “One Health and Wellbeing system that enables people to live happier, healthier lives.”
- The Draft Statement of Intent sets out three clear aims:
  - Shared leadership of a sustainable health and wellbeing system which is innovative and affordable.
  - Ill health is prevented.
  - Putting people at the heart of reform.
- Next Steps:
  - The CCG to identify some dedicated transformation capacity to support the development of ICS arrangements.
  - A further meeting of the ICS Board to progress actions and confirm the vision.
  - Priority actions – development of a Memorandum of Understanding and mapping of organisational activities in priority areas of Frailty, MDT working and stranded patients.

James Scott stressed the importance of getting on with this, in particular the actions relating to stranded patients which was a major issue for the RUH.

Andrew Smith stated that the work appeared to be quite reactive, needs a more integrated approach and noted that it would be helpful to link in with existing projects.

Tracey Cox confirmed that a gap analysis was taking place to address these concerns.

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

**RESOLVED:** To note the update regarding the Integrated Care Partnership Board.

## 57 SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) UPDATE

Tracey Cox gave an update regarding the Sustainability and Transformation Partnership (STP). The presentation covered the following matters:

- National Context
- STP priorities for 2018/19
- Delivery channels
- Ways of working

- STP Financial Recovery Plan

It was noted that there is a need to strengthen community care. This sector faced challenges as a result of demographic change leading to an aging population. There were also recruitment and retention challenges in the care professions.

Cllr Pritchard stressed the importance of social care and the role of the Council in the health and wellbeing of its population. It was important to align the agendas of health and social care.

The financial context showed that the STP is currently facing a shortfall of £30m. A financial recovery plan has been put in place to address the deficit and to identify ways to close the gap.

Cllr Pritchard queried whether the financial position put the whole STP at risk as three different local authorities are involved. Tracey Cox confirmed that the position across the three authorities was variable but there was a shared consensus and the authorities could take action together.

James Scott explained that the fundamental issue for the STP is to add value. Most work would be place based and the majority of work will take place in the B&NES area.

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

**RESOLVED:** To note the update on the Sustainability and Transformation Partnership.

## 58 SAFE AND WELL INITIATIVE

Neil Liddington, from the Avon and Fire Rescue Service, gave a presentation regarding the “Safe and Well” initiative. The presentation covered the following matters:

- Historical context
- Relevant literature
- Current national situation
- Current situation at Avon Fire and Rescue Service
- What can be done working together
- Projects currently underway (such as slips, trips and falls hazard assessment, dementia checks/mental health, social isolation/loneliness)
- Potential issues
- Requirements
- Next steps

It was noted that the Fire and Rescue Service can add value to health and wellbeing services. Funding is available to develop four packages working alongside an app developer. The Fire and Rescue Service was keen to identify which of the 4 unitary areas in the Avon locality wished to work on which project and also a named contact for each authority.

It would also be important to evaluate this initiative to identify what success should look like. Discussions could also take place on future collaborative working on issues such as healthy lifestyles.

Board members acknowledged that there was a good deal of commonality between the different services. This is an excellent offer from the Fire and Rescue Service and further discussions will now take place to clarify how this can be taken forward.

Bruce Laurence stated that this is a generous offer and noted that a great deal of planning will be required. It is important to choose a theme that will add value and will provide positive outcomes against existing priorities.

The presentation slides are attached as *Appendix 3* to these minutes.

**RESOLVED:**

(1) To note the information provided regarding the Safe and Well initiative.

(2) To agree that Tracey Cox, Bruce Laurence and Kirsty Matthews discuss the best way to progress this matter.

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

This item was withdrawn from the agenda and will be considered at a future meeting.

**60 DIRECTOR OF PUBLIC HEALTH REPORT 2017**

Bruce Laurence, Director of Public Health, presented his 2017 report. The report included the following areas:

- Active living – including active lifestyles, active travel, active design and active environments
- Children’s mental health – the importance of getting the best start in life
- Air quality – what is being done locally and what individuals can do
- Domestic abuse – community prevention, early disclosure and help, support for victims, working with perpetrators and developing the workforce
- Health and work – including in-work poverty and getting back to work
- A day in the life – details of a day in the life of a school nurse
- Public health outcomes framework and other key indicators – top ten public health problems:
  - Environmental damage
  - Poverty, inequality and lack of opportunity
  - Poor diet
  - Inactivity
  - An ageing population with unmet needs
  - Shortage of affordable housing
  - Children’s mental health and adverse childhood experiences
  - Tobacco, alcohol and other drugs
  - Reduced social cohesion, mutual intolerance and hardening politics
  - Deteriorating public services

The Board thanked the Director of Public Health for his excellent report. Cllr Paul May welcomed the specific chapter on children and young people. He highlighted the need to focus more on the large number of university and college students living in the community. Bernie Morley from Bath University explained that the Student and Community Partnership provide a useful link regarding community and social issues relating to students.

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

**RESOLVED:**

- (1) To note and endorse the annual report of the Director of Public Health 2017.
- (2) To invite representatives from the Student and Community Partnership to attend a future meeting of the Board.

**61 CLOSING REMARKS**

The Chair thanked everyone for attending the meeting. Members were also asked to view and score the posters submitted by school pupils as part of the Clean Air Project being run by the Public Health Team.

It was noted that the next meeting will take place on Tuesday 26 June 2018.

The meeting ended at 12.25 pm

Chair .....

Date Confirmed and Signed .....

**Prepared by Democratic Services**

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| <b>MEETING</b> | <b>B&amp;NES HEALTH AND WELLBEING BOARD</b> |
| <b>DATE</b>    | <b>26 June 2018</b>                         |
| <b>TYPE</b>    | <b>An open public item</b>                  |

| <b><u>Report summary table</u></b>                     |   |
|--|---|
| <b>Report title</b>                                    | Homecare & Reablement Recommissioning   |
| <b>Report author</b>                                   | Vincent Edwards, 01225 477289   |
| <b>List of attachments</b>                             | [ <i>accompanying presentation to follow</i> ]  |
| <b>Background papers</b>                               | <p><i>B&amp;NES Market Position Statement:</i><br/> <a href="http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Social-Care-and-Health/Social-Care-Services/bnes_market_position_statement_-_consultation_draft_-_1st_march_2018_-_final.pdf">http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Social-Care-and-Health/Social-Care-Services/bnes_market_position_statement_-_consultation_draft_-_1st_march_2018_-_final.pdf</a></p> <p><i>Intermediate care &amp; reablement guidance</i> (National Institute for Health &amp; Clinical Excellence) - <a href="https://www.nice.org.uk/guidance/ng74">https://www.nice.org.uk/guidance/ng74</a></p> |
| <b>Summary</b>   | This report concerns the recommissioning of homecare and reablement services in Bath & North East Somerset. It focusses on creating services to deliver outcomes which make a tangible difference to peoples' lives and promote care market sustainability.   |
| <b>Recommendations</b>                                 | That the Board notes the update on the transformation work to establish new homecare and reablement service models set out in this report.  |
| <b>Rationale for recommendations</b>                   | <p>This report's recommendations are consistent with the Board's commitment to working closely with providers so that people can access good quality services and have a say in the services they receive. Recommendations are also in-keeping with the Board's key priorities of:</p> <ul style="list-style-type: none"> <li>❖ <i>Preventing ill health by helping people to stay healthy</i></li> <li>❖ <i>Improving the quality of people's lives</i></li> </ul>   |
| <b>Resource implications</b>                           | There are no direct resource implications to this report which is presented for information and endorsement. The full resource implications of home care and reablement recommissioning will be set out as part of the recommissioning process.   |
| <b>Statutory considerations and basis for proposal</b> | The Council has a statutory duty under the Care Act (2014) for market facilitation and oversight. Under this, the Council publishes a Market Position Statement (MPS) outlining its commissioning intentions and preferred market conditions as well as supporting business and service continuity.   |
| <b>Consultation</b>                                    | Existing homecare and reablement providers, service users and carers have been consulted on the emerging proposals for recommissioning services that feature in this report.  |
| <b>Risk management</b>                                 | Risk management is included in the project plan. The project steering group is currently establishing and will retain oversight of a risk assessment related to the issue and recommendations, in compliance with the Council's decision making risk management guidance.   |

## **THE REPORT**

### **1 THE ISSUE**

- 1.1 This report concerns the recommissioning of homecare and reablement services in Bath & North East Somerset. The main focus of the paper and the project itself is to deliver outcomes that make a tangible differences to people's lives. This includes the potential for the Council to become an Ethical Care Council that commissions its homecare services in a way that is consistent with the Ethical Care Charter (ECC).
- 1.2 This work is enriched by a strong element of co-production built in to the project; with service users, carers and providers all influencing the service design and specific commissioning intentions. It is hoped that service users and carers can take part in the evaluation team for reviewing tenders for new contracts.
- 1.3 This report discusses how the recommissioning of homecare and reablement can respond to broader challenges facing the social care sector such as workforce stability and supporting the local urgent care system.

### **2 RECOMMENDATION**

- 2.1 That the Board notes the update on the transformation work to establish new homecare and reablement service models set out in this report.

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

- 3.1 There are no direct resource implications to this report which is presented for information and endorsement. The full resource implications of home care and reablement recommissioning will be set out in the recommissioning process.

### **4 STATUTORY CONSIDERATION AND BASIS FOR PROPOSAL**

- 4.1 The Council has a statutory duty under the Care Act (2014) for market facilitation and oversight. This helps the Council to influence and support providers to offer innovative, sustainable and good quality ethical care. The Care Quality Commission (CQC) also supports the Council's broader remit in quality assurance.
- 4.2 A key part of the Council's Care Act duties is a Market Position Statement (MPS). An MPS outlines a Council's commissioning intentions and preferred market conditions as well as supporting business and service continuity. The current draft MPS has recently been out for market consultation and includes specific commissioning intentions for homecare and reablement. A link to the Market Position Statement is provided as a background paper.

### **5 THE REPORT**

- 5.1 Most homecare in B&NES is commissioned through block contracts with four homecare agencies, known as Strategic Partners. Three of these agencies also provide reablement through an integrated service alongside Virgin Care, who provide the core reablement service.
- 5.2 Recently, the four agencies have been moved from historic 10 year contracts onto a one-year contract, which will allow the Council to redesign homecare and reablement pathways before introducing new contracts in early 2019/20.



- 5.3 Over 210,000 hours of homecare were commissioned by the Council in 2017/18. About 70% of those are with the Strategic Providers. The remainder is purchased under a range of individual arrangements and Direct Payments.
- 5.4 Reablement is aimed at supporting people to regain skills and confidence in the home, avoid unnecessary hospital admission and minimise ongoing care needs. Reablement services are provided on a short-term basis, usually up to six weeks, with a clear focus on achieving agreed outcomes for the individual.
- 5.5 There are specific, separate project groups for both homecare and reablement. However given the strong connections between them both as well as with related activity on direct payments, a Steering Group is in operation which ensures the two projects develop sympathetically. The homecare part of this project concerns services for older persons and also continuing healthcare purchased on behalf of the NHS. Other more specialist homecare services such as those for people with learning disabilities are progressed under different projects.

**Homecare - Current Progress**

- 5.6 The emphasis in homecare recommissioning is on delivering genuine client outcomes rather than a *time and task* way of delivering care. Other areas are achieving success with such models, seeing reductions of commissioned care by 20%, improved satisfaction and alignment with changes in social work practice such as the *3 Conversations* model adopted in B&NES. Commissioners have invited providers to join them on fact-finding visits to other Council areas which are delivering best practice of this nature.
- 5.7 Commissioners are actively engaged with providers, key stakeholders and service users / carers in developing the future service design and held the first of a series of engagement sessions in June 2018, which was well received and offers a strong foundation for the work to come.
- 5.8 Providers brought a wide range of ideas for taking services forward, including: *making better use of resources, developing the status of care as a career, delivering better services by building trusting relationships and sharing risks & benefits.*
- 5.9 Providers also offered their views on current local performance against the Ethical Care Charter (ECC) standards. The 12 ECC standards are spread across 3 stages and the Council’s role in meeting these varies depending on whether it commissions services directly through contracts or through other individual arrangements e.g. direct payments:

|         |  |
|---------|--|
| Stage 1 | Client-focussed visits which are not rushed - pay for travel time.   |
| Stage 2 | Consistency of carers - zero-hours contracts - reporting concerns - funding for training and peer support. |
| Stage 3 | Living wage requirement and occupational sick pay schemes  |

- 5.10 Providers consistently reported strong performance against all stage 2 standards and the majority of stage 1 and 3 requirements. The biggest opportunities for

improvement were held to be: *ensuring visits are client-focussed* (a theme also strongly supported by service users & carers), *occupational sick pay for care workers* and *not being pressured to work when ill*.

5.11 In a vibrant and informative session, service users and carers shared their views of the services we provide, the aspects of homecare & reablement that make the biggest difference to their lives. They had a good understanding of the complex issues behind the services and were keen to continue to be involved in the review on an ongoing basis. The key things they noted as important were:

- ❖ Familiarity and consistency of carers along with timely visits
- ❖ Quality of human interaction
- ❖ System navigation and effective support from the Council in solving problems with their care arrangements

5.12 It was also suggested that the Council create a set of published standards and expectations that service users, carers and providers can all engage with.

### **Reablement - Current Progress**

5.13 Reablement in particular is an area of rich collaboration between commissioners, Virgin Care and Strategic Partners. In anticipation of broader market and service user engagement, key milestones to date in developing the future reablement vision include:

- ❖ A workshop in June 2018 to further develop relationships and develop a standard operating model across all current providers which make best use of available capacity in the reablement system.
- ❖ Commissioners have spent time with frontline therapists, accompanying them on visits to meet service users and learn more about day to day service delivery.
- ❖ An audit of the current service model across all providers took place in May, results of which are currently being analysed.
- ❖ A review of best practice guidelines including those from the National Institute of Health and Clinical Excellence (see link to the guidance in 'background papers')
- ❖ Agreeing new contracts, service specification and key performance indicators across all partners to promote continuous improvement and value for money during transition to the new pathway.

### **Market Conditions and Support for Urgent Care**

5.14 The redesign of reablement and homecare takes place in a challenging context. In a largely private marketplace where demand often outstrips supply and the Council does not directly provide much care itself, it needs to exert a more subtle influence on parts of the market where it does not have the traditional levers of contractual compliance at its disposal.

5.15 There are national concerns about the high turnover of staff in care provision and development of the social care workforce, which naturally impact on carer continuity. This was commonly cited by providers, service users and carers in the recent engagement and it is also reflected in other parts of the South West. The Council is actively participating in a number of initiatives in place to address these at local, sub-regional and regional level.

- 5.16 As well as promoting the sustainability of the social care sector going forward, new homecare and reablement services also have a vital role to play in supporting the wider urgent care system in B&NES in terms of timely discharge from hospital, preventing avoidable hospital admissions, maximising people's independence and reducing their ongoing care needs.

## **6 RATIONALE**

- 6.1 This report's recommendations are consistent with the Health & Wellbeing Board's commitment to working closely with providers so that people can access good quality services and have a say in the services they receive. Recommendations are also in-keeping with the Board's key priorities of:

- ❖ *Preventing ill health by helping people to stay healthy*
- ❖ *Improving the quality of people's lives*

## **7 OTHER OPTIONS CONSIDERED**

- 7.1 Recommissioning activity for homecare and reablement is currently at the *review* and *analysis* stages. Options appraisals and preferred recommendations for future services will follow.

## **8 CONSULTATION**

- 8.1 No specific consultation has been undertaken on the contents of this report. However, there has been significant engagement with providers of care in relation to the MPS and future design of home care and reablement services. Service users and carers continue to be consulted beyond the recent workshops with the support of the Carers Centre.
- 8.2 The engagement undertaken as part of the *Your Care, Your Way* Community Services review, including with service users and carers, has significantly influenced the priorities and outcomes to be achieved for community services, including for home care and reablement services.

## **9 RISK MANAGEMENT**

- 9.1 Risks associated with this paper are considered to be low. Providers and stakeholders have been consulted on high level commissioning intentions through the MPS consultation. Along with service users they continue to play an active part in shaping new service models.
- 9.2 This paper offers a general introduction only, so a formal risk assessment is not required at this stage. Risk management is included in the project plan. The project steering group is currently establishing and will retain oversight of a risk assessment related to the issue and recommendations, in compliance with the Council's decision making risk management guidance.

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| <b>MEETING</b> | <b>B&amp;NES HEALTH AND WELLBEING BOARD</b> |
| <b>DATE</b>    | <b>26 June 2018</b>                         |
| <b>TYPE</b>    | <b>An open public item</b>                  |

| <b><u>Report summary table</u></b> |   |
|------------------------------------|---|
| <b>Report title</b>                | Proposed Charter for joint action on improving health and wellbeing through nature  |
| <b>Report author</b>               | <p>Prof Selena Gray, Chair, West of England Nature Partnership<br/> <a href="mailto:selenagray@wenp.org.uk">selenagray@wenp.org.uk</a></p> <p>Heather Elgar, Manager, West of England Nature Partnership<br/> <a href="mailto:heatherelgar@wenp.org.uk">heatherelgar@wenp.org.uk</a></p>  |
| <b>List of attachments</b>         | 'A charter between the West of England Nature Partnership and the B&NES Health and Wellbeing Board that commits to joint action on improving health and wellbeing through natural capital assets in the West of England' – Appendix 1   |
| <b>Background papers</b>           | N/A   |
| <b>Summary</b>                     | <p>This proposes closer partnership working between the B&amp;NES Health and Wellbeing Board and the West of England Nature Partnership, to support our shared aims of a healthy society. The attached Charter provides an overview of the value of natural assets and their importance for health and wellbeing, and suggests guiding principles for partnership working. Suggested outcomes include:</p> <ol style="list-style-type: none"> <li>1. Establish or maintain reciprocal representation between HWBs and LNPs;</li> <li>2. Collaborate with the South West LNP Health and Environment work wherever possible;</li> <li>3. Identify and actively promote commissioning of nature-based solutions;</li> <li>4. Revise relevant local policies and strategies to embed collaboration on natural capital and healthcare outcomes; and</li> <li>5. Train Community Connectors, or equivalents, in social prescribing systems about nature-based solutions and opportunities.</li> </ol> |
| <b>Recommendations</b>             | The Board is asked to consider the attached Charter 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 Nature Partnership.   |

|  |   |
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| <b>Rationale for recommendations</b>                   | <p>There is a burgeoning evidence base of the importance of our natural environment for health and wellbeing. Shared action on embedding the value of nature into Public Health systems would support our shared aims of a healthy society. Such action would be cross-cutting in contributing to the specific themes outlined in the B&amp;NES Health and Wellbeing Board Strategy:</p> <p>Theme 1: Preventing ill health by helping people to stay healthy</p> <p><i>e.g. Creating healthy and sustainable places that encourage physical exercise and foster mental wellbeing</i></p> <p>Theme 2: Improving the quality of people's lives</p> <p><i>e.g. Increase signposting to opportunities to be in nature, including through social prescribing</i></p> <p>Theme 3: Tackling health inequality by creating fairer life chances</p> <p><i>e.g. Ensuring equitable access to green spaces</i></p> |
| <b>Resource implications</b>                           | <p>N/A</p>  |
| <b>Statutory considerations and basis for proposal</b> | <p>N/A</p>  |
| <b>Consultation</b>                                    | <p>The draft charter was developed by the South West Local Nature Partnerships together with regional stakeholders in public health.</p>  |
| <b>Risk management</b>                                 | <p>A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.</p>   |

## THE REPORT

- 1 The West of England Nature Partnership (WENP) works across the geography of the four unitary authorities of Bath & North East Somerset, North Somerset, South Gloucestershire and Bristol City. As the designated Local Nature Partnership, WENP has a mandate to work collaboratively on a landscape scale to restore and enhance the natural environment in the West of England – which ultimately underpins the health and resilience of our society.
- 2 Local Nature Partnerships (LNPs) are a key commitment from the 2011 Government White Paper, *'The Natural Choice: Securing the Value of Nature'*, which recognises the need for stronger cross-sector collaboration to reverse the degradation of ecosystems – which we all rely upon, and to secure nature's return to health. Due to clear co-benefits of greening the economy and the links of nature and wellbeing, LNPs were envisioned to work closely with both Local Enterprise Partnerships and Health and Wellbeing Boards. They are similarly prescribed bodies per the Localism Act 2011 and part of the 'Duty to Cooperate'.
- 3 The attached Charter has been drafted by the South West Local Nature Partnerships to support closer working between Local Nature Partnerships and Health and Wellbeing Boards.
- 4 We acknowledge previous partnership working between WENP and the Health and Wellbeing Boards across the West of England. At its inception, WENP Board membership was designed to include an agreed nominated joint representative of all four Health and Wellbeing Boards. Due to changing remits and personnel over time, we consider this statement of intent as an opportunity to refresh our joint commitments and identify the best strategic opportunities to drive forward shared objectives.
- 5 Nature, Health & Wellbeing is a key strategic area for WENP, with an aim to: *facilitate greater awareness of the benefits the natural environment provides to our health and wellbeing to all levels of society*. WENP considers a longer term ambition to be the mainstreamed prescribing (through primary care) and commissioning of 'green care'; preventions and interventions that, through engagement with nature, support people's health and wellbeing while stewarding our natural environment. WENP has an active Nature, Health and Wellbeing working group which facilitates a practitioner network for professionals working in green care, supports public engagement (through healthy city week), and aims to share best practice towards the integration of green care in primary care.
- 6 WENP also works to influence spatial planning, to ensure the importance of our natural assets are incorporated in decision making for the region, and ultimately to deliver healthy places. WENP supports this through the provision of evidence (e.g. Ecosystem Service mapping, see [www.wenp.org.uk/maps](http://www.wenp.org.uk/maps)) and the development of mechanisms (e.g. Natural Capital Trust). A key priority for 2018 is to ensure that the Joint Green Infrastructure Plan (a commitment arising from the Joint Spatial Plan) can effectively deliver for nature and society.
- 7 We welcome a discussion of the Charter and how we could work more closely together to support our shared aims of a healthy society.

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# **A charter between the West of England Nature Partnership and the B&NES Health and Wellbeing Board that commits to joint action on improving health and wellbeing through natural capital assets in the West of England**

## **1. Background**

The UK's natural environment and healthcare systems are both under considerable pressure and need to adopt new ways of working to achieve their desired outcomes and ensure long-term sustainability. There is considerable strategic and operational cross-over between health and environment and in many parts of the UK these opportunities are not being acted upon.

Natural capital is the stock of natural assets, such as soil, air, water and wildlife, from which humans derive a wide range of services. The natural environment is a fantastic asset to healthcare, providing a wealth of places for people of all ages, abilities and backgrounds to be active and improve or manage their mental health and wellbeing. There is significant and growing evidence that access to and activity in natural spaces benefits physical and mental health and wellbeing and can produce a range of positive health outcomes. There is also peer-reviewed evidence that natural assets are a valuable tool for addressing health inequalities and air pollution.

Connecting people with the environment to improve health and wellbeing is a key objective of the government's 25-year environment plan. The plan specifically calls for the NHS, Local Authorities and environmental organisations to work together to help people to improve their health and wellbeing by using green spaces; including through green prescribing and Green Infrastructure provision.

Across the South West, thousands of people regularly participate in nature-based activities and volunteering programmes provided by environmental VCSE organisations, Local Authorities and National Parks, who also maintain huge areas of publicly accessible natural space. Despite this, natural capital is a very underused tool in supporting delivery of Sustainability and Transformation Plans.

Environmental organisations rely on the input of people and public support to meet government objectives to restore, enhance and conserve the nations biodiversity. Therefore, joint working that creates more suitable opportunities for a wider range of people to reconnect with the natural environment would be beneficial.

## **2. Charter statement**

The charter commits the West of England Nature Partnership and the B&NES Health and Wellbeing Board to work together to achieve our shared vision. It also sets out the terms of the collaboration role and principles by which we will work.

## **3. Roles and responsibilities**

**Local Nature Partnerships** - Local Nature Partnerships (LNP) were established following the 2011 Natural Environment White Paper. The UK Government gave LNPs broad objectives, although their work is also influenced by local priorities. LNPs are required to drive positive change in the local environment and influence decision-making related to the natural environment and its value to social and

economic outcomes. Engaging Health and Wellbeing Boards and integrating 'Nature's Health Services' were key objectives.

**Health and Wellbeing Board** – Health and wellbeing boards were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of their local population.

#### 4. Vision Statement

We believe that working together to enhance natural capital and improve access to the benefits it provides will support transformation to more sustainable health and care systems that focus on prevention and self-care, whilst delivering financial savings.

We will embed a culture of collaboration on health and environment priorities, work together on strategic planning and seek to develop joint projects. Integrating natural capital with sustainable healthcare outcomes and provision will become normal practice.

[Add locally agreed priorities]

#### 5. Guiding principals

The signatories will adhere to the following principles in how they work together.

*i. A place based approach*

- Work together through Joint Strategic Needs Assessments to set out a place-based approach to green space enhancement and provision that targets specific local health challenges.
- Work together to integrate natural capital into implementation of Sustainability and Transformation Plans (STPs).
- GPs and healthcare commissioners and providers will use and where appropriate invest in local natural assets to support improved healthcare outcomes.

*ii. Leadership*

- Support effective local political leadership in all Local Authorities for integrating enhancement and provision of natural capital to address healthcare challenges.
- Use the full range of opportunities to integrate enhancement and provision of natural capital and delivering sustainable healthcare system across the full portfolio of services and activities e.g. planning, regeneration, economic development.

- Strongly advocate the importance of collaboration on natural capital and healthcare to staff, central government and other partners. Emphasising that business as usual is not acceptable and embedding the new culture across policy agendas.
- Establish active South Region Sustainability and Health Network ambassadors in all STP areas in the South West, who will drive integration of a natural capital approach into STP implementation.

*iii. Investment and support*

- The signatories will share expertise to support each other to achieve the vision set out in this statement.
- The signatories will work together to identify investment and external funding opportunities that will enable natural capital to deliver transformation to a sustainable healthcare system.
- The signatories will review relevant local policies and strategies to identify where integration of natural capital and healthcare outcomes is currently omitted. These documents will be revised to incorporate collaboration on natural capital and healthcare outcomes.

## **6. Outcomes**

1. Establish or maintain reciprocal representation between HWBs and LNPs.
2. Collaborate with the South West LNP Health and Environment work wherever possible.
3. Identify and actively promote commissioning of nature-based solutions.
4. Revise relevant local policies and strategies to embed collaboration on natural capital and healthcare outcomes.
5. Train Community Connectors, or equivalents, in social prescribing systems about nature-based solutions and opportunities.

**Others to be determined locally**

## **7. Signatories**

Signature:  
 Printed name:  
 Organisation:  
 Position:

Signature:  
 Printed name:  
 Organisation:  
 Position:

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|----------------|---|
| <b>MEETING</b> | <b>B&amp;NES HEALTH AND WELLBEING BOARD</b> |
| <b>DATE</b>    | <b>26 June 2018</b>                         |
| <b>TYPE</b>    | <b>An open public item</b>                  |

| <b><u>Report summary table</u></b>                     |  |
|--|--|
| <b>Report title</b>                                    | Community Services: One Year On  |
| <b>Report author</b>                                   | Jane Shayler, Director Integrated Health & Care Commissioning (01225 396120)   |
| <b>List of attachments</b>                             | Appendix 1: Addressing the Community's Priorities  |
| <b>Background papers</b>                               | N/A  |
| <b>Summary</b>   | <p>This report provides an overview of the first year (2017/18) of the Virgin Care Services Ltd (VCSL) community services contract, including:</p> <ul style="list-style-type: none"> <li>• Delivery of transformation priorities; and</li> <li>• Quality and performance of service delivery.</li> </ul>  |
| <b>Recommendations</b>                                 | <p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>• Note the contents of this report and accompanying presentation.</li> <li>• Use the contents of the report and accompanying presentation to inform the identification of opportunities for future joint working, which might be considered for the Board's work programme.</li> </ul>  |
| <b>Rationale for recommendations</b>                   | <p>This overview provides feedback in public to the people of Bath and North East Somerset, service users, patients, carers and other stakeholders on progress in delivery against the Your Care, Your Care priorities identified through public engagement and consultation.</p> <p>This report, alongside the accompanying presentation from Virgin Care B&amp;NES Managing Director and Health and Wellbeing Board Member seeks to raise awareness and understanding of Board members of the breadth and depth of services provided and commissioned by Virgin Care in order that Board members can engage and identify potential opportunities for future joint working.</p> |
| <b>Resource implications</b>                           | There are no specific resource implications associated with this report.   |
| <b>Statutory considerations and basis for proposal</b> | Virgin Care, on behalf of the Clinical Commissioning Group and Council, directly provides some statutory services, including Social Work services and Continuing Health Care.  |

|                               |   |
|-------------------------------|---|
| <p><b>Consultation</b></p>    | <p>No specific consultation was undertaken on the contents of this report.</p> <p>The priorities and outcomes to be delivered through the community services contract were informed by significant stakeholder engagement and consultation as set out in the report.</p>  |
| <p><b>Risk management</b></p> | <p>A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.</p> <p>Appropriate risk assessment and management arrangements are incorporated in to the Virgin Care contract management and governance arrangements in place, including those incorporated in to the Contract Quality and Performance Management (CQPM) framework and transformation programme structure.</p> |

## Community Services One Year On

### 1. Executive Summary

- 1.1 This report provides an overview of the first year (2017/18) of the Virgin Care Services Ltd (VCSL) community services contract, including:
- Delivery of transformation priorities; and
  - Quality and performance of service delivery.

### 2. Recommendation / Rationale

- 2.1 This overview is provided in order to provide assurance to the Board in respect of the performance and quality of community services provision in 2017/18 and the delivery of key transformation priorities following the first year of the Virgin Care Services Ltd contract.
- 2.2 This overview also provides feedback in public to the people of Bath and North East Somerset, service users, patients, carers and other stakeholders on progress in delivery against the *Your Care, Your Care* priorities identified through public engagement and consultation.

### 3. Background

- 3.1 Between January and December 2015 the Council and Clinical Commissioning Group (CCG) carried out a bold and ambitious review of community health and care services for children, young people and adults. The *your care, your way* community services review looked at the wide range of services providing care and support in people's homes and communities and the experiences of the people using them.
- 3.2 Following a series of over 80 different engagement events, a formal public consultation was held in autumn 2015 to seek feedback on a draft vision for community services and a set of fourteen priorities. There was a clear indication from stakeholders that viewing people's needs in a holistic way and joining up their care were key priorities for this review. In addition, there was strong support for placing greater emphasis on prevention, ensuring that the right support is available to people before they reach crisis point, require hospital admission or develop a long-term condition.
- 3.3 The top five priorities identified from the public engagement and consultation responses were:
- A person not a condition
  - A single plan
  - Invest in the workforce
  - Join up the information
  - Focus on prevention
- 3.4 The results of the consultation were used in the procurement process to test how the bidders intended to deliver the priorities that matter to local people. Virgin Care Services Ltd (VCSL) were confirmed as the successful bidder and awarded the "Prime Provider" contract. Under this model, Virgin Care has overall responsibility for the delivery and coordination of services but it can also sub-contract with specialist, third sector providers and small and medium-sized enterprises (SMEs) to ensure that existing knowledge and experience is not lost.

#### 4. Service Model

4.1 In accordance with the proposals set out by Virgin Care, which resulted in the award of the Prime Provider contract, the contract:

- a) describes the contractual relationship between Council/CCG and Virgin Care not only as a Prime Provider but also as a strategic partner;
- b) specifies a service model with associated key quality and performance measures and outcomes to be delivered; and
- c) sets out a Service Development and Improvement Plan (SDIP), which states the service transformation priorities that Virgin Care will deliver against.

4.2 Key elements of the service model are described in the following paragraphs. The table attached as Appendix 1 sets out how the new model of care will meet the top five priorities identified by the community in public consultation.

- The commissioned services will deliver a sustainable, preventative, planned and urgent health and care system in the local community that has a clear focus on health and care improvement, parity of esteem between mental and physical health and reducing inequalities for children, young people and adults.
- Virgin Care will ensure that there is engagement with local communities and partners, including people who use services and their carers, in the co-design, development, commissioning, delivery and review of local support and ensuring that leaders at every level of every organisation work towards a genuine shift in attitudes and culture. Virgin Care will incentivise and facilitate collaboration amongst providers to jointly deliver services.
- Virgin Care will intervene sooner in the care pathway to focus on prevention and self-management by ensuring that people have a plan of preventative and lifestyle interventions, aimed at maintaining a high level of functionality and independence for as long as possible.
- Single assessments will help form the basis of a single care and support plan to give people choice and control of the care and support they receive. In particular, people with the most complex needs will benefit from many people coming together around a single support plan that is individually designed and can flex around the needs of the individual rather than the person having to 'fit in' with service requirements.
- Virgin Care Information Technology will pull data from existing IT systems to allow people to view their integrated care record and control how information is shared between providers and even with their own choice of friends, relatives or carers.
- A new Care Coordination Centre will provide a single point of contact for people, their families and health and social care professionals. The Care Co-ordination centre will optimise service delivery by tracking people who require care and support as they move through the health and care system and guiding them to the most appropriate services.
- Care Navigators from a range of voluntary and community sector organisations will be coordinated through the Care Coordination Centre to help people become aware of the range of activities that are available to them and be an important link to the integrated teams within the Locality Hubs.







- Assistive technology will be used to maximise people's independence and keep them safe in their own homes. Simple, easily-managed technology that allows a person to record, report and act on their own findings at home, supported by an appropriate clinical alerting and support network, promotes confidence and has been shown to reduce the number of face-to-face consultation and emergency contacts in a number of long term conditions.

## 5. Transformation programme update

5.1 During 2017/18, Virgin Care was required to begin implementing their ambitious transformation programme in order to improve service delivery and achieve efficiencies to enable greater sustainability in future years.

5.2 The following table summarises Virgin Care performance against the Service Development and Improvement Plan (SDIP) milestones in 2017/18, which form part of the VCSL contract.

| Objective  | Milestone   | Progress summary  | RAG |
|--|---|---|-----|
|  | Implement the integrated care record (ICR)          | Having failed to deliver on agreed milestones in year 1 due to technical issues with the system provider Lumira, Virgin Care have been set ambitious yet realistic timescales to deliver integration of two providers' data every quarter, in order to achieve the public and clinical benefits outlined in their bid. The ICR will enable practitioners, clinicians and other health and social care professionals to access a person's full health and social care history in one record, reducing duplication and improving people's experience. Furthermore, Virgin Care are working with Community Champions and members of their Citizen's Panel to develop a People Portal which will enable people to view their own records from home. This is due to be finalised by December 18. | ●   |
|  | Implement mobile working for staff                  | After trialling a number of devices, laptops were selected as the preferred method of mobile working. The first devices were rolled out to District Nursing teams in Bath and North East Somerset, Reablement teams in Bath, Planned Rehab and Early Supported Discharge teams in May. The project aims to make working more efficient, with staff being able to update records in people's homes rather than returning to the office. Further roll out to Social Care staff is planned for December.   | ●   |
|  | Implement the performance management tool 'Tableau' | A phased roll out of this performance management tool has been agreed over year 2. The system will automate performance reporting by Virgin Care staff to Commissioners.  | ●   |

|   |   |   |   |
|---|---|---|---|
|    | Ensure leadership structures are fit for purpose                          | Virgin have appointed to a number of senior posts in the first year, including a Bath and Northeast Somerset Managing Director and a Strategic Lead for Social Care. Workforce plans have been developed to take account of leadership development.   | ● |
|   | Staff are aware of development opportunities                              | Staff survey undertaken in year 1 and innovation fund launched to encourage creative and innovative problem solving by staff. The 'People Flourish' development programme was launched.   | ● |
|    | Ensure people's strengths are taken into account when planning their care | The roll out of the 3 conversations model across Adult Social Care has progressed to test site stage, with three innovation sites live since March. The approach enables social workers to support people by focusing on their strengths, their networks and community facilities rather than putting everyone through a lengthy assessment process which too often results in unnecessarily long and expensive care packages.  | ● |
|  | Establish foundations for locality based provision and care coordination  | The Advice Centre incorporating the Direct Payment Hub will be in place in July 2018. Virgin are working on linking all local online directory of services in order to reduce duplication and ensure all information is easily accessible. Review of Health Access Team is ongoing with an acknowledgement that issues persist, particularly for Primary Care. While progress has been made, the majority of the 17/18 milestones have not been met, hence the red rating. The colocation of the Health Access and Social Care Access (ASIST) teams will be completed by July 2018. | ● |

- 5.3 There are a number of other transformation work streams developing at pace, for example the reablement pathway review and the mental health pathway review. Both programmes of work are looking to improve the offer for people in B&NES while delivering efficiencies, and making the service sustainable for future years.
- 5.4 The reablement review is a joint Virgin Care and B&NES' Commissioners transformation work stream and is closely linked to the expansion and extension of the "Home First" service, which is designed to reduce unnecessary delays in a person's transfer of care from a hospital to a community setting and ensure assessments are undertaken in the right place to gain an accurate picture on need, including any longer-term needs for care and support.

- 5.5 The Mental Health Pathway Review, which sits under the umbrella of *Your Care, Your Way* is a review of community mental health services, including Children & Young People's transitions and support to families to determine the best model for the future commissioning of community mental health services across health and social care. Current timelines indicate that the service redesign and consultation phase will end in September 2018. It is currently anticipated that revised contracting arrangements will be in place for April 2019.
- 5.6 Overall, whilst Virgin Care is positively progressing some areas of transformational change, including the implementation of the "Three Conversations" model (also on the Agenda for this meeting), there are areas of transformation, particularly Integrated Care Record and Care Coordination which featured highly in their bid where Virgin Care has not made satisfactory progress.
- 5.7 Virgin Care transformation milestones have been revised in 2018/19, and an ambitious yet achievable Service Development & Improvement Plan has been negotiated and incorporated into the contract. This SDIP does include some changes in transformation priorities to reflect national and/or local changes in priorities/areas for particular focus.

## **6. Performance and Quality overview**

- 6.1 The table overleaf shows how the services Virgin Care provide have met the National NHS Constitution standards for access to care in 2017/18 (March 2018 figures shown). Virgin Care provides Consultant led services which are subject to the 18 week referral to treatment target: Orthopaedic Interface Service, Falls and Movement services (Clara Cross), Community Paediatrics and Paediatric Audiology. Virgin Care provides adult audiology and echocardiograms in the community that are subject to the 6 week diagnostic standard. Paulton MIU is subject to the 4 hour A&E standard.
- 6.2 The CCG delegates the Continuing Health Care (CHC) Service to Virgin Care. The CHC service has national targets for access. At the start of the contract Virgin Care was asked to review and improve this service and the service is moving towards achieving the 28 day target. The improvement trajectory is currently being reviewed by Virgin Care to take account of intelligence gathered during 2017/18, with commissioners due to review the revised trajectory before the end of May. Performance for the number of CHC Decision Support Tools carried out in an acute hospital setting is exceptional and has been in the top quartile nationally all year.

## Virgin Care: performance against key NHS standards

| Measure description  | Direction to improve | Standard 2017/18 | 2017/18 actuals <sup>1</sup> | Latest period | England 2017/18 <sup>2</sup> | BaNES CCG <sup>3</sup> |
|--|----------------------|------------------|------------------------------|---------------|------------------------------|------------------------|
| Referral to Treatment: percentage of patients on an incomplete pathway waiting less than 18 weeks at month end | ▲                    | 92%              | 98.4%                        | Mar-18        | 87.2%                        | 87.9%                  |
| Referral to Treatment: total number of patients waiting over 52 weeks at month end                             | ▼                    | 0                | 0                            | Mar-18        |                              | 10                     |
| Diagnostics: percentage of people waiting over 6 weeks for diagnostic tests at month end                       | ▼                    | 1%               | 0.0%                         | Mar-18        | 2.1%                         | 2.4%                   |
| A&E: percentage of A&E attendances where total time in the department is 4 hours or less                       | ▲                    | 95%              | 99.8%                        | Mar-18        | 84.6%                        | 76.6%                  |
| Continuing Healthcare: Proportion of Decision Support Tools completed in an acute hospital                     | ▼                    | 15%              | 0.0%                         | Q4            | 14.0%                        |                        |
| Continuing Healthcare: Proportion of referrals concluded in period carried out within 28 days                  | ▲                    | 80%              | 51.5%                        | Q4            | 66.3%                        |                        |

**Notes**

- 1 RAG status is green where performance is above the national standard
- 2 RAG status is based on how B&NES performance compares to the national rate (green = B&NES is better than national performance)
- 3 A&E: the CCG figure quoted is RUH Trust level performance.

6.3 The table on the following page provides a forecast of the 2017/18 Adult Social Care Outcomes Framework, the key national measures for Adult Social Care which shows that overall the outcomes for people using Social Care services have continued at the expected level during the changeover of contract. The final 2017/18 data will be available in early June and published nationally with benchmarking in October / November.

| <b>Adult Social Care Outcomes Framework measures: 2017/18 forecast</b> |  |                      |   |                          |               |                              |
|--|--|----------------------|---|--------------------------|---------------|------------------------------|
| Ref  | Measure description  | Direction to improve | Aspiration/ 2016/17 actual <sup>1</sup> | 2017/18 ytd <sup>2</sup> | Latest period | England 2016/17 <sup>3</sup> |
| ASCOF 1C(1a)   | Proportion of people using social care receiving self-directed support   | ▲                    | 91.4%                                   | 90.9%                    | Mar-18        | 89.4%                        |
| ASCOF 1C(2a)   | Proportion of people using social care receiving direct payments   | ▲                    | <b>35%</b>                              | 31.0%                    | Mar-18        | 28.3%                        |
| ASCOF 1E   | Proportion of adults with learning disabilities in paid employment   | ▲                    | 9.7%                                    | 10.5%                    | Mar-18        | 5.7%                         |
| ASCOF 1G   | Proportion of adults with learning disabilities who live in their own home or with their family  | ▲                    | 71.9%                                   | 70.7%                    | Mar-18        | 76.2%                        |
| ASCOF 2A(1)  | Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (18-64)   | ▼                    | 20.5                                    | 16.2                     | Mar-18        | 12.8                         |
| ASCOF 2A(2)  | Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (65+)   | ▼                    | <b>640.8</b>                            | 637.7                    | Mar-18        | 610.7                        |
| ASCOF 2B(1)  | Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (effectiveness of the service) | ▲                    | 91.3%                                   | 84.0%                    | Feb-18        | 83%                          |
| ASCOF 2C(1)  | Delayed transfers of care from hospital (per 100,000 population)   | ▼                    | <b>11.6</b>                             | 12.7                     | Feb-18        | 12.6                         |
| ASCOF 2C(2)  | Delayed transfers of care from hospital which are attributable to adult social care (per 100,000 population)   | ▼                    | <b>7.4</b>                              | 5.9                      | Feb-18        | 4.6                          |
| ASCOF 2C(3)  | Delayed transfers of care from hospital jointly attributable to NHS and social care (per 100,000 population)   | ▼                    | <b>0.2</b>                              | 0.4                      | Feb-18        | 0.90                         |

|              |   |
|--------------|---|
| <b>Notes</b> | <p>1 Where targets are in bold, they are either contractual targets or targets from plans, such as the BCF plan. Other targets are set at last year's actuals.</p> <p>2 RAG status is green where performance is above the national average or, if not, where it is either above the 2016/17 B&amp;NES level or is deemed to represent stable performance.</p> <p>3 RAG status is based on how B&amp;NES performance compares to the national rate (green = B&amp;NES is better than national performance).</p> |
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## ASCOF Performance commentary

- Self-directed support and direct payments – ASCOF 1C: Performance has remained stable this year for the self-directed support measure and is projected to remain better than the 2016/17 national average. For direct payments, this year's performance is projected to remain above the national average.
- Learning Disabilities – ASCOF 1E and 1G: The rate of learning disability clients in employment continues to rise in line with the trend in recent years and it remains significantly above the 2016/17 national average. In the past three years of published ASCOF results, the Council has been in the top quartile for this measure. The accommodation measure shows a small decline compared to 2016/17 but the number of clients in settled accommodation has increased compared to last year, albeit the total number of clients has also increased.
- Permanent care home admissions – ASCOF 2A: Fewer younger adults have been permanently placed in residential care during 2017/18 than in the past 5 years. While B&NES performance is above the national average, there has been significant improvement this year, particularly in Q4. Approximately 80% of the placements in this category are Virgin Care clients, with the remainder being AWP clients. For over 65s, the number of new permanent placements in 2017/18 is showing a 7% reduction compared to last year. BCF schemes, such as Home First, have been successful in reducing ongoing care needs as earlier discharges avoid people deteriorating in hospital. Approximately 60% of the placements in this category are attributable to Virgin Care, with the remainder being AWP clients.
- Reablement – ASCOF 2B(1): Virgin Care identified that the method of calculation used in previous years had been over-reporting performance. 2017/18 performance is not directly comparable with previous years therefore. Since January, when the revised methodology was first used, performance has been at the regional average level. The reported drop in performance reflects a reporting change and is not reflective of a deterioration of outcomes for service users.
- Delayed Transfers of Care – ASCOF 2C: DTOC performance has been challenging at national level this year as pressure has been felt across the health and social care system. Virgin Care has taken ownership of community hospital and reablement delays, which is leading to improvements. Virgin Care commenced submitting data nationally on delays in community hospitals from January, so the ASCOF measure this year does not wholly reflect their impact on DTOCs in B&NES. On average, 37% of delayed days in B&NES are in community hospitals. For delays attributed to social care, there has been significant improvement this year, so while B&NES is above the 2016/17 national average, the variance is much reduced.

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

## Addressing the Community's priorities

| Priority Area                    | How will the new model address this?   |
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| <b>A person, not a condition</b> | <p>Services will take into account all of a person's strengths as well as those of their family, their community and their wider support network.</p> <p>Staff will be trained to identify people's individual goals and aspirations and will draw upon all health, care and community assets to achieve them.</p> <p>Staff will seek to understand any barriers to meeting these goals and work with the person to overcome them.</p>   |
| <b>A single plan</b>             | <p>Single assessments will form the basis of a single care and support plan to give people choice and control of the care and support they receive.</p> <p>People will be able to view their integrated care record and control how information is shared across providers and with their own choice of friends, relatives or carers.</p> <p>People will be involved in regular multidisciplinary reviews of their plan to ensure their physical, mental, emotional, cultural and spiritual needs are being met.</p>   |
| <b>Invest in the workforce</b>   | <p>The award-winning "People Flourish" programme will help staff improve the way they work in teams and with people who work in different ways to themselves.</p> <p>Investment in mobile working technology will reduce the time spent on paperwork allowing frontline staff to focus on providing high quality care.</p> <p>There will be a cap on management costs so that resources are invested into front line care.</p>   |
| <b>Focus on prevention</b>       | <p>Patient Activation Measures will be used to allocate people into four levels depending on their confidence, ability and motivation to self-manage.</p> <p>Risk stratification will help with early identification of those who are vulnerable on the fringes of healthcare or at risk of hospital admission.</p> <p>Rapid response services will prevent people being admitted to acute care through speedily providing the services they need at the right time.</p> <p>Staff will be trained in evidenced-based health coaching so that self-management is the focus for all interactions.</p>                                |
| <b>Join up the information</b>   | <p>Integrated care records will pull data from existing IT systems to provide a 'single view' of the person.</p> <p>A Care Coordination Centre will provide:</p> <ul style="list-style-type: none"> <li>• A single point of contact for people who require care and support, their families and health professionals.</li> <li>• Signposting to other services</li> <li>• Booking, scheduling and case management</li> <li>• Single assessment</li> <li>• Case management</li> <li>• Rapid Response, Prevention, Targeted and Specialist teams</li> <li>• Management of Patient Portal</li> <li>• Telehealth monitoring</li> </ul> |

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|  | <p>A team of Care Navigators from a range of VCSE sector organisations will help people become aware of the extensive array of activities that are available to them.</p> |
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