

BATH AND NORTH EAST SOMERSET

HEALTH AND WELLBEING SELECT COMMITTEE

Wednesday, 24th January, 2018

Present:- Councillors Francine Haerberling (Chair), Peter Turner (in place of Geoff Ward), Bryan Organ, Eleanor Jackson, Tim Ball and Lizzie Gladwyn

Also in attendance: Jane Shayler (Director, Integrated Health & Care Commissioning), Dr Ian Orpen (Clinical Chair, B&NES CCG), Mike Bowden (Strategic Director - People & Communities), Paul Scott (Assistant Director, Public Health) and Helen Wakeling (Principal Social Worker and Safeguarding and Quality Assurance Lead)

Cabinet Members in attendance: Councillor Vic Pritchard - Cabinet Member for Adult Care, Health & Wellbeing and Councillor Charles Gerrish - Cabinet Member for Finance and Efficiency

58 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

59 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the emergency evacuation procedure.

60 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillors Geoff Ward and Lin Patterson had sent their apologies to the Select Committee. Councillor Peter Turner was present as a substitute for Councillor Geoff Ward for the duration of the meeting.

61 DECLARATIONS OF INTEREST

There were none.

62 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

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

There were none.

64 MINUTES - 29TH NOVEMBER 2017

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

65 CLINICAL COMMISSIONING GROUP UPDATE

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

A&E performance

Local system performance against the A&E waiting time target (95 per cent of attendees to be seen within four hours) was 76.9 per cent in December. Across England there has been extremely high demand and this is putting local health and care services under significant pressure.

Some non-urgent hospital appointments and operations have been postponed in line with national guidance to help hospitals deal with the sustained pressure.

Proposals to restrict access to three non-urgent services

We have extended our consultation on proposals to restrict access to fertility treatment, vasectomies and female sterilisations. The consultation will now run until 31 January 2018.

This decision is in response to feedback at a public meeting held on Monday 8 January where people raised concerns that the CCG had not allowed sufficient time for the consultation and had not taken into account the Christmas break when people would be too busy to respond to the proposals.

National plans to further restrict access to over-the-counter medicines

We are raising awareness of a national survey from NHS England and NHS Clinical Commissioners.

Locally the NHS spends approximately £935,000 on prescriptions for medicines which can be purchased over the counter from a pharmacy and other outlets such as supermarkets. These prescriptions include items for self-limiting, minor health conditions which will often clear up of their own accord or that the patient can treat themselves by buying over-the-counter medicines, sometimes at a lower cost than that which would be incurred by the NHS.

The survey asks for feedback about medications used to treat 33 minor, self-limiting health conditions. These medications have been selected as they may be considered low priority for NHS funding and it is proposed that they should not be routinely prescribed in GP practices. Products included as part of the consultation include treatments for head lice, infant colic, mouth ulcers, cold sores, mild cystitis and nappy rash.

In Bath and North East Somerset we have already reviewed our prescribing policy for two types over-the-counter medicines (painkillers and hay fever medicines) when they are used to treat short-term minor ailments. Following consultation, we are

advising GPs not to prescribe these medicines – when used for short-term, minor ailments such as mild hay fever, headaches, coughs and colds.

We are encouraging everyone to feed back on the national survey by following this link [here](#) (Please note the national consultation closes on 14 March 2018).

Councillor Tim Ball queried the practise of not prescribing certain medications.

Dr Orpen replied that the duty for GPs to prescribe remains, but they also have a duty to make best use of resources. He added that, as part of this, new guidance on vulnerable patients so as not to disadvantage patients will be made available. He stated that some medications however are cheaper without prescription.

Councillor Eleanor Jackson commented that the cost of a GP appointment in both time and money was significant and hoped members of the public would recognise that and only attend when necessary.

She said she had been informed that 19 patients on stretchers had been observed through the RUH over the Christmas period. She asked how can staffing levels be increased and retained.

Dr Orpen replied that he was aware that morale locally was low, but acknowledged that staff across the area work incredibly hard. He spoke of how the pressure had unfortunately been building for a number of years and it has reached new levels this year.

He said that to have those numbers of patients on stretchers was obviously not a good situation, but that on 3 visits to the Emergency department in the last 3 weeks by the CCG Director of Nursing, we had been assured of the good care patients received despite the pressures on the service. He also wished to point out that the hospital does have excellent figures in terms of patients not waiting in ambulances once they arrive.

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

66 CABINET MEMBER UPDATE

Councillor Vic Pritchard, Cabinet Member for Adult Care, Health & Wellbeing addressed the Select Committee. A copy of the update can be found on their Minute Book and as an online appendix to these minutes, a summary of the update is set out below.

'Three Conversations'- Update on local progress

At the November 2017 meeting, Committee members were provided with a brief introduction to our ambition to improve social care practice, by adopting the 'three conversations' approach and changing the way we support people.

Since then, the programme has developed significantly and is gathering pace. A governance structure is in place, and the first two collaborative design sessions were successfully attended by over 30 stakeholders.

Locally, it was decided to rename this programme 'Strengths Based Social care' as its main aim is to define people's strengths and work with them to identify how they can be supporting through local networks, rather than automatically aligning them to existing support packages

On a fortnightly basis, stakeholders from the Council and CCG's commissioning team, IT, Finance, Performance, Legal, Social Care practitioners from Virgin Care and AWP, Virgin Care transformation team colleagues and community champions are coming together to take part in the 'Making It Happen' group.

The current priority is to identify a number of 'innovation sites' to test the new approach locally. Virgin Care staff are enthusiastic at the prospect, and a number of teams have put themselves forward to be part of this exercise. Innovation sites for AWP will also be identified in the coming weeks with a view to have all test sites ready by March.

To date, feedback has been positive with practitioners looking forward to spending less time tied up with bureaucratic processes, community champions eagerly anticipating a shift to truly personalised social care and commissioners curious to see the wider impact on social care practice and budgets.

The Select Committee were then shown a video regarding the 'Three Conversations' from Cornwall Council.

Councillor Eleanor Jackson asked how the model would work for a resident she knew who receives dialysis treatment and has an 86 year old partner.

The Council's Principal Social Worker and Safeguarding and Quality Assurance Lead replied that support would be in place to look at all arrangements regarding the needs of the resident in question. She added that essence of the model is to have timely conversations and to engage with people directly.

Councillor Peter Turner commented that he welcomed the recent Government appointment of a Minister for Loneliness.

The Director for Integrated Health & Care Commissioning said that a key priority following the review of Community Services through Your Care, Your Way was tackling isolation and loneliness. She added that it isn't just older people or people living in more rural areas who experience loneliness it can be younger people including those living in B&NES urban locations. The changes in progress and planned from the Your Care, Your Way review including 'Three Conversations' will help to tackle loneliness and isolation.

She added that a more collaborative approach between commissioners and providers of services as well as those individuals participating in Three Conversations was anticipated and that community partners, such as AWP and Virgin Care were very engaged in this approach.

Councillor Pritchard commented that national recognition for the issue of loneliness was welcome.

Dr Orpen also confirmed from his perspective as a GP it is important to recognise that it is not solely a rural problem and that is also an issue for young people.

Councillor Eleanor Jackson said that she would also like to see the voluntary sector have a role in this new model.

The Principal Social Worker and Safeguarding and Quality Assurance Lead said that a great way for the teams to find out about the communities they serve would be to meet with local Councillors as they would be a great source of information. She asked therefore for members of the Select Committee to raise the subject of the 'Three Conversations' with their groups in anticipation of future involvement. Select Committee members confirmed that they would welcome this involvement.

Community Services: Virgin Care Update

All aspects of robust contract management mechanisms continue to be effective in ensuring safe and efficient delivery of services. In the main, services are performing in accordance with requirements of the contract and expected activity levels. There remain pressures that were present prior to transfer to Virgin Care in April 2017 around Continuing Health Care and Social Work. Agreed action plans are now in place for both services and expected improvement trajectories are being met resulting in improved performance in both areas.

Further local management capacity is now in place following the appointment of Virgin Care B&NES Managing Director and the new Head of IT now also established. This has provided further assurance to Commissioner that progress against key transformational plans will continue at pace, particularly in relation to the delivery of an Integrated Care Record and Care Co-ordination. Significant progress is also being made towards the transformation of Adults Social Care through the three conversations model as set out in this briefing.

Councillor Eleanor Jackson said that she wished to raise the matter of items such as Zimmer frames and crutches being returned to the Community Equipment Service on Radstock Road and then subsequently being dumped into a skip and not being reused.

Councillor Pritchard replied that it may be the case that some of the equipment is bespoke, but agreed it was a little strange that some items cannot be used again.

The Director for Integrated Health & Care Commissioning said that a review of Community Equipment is underway as referenced within the Council's Operational Plan and this review includes stock management and recycling. She added that it can on occasions there are some items of equipment that cannot be recycled because they are either custom-made and it is not economically viable to reuse them in another property, for infection control reasons, or because they have worn away, but there are also very many items which can be recycled and improvements in the amount of community equipment that is recycled can be made.

Councillor Jackson suggested that organisations such as the Red Cross or a refugee charity be contacted to see if they could use any discarded items.

Councillor Pritchard said that it would be worth looking into the matter.

Councillor Jackson asked why the Healthwise Referral Scheme was not available at a centre within the Somer Valley.

The Director for Integrated Health & Care Commissioning said that she was not aware of the scheme but thought it may be a lack of an appropriate local leisure facility.

Councillor Pritchard said that he would investigate the matter on her behalf.

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

67 PUBLIC HEALTH UPDATE

Paul Scott, Assistant Director of Public Health addressed the Select Committee. A copy of the update can be found on their Minute Book and as an online appendix to these minutes, a summary of the update is set out below.

New Change4Life Campaign - 'Look for 100 calorie snacks, two a day max'

Change4Life has launched a new campaign to help families choose healthier snacks when shopping and to reduce children's sugar intake. The campaign is reminding families that fresh or tinned fruit and vegetables are a healthier choice for a snack but if you are providing packaged snacks, the simple tip is: 'Look for 100 calorie snacks, two a day max.' Families are encouraged to sign up to the campaign to receive helpful tips, ideas and money off vouchers. The B&NES Sugar Smart team are encouraging more organisations to take 'pledges' to get Sugar Smart.

Youth Mental Health First Aid Training (YMHFA)

YMHFA teaches the skills needed to spot the signs of mental health issues in children and young people aged 8 – 18 years. It helps participants to build the confidence needed to offer first aid and knowledge to signpost to further support. YMHFA won't teach you to be a therapist, but it will teach you to listen, reassure and respond, even in a crisis - and even potentially stop a crisis from happening. This two day course is suitable for anyone working with or supporting children and young people aged 8-18 who has not undertaken mental health training before. In particular it will be of interest to primary and secondary school and college staff, children and family services youth workers etc.

Free Making Every Contact Count (MECC) training

Bookings are currently being taken for the Make Every Contact Count (MECC) training course on April 12 and 26 (Both morning ½ day sessions – Guildhall, Central Bath). This course is free at point of delivery and will be of relevance to anyone and everyone who has the opportunity to have conversations with others about their health and wellbeing, however brief that may be.

Bath and North East Somerset Pharmaceutical Needs Assessment 2018 to 2021

All relevant stakeholders and the public are being invited to take part in a Pharmaceutical Needs Assessment (PNA) consultation for Bath and North East Somerset. The PNA is a document which assesses whether the provision of local pharmaceutical services across the area is sufficient to meet the health and wellbeing needs of the local population. It considers whether we have enough pharmacies, and whether they provide the right services for local people now and in the future. It is also intended to assist the NHS and other local commissioners to develop future pharmaceutical services. The consultation provides an opportunity to help shape the future of local pharmacy services and ensure that the information included within the draft PNA is accurate. The consultation launched on 11 December 2017, and runs until 18 February 2018.

Dry January

If you're thinking of stopping drinking and are looking for inspiration have a look at the Dry January campaign. There's still plenty of time to get involved. According to Alcohol Concern, 79% of people who take part save money, 62% slept better and 49% lost weight. There are loads of resources on their website, with stories from those who have taken part and gave up drinking, together with apps to help you control your drinking and information leaflets to help inspire you to do the same.

Shingles vaccination

Evaluation of the effect of the herpes zoster vaccination programme 3 years after its introduction in England: a population-based study Analysis of 3.36m person-years of data found herpes zoster (HZ) vaccination programme in England has had population impact equivalent to ~17,000 fewer episodes of HZ and 3300 fewer episodes of postherpetic neuralgia among 5.5m eligible individuals in first 3 years of the programme.

PHE notes that despite these very positive results, uptake of the vaccine has declined, with a 13% decline in people aged 70 since the start of the programme and an 8.4% decline in people aged 78 years since 2014. It is urging adults aged 70 and 78 to protect themselves by taking up the offer for vaccination from their GP or booking an appointment if they missed out, as shingles is a painful condition and can be especially debilitating for older people.

Councillor Eleanor Jackson asked with reference to Dry January if he had seen the recent article in The Guardian that suggested it may be more effective for people to not drink on certain days of the week.

Paul Scott replied that any reduction of alcohol intake should be welcomed.

Councillor Bryan Organ asked what was the criteria for the requirement of a new pharmacy.

Paul Scott replied that it was dependant on how many were already within a geographical area per population and how far people are away from current facilities. He added that generally most communities were served well.

Councillor Tim Ball commented that 'healthy' snacks are normally double the price of 'regular' ones and required a price reduction to make them more accessible.

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

68 HEALTHWATCH UPDATE

Alex Francis, Healthwatch was unable to attend the meeting. The Chair thanked her for her written report on behalf of the Select Committee which can be found on their Minute Book and as an online appendix to these minutes.

69 COUNCIL OPERATIONAL PLAN

The Director for Integrated Health & Care Commissioning introduced this item to the Select Committee. She spoke of the fast-changing social and economic landscape that we are seeing means increased demand for services and growing expectations of the Council at a time when there's less money and fewer resources to help. She added that all Councils in the country are facing similar pressures, particularly if they deliver social care.

She stated that the Council has invested in and improved the efficiency and effectiveness of social care services for adults and young people and that in the future we will continue to prioritise caring for our most vulnerable residents.

She stated however, it was important to understand the impact of rising costs and growing demand in this area. She informed them that social care services already account for almost 75 pence out of every pound we spend and that by next year (2018/19) we forecast that this will rise to 80 pence in every pound (net). She added that prioritising these services means that all of our other services need to be funded from what's left - requiring some really tough decisions on where our money is best spent.

She set out some of the reasons for the rising costs of care.

- More people are living longer with complex conditions
- More children and young people are living with complex care and educational needs – an individual care package can cost up to £250,000
- Recent care home closures have pushed up local costs
- The national living wage is rising faster than inflation, which has a big impact on highly staffed services such as social care
- We have more responsibility for children with special educational needs and disabilities (SEND). The number of SEND statements rose from 692 to 1062 between 2014-2017

She said that the increasing demand for services – particularly social care, but also in other areas – is placing unprecedented pressure on the Council. She explained

that there are areas where individuals and communities can help to manage demand in the future and make our money go further.

- Working Together - Increased collaboration between the Council and local communities, parish councils, partners and voluntary organisations will become increasingly important.
- Staying well - Looking after your health by exercising and eating well increases your chances of staying well for longer – reducing the pressure on care services in the future. Together with our health partners we are delivering a lot of programmes to help.

She addressed the key changes that the Council is proposing, explaining the plan doesn't intend to capture every activity that the Council carries out, but focuses on the key changes over the coming years and highlights key projects that will help achieve our vision for the future.

The Chair asked how many beds had been lost due to the recent care home closures.

The Director for Integrated Health & Care Commissioning replied that over the past 12 – 18 months approximately 110 beds have been lost. She added that there was a significant challenge of staff recruitment and retention being faced by care providers and this is adding to cost pressures and can impact on continuity of care if there is a high turnover of staff. She said that commissioners do work closely with providers.

She informed them that in February the Council is due to publish its draft Market Position Statement and suggested that this draft MPS come to the Committee in March for engagement.

Councillor Tim Ball commented that he was concerned about the proposed reduction in Day Care as he felt it had the potential to miss some people out who might then require additional and more costly needs in later life.

The Director for Integrated Health & Care Commissioning replied that this was a specific savings target to Day Care Services being provided by Virgin Care. Day services had been redesigned to focus more on independent living skills and employment skills. She added that in addition to the day services provided by Virgin Care, day services are commissioned from a wide range of providers, including in the voluntary sector. She added that in addition to the redesign of day services, some efficiencies have been achieved from transport including moving to more flexible, smaller vehicles. She added that this would help address how people access day services.

She said that the redesign would also help to manage the learning disabilities purchased care budget as effective day services help people remain independent for longer and to access employment and meaningful occupation, which helps with general health and wellbeing and resilience.

Councillor Eleanor Jackson stated that the Connections Day Services in Radstock should remain open.

The Director for Integrated Health & Care Commissioning replied that there were no current plans for this facility to close and the reference to longer-term issues with Connections are related to the age of the building, which is not ideal to support the delivery of a modern day service.

Councillor Eleanor Jackson commented that she agreed that there should be a coordinated approach to this work to maximise independence. She said that she was surprised that in terms of re-ablement and across the plan generally that dementia is not referenced.

She said that a lack of residential care was causing a pressure on the Council and called for it to be rigorous through the planning process to have agreed sites built upon.

The Director for Integrated Health & Care Commissioning replied that some common themes were established during the recent Frailty Summit alongside the need to erode organisational boundaries. She said that voluntary and community providers, including, for example, Age UK had offered to be part of a multi-disciplinary approach. There is also an important role for Care Navigators to facilitate the access to information of community services and enable connection with peers for mutual support. An important theme, including from the Your Care Your Way Community Services Review and from the Frailty Summit is tackling loneliness and isolation, not only in older people or in more rural communities. Younger people and those living in more urban environments can experience loneliness and isolation, which can impact significantly on health and wellbeing.

Councillor Charles Gerrish, Cabinet Member for Finance and Efficiency commented that he was aware that his colleague Councillor Paul Myers, Cabinet Member for Economic and Community Regeneration had held positive meetings with representatives of the third sector regarding their future involvement and looking to do things differently.

Councillor Eleanor Jackson asked what was meant by the term "over-prescription" within the plan.

The Director for Integrated Health & Care Commissioning replied that this term is in the context of carrying out assessments for longer term care in the most appropriate environment, and that was not always within the RUH as this can result in an overly medicalised approach to meeting an individual's needs and that it is generally better to undertake an assessment of someone's ongoing needs either when they have returned home or in an alternative, interim care setting, for example, a "step-down" or "Discharge to Assess" bed.

The Chair asked if there were any further comments in relation to Joint Working.

Councillor Vic Pritchard, Cabinet Member for Adult Care, Health and Wellbeing replied that further integration was planned over this year between the Council and CCG, alongside close working with the three authorities involved in the STP.

The Director for Integrated Health & Care Commissioning added that work was ongoing to establish a single view of Primary Care / Health & Social Care. She said that there was a focus on complex needs, urgent care, prevention of hospitalisation and return to home.

She explained that there was huge potential for benefits and to streamline decision making, although there would be a challenge concerning different staff groups and their respective governance and terms and conditions.

Councillor Charles Gerrish added that the Cabinet have met with the CCG and were due to do so again before the end of this financial year.

The Strategic Director for People & Communities addressed the Select Committee to explain that as well as the Adult Care matters highlighted within the plan by the Director for Integrated Health & Care Commissioning there were also elements referring to Public Health and those that are cross cutting.

Councillor Eleanor Jackson said that the proposal to reduce staff in Public Health can only be seen as a cut.

Councillor Charles Gerrish replied that this was not a Council policy, but as a reduction of funding received from Government.

Following a motion from Councillor Eleanor Jackson the Select Committee **RESOLVED** to note the report and thank officers for their work in preparing the Plan.

Councillors Eleanor Jackson and Tim Ball agreed with this resolution, and also wished to register their regret at the cuts, growth avoidance and efficiencies listed within the Plan.

70 SELECT COMMITTEE WORKPLAN

Councillor Eleanor Jackson suggested that a Governor of the RUH be invited to the Select Committee to discuss their role and priorities for the hospital.

The Director for Integrated Health & Care Commissioning said that she would take advice from Tracey Cox, CCG Chief Officer on the appropriateness of the invitation.

She said that as mentioned in the Operational Plan discussion that the draft Market Position Statement could come to the Committee in March for their engagement.

The meeting ended at 12.40 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services

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Briefing for the Health and Wellbeing Select Committee Meeting

Wednesday 24 January 2018

1. A&E performance

Local system performance against the A&E waiting time target (95 per cent of attendees to be seen within four hours) was 76.9 per cent in December. Across England there has been extremely high demand and this is putting local health and care services under significant pressure.

Some non-urgent hospital appointments and operations have been postponed in line with [national guidance](#) to help hospitals deal with the sustained pressure.

Some additional national funding was made available during December to support systems. Locally we have used this funding to put in place a number of extra initiatives to cope with demand including the provision of additional patient transport capacity and the provision of three additional reablement 'step-down' flats with the support of Curo.

Public Health data continues to show that more people are visiting GPs with flu symptoms and we are seeing more people admitted to hospital with flu. In terms of hospital admission, this is the most significant flu season since the winter of 2010/11 and the preceding pandemic year of 2009 although it is not an epidemic.

People suffering with flu-like symptoms should catch coughs or sneezes in tissues and bin them immediately, wash their hands regularly with soap and warm water and frequently clean regularly used surfaces to stop the spread of flu. Avoid having unnecessary contact with other people if you or they have symptoms of flu. The best form of protection against flu is to get the vaccine if you are eligible.

2. Proposals to restrict access to three non-urgent services

We have extended our consultation on proposals to restrict access to fertility treatment, vasectomies and female sterilisations. The consultation will now run until 31 January 2018.

This decision is in response to feedback at a public meeting held on Monday 8 January where people raised concerns that the CCG had not allowed sufficient time for the consultation and had not taken into account the Christmas break when people would be too busy to respond to the proposals.

More information and online survey are available on our website [here](#). The CCG street team will be at The Hollies in Midsomer Norton on 30 January from 1.30 – 4.30pm to hear local residents' views about the proposals.

3. National plans to further restrict access to over-the-counter medicines

We are raising awareness of a national survey from NHS England and NHS Clinical Commissioners.

Locally the NHS spends approximately £935,000 on prescriptions for medicines which can be purchased over the counter from a pharmacy and other outlets such as supermarkets. These prescriptions include items for self-limiting, minor health conditions which will often clear up of their own accord or that the patient can treat themselves by buying over-the-counter medicines, sometimes at a lower cost than that which would be incurred by the NHS.

By reducing spend on treating conditions that are self-limiting or which lend themselves to self-care, these resources can be used for other higher priority areas that have a greater impact for patients, support improvements in services. Some of the items included as part of the consultation are also of low clinical effectiveness but represent a high cost to the NHS.

The survey asks for feedback about medications used to treat 33 minor, self-limiting health conditions. These medications have been selected as they may be considered low priority for NHS funding and it is proposed that they should not be routinely prescribed in GP practices. Products included as part of the consultation include treatments for head lice, infant colic, mouth ulcers, cold sores, mild cystitis and nappy rash.

In Bath and North East Somerset we have already reviewed our prescribing policy for two types over-the-counter medicines (painkillers and hay fever medicines) when they are used to treat short-term minor ailments. Following consultation, we are advising GPs not to prescribe these medicines – when used for short-term, minor ailments such as mild hay fever, headaches, coughs and colds.

We are encouraging everyone to feed back on the national survey by following this link [here](#) (Please note the national consultation closes on 14 March 2018).

Cllr Vic Pritchard, Cabinet Member for Adult Social Care & Health

Key Issues Briefing Note

Health & Wellbeing Select Committee January 2018

1. 'Three Conversations'- update on local progress

At the November 2017 meeting, Committee members were provided with a brief introduction to our ambition to improve social care practice, by adopting the 'three conversations' approach and changing the way we support people.

Since then, the programme has developed significantly and is gathering pace. A governance structure is in place, and the first two collaborative design sessions were successfully attended by over 30 stakeholders.

Locally, it was decided to rename this programme 'Strengths Based Social care' as its main aim is to define people's strengths and work with them to identify how they can be supporting through local networks, rather than automatically aligning them to existing support packages.

On a fortnightly basis, stakeholders from the Council and CCG's commissioning team, IT, Finance, Performance, Legal, Social Care practitioners from Virgin Care and AWP, Virgin Care transformation team colleagues and community champions are coming together to take part in the 'Making It Happen' group. Led by the creator of the three conversations model Sam Newman, these meetings allow for collaborative design of the approach and ensure that all perspectives are considered when making decisions about how to progress the initiative. Sam has tested this approach successfully in many other authorities, and believes this is the way to ensure the change is engaged with and championed by everyone it affects.

The current priority is to identify a number of 'innovation sites' to test the new approach locally. Virgin Care staff are enthusiastic at the prospect, and a number of teams have put themselves forward to be part of this exercise. Innovation sites for AWP will also be identified in the coming weeks with a view to have all test sites ready by March.

Enabling functions stakeholders from across all organisations are involved so as to ensure this significant change which will have a far reaching impact has been factored in across agencies, and that relevant resource requirements have been earmarked.

The Making It Happen groups are important sounding boards to understand how the proposed new approach is being received across all stakeholder groups. To date, feedback has been positive with practitioners looking forward to spending less time tied up with bureaucratic processes, community champions eagerly anticipating a shift to truly personalised social care and commissioners curious to see the wider impact on social care practice and budgets.

2. Community Services : Virgin Care Update

All aspects of robust contract management mechanisms continue to be effective in ensuring safe and efficient delivery of services. In the main, services are performing in accordance with requirements of the contract and expected activity levels. There remain pressures that were present prior to transfer to Virgin Care in April 2017 around Continuing Health Care and Social Work. Agreed action plans are now in place for both services and expected improvement trajectories are being met resulting in improved performance in both areas.

Further local management capacity is now in place following the appointment of Virgin Care B&NES Managing Director and the new Head of IT now also established. This has provided further assurance to Commissioner that progress against key transformational plans will continue at pace, particularly in relation to the delivery of an Integrated Care Record and Care Co-ordination. Significant progress is also being made towards the transformation of Adults Social Care through the three conversations model as set out in this briefing.

Health and Wellbeing Committee Public Health Update January 2018

1. Public Health News

Bath & North East
Somerset Council

Public Health News

January 2018



New Change4Life Campaign - 'Look for 100 calorie snacks, two a day max'

Change4Life has launched a new campaign to help families choose healthier snacks when shopping and to reduce children's sugar intake. The campaign is reminding families that fresh or tinned fruit and vegetables are a healthier choice for a snack but if you are providing packaged snacks, the simple tip is: **'Look for 100 calorie snacks, two a day max.'** Families are encouraged to [sign up](#) to the campaign to receive helpful tips, ideas and money off vouchers. The B&NES Sugar Smart team are encouraging more organisations to take 'pledges' to get Sugar Smart – a great way to link to the new snack campaign. To sign up contact SugarSmart@BATHNES.GOV.UK or for more information, see the [webpage](#), and follow them on [Facebook](#) and [Twitter](#) to keep up to date with the campaign!



Youth Mental Health First Aid Training (YMHFA)

YMHFA teaches the skills needed to spot the signs of mental health issues in children and young people aged 8 – 18 years. It helps participants to build the confidence needed to offer first aid and knowledge to signpost to further support. YMHFA won't teach you to be a therapist, but it will teach you to listen, reassure and respond, even in a crisis - and even potentially stop a crisis from happening. This two day course is suitable for anyone working with or supporting children and young people aged 8-18 who has not undertaken mental health training before. In particular it will be of interest to primary and secondary school and college staff, children and family services youth workers etc.

When: **Summer course** 4 & 5 June 2018 (9.00 – 17.00 both days) & **Autumn course** 8 & 9 October 2018 (9.00 – 17.00 both days).

Where: Ammerdown Conference Centre, Ammerdown Park, Radstock, Bath BA3 5SW **Cost: £85** (heavily subsidised rate for Bath & North East Somerset) this includes participants pack, lunch and refreshments.

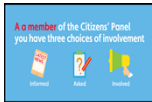
How to apply: Council employees - sign up via the Hub. Summer course: <http://thehub.bathnes.gov.uk/Event/64684> Autumn course: <http://thehub.bathnes.gov.uk/Event/64685>. **Non Council employees** - please email Deborah Carter for an application for an application form deborah_carter@bathnes.gov.uk. For more details about the course content please contact clare_laker@bathnes.gov.uk This course is being organised by B&NES Public Health Team and is not a part of the Government's offer to

provide a one day YMHFA course to one member of staff from all secondary schools in England.



Free Making Every Contact Count (MECC) training

Bookings are currently being taken for the Make Every Contact Count (MECC) training course on **April 12 and 26** (Both morning ½ day sessions – Guildhall, Central Bath). This course is free at point of delivery and will be of relevance to anyone and everyone who has the opportunity to have conversations with others about their health and wellbeing, however brief that may be. For further information and details on how to apply click [here](#).



Citizens' Panel now recruiting

Bath and North East Somerset Clinical Commissioning Group and B&NES Council are working with Virgin Care and local providers to deliver the Your Care Your Way programme which has been designed over two years with local people to help bring health and social care services together and make the best use of technology. We are launching the Citizens Panel in B&NES and we're now open for registrations from people who use services, people who care for people who use services and interested local people to tell us what they think, co-design service changes and hear about what we're doing to join-up services. We're looking for members from all walks of life to help build a representative panel of citizens: whether people use the services at the moment or not, we're interested in opinions and ideas of how they can be improved. **Informed, asked or involved?** We know that life gets busy, so as part of the sign-up process people will be asked to pick their 'level' of membership as well as what areas of the services they're particularly interested in. We'll use this information to make sure we only contact people about things they're interested in but they can change their preferences at any time (and as many times as they like). We are keen not to duplicate the wealth of local groups that already exist rather we are keen to work closely with local partners. We will keep you up to date when we launch our first engagement project. You can find out more and sign up online (the easiest method) at www.bathneshealthandcare.nhs.uk/citizenspanel Alternatively contact Martha Cox on 01225 831328 or at Martha Cox, Virgin Care, Kempthorne House, St Martins Hospital, Clara Cross Lane, Bath, BA2 5RP for a paper version of the form.



to 2021

Bath and North East Somerset Pharmaceutical Needs Assessment 2018

All relevant stakeholders and the public are being invited to take part in a Pharmaceutical Needs Assessment (PNA) consultation for Bath and North East Somerset. The PNA is a document which assesses whether the provision of local pharmaceutical services across the area is sufficient to meet the health and wellbeing needs of the local population. It considers whether we have enough pharmacies, and whether they provide the right services for local people now and in the future. It is also intended to assist the NHS and other local commissioners to develop future pharmaceutical services. The consultation provides an opportunity to help shape the future of local pharmacy services and ensure that the information included within the draft PNA is accurate. The consultation launched on 11 December 2017, and runs until 18 February 2018 – it is available during this time via the Council's Consultation webpages: <http://www.bathnes.gov.uk/services/your-council-and-democracy/consultations>



DryJanuary

In case you were wondering, it is not too late to start and sign up for **DRY JANUARY**. If you're thinking of stopping drinking and are looking for inspiration have a look at the Dry January campaign. There's still plenty of time to get involved. According to Alcohol Concern, 79% of people who take part save money, 62% slept better and 49% lost weight. There are loads of resources on their website, with stories from those who have taken part and gave up drinking, together with apps to help you control your drinking and information leaflets to help inspire you to do the same. It's not too late to join in, and if you think that it's too late to make a start, it isn't! So go on, take time out and enjoy. **SIGN UP TODAY** and challenge a work colleague to do it with you, or your whole team! We would love to see your pictures on the pin board.

Email: public_health@bathnes.gov.uk

Telephone: 01225 394067

Website: www.bathnes.gov.uk/services/public-health

2. Shingles vaccination

Evaluation of the effect of the herpes zoster vaccination programme 3 years after its introduction in England: a population-based study Analysis of 3.36m person-years of data found herpes zoster (HZ) vaccination programme in England has had population impact equivalent to ~17,000 fewer episodes of HZ and 3300 fewer episodes of postherpetic neuralgia among 5.5m eligible individuals in first 3 years of the programme.

PHE notes that despite these very positive results, uptake of the vaccine has declined, with a 13% decline in people aged 70 since the start of the programme and an 8.4% decline in people aged 78 years since 2014. It is urging adults aged 70 and 78 to protect themselves by taking up the offer for vaccination from their GP or booking an appointment if they missed out, as shingles is a painful condition and can be especially debilitating for older people. The researchers note that communication of the public health impact of this programme will be important to reverse the recent trend of declining vaccine coverage.

3. Alcohol pricing: effects on consumption and tax revenues

<https://www.ifs.org.uk/uploads/publications/bns/BN222.pdf>

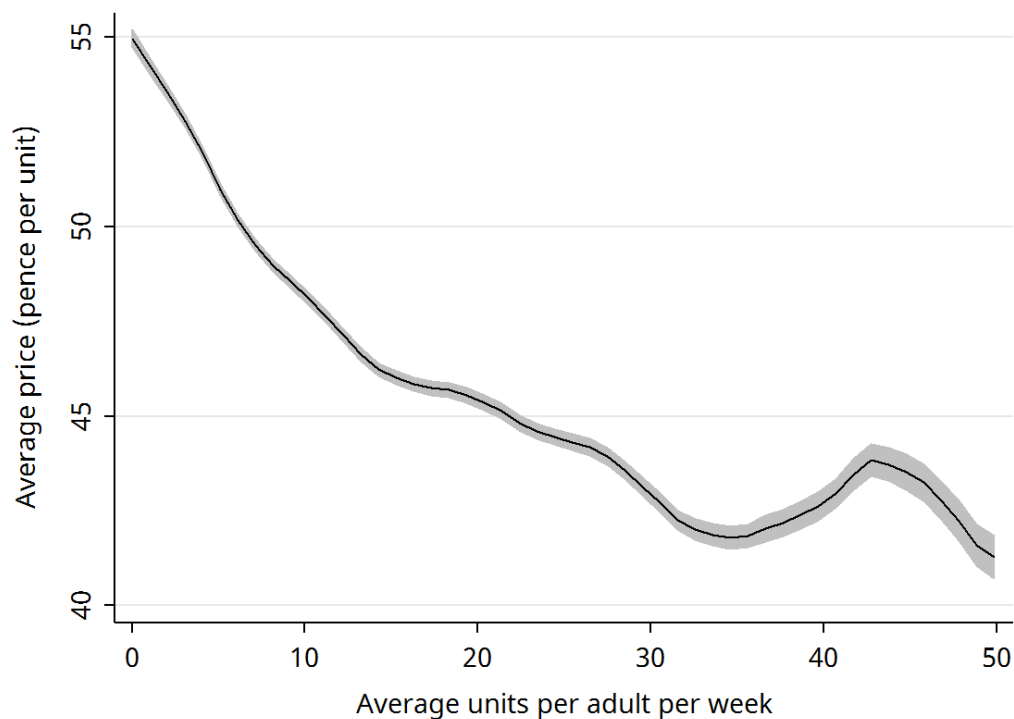
This is a fascinating look by the Institute of Fiscal Studies at the technical discussions that underpin health policy; in this case the pricing of alcoholic drinks to best reduce heavy drinking while minimally penalising moderate and light drinkers (or HMRC!).

This paper involves a lot of detailed analysis of patterns of drinking in light and heavy drinkers in the UK, the effects of price on consumption, and the effects of different taxation policies and price as it affects different types of drinker.

The conclusion of this analysis is that a reform of alcohol taxation which directly taxed drinks according to level of alcohol would be a better policy, with or without a minimum unit price, than a MUP on its own. It would target heavier drinkers more effectively, and maintain tax revenues without adding to alcohol industry profits. IFS considers the current system of taxation of alcohol "chaotic".

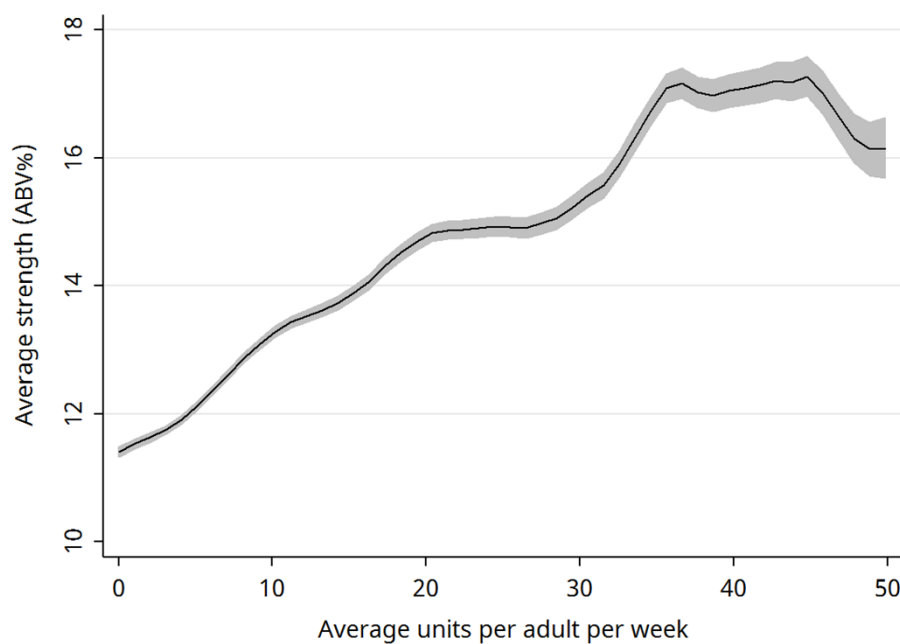
Two of the graphs which contribute to this view are those shown here. the first shows how total consumption of alcohol changes with increased price per unit. The second shows how heavier drinkers consume drinks with higher alcoholic content.

Figure 1. Relationship between average price and drinking level



6 © Institute for Fiscal Studies

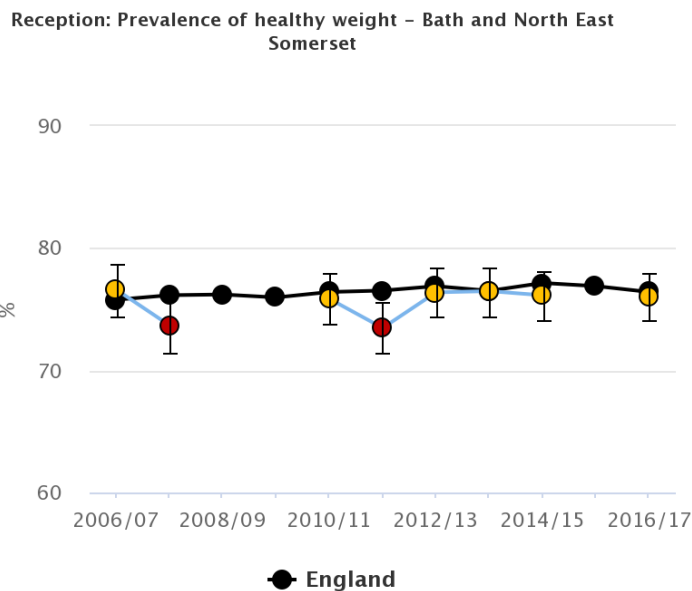
Figure 2. Relationship between average alcoholic strength and drinking level



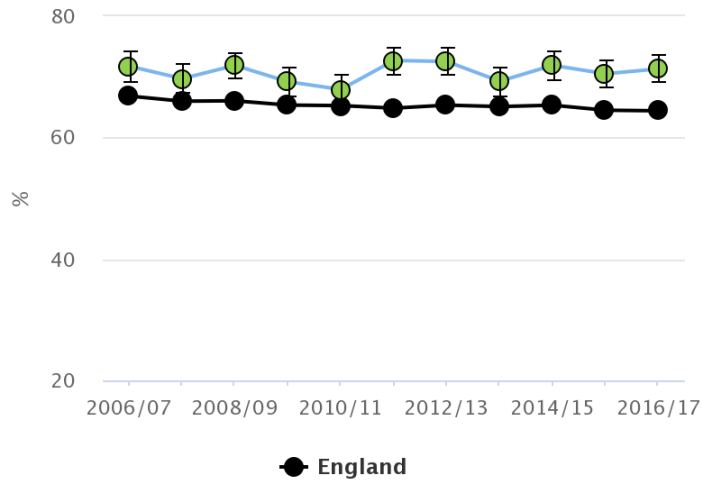
4. National Child Measurement Programme: latest figures from 16/17

This latest release of data shows a familiar pattern in BaNES. Children coming into reception are similar to those in England as a whole, but by the time they are in year 6 they are doing significantly better than the national average (and, if anything the gap is widening). The first chart on the next page shows that this is because fewer children put on excess weight between the start and end of primary school compared to other areas, with only North Somerset against our “CIPFA near neighbours” having a slower fall in the percentage of children with healthy weight (ie. increase in overweight) between reception year and year 6.

In this comparator group over a quarter of children in year 6 are overweight or obese everywhere, going up to just over a third in the highest prevalence areas. The highest levels anywhere in England are 43.8%, and as the final chart shows overweight and obesity rise with increasing deprivation.



Year 6: Prevalence of healthy weight – Bath and North East Somerset



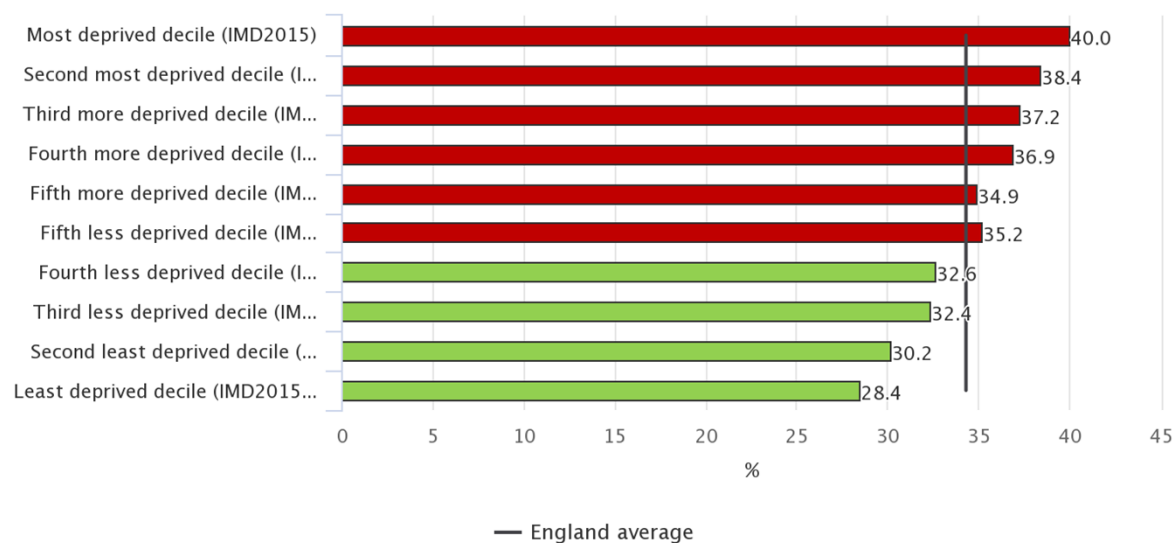
Comparison with CIPFA comparator group:

Compared with benchmark: Better Similar Worse Lower Similar Higher Not compared

Indicator	Period	England	Bath and North East Somerset	1 - Cheshire East	2 - Solihull	3 - Cheshire West and Chester	4 - Shropshire	5 - Herefordshire	6 - York	7 - Stockport	8 - North Somerset	9 - Wiltshire	10 - Central Bedfordshire	11 - Bedford	12 - Poole	13 - South Gloucestershire	14 - East Riding of Yorkshire	15 - West Berkshire
Reception: Prevalence of underweight	2016/17	0.96	0.49	0.62	0.90	0.67	0.89	0.51	0.47	0.54	0.59	0.37	0.58	1.14	0.68	0.74	1.02	0.77
Reception: Prevalence of healthy weight	2016/17	76.4	76.0	80.2	80.7	78.7	77.3	76.6	78.7	76.5	75.5	78.1	79.0	78.4	80.2	81.0	80.8	78.1
Reception: Prevalence of overweight (including obese)	2016/17	22.6	23.5	19.2	18.4	20.6	21.8	22.9	20.8	23.0	23.9	21.5	20.4	20.4	19.2	18.3	18.2	21.1
Reception: Prevalence of overweight	2016/17	13.0	14.7	11.9	11.5	12.4	13.2	13.2	12.3	13.7	15.2	13.4	12.4	11.4	12.3	10.9	10.3	12.6
Reception: Prevalence of obesity	2016/17	9.6	8.8	7.3	6.9	8.3	8.6	9.8	8.5	9.3	8.8	8.1	8.0	9.0	6.9	7.4	7.9	8.5
Reception: Prevalence of severe obesity	2016/17	2.35	1.81	1.34	1.56	1.70	1.19	2.72	1.66	2.23	1.77	1.36	1.87	2.09	1.29	1.45	1.20	1.99
Year 6: Prevalence of underweight	2016/17	1.34	1.06	1.08	1.19	0.93	0.76	1.39	1.53	0.68	0.88	1.15	1.26	1.56	0.98	1.16	1.38	0.77
Year 6: Prevalence of healthy weight	2016/17	64.4	71.3	69.2	68.1	66.3	66.9	63.8	69.4	67.4	71.2	70.5	68.6	65.3	69.8	71.6	66.7	71.0
Year 6: Prevalence of overweight (including obese)	2016/17	34.2	27.6	29.7	30.7	32.7	32.3	34.8	29.0	31.9	27.9	28.3	30.1	33.2	29.3	27.3	32.0	28.2
Year 6: Prevalence of overweight	2016/17	14.3	14.2	14.3	13.5	14.0	15.4	15.7	12.9	13.8	13.2	12.8	13.8	13.3	13.6	13.1	13.9	13.7
Year 6: Prevalence of obesity	2016/17	20.0	13.5	15.4	17.2	18.8	16.9	19.2	16.1	18.2	14.7	15.5	16.3	19.9	15.7	14.1	18.1	14.6
Year 6: Prevalence of severe obesity	2016/17	4.07	2.42	2.37	2.20	3.71	3.08	4.10	3.11	3.42	2.38	2.46	2.73	3.98	1.95	2.13	2.95	3.74
Prevalence of obesity among children in Reception, 5-years data combined	2012/13 -16/17	9.4	8.6	7.2	7.8	8.8	8.7	9.1	8.0	8.2	8.6	7.9	7.4	9.0	8.0	6.7	8.3	7.3
Prevalence of obesity among children in Year 6, 5-years data combined	2012/13 -16/17	19.4	14.3	15.5	16.1	18.4	17.0	18.3	15.6	16.9	15.5	15.5	15.5	19.3	15.7	14.6	17.7	14.4

...And it's a reflection of wider inequalities:

Year 6: Prevalence of overweight (including obese) – England, 2016/17 – Data partitioned by County & UA deprivation deciles in England (IMD2015)



Bruce Laurence (with thanks to Anna Brett and other contributors for the News Letter)

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1) Are we hearing the voices of children and young people?

This year one of our priorities has been to broaden Healthwatch representation for children and young people, to ensure that they are able to have a voice around health and social care too. We are delighted to have recently recruited two volunteers – young people themselves - from the University of Bath to help engage with the student body and raise awareness of the independent voice and influence that people can have via Healthwatch. One volunteer has a real interest in mental health and primary care so we have been working with them around the community mental health review; the other is interested in pharmacy services and is helping us to spread the word about the current Pharmaceutical Needs Assessment consultation.

We have approached Bath Area Play Project, who oversee the B&NES Children and Young People's Network, to help us identify a representative for the Healthwatch advisory group. We are also liaising with the participation team at Bath College to look for opportunities for students in Bath and Radstock to engage with Healthwatch projects. We will be visiting both sites during January and February to speak to students and raise awareness of our work.

In addition to recruiting volunteers, we have also attended children and young people's groups to hear their views on local services. Through the use of an activity titled 'pants and socks' we have gathered feedback about the services that make young people feel 'warm and fuzzy' (the socks) and the services that young people think are 'a bit pants'. Although intended as a bit of fun, this activity has provided valuable insight into a wide range of services from primary care to hospitals, mental health services and social care.

We are in the process of finalising our most recent report following a visit to the Keynsham Now youth group in December. We will share the themes from the feedback received with commissioners and providers, and hope to bring it to the next committee meeting in March.



2) Enter and view visits

Our team of authorised enter and view representatives have been very busy over the last few months. During October and November we carried out three visits to local health and social care settings to observe the delivery of services first-hand and speak to patients, their families and staff about their experiences. So far over the course of 2017-18 Healthwatch B&NES has visited six local health and social care settings.

In October we visited two care homes: Bridgemoor House and St. Philips and St. James. In both cases the team observed good care and - based on the observations and feedback that they recorded during the visits - could not fault the services that the homes were providing. This feedback and the reports from the visits have been shared with the providers, B&NES Council, the Care Quality Commission and Healthwatch England. They are also available in the public domain via the Healthwatch B&NES website.

In November Healthwatch visited Paulton Memorial Hospital. The report from this visit is currently with the service provider. As part of our enter and view process Healthwatch gives providers 20 working days to correct any factual inaccuracies included in our reports and offer the opportunity for them to produce a response to any recommendations that we have made. Once received, enter and view reports, including any responses providers make, are shared with the relevant commissioners, the Care Quality Commission, Healthwatch England and made available online.

To read our reports and find out more about Healthwatch's power to 'enter and view' please visit our website **W:** www.healthwatchbathnes.co.uk/about-us/enter-and-view/

3) Sustainability and Transformation Partnership (STP)

Our commitment to representing the patient and public voice in the STP continues. In the autumn, Healthwatch B&NES was involved with the process to appoint the new Senior Responsible Officer (SRO) for the B&NES, Swindon and Wiltshire STP. We sat on the communications and engagement panel which asked candidates about the approach that they would use to inform, involve and engage the public and wider stakeholders in this process. We, together with the other panel members, were reassured by the approach and commitment that the newly appointed SRO, Christopher Bown, gave.

Since his appointment, Healthwatch B&NES together with colleagues from Healthwatch Swindon and Healthwatch Wiltshire have met with Chris to share our views on the process so far, including the areas that we feel need to be improved. Our concerns were heard and understood by the project team and we are hopeful that information regarding the STP will gain momentum and continue to improve during 2018.

Information and updates are now being shared regularly by the project team via social media and the Stop Press newsletter. Healthwatch helps to disseminate this information through its network and other media channels. For further information view the STP website **W:** <http://www.bswstp.nhs.uk/news/>

This report was prepared by Alex Francis, Team Manager, Healthwatch B&NES and Healthwatch South Gloucestershire, on Thursday 18 January 2018.