

BATH AND NORTH EAST SOMERSET

HEALTH AND WELLBEING SELECT COMMITTEE

Wednesday, 28th March, 2018

Present:- Councillors Francine Haerberling (Chair), Sally Davis (in place of Geoff Ward), Bryan Organ, Eleanor Jackson, Dine Romero (in place of Tim Ball), Lin Patterson and Lizzie Gladwyn

Also in attendance: Jane Shayler (Director of Integrated Commissioning), Dr Bruce Laurence (Director of Public Health), Dr Ian Orpen (Clinical Chair, B&NES CCG), Alex Francis (Team Manager - Healthwatch B&NES & South Gloucestershire) and Vincent Edwards (Commissioning Manager - Adult Social Care)

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

71 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

72 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the emergency evacuation procedure.

73 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillors Geoff Ward and Tim Ball had sent their apologies to the Select Committee. Councillors Sally Davis and Dine Romero were present as their respective substitutes for the duration of the meeting.

74 DECLARATIONS OF INTEREST

There were none.

75 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

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

There were none.

77 MINUTES - 24TH JANUARY 2018

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

78 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 74.5 per cent in February. Across England there continues to be extremely high demand, compounded by the recent adverse weather, and this is putting local health and care services under significant pressure. The CCG, RUH and Community Providers across B&NES and Wiltshire have worked together to produce a revised Four Hour Recovery Plan which is monitored and reviewed on a weekly basis. The plan consists of actions for both the RUH and community providers with a significant focus on reducing the numbers of delayed discharges and patients who have been in hospital for more than 21 days.

Maternity update

At November's Select Committee meeting there was a briefing on the new arrangements being put in place to improve and transform maternity services across B&NES, Swindon and Wiltshire as part of the Sustainable Transformation Partnership (STP). These new arrangements follow the national maternity review and the publication of Better Births and Five Year Forward view.

A shortlist of options is being co-created with service users and stakeholders by the end of March 2018. These options will be shared with the Health and Wellbeing committee once they are confirmed along with the formal consultation process which would be expected to start in September 2018.

Proposals to restrict access to three non-urgent services

Our Board met on 8th March to review feedback from our public consultation on fertility and sterilisation services and to make a decision on whether to change the existing policies. They agreed that male vasectomies will continue to be available on the NHS and female sterilisations will continue to be funded for women for whom there is no suitable alternative, long-acting form of contraception. On access to fertility services, the Board agreed that:

1. The female partner receiving treatment must be aged between 23 and 37 years.
2. The male partner of the woman receiving treatment must be aged 55 years or under.
3. The female partner receiving treatment must have a body mass index (BMI) in the healthy range for women wanting to conceive, of 19–30.
4. The male partner of the woman receiving treatment must have a healthy BMI of 30 or less.
5. Couples must have been trying to conceive for at least two years where the female partner is aged 35 years or younger, and one year where the female partner is aged 36-37 years.

Our financial position

Despite starting 2017/18 with a forecast funding gap of £11.6m, we have achieved a breakeven position at the end of the year. We have delivered efficiency savings through the hard work and dedication of all our staff and support from partner organisations. We are also grateful to the public who are increasingly aware of the financial pressures facing the NHS and are playing their part to help reduce costs, for example by paying for over-the-counter medicines rather than getting them on prescription and only using A&E for medical emergencies. Our budget for 2018/19 is £266m but we must make at least £5.7m in savings in order to keep to our funding allocation this year.

CCG and Council integration plans

Last week Council Cabinet members and the CCG Board meet to review progress to join up our commissioning teams as one combined function. Currently the focus is on developing the joint governance to support this change that is compatible with two very different legal frameworks. A joint workshop for CCG and the Council's People and Communities staff was held last month to start to discuss the direction of travel and explore together the implications for day to day operations as well as more intangible aspects of work such as culture and behaviours.

Launch of local '3 before GP' campaign

This week we have lent our support to the Royal College of GPs' '3 before GP' campaign which aims to get people to consider trying three things – self-care, visiting the NHS Choices website and speaking to their local pharmacist – before contacting their GP for an appointment.

Councillor Dine Romero asked if there were a shortage of midwives locally.

Dr Orpen replied that the vacancy rate at the RUH was low.

Councillor Dine Romero asked if he knew the definition of 'essential staff' required for the RUH with regard to the recent storm weather.

Dr Orpen replied that he did not know the exact definition referred to in the policy. He added that communication with all staff was good in the build up to the event and praised staff that did their utmost to provide as normal service as possible.

Councillor Bryan Organ asked if the programme to prepare patients physically for knee / hip surgeries is continuing.

Dr Orpen replied that it was.

Councillor Eleanor Jackson asked if he knew the average wait for an appointment with her doctor for a patient suffering with a chronic complaint. She said that there was currently a three week wait at the Hope House Surgery to see her regular GP.

Dr Orpen replied that the timescale quoted by Councillor Jackson was probably around the same for the majority of surgeries for patients wanting to see a specific GP. He added that there was not always a need for a face to face appointment and that a number of enquiries are now dealt with GPs over the phone.

He said that it is likely to be quicker, and may often be more appropriate, for a patient to speak to their doctor over the phone as opposed to a face to face appointment.

Councillor Eleanor Jackson asked if consideration were already being given to plans for flu vaccinations for the coming winter.

Dr Orpen replied that there is indeed a challenge for the coming year in terms of who receives which vaccination, re: over 65 / under 65. He said that work was underway to find a solution.

Councillor Eleanor Jackson asked if there were any problems locally with regard to 'bed blocking'. She commented that Age UK run a programme to assist with enabling patients to return to their home.

Dr Orpen replied that when discussing plans for the discharge of a patient, complicated issues can arise. He said that these can include the patient's level of need and the finances associated with those needs and were not simply a matter of community care capacity. He added that he was aware of the Age UK service and the good work that it does. He said that the Home First service operated by the RUH provides the similar option with support for patients who have complex needs, and that on average 25 patients a week are discharged using the service.

Councillor Dine Romero asked if there were a mechanism in place for university students to dual register at a surgery whilst studying and to remain on record at their home surgery.

Dr Orpen replied that patients can only be registered in one place, but their records at the home surgery would still contain access to the information that was in their medical records prior to them going to university and they could be seen as temporary patients while home on holiday.

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

79 CABINET MEMBER UPDATE

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

Proposals to restrict access to three non-urgent services

He commented on how impressed he was in the way this issue was discussed at the CCG Board meeting and that the decisions taken were governed by the results of the public consultation.

World Social Work Day

20th March was World Social Work Day. Here in Bath and North East Somerset we have a highly skilled and committed workforce of social workers in both children's and adult's services, working tirelessly to protect, support and empower families and individuals across the region, often having to travel further afield, for instance to connect with family members or children in care.

Social workers are working in sometimes dangerous, fraught, extremely complex, and very often emotionally charged and challenging situations, but do so with skill, professionalism and compassion, sometimes in an extremely pressurised environment.

As many of you will know there has been recent recognition of this excellent work, for instance through the 'Good' OFSTED rating for our children's services in 2017, being only one of two receiving this rating in the whole of the South West. Our adoption services were especially lauded, receiving an 'outstanding' rating.

Community Resource Centres

The reconfiguration of the three Community Resource Centres (located in Keynsham, Midsomer Norton and Bath) is continuing. The Council is investing £700,000 in improving the buildings and ensuring that they are able to support the provision of registered nursing care, high dependency residential care and specialist dementia care to the local population.

The CRCs are owned by the Council and provided by Sirona Care & Health. Building works continue in the three CRCs and are due to be complete in August 2018. Works include clinical treatment rooms, sluices and servery's to bring the CRCs to a comparable standard to private sector care homes and support a new model of care with greater focus on provision of nursing and high dependency residential care services for people with a complex dementia and physical frailty.

It has not been necessary for any existing residents to move out of the CRCs whilst works are being undertaken and the new care model is being put in place.

Exam Stress Tips for Parents, Carers and students

With exam season fast approaching, the Public Health Team in B&NES has put together a handy information and advice list on exam stress for parents and carers. The sheet (attached) includes reference to useful websites, apps and telephone numbers that can also support students at this time of the year.

He commented on the issue raised recently at the Council meeting regarding a possible proposal by the RUH to create a wholly owned subsidiary. He said that he was a stakeholder governor of the RUH by virtue of his Cabinet Member position and that he had been present at an Away Day where this matter had been raised.

He informed the Select Committee that the Chair had invited a representative from the RUH to the meeting today, but that nobody was available as they already had a

Board of Directors meeting in place. He added that this issue was due to be discussed further at that meeting.

The Director of Integrated Health & Care Commissioning added that the RUH Chief Executive had confirmed via email that no decisions had been taken yet and that staff have been engaged with as part of the process so far. She proposed that the Select Committee be updated on this matter at their May meeting and the RUH be invited to attend.

Councillor Lin Patterson commented that this was potentially a matter of great concern and said that no decision should be made without input from the Select Committee.

The Director of Integrated Health & Care Commissioning said that it would be helpful if the Select Committee were advised on their remit with regard to matters within the RUH.

Councillor Pritchard updated the Select Committee on an issue raised at the previous meeting on the subject of Community Equipment. He said that he had visited the depot in Midsomer Norton with Councillor Jackson and confirmed that all equipment is recycled where possible and is steam cleaned before being reallocated. He added that items can be collected from people's homes as part of this service.

Councillor Jackson commented that the size of the depot may be an issue as it was the sight of equipment stacked up outside that brought the issue to the attention of the residents. She added that all of the equipment appeared to be from the RUH and not other facilities such as Paulton Hospital.

Councillor Sally Davis asked whether any work with care homes could be done to collect equipment.

The Director of Integrated Health & Care Commissioning said that the Community Equipment Service was under review and would feed these comments into the review. She added that the capacity of the equipment store will be assessed.

Councillor Dine Romero asked if the practise of 'Warehousing' (to place (a severely disabled person, a mentally ill person, an elderly person, etc.) in a large, impersonal institution) took place within B&NES.

The Director of Integrated Health & Care Commissioning categorically replied that this does not happen within B&NES.

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

Dr Bruce Laurence 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.

Youth Mental Health First Aid

This heavily subsidised two day course is for suitable for anyone working with or supporting children and young people aged 8-18. It teaches the skills needed to spot the signs of mental health issues in a young person and builds confidence to offer first aid and knowledge to signpost to further support needed. The course 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.

Introducing Lizzie Henden, Heath Improvement Specialist

A new role has been appointed, funded by NHS England and hosted by Virgin Care, for a Health Improvement Specialist with a specific remit for health inequalities in Screening and Immunisations.

This post is part of 12 month project with NHS England commissioners, local commissioners, communities and primary care. The role will include promoting routine NHS screening and immunisation programmes to increase uptake in the local population through public health community promotion and health prevention activities. The core purpose of this role is to reduce health inequalities. The programme will be delivered sensitively to meet the needs of the local population, especially those persons who are considered vulnerable and may find services hard to reach.

Measles

5 measles cases in Bath, including one in both universities. A small number of cases but a reminder that vaccination is still essential, and a high rate of over 95% is needed to prevent outbreaks. Measles outbreaks are occurring in many parts of the UK and larger ones in some European countries with at least 35 deaths in children across Europe in 2017. We use cases to promote vaccination and remind people that anyone born after 1970 who finds that they are unvaccinated should go to their GP for two doses of MMR.

Items of national interest

- PHE strategy to reduce calorie intake through guidelines, promoting reformulation of food and reductions in portion size.
- Salisbury nerve toxin event. This demonstrated the difficulty of risk communication and management in an uncertain, fast-moving and pressurised situation.
- Breastfeeding.. The UK has some of the lowest breastfeeding rates in the world: 34% of babies are receiving any breastmilk at six months compared

with 62.5% in Sweden. Only 1% of UK babies aged under 6 months are being breastfed exclusively compared with 34% in Portugal.

In 2015/16, the percentage of infants in England who were receiving breastmilk at their 6-8 week check was 43.15%.

Trauma Informed Care Conference – 26th February 2018

This was a regional conference hosted by B&NES and supported by PHE which brought together a wide range of professionals from health, social care, education etc. to discuss the importance of trauma and adverse child experiences in early life and how to help people who are dealing with the consequences in later life. The overall message is that professionals need to ask explicitly whether people date their problems to early life adverse events and if the question is left unasked then information will probably not be volunteered and this will be a block to progress.

Exam stress: As young people across B&NES get closer to the GCSE and A' level exam period, their stress levels and those of their parents and carers may be rising. A short set of tips for families that may provide some help has been created.

Councillor Dine Romero asked how the information on exam stress was distributed.

The Director for Integrated Health & Care Commissioning replied that distribution was carried out via schools.

Councillor Dine Romero asked if there is to be a key Mental Health Worker in all schools, who will pay for this position.

Dr Laurence replied that he has raised that point many times but could not give a definitive answer at the present time. He added that he felt it would not be fair to expect this role to be an extension of the staff members that provide SEN and Safeguarding.

Councillor Dine Romero asked if training in Mental Health should be included for prospective teachers at Bath Spa University.

Councillor Lizzie Gladwin commented that it is available as an optional model in the current training programme.

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

81 HEALTHWATCH UPDATE

Alex Francis, Team Manager, Healthwatch B&NES addressed the Select Committee. A copy of the update can be found on their Minute Book and as an online appendix to these minutes, a summary of the update is set out below.

ENTER AND VIEW VISIT – PAULTON HOSPITAL

On Tuesday 21 November 2017, a team of three Healthwatch volunteers and two members of staff visited Paulton Memorial Hospital. The purpose of this enter and view visit was to observe services at the Minor Injuries Unit and visit the John Stacey Ward. In addition to observation, representatives also wanted to gather feedback from staff, patients and their families about their experiences of care at Paulton Memorial Hospital.

Healthwatch Bath and North East Somerset volunteers observed good care for patients attending the hospital and using the waiting room. They were very grateful to the staff, patient and relatives that gave the time to talk to us.

Here is a summary of the report findings:

MINOR INJURIES UNIT WAITING AREA

Healthwatch volunteers spoke with patients and their families in the waiting room. Patients were waiting for a variety of services including X-ray, podiatry, dietetics, physiotherapy and the Minor Injuries Unit.

Parking

The patients that we spoke with had had bad experiences of parking that morning, as did the Healthwatch volunteers. This appears to be something that resonated with all of the patients that we spoke to. When we spoke to staff they explained that the League of Friends had tried to purchase land to extend the car park but this had been unsuccessful.

Patient experience

Patients were positive about services stating that staff could not be nicer and the reception staff are really friendly. Some of the relatives we spoke to were waiting while their loved one was being seen. Some of the things they felt would improve their experience were: access to a café, access to WiFi, and signage displaying expected waiting times as seen in other NHS services.

Accessible Information Standard

Patients and their families were asked if they were aware of the Accessible Information Standard and whether they had been asked on arrival if they had any communication needs or would require information in a particular format. Of the patients Healthwatch talked with during the visit, none were aware of the Accessible Information Standard, nor had they been asked about their communication needs either before the visit or on arrival.

JOHN STACEY WARD:

This ward comprises 28 beds, used for rehabilitation for people aged 18 years and over, although most patients are aged over 65. Healthwatch were welcomed by staff and given a full brief of the work carried out. Healthwatch were told that a patient's maximum stay on the John Stacey Ward is 21 days, but many stay longer and often for six weeks, particularly when they need social care access and reablement is at full capacity. At the time of the visit, 27 of the 28 beds were in use, with the expectation that the last bed would be full by the end of the day.

Staff shared their experiences of transition to Virgin Care. It was felt that this had not been seamless due to differences around systems and processes, although staff said things are improving and Virgin Care are listening to staff concerns. One concern expressed by clinical staff was that the online training provided by Virgin Care does not fit their training needs as well as face-to-face interaction. Again staff are seeing improvement with some training, such as basic life support and manual handling, now being available face-to-face at the training hub in Keynsham.

Healthwatch volunteers asked about the Accessible Information Standard. They were informed that each patient is assessed when they arrive and any access requirements they have for communication will be implemented. Staff gave examples of accessing the hard of hearing communicator from St Martin's Hospital, and using communication cards and basic sign language to support patients with profound hearing loss. For patients with a learning disability, the ward taps into community links to communicate and uses patients' families as a backup.

The full Enter and View report and the service provider's responses have been shared with the Care Quality Commission, Healthwatch England, B&NES Council and BaNES Clinical Commissioning Group. The full report can be viewed online **W**: www.healthwatchbathnes.co.uk

HEALTHWATCH B&NES CONTRACT: 1 APRIL 2018 – 31 MARCH 2021

The Care Forum is pleased to announce that following a tender process we have been re-awarded the contract for Healthwatch B&NES. The contract will run from the 1 April 2018 to 31 March 2021.

We would like to especially thank the volunteers who make this project so effective, the advisory group who direct the work plan and provide local insight and connections, and also the staff team who deliver high quality engagement, volunteer support and communications work.

The project is being slightly refocused, with the headlines as follows:

- We want to hear as many local voices as possible and so from now on our Executive Board will be supported by a quarterly planning group of local people, voluntary sector organisations and other partners who will bring intelligence for Healthwatch to follow up. Healthwatch needs to be led by local people; we have some excellent established Board leads who we hope will continue, and some opportunities for others to get involved too!

- Our funding model will award small grants to local expert partners to deliver work on behalf of Healthwatch. This will take place via our established Health and Wellbeing Network, which will continue alongside our quarterly planning group. Voluntary sector partners who are regular members of the network will be invited to submit bids for funding to deliver work that supports the aims of Healthwatch for quarters three and four of 2018/19, and in subsequent years also.
- Healthwatch is being focused to ensure our approaches meet the needs of everyone. We will make use of social media and emerging communications tools to reach people in ways that suit them. For those who don't or can't use the internet, we will protect engagement time to hear from local people in ways that best suit their needs.

Councillor Eleanor Jackson if she knew of the reason why there was an empty ward at Paulton Hospital.

Alex Francis and the Director for Integrated Health & Care Commissioning replied that they would try to find out why this was.

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

82 MARKET POSITION STATEMENT FOR ADULT SOCIAL CARE

The Commissioning Manager for Adult Social Care introduced this report to the Select Committee. He explained that a market position statement, or MPS, is a strategic document that sets commissioners' long term priorities for social care, and how it will work with providers and partners to develop services in the future to meet the community's evolving needs.

He added that the Council has duties under the Care Act (2014) to help shape and oversee the social care market and ensure that its residents can access good quality, sustainable care and support.

He stated that Council's MPS focusses on specific commissioning intentions for older adults in the following service areas:

- Accommodation based services (p. 43): care homes, dementia, extra care & sheltered housing.
- Services at home (p.48): homecare, integrated reablement, live-in care.
- Other community services (p. 53): direct payments, carers and community equipment / assistive technology.

He explained that further chapters for other service areas will be published over the coming year; including commissioning intentions for mental health, working age adults and substance misuse. Separate to the MPS discussed in this paper, the learning disabilities commissioning team has started consultation with the provider market on an integrated health and social care learning disabilities MPS.

He informed them that the current draft was published on 1st March and the consultation period remains open until 6th May. He added that the commissioning intentions at this stage will be refined depending on the feedback and suggestions received from the market during this time.

He said that providers, developers and key stakeholders have been invited to two consultation events on April 20th (Somerdale Pavilion, Keynsham) and 2nd May (Guildhall, Bath).

The Chair asked if the final version of the MPS would come back before the Select Committee.

The Director for Integrated Health & Care Commissioning replied that the MPS should remain a live document and that the Select Committee can be informed when other chapters become live.

Councillor Dine Romero commented that she worried about the reliance on volunteers within this work area and asked if any current data was able to be used rather than relying on the census of 2011.

The Director for Integrated Health & Care Commissioning replied that the Council commissions the Carers' Centre and has also sourced data from a number of outlets. She added that the difficulty is that not all people that provide care indicate that they do so and that it was likely that figures both nationally and locally were underestimated.

Councillor Eleanor Jackson commented that it was good to have this information available and proposed that the Development Management Committee receiving a briefing on the matter at some point. She added that comments by developers that care provision was 'not feasible' should be challenged robustly.

She stated that reference to the Homecare studies carried out by previous Panels would have been welcomed, but appreciated the evidence provided for long term planning.

The Commissioning Manager for Adult Social Care replied that the process has been useful for officers and enabled them to strengthen links with the Planning Dept and Commissioners.

Councillor Vic Pritchard agreed that there were issues to raise with developers and that the idea of Dementia Village could be explored in the future.

The Chair said that concern remains regarding the number of staff (17%) that are from within the EU.

The Director for Integrated Health & Care Commissioning replied that the effect of Brexit was still be debated nationally and therefore officers were not able to add anything further at this stage.

Councillor Dine Romero said that another problem faced by workers within Care Homes was the generally low pay. She asked if any thought had been given to providing housing for such staff near their relevant place of work.

The Commissioning Manager for Adult Social Care replied that this has been considered to enable the viability of provision, but acknowledged that solutions are generally sought through affordable housing. He added that he was aware that private facilities have done this successfully.

The Select Committee **RESOLVED** to note the report and asked to be informed when new chapters are produced.

83 SELECT COMMITTEE WORKPLAN

Councillor Eleanor Jackson asked if the future item of Eye Care would include information regarding Macular Degeneration.

The Director for Integrated Health & Care Commissioning requested that the report on Care Home Staff Provision be moved from May onto the Future Items section of the plan. She added that a report on the Community Equipment review could possibly be discussed in May.

Councillor Dine Romero asked if a date could be assigned for the Dentistry Services report.

The Director for Integrated Health & Care Commissioning replied that she would discuss that with Tracey Cox as it is an NHS England commissioned service.

The Select Committee agreed to the amendments to the plan.

The meeting ended at 1.15 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 28 March 2018

1. A&E performance

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A Local Maternity System (LMS) has been created across our STP footprint to respond to the Better Birth recommendations and further improve the experience for our local women and families. The LMS has co-created, with service users and partner stakeholders, a Maternity Transformation Plan (MTP) to create a strategic vision for the future.

One of the key work streams for the LMS is the delivery of personalised care and choice. A Maternity Services Steering group has been established to oversee the redesign work and the consultation process associated with the delivery of antenatal, post-natal and birth services across the STP. This work stream has been aligned with a project commenced by the RUH to review the delivery of antenatal, birth and postnatal pathways.

A shortlist of options is being co-created with service users and stakeholders by the end of March 2018. These options will be shared with the Health and Wellbeing committee once they are confirmed along with the formal consultation process which would be expected to start in September 2018.

3. Local response to Storm Emma

Health and care organisations, voluntary groups and members of the public all came together to put patients and the vulnerable first during early March's snow and ice that also led to widespread disruption for our transport system.

There are countless heroic tales of staff going the extra mile to continue delivering essential services including domiciliary care team members travelling long distances on foot to check on elderly residents living alone, RUH staff bedding down overnight at work to make sure they didn't miss the morning shift and community nurses walking to the hospital to deliver patient specimens.

One local GP from Harptree, Dr Will Coppock (*pictured below*), commuted to work on tractor so as to not let his patients down.



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

Our Board met on 8 March to review feedback from our public consultation on fertility and sterilisation services and to make a decision on whether to change the existing policies. They agreed that male vasectomies will continue to be available on the NHS and female sterilisations will continue to be funded for women for whom there is no suitable alternative, long-acting form of contraception. On access to fertility services, the Board agreed that:

1. The female partner receiving treatment must be aged between 23 and 37 years.
2. The male partner of the woman receiving treatment must be aged 55 years or under.

3. The female partner receiving treatment must have a body mass index (BMI) in the healthy range for women wanting to conceive, of 19–30.
4. The male partner of the woman receiving treatment must have a healthy BMI of 30 or less.
5. Couples must have been trying to conceive for at least two years where the female partner is aged 35 years or younger, and one year where the female partner is aged 36-37 years.

You can read the full press release and consultation report [here](#).

4. Helping patients to get fit for surgery

Between 30 October 2017 and 8 January 2018 we consulted with the public on proposals to support patients who smoke or who have a Body Mass Index of 30 or above to try to stop smoking and or/lose weight before their non-urgent operation. The consultation findings will be reviewed by the Board on 29 March. You can read the papers [here](#).

5. Heart of Bath merger announced

Last month two GP practices in Bath announced they are set to merge this Spring, with plans for an additional practice to join them later in the year. From 1 April 2018, Oldfield Surgery and St James's Surgery will form the Heart of Bath partnership.

In October 2018, it is expected that Number 18 Surgery will also join the partnership before closing its current premises in Oldfield Park. Once finalised, the plan will be for Number 18 patients and staff to transfer to the Heart of Bath partnership, in a move that is supported by Wessex Local Medical Committee, Bath and North East Somerset Clinical Commissioning Group and NHS England. [More information here](#).

6. Our financial position

Despite starting 2017/18 with a forecast funding gap of £11.6m, we have achieved a breakeven position at the end of the year. We have delivered efficiency savings through the hard work and dedication of all our staff and support from partner organisations. We are also grateful to the public who are increasingly aware of the financial pressures facing the NHS and are playing their part to help reduce costs, for example by paying for over-the-counter medicines rather than getting them on prescription and only using A&E for medical emergencies. Our budget for 2018/19 is £266m but we must make at least £5.7m in savings in order to keep to our funding allocation this year.

7. CCG and Council integration plans

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8. Launch of local '3 before GP' campaign

This week we have lent our support to the Royal College of GPs' '3 before GP' campaign which aims to get people to consider trying three things – self-care, visiting the NHS Choices website and speaking to their local pharmacist – before contacting their GP for an appointment. CCG Board Member and local GP Dr Daisy Curling is fronting the campaign and took part in a short video to explain the initiative. More on our website [here](#).

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

Health & Wellbeing Select Committee March 2018

1. World Social Work Day

20th March was World Social Work Day. Launched by The International Federation of Social Workers in 1983, every March World SW Day has become a highpoint in the social work calendar with social workers all over the world celebrating and promoting the contributions of the profession to individuals, families, communities and wider society.

Here in Bath and North East Somerset we have a highly skilled and committed workforce of social workers in both children's and adult's services, working tirelessly to protect, support and empower families and individuals across the region, often having to travel further afield, for instance to connect with family members or children in care.

They provide wide-ranging support, care and protection to the most vulnerable in society through services from pre-birth right through to end of life care.

Social workers are working in sometimes dangerous, fraught, extremely complex, and very often emotionally charged and challenging situations, but do so with skill, professionalism and compassion, sometimes in an extremely pressurised environment.

As many of you will know there has been recent recognition of this excellent work, for instance through the 'Good' OFSTED rating for our children's services in 2017, being only one of two receiving this rating in the whole of the South West. Our adoption services were especially lauded, receiving an 'outstanding' rating.

So take a few minutes to recognise and celebrate all that social workers do by watching the YouTube link below or reading one of the stories of social work

This is for my Social Worker (BASW):

<https://youtu.be/sJJ9yri5cK4>

<https://adultpswnetwork.files.wordpress.com/2018/03/wswd-2018-a-hundred-words.pdf>

2. Community Resource Centres

The reconfiguration of the three Community Resource Centres (located in Keynsham, Midsomer Norton and Bath) is continuing. The Council is investing £700,000 in improving the buildings and ensuring that they are able to support the provision of registered nursing care, high dependency residential care and specialist dementia care to the local population.

The CRCs are owned by the Council and provided by Sirona Care & Health. Building works continue in the three CRCs and are due to be complete in August 2018. Works include clinical treatment rooms, sluices and servery's to bring the CRCs to a comparable standard to private sector care homes and support a new model of care with greater focus on provision of nursing and high dependency residential care services for people with a complex dementia and physical frailty.

It has not been necessary for any existing residents to move out of the CRCs whilst works are being undertaken and the new care model is being put in place.

3. Exam Stress Tips for Parents, Carers and students

With exam season fast approaching, the Public Health Team in B&NES has put together a handy information and advice list on exam stress for parents and carers. The sheet (attached) includes reference to useful websites, apps and telephone numbers that can also support students at this time of the year.

Public Health Update for Health Select Committee

March 2018

1. Public Health Newsletter

Bath & North East
Somerset Council

Page 93

Public Health News

March 2018

Email: public_health@bathnes.gov.uk

Telephone: 01225 394067

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



June 2018 Free Making Every Contact Count MECC training:- This course is about supporting people to make the most of every opportunity they have to start up a conversation about health with the people they meet through their work and broader lives. Telling people to change unhealthy behaviour is unlikely to be successful; instead MECC provides the skills to work in a different way, encouraging brief interventions that can lead to longer term change. [See flyer attached.](#)



Exam stress: As young people across B&NES get closer to the GCSE and A' level exam period, their stress levels and those of their parents and carers may be rising. Click [here](#) for short set of tips for families that may provide some help. Please share widely.



MHFA England



Youth Mental Health First Aid: This heavily subsidised two day course is for suitable for anyone working with or supporting children and young people aged 8-18. It teaches the skills needed to spot the signs of mental health issues in a young person and builds confidence to offer first aid and knowledge to signpost to further support needed. The course 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. [See flyer attached](#)

Blue Light training 15th March: There are some places available, come along to improve your skill in supporting treatment resistant drinkers [\(see flyer attached\)](#)

Introducing Lizzie Henden, Heath Improvement Specialist.

A new role has been appointed, funded by NHS England and hosted by Virgin Care, for a Health Improvement Specialist with a specific remit for health inequalities in Screening and Immunisations.

This post is part of 12 month project with NHS England commissioners, local commissioners, communities and primary care. The role will include promoting routine NHS screening and immunisation programmes to increase uptake in the local population through public health community promotion and health prevention activities. The core purpose of this role is to reduce health inequalities. The programme will be delivered sensitively to meet the needs of the local population, especially those persons who are considered vulnerable and may find services hard to reach.

Contact details: Lizzie.Henden@virgincare.co.uk 01225 831494/ 07976918750



MMR is a safe and effective combined vaccine that protects against three separate illnesses; Measles, Mumps and Rubella (German Measles) – in a single injection. The full course of MMR vaccination requires 2 doses. Children and adults (born after 1970) can have the vaccine at any age on the NHS if they missed one or both doses when they were younger. Anyone who hasn't had 2 doses can visit their GP and receive their catch up

immunisations. Anyone not sure if they're fully immunised can also contact their General Practice. Please help us to promote the MMR vaccination, a variety of posters and leaflets can be downloaded or ordered through the DH Orderline: <https://www.orderline.dh.gov.uk> (type in measles into the keyword box).

Annual NHS Health Check Event

The Cardiovascular Disease Prevention Day training day on 1st March was cancelled because of the snow and severe weather warning. The event is going to be rescheduled for late April and Cathy McMahon will contact those already booked onto the course when the new date has been confirmed. As a reminder, the training is aimed at Health Care Assistants & Practice Nurses. General Practitioners and Practice Managers are also welcome.

Email: Public_Health@bathnes.gov.uk Telephone: 01225 394067 Website: www.bathnes.gov.uk/services/public-health

2. Trauma informed care conference 26th February

This was a regional conference hosted by BaNES and supported by PHE which brought together a wide range of professionals from health, social care, education etc. to discuss the importance of trauma and adverse child experiences in early life and how to help people who are dealing with the consequences in later life. The overall message is that professionals need to ask explicitly whether people date their problems to early life adverse events and if the question is left unasked then information will probably not be volunteered and this will be a block to progress.

3. Annual DPH report

This report which has gone to all Councillors focused on selected topics of local concern. The theme running through the whole report was how many diverse aspects of our existence impact on our health and wellbeing.

4. Measles

5 measles cases in Bath including one in both universities. A small number of cases but a reminder that vaccination is still essential, and a high rate of over 95% is needed to prevent outbreaks. Measles outbreaks are occurring in many parts of the UK and larger ones in some European countries with at least 35 deaths in children across Europe in 2017. We use cases to promote vaccination and remind people that anyone born after 1970 who finds that they are unvaccinated should go to their GP for two doses of MMR.

5. Coping with Suicide: A summary of support for educational settings 2018

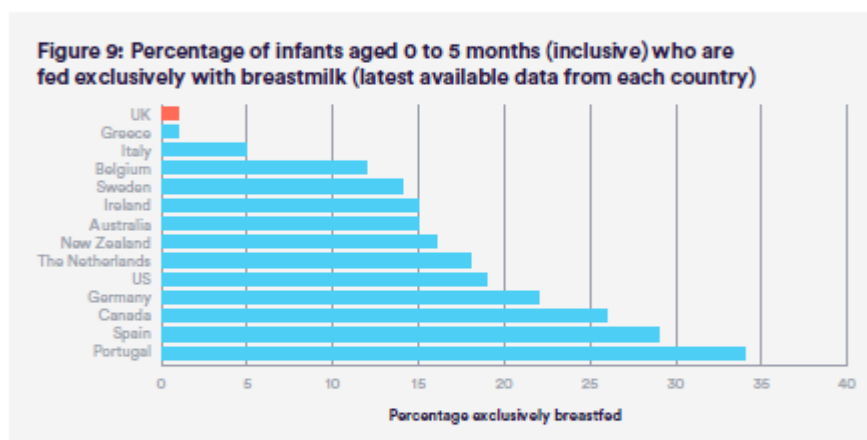
This guidance has been developed by Bath and North East Somerset (B&NES) Suicide Prevent Strategy Group, in conjunction with the B&NES Local Safeguarding Children Board and will be published and promoted shortly. It is intended as an online resource. It brings together in one place existing resources and support available to educational settings. Whilst it does not provide new guidance, it aims to make existing support easier to navigate. It provides support in the event of a death by suicide, or a death where suicide is suspected. It covers;

- Support available from the local authority
- Checklists and flow chart of things to do and consider
- Links to support for families, pupils and staff
- Suicide prevention messages and resources

6. Items of national interest

- PHE strategy to reduce calorie intake through guidelines, promoting reformulation of food and reductions in portion size. 400 (Cal)/600/600.
- Salisbury nerve toxin event. This has demonstrated the difficulty of risk communication and management in an uncertain, fast-moving and pressurised situation.
- Breastfeeding. From Nuffield Trust Royal college of Paeds and Child Health report.

The UK has some of the lowest breastfeeding rates in the world: 34.0% of babies are receiving any breastmilk at six months compared with 62.5% in Sweden (Table 10, technical annex) (World Health Organization [WHO], European Health for All family of databases). The percentage of infants aged 0 to 5 months who are fed exclusively with breastmilk is shown in Figure 9. Only 1% of UK babies aged under 6 months are being breastfed exclusively, compared with 34% in Portugal (WHO, Global Health Observatory data repository).



Source: WHO, Global Health Observatory data repository; Australian Institute of Health and Welfare, 2011; Royal New Zealand Plunket Society, 2012.

Note on source data years: UK, 2010; Greece, 2009; Italy, 1999, Belgium, 2012; Sweden, 2011; Ireland, 2006; Australia, 2010; New Zealand, 2012; Netherlands, 2010; US, 2011; Germany 2003-6; Canada, 2009-10; Spain, 2011-12; Portugal, 2003.

In 2015/16, the percentage of infants in England who were receiving breastmilk at their 6-8-week check was 43.15% (Public Health England, 2016b).

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1) ENTER AND VIEW VISIT – PAULTON HOSPITAL

On Tuesday 21 November 2017, a team of three Healthwatch volunteers and two members of staff visited Paulton Memorial Hospital. The purpose of this enter and view visit was to observe services at the Minor Injuries Unit and visit the John Stacey Ward. In addition to observation, representatives also wanted to gather feedback from staff, patients and their families about their experiences of care at Paulton Memorial Hospital.

Healthwatch Bath and North East Somerset volunteers observed good care for patients attending the hospital and using the waiting room. They were very grateful to the staff, patient and relatives that gave the time to talk to us.

Here is a summary of the report findings:

MINOR INJURIES UNIT WAITING AREA

Healthwatch volunteers spoke with patients and their families in the waiting room. Patients were waiting for a variety of services including X-ray, podiatry, dietetics, physiotherapy and the Minor Injuries Unit.

Parking

The patients that we spoke with had had bad experiences of parking that morning, as did the Healthwatch volunteers. This appears to be something that resonated with all of the patients that we spoke to. When we spoke to staff they explained that the League of Friends had tried to purchase land to extend the car park but this had been unsuccessful.

Patient experience

Patients were positive about services stating that staff could not be nicer and the reception staff are really friendly. Some of the relatives we spoke to were waiting while their loved one was being seen. Some of the things they felt would improve their experience were: access to a café, access to WiFi, and signage displaying expected waiting times as seen in other NHS services.

Accessible Information Standard

Patients and their families were asked if they were aware of the Accessible Information Standard and whether they had been asked on arrival if they had any communication needs or would require information in a particular format. Of the patients Healthwatch talked with during the visit, none were aware of the Accessible Information Standard, nor had they been asked about their communication needs either before the visit or on arrival.

JOHN STACEY WARD:

This ward comprises 28 beds, used for rehabilitation for people aged 18 years and over, although most patients are aged over 65. Healthwatch were welcomed by staff and given a full brief of the

work carried out. Healthwatch were told that a patient's maximum stay on the John Stacey Ward is 21 days, but many stay longer and often for six weeks, particularly when they need social care access and reablement is at full capacity. At the time of the visit, 27 of the 28 beds were in use, with the expectation that the last bed would be full by the end of the day.

Staff shared their experiences of transition to Virgin Care. It was felt that this had not been seamless due to differences around systems and processes, although staff said things are improving and Virgin Care are listening to staff concerns. One concern expressed by clinical staff was that the online training provided by Virgin Care does not fit their training needs as well as face-to-face interaction. Again staff are seeing improvement with some training, such as basic life support and manual handling, now being available face-to-face at the training hub in Keynsham.

Healthwatch volunteers asked about the Accessible Information Standard. They were informed that each patient is assessed when they arrive and any access requirements they have for communication will be implemented. Staff gave examples of accessing the hard of hearing communicator from St Martin's Hospital, and using communication cards and basic sign language to support patients with profound hearing loss. For patients with a learning disability, the ward taps into community links to communicate and uses patients' families as a backup.

RECOMMENDATIONS AND RESPONSES

Nine recommendations were made following the visit as follows, each listed with the corresponding response from the provider:

- 1) Clearer signage for patients on where to wait for an X-ray.

Response: An existing review is leading to the replacement of all signage and this includes x-ray. The x-ray department is run by the RUH and not Virgin Care Services Limited.

- 2) Review the parking arrangements for patients and staff and consider whether there could be systems in place for better parking.

Response: This is an ongoing issue which remains unresolved. Receptionists do advise visitors and staff where possible of alternative parking. The issue has been raised with NHS Property Services as owners of the carpark.

- 3) Have WiFi available in the main waiting room.

Response: Public Wi-Fi is already available in the waiting room but generally for staff only. We are currently looking into this.

- 4) Have a sign that displays the expected waiting time for the Minor Injuries Unit .

Response: We will be applying for funding from our improvement fund for an electronic signage system. We are currently setting this up in St Martin's outpatients waiting area.

- 5) Consider having a café on site.

Response: Unfortunately this isn't feasible but we do have provision for hot drinks.

6) Make sure all reception staff know about the Accessible Information Standard and the need to ask patients about their communication needs.

Response: This policy is already in place and we are already compliant. Ward staff look at communication needs as part of the formal admission process. This is documented on the admission paperwork and any requirements are dealt with from there. Reception staff have now been briefed. The Accessible Information Standard poster is now prominently displayed around the site.

7) Update the 'How we are doing' displays which are out of date.

Response: We are sorry that the information for the "How we are doing" board was not updated. This was an oversight and the ward manager will ensure this is updated routinely every month.

8) Remove clutter from corridors on the John Stacey ward.

Response: Storage is an ongoing issue for the ward and some equipment unfortunately has to be stored in the corridor. The visitor chairs are always in the corridor for ease of access for visitors. Commodes are not routinely kept in the corridor and the ward does have adequate storage for these.

9) Revamp the family room on the John Stacey ward to make it more welcoming.

Response: The dayroom on the ward has recently been refurbished. Following your recommendations the ward has introduced tea and coffee available in the day room for patients and visitors. The ward team will discuss further ways in which the dayroom can be further improved and will be encouraged to apply to the improvement fund.

The full Enter and View report and the service provider's responses have been shared with the Care Quality Commission, Healthwatch England, B&NES Council and BaNES Clinical Commissioning Group. The full report can be viewed online **W:** www.healthwatchbathnes.co.uk

2) HEALTHWATCH B&NES CONTRACT: 1 APRIL 2018 – 31 MARCH 2021

The Care Forum is pleased to announce that following a tender process we have been re-awarded the contract for Healthwatch B&NES. The contract will run from the 1 April 2018 to 31 March 2021.

We would like to especially thank the volunteers who make this project so effective, the advisory group who direct the work plan and provide local insight and connections, and also the staff team who deliver high quality engagement, volunteer support and communications work.

The project is being slightly refocused, with the headlines as follows:

- We want to hear as many local voices as possible and so from now on our Executive Board will be supported by a quarterly planning group of local people, voluntary sector organisations and other partners who will bring intelligence for Healthwatch to follow up. Healthwatch needs to

be led by local people; we have some excellent established Board leads who we hope will continue, and some opportunities for others to get involved too!

- Our funding model will award small grants to local expert partners to deliver work on behalf of Healthwatch. This will take place via our established Health and Wellbeing Network, which will continue alongside our quarterly planning group. Voluntary sector partners who are regular members of the network will be invited to submit bids for funding to deliver work that supports the aims of Healthwatch for quarters three and four of 2018/19, and in subsequent years also.
- Healthwatch is being focused to ensure our approaches meet the needs of everyone. We will make use of social media and emerging communications tools to reach people in ways that suit them. For those who don't or can't use the internet, we will protect engagement time to hear from local people in ways that best suit their needs.

If you would like further information about anything you've read here, please do not hesitate to get in touch:

T: 01225 232 401
E: info@healthwatchbathnes.co.uk
Text: 'ba' and your feedback to 07860 021 603
Twitter: @Hwatchbathnes
Facebook: Healthwatch BANES
W: www.healthwatchbathnes.co.uk

This report was prepared by Alex Francis, Team Manager, Healthwatch B&NES and Healthwatch South Gloucestershire, on Friday 23 March 2018.