

BATH AND NORTH EAST SOMERSET

HEALTH AND WELLBEING SELECT COMMITTEE

Wednesday, 23rd May, 2018

Present:- Councillors Francine Haerberling (Chair), Geoff Ward, Bryan Organ, Cherry Beath (in place of Tim Ball), Lin Patterson, Lizzie Gladwyn and Robin Moss

Also in attendance: Jane Shayler (Director of Integrated Commissioning), Dr Ian Orpen (Clinical Chair, B&NES CCG) and Vincent Edwards (Commissioning Manager - Adult Social Care)

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

1 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

2 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the emergency evacuation procedure.

3 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillor Tim Ball had sent his apologies to the Select Committee, Councillor Cherry Beath was present as his substitute for the duration of the meeting.

Apologies were also received from Dr Bruce Laurence, Director of Public Health and Alex Francis, Team Manager - Healthwatch B&NES.

4 DECLARATIONS OF INTEREST

There were none.

5 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

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

John Drake, UNISON Regional Organiser for B&NES had registered to make a statement relating to agenda item 13 (Ethical Care Charter) and would speak directly before that item was debated.

7 MINUTES - 28TH MARCH 2018

Councillor Robin Moss raised a point of clarification on behalf of Councillor Eleanor Jackson. He said that with regard to minute number 82 that Councillor Jackson had spoken about previous 'Homecare studies', not 'Care Home'.

He also asked if there was any response regarding the query Councillor Jackson raised regarding an empty ward within Paulton Hospital.

The Director of Integrated Commissioning replied that there are no empty wards within the hospital. She added that for a period of time there may have been a rehabilitation area in the RUH occupied space that was not in use.

With the one amendment in mind the Select Committee confirmed the minutes of the previous meeting as a true record and they were duly signed by the Chair.

8 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) during April and May is set out below including the comparative performance with the 2 other Acute Trusts in the Sustainability & Transformation Partnership.

Trust	April Plan	April Actual	May Plan	May Actual	June Plan	June Actual
GWH	88.2%	91.9%	87.0%	93.8%	87.0%	
RUH	80.0%	80.7%	84.0%	93.2%	90.01%	
SFT	91.09%	93.09%	93.99%	93.2%	95.78%	

There has been a good improvement in performance during May which is thought to be attributable to a strong system wide focus on patients who have been in hospital more than 7 and 21 days.

CCG and Council integration plans

At meetings of the Cabinet and CCG Board in November 2017, BaNES CCG and Bath and North East Somerset Council agreed their intention to pursue closer integration, specifically to develop a single integrated commissioning function. New shadow governance arrangements have been established which includes the

creation of a shadow Health & Care Board; the first meeting will take place on 6 June 2018.

Launch of Homeless Service

Homeless people in Bath and the surrounding area can now access vital healthcare five days a week thanks to the expansion of a key community health service. From 1 May 2018, the Homeless Health Care Service began providing homeless people with access to a local GP for an additional day each week.

The service is run each weekday morning from the Julian House hostel in Manvers Street, Bath. The facility has a specially equipped consulting room which is kitted out with all the essentials of a doctor's surgery. It is staffed each day by either an experienced nurse prescriber or male and female GPs from the newly-established Heart of Bath Medical Partnership, a result of the merger of Oldfield Surgery and St James's Surgery.

Local increase in measles cases

Since January there has been an increase in the number of measles cases across the South West with 11 people diagnosed in B&NES alone. Measles is an avoidable disease and we are working with Public Health England to encourage everyone to make sure they have had the MMR vaccine. As young people aged 16-25 are particularly vulnerable to the illness, we are working with GP practices to identify registered patients who fall into this category. They will then be contacted and invited in to their practice for their two doses of MMR.

Breast Screening Programme

You will have seen the recent news when it was reported that about 450,000 women had not been invited for their breast screening due to a problem with the IT. This error went back to 2009 and resulted in women not being invited to their final breast screening appointment.

There will be an independent review into the facts, chaired both by the Chair of the Macmillan Cancer Trust and of the Chair of the Royal Marsden Hospital, and this will be expected to report in six months.

NHS England will be sending a letter to GPs to help advise any patients that may be concerned. Any patients who have been affected by this incident will receive a letter by the end of May 2018. A telephone helpline has been set up and widely advertised.

NHS 70th Birthday Events - 5 July 2018

A number of national events are taking place to celebrate the NHS' 70th Birthday, these include:-

- i) The NHS Big 7Tea is a partnership between more than 80 NHS charities with people across the country being asked to host a tea party on the big day and raise a cuppa to thank NHS staff. More than 800 people have already

registered to host tea parties. We would like to encourage the whole nation to get involved, please register for your tea party pack.

- ii) Westminster Abbey Ceremony: On 5 July 2018 nominated members across the NHS have been invited to attend a ceremony at Westminster Abbey. Three members of staff from BaNES CCG will be attending.

Councillor Geoff Ward congratulated the RUH on the recent good A&E figures, but asked why the projection figures for June were lower than had been achieved in May.

Dr Ian Orpen replied that hospitals are obliged to show a trajectory of improvement and that it was better to over achieve than to under achieve on their projected targets.

Councillor Ward asked if patients can register as part of the Homeless Health Care Service and why the service is only available for five days a week.

Dr Ian Orpen replied that patients can register as it is effectively a separate practise. He added that for other times of the week that the Urgent Treatment Centre is available.

Councillor Lin Patterson asked if the Health & Care Board meetings would be held in public.

Dr Ian Orpen replied that they would be eventually, but not for the first six months. He added that the Board would be co-chaired and in effect there will be two bodies within one meeting. He said that they plan to meet every two months.

Councillor Robin Moss asked if he knew of the numbers involved locally with regard to the Breast Screening Programme.

Dr Ian Orpen replied that he did not know of the exact figures, but informed the Select Committee that he had discussed the matter with Dr Bruce Laurence, Director of Public Health. He said that personally in his role as a GP he had not been contacted.

Councillor Moss stated that he felt that members of other political parties should be involved in the Health & Care Board as well as members of the Cabinet.

Dr Ian Orpen replied that he valued input from all political groups as historically there had been good collaboration.

Councillor Vic Pritchard, Cabinet Member for Adult Care, Health and Wellbeing said that four members of the Cabinet would be present on the Board, but he would not look to preclude other Councillors from contributing to the meeting.

Councillor Cherry Beath said that she welcomed the A&E figures and the Homeless Service. She asked who will decide how patients are treated at the Urgent Care Centre.

Dr Orpen replied that patients will be streamed by experienced nurse practitioners.

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

9 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.

Help shape the future of community mental health services in B&NES

The Council and CCG are reviewing the way community mental health services are delivered locally and are inviting the public to help.

Both organisations are responsible for commissioning mental health services in Bath and North East Somerset, and they are looking at the way things are currently done to determine what is working well and identify any improvements needed.

The review of community mental health services launched last summer when over 60 face-to-face meetings and focus groups were held and more than 100 survey responses received. People told the Council and CCG that community mental health services must focus on preventing people from escalating into crisis, drive parity of esteem (equal value) between medical and social interventions, and make sure that services work together more effectively.

Six working groups, made up of staff from the Council and CCG, Virgin Care, service providers, voluntary sector representatives and Community Champions – who represent the public – are now working on the next stage of the review. This will involve holding workshops in June 2018, to which people who use services, those who deliver services and interested members of the public are invited.

For information about the review, please [visit the CCG's website](#), email banes.yourvoice@nhs.net or call 01225 831 800 and ask for the Communications and Engagement Team.

Virgin Care Community Services One-Year On

Between January and December 2015 the Council and Clinical Commissioning Group (CCG) carried out a bold and ambitious review of community health and care services for children, young people and adults.

The *your care, your way* community services review looked at the wide range of services providing care and support in people's homes and communities and the experiences of the people using them.

The results of the consultation were used in the procurement process to test how the bidders intended to deliver the priorities that matter to local people. Virgin Care

Services Ltd (VCSL) were confirmed as the successful bidder and awarded the “Prime Provider” contract. Under this model, Virgin Care has overall responsibility for the delivery and coordination of services but it can also sub-contract with specialist, third sector providers and small and medium-sized enterprises (SMEs) to ensure that existing knowledge and experience is not lost.

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

There are a number of other transformation work streams developing at pace, for example the reablement pathway review and the mental health pathway review. Both programmes of work are looking to improve the offer for people in B&NES while delivering efficiencies, and making the service sustainable for future years.

Overall, whilst Virgin is positively progressing some areas of transformational change, including the implementation of the “Three Conversations” model, there are areas of transformation, particularly Integrated Care Record and Care Coordination where less progress has been made.

Councillor Robin Moss asked regarding the Mental Health Pathway Review whether local plans are being informed by National Strategy and Policy, particularly in relation to changes to the Deprivation of Liberty Safeguards (DoLS) legal and policy framework.

The Director for Integrated Commissioning replied that the Council does take account of national work and this will include changes to the Mental Capacity Act/DoLS provisions when published.

Councillor Moss asked what can the Council do if there are recurring problems identified with the services provided through Virgin Care.

The Director for Integrated Commissioning replied that there are contractual levers that can be used when needed.

Councillor Geoff Ward asked if the Cabinet Member would like to comment on the work to establish better Air Quality within B&NES.

Councillor Pritchard said that he was aware that certain areas of Bath were being monitored as well as Farrington Gurney and Temple Cloud. He added that the Council were working on establishing a Clean Air Charging Zone that's capable of reducing NO2 in the city by 2021 at the latest.

The Director for Integrated Commissioning suggested that the Select Committee could seek comment on this work from the Director of Public Health in his next update to them in July.

Councillor Cherry Beath asked how Virgin Care are monitored.

Councillor Pritchard replied that commissioners are constantly monitoring their work. He added that the first 100 days passed without significant issue.

The Chair asked if the Select Committee could receive an update on their services following on from the 100 day report they received in July 2017.

The Director for Integrated Commissioning confirmed that she would discuss this further with Kirsty Matthews, Managing Director of Virgin Care's Bath and North East Somerset Community Health and Care Services so that it can be incorporated into the Committee's workplan.

Councillor Lin Patterson said that she challenged that the transition of services did not pass without incident as the debacle relating to patient's records was a concern to many.

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

10 PUBLIC HEALTH UPDATE

In his absence the Select Committee noted the update that had been provided by the Director of Public Health. A copy of the update can be found on their Minute Book and as an online appendix to these minutes.

11 HEALTHWATCH UPDATE

The Select Committee noted that on this occasion there was no update report from Healthwatch.

12 COMMUNITY EQUIPMENT SERVICE REVIEW

The Commissioning Manager for Adult Social Care introduced this report to the Select Committee. He explained that it provides an update on the current Community Equipment services available to residents of Bath and North East Somerset. It also outlines a project underway to review all community equipment services and develop an up to date policy for the provision of community equipment. He stated that the review will inform the re-procurement of the service under a new contract from April 2019.

He informed them that there is a pooled budget arrangement in place for community equipment, totalling £675,730 in 2017-18, which is funded 70% by the Clinical Commissioning Group and 30% by the Council.

He said that Community Equipment is a vital service which supports people to maintain or increase their independence in a range of different ways. One of the key aims of the Council and CCG is to support more people to remain at home and to do this, consideration and review of the community equipment service is essential to ensure it is fit for purpose and able to respond to increasing numbers of people living at home, especially returning home from hospital without delay.

He stated that the Community Equipment Policy is due to be published in Summer 2018 and that the review and subsequent procurement of the community equipment services is scheduled to complete in Spring 2019.

He explained that the equipment service currently cleans, disinfects and recycles around 90% of the equipment that is out on loan and returned. He added that in order to be decontaminated, items that have been returned must be stored in the 'dirty' area of the Store. Due to space constraints, it is not always possible to keep the items waiting to be cleaned inside the Store building, so some items remain outside the building while they wait to be cleaned and recycled. The size and appropriateness of the current site is therefore also under review.

Councillor Eleanor Jackson recalled that she had informed the Select Committee of the inadequacies of the store following receipt of information from four Westfield residents who were told to put their unwanted Zimmer frames in a skip outside the store. She added that she was not aware of the recent amnesty mentioned within the report.

The Director of Integrated Commissioning replied that the Senior Commissioning Manager for Better Care had addressed the previous issues raised by Councillor Jackson and acknowledged the physical constraints of the current store and difficulties in identifying an alternative, fit for purpose store, which is also affordable.

Councillor Robin Moss questioned the economics of recycling some specific items and asked if there were cases where equipment requests were being denied.

The Commissioning Manager for Adult Social Care replied that the viability of certain items was being assessed. He added that there was a slightly fragmented system in place at the present time, but improvements to logistics have been recognized.

He added that the 'Three Conversations' model will allow for discussions to establish why patients feel they need certain pieces of equipment.

The Select Committee **RESOLVED** to note the update on Community Equipment provided.

13 ETHICAL CARE CHARTER

John Drake, UNISON Regional Organiser for the B&NES branch, which includes Sirona Care & Health addressed the Select Committee. He said that his colleague Fred Jerrome has sent a detailed briefing document to the Chair.

I am here to update you on a long running dispute between Sirona & low paid, mainly women, workers in care homes and sheltered accommodation across the Banes area.

The basics of this dispute is the requirement of Sirona to make savings and their approach of achieving these savings will mean care workers having to make a choice between taking a pay cut or spending more time at work for the same amount of pay, not a choice anyone should have to make. It is little wonder that a recent study has shown that nationally around 900 workers are leaving the care sector each

week. Our members in Sirona are openly talking about leaving a job they love and seeking alternative employment in retail because it pays better.

We accept that Banes Council is not the direct employer in this case, however as the commissioning authority you do have a responsibility to ensure not only the care of the service users but also that staff delivering these services are treated fairly and that includes pay

It is pleasing to note that the Council is seeking to earn the Ethical Care Chartermark and that is a laudable aim, however this dispute is fundamentally about the ethics of austerity and how this politically driven policy is impacting negatively on those carrying out vital work in the care sector.

Following the Your Care Your Way consultation, Virgin was awarded the bulk of the work that had been previously carried out by Sirona. As a consequence Sirona had to radically adjust its finances. We can discuss the way Sirona did this, we can discuss the rights and wrongs of things they should and shouldn't have done but that is not going to help the immediate situation.

UNISON is all too well aware of the financial plight of Banes and we are actively working with officers to mitigate the impact of the 300 job losses across the council, again due to ongoing austerity, however the monies required to resolve this dispute are relatively small, between £150 & £180 k depending on who you talk to in Sirona.

I must make it clear our members do not want to strike, our members are not militant members of a strike happy union, they are dedicated public sector care workers who have faced 8 years of below inflation pay raises and are now facing another attack on pay are saying enough is enough.

Which is why 95% voted to take strike action in a lawful ballot after Sirona came forward with plans to dismiss and re-engage these staff which would force them on to new contracts that will reduce their pay or make them work longer for the same pay.

We are asking this scrutiny committee to work with us to identify additional funding to ensure workers the council has a moral responsibility to support to take home a fair days pay for a fair days work. The clock is ticking on the very real possibility of strike action taking place unless a solution is found to this dispute. We have held a joint meeting with ACAS but this has not resolved the situation. UNISON will meet with Sirona SMT at any point but clearly their proposals must be withdrawn for any such meeting to be productive.

The Director of Integrated Commissioning confirmed that the Council's funding of this service was not cut, but has not been significantly increased either. She said that a £700,000 capital investment had been provided and, also, improved Better Care Funding to support the service redesign was provided by the Council last year (2017/18) and is being provided this year. She added that the Leader of the Council, Councillor Tim Warren has responded directly to John Drake on the issues raised. John Drake confirmed that he had received Councillor Warren's response.

Councillor Vic Pritchard confirmed that no cuts have been made and that a commitment has been given to Community Resource Centres. He said that matters such as pay were for Sirona to consider internally.

Councillor Robin Moss asked about contingency arrangements to ensure service continuity. He added that retention and recruitment in this work area is going to prove difficult and that he was concerned on what the position will be in six months' time.

The Director of Integrated Commissioning said that she could assure the Select Committee and Unions that due diligence, including financial due diligence, is always carried out when awarding a contract. She added that Commissioners have assured themselves that Sirona has appropriate contingency plans in place. She also reminded the Select Committee that the Market Position Statement considered at a previous meeting includes a section on market failure and the Council's work with care providers to support a viable, sustainable and diverse market. She said that obviously this was not a satisfactory position from any point of view.

Councillor Lin Patterson asked how likely the possibility of strike action was as she was aware of the recent demonstration outside of The Guildhall.

John Drake replied that action may take place within the next couple of weeks and that they were willing to have further meetings to avoid a strike.

The Commissioning Manager for Adult Social Care introduced the report to the Select Committee. He informed them that the report sets out the potential for the Council to become an Ethical Care Council that commissions its homecare services in a way that is consistent with the Ethical Care Charter (ECC). In addition, it also provides an update on transformation activity to establish new homecare and reablement pathways and service models from April 2019, and in particular where the ECC standards can be incorporated within that work.

He explained that the ECC's 12 standards are spread across 3 stages:

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

He said that many elements of the ECC are already in place within B&NES. For example, the Council does not commission 15 minute visits and ensures that commissioned providers pay for travel time between visits.

He stated there are national concerns about the high turnover of staff in care provision and development of the social care workforce, which naturally impact on carer continuity. He said these are reflected to some extent in B&NES as well as other parts of the South West. The Council is actively participating in a number of initiatives in place to address these at local, sub-regional and regional level. The

Market Position Statement has a dedicated chapter identifying priorities and opportunities in workforce development.

Councillor Lin Patterson asked how the work regarding the ECC marries up with the issues raised by the UNISON statement.

The Commissioning Manager for Adult Social Care replied that as stated earlier the Council recognises that acute pressure exists in this work area and reiterated that it is not the direct provider. He said that a collaborative approach with care providers is needed.

He explained that commissioners are hosting workshops in partnership with Virgin Care and Strategic Partners to review current provision and establish new commissioning intentions and procurement models for homecare. Workshops will also involve key stakeholders, service user representatives and other local providers.

Councillor Robin Moss commented that he would be interested to see how this piece of work progresses. He added that from recently attending the Resources Panel the message was that a number of contracts were out of date and no longer fit for purpose.

The Commissioning Manager for Adult Social Care replied that more contemporary contracts are being put in place, including to address new General Data Protection Regulation (GDPR) requirements.

The Chair asked that the Select Committee be advised on developments regarding employees of Sirona.

The Select Committee **RESOLVED** to:

- i) Note and endorse the Ethical Care Charter standards to be specified in the recommissioning of home care services.
- ii) Note the update on the transformation work to establish new homecare and reablement service models set out in the report.

14 SELECT COMMITTEE WORKPLAN

Councillor Robin Moss suggested that a progress report on the integration between the Council and the CCG be given at a future meeting.

The Director of Integrated Commissioning said that a joint report could be produced for the Select Committee.

Councillor Lin Patterson said she would like the Select Committee to receive information on the subject of Eye Care.

Councillor Eleanor Jackson commented that she would appreciate the Select Committee to be given an overview of commissioned services within B&NES. She added she would particularly like information regarding Diabetic Screening, Glaucoma and Macular Degeneration.

The Director of Integrated Commissioning replied that most eye care services are not commissioned by the CCG, they are commissioned by NHS England specialised commissioning. She confirmed she would take the matter away and discuss with CCG colleagues what is possible in meeting the Committee's request for a report on eye care.

Councillor Eleanor Jackson proposed that the Council compares its local findings relating to pharmacies with the National Pharmaceutical Services report which is due to be published soon.

The Chair thanked the Select Committee members for their comments.

The meeting ended at 12.20 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services

Briefing for the Health and Wellbeing Select Committee Meeting

Wednesday 23 May 2018

1. A&E performance

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There has been a good improvement in performance during May which is thought to be attributable to a strong system wide focus on patients who have been in hospital more than 7 and 21 days.

2. CCG and Council integration plans

At meetings of the Cabinet and CCG Board in November 2017, BaNES CCG and Bath and North East Somerset Council agreed their intention to pursue closer integration, specifically to develop a single integrated commissioning function. New shadow governance arrangements have been established which includes the creation of a shadow Health & Care Board; the first meeting will take place on 6 June 2018.

3. Launch of Homeless Service

Homeless people in Bath and the surrounding area can now access vital healthcare five days a week thanks to the expansion of a key community health service. From 1 May 2018, the Homeless Health Care Service began providing homeless people with access to a local GP for an additional day each week.

The service is run each weekday morning from the Julian House hostel in Manvers Street, Bath. The facility has a specially equipped consulting room which is kitted out with all the essentials of a doctor's surgery. It is staffed each day by either an experienced nurse prescriber or male and female GPs from the newly-established Heart of Bath Medical Partnership, a result of the merger of Oldfield Surgery and St James's Surgery.

4. Changes to local urgent care services

On 1 May 2018 a number of key services transferred to new providers following a two-year long procurement process:

- i) The RUH and B&NES Enhanced Medical Services (BEMS) took over the contract for the Bath-based Urgent Care Centre. The service has been renamed The Urgent Treatment Centre and offers urgent treatment around the clock to patients who cannot wait to be seen by their local GP or are not registered with a local practice. It is located next to the Emergency Department at the Royal United Hospital in Bath.
- ii) Medvivo took on responsibility for running integrated urgent care services across Bath and North East Somerset (B&NES), Swindon and Wiltshire. The healthcare provider, which has very recently been rated as 'Outstanding' by CQC, is lead provider, working in collaboration with Vocare and BEMS+. Medvivo is responsible for running the NHS111 and have improved the service model so callers can be put through to a 'clinical hub' of experienced health professionals who can make assessments, advise and arrange urgent care if required. Medvivo is also responsible for the GP out-of-hours service in B&NES.

5. Local increase in measles cases

Since January there has been an increase in the number of measles cases across the South West with 11 people diagnosed in B&NES alone. Measles is an avoidable disease and we are working with Public Health England to encourage everyone to make sure they have had the MMR vaccine. As young people aged 16-25 are particularly vulnerable to the illness, we are working with GP practices to identify registered patients who fall into this category. They will then be contacted and invited in to their practice for their two doses of MMR.

6. Mental Health Pathway Review

The review of community mental health services launched last summer when over 60 face-to-face meetings and focus groups were held and more than 100 survey responses received. People told the Council and CCG that community mental health services must focus on preventing people from escalating into crisis, drive parity of esteem between medical and social interventions, improve the transition from child to adult mental health services, and make sure that services work together more effectively.

Six working groups, made up of staff from the Council and CCG, Virgin Care, service providers, voluntary sector representatives and Community Champions – who represent the public – are now working on the next stage of the review. This will involve holding workshops in June 2018, to which people who use services, those who care for and support them and those who deliver services are invited.

The wider public will be asked what they think of these different options for delivering community mental health services locally during a public consultation taking place in June-July 2018. It is expected that a final service model will be developed and put in place in April 2019.

7. NHSE Q4 CCG Improvement and Assessment (April 2018)

The CCG's annual assessment against national targets gives a rating against the CCG improvement and assessment framework (CCG IAF). This framework aligns key objectives and priorities as part of our aim to deliver the Five Year Forward View. The CCG has self-assessed its rating as shown in the table below, and this has been supported by the regional NHS England moderation process so far:

Better Health	Better Care	Sustainability	Leadership
GOOD	REQUIRES IMPROVEMENT	GOOD	GOOD

In terms of the 'Better Care' domain, whilst our overall quality of care within the CCG is rated good, NHSE has decided that commissioners facing providers with serious repeat national target failings are automatically downgraded. Therefore, due to the referral-to-treatment and A&E waiting time target performance at RUH, this element has been rated amber.

8. Breast Screening Programme

You will have seen the recent news when it was reported that about 450,000 women had not been invited for their breast screening due to a problem with the IT. This error went back to 2009 and resulted in women not being invited to their final breast screening appointment.

There will be an independent review into the facts, chaired both by the Chair of the Macmillan Cancer Trust and of the Chair of the Royal Marsden Hospital, and this will be expected to report in six months.

NHS England will be sending the a letter to GPs to help advise any patients that may be concerned. Any patients who have been affected by this incident will receive a letter by the end of May 2018. A telephone helpline has been set up and widely advertised.

9. NHS 70th Birthday Events - 5 July 2018

A number of national events are taking place to celebrate the NHS' 70th Birthday, these include:-

i) The NHS Big 7Tea party: GP and TV presenter Dr Hilary Jones is the face of the campaign and recently poured tea for NHS staff and Professor Jane Cummings, Chief Nursing Officer for England, in the gardens of St Thomas' Hospital. The NHS Big 7Tea is a partnership between more than 80 NHS charities with people across the country being asked to host a tea party on the big day and raise a cuppa to thank NHS staff. More than 800 people have already registered to host tea parties. We would like to encourage the whole nation to get involved, please [register for your tea party pack](#).

ii) Westminster Abbey Ceremony : On 5 July 2018 nominated members across the NHS have been invited to attend a ceremony at Westminster Abbey. Three members of staff from BaNES CCG will be attending.

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

Health & Wellbeing Select Committee May 2018

1. Help shape the future of community mental health services in B&NES

The Council and CCG are reviewing the way community mental health services are delivered locally and are inviting the public to help.

Both organisations are responsible for commissioning mental health services in Bath and North East Somerset, and they are looking at the way things are currently done to determine what is working well and identify any improvements needed.

According to recent Mental Health Foundation research, two-thirds of adults in Britain have experienced a mental health problem and, in 2012-13, there were 8,931 people aged 18 years and over registered with depression in GP practices in B&NES. This year's Mental Health Awareness Week (14-20 May 2018) focused on stress and there are a number of events being organised in B&NES to help promote mental health and wellbeing. Find out more [here](#).

The review of community mental health services launched last summer when over 60 face-to-face meetings and focus groups were held and more than 100 survey responses received. People told the Council and CCG that community mental health services must focus on preventing people from escalating into crisis, drive parity of esteem (equal value) between medical and social interventions, and make sure that services work together more effectively. Young people who gave their feedback felt that the transition from child to adult mental health services needs to be less abrupt, and said they would like more information about where they can get support and increased flexibility with how they access these services.

To find out what people said, you can read the Engagement Report on the [CCG's website](#).

Dr Daisy Curling, a Bath GP, BaNES CCG Board member and clinical lead for mental health said: "Thank you to everyone who has shared feedback with us so far. The views of people who currently use these services or have done in the past, people who care for those who use services, and those who provide services, are an integral part of ensuring this review is a success."

Six working groups, made up of staff from the Council and CCG, Virgin Care, service providers, voluntary sector representatives and Community Champions – who represent the public – are now working on the next stage of the review. This will

involve holding workshops in June 2018, to which people who use services, those who deliver services and interested members of the public are invited.

We want to encourage anyone who has experience of, or an interest in community mental health services to come along and help us to shape how these could be delivered in the future. We are keen to build on the amazing engagement and feedback we had from residents of B&NES during the *your care, your way* community services review and bring that same collaboration into the design of community mental health.

Workshops will be held on the following dates:

- **Tuesday 5 June 2018, 9am-12pm**

How can community mental health services work better together?

[Sign up here](#)

- **Wednesday 13 June**

- **9am-12.30pm – How can we improve transitions from child to adult community mental health services?**

[Sign up here](#)

- **9am-12.30pm – How can we increase integration between physical and mental health services?**

[Sign up here](#)

- **1.30-5.00pm – How can we support people who use mental health services to access meaningful occupation, including employment, training and education?**

[Sign up here](#)

- **1.30-5.00pm – How can we support people who are experiencing acute mental health crisis and prevent people's needs from escalating to this point?**

[Sign up here](#)

- **Monday 18 June 2018, 6.30-8.30pm**

Workshop drop-in for anyone who can't make the 5 or 13 June workshops, come and share your views on any/all of the mental health review topics.

[Sign up here](#)

All workshops will be held at **Keynsham Community Space, 5 Temple St, BS31 1HA.**

For information about the review, please [visit the CCG's website](#), email banes.yourvoice@nhs.net or call 01225 831 800 and ask for the Communications and Engagement Team.

The wider public will be asked what they think of these different options for delivering community mental health services locally during a public consultation taking place in June-July 2018. It is expected that a final service model will be developed and put in place in April 2019.

2. Virgin Care Community Services – One Year On

Virgin Care Community Services One-Year On

Introduction

Between January and December 2015 the Council and Clinical Commissioning Group (CCG) carried out a bold and ambitious review of community health and care services for children, young people and adults. The *your care, your way* community services review looked at the wide range of services providing care and support in people's homes and communities and the experiences of the people using them.

Following a series of over 80 different engagement events, a formal public consultation was held in autumn 2015 to seek feedback on a draft vision for community services and a set of fourteen priorities. There was a clear indication from stakeholders that viewing people's needs in a holistic way and joining up their care were key priorities for this review. In addition, there was strong support for placing greater emphasis on prevention, ensuring that the right support is available to people before they reach crisis point, require hospital admission or develop a long-term condition.

The top five priorities identified from the public engagement and consultation responses were:

- A person not a condition
- A single plan
- Invest in the workforce
- Join up the information
- Focus on prevention

The results of the consultation were used in the procurement process to test how the bidders intended to deliver the priorities that matter to local people. Virgin Care Services Ltd (VCSL) were confirmed as the successful bidder and awarded the "Prime Provider" contract. Under this model, Virgin Care has overall responsibility for the delivery and coordination of services but it can also sub-contract with specialist, third sector providers and small and medium-sized enterprises (SMEs) to ensure that existing knowledge and experience is not lost.

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

The Service Model

Key elements of the service model commissioned are:

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

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

Transformation programme update

During 2017/18, Virgin Care was required to begin implementing their ambitious transformation programme in order to improve service delivery and achieve efficiencies to enable greater sustainability in future years. The following table summarises Virgin Care performance against the Service Development and Improvement Plan (SDIP) milestones in 2017/18, which form part of the VCSL contract.

Objective	Milestone	Progress summary	RAG
	Implement the integrated care record (ICR)	Commissioners remain concerned that this work stream is behind schedule. Some clinical engagement efforts with RUH made, however critical conversations re scope of project and Information Governance are outstanding. Virgin has employed a new ICR Information Governance lead who comes from Connecting Care. Patient portal being developed with community champions, with v.1 available in April, and new version by December. 18/19 milestones set outline that Virgin must deliver two two-way data transfer projects per quarter in order to meet the clinical benefits realisation timelines.	●
	Implement mobile working for staff	Devices for mobile working currently shortlisted to two devices and will be piloted with Community Nursing and Paediatric teams. Trial commenced in March 2018 and full roll out plan April 18 to October 18. Early adopters will be District Nursing in Bath & NES, Reablement in Bath, Planned Rehab and Early Supported Discharge. The trial will enable the baselining of data by District Nursing and Reablement. Council mobile working application expected to be released Sept to Dec 18 to facilitate Social Work mobile working.	●
	Implement the performance management tool 'Tableau'	Implementation plan has been submitted to Commissioners in line with Q1 milestone, Tableau currently operational within VCSL but requires further roll out to Commissioners.	●

	<p>Ensure leadership structures are fit for purpose</p>	<p>Workforce plans have been developed to take account of leadership development. A Strategic Lead for Social Care is in place. The Deputy Director of Operations is undertaking a review of operational structures. Action plans have been shared with Commissioners to address issues raised and have been used to inform 18/19 SDIP priorities. The Recruitment process has commenced internally for Head of Commissioning and Contracting posts.</p>	
	<p>Staff are aware of development opportunities</p>	<p>Staff survey carried out in Q2 and innovation fund launched to encourage creative and innovative problem solving by staff. The 'People Flourish' development programme was launched.</p>	
	<p>Ensure people's strengths are taken into account when planning their care</p>	<p>The roll out of the 3 conversations model across Adult Social Care has progressed to test site stage, with two innovation sites live since March, and two more going live in May. The approach enables social workers to support people by focusing on their strengths, their networks and community facilities rather than putting everyone through a lengthy assessment process which too often results in unnecessarily long and expensive care packages.</p> <p>This programme has led to the redesign of the Liquid Logic system to enable swifter and easier recording, and to the testing of new approaches to calculating indicative budgets in order to provide a more accurate estimate of package costs.</p>	

	<p>Establish foundations for locality based provision and care coordination</p>	<p>Virgin have established a local group working on 4 agile projects for phase 1 care coordination; efficiency of HAT and ASIST, joining up the information, navigation and prevention, and estates. Advice Centre incorporating Direct Payment Hub will be in place in Q1 18/19. VCSL have linked up Health MyDoS with Wellbeing Options from the Council to start to build the first comprehensive Directory of Service. Review of Health Access Team ongoing in Q1 18/19 with an acknowledgement that issues persist, particularly for Primary Care. A recovery action plan has been implemented to bolster the capacity in HAT and to analyse the data in order to more accurately improve the service and ease pressures. Clinical systems process maps have been received, and key leads engaged from IT and clinical systems. In Q1 the focus will be on scoping the potential to co locate all advice functions into one hub. While progress has been made, the majority of the 17/18 milestones have not been met, hence the red rating. Phase 0.5 which will see the co-location of all access teams is due to go live in June.</p>	
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There are a number of other transformation work streams developing at pace, for example the reablement pathway review and the mental health pathway review. Both programmes of work are looking to improve the offer for people in B&NES while delivering efficiencies, and making the service sustainable for future years.

The reablement review is a joint Virgin Care and B&NES' Commissioners transformation work stream and is closely linked to the expansion and extension of the "Home First" service, which is designed to reduce unnecessary delays in a person's transfer of care from a hospital to a community setting and ensure assessments are undertaken in the right place to gain an accurate picture on need, including any longer-term needs for care and support.

Overall, whilst Virgin is positively progressing some areas of transformational change, including the implementation of the "Three Conversations" model, there are areas of transformation, particularly Integrated Care Record and Care Coordination where less progress has been made.

Virgin Care transformation milestones have been revised in 2018/19, and an ambitious yet achievable Service Development & Improvement Plan has been negotiated and incorporated into the contract. This SDIP does include some changes in transformation priorities to reflect national and/or local changes in priorities/areas for particular focus.

Performance and Quality overview

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

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

Adult Social Care Outcomes Framework measures: 2017/18 forecast

Ref	Measure description	Direction to improve	Aspiration/ 2016/17 actual ¹	2017/18 ytd ²	Latest period	England 2016/17 ³
ASCOF 2C(3)	Delayed transfers of care from hospital jointly attributable to NHS and social care (per 100,000 population)	▼	0.2	0.4	Feb-18	0.90

ASCOF Performance commentary

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

DTOCs in B&NES. On average, 37% of delayed days in B&NES are in community hospitals. For delays attributed to social care, there has been significant improvement this year, so while B&NES is above the 2016/17 national average, the variance is much reduced.

Public health select committee update May 2018

1. Public health newsletter

Public Health News May 2018



Coping with Suicide

Schools are being alerted to locally developed guidance to support educational settings in the event of a suicide. This has been produced by Bath and North East Somerset (B&NES) Suicide Prevent Strategy Group, in conjunction with the B&NES Local Safeguarding Children Board (LSCB) and can be found on the LSCB webpages under LSCB Procedures, LSCB resources and Working with Children: [Coping With Suicide Guidance \(guidance for schools\)](#).

This guidance brings together in one place existing resources and support available making these easier to navigate. It provides support in the event of a death by suicide, or a death where suicide is suspected covering:

- 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



Opportunity to become a MECC trainer

Are you interested in delivering Make Every Contact Count (MECC) training within your organisation? An opportunity to become an accredited MECC trainer has arisen and applicants are invited to attend a train the trainers' course in Swindon during June. For further information see flyer [here](#) and application form [here](#). Due to tight timescale please also email Emily Jenkins-Pandya EJenkinsPa@swindon.gov.uk ASAP to register your interest

Suicide Let's Talk - Free online suicide prevention training

The BANES Suicide Prevention Strategy group have recently reviewed the free online training course 'Safe to Talk' developed by the NHS and endorsed by the Zero Suicide Alliance. The group now want to promote this training to staff working in any organisation across the local authority. 'Suicide Safe to Talk' is



a simple but effective training video that combines facts about suicide with stories of real people who have experienced the impact of it on their lives. It also provides advice on how to speak to someone with suicidal thoughts and real life scenarios to give the skills to be able to deal with difficult conversations with loved ones, friends or colleagues.

It is estimated that the training takes around 20 mins to complete and is for all of us as everyone will know someone who may have problems mounting up and who may need help.

Click on https://www.relias.co.uk/hubfs/ZSACourse3/story_html5.html

and start the course NOW



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. See flyer [here](#) for a short set of tips for families that may provide some help. Please share widely.

Connect Five

Free Mental Health Training available to staff working across services in B&NES



The Connect 5 Programme is an accessible, evidenced based training that is relevant to the whole of the public facing workforce. It provides participants with skills and competencies that build confidence in having conversations about mental health and wellbeing. It presents tools to empower others to take proactive steps to build resilience and look after themselves. Connect 5 takes the position that we don't need to be mental health specialists to support those who are experiencing emotional and mental health problems.

The course is accredited by the Royal Society of Public Health and courses are delivered by a range of local accredited trainers. It is a modular course with up to 3 sessions available. How many sessions you cover will depend on your role. Session 1 dates from June to October are now open for booking. Further session 1 and session 2 & 3 dates to be publicised as soon as possible. Connect 5 training compliments MECC training. For further details and how to book on a course, please see flyer [here](#)

2. National breast screening programme incident

A separate briefing has gone out concerning this large and worrying incident from Rebecca Reynolds to all Councillors. It is embedded in this email

A verbal update on more recent developments will be given to the committee.



Breast screening
national incident clr b

3. Public health team developments.

Structural

The public health team is fully involved in the process of integrating the council and CCG's health and care commissioning arrangements. Since almost all public health services are part of the "your care, your way" contract this is entirely logical.

The DPH has also been asked to review options for a potential merger with another local authority public health team and that process of review has begun.

Functional: the DPH award

In the voluntary redundancy process the worker who ran the schools' part of the Director of Public Health award scheme will be leaving as part of the drive to reduce staff costs and also to bring public health expenditure down to the level of the DH public health grant. This is a regrettable loss which will certainly diminish our offer to schools, although the worker will remain in post until September to round off this year's scheme well and help with future planning. We will be discussing how we can continue to support school health promotion using existing staff.

There may be some positive mitigation from within the education system as OFSTED become more interested in school health promotion and also if the green paper on improving children's mental health delivers on its intentions of strengthening the mental health support given within and to schools and general improvements in access to child and adolescent mental health services.

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