

Health and Wellbeing Select Committee

Date: Wednesday, 23rd May, 2018

Time: 10.00 am

Venue: Council Chamber - Guildhall, Bath

Councillor Francine Haeberling

Councillor Geoff Ward

Councillor Bryan Organ

Councillor Tim Ball

Councillor Lin Patterson

Councillor Lizzie Gladwyn

Councillor Robin Moss



Mark Durnford

Democratic Services

Lewis House, Manvers Street, Bath, BA1 1JG

Telephone: 01225 394458

Web-site - <http://www.bathnes.gov.uk>

E-mail: Democratic_Services@bathnes.gov.uk

NOTES:

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

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

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

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

3. **Recording at Meetings:-**

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

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

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

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

4. **Public Speaking at Meetings**

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

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

5. **Emergency Evacuation Procedure**

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

6. **Supplementary information for meetings**

Additional information and Protocols and procedures relating to meetings

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

Health and Wellbeing Select Committee - Wednesday, 23rd May, 2018

at 10.00 am in the Council Chamber - Guildhall, Bath

A G E N D A

1. WELCOME AND INTRODUCTIONS

2. EMERGENCY EVACUATION PROCEDURE

The Chair will draw attention to the emergency evacuation procedure as set out under Note 6.

3. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

4. DECLARATIONS OF INTEREST

At this point in the meeting declarations of interest are received from Members in any of the agenda items under consideration at the meeting. Members are asked to indicate:

(a) The agenda item number in which they have an interest to declare.

(b) The nature of their interest.

(c) Whether their interest is **a disclosable pecuniary interest** *or* an **other interest**,
(as defined in Part 2, A and B of the Code of Conduct and Rules for Registration of Interests)

Any Member who needs to clarify any matters relating to the declaration of interests is recommended to seek advice from the Council's Monitoring Officer or a member of his staff before the meeting to expedite dealing with the item during the meeting.

5. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

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

At the time of publication no notifications had been received.

7. MINUTES - 28TH MARCH 2018 (Pages 7 - 20)

8. CLINICAL COMMISSIONING GROUP UPDATE

The Select Committee will receive an update from the Clinical Commissioning Group (CCG) on current issues.

9. CABINET MEMBER UPDATE

The Cabinet Member will update the Select Committee on any relevant issues. Select Committee members may ask questions on the update provided.

10. PUBLIC HEALTH UPDATE

Select Committee members are asked to consider the information presented within the report and note the key issues described.

11. HEALTHWATCH UPDATE

Select Committee members are asked to consider the information presented within the report and note the key issues described.

12. COMMUNITY EQUIPMENT SERVICE REVIEW (Pages 21 - 26)

This report provides an update on the current Community Equipment services available to residents of Bath and North East Somerset.

13. ETHICAL CARE CHARTER (Pages 27 - 32)

This paper concerns 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).

14. SELECT COMMITTEE WORKPLAN (Pages 33 - 36)

This report presents the latest workplan for the Select Committee. Any suggestions for further items or amendments to the current programme will be logged and scheduled in consultation with the Chair of the Select Committee and supporting officers.

The Committee Administrator for this meeting is Mark Durnford who can be contacted on 01225 394458.

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 Care Home 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

This page is intentionally left blank

Bath & North East Somerset Council		
MEETING:	Health and Wellbeing Select Committee	
MEETING DATE:	23 rd May 2018	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	Community Equipment	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		

1 THE ISSUE

This report 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. The review will inform the re-procurement of the service under a new contract from April 2019.

2 RECOMMENDATION

The Select Committee is asked to:

- 2.1 Note the update on Community Equipment provided.

3 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

- 3.1 There are no direct resource implications to this report. The full resource implications of community equipment recommissioning will be set out as part of the recommissioning process.
- 3.2 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.
- 3.3 The budget currently funds:
 - (1) The Sirona care & health Community Equipment Store (the main store which orders and delivers both standard and specialist equipment. This can be

anything from relatively small continence aids and mobility aids to hospital beds and mobile hoists);

- (2) Part funding of the West of England Care & Repair Home Improvement Agency (providing internal and / or external rails to properties and minor adaptations such as wheelchair ramps, this service is jointly commissioned across Bristol and South Gloucestershire);
- (3) Part funding of the Independent Living Centre in Semington, Wiltshire (a demonstration centre for equipment which has a number of items installed that people can try out [through floor lifts, beds, assistive technology etc.], staffed with an Occupational Therapist who can provide specialist advice, this service is also funded by Wiltshire and Mendip);
- (4) Part funding of the Red Cross short term wheelchair loan service (this provides wheelchairs for up to 3 months for individuals who may need them either while they wait for a specialist chair, or while they recover from a short term illness / injury, this service is not fully funded as it requests donations / contributions from the people who use the service).

4 STATUTORY CONSIDERATIONS AND BASIS FOR PROPOSAL

- 4.1 The Council has a duty under the Care Act to provide equipment and minor aids free of charge. The NHS also has a duty under the NHS Act to provide equipment. Both of these are currently administered via the Community Equipment Store operated by Sirona care & health CIC.
- 4.2 The Council also has a duty under The Housing Grants, Construction and Regeneration Act to provide adaptations via the Disabled Facilities Grant. These are currently administered by West of England Care & Repair via the Home Improvement Agency.

5 THE REPORT

Background

- 5.1 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.
- 5.2 Community Equipment is also an area of support which can cross over with other related offers to help people remain at home (e.g. assistive technology) and this project aims to give clarity where required for people living in Bath and North East Somerset (B&NES) and also providers accessing the service.

Purpose

- 5.3 The scope of the project on Community Equipment is to:

- (1) Develop and publish an all-age health and social care community equipment policy.
- (2) Review the provision of community equipment in Bath and North East Somerset, make recommendations for improvement and subsequently procure under new contract arrangements from April 2019.

Timescale

5.4 The Community Equipment Policy is due to be published in Summer 2018.

5.5 It has been developed following consultation with stakeholders including people with lived experience of the equipment services, Occupational Therapists (adults and children's), District and Tissue Viability Nurses, Speech and Language Therapy and adults and children's commissioners.

5.6 The review and subsequent procurement of the community equipment services is scheduled to complete in Spring 2019. This will include further appraisal of the options to develop the assistive technology offer in B&NES.

Current progress

5.7 Initial work on this project was to agree the focus and key stakeholders.

5.8 Discussions have been had within the region, and in some depth with Wiltshire, for our Sustainability and Transformation Partnership (STP) footprint. Following these discussions, it is felt that a more local offer tailored to B&NES' residents and their needs would be appropriate, although we will continue to work closely with Swindon and Wiltshire to share good practice and learning. Therefore the new Community Equipment service contract will be for B&NES residents only.

5.9 As part of the review the Community Equipment Store is being asked to complete an activity tracker which details every request coming through to the service and what the outcome is. This will help inform both the revised policy but also the service specification for equipment, to make sure that key priorities can be met (such as keeping people at home through the Falls Response service and helping people leave hospital when they are ready, without experiencing delay).

5.10 A full project plan is being developed to implement the procurement of the Community Equipment service which will be accompanied by further opportunities for people with lived experience of the equipment services to guide the development of the service specification.

5.11 Key learning from the project so far that will inform the procurement include:

- (1) The Community Equipment services are a key and growing part of the system facilitating hospital discharge and enabling people to live independently in their own homes.
- (2) The services are currently operating fairly separately and so efficiencies could be realised by ensuring contracts align with outcomes for people. For example currently an individual could be visited by one service dropping off a piece of equipment and then subsequently by a different service that installs the equipment.

- (3) The system is fairly fragmented at the moment with equipment purchasing happening across a number of settings. For example the process for ordering equipment for children is different to that for adults. Rationalising and standardising this will bring efficiencies.
- (4) The system needs to be overseen by someone with the specialist skills needed to understand the types and levels of equipment, and what represents value for money for the public purse.

5.12 Key priorities for the Community Equipment policy are to ensure that it is

- (1) aligned across adults, children's and health services.
- (2) Care Act compliant and is also co-terminus with other legislation such as moving and handling and Housing legislation.

Equipment Amnesty

5.13 The Store has run an equipment amnesty for the month of April, which was advertised widely throughout health and social care channels.

5.14 At the time of writing a small amount had been returned to the Store from this amnesty.

5.15 The Store writes out to all the individuals who receive equipment after 3 months and then again annually after this to ask the person if they still need / want the equipment. If the equipment is no longer needed the Store can collect, recycle and reuse the equipment.

Recycling

5.16 The equipment service currently cleans, disinfects and recycles around 90% of the equipment that is out on loan and returned.

5.17 Equipment that is 'dirty' (i.e. it has been on loan to a person and is returned after use) cannot be put straight back into the main store building, as before it can be sent out again it needs to be decontaminated.

5.18 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.

5.19 The size and appropriateness of the current site is therefore also under review.

5.20 The RUH also has an agreement with the Store for people to return walking aids. There is an issue at the moment with the volume of walking aids being returned and this is currently being discussed with the RUH and the Store to ensure that a solution can be found for the aids which are being kept outside the store.

6 RATIONALE

- 6.1 The Committee is asked to note the update on Community Equipment and the forthcoming policy being prepared for summer 2018, together with the procurement due to be completed by April 2019. .

7 OTHER OPTIONS CONSIDERED

- 7.1 Not applicable.

8 CONSULTATION

- 8.1 As set out in this report, the Community Equipment Policy, which is due to be published in Summer 2018 has been developed following consultation with stakeholders including people with lived experience of the equipment services, Occupational Therapists, Nurses, Speech and Language Therapy and adult and children's commissioners.
- 8.2 The engagement undertaken as part of the *Your Care, Your Way* community services review, including with service users and carers, has significantly influenced the outcomes to be achieved including through the recommissioning of the Community Equipment Services.

9 RISK MANAGEMENT

- 9.1 A risk assessment related to the issue and recommendations will be undertaken once the project plan and PID is agreed, and once the procurement is decided, in compliance with the Council's decision making risk management guidance.

Contact person	<i>Wendy Gyde</i> <i>Transformation and Strategic Planning Manager</i> <i>01225 477922</i>
Background papers	<i>None</i>
Please contact the report author if you need to access this report in an alternative format	

This page is intentionally left blank

Bath & North East Somerset Council		
MEETING:	Health & Wellbeing Select Committee	
MEETING DATE:	23 rd May, 2018	EXECUTIVE FORWARD PLAN REFERENCE:
		N/A
TITLE:	Update on Ethical Care Charter standards in home care and commissioning of homecare and reablement services.	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
Document Links:		
1. <i>Intermediate care & reablement guidance</i> (National Institute for Health & Clinical Excellence) - https://www.nice.org.uk/guidance/ng74		
2. <i>'Messages on the future of domiciliary care services'</i> (Oxford Brookes University) - https://ipc.brookes.ac.uk/publications.html		
3. B&NES Market Position Statement: http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Social-Care-and-Health/Social-Care-Services/bnes_market_position_statement_-_consultation_draft_-_1st_march_2018_-_final.pdf		

1 THE ISSUE

- 1.1 This paper concerns 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). It follows a motion to Council in March 2017 where it was resolved that the Cabinet Member would bring forward a report to this Committee outlining the proposed standards to be specified when the home care services are commissioned in 2018, taking account of the principles proposed within the Ethical Care Charter.
- 1.2 In addition, this paper 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.

2 RECOMMENDATION

- 2.1 That the Committee notes and endorses the Ethical Care Charter standards to be specified in the recommissioning of home care services.
- 2.2 That the Committee also notes the update on the transformation work to establish new homecare and reablement service models set out in this report.

3 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

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

4 STATUTORY CONSIDERATIONS AND BASIS FOR PROPOSAL

- 4.1 The Council has a statutory duty under the Care Act (2014) for market facilitation and oversight. Effectively meeting these duties puts the Council in a strong position to both influence and support the market to provide innovative, sustainable and good quality ethical care. Furthermore, the activities of the Care Quality Commission (CQC) in quality assurance are a further source of support to the Council's broader remit here.
- 4.2 A key component of the Council's Care Act duties is a Market Position Statement (MPS). An MPS outlines a Council's commissioning intentions and preferred market conditions as well as supporting business and service continuity. The current draft MPS has recently been out for market consultation and includes specific commissioning intentions for homecare and reablement. A link to the Market Position Statement is provided at the end of this report as a background paper.

5 THE REPORT

ECC Standards

- 5.1 The ECC is based on national findings drawn from survey responses by frontline homecare workers in 2012. It highlights how terms & conditions for homecare staff can influence the quality of care received by service users. The ECC also identifies issues with rates of pay, working hours, staff turnover, training and isolation / lack of peer support.
- 5.2 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
- 5.3 The Council's role in meeting ECC standards will vary depending on if it directly provides or commissions services through block contracts, as opposed to individual arrangements on the open market e.g. through direct payments and self-funded care.

- 5.4 As the Committee will be aware B&NES Council is not a direct provider of home care services. 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.
- 5.5 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. These are reflected in to some extent 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 MPS has a dedicated chapter identifying priorities and opportunities in workforce development.

Homecare & Reablement recommissioning

- 5.6 The majority of homecare in B&NES is commissioned via block contracts with four homecare agencies, known as Strategic Partners. Recently, the four agencies have been moved from historic 10 year contracts onto a one-year contract, which will allow the Council to redesign the pathway before introducing new contracts from April 2019.
- 5.7 The agencies are: Care Watch Bath, Care South, Somerset Care and Way Ahead Care. Between them they provide in the region of 140,000 hours of care each year; about 70% of the homecare commissioned by the Council. The remainder is purchased under a range of individual arrangements and Direct Payments.
- 5.8 Three of these agencies also deliver reablement through an integrated service alongside Virgin Care, who provide the core service. Reablement is aimed at supporting people to regain skills and confidence in the home, avoid unnecessary hospital admission and minimise ongoing care needs. Reablement services are provided on a short-term basis, usually up to six weeks, with a clear focus on achieving agreed outcomes for the individual.
- 5.9 The future focus of homecare commissioning is toward supporting people to achieve their assessed, eligible care outcomes rather than the traditional 'time & task' approach. This is consistent with the ECC standard of visits being led by client need. Commissioners have signalled this change in mind-set through the MPS and are reviewing emerging thinking in homecare from notable industry leaders (see link under 'background papers').
- 5.10 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.
- 5.11 Workshop priorities include finding the right balance between block contracts and individual arrangements and so ensure sufficient stability in the market while also promoting enough choice & control for service users and effective patient flow at hospital discharge.
- 5.12 This approach is supported by parallel activity in social care to evolve social work and reablement practices. These focus on people's strengths and ways to maximise

their ability to meet their needs themselves or through a range of innovative, community-based options alongside purchased care.

- 5.13 Reablement in particular has been an area of rich collaboration between commissioners, Virgin Care and Strategic Partners. An audit of the current service model is taking place in May which, along with best practice guidelines from the National Institute of Health and Clinical Excellence, will inform service design activity (see link to guidance in 'background papers'). Key performance indicators are being refined alongside the audit to promote continuous improvement and value for money during transition to the new pathway.
- 5.14 How the Council sets the criteria for future procurement exercises can make a contribution towards achieving the ECC standards; whether for block contracts or to enable a provider to join flexible purchasing frameworks to provide individual packages. Quality management systems can be designed in such a way as to suspend providers from these frameworks if they do not continually maintain these standards.
- 5.15 However in a largely private marketplace where the demand often outstrips supply and the Council does not directly provide much care itself, it needs to exert a more subtle influence on parts of the market where it does not have the traditional levers of contractual compliance at its disposal. Commissioners need to be mindful of the financial impact of the enhanced terms and conditions driven by ECC standards and must guard against driving cost upwards without seeing an equivalent increase in quality or sustainability of provision.

6 RATIONALE

- 6.1 MPS Commissioning intentions and the timeline for recommissioning homecare and reablement pathways lend themselves well to reviewing the ECC standards and working through potential implications of adopting them in B&NES.

7 OTHER OPTIONS CONSIDERED

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

8 CONSULTATION

- 8.1 No specific consultation has been undertaken on the contents of this report. However, there has been significant engagement with providers of care in relation to a fair price for care, the MPS and future design of home care and reablement services.
- 8.2 The engagement undertaken has part of the *Your Care, Your Way* Community Services review, including with service users and carers, has significantly influenced the priorities and outcomes to be achieved, including through the redesign of home care and reablement services.

9 RISK MANAGEMENT

- 9.1 Risks associated with this paper are considered to be low. Providers and stakeholders have been consulted on high level commissioning intentions through the MPS consultation. Along with service users they will be able to play an active part in the shaping of new service models and the role that ECC standards can play within these.
- 9.2 This paper offers a general introduction only, so a formal risk assessment is not required at this stage. Appropriate risk assessments in compliance with the Council's decision making risk management guidance will be undertaken in support of specific proposals for homecare and reablement services which may be submitted.

Contact person	<i>Vincent Edwards, 01225 477289</i> <u>vincent_edwards@bathnes.gov.uk</u>
Background papers	<p>Document Links:</p> <p>Intermediate care & Reablement Guidance (National Institute for Health & Clinical Excellence) - <u>https://www.nice.org.uk/guidance/ng74</u></p> <p>Messages on the future of domiciliary care services (Oxford Brookes University) - <u>https://ipc.brookes.ac.uk/publications.html</u></p> <p>B&NES Market Position Statement: <u>http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Social-Care-and-Health/Social-Care-Services/bnes_market_position_statement_-_consultation_draft_-_1st_march_2018_-_final.pdf</u></p>
Please contact the report author if you need to access this report in an alternative format	

This page is intentionally left blank

HEALTH AND WELLBEING SELECT COMMITTEE

This Forward Plan lists all the items coming to the Panel over the next few months.

Inevitably, some of the published information may change; Government guidance recognises that the plan is a best assessment, at the time of publication, of anticipated decision making. The online Forward Plan is updated regularly and can be seen on the Council's website at:

<http://democracy.bathnes.gov.uk/mgPlansHome.aspx?bcr=1>

The Forward Plan demonstrates the Council's commitment to openness and participation in decision making. It assists the Panel in planning their input to policy formulation and development, and in reviewing the work of the Cabinet.

Should you wish to make representations, please contact the report author or Mark Durnford, Democratic Services (01225 394458). A formal agenda will be issued 5 clear working days before the meeting.

Agenda papers can be inspected on the Council's website and at the Guildhall (Bath), Hollies (Midsomer Norton), Civic Centre (Keynsham) and at Bath Central, Keynsham and Midsomer Norton public libraries.

Ref Date	Decision Maker/s	Title	Report Author Contact	Strategic Director Lead
23RD MAY 2018				
23 May 2018	HWSC	Ethical Care Charter	Vincent Edwards Tel: 01225 477289	Jane Shayler
23 May 2018	HWSC	Community Equipment Service Review	Caroline Holmes Tel: 01225 477313	Jane Shayler
18TH JULY 2018				
26TH SEPTEMBER 2018				
ITEMS YET TO BE SCHEDULED				
	HWSC	Local Care Home Staff Provision	Vincent Edwards Tel: 01225 477289	Jane Shayler
	HWSC	Update on the Transfer of Services from the RNHRD to the RUH (Pain Services)	Emma Mooney Tel: 01225 825849	Tracey Cox
	HWSC	Your Care Your Way Update	Sue Blackman, Jayne Carroll Tel: 01225 396180,	Jane Shayler
	HWSC	Integrated Urgent Care Procurement	Catherine Phillips Tel: 01225 831868	Tracey Cox

Ref Date	Decision Maker/s	Title	Report Author Contact	Strategic Director Lead
	HWSC	Dentistry Services	Ruth Bartram Tel: 01138 251522	
	HWSC	Non-Emergency Patient Transport Service		Tracey Cox
	HWSC	Eye Care		
Page 33	HWSC	NHS 111 update		Tracey Cox
	HWSC	Loneliness		Strategic Director - People
	HWSC	Homecare Review		Strategic Director - People
The Forward Plan is administered by DEMOCRATIC SERVICES : Mark Durnford 01225 394458 Democratic_Services@bathnes.gov.uk				

This page is intentionally left blank