

BATH AND NORTH EAST SOMERSET

MINUTES OF HEALTH AND WELLBEING SELECT COMMITTEE

Wednesday, 18th July, 2018

Present:- **Councillors** Francine Haeberling, Geoff Ward, Tim Ball, Lin Patterson and Lizzie Gladwyn

Also in attendance: Jane Shayler (Director of Integrated Commissioning), Bruce Laurence (Director of Public Health), Alex Francis (Team Manager - Healthwatch B&NES & South Gloucestershire), Deborah Forward (Senior Commissioning Manager - Preventative Services) and Kirsty Matthews (Managing Director, B&NES Community Health and Care Services, Virgin Care)

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

15 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

16 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the emergency evacuation procedure.

17 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillor Bryan Organ had sent his apologies to the Select Committee.

Councillor Tim Ball asked that the Select Committee send their best wishes to Councillor Organ.

Dr Ian Orpen had also sent his apologies to the Select Committee.

18 DECLARATIONS OF INTEREST

There were none.

19 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

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

There were none.

21 MINUTES - 23RD MAY 2018

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

22 CLINICAL COMMISSIONING GROUP UPDATE

The Select Committee noted the written update that had been provided by Dr Ian Orpen. A copy of the update can be found on their Minute Book and as an online appendix to these minutes.

23 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.

Market Position Statement (MPS) Event

In April, The Council hosted an engagement event with providers and key stakeholders as part of a two month consultation on the draft Market Position Statement (MPS) for adult social care. This event was well attended and the MPS itself well received.

Further consultation is underway to develop the specific commissioning intentions for homecare. Workshops are taking place in June and July with providers, service users, carers and other key stakeholders.

Domiciliary Care Events

Commissioners are actively engaged with providers, key stakeholders and service users / carers in developing the future design model for homecare and held the first of a series of engagement sessions in June 2018. Providers brought a wide range of ideas for improving services and developing the care sector.

In a vibrant and informative session, service users and carers shared their views of services and what make the biggest difference to their lives.

It was also suggested that the Council create a set of published standards and expectations for service users, carers and providers to all engage with. Further workshops are planned over the summer, from which a high level service model will be produced and refined into a business case for approval to proceed to procurement.

Sirona Dispute

Strike action undertaken by Unison to support staff across the 3 Community Resource Centres and Extra Care facilities in Bath is continuing in July 2018 with a series of further one-day strikes planned against the change to introduce unpaid

breaks in line with the rest of the care sector and remaining Sirona employees. The Council will continue to monitor the situation with Sirona and support service continuity. Capital investment into the CRCs by the Council continues as planned with new clinical facilities and improvements to the 3 care homes underway (such as dedicated clinical rooms and general refurbishment). Sirona is currently in the process of registering Combe Lea for nursing care with the Care Quality Commission which will increase the number of dementia nursing care beds available in the B&NES area.

Councillor Lin Patterson asked if any further comment could be made on the pay and conditions of affected staff.

Councillor Pritchard replied that the dispute is between Sirona and their staff. He added that the Council commissions the services of Sirona but has no means by which it can offer a possible resolution to the dispute.

The Director for Integrated Health & Care Commissioning said that following the statement to full Council by Unison, when it was agreed that the dispute could be considered for a cross-party discussion at the Select Committee it could look to keep track of this issue by making an entry on their workplan and that the Chair could decide on the need for an all-party discussion, but reminded them that on this matter they have limited powers.

She stated that due diligence was carried out prior to the current contract being awarded to Sirona.

The Chair said that she was aware that Sirona had made offers of further pay and that this had been accepted by quite a number of staff.

The Director for Integrated Health & Care Commissioning said that she believed this was the case.

Councillor Lizzie Gladwyn said that she believed that the issue currently was that non Unison members of staff would not receive the increased pay offer. She said that she acknowledged this must be resolved by Sirona, their staff and Unison.

Councillor Tim Ball commented that he was aware that agency staff are being paid more than the staff that are striking and asked if any sanctions could be brought against Sirona if there is a break in service.

The Director for Integrated Health & Care Commissioning replied that the Council monitors the quality of service and that the dispute has not impacted on continuity of care. She added that the Council has no concerns about the quality of care being provided and neither does the Care Quality Commission (CQC).

She stated that there are contract levers in place if the service is deemed less than appropriate. A Contract Performance Notice could then be issued and require them to produce an action plan to address the issues. She added that the CQC could also give them a low quality rating and require Sirona to implement an action plan to address the areas for improvement.

Councillor Pritchard commented that if a lack of continuity of care does arise there will obviously be damage to Sirona's reputation. He said that, to some extent, the issues arising from this dispute are a local interpretation of a national issue.

Councillor Geoff Ward said that he had received a letter from a resident who was a Sirona member of staff that described how they felt they were not valued or paid enough. He added that there was a need to find an economy of scale to deal with our ageing population.

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

24 HEALTHWATCH UPDATE

Alex Francis, 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.

Accessible Information Standard (AIS)

During 2017 and early 2018, Healthwatch carried out a series of engagement visits to local groups and services to gather people's feedback, in addition to a running an online survey. Through this work, Healthwatch spoke to 70 people and received a further 39 survey responses.

Findings:

- It soon became clear that there is a lack of public awareness of the AIS. 28 survey respondents (72%) reported not having heard of the legislation, this was reflected through our conversations with local groups too.
- 20 of the 28 respondents (71%) reported using primary care services in the first instance, which highlights the importance of these services in raising awareness of the AIS with the public.
- Almost half of the 28 respondents that had not heard of the AIS had a disability or sensory loss that would be recognised and supported through the legislation.

In general Healthwatch found that health and social care staff have a good knowledge of the need to support people with communications needs, however they are not always aware of the AIS legislation, or its requirements on how they work and operate. This is particularly important for organisations to note as the Care Quality Commission is beginning to include compliance with the AIS in its inspections.

Through our engagement we identified many areas of good practice, where organisations are working hard to comply with the AIS legislation, including the Ophthalmology and Audiology departments at the Royal United Hospital (RUH) and Avon and Wiltshire Mental Health Partnership NHS Trust (AWP).

Following our engagement, we held a workshop for local health and social care providers to find out what Healthwatch had learnt, share best practice and learn from one another's experiences of implementing the AIS.

We invited the RUH and AWP to present to the group and share what they have done to comply with the legislation. Their insight was well received and attendees reported finding it useful to hear what had worked well, the challenges that these organisations had faced and how they had worked (or are still working) to overcome them.

Healthwatch is now going to work with colleagues at The Care Forum to set up an online provider forum for organisations across the West of England to continue sharing resources, information and experiences around the AIS.

'What matters to you?' – Public Event

On 4 July 2018, Healthwatch B&NES held an open meeting at Saltford Village Hall for members of the public and staff / volunteers from community or voluntary groups to come and share their experiences of using local health and social care services, or those of the people that they work with or support.

Topics or concerns raised by attendees, included:

- Non-emergency patient transport services
- Prescribing policy reviews, implementation and consistency of prescribing across the district
- Direct payments and support around managed accounts
- Individual Funding Requests (IFRs)
- Home care services and the current review

Where possible, Healthwatch will seek answers to the questions that were raised from statutory partners, e.g. B&NES Council and BaNES Clinical Commissioning Group, and provide feedback to the people that attended. Healthwatch's Executive Board will also consider this feedback and identify if there is any further engagement work that can be carried out during the year to understand people's experiences around these issues, and also which strategic groups this information needs to be shared with.

Healthwatch will hold another public event in the autumn in another part of the district. This approach is part of our new model of trying to engage with local people and understand what is important for them.

Councillor Tim Ball commented in relation to the AIS. He said that he was aware of a resident that has Asperger syndrome who has repeatedly requested to be contacted via email rather than phone to both the Council and Curo.

Alex Francis said that she was not aware of this particular matter but acknowledged that individuals will have preferences in the way in which they are communicated with. She added that all public funded services should be acting in accordance with the legislation.

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

25 COUNCIL / CCG INTEGRATION

The Director for Integrated Health & Care Commissioning gave a presentation to the Select Committee. A copy of the presentation can be found on their Minute Book and as an online appendix to these minutes, a summary is set out below.

National and local context

- Future arrangements for commissioning and delivery of services are changing
- Recognition of benefits of working more closely with the Council to join up services locally
- Desire to secure ongoing clinical leadership and develop place-based approaches

Key terminology

- Neighbourhoods (30k-50k) – Groups of GP practices coming together e.g. primary care at scale, Primary Care Home models
- Place (250k-500k) – In line with Council boundaries - integration of primary, secondary and social care
- Systems (1million +) – Like Strategic Health Authorities - self-regulating with 7-8 regions nationally each covering populations of 5-10m

The plan for B&NES

From 1 April 2019:

- One team made up of CCG and People & Communities directorate
- One management structure
- One integrated commissioning and delivery function for health, social care, children & young people's services and education transformation

What does this mean?

- Pool or align all commissioning budgets
- Create a new governance structure
- Co-location of staff (over time)

Case study: Joint Agency Panel

- Funding packages for individuals with a high level of needs
- Combined resources allocated to meet individual requirements

Our organisations in numbers

- Council: 700 employees work in People & Communities / £85m budget (75% of overall Council budget)
- CCG: 75 employees / £261m budget

Three groups

- Group A – Integration (inc. commissioning, quality and safeguarding) – Formal consultation on new structure for some departments in September whilst options are still being considered on others.
- Group B – Centralisation – Mapping exercises underway, timescales vary.
- Group C – Delivery – Savings plans and change processes already underway (independent of integration programme).

Engagement activities

- Online survey / Lunchtime drop-in events
- Team meetings / Interviews with senior managers

Key themes – positives

- Emphasis on staff training & development
- Joining up IT systems
- Key values: open, honest, supportive, positive, curious, inclusive, understanding each other

Key themes – challenges

- Too high-level, more detail required
- Capacity to deliver multiple change programmes
- Some groups fearful of being overlooked: Children and young people's services / Social workers / Clinicians

Governance arrangements

- Dual decision making process, both with a formal vote.
- Meeting in shadow form currently, public meetings from end of 2018 / early 2019

- Observer status intended to be similar to the arrangements for the Health & Wellbeing Board

Fitting the pieces together

- Transfer of some commissioning functions to Virgin Care
- The Council's 'Changing Together' Programme
- Council & CCG Integration Programme
- Commissioning at scale across B&NES, Swindon and Wiltshire (STP)

Councillor Lin Patterson asked if any loss of staff was planned as part of this process.

The Director for Integrated Health & Care Commissioning replied that none was anticipated. She added that she recognised that there may be anxiety among staff, but that engagement and communication was taking place with them on a regular basis.

Councillor Patterson asked how often the Select Committee could be updated on the process.

Councillor Pritchard replied that they could have updates as often as they deem appropriate.

The Director for Integrated Health & Care Commissioning added that an update could come in the regular form through their standing items from the CCG and the Cabinet Member and a formal report could be scheduled for November 2018/ January 2019.

Councillor Tim Ball commented that he felt that the work of Social Workers and Clinicians must be kept separate to prevent any lack of clarity of statutory responsibilities and that good governance must be in place to ensure that the Council continues to meet its statutory responsibilities. He suggested that Dr Orpen and the Director for Integrated Health & Care Commissioning brief all political groups on this process.

Councillor Pritchard agreed with this proposal and said that arrangements would be made for some cross party Councillor briefings to be held.

The Director for Integrated Health & Care Commissioning added that in respect of ensuring that the respective statutory requirements of both the Council and CCG continue to be met in respect of safeguarding and quality, both the Council's Director of Safeguarding and Quality, Lesley Hutchinson and the CCG's Director of Nursing and Quality, Lisa Harvey both have an important role. She confirmed that both the Council and CCG are carefully considering the governance arrangements that must be in place, including those that ensure that both organisations' statutory responsibilities are clear and continue to be met.

Councillor Ball asked who staff will report to following integration.

The Director for Integrated Health & Care Commissioning replied using her own example that in terms of people in integrated or joint roles she has signed a Section 113 agreement that allows her to perform a dual role for both the Council and the CCG. She added that she is accountable to both organisations through the Council's Corporate Director, People and Communities, Mike Bowden and Tracey Cox, the CCG's Chief Officer. She stated that any statutory responsibilities cannot be transferred to the partner organisation.

In response to questions about single assessment, she said that a Trusted Assessor Model is being introduced to ensure timely discharge to care home placements. She explained that this is where one person / team undertakes an assessment on behalf of a number of organisations/disciplines, using agreed criteria and protocols. This approach has been implemented in a number of other areas and is proving successful in reducing the timescales and removing "blocks" that can delay discharge from hospital.

Councillor Geoff Ward asked if integration between the Council and CCG would be a final position for the local commissioning and delivery of Health & Social Care.

The Director for Integrated Health & Care Commissioning replied that this work builds on the success following 'Your Care, Your Way' and has been the direction of travel for a long time. She added that it may be appropriate to undertake some commissioning, for example of specialist cancer services across a wider footprint, such as B&NES/Swindon/Wiltshire Sustainability and Transformation Partnership but prevention, early intervention and early help would continue to be primarily commissioned and delivered at a Bath and North East Somerset level, including through integration.

Councillor Ward asked in the context of keeping the public healthy with regard to obesity, drugs, alcohol and age, is there a conflict between surgical procedures and advice / change of lifestyle.

The Director for Integrated Health & Care Commissioning replied that she felt a change is occurring and that clinicians were moving away from recommending surgical intervention and thinking, instead, about how people are supported and enabled to improve their health, through, for example, lifestyle changes.

Councillor Patterson asked if there is parity between the physical and mental health needs of residents.

The Director for Integrated Health & Care Commissioning replied that the work of the Mental Health Pathway Review, which sits under the umbrella of Your Care, Your Way is considering how to further integrate and join up physical and mental health services and, also to promote positive mental health and wellbeing. This includes ways of addressing loneliness and isolation, maintaining and accessing employment and skills development and facilitating partnership work between the wide range of organisations providing mental health and wellbeing services in B&NES. In terms of integrating mental health services with physical health services, the Mental Health Pathway Review is also looking at how, for example, there is close working between

Primary Care working on a local level, in communities with Avon and Wiltshire Mental Health Partnership NHS Trust (AWP), which works. AWP currently work across multiple CCGs and six local authorities, including B&NES.

She said that AWP and Virgin Care are seeking seamless pathways for required services and that Oxford Health, who provide services through CAMHS are working towards further joint working with AWP, Virgin Care and Primary Care.

Councillor Patterson commented that she would like to request that consideration be given to funding a local Post Traumatic Stress Disorder (PTSD) support group.

The Director for Integrated Health & Care Commissioning replied that she could not comment directly on the proposal, but acknowledged there may continue to be some gaps in the provision and it is important to consider how these specific needs, including of those people with PTSD can be met. However, it is the case that resource constraints remain in place.

Councillor Lizzie Gladwyn said that she welcomed the idea of patients only having to share information once, but had similar reservations to those raised by Councillor Ball in terms of the roles of Social Workers and Nurses and ensuring that these are clear and recognised as different and of equal value.

The Director for Integrated Health & Care Commissioning replied that the context of the scenario would be taken into account, but the approach in most cases would be for a single assessment. She reminded the Select Committee of the 'Three Conversations' model that seeks to avoid any formal assessment.

She said that the challenges around this new approach are recognised and that the Council will need to ensure that eligibility assessments for statutory care continue to be undertaken by an appropriately qualified individual and that the Council ensures that its statutory responsibilities are met.

The Chair thanked the Director for Integrated Health & Care Commissioning for her presentation on behalf of the Select Committee.

26 PUBLIC HEALTH UPDATE

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

He began by stating his support of the current integration work as both parties share a common goal of ensuring health and prosperity for all residents. In response to earlier comments relating to cure / prevention he said that this remains a source for discussion, but he felt that there is an increased understanding for the need for prevention whilst at the same time recognising that more resources are currently situated with cure.

Air quality

Air pollution damages lives with harmful effects on human health, the economy and the environment. It is the largest environmental risk to the public's health, contributing to cardiovascular disease, lung cancer and respiratory diseases. It increases the chances of hospital admissions, visits to Emergency Departments and respiratory and cardiovascular symptoms which interfere with everyday life. In the most severe cases it increases the risk of death, especially for people who are already vulnerable.

There is now an extensive body of evidence that long-term exposure to everyday air pollutants over several years contributes to the development of cardiovascular disease (CVD), lung cancer, and respiratory disease. Particulate matter (PM) is inhaled into the lungs and ultrafine PM_{0.1} is thought to pass into the blood causing many adverse outcomes including systemic inflammation.

A Clean Air Charging Zone for Bath - to improve air quality, the Government has told 28 Councils in England, including B&NES Council, to achieve compliance with NO₂ limits 'in the shortest possible time' and by 2021 at the latest. This is part of their National Air Quality Action Plan. There are a number of hotspots in our area where concentrations of NO₂ (caused by vehicle emissions) exceed the acceptable national and European limit of 40 µg/m³.

Amesbury neurotoxin incident

Public Health England considers that the risk to the public after the latest poisoning which has now caused one death, remains low. There is a major effort underway to find the source of this latest event. Although the persistence of different such agents in the environment varies, it is thought most likely that this contamination occurred via some sort of container where it was more protected from the elements. Therefore advice is being given to the public to avoid contact with any syringes or other containers that are found lying around in the relevant areas. Other advice given on a "very precautionary" basis that people who have visited certain sites should wash clothes or bag them securely if they need dry cleaning.

The B&NES public health team have offered support to their colleagues in Wiltshire should the need arise.

The Public Health Newsletter

- Free mental health training – Connect 5: Places on autumn and spring level 1-3 courses now available
Connect 5 is an accessible, evidenced based training programme that is relevant to any 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 locally accredited trainers.

- Free Making Every Contact Count (MECC) training - August and September courses.
This course is about supporting people to make the most of every opportunity they have to start up a conversation about health with the people they meet through their work and broader lives. Telling people to change unhealthy behaviour is unlikely to be successful; instead MECC provides the skills to work in a different way, encouraging brief interventions that can lead to longer term change. MECC training is delivered over two half day sessions
- 1st and 8th August 9.30 – 13.00 Guildhall Bath
- 27th September and 4th October 9.30 – 13.00 Southdown Methodist Church, Bath

Councillor Lin Patterson commented regarding air quality that the recent anti-idling campaign is not able to continue and that funding for it to resume would be welcome.

Dr Laurence replied that he would speak to colleagues about this matter.

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

27 VIRGIN CARE COMMUNITY SERVICES - ONE YEAR ON

Kirsty Matthews, Managing Director, B&NES Community Health and Care Services gave a presentation to the Select Committee. A copy of the presentation can be found on their Minute Book and as an online appendix to these minutes, a summary is set out below.

1 year on – Achievements

- Feel the Difference Fund funded a choir to help people with speech problems after a stroke communicate and express themselves, a 'meet and greet' for Shared Lives Carers, Lego therapy building blocks for children with autism and an electronic lobby sign in for the Ambulatory Care team to improve their welcome.
- Worked with partners to launch a Rapid Response Falls service, which is helping avoid the need for people over 65 who fall at home to be admitted to hospital.
- Home First service regional winner in the NHS70 Parliamentary Awards.
- Recent recruitment campaigns have been successful in the recruitment of support workers and physiotherapists – areas that were proving hard to recruit to.

2017/18 Transformation Progress

Joined up care

- Mobile working pilots undertaken, with colleague engagement in trailing and selecting devices.
- Working with other partners to understand benefits of integrated records and developing the product for roll out.

Consider the whole person

- Strengths based model for social care (3 Conversations) being piloted across social care
- Citizens panel launched with over 50 members

Focus on prevention

- Development of an advice hub, joining up all wellbeing services (launch in July 18)
- Engagement and development with VCSE to deliver a directory of services across B&NES

Valuing workforce and volunteers

- Go-live of the Volunteer pass, working with other organisations now well embedded across B&NES
- Safe transfer of volunteer centre services enabling this volunteering service to continue and sharing expertise of developing volunteers throughout community services

2018/19 Transformation Focus

- SPA – Single Point of Access
- CCS – Care Coordination Service
- ICR – Integrated Care Records
- Working Practices

Service Quality Report

- Extended clinic times to accommodate people who work
- Clinic in a box for sixth formers
- 100% uptake of infant immunisation at 24 months
- Three conversations model
- Friends and Family Test recommendation rate of 97%
- B&NES Supported Living Services positive feedback from a recent CQC inspection, Bath obtained a rating of Good, waiting report for North East Somerset

B&NES priorities

- Workforce plan to strengthen recruitment, decrease agency spend and develop workforce
- Delivering Year 2 Transformation Plan
- Meeting the B&NES System Needs, including expanding the Home First service and Reablement review

Councillor Tim Ball commented that Community Paediatricians currently have no home and are not desking at the Rush Hill Surgery.

Kirsty Matthews replied that this was as a result of a flood at Ash House and that opportunities were upcoming and sites were being assessed.

Councillor Lin Patterson asked if a Post Traumatic Stress Disorder (PTSD) could be set up through the Feel the Difference Fund.

Kirsty Matthews replied that she would make enquiries on behalf of Councillor Patterson.

Councillor Lizzie Gladwyn said that the recognition of staff was welcome. She added that she was aware that problems remain in terms of mobile working, landline and mobile phone use, with messages sometimes arriving a week later or not being received at all.

She said that she knew of one member of staff that had been given a tablet to use for work, but it didn't now function properly. She believed that there were also pay roll issues within the Bath Mental Health Reablement Team.

Kirsty Matthews replied that she recognised that a challenge remains in place for some areas of mobile working. She said that a new Head of IT had been recruited and was aware of the need to be more responsive. She added that the use of mobile devices was being trialled in certain teams before a full roll out. She added that staff would be updated through the monthly newsletter.

The Chair thanked Kirsty Matthews for her presentation on behalf of the Select Committee.

28 MATERNITY TRANSFORMATION UPDATE

The Senior Commissioning Manager for Preventative Services gave a presentation to the Select Committee. A copy of the presentation can be found on their Minute Book and as an online appendix to these minutes, a summary is set out below.

Future Service

Our Local Maternity System (LMS) vision is for all women to have a safe and positive birth and maternity experience and to be prepared to approach parenting with confidence.

Each LMS is required to produce a Local Maternity Transformation Plan. This was developed with the input and engagement of women and their families, clinicians, maternity staff, a range of partners (Health visitors, Family Nurse Partnership and Children's Centres) and other stakeholders through a number of workshops. Informal engagement took place with more than 2,000 women.

Our future offer to our women and families will include:

- Continuity of care (20% by 2019)
- Improved personalised care and choice with parity of access
- Creation of Clinical Maternity Hubs to provide ante and postnatal care close to home
- Delivery of seamless pathways across organisational and geographical boundaries

B&NES, Swindon & Wiltshire (BSW) Local Maternity System

Maternity Transformation workstreams

- Continuity of carer
- Antenatal and postnatal care
- Safer care
- Personalised care and choice
- Perinatal Mental Health
- Workforce transformation
- Working across boundaries / multi agency working

BSW LMS Maternity Services

- Choice currently not equitable across the LMS footprint
- Proposals for change will ensure choice options are met for majority of population across the LMS footprint

Choice of place of birth

- 11,247 births across the LMS in 2017/18, of which 85% were in an obstetric unit
- 7% were in a Alongside Midwife Unit (GWH) and 6% in a Freestanding Midwife Unit (RUH)
- RUH has seen an increase in numbers of births at the Obstetric Unit and a corresponding decline in numbers of births in their FMUs / home birth

Councillor Lin Patterson asked why the numbers of women giving birth at home or in freestanding midwifery units had dropped and subsequently increased in the obstetric unit.

The Senior Commissioning Manager for Preventative Services explained it was in part due to the increase in complexity of the needs of women giving birth, especially older women and women with a higher BMI. She added that access to pain relief and concerns about the need to transfer during labour to the obstetric unit in birth (which can be 30% - 40% of women having their first babies) were also factors.

LMS Challenges

- Lack of parity of provision
- Future sustainability
- Workforce – Right staff, right place, right time
- Delivery of Better Birth agenda

Clinical leadership

- Strong clinical leadership of process
- Dedicated LMS Midwife
- Multi-disciplinary clinical involvement and staff engagement – obstetrician, neonatologist, midwives, MCAs and administrative staff

DadPad app

As part of the Local maternity transformation plan, a DadPad app was launched across B&NES, Wiltshire and Swindon in June and has been shared with a wide range of stakeholders including maternity services, community health services including health visitors and school nurses, children's centre services, social care teams and the RUH, libraries, one stop shops and birth registrars. It is an easy-to-use up to date information tool for dads-to-be and dads with new babies which provides bitesize top tips for new dads to help them adjust to parenthood. The aim of the app is to enable new dads to feel more confident about fatherhood and to play an active role in supporting health and wellbeing outcomes of women, children and families across B&NES. A digital tool kit is also available on the B&NES Family Information Online service.

Next Steps

- NHS assurance process including stage 2 review
- If assurance is provided, formal consultation will commence at the end of September and run for 12 weeks
- Detailed proposals will be brought to the Health and Wellbeing Select Committee during the formal consultation period for a full discussion and feedback.

She explained that following a similar presentation on the Plan in Wiltshire they have requested that a Rapid Scrutiny Event take place involving them, B&NES and Swindon. She asked if any members of the Select Committee would be interested in taking part in such an event.

Councillors Gladwyn, Patterson and Haerberling all indicated that they would be interested in taking part.

Councillor Patterson asked if there were any issues in recruiting new midwives.

The Senior Commissioning Manager for Preventative Services replied that recruitment recently has been good, including midwifery.

The Chair thanked the Senior Commissioning Manager for Preventative Services for her presentation on behalf of the Select Committee.

29 SELECT COMMITTEE WORKPLAN

The Director for Integrated Health & Care Commissioning said that a report on Ophthalmology had been arranged for September and progress on the Council / CCG Integration would come in the form of their regular update items.

The Chair asked if it would be possible to receive an update on the NHS 111 service.

Councillor Lizzie Gladwyn asked if the Dentistry Services report could be scheduled for September.

The Director for Integrated Health & Care Commissioning replied that she would enquire as to the feasibility of the requests made.

The meeting ended at 1.10 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services

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Briefing for the Health and Wellbeing Select Committee Meeting

Wednesday 18 May 2018

1 A&E performance

Local system performance against the A&E waiting time target (95 per cent of attendees to be seen within four hours) during June was 85.8 per cent.

2 NHS70

The NHS celebrated its 70th birthday on 5 July, as well as national celebrations, the CCG were involved in various events to commemorate the occasion;

- Three members of CCG staff attended the prestigious celebratory service at Westminster Abbey organised by NHS England and NHS Improvement
- Staff came together for a social event at the Cross Keys pub to enjoy reminiscing about the NHS
- On Saturday 7th, some CCG staff, as well as colleagues from RUH and the Council took part in the 5K Bath Skyline Park Run which was dedicated to the NHS

3 Minerva Health Group

Five GP surgeries in Bath have joined forces to share their clinical expertise for the benefit of their patients.

The federation of practices – Combe Down Surgery, Grosvenor Place Surgery, Newbridge Surgery, Rush Hill & Weston Surgery and St Michael's Partnership in Twerton – have formed the Minerva Health Group, which is a not-for-profit organisation and aims to bring together best practice from each of the surgeries to provide the highest possible level of care for their combined 34,000 patients.

Working as a federation will bring each of the surgery's a number of benefits, including funding, improved coordination, workforce development and standardising back office systems and processes.

Full details can be found at <http://www.bathandnortheast Somersetccg.nhs.uk/new-federation-of-bath-gp-surgeries-to-provide-highest-level-of-care>

4 Health Optimisation Scheme – Getting Fit for Surgery

Between October 2017 – January 2018, the CCG consulted on proposals to support patients who smoke or have a body mass index (BMI) of 30 or above (an obese body weight) to try and stop smoking and/or lose weight before non-urgent operations.

Following the consultation and recent engagement with GP practices, the scheme was implemented 9 July for patients who are being referred for non-urgent procedures in Gynaecology and General Surgery. We would like to thank everyone who took part in the consultation process.

5 Dad Pad - app launched to support new dads

An app to support new dads and dads-to-be in B&NES, Swindon and Wiltshire has been launched containing practical information and advice on topics ranging from changing nappies, feeding and how babies like to be held.

The Dad Pad is user-friendly and aims to support new dads and help them to feel more confident about fatherhood and offers practical advice which dads can access quickly and easily to help support them in caring for their new born.

The app can be downloaded by visiting www.thedadpad.co.uk/app

NHS England Update

6 Evidence-Based Interventions Programme launched

There has been media coverage recently with Stephen Powis, the new NHS England National Medical Director, trailing a new programme of work to consult the public on proposals to reduce the number of clinically ineffective or risky procedures that are currently offered on the NHS.

On 4 July the NHS England Board approved those proposals which started the launch of a national consultation as part of the Evidence-Based Interventions programme. This will run from 4 July to 28 September.

In collaboration with NHS England, NICE, CQC, the Academy of Medical Royal Colleges and the relevant Royal Colleges, the consultation is the first step in this new programme which aims to curb waste, free up resources and prevent unnecessary pain and inconvenience to patients.

The CCG will consider how these proposals compare to our current commissioning policies in B&NES and across the B&NES, Swindon and Wiltshire Sustainability and Transformation Partnership. You can find out more and take part in the consultation here <https://www.england.nhs.uk/evidence-based-interventions/>

7 NHS Digital - data sharing opt-out issue

NHS England have brought to our attention that some patients who registered a request known as a “type 2 opt out” to NHS Digital (i.e. not to share any of their personal confidential information for purposes beyond their own care) have not had those wishes respected. This was due to a coding error in a third-party computer system which some GPs use.

Approximately 150,000 patients have been affected nationally. All patients who have been affected will receive a letter directly from NHS Digital before the end of July 2018 to explain the situation and apologise.

For more information please visit <https://digital.nhs.uk/services/gp-systems-of-choice/tpp-type-2-issue/tpp-type-2-issue-information-for-patients>

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

Health & Wellbeing Select Committee July 2018

1. MPS Event

In April, The Council hosted an engagement event with providers and key stakeholders as part of a two month consultation on the draft Market Position Statement (MPS) for adult social care. This event was well attended and the MPS itself well received. The consultation period has now ended and commissioners are reviewing the feedback and ideas generated at the event along with others submitted during the consultation period. These will inform the final MPS which is intended to be published during the summer subsequent to formal governance.

Further consultation is underway to develop the specific commissioning intentions for homecare. Workshops are taking place in June and July with providers, service users, carers and other key stakeholders. These sessions will help shape the final commissioning and procurement strategy which commissioners will then seek approval to procure for new services to commence early in 2019/20.

2. Domiciliary Care Events Update

Commissioners are actively engaged with providers, key stakeholders and service users / carers in developing the future design model for homecare and held the first of a series of engagement sessions in June 2018. Providers brought a wide range of ideas for improving services and developing the care sector. Providers consistently reported strong performance against many of the Ethical Care Charter standards, but found opportunities for improvement in: *ensuring visits are client-focussed, occupational sick pay and not being pressured to work when ill.*

In a vibrant and informative session, service users and carers shared their views of services and what make the biggest difference to their lives. They were keen to continue to be involved in the project and noted the following priorities: *timely visits, familiarity and consistency of carers – quality of human interaction - help with navigating 'the system' and solving problems with their care arrangements.*

It was also suggested that the Council create a set of published standards and expectations for service users, carers and providers to all engage with. Further workshops are planned over the summer, from which a high level service model will be produced and refined into a business case for approval to proceed to procurement. Ongoing consultation with carers' groups and providers will be part of this development and throughout the project thereafter.

3. Sirona Dispute

Strike action undertaken by Unison to support staff across the 3 Community Resource Centres and Extra Care facilities in Bath is continuing in July 2018 with a series of further one-day strikes planned against the change to introduce unpaid breaks in line with the rest of the care sector and remaining Sirona employees. The Council will continue to monitor the situation with Sirona and support service continuity. Capital investment into the CRCs by the Council continues as planned with new clinical facilities and improvements to the 3 care homes underway (such as dedicated clinical rooms and general refurbishment). Sirona is currently in the process of registering Combe Lea for nursing care with the Care Quality Commission which will increase the number of dementia nursing care beds available in the B&NES area.

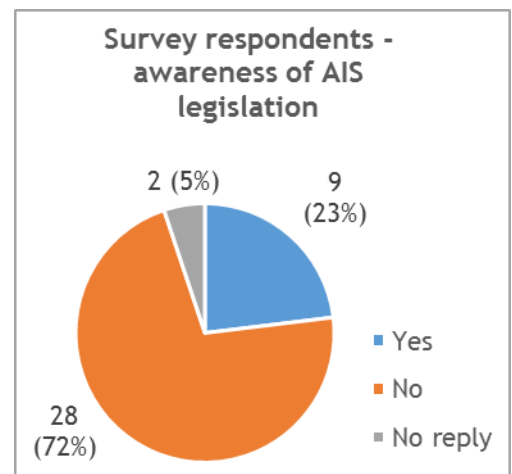
1) ACCESSIBLE INFORMATION STANDARD (AIS)

Through this work Healthwatch aimed to understand the impact that the AIS legislation had had on people's experiences of using health and social care services since its introduction in August 2016.

During 2017 and early 2018, Healthwatch carried out a series of engagement visits to local groups and services to gather people's feedback, in addition to a running an online survey. Through this work, Healthwatch spoke to 70 people and received a further 39 survey responses.

Findings:

- It soon became clear that there is a lack of public awareness of the AIS. 28 survey respondents (72%) reported not having heard of the legislation, this was reflected through our conversations with local groups too.
- 20 of the 28 respondents (71%) reported using primary care services in the first instance, which highlights the importance of these services in raising awareness of the AIS with the public.
- Almost half of the 28 respondents that had not heard of the AIS had a disability or sensory loss that would be recognised and supported through the legislation.
- 25 survey respondents (65%) felt that services provide information in a way that is accessible to them, however they often reported needing to be proactive in asking for it which conflicts with the first step of AIS. Step one: 'Ask' - does the patient have a communication need, and if so, how can it be met?



In general Healthwatch found that health and social care staff have a good knowledge of the need to support people with communications needs, however they are not always aware of the AIS legislation, or its requirements on how they work and operate. This is particularly important for organisations to note as the Care Quality Commission is beginning to include compliance with the AIS in its inspections.

Through our engagement we identified many areas of good practice, where organisations are working hard to comply with the AIS legislation, including the Ophthalmology and Audiology departments at the Royal United Hospital (RUH) and Avon and Wiltshire Mental Health Partnership NHS Trust (AWP).

Here are some examples of what AWP is doing:

- recording and flagging clients' communication needs (AWP)

- acquiring software to facilitate client and carer interaction with the AWP website and resources
- identifying interpretation providers for spoken language, translation and British Sign Language (AWP)
- offering Deaf awareness training and piloting a scheme to enable Deaf clients to access crisis services by email or text (AWP)
- developing an AWP Trust-wide policy to enable Deaf people or people with social anxiety conditions, such as Autism Spectrum Disorders (which preclude telephone communication),
- developing signage for Deaf people to enable access to buildings which are usually accessed by intercom
- set up an AIS steering group to oversee compliance with the legislation across the Trust.

During two visits to the RUH, Healthwatch observed:

- positive work being done to improve accessibility for patients within the Audiology and Ophthalmology departments, including:
 - signage in large print and colours appropriate for patients with additional accessibility needs
 - posters prompting patients to share their communication needs with staff
 - provision of a range of information about community-based support services.

Following our engagement, we held a workshop for local health and social care providers to find out what Healthwatch had learnt, share best practice and learn from one another's experiences of implementing the AIS. The event, which was held on 15 June 2018 at Somerdale Pavilion, was attended by 40 members of staff from a wide range of statutory organisations and voluntary and community sector groups across Bristol, B&NES and South Gloucestershire.

We invited the RUH and AWP to present to the group and share what they have done to comply with the legislation. Their insight was well received and attendees reported finding it useful to hear what had worked well, the challenges that these organisations had faced and how they had worked (or are still working) to overcome them. We then broke the group into small table discussions to share their own practice, 'quick wins' and ideas that they have longer-term to ensure compliance within their own organisations.

Feedback from the event was really positive. Notes from the workshop have been shared with attendees and other partners, including NHS England and the Care Quality Commission.

Healthwatch is now going to work with colleagues at The Care Forum to set up an online provider forum for organisations across the West of England to continue sharing resources, information and experiences around the AIS. Since sharing the notes from the workshop with providers, we have been approached by two organisations in the South and South West who want to talk to us about this work and ask if they can get involved. To read more **W:** <https://bit.ly/2HPmaPr>

"I found the session really helpful, with lots of ideas to take away..."

(AIS event participant)

2)HEALTHWATCH B&NES ANNUAL REPORT 2017-18

The 2017 - 18 annual report has been published and is now available to view on our website

W: <https://bit.ly/2IFNpfJ>

3)'WHAT MATTERS TO YOU?' PUBLIC EVENT

On 4 July 2018, Healthwatch B&NES held an open meeting at Saltford Village Hall for members of the public and staff/ volunteers from community or voluntary groups to come and share their experiences of using local health and social care services, or those of the people that they work with or support.

The meeting was promoted via local newsletters, press, radio and online groups, e.g. community Facebook and Twitter pages. This is the first time that we have held a session like this - the meeting was attended by 15 people, including members of the public, Healthwatch volunteers and representatives from local VCSE organisations.

Topics or concerns raised by attendees, included:

- Non-emergency patient transport services
- Prescribing policy reviews, implementation and consistency of prescribing across the district
- Direct payments and support around managed accounts
- Individual Funding Requests (IFRs)
- Home care services and the current review

Where possible, Healthwatch will seek answers to the questions that were raised from statutory partners, e.g. B&NES Council and BaNES Clinical Commissioning Group, and provide feedback to the people that attended. Healthwatch's Executive Board will also consider this feedback and identify if there is any further engagement work that can be carried out during the year to understand people's experiences around these issues, and also which strategic groups this information needs to be shared with.

Healthwatch will hold another public event in the autumn in another part of the district. This approach is part of our new model of trying to engage with local people and understand what is important for them.

GET IN TOUCH

To talk to us in more detail about anything contained in this report, or to find out more about Healthwatch B&NES:

T: 01225 232 401

E: info@healthwatchbathnes.co.uk

Text: 'ba' and your feedback to 07860 021 603

Twitter: @Hwatchbathnes

Facebook: Healthwatch BANES

W: www.healthwatchbathnes.co.uk

This report was prepared by Alex Francis, Team Manager, Healthwatch B&NES and Healthwatch South Gloucestershire, on Friday 13 July 2018.

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Integrating Health and Care

Update for Health and Wellbeing Select Committee

18 July 2018



National and local context

- Future arrangements for commissioning and delivery of services are changing
- Closer working between commissioners and providers
- Recognition of benefits of working more closely with the Council to join up services locally
- Some commissioning functions can be better done at scale to improve consistency, quality and efficiency
- Desire to secure ongoing clinical leadership and develop place-based approaches



Key terminology

Neighbourhoods (30k-50k)

Groups of GP practices coming together e.g. primary care at scale, Primary Care Home models

Place (250k-500k)

In line with Council boundaries - integration of primary, secondary and social care

Systems (1million +)

Like Strategic Health Authorities - self-regulating with 7-8 regions nationally each covering populations of 5-10m



The plan for B&NES

From 1 April 2019:

- One team made up of CCG and People & Communities directorate
- One management structure
- One integrated commissioning and delivery function for health, social care, children & young people's services and education transformation



What does this mean?

- Pool or align all commissioning budgets
- Join up our senior teams
- Create a new governance structure
- Co-location of staff (over time)
- Develop new ways of working to support the vision



Case study: Joint Agency Panel



Our organisations in numbers

Council

- 700 employees work in People & Communities
- £85m budget (75% of overall Council budget)

CCG

- 75 employees
- £261m budget



Three groups

- **Group A** – Integration
(inc. commissioning, quality and safeguarding)
- **Group B** – Centralisation
- **Group C** – Delivery



Group A - Integration

Formal consultation on new structure in **September**

	Function	Director
CCG	Acute and Primary Care Commissioning	Corinne Edwards
Council	Integrated Commissioning	Jane Shayler
Council	Public Health	Bruce Laurence

Options still being considered

	Function	Director
CCG	Nursing, Quality and Medicines	Lisa Harvey
Council	Safeguarding and Quality Assurance	Lesley Hutchinson

Group B - Centralisation

Mapping exercises underway, timescales vary

Function	Director/Lead	CCG link
Corporate services	Julie-Anne Wales	N/A
Finance, Information and Performance	Sarah James	N/A
Business Support	Steve Harman	TBC
Communications & Marketing (inc. engagement function)	Andy Thomas	Tamsin May
Complaints	Steve Harman	Lisa Harvey
Debt Recovery	Tony Bartlett	N/A
Performance and Business Intelligence	Jon Poole	Sarah James
Procurement	Richard Howroyd	Julie-Anne Wales
Training	Ticki Toogood	Julie-Anne/CSU

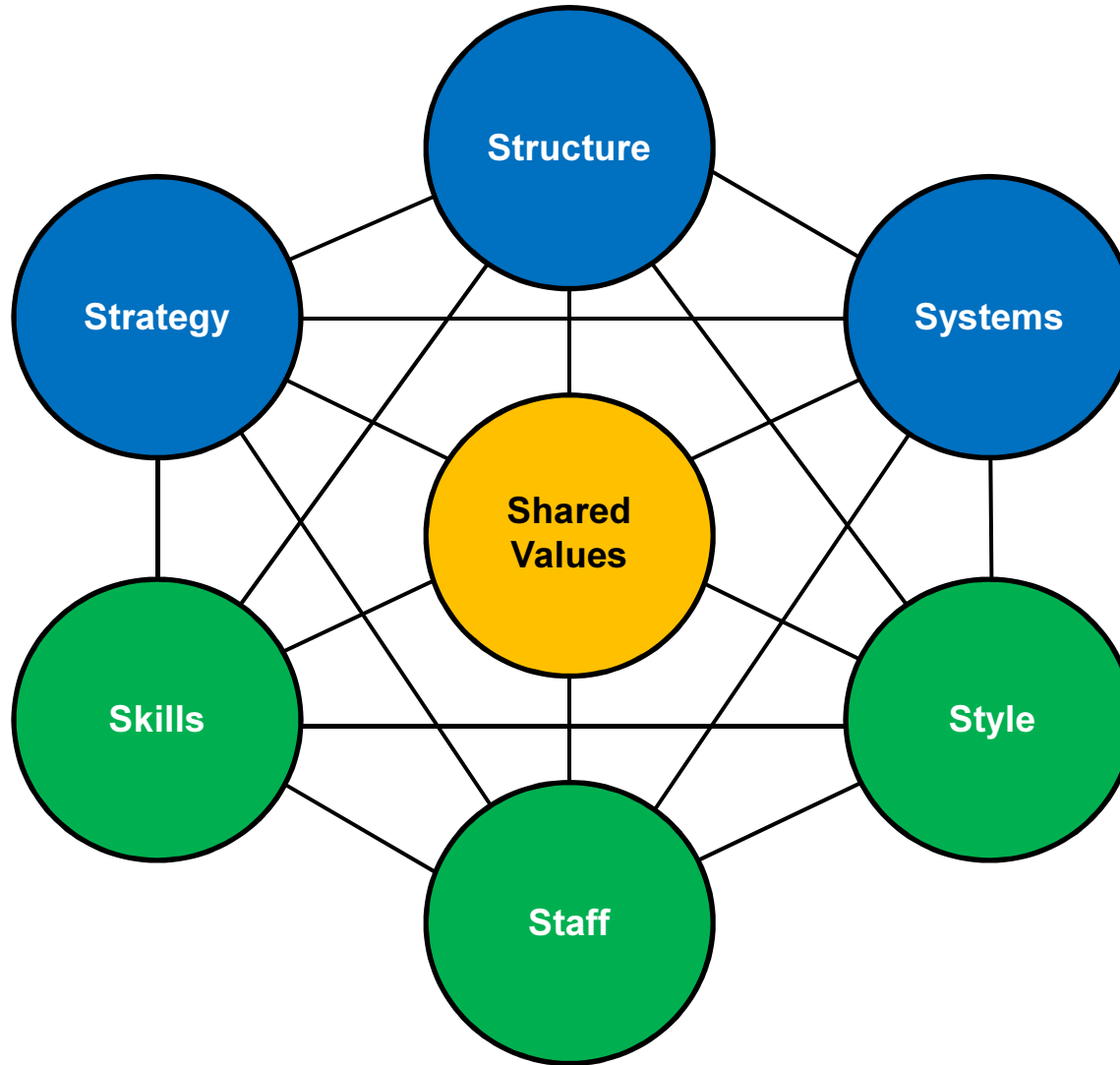
Group C - Delivery

Savings plans and change processes already underway (independent of integration programme)

	Function	Director
Council	Children and Young People's Services	Vacant
Council	Education Transformation	Margaret Simmons-Bird



Developing the Blueprint (the 7S Model)



Hard Elements

Tangible elements that are easier to identify and manage

Shared Values

The principles that underpin all the elements for success

Soft Elements

Cultural and human elements that are harder to define

Engagement activities

- Online survey
- Lunchtime drop-in events
- Team meetings
- Interviews with senior managers



Key themes – positives

- Emphasis on staff training & development
- Reducing duplication
- Joining up IT systems
- Key values: open, honest, supportive, positive, curious, inclusive, understanding each other



Key themes – challenges

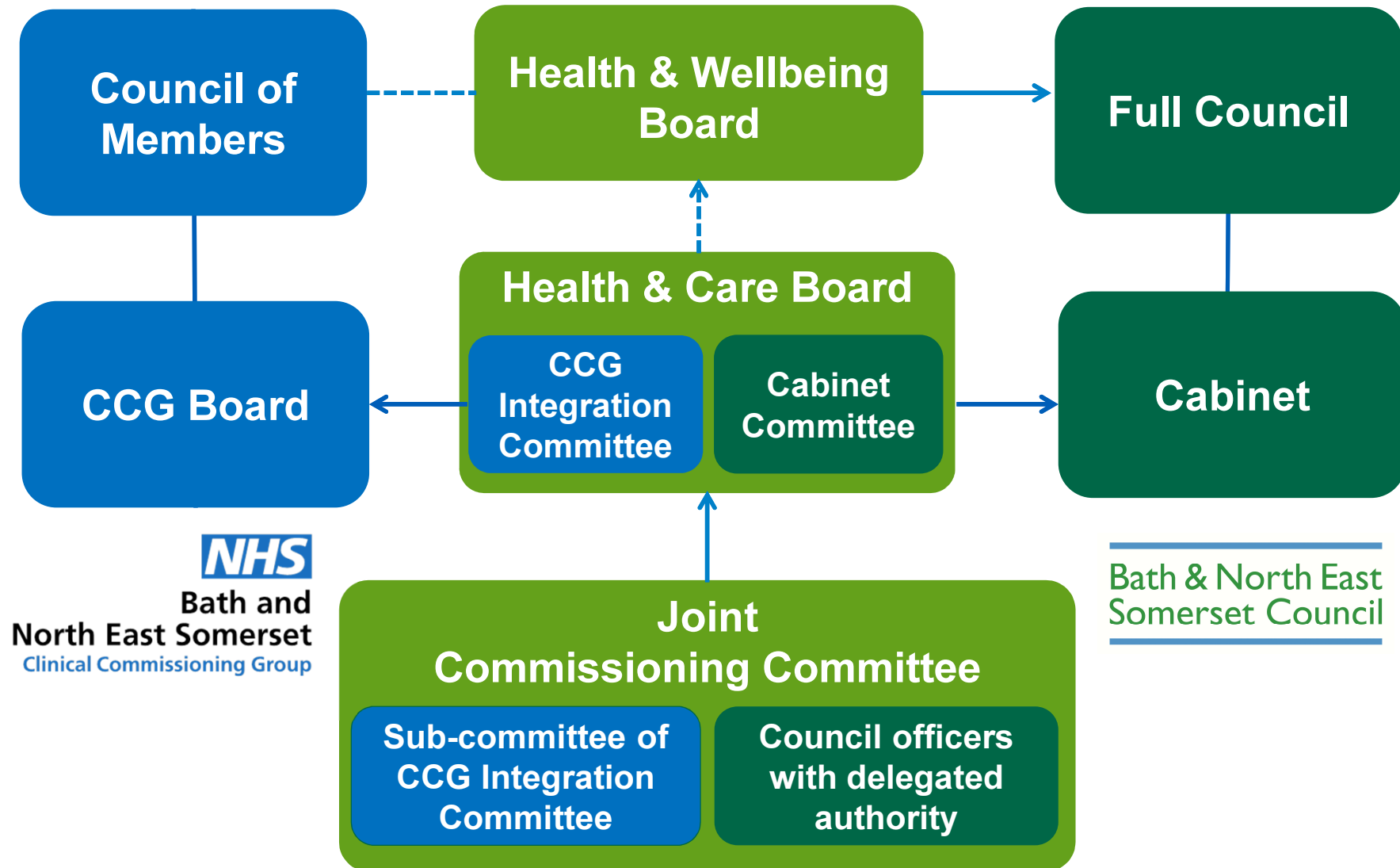
- Too high-level, more detail required
- Different language/culture e.g. meaning of quality
- Capacity to deliver multiple change programmes
- Some groups fearful of being overlooked:
 - Children and young people's services
 - Social workers
 - Clinicians



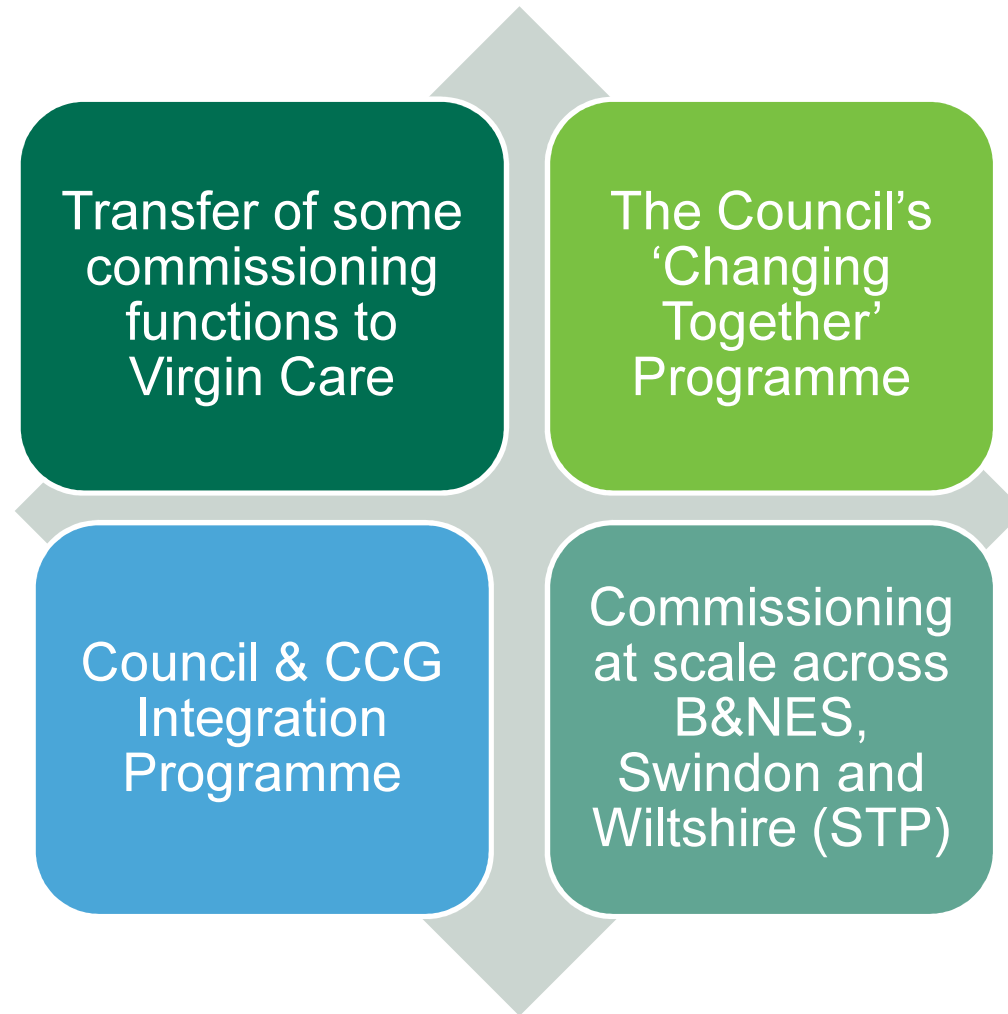
Health and Care Board



Governance arrangements



Fitting the pieces together



Any questions?



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Public Health Update for Health Select Committee;

July 2018

1. Air quality: In answer to a question at previous Select Committee meeting:

a. What is the current understanding of the impact of air quality on health?

Air pollution damages lives with harmful effects on human health, the economy and the environment. It is the largest environmental risk to the public's health, contributing to cardiovascular disease, lung cancer and respiratory diseases. It increases the chances of hospital admissions, visits to Emergency Departments and respiratory and cardiovascular symptoms which interfere with everyday life. In the most severe cases it increases the risk of death, especially for people who are already vulnerable. Poor air quality affects everyone. It can have long term impacts on all and immediate effects on vulnerable people, with a disproportionate impact on the young and old, the sick and the poor. There is now an extensive body of evidence that long-term exposure to everyday air pollutants over several years contributes to the development of cardiovascular disease (CVD), lung cancer, and respiratory disease. Particulate matter (PM) is inhaled into the lungs and ultrafine PM_{0.1} is thought to pass into the blood causing many adverse outcomes including systemic inflammation. Air pollution is strongly associated with all-cause mortality statistics. The all-cause mortality statistic captured in Public Health Outcomes Framework (PHOF) indicator 3.01 ranks air pollution in the top 5-7 causes of mortality in polluted areas, ahead of many other PHOF preventable mortality indicators like road deaths, excess winter deaths or communicable diseases. More information can be found in the attached 'Air Pollution & Health' briefing note in our Joint Strategic Needs Assessment and the publication 'Air Quality: A briefing for Directors of Public Health' (page 99: a briefing for elected members) <https://laqm.defra.gov.uk/assets/63091defraairqualityguide9web.pdf>

b. Mitigating the impact of air pollution on health in B&NES

A Clean Air Charging Zone for Bath - to improve air quality, the Government has told 28 Councils in England, including B&NES Council, to achieve compliance with NO₂ limits 'in the shortest possible time' and by 2021 at the latest. This is part of their National Air Quality Action Plan. There are a number of hotspots in our area where concentrations of NO₂ (caused by vehicle emissions) exceed the acceptable national and European limit of 40 µg/m³. This means we need to take urgent action by introducing a Clean Air Zone (CAZ). A Clean Air Zone is a designated area in the city where we can introduce measures to reduce vehicle emissions and cut pollution, with the aim of improving everybody's health. The Council's intention is to charge higher-emission vehicles driving in the centre of the city, but air quality improvements will be felt across the whole of Bath. All the information about the proposed Clean Air Zone is here: <http://www.bathnes.gov.uk/bath-breathes-2021>

Other mitigation measures being undertaken in B&NES to help reduce the impact of air quality on health can be found in the 2018 Air Quality Annual Status Report (ASR) which is going through final approval stages. Areas of action completed and

planned cover such diverse themes as retrofitting clean technology to existing buses, promotion of electric vehicles, changes to the road network to improve traffic flow, promotion of cycling, parking strategies and an anti-idling campaign.

c. Section from BaNES JSNA:

Air Pollution and Health

A national [report](#) produced by the Royal Colleges of Physicians and of Paediatrics and Child Health in February 2016 outlines the current understanding about the effects of air pollution on health and recommendations on how to reduce air pollution and its impacts.

Its **key findings** reiterate those of previous reports by the [Department for Rural Affairs \(Defra\)](#) and the [World Health Organisation \(WHO\)](#):

Each year...



40,000 deaths in the UK are attributable to outdoor air pollution



(e.g. nitrogen dioxide and particle matter from diesel vehicles)

with more linked to indoor pollutants (e.g. radon and cigarette smoke).

Air pollution can cause, or contribute to, **low birth weight, pre-term births, cancer, asthma, stroke and heart disease, diabetes, obesity, and changes linked to dementia.**

Damage occurs across a lifetime, and is either the result of high-level acute exposure or prolonged low-level exposure.

Air pollution is harmful to everyone. However, there are factors that make some people more vulnerable:

Developing foetus



Age

Existing medical conditions



Obesity

Living, learning or working near busy roads



These vulnerabilities can also be heightened in **lower income communities.**

In the UK the costs of health problems resulting from air pollution to society, business, health services, and people who suffer from illness and premature death, add up to **more than £20bn a year.**

The local picture ...

Local research in 2014 was unable to determine the extent to which air pollution in B&NES contributes to health problems locally because it was not possible to separate it from other factors such as age, lifestyle, deprivation and air pollution exposure from elsewhere.

Given the quantity of national and international research linking poor air quality to ill-health, there is no reason to believe that this is any different in B&NES, and so it is likely air pollution will continue to have an impact on local residents.

2. Amesbury neurotoxin incident

Public Health England considers that the risk to the public after the latest poisoning which has now caused one death, remains low. There is a major effort underway to find the source of this latest event. Although the persistence of different such agents in the environment varies, it is thought most likely that this contamination occurred via some sort of container where it was more protected from the elements. Therefore advice is being given to the public to avoid contact with any syringes or other containers that are found lying around in the relevant areas. Other advice given on a “very precautionary” basis that people who have visited certain sites should wash clothes or bag them securely if they need dry cleaning.

The BaNES public health team have offered support to their colleagues in Wiltshire should the need arise.

3. The PH Newsletter

Public Health News July 2018



Introducing our new Public Health monthly challenge!

Each month there will be a challenge for you to try and encourage others to take part in too!

*With the lovely sunny weather we are having, many of us are escaping to the seaside for some sea breeze and there's no better time for traditional British fish and chips! **One You** have a tasty and healthy [homemade fish and chips recipe](#), why not give it a go this month! They also have some other great recipes on their [Easy Meals app](#), which is free to download.*

If you haven't already signed up, [One You](#) can help you make small, practical changes that fit in with your life providing lots with free tips, tools and support.



Free mental health training – Connect 5: Places on autumn and spring level 1-3 courses now available

Connect 5 is an accessible, evidenced based training programme that is relevant to any 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 locally accredited trainers. For further information and to apply for a course [click here](#)



Applied Suicide Intervention Skills Training (ASIST)

Applied Suicide Intervention Skills Training (ASIST) is an evidence based two day course that prepares caregivers including those in professional roles to provide suicide life assisting first aid

intervention. The cost of this course is heavily subsidised. For further details [click here](#)

13 Reasons Why

Readers living or working with young people may already be aware that Netflix is now showing series 2 of *13 Reasons Why* a drama about the lives of a class of American school students following the suicide of their peer Hannah.

Series 1 was widely criticised for glamorising suicide and for failing to tackle the mental health issues that often precede it. Some young people have said they felt the series could have made clearer how to find the right support and how things might have worked out for Hannah, the main character, had she received the support she needed.

This series covers a range of issues in addition to suicide including, extreme bullying, sexual assault and rape. If you know young people who are watching *13 Reasons Why* the series provides a good opportunity to talk with them about these sensitive issues and to provide them with information about sources of support if they or a friend are feeling low or desperate. For this series Netflix have provided details of how to access support, however, this is specific to American teenagers. Here, further information and help is available from Kooth <https://kooth.com/> – the online Counselling Service for Young People Living in Bath and North East Somerset; or the websites of national charities Young Minds www.youngminds.org.uk (mental health) and Papyrus (young suicide) <https://www.papyrus-uk.org/>. For support following sexual assault or rape, contact local service The Bridge www.thebridgecanhelp.org.uk Tel 0117 342 6999.



FREE Making Every Contact Count (MECC) training

Free Making Every Contact Count (MECC) training - [August](#) and [September](#) courses.

This course is about supporting people to make the most of every opportunity they have to start up a conversation about health with the people they meet through their work and broader lives. Telling people to change unhealthy behaviour is unlikely to be successful; instead MECC provides the skills to work in a different way, encouraging brief interventions that can lead to longer term change. MECC training is delivered over two half day sessions

- 1st and 8th August 9.30 – 13.00 Guildhall Bath <https://mecc-august-2018.eventbrite.co.uk>
- 27th September and 4th October 9.30 – 13.00 Southdown Methodist Church, Bath <https://mecc-27sept-4oct-2018.eventbrite.co.uk>

Sexual Health Training Programme 2018/2019

We are pleased to announce our sexual health training programme for 2018/2019.

The programme has been developed with the latest evidence and supporting policies in relation to sexual health and young people. [For further details click here](#)



All courses are free to those working with young people and/or parents/carers in Bath and North East Somerset and are aimed at groups of mixed abilities and differing professional backgrounds.

To book a place on any course, access the Learning Pool at <http://bathnes.learningpool.com/> Professionals who do not work for B&NES Council can create an account at the Learning Pool by clicking the *support and login* option, then *create new account*. If you have any problems in creating an account or making a booking please contact the Children's Workforce Training Team on 01225 394210 or childrensworkforce_training@bathnes.gov.uk

For further information contact paul_sheehan@bathnes.gov.uk or phone 01225 394065



Ride to work by bike

Find out more about this community-led scheme for local businesses to offer long term electric-bike loan to staff so that they can commute by electric bike. <http://ridetowork.bike/sign-your-business-up>



Our Power energy scheme launched in Bath and North East Somerset

Two new energy tariffs have just been launched offering a choice of green and affordable deals by supplier Our Power supported by Bath and North East Somerset Council and Bath & West Community Energy. The Council is endorsing this scheme because it contributes to Council objectives of tackling fuel poverty and supporting renewable energy in the district.

The scheme will include the 'Our Fairer Energy' tariff from Our Power, which is currently one of the cheapest tariffs available on the market for dual fuel pre-payment meter customers. Around 11,000 households in B&NES (14%) pay for energy by pre-payment meter.

The other 'Our Local Green Energy' tariff will provide 100% renewable electricity as part of a dual fuel offer with gas. Electricity will be locally sourced and community owned wherever possible, using green energy from Bath & North East Somerset and the surrounding area. This will enable residents to buy from local community owned solar energy arrays in B&NES for the first time.

[Read more](#)

4. Ticks and drugs and giant hogweed!

And finally... from Public Health England the definitive guide to summer and how to avoid all its horrible hazards. Be afraid... be very afraid!



Keep Healthy This
Summer FINAL.DOCX

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Virgin Care

Health & Wellbeing Select Committee – 18 July 2018

Virgin Care **1 year on achievements**

1 year on achievements



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B&NES community health and care services key achievements

- Feel the Difference Fund funded a choir to help people with speech problems after a stroke communicate and express themselves, a 'meet and greet' for Shared Lives Carers, Lego therapy building blocks for children with autism and an electronic lobby sign in for the Ambulatory Care team to improve their welcome
- Worked with partners to launch a Rapid Response Falls service, which is helping avoid the need for people over 65 who fall at home to be admitted to hospital
- Service for adults in B&NES with type 2 diabetes offered a new programme called X-PERT

www.virginicare.co.uk

*Providing care good enough for our own families.

1 year on achievements continued



Page 68

B&NES community health and care services key achievements

- Home First service regional winner in the NHS70 Parliamentary Awards
- Wellbeing House (run by Virgin Care and partner Curo) wins national Housing Award
- Hearing Therapy service nominated for Health Service Journal (HSJ) award
- Successful all colleague 1st Anniversary event held on 13 June
- Recent recruitment campaigns have been successful in the recruitment of support workers and physiotherapists – areas that were proving hard to recruit to
- Successful recruitment of Bank Health Care Assistants and Bank nurses
- Supported the system around winter pressures and Opel 4 status including during the snow in March



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*Providing care good enough for our own families.

Virgin Care **B&NES Transformation update**

17/18 transformation progress

Page 70

YCYW Priority	Key achievements in year 1
Joined up care 	<ul style="list-style-type: none"> • Mobile working pilots undertaken, with colleague engagement in trailing and selecting devices. • Working with other partners to understand benefits of integrated records and developing the product for roll out.
Consider the whole person 	<ul style="list-style-type: none"> • Strengths based model for social care (3 Conversations) being piloted across social care • Citizens panel launched with over 50 members • Carers club launched as per the roadmap
Focus on prevention 	<ul style="list-style-type: none"> • Development of an advice hub, joining up all wellbeing services (launch in July 18) • Engagement and development with VCSE to deliver a directory of services across B&NES
Valuing workforce and volunteers 	<ul style="list-style-type: none"> • Go-live of the Volunteer pass, working with other organisations now well embedded across B&NES • Safe transfer of volunteer centre services enabling this volunteering service to continue and sharing expertise of developing volunteers throughout community services • Innovation fund launched with successful staff applicants across services

www.virgincare.co.uk

*Providing care good enough for our own families.

18/19 transformation focus

Page 71

- One advice hub launched
- One BANES phone number progressed
- One assessment agreed
- One e-referral portal in place

SPA



- Detailed operational plan developed
- Physical premises secured
- CCS team redeployed
- Community navigators integrated into CCS

CCS



- 6 year roll-out plan developed
- MDT working enabled & optimised
- Primary care data added & GPs on-boarded
- Patient portal piloted

ICR



- Service reviews completed
- Redprint updated and changes carried out
- Mobile working implemented
- 3 C's embedded in social care & beyond
- Locality hubs identified & plan in place

Working practices



One joined up back of house
with empowered & appropriately supported teams

One joined up front of house
With empowered & appropriately supported service users

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*Providing care good enough for our own families.

Virgin Care **Quality report**

Service Quality report



Page 73

- ✓ Falls Service Car
- ✓ Extended clinic times to accommodate people who work
- ✓ Chronic Obstructive Pulmonary Disease (COPD) passport
- ✓ Clinic in a box for sixth formers
- ✓ 100% uptake of infant immunisation at 24 months
- ✓ Electronic prescribing
- ✓ Three conversations model

www.virginicare.co.uk

*Providing care good enough for our own families.

Service Quality report continued



FFT feedback

- ✓ Friends and Family Test recommendation rate of 97%
- ✓ Pressure ulcers incidence at or below national average
- ✓ Podiatry cited as a service of excellence
- ✓ B&NES Supported Living Services positive feedback from a recent CQC inspection, Bath obtained a rating of Good, waiting report for North East Somerset
- ✓ Delayed transfers of care have fallen significantly
- ✓ Proportion of first face-to-face appointments having full continence assessment has increased significantly to 96%, due to improved process by the Bladder and Bowel Service

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Virgin Care **B&NES priorities**

B&NES priorities



- ✓ Workforce plan to strengthen recruitment, decrease agency spend and develop workforce
- ✓ Service quality, safety and enhancing user experience
- ✓ Estates and Hotel Facilities Strategic Plan
- ✓ Delivering Year 2 Transformation Plan
- ✓ Meeting the B&NES System Needs, including expanding the Home First service and Reablement review
- ✓ Review and make changes to commissioning

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*Providing care good enough for our own families.

Questions?

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B&NES, Swindon and Wiltshire STP



Maternity Services redesign
B&NES Health & Wellbeing Select
Committee 18 July 2018

B&NES, Swindon and Wiltshire working together to enable well-being

Future Service

Our LMS vision is for all women to have a safe and positive birth and maternity experience and to be prepared to approach parenting with confidence.

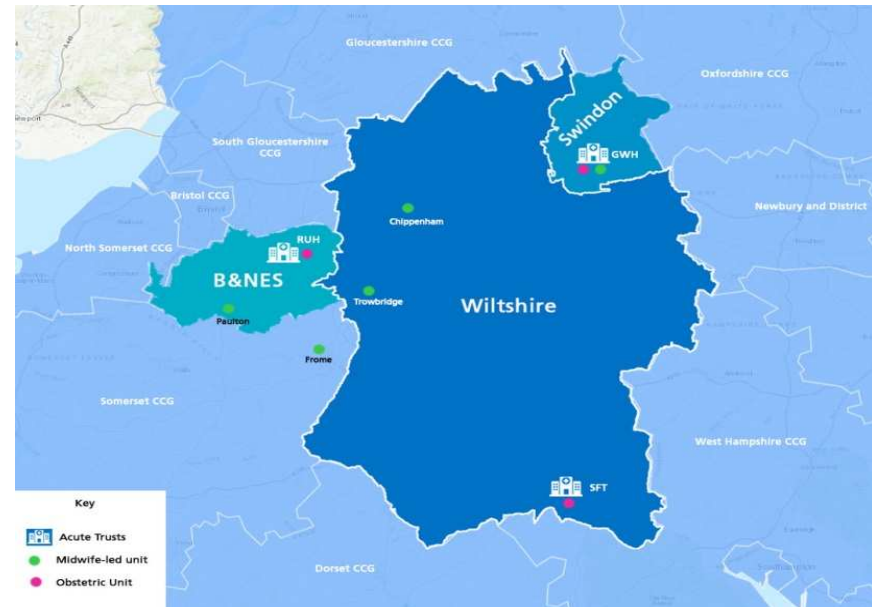
Our future offer to our women and families will include:

- Continuity of care (20% by 2019)
- Improved personalised care and choice with parity of access
- Creation of Clinical Maternity Hubs to provide ante and postnatal care close to home
- Delivery of seamless pathways across organisational and geographical boundaries

BSW Local Maternity System

Maternity Transformation workstreams

- Continuity of carer
- Antenatal and postnatal care
- Safer care
- Personalised care and choice
- Perinatal Mental Health
- Workforce transformation
- Working across boundaries / multi agency working



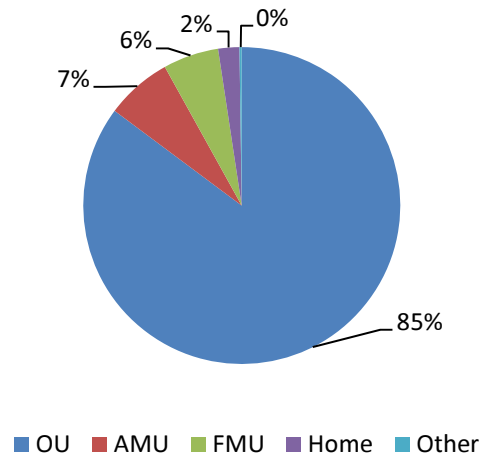
BSW LMS Maternity Services

Organisation	Maternity care and birth provision				
	Antenatal and postnatal care	Obstetric Unit	Home birth	Freestanding Midwifery Unit	Alongside Midwifery Unit
Royal United Hospitals Bath NHS Foundation Trust	✓	✓	✓	Trowbridge Chippenham Frome Paulton	✗
Great Western Hospitals NHS Foundation Trust	✓	✓	✓	✗	✓
Salisbury Hospitals NHS Foundation Trust	✓	✓	✓	✗	✗

- Choice currently not equitable across the LMS footprint
- Proposals for change will ensure choice options are met for majority of population across the LMS footprint

Choice of place of birth

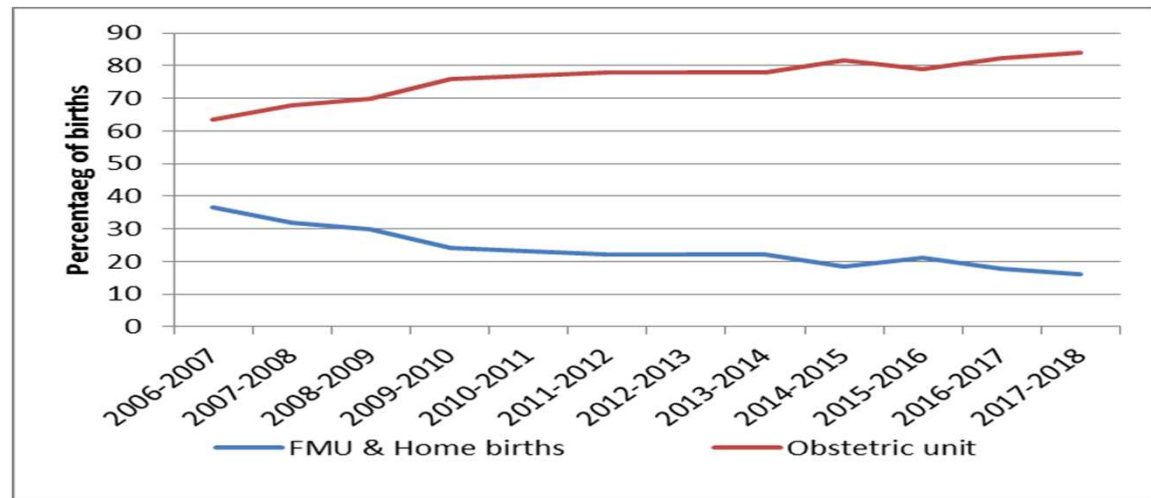
LMS Place of birth



- 11,247 births across the LMS in 2017/18, of which 85% were in an obstetric unit
- 7% were in a Alongside Midwife Unit (GWH) and 6% in a Freestanding Midwife Unit (RUH)
- RUH has seen an increase in numbers of births at the Obstetric Unit and a corresponding decline in numbers of births in their FMUs / home birth

RUH Maternity services has used a number of strategies to promote and encourage the Freestanding midwife units or home as a place of birth, yet despite these initiatives, the number of births continues to decline

Place of birth percentages for RUH, comparing Freestanding Midwifery Units to the Obstetric Unit from 2006/07 to 2017/18

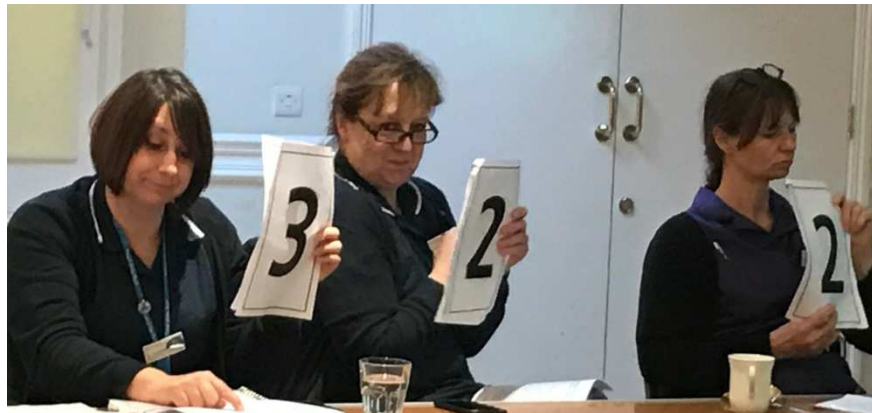
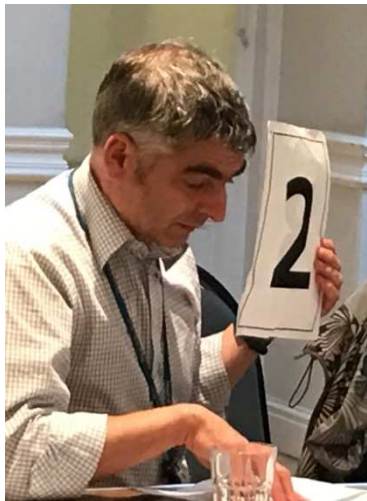


LMS Challenges

Challenge	Potential solutions
Lack of parity of provision	Review current birth offer across the LMS
Future sustainability	Capacity review based on population growth, housing policy and demographics
Under-utilisation	Review current provision of services across the LMS
Workforce – Right staff, right place, right time	Match workforce to demand
Delivery of Better Birth agenda	Broader LMS Transformation Plan

Clinical leadership

- Strong clinical leadership of process
- Dedicated LMS Midwife
- Multi-disciplinary clinical involvement and staff engagement – obstetrician, neonatologist, midwives, MCAs and administrative staff



DadPad app



DadPadTM app

Top tips for new dads

Bath and NE Somerset @nhsbanesccg · Jul 2
The #DadPad app helps Dads with new babies get to grips with parenthood- from nappies to sleepless nights: thedadpad.co.uk/app

NEWS: New app launched to help first-time fathers in [#Swindon](#) [@swindonccg](#)
samfm.co.uk/swindon/news/l...

