

# Health and Wellbeing Select Committee

**Date: Wednesday, 26th September, 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**

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## 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](http://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, 26th September, 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 - 18TH JULY 2018 (Pages 7 - 24)

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

Members are asked to consider the information presented within the report and note the key issues described.

11. HEALTHWATCH UPDATE

Members are asked to consider the information presented within the report and note the key issues described.

12. BSW MATERNITY TRANSFORMATION - CONSULTATION APPROACH (Pages 25 - 44)

The following information outlines the approach to be taken in engaging and consulting with the public and key stakeholders about the proposal for change.

13. COMMUNITY EYE CARE SERVICES (OPHTHALMOLOGY) (Pages 45 - 48)

The paper describes the pressure on the ophthalmology service at the Royal United Hospitals Bath Foundation Trust as a result of increasing demand and a national shortage of consultant ophthalmologists.

14. SELECT COMMITTEE WORKPLAN (Pages 49 - 52)

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**

**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<sub>0.1</sub> 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 NO<sub>2</sub> 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 NO<sub>2</sub> (caused by vehicle emissions) exceed the acceptable national and European limit of 40 µg/m<sup>3</sup>.

## 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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## **Transforming Maternity Services Together Consultation Plan**

### **1.1 Introduction**

The Maternity Services reconfiguration programme is committed to continuing to engage with all relevant stakeholders.

The following information outlines the approach to be taken in engaging and consulting with the public and key stakeholders about the proposal for change. Please see also the accompanying communications strategy and consultation plan.

Patient and Public Engagement (PPE) activities will be conducted in line with the Government's Consultation Principles for Public Bodies (October 2013), the Equality Act (2010), section 242, Subsection (1B)(b) of the Health Act 2006 (as amended) and section 14z2 (2) of the Health and Social Care Act 2012. Involving service users and their representatives, clinical teams and other key stakeholders throughout the process will also contribute to assurance against the Secretary of State's five tests for service change.

Early engagement and involvement has aimed to create an understanding of the challenges faced and the need for change, and contributed to the co-creation of the proposal for change.

Formal engagement and consultation will build on this to:

- Demonstrate a 'you said, we did' approach to service reconfiguration, highlight what we have heard during informal engagement and demonstrate how this has shaped the proposals for change.
- Draw further discussion and feedback on the proposal for change working in partnership with stakeholders to secure the best possible solution for service reconfiguration.
- Ensure successful implementation of the proposal.

### **1.2 Our guiding principles for consultation**

- We will clearly set out the results of our informal pre-consultation engagement activities and how the key themes identified helped inform the proposal for change.
- We will clearly set out what we are proposing, why these changes are needed, and why we are consulting with patients and the public. People must be very clear how their views and feedback will be used/have influence, and what the full consultation process involves.

- We will provide sufficient, good quality information in a number of different formats and mediums using a number of different channels, ensuring that people have as much information as required on which to consider our proposal.
- We will consult with the public with an open mind.
- We will work with service providers, primary care professionals, Healthwatch, charities and community groups to identify and consult with a diverse range of groups who will potentially be impacted by the proposal.
- We will liaise with Health Overview Scrutiny Committees to discuss arrangements to consult with them.
- We will consult with different groups in ways that are meaningful and appropriate for them including face to face meetings and surveys.
- We will use communications and engagement channels which will provide patients, public and other stakeholders out of area information and opportunity to feedback on the proposal.
- We will make sure that information and events are fully accessible, and are shared widely over a sufficient time period, so that all groups can fully engage in the consultation process.
- Resources are limited and we will maximise all communications and engagement channels available to Trust and CCG partners.
- We will take patient and public views and feedback into account before making a final decision.
- We will invite our stakeholders to suggest alternative options to the ones we are proposing and give these options genuine consideration, if they meet the challenges and criteria outlined in our Pre Consultation Business Case.
- We will share stakeholder feedback publicly and explain our final decision(s) with honesty and transparency.
- If the CCGs take a decision that goes against the general views of the public, it must have strong, evidenced reasons for this and will make sure these reasons are recorded.

### 1.3 Stakeholders

The local maternity system has many stakeholders; in order to ensure consultation activities are tailored around individual needs, we will analyse various the audiences. We will do this by identifying groups and/or individuals for each stakeholder as appropriate, undertaking analysis of stakeholder's needs so we can understand who we need to communicate with and how.

Stakeholder groups include:

- Public – (service users and their representatives , families, community and minority and seldom heard groups)
- Internal stakeholders – (clinical teams providing the service, wider Trust and CCG staff)
- Commissioners – (e.g. Bath and North East Somerset, Swindon, Wiltshire, Somerset and neighbouring CCGs, NHS England)



- Public sector partners – (e.g. B&NES, Swindon, Wiltshire and Somerset county councils and district councils)
- Voluntary and Community organisations and support groups (e.g. NCT groups and SANDS)
- Professional (e.g. GPs, NHS partner organisations)
- Political partners – e.g. MPs, Councillors from parish, district and county councils)
- Scrutiny – (Healthwatch, B&NES, Swindon, Wiltshire and Somerset Health Overview and Scrutiny Committees, and Health and Wellbeing boards)
- Media as a conduit to the public (e.g. Local news outlets, BBC etc).

## 1.4 Governance and transparency

In line with our principle to be open and transparent we will:

- Offer the same level of information to people attending our events and/or who ask to be given updates.
- Put as much information as we can onto the consultation website showing the evidence behind the need to change and for the proposal we are consulting on.
- Meeting papers and other key decision documents will be published on the consultation website.
- Provide timely updates to stakeholders on progress and next steps
- Enable our clinical teams and other key programme decision makers to have a wide ranging discussion in suitable forums which enable challenge and debate.

The consultation and communications for the programme will be led by Wiltshire Clinical Commissioning Group on behalf of the Bath & North East Somerset, Swindon and Wiltshire Local Maternity System.

The Wiltshire CCG's communications team, with the support of the Local Health Economy Communications Working Group (LHECWG), is responsible for the planning and implementation of the consultation plan and approach and will:

- Fit within the overall governance arrangements of the programme. Provide regular updates and be accountable to the programme Steering Group, NHS England
- Meet regularly as a local health economy communications and engagement group, and provide briefings and updates to communication colleagues from neighbouring CCG and provider organisations
- Work with Healthwatch and CCG PPE leads to ensure service user voice in discussions and decisions.
- Ensure consultation responses are thoroughly considered and are included as part of the decision making process.
- Coordinate and liaison with MPs/elected representatives over the proposal

- Ensure media and social media responses on redesigning maternity services managed by a media protocol.

The LHEWG includes representation from Wiltshire CCG, Bath and North East Somerset CCG, Swindon CCG, Somerset CCG, The Royal United Hospitals Bath NHS Foundation Trust, Great Western Hospitals NHS Foundation Trust, Salisbury NHS Foundation Trust, service user representative and NHS England.

## 1.5 Materials

The materials to be developed to support the consultation will be agreed and will include, but not be limited to:

- Core consultation document
- Easy read summary of the consultation document
- Frequently asked questions (FAQs) and answers
- Posters and leaflets summarising key information and signposting to feedback channels
- Dedicated website
- Survey for use online and hard copy.

Consultation materials will be developed by the LHEWG and tested for accessibility with CCG PPE leads and Healthwatch.

Copies of the consultation document will be distributed to Health and community settings and stakeholder groups across the local maternity system area as appropriate. The consultation document will be made available in alternative versions e.g. large print, audio, on request

Graphics and talking heads video material may also be used as another way to ensure information is accessible.

## 1.6 Communication channels

A range of communications channels and methods will be used to target key stakeholders and will include:

- **Website: A dedicated website will be created to act as a central hub for information and associated materials will be published on the site along with dates of engagement events. All communications will feature the website address XXX. As a minimum it will contain:**
  - Redesigning Maternity Services Pre- Consultation Business Case (PCBC)
  - Redesigning Maternity Services full consultation document
  - Redesigning Maternity Services online questionnaire
  - Redesigning Maternity Services questionnaire (hard copy to download)
  - Details of all consultation events

- Press releases
  - Publications and related videos
  - Details of social media channels and associated tags
  - Q&A
  - Contact details including a dedicated email address
- **News Media:** Media will be kept informed via briefings and media releases. Media enquiries will be handled in a timely way. Local newspaper adverts may be considered as a way of providing information about consultation events should local coverage (and poster information) need to be bolstered.
  - **Social Media: Facebook and Twitter will be used to reinforce and signpost to other channels/information as appropriate and will be monitored for relevant feedback. We will use social media to:**
    - **Listen** to what people have to say
    - To ensure we provide open, honest and transparent **feedback** and timely responses to questions posed
    - Enable **two-way dialogue** in real time – for instance whilst events take place and questions arise
    - To provide up-to-date **information** and signpost to other supporting or more detailed information as required
  - **Engagement events:** Specific events will be provided along with attending existing events such as:
    - **Street teams** - engaging directly engage directly with members of the public who might not otherwise stop to read a display or attend a formal public event.
    - **Roadshows/market days** – sharing information using display boards and providing/ highlighting opportunities to provide feedback. These will operate as drop in sessions, allowing informal conversation between the public and key well informed individuals, and the opportunity to provide feedback or complete the questionnaire on the spot/take away for later.
    - **Public meetings** - formal meetings at defined locations at set times, hosted by key well informed individuals to include presentations, display boards and a Q&A session to allow for conversation.
  - **Newsletters:** Briefings will be provided for publication in partner and other key stakeholder newsletters.

## 1.7 Key messages

A set of key messages will be developed will be identified to support engagement and consultation activities.

## **1.8 Response handling**

Wiltshire CCG will handle all queries and responses in a timely and coordinated manner so people know their views are being heard and are being handled appropriately. Questions and responses will be logged and a Freepost and dedicated email address for consultation responses and queries will be widely publicised.

In addition, any questions directed through the Freedom of Information route will also be coordinated by Wiltshire CCG and actioned in line with the Freedom of Information Act 2000.

## **1.9 Feedback**

Responses will be analysed by an independent organisation – The Bath Centre for Healthcare Innovation and Improvement at the University of Bath, to thoroughly and comprehensively analyse all responses to the consultation and provide a consultation report which will be published on the consultation website. We will make clear how consultation feedback has been used to inform decision making.

## **1.10 Equalities and impact assessment**

In line with the “Equality Act 2010: Public Sector Equality Duty” the consultation will take account of equality legislation around protected characteristics as outlined in section 5.6. An Integrated Impact Assessment has been developed with the objective of ensuring the potential impact of any plans on protected groups has been assessed, and identify those impacted by the proposed changes and ensure they are supported to have their voice heard.

The initial Integrated Impact Assessment has informed the development and refinement of the consultation strategy and plan to ensure a targeted approach to communications and engagement activities. This will be kept under review throughout public consultation to ensure all sections of the community have the opportunity to give feedback.

## **1.11 Staff engagement**

Clinical teams have been involved in shaping the proposal for change throughout this programme. We will continue to build on this and undertake further engagement with staff, particularly those working in our maternity services. Staff engagement will be led by the provider organisations and will be overseen by the LHECWG to ensure aligned messaging and awareness amongst staff on how they can provide their feedback.

## **1.12 Spokespeople**

The programme and consultation will depend on dedicated, articulate and well-informed spokespeople who will:

- Be mainly clinicians (GPs, midwives, consultants) drawn from across the LMS and where possible, if there is particular emphasis on one geographical area drawn from that locality.
- Be fully supported by members of the Steering Group and LHECWG
- Lead on media interviews and media activities
- Be supported by the communications team in terms of materials, briefings, media advice and presentation training where appropriate, to ensure their explanations and presentations are clear, easy to follow and understood.

## **1.13 Engagement and events during the consultation**

A number of events will be held to ensure that as many responses as possible are encouraged from communities and populations across the local maternity system area who are potentially most affected by the proposal for change. Events will comprise large, local maternity system wide events in key locations chosen to reflect the demographics of our population and maximise the number of people who can participate, and smaller 'drop in' style events in each locality most affected by the proposal.

A programme of events and activity will be published at the start of consultation along with the consultation document and questionnaire. Additional events may be added as required during the consultation process.

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# **Transforming Maternity Services Together**

## **Communications Strategy and Consultation Plan**

### **Introduction:**

This communications strategy and consultation plan has been produced to support the Maternity Services Redesign programme to ensure comprehensive communication and widespread consultation over a period of 14 weeks.

The maternity reconfiguration programme is committed to continuing to engage with all relevant stakeholders and this strategy and the plan has been informed by over 15 months of informal engagement activity. A summary of informal engagement, feedback received, key themes and how they have been used to inform the development of the proposal for change can be found in chapter 3 of the Pre-consultation Business Case and will be published on the consultation website (url to be confirmed).

### **Purpose**

- Ensure that a structured approach is taken to consultation and engagement activities across the Local Maternity System (LMS).
- Ensure that information about the consultation is clear, easy to understand and widely available.
- Ensure that people know how they can have their say and influence service change through the consultation process.
- Ensure that information is presented in a consistent and coherent way, with an agreed set of key messages.
- Ensure information is timely and accurate and that channels are in place to capture and respond to questions from key stakeholders.
- Demonstrate and inform stakeholders of the outcome of consultation and the impact that their feedback has made.

## Our stakeholders

<p><b>Strategic Partners</b></p> <ul style="list-style-type: none"> <li>• Bath and North East Somerset, Swindon and Wiltshire STP</li> <li>• BaNES, Wilts, Somerset and Swindon CCGs</li> <li>• RUH, SFT and GWH Trust Boards</li> <li>• BaNES, Swindon, Wiltshire and Somerset Healthwatch organisations</li> <li>• Bath and North East Somerset Health and Wellbeing Select Committee</li> <li>• Swindon Health, Adult and Children Services Overview and Scrutiny Committee</li> <li>• Wiltshire Health Overview and Scrutiny Committee</li> <li>• Somerset Scrutiny for Policies, Adults and Health Committee</li> <li>• NHS England</li> <li>• NHS Clinical Senate</li> </ul>	<p><b>Closest to the project</b></p> <ul style="list-style-type: none"> <li>• RUH Maternity service leads</li> <li>• GWH Maternity service leads</li> <li>• Salisbury Maternity service leads</li> <li>• Maternity Service Steering Group</li> </ul>
<p><b>Keep informed</b></p> <ul style="list-style-type: none"> <li>• NHS Improvement</li> <li>• South West Ambulance Service Trust</li> <li>• BaNES, Swindon, Wilts and Somerset Patient Participation Groups</li> <li>• BaNES, Swindon, Wilts and Somerset CCG staff</li> <li>• RUH, GWH, SFT CQC Relationship Managers</li> <li>• Neighbouring HOSCs – BNSG, Hampshire, Oxford</li> </ul>	<p><b>Proactive two way communication</b></p> <ul style="list-style-type: none"> <li>• Mothers and families – current and future service users</li> <li>• Bath and North East Somerset/Swindon /Wiltshire/Somerset seldom heard groups, individuals and representatives</li> <li>• Voluntary/Third party/Support Groups dedicated to mothers/maternity services across BaNES, Wilts, Swindon and Somerset</li> <li>• Wider public</li> <li>• Local media</li> <li>• RUH, GWH, SFT Maternity service staff</li> <li>• RUH, GWH, SFT Council of Governors</li> <li>• RUH, GWH, SFT staffside (unions)</li> <li>• MPs across BaNES, Swindon, Wiltshire and Somerset</li> <li>• BaNES, Swindon, Wilts and Somerset Health and Wellbeing Boards</li> <li>• BaNES, Swindon, Wiltshire, Somerset Councillors</li> <li>• Paulton Hospital, Trowbridge Hospital, Chippenham Hospital and Frome Hospital League of Friends</li> <li>• Bath and North East Somerset Village Agents</li> <li>• Somerset Village Agents</li> <li>• Wiltshire Community Engagement Managers</li> <li>• BaNES, Swindon, Wiltshire and Somerset Children's Centres</li> <li>• BaNES, Swindon, Wiltshire and Somerset GPs/practice managers</li> <li>• BaNES Health Visitors (Virgin Care)</li> <li>• Swindon Bath and North East Somerset Councillors</li> <li>• Wiltshire Health Visitors (Virgin Care)</li> <li>• Somerset Health Visitors</li> </ul>



## **Key messages**

A set of key messages will be developed to support engagement and consultation activities and the development of consultation materials. Key themes for messages are outlined below:

Overall:

- Service users are at the heart of everything we do. We want to ensure we offer the right mix of places where women can give birth, to meet women's needs whilst remaining safe, equitable and responsive to the choices women are making.
- We have the opportunity to make changes to the mix of places where women can give birth, to do this we want to understand what women and families want, so we can use this to help shape our services for the future.
- If we want to continue to provide a high quality service, delivered by the right mix of staff in an appropriate environment, it is not sustainable to continue as we are and something needs to change.
- We want to work in partnership with staff, mums, families and the communities we serve to design our maternity services for the future.
- Any proposed services changes have been informed by those who use the services, staff needs, national guidance and best practice.
- We are committed to providing a range of place where women can give birth, and, taking into account personal circumstances and preferences, and will continue to offer women a choice of birth place.
- We want to ensure we can continue to provide high quality care, in a safe environment, provided by a professional and skilled workforce.

## **Reaching people and hearing views - our overall approach to consultation and engagement**

This section describes the key communication and consultation methods/tools that will be used and sets out our approach to public consultation. It builds on the engagement work undertaken to date.

### **Communications:**

- Develop a clear workforce narrative, supported by a range of materials print and videos.
- Develop a well-structured, jargon free public consultation document outlining the various aspects of the proposal for change.
- Develop presentation materials to support structured workforce and public consultation events.
- Face to face pre consultation briefings: Maternity teams, MPs, media.
- Written staff, stakeholder and media briefings issued.
- Dedicated public website to hold consultation materials/provide online feedback options.
- Hard copy and online consultation document.
- Published FAQs that are updated in real time during the consultation.
- Comprehensive and aligned approach to social media to support the consultation process.

- Talking heads videos of clinicians setting out the story/case for change/key messages and encouraging feedback to the consultation.
- Posters and info cards to promote the consultation process and feedback opportunities.
- Regular media promotion to highlight consultation feedback opportunities.
- Posters, media and social media to promote consultation events/information.

### **Engagement and consultation:**

The consultation will begin on 12 November 2018 and end on 24 February 2019. This is a period of 14 weeks to allow for the Christmas holiday season. Activity will include:

- Online survey and hard copy booklet which includes survey and Freepost details
- Deliberative workshops with key stakeholder groups, including those identified through an Equality Impact Assessment
- Structured programme of staff consultation
- Independent analysis of consultation feedback and production of an outcome of consultation report.
- Representatives from the three Healthwatch organisations within the LMS will be invited to review the specification for the University of Bath for conducting the analysis of consultation feedback.

### **Documents:**

A consultation document and questionnaire will be available on the dedicated consultation website (url to be confirmed), along with supporting material. Copies of the document and questionnaire will be printed and will be available at the public meetings, roadshow and street team events.

The consultation document will also be distributed to targeted groups and locations, to reach people who are most likely to be affected by the proposals including mothers and families and those with an interest in maternity services.

Distribute of hard copies of the document will include, but not limited to, the following locations:

- GP surgeries
- Acute hospitals
- Sure Start Centres
- Community hospitals
- Freestanding midwifery units
- Alongside midwifery units
- Pharmacies
- Post offices
- Libraries
- Leisure Centres
- Council Offices

## **Key considerations**

Communication and consultation activity will ensure that all audiences are treated equally in terms of access to information and opportunities to provide feedback.

The Maternity Redesign Steering group will be asked to monitor the effectiveness of our communication and range of consultation opportunities.

The effectiveness of the consultation will ultimately be reflected in the outcome report which will be made publically available and published.

## **Working with Support groups/patient networks/seldom heard groups/patient participation groups/community engagement managers/Children's Centres**

Across our Local Maternity System we have an extensive network of support groups and other organisations with an interest in maternity services. We will contact these organisations and individuals to encourage sharing and cascading consultation information and opportunities for providing feedback.

We will also provide tailored engagement for these groups according to their requirement to include:

- Offering up speakers to present at a group meeting
- Developing a toolkit so these groups can run their own consultation event

## **Using existing channels and meetings**

Across the local maternity system we have a wide range of regular meetings and existing communication channels which we can use to support and promote consultation. These include Area Board meetings, Wiltshire community engagement managers, Health and Social Care Forums, GP Forums, League of Friends, Healthwatch meetings, Patient Participation Group newsletters, CCG newsletters, GP newsletters and Trust newsletters.

## **Timetable, key milestone and action plan**

The plan below draws on extensive informal engagement activities that have been undertaken to date and sets out a broad overview of key dates and activity in the immediate lead up to, during and following consultation. The aim is to have one action plan for the consultation that the Local Health Economy Communications Working Group (LHECWG) work together to deliver, to ensure effective and aligned communications and activities.

This plan will be refined and updated in the lead up to consultation, subject to approval of the proposals to progress to formal consultation, and will be kept under review throughout.

Activity/milestone	Detail	Indicative Timescale	Lead
HOSC engagement (BaNES, Wilts, Swindon and Somerset)	Present findings from informal engagement / outline challenges and describe case for change	Throughout – Sept 18	Wilts/BaNES/ Swindon/ Somerset CCGs
Informal engagement feedback and analysis	Made public	Autumn 18	Wilts CCG
Pre-Consultation Business Case (PCBC)	Made public	Autumn 18	Wilts CCG
Develop Consultation document	Alongside PCBC  Incorporate findings from seldom heard/protected characteristics engagement	Summer 18	LHECWG
Submit papers for NHSE assurance stage 2 meeting		24 <sup>th</sup> July 18	Wilts CCG
NHS E stage 2 assurance meeting	Five tests and conditions applied/best practice checks	31 <sup>st</sup> July 18	
CCG PPE Leads	Review and input into Consultation document	Aug 18	LHECWG
CCG Lay rep meeting	Review consultation docs and approach/dates	August – September	LHECWG
HOSC meetings	Review and incorporate feedback into consultation document and approach	August-September	LHECWG
Legal review of Consultation Document		September 18	Wilts CCG
Further development of consultation document and materials alongside PCBC	Including key facts development, leaflets, posters, flyers, social media assets, banners, fact packs, roadshow board displays, feedback forms	July – October 18	LHECWG
Further development of consultation plan	Timetable of events finalised	July – October 18	LHECWG

Activity/milestone	Detail	Indicative Timescale	Lead
NHS E Stage 2 Assurance Follow up Meeting		w/c 17 September	
Engagement with families planning for military repatriation	Incorporate feedback into consultation and engagement approach	September	LHECWG
Develop talking heads videos to support consultation		Sept – Oct 18	LHECWG
HOSC meetings (B&NES, Wilts, Swindon and Somerset)	Support for approach to consultation and engagement confirm arrangements for scrutiny assurance	Sept 18	Wilts/BaNES/Swindon/Somerset CCGs
CCG, Trust and STP governing bodies (closed session)	Pre consultation business case and consultation document and plan sign off	Sept – October 18	
Engagement with neighbouring HOSCs BNSSG, West Hampshire, Somerset and Oxfordshire	Write to outline plans and approach to consultation, offer to meet if required	Sept- Oct	
Swindon Health and Wellbeing Board	Provide updates/additional information as required.	4 <sup>th</sup> Oct 18	SCCG
GWH Executive committee	Provide updates/additional information as required.	16 <sup>th</sup> Oct	GWH
Wiltshire Health and Wellbeing Board	Provide updates/additional information as required.	17 <sup>th</sup> Oct 18	Wilts CCG
SCCG Governing Body meeting	Provide updates/additional information as required.	25 Oct	SCCG
RUH Board of Directors	Provide updates/additional information as required.	31 <sup>st</sup> Oct	RUH
HOSC engagement (BaNES, Wilts, Swindon and Somerset)	Public HOSC meetings	Oct 18	Wilts/BaNES/Swindon/Somerset CCGs

Activity/milestone	Detail	Indicative Timescale	Lead
Media and social media plan agreed	Encourage and support engagement, manage responses	October 18	LHECWG
Consultation materials and plan finalised (in line with NHS E review and CCG governing body)		October18	Wilts CCG
Consultation document to print		October/Nov 18	Wilts CCG
Briefing clinicians who have responsibilities for/contact with seldom heard stakeholders	Clinicians can support with identifying and sharing engagement opportunities	October - Nov	
Staff engagement	Face-to-Face Briefing sessions ahead of formal consultation. Materials and key messages shared	Early November	RUH, SFT and GWH
Pre consultation briefing activity	MPs, media	November	LHECWG
GP and staff briefings issued in each of the LMS areas		November	LHECWG

The following dates are subject to change depending on the outcome of the above activities. Additional dates will be added for December/January as required.

Activity/milestone	Detail	Indicative Timescale	Lead
Formal S14Z2 statutory consultation begins 12 November 2018			
Rapid HOSC meeting with each of the LMS area HOSCs represented	Outline full proposal for change, share consultation document and materials. Proposal to launch consultation shortly after this meeting	12 November 2018	Wilts CCG
Distribution of consultation document	Maternity services locations and public settings	12 November	Wilts CCG
Consultation	Consultation materials	12 <sup>th</sup> November	Wilts CCG

<b>Activity/milestone</b>	<b>Detail</b>	<b>Indicative Timescale</b>	<b>Lead</b>
website launched	available online		
Consultation materials / posters distributed	Promoting consultation feedback options and feedback opportunities including event dates/times	12 <sup>th</sup> November	Wilts CCG
Media release issued	Announce consultation start/end date, information sources and opportunities to engage	12 <sup>th</sup> November	Wilts CCG
Social media launch	Announce consultation start/end date, information sources and opportunities to engage	12 <sup>th</sup> November	Wilts CCG
Neighbouring HOSCs – BNSG, Hampshire, Oxford	Outline engagement opportunities, provide update and offer to attend/present at committee meetings if required	12 <sup>th</sup> November	Wilts CCG
Engagement and/or forums with stakeholders	Mums, families, those with an interest in maternity services, seldom heard groups, wider community,  Materials and key messages shared and opportunities to provide feedback	W/C 12 November and throughout consultation period	LHECWG
Targeted face to face engagement and/or forums with strategic/key partners	MPs, GPs, media  Materials and key messages shared	W/C 12 November and throughout	LHECWG
Staff side engagement	Face-to-Face Briefing session. Materials and key messages shared	Nov 2018 and throughout	RUH, SFT and GWH
Staff engagement	Staff briefing sessions held in provider organisations.	Nov – Feb 2019	RUH, SFT, GWH

Activity/milestone	Detail	Indicative Timescale	Lead
	Supported through internal channels eg newsletters, existing forums, staff intranet		
Engagement with neighbouring HOSCS BNSSG, West Hampshire, Somerset and Oxfordshire	Write to provide consultation update, add offer additional information as required	Nov 2019	
Programme of consultation events	Core initial programme which will be kept under review during the consultation period and added to as necessary	From Nov to Feb 2019	LHECWG, CCGs
B&NES Primary Care forum and cluster meetings		TBC Nov 18	BaNES CCG
West GP Forum Event		14th Nov	Wilts CCG
B&NES CCG patient engagement group Your Health Your Voice		15 <sup>th</sup> Nov TBC	BaNES CCG
SCCG GP Commissioning Forum		21 <sup>st</sup> Nov	SCCG
SCCG Governing Body Meeting		21 <sup>st</sup> Nov	SCCG
<b>Consultation period ends 24 Feb 2019</b>			
Independent analysis of feedback and completion of consultation outcome report		Feb - April 19	University of Bath
Governing body and HOSC		May – June 2019	Steering Group



Activity/milestone	Detail	Indicative Timescale	Lead
presentation of outcome of consultation report			
Consideration of outcome of consultation report		May – June 2019	CCG and provider governing bodies
CCGs governing body and Trust Board decisions		May- June 2019	CCG and provider governing bodies
Communicate outcome to stakeholders		July 2019	LHECWG

## Evaluation

Evaluation will be measured through:

- Level of interest/volume of feedback to the consultation e.g. surveys following face to face opportunities e.g. debates, drop ins, interaction through social media.
- Responses to the consultation – responses should demonstrate that we have provided the right level of information to enable people to contribute to the project.
- Equality and Impact assessment will ensure robust consultation and communication.
- Degree of influence achieved – what changes were made and how can that be evidenced i.e. outcome of the consultation report.
- Satisfaction with the consultation process and support for the final decision.

## Consultation and feedback

Following a 14 week period of statutory consultation through and independent analysis of the feedback will be undertaken by the University of Bath and a full report, detailing feedback will be produced and presented CCG and provider governing bodies and to HOSCs in B&NES, Swindon, Wiltshire and Somerset. The report will be made available via the CCGs and consultation websites and distributed to other partners on request.

The outcome of the consultation report will also inform the CCG and Trust governing bodies' decision making.

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Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Health and Wellbeing Select Committee	
MEETING/ DECISION DATE:	26 September 2018	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	Development of Community Ophthalmology Services	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
None		

## 1 THE ISSUE

- 1.1 The paper describes the pressure on the ophthalmology service at the Royal United Hospitals Bath Foundation Trust as a result of increasing demand and a national shortage of consultant ophthalmologists. This has resulted in long waiting times to be seen and potential patient risk, for eye care pathways in B&NES.
- 1.2 The paper goes on to describe the actions the Clinical Commissioning Group and Royal United Hospitals are taking to improve quality and safety, and provide a more effective and efficient service through the procurement of new community based pathways.

## 2 RECOMMENDATION

- 2.1 The Committee is asked to note the actions that are being taken to improve ophthalmology services locally.

## 3 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

- 3.1 Not applicable

## 4 STATUTORY CONSIDERATIONS AND BASIS FOR PROPOSAL

#### 4.1 Not applicable

## 5 THE REPORT

### 5.1 Background

- (1) It is recognised, both nationally and locally, that there is a need to tackle growing demand in ophthalmology, due in part to the ageing population. Ophthalmology patients with chronic eye conditions require long-term regular review and can suffer severe and permanent loss of vision if they do not receive reliable follow up.
- (2) The NHS England Elective Care Transformation Programme has outlined key actions for Acute Trusts and CCGs, and is drafting a national specification, to ensure ophthalmology services are delivered safely in light of this increased demand. Actions identified for Trusts include the development and implementation of failsafe prioritisation processes and policies to reduce the risk of harm to ophthalmology patients and a clinical risk and prioritisation audit of existing patients.
- (3) CCGs are expected to undertake eye health capacity reviews, take action to improve equity of access and identify the most appropriate local model for delivery ophthalmology across primary care, community and secondary ophthalmology services, to optimise skills and capacity within the system. As part of this they are required to ensure that ophthalmology pathways and referral processes are standardised and understood locally, with patients directed to the right person in the right place first time. The national Transformation Programme is likely to require changes within this financial year.
- (4) BaNES CCG total Ophthalmology spend across all secondary care providers in 2017/18 was £4.5 million. The main provider to the population of B&NES for planned (elective) and urgent (non-elective) Ophthalmology activity is the Royal United Hospitals NHS Foundation Trust (RUH), managing approximately 78% of total BaNES activity. However, the Trust has been experiencing increasing difficulties in managing decreasing capacity and rising demand.
- (5) There is a national shortage of Ophthalmologists at Consultant and junior level. Local difficulties in recruiting ophthalmologists at Consultant and junior level alongside a reduction in trainee places and issues with overseas recruitment have contributed to a reduction in capacity leading to increasing waiting times. The RUH is currently supplementing substantive staff with locums but there have been gaps between those leaving and locums arriving.
- (6) The Royal College of Ophthalmologists (RCO) has predicted that referrals are expected to increase by 35% over the next 5 years with demand for cataract surgery expected to increase by 50% over the next 20 years across the BaNES, Wiltshire and Somerset population. This is driven by an aging population, the efficacy of new treatments and new guidance requiring patients on certain medications to be monitored for ophthalmic side-effects.
- (7) The RUH Ophthalmology service has not achieved the 92% Referral to Treatment (RTT) target of 18 weeks since July 2017, although the service had achieved the target in previous years. This has resulted in current waiting times of 36 weeks for a General Ophthalmology appointment. The number of follow up appointments that have been delayed has also increased within this period.
- (8) Commissioners across England, including Wiltshire and Somerset CCGs, have invested in the development of community based eye services as there is a range of

elective and non-elective activity which can be safely and more cost effectively managed in the community by appropriately accredited Optometrists.

- (9) BaNES CCG already has Referral Refinement schemes to ensure that only appropriate patients are referred for conditions including Cataracts and Glaucoma and Cataract Follow Up in the community. However, we know that these services are currently under-utilised for a variety of reasons.

## **5.2 Actions being taken**

- (1) BaNES CCG is in the process of commissioning a Community Eye Service which will particularly benefit a range of patients described below. Clinically, the model includes pathways for Minor Eye Conditions, Intraocular Pressure (IOP) Referral Refinement, Ocular Hypertension (OHT) & Stable/Suspect Glaucoma monitoring Cataract Referral Refinement and Cataract follow up.
- (2) The number and location of sites patients can visit for this service is to be determined through the procurement process, but a key aim of the service is to facilitate faster and closer access for patients. Most optometrists based in the community (e.g. in optician shops where sight tests are normally undertaken) have the skills and experience to be able to provide these services.
- (3) The new service will directly benefit three groups of patients:
- (4) Firstly, patients who have recently identified that they have an eye condition, such as a scratch, foreign body, lumps and bumps in the eye, blurred vision, watery eyes, flashes and floaters. These patients will be able to visit an optometrist in the community to be seen within 2 working days, usually on the same day. For the majority of patients, these eye conditions will be resolved in the community but referral routes will be in place for patients to be sent to the RUH for further urgent treatment if required.
- (5) Secondly, patients with suspected cataracts or glaucoma will receive a second and more detailed assessment and discussion in the community in order to ensure the right patients are referred to secondary care. There are benefits to the health system of ensuring only patients that need and want further treatment are referred, but also to patients who will be able to speak to someone more rapidly (within 4 weeks) about their potential condition and their options.
- (6) Thirdly, patients who have received a procedure in secondary care (e.g. cataract removal) or who have a condition that the consultant ophthalmologist considers is stable (e.g. stable glaucoma) will be able to see a local optometrist for their follow up appointment instead of returning to their secondary care provider. This will be more convenient and is more likely to meet the appropriate follow up timescales, e.g. annual follow up for glaucoma. Should the patient's condition change, the local optometrist will be able to follow the management plan provided by the consultant, which may include referral back to them.
- (7) In addition, by ensuring that patients are treated in the right place to meet their needs as described above, those patients who do need to see a consultant in secondary care (e.g. macular degeneration, suspected glaucoma) are more likely to be able to access this in a timely manner. Effectively, the new service will increase the local capacity to treat ophthalmic conditions and ensure that patients can access the right service for them more quickly.

- (8) The CCG is currently receiving bids from potential providers and intends to award the contract at the end of October with the aim of a new service commencing in December, although it is likely that a phased approach will need to be taken to implementation.
- (9) The RUH is also taking actions to improve ophthalmology waiting times. They have recruited more consultant locum cover and registrars, who will commence early Autumn and are reviewing their waiting lists. BaNES CCG is further supporting the RUH by reoffering choice to patients who previously selected the RUH for their appointment and may now wish to choose another provider to facilitate being seen more quickly.

## 6 RATIONALE

- 6.1 The CCG Board agreed the proposal to commence procurement of a Community Eye Service in July 2018 in order to improve services for patients and develop greater eye service capacity now and in the future.

## 7 OTHER OPTIONS CONSIDERED

- 7.1 None

## 8 CONSULTATION

- 8.1 The CCG's Engagement Manager and Senior Commissioner have met and spoken with a number of patients and patient groups, including Community Champions, Royal National Institute for the Blind, Vision Plus, Bath Ethnic Minority Senior Citizens Association (BEMSCA) and run online surveys to elicit patient views on current ophthalmology services and the proposed community model.

## 9 RISK MANAGEMENT

- 9.1 A risk assessment has been undertaken by the CCG.

<b>Contact person</b>	<i>Catherine Phillips</i> <i>Senior Commissioning Manager for Acute Care, BaNES CCG</i> <i>01225 831868</i>
<b>Background papers</b>	<i>Not applicable</i>
<b>Please contact the report author if you need to access this report in an alternative format</b>	

## 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:

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<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, 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, and Midsomer Norton public libraries.*

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
<b>26TH SEPTEMBER 2018</b>				
26 Sep 2018	HWSC	BSW Maternity Transformation - Consultation approach	Emma Mooney Tel: 01225 825849	Tracey Cox
26 Sep 2018	HWSC	Community Eye Care Services (Ophthalmology)	Catherine Phillips, CCG	Tracey Cox
<b>21ST NOVEMBER 2018</b>				
21 Nov 2018	HWSC	BSW Maternity Transformation Plan	Deborah Forward Tel: 01225 395305	Jane Shayler
<b>ITEMS YET TO BE SCHEDULED</b>				
	HWSC	Local Care Home Staff Provision	Vincent Edwards Tel: 01225 477289	Director of Integrated Commissioning
	HWSC	Update on the Transfer of Services from the RNHRD to the RUH (Pain Services)	Emma Mooney Tel: 01225 825849	Tracey Cox
	HWSC	Integrated Urgent Care Procurement	Catherine Phillips Tel: 01225 831868	Tracey Cox
	HWSC	Dentistry Services	Ruth Bartram Tel: 01138 251522	



Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
	HWSC	Non-Emergency Patient Transport Service		Tracey Cox
	HWSC	NHS 111 update		Tracey Cox
	HWSC	Loneliness		Director of Integrated Commissioning
	HWSC	Homecare Review		Director of Integrated Commissioning
<div> <div>Page 49</div> <div>The Forward Plan is administered by <b>DEMOCRATIC SERVICES:</b> Mark Durnford 01225 394458 Democratic_Services@bathnes.gov.uk</div> </div>				

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