**BATH AND NORTH EAST SOMERSET**

**HEALTH AND WELLBEING SELECT COMMITTEE**

Wednesday, 21st November, 2018

**Present:-** Councillors Francine Haeberling (Chair), Bryan Organ, Tim Ball and Robin Moss

**Also in attendance:** Jane Shayler (Director of Integrated Commissioning), Dr Ian Orpen (Clinical Chair, B&NES CCG) and Deborah Forward (Senior Commissioning Manager - Preventative Services) and Rhiannon Hills (Women & Children's Divisional Manager, RUH)

**Cabinet Members in attendance:** Councillor Vic Pritchard, Cabinet Member for Adult Care, Health and Wellbeing

## 44 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

## 45 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the emergency evacuation procedure.

## 46 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillor Geoff Ward, Bruce Laurence (Public Health) and Alex Francis (Healthwatch) had sent their apologies to the Panel.

## 47 DECLARATIONS OF INTEREST

There were none.

## 48 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

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

Lewis Carson, Unison had registered to make a statement and would do so directly before agenda item 9 (Cabinet Member Update).

## 50 MINUTES - 26TH SEPTEMBER 2018

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

## 51 CLINICAL COMMISSIONING GROUP UPDATE

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

**A&E performance**

Local system performance against the A&E waiting time target (95 per cent of attendees to be seen within four hours) during October was 81.7 per cent. The A&E Delivery Board continues to work on developing our plans for managing anticipated increases in activity and pressure during the coming months through the development of a system wide winter plan.

**Winter Campaign**

We are supporting roll out of the national *Help Us Help You* campaign this Winter. This family of campaigns includes NHS111 (which launched on 1 October), flu immunisation (launched 8 October), staying well in winter, pharmacy and extended GP hours, known as Improving Access.

*Help Us Help You* is based on the principle of reciprocity – by following their advice, patients can help GPs, pharmacists and other health professionals to help them stay well, prevent an illness getting worse, take the best course of action and get well again. *Help Us Help You* resource packs were sent out to all GP practices during October.

**Improving access**

From 1 October, patients in Bath and North East Somerset (B&NES) can book appointments with a local GP or nurse in the evening and at the weekend. These appointments will be offered at one of three existing local practices. All patients need to do to book an appointment is contact their surgery in the same way as usual. The practice receptionist will advise which surgery the appointment will be held at.

**Greater collaboration between BaNES, Wiltshire and Swindon CCGs**

BaNES, Swindon and Wiltshire Clinical Commissioning Groups share ambitions and plans to work more closely together, maximising the benefits afforded by working collaboratively and commissioning at scale.

To enable progress towards this vision, at a meeting in common on 4 October 2018, the three CCGs' Governing Bodies discussed four options for future arrangements for the commissioning and delivery of care services, recognising that some functions could be better done at scale to improve the consistency and quality of outcomes for patients, without losing local clinical decision making.

Of the four options proposed – no change; a formal joint committee for strategic issues; maintain three CCGs with one management team; formal merger of the three CCGs – the three Governing Bodies unanimously agreed that maintaining the three

CCGs with one management team would be the most workable solution at this point in time.

A new joint accountable officer will be appointed early in the New Year and a single management team will be introduced from 1 April 2019.

**Proposed relocation of national, specialised pain service**

The Royal United Hospitals Bath NHS Foundation Trust (RUH) is inviting feedback from those who use or have an interest in pain services currently provided at the Trust's Royal National Hospital for Rheumatic Diseases (RNHRD) site.

The Trust is proposing to relocate these services to the RUH in summer 2019. Patients will have access to the same high quality services, provided by the same team, in a dedicated environment. This is part of a careful and phased approach to relocating all RNHRD services to the RUH or appropriate community settings, to maximise patient benefit.

The Trust is seeking views from patients, carers, healthcare partners and anyone who has an interest in pain services to help their planning and to ensure that they continue to provide the best services for current and future patients. More information and a brief survey is available on the RUH website.

The Chair asked if the CCG collaboration was being embarked upon as a cost saving exercise.

Dr Orpen replied that the move is not driven by costs and is intended to streamline processes.

Councillor Robin Moss asked if the CCG were inputting to the proposal to introduce a Clean Air Zone in Bath. He said that he had already received concerns from residents and voluntary sector representatives regarding the possible charges for travelling through it or the additional time it will take to navigate around it.

Dr Orpen replied that he was aware of the proposal and that the CCG were watching with great interest regarding any impending decision. He added that there was clear evidence of the harm that vehicle emissions have on the human body.

Councillor Tim Ball asked if he was aware of the possibility of the Renal Unit at the RUH closing rather than moving to a smaller area of the site as had been previously proposed.

Dr Orpen replied that he was not sure whether a final decision had yet been made, but would seek to find out further information for the Select Committee.

Councillor Bryan Organ asked if there had been an issue with the supply of flu vaccinations and whether they should be administered earlier in the year than November.

Dr Orpen replied that the ordering process for these vaccinations had changed this year which had led to a slight delay. He added that it was hoped that sufficient

supplies would still be obtained. He said that with regard as to when best for the vaccination to be received it was not required as early as August as the primary number of cases were found to occur post-Christmas / early Spring.

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

## 52 CABINET MEMBER UPDATE

Lewis Carson, Unison made a statement to the Select Committee on the subject of Sirona. A copy of the statement can be found on the Select Committee's Minute Book, a summary is set out below.

The dispute over Sirona's plans to cut the pay of our members continues and there seems to be no end in sight. To briefly re-mind you of the details, our members have been issued with an ultimatum of being dismissed from their job or accepting a cut to their pay of up to £1000 a year or instead work numerous additional shifts completely for free. Our members do extremely challenging jobs looking after elderly residents with complex medical needs, including dementia.

We have just completed 4 full days of strike action, and have just received a mandate for a further 6 months of strike action. Our members remain resolute that they will not accept this cut to their pay. Sirona are maintaining that they are not able to resolve this dispute by any means due their financial shortages.

We still have 6 years remaining of the current Sirona contract, paid at a flat rate, which gave no consideration to inflation, costs rising or any kind of pay award for staff. It is telling that the troubles have already begun now, even before inflation and costs rises take effect. Our concern is 3 fold.

- In the immediate sense for the threat to our members pay and the ongoing impasse which renders strike action perpetually ongoing, without Council Intervention

- The conditions of our members will be further eroded over the following 6 years as there was no scope for pay increases in the contract awarded to Sirona. Our members are extremely low paid in Sirona, some paid as little as £7.85, just 2 pence above the minimum wage. It is extremely likely in the next few years minimum wage will rise beyond the pay of the majority of the care workers who will become minimum wage employees, and the act of paying minimum wage may hurt Sirona's finances.

  It is extremely worrying that in explaining their rationale for this pay cut, Sirona have explained that they have made all of the efficiencies they can out of non-pay budget, so all further efficiencies must come from pay. Within the next 6 years, as inflation and general price rises kick in and any unexpected costs reach Sirona, they will keep on coming back- eroding conditions further, making the lowest paid poorer.

- For the residents of the 8 affected Care homes across Bath, Keynsham and Midsomer Norton. The deterioration of working conditions and the resultant impact on recruiting good staff is going to impact the residents.

We require urgent action to resolve this on-going dispute and prevent wave after wave of further strikes. We call on the Council to either bring the Residential and Extra Care services back in house, or re-negotiate the contract to a level which not only prevents erosion to our member's pay and working conditions, but facilitates year on year improvements, as equivalent to their Council employee comparators.

Councillor Robin Moss noted from Councillor Pritchard's written update that he says that it is rare for a provider to offer paid breaks and that by continuing to retain staff with paid breaks, Sirona were an outlier as a care provider. He said that as he understood it staff would accept unpaid breaks as long as their shifts were 8.5 hours long and were paid for 8 hours work.

He said that he believed that this was a rostering issue that needed to be resolved. He added that the Labour Group will continue to follow this dispute as it progresses and that he intended to talk to the Shadow Cabinet Minister regarding this issue next week.

Councillor Pritchard commented that the update provided shows the Council's position and set out how the contract was awarded. He said that he was committed to ensure that, within existing budgets and legal and regulatory constraints, Council officers continue to work with Sirona Care & Health to support them in resolving the dispute and moving forwards.

He added that Sirona noted that efficiencies would be expected when the contract was awarded and that the contract would only be revisited in exceptional circumstances.

Councillor Moss reiterated that in his opinion shifts should be increased from 8 to 8.5 hours with appropriate rostering to resolve this issue. He added that he felt this scenario was always likely to happen when a flat rate contract is agreed.

Councillor Pritchard replied that the pattern of shifts was a problem for Sirona to resolve as the Council cannot involve itself in operational issues. He added that the residents within the homes concerned are important to us and that he wanted to see the dispute end as quickly and as amicably as possible.

He then continued with the rest of his update to 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.

**Virgin Care Performance Update**

The Service Delivery and Improvement Plan (SDIP) is agreed between Commissioners and Virgin at the beginning of the financial year. In it, both parties outline: key transformation milestones for the year ahead, based on the Virgin transformation roadmap; unmet or unfinished milestones from the previous year; and commissioners' expectations of the provider. Every milestone has an agreed set of

measures, and every three months Virgin Care must provide commissioners with evidence to show that they have met the milestones agreed, which commissioners formally review.

Of the 6 Red milestones in quarters 1 and 2, 5 relate to Virgin's Integrated Care Record (ICR). The integrated care record platform aims to provide secure access to joined up, timely information from multiple health and social care providers enabling improved outcomes and experience for people whilst driving efficiencies across the local health and care economy as part of the wider transformation programme.

To date, Virgin Care has not met the majority of their delivery timescales for ICR. In September, Virgin Care was made aware that their provider Lumira would no longer be developing their product for an integrated care record purpose and this could therefore no longer be used as the platform for the B&NES system. The need to re-procure a system will now further delay progress against the milestones. Virgin Care currently estimates that they will identify a provider by the end of 2018, with the aim to start developing the system locally from April 2019 onwards.

The 18 Green milestones relate to a number of different work streams where Virgin have made significant progress, namely in relation to developing a performance management tool, embedding a strengths based approach across their Adult Social Care teams and working with key stakeholders to develop a care coordination approach to health and social care service delivery.

Councillor Pritchard informed the Select Committee that a meeting between the Boards of Virgin Care and the CCG took place last week with the Council's Chief Executive and Councillors Tim Warren, Charles Gerrish and himself present. He stated that there was a commitment from both sides to address issues that had been identified.

**CAMHS Local Transformation Plan**

The latest **CAMHS Local Transformation Plan,** dated October 2018, is currently in draft format and is available for review on the B&NES Council website: http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Children-and-Young-People/banes_transformation_plan_oct18_draft.docx

Any corrections, omissions and/or comments are welcome and should be emailed to Margaret_Fairbairn@bathnes.gov.uk by 7th December 2018. After this date the plan will be updated and finalised.

**Mental Health Pathway Review**

Since the last update officers have been continuing to seek the views of a diverse range of groups across B&NES, including people who are seldom heard, and those who are vulnerable or have complex needs. The feedback they receive from people is being actively incorporated into our work to develop service specifications, ensuring that any new model will reflect the things that people have told us will improve the service for the community.

Commissioners and colleagues in Virgin Care and Avon and Wiltshire Mental Health Partnership NHS Trust have begun work to look at all our existing service specifications, identifying where there are gaps between what is currently commissioned and what people have told us will be important in the new model.

The most recent workshop being held in November focused on the development of a Collaborative Framework which sets out how those who work to provide mental health services either in the statutory or voluntary sector can work together to ensure that the experience for those who use our services is seamless, and there is 'no wrong door'.

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

Councillor Tim Ball said that he was concerned about the transformation delivery issues raised regarding Virgin Care.

Councillor Pritchard replied that he was aware of the delivery problems with transformation, including the Integrated Care Record, and that all parties had agreed a commitment to work to alleviate these.

Councillor Tim Ball asked if the Council had made more funds available to Virgin Care.

Councillor Pritchard replied 'no'.

Councillor Robin Moss commented that he was also worried and echoed the comments made by Councillor Ball. He said that he was concerned at the time the contract was awarded and remained so.

Councillor Robin Moss added that regarding the CAMHS Local Transformation Plan it was important to remember that there is a cohort of young people who will need this support who do not attend school and therefore need to be engaged with appropriately.

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

## 53 PUBLIC HEALTH UPDATE

The Select Committee noted the written update supplied by Dr Bruce Laurence in his absence. A copy of the update can be found on their Minute Book and as an online appendix to these minutes.

## 54 BSW MATERNITY TRANSFORMATION PLAN

The Senior Commissioning Manager for Preventative Services was joined by Rhiannon Hills, Women & Children's Divisional Manager, RUH to give 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 of the presentation is set out below.

**Our Journey so Far**

- We began talking to women and families in 2017 about their experiences of pregnancy, labour and birth across the counties of B&NES, Swindon and Wiltshire

- Their feedback, together with national guidance such as 'Better Births', has led to development of a proposal for future maternity services across the BSW region

**Choice of place of birth**

- 11,200 births annually in B&NES, Swindon and Wiltshire
- 85% Obstetric Unit (65% were high risk, 20% were low risk), 6% Freestanding Midwifery Units (RUH), 7% Alongside Midwifery Unit (Great Western Hospital), 2% Home Births.
- Increasing pressure on services in our obstetric units at Royal United Hospital and Salisbury District Hospital
- Lack of parity across the Local Maternity System

**Changing clinical needs**

- Average age of a woman giving birth is now 35
- More and more high risk pregnancies (eg high blood pressure, diabetes, obesity) which need medical support in a hospital setting
- 50% - First time mothers who need to transfer from midwife led community hospital unit to obstetric unit in hospital for extra medical support with their birth
- 9 Post-natal beds available in the community: 5 in Paulton, 4 in Chippenham: Empty 95% of the year

**Right staff, right place, right time**

- We don't always have right staff in the right place at the right time to offer the services women want to receive and we want to provide. This is a particular challenge for Royal United Hospital
- We have the right number and mix of staff, but they're not based in the right locations
- RUH staff currently support births across four community midwifery units, the hospital obstetric unit and home births, 24 hours a day, 7 days a week - often staffing empty buildings and empty beds

**Issues**

- Staff too busy looking after empty beds and buildings or travelling from community hospitals with very low births to extremely busy obstetric units, often at short notice, which they dislike. Frustrating for staff – effect on morale, retention and skills
- We want to increase opportunity for home births but staff are not able to promote and support due to existing working patterns
- We're not giving women the service they want

**Our proposal**

Element 1

- Continue supporting births in 2, rather than 4 Community hospital units. Women will be able to deliver their baby at Chippenham or Frome
- Trowbridge and Paulton proposed as pilot sites for our new community hub model of care
- Antenatal and postnatal clinics will continue at Chippenham, Trowbridge, Frome and Paulton

Elements 2 / 3

- To create two new Alongside Midwifery Units, one at Salisbury District Hospital and one at Royal United Hospital Bath
- Will provide more women with opportunity for midwife-led birth. Two new units will be in addition to the White Horse Alongside Midwifery Unit at Great Western Hospital

Elements 4 / 5

- We propose to improve our range of antenatal and postnatal services, eg more breastfeeding support, to women in their own homes, and to develop community hubs to enhance our antenatal and postnatal care
- We want to support more women to give birth at home if that is their preferred choice

Element 6

- We're proposing to replace our community postnatal beds at Chippenham and Paulton with support closer to or in women's homes.
- Women who need to be admitted for medical treatment after giving birth would continue to be treated at their local obstetric unit at one of the acute hospitals at Bath, Salisbury or Swindon

**Benefits**

- We can provide more choice for more women across our area about where and how they are supported before, during and after the birth of their child
- We can make better use of our resources and workforce so we can further improve our antenatal and postnatal and birth services
- We can improve continuity of care and carer for women
- We can enhance and improve our home birth service
- Free up our staff, so they are able to maintain their skills, improve their motivation and provide the services they want to women who need them

**Future finances**

- We are NOT planning to reduce how much we spend on maternity services
- We are NOT reducing the numbers of staff we have
- We are NOT closing any buildings

**If we don't change …**

- There will continue to be a difference in choice, quality and access from across B&NES, Swindon and Wiltshire
- The current model will continue to cost us £1million more a year
- We won't be providing the changes that women and families and our staff have told us they want us to make

**We want to hear your views**

- Consultation runs from 12 November to 24 February 2019
- Information on our website: www.transformingmaternity.org.uk
- Consultation documents, key facts documents, response forms
- Public Consultation Events
  - Thursday 29th November 5.45pm – 7.45 pm, The Oasis Conference Centre, Building E6, RUH
  - Monday 10th December 2-4pm Victoria Hall, Church Street, Radstock

Councillor Robin Moss commented that the report highlighted a changing world and that the statistics included supported this. He added that on behalf of his fellow Labour Councillors that represent the ward of Paulton that there are concerns within the community as the hospital is seen as an important community resource. He said that he would encourage a public meeting to be held in Paulton during the consultation.

Councillor Tim Ball asked if within the proposals there had been some room for manoeuvre built in.

Rhiannon Hills replied that it was a five year forecast model and that the transition plan has suitable capacity.

Councillor Eleanor Jackson said that she welcomed the detail in the report and the acknowledgement of the need to use resources effectively. She added that safe outcomes are of course the primary concern and that is understandably why more women are choosing to be in hospital, at least for the birth.

She asked if the figure relating to numbers of child deaths due to transfer was available.

Rhiannon Hills replied that she did not have that information to hand. She added that she was sure that the local figure had been halved in recent years. She said that the RUH was involved in the 'Saving Babies Lives' work which focusses on reduction in smoking and tackling obesity in pregnancy. She stated that extra scans are provided when a baby is identified as being small during pregnancy.

Councillor Vic Pritchard commented that the proposals seemed very sensible. He added that he felt that the inclusion on one of the slides that the current model will continue to cost us £1million more a year weakens the overall proposals.

Dr Ian Orpen stated that he agreed with Councillor Pritchard and that it was the safety of births that was paramount and that the Plan is driven by providing a quality of service.

The Select Committee noted the report and its accompanying consultation document.

## 55 SELECT COMMITTEE WORKPLAN

The Democratic Services Officer informed the Select Committee that they could expect to receive a Service / Financial Plan report at their January meeting alongside the Prevention report listed on the workplan from Dr Bruce Laurence.

Referring to an earlier point in the meeting Councillor Eleanor Jackson asked if the Select Committee would consider asking for further information from the CCG regarding the future of the Renal Unit at the RUH.

The Director for Integrated Health & Care Commissioning replied that this service is not commissioned through the CCG, but if requested they could seek to find out further information on behalf of the Select Committee.

Councillor Bryan Organ asked for the Select Committee to receive a report on Non-Emergency Patient Transport Services.

The Director for Integrated Health & Care Commissioning replied that this request should be passed to the CCG to ask them to provide a consolidated report of what services are available within B&NES.

The meeting ended at 11.40am

Chair(person) .....

Date Confirmed and Signed .....

**Prepared by Democratic Services**

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NHS
Bath and
North East Somerset
Clinical Commissioning Group

**Briefing for the Health and Wellbeing Select Committee Meeting**

**Wednesday 21 November 2018**

## 1 A&E performance

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## 3 Improving access

From 1 October, patients in Bath and North East Somerset (B&NES) can book appointments with a local GP or nurse in the evening and at the weekend. These appointments will be offered at one of three existing local practices. All patients need to do to book an appointment is contact their surgery in the same way as usual. The practice receptionist will advise which surgery the appointment will be held at.

This additional evening and weekend service is being provided by B&NES Enhanced Medical Services (BEMS), which is a local GP federation to which all GP practices in B&NES belong and is in line with a national launch of creating extra GP appointments at evenings and weekends from October.

## 4 Greater collaboration between BaNES, Wiltshire and Swindon CCGs

BaNES, Swindon and Wiltshire Clinical Commissioning Groups share ambitions and plans to work more closely together, maximising the benefits afforded by working collaboratively and commissioning at scale. This is in recognition of the changing NHS context which includes the move to planning, commissioning and delivering services at a strategic, place-based and neighbourhood level.

To enable progress towards this vision, at a meeting in common on 4 October 2018, the three CCGs' Governing Bodies discussed four options for future arrangements for the commissioning and delivery of care services, recognising that some functions could be better done at scale to improve the consistency and quality of outcomes for patients, without losing local clinical decision making.

Of the four options proposed – no change; a formal joint committee for strategic issues; maintain three CCGs with one management team; formal merger of the three CCGs – the three Governing Bodies unanimously agreed that maintaining the three CCGs with one management team would be the most workable solution at this point in time. To support a single management team, it was agreed the three organisations would seek to streamline governance arrangements to facilitate joint and/or aligned decision-making. These changes have been ratified by the three Governing Boards in public during October and November.

A new joint accountable officer will be appointed early in the New Year and a single management team will be introduced from 1 April 2019.

## 5 Integration

In July 2018, the CCG approved the establishment of the Integrated Health and Care Board (H&CB) which is the main governance vehicle supporting our integrated approach with B&NES Council.

The H&CB currently meets in shadow form (till April 2019 when it is expected to go live), and will continue to support our work with the BaNES Council to collaborate in order to provide the best health and care services for our population, in parallel to our work with Swindon and Wiltshire CCGs.

## 6 Appointments to the CCG Board, committees and sub-committees

We are pleased to report that following due process, Dr Daisy Curling has been confirmed as a GP member of the Board for a second four-year term. This appointment commences on 1 December 2018.

## 7 Proposed relocation of national, specialised pain service

The Royal United Hospitals Bath NHS Foundation Trust (RUH) is inviting feedback from those who use or have an interest in pain services currently provided at the Trust's Royal National Hospital for Rheumatic Diseases (RNHRD) site.

The RNHRD in Bath provides national, specialised services for people with chronic pain, where pain is persistent, disabling and not adequately helped by other treatments. These include pain rehabilitation services provided by the Bath Centre for Pain Services (BCPS), as well as the Complex Regional Pain Syndrome (CRPS) and Complex Cancer Late Effects Rehabilitation (CCLER) services.

The Trust is proposing to relocate these services to the RUH in summer 2019. Patients will have access to the same high quality services, provided by the same team, in a dedicated environment.

This is part of a careful and phased approach to relocating all RNHRD services to the RUH or appropriate community settings, to maximise patient benefit. All other services currently provided at the RNHRD site, including Rheumatology, Therapies, the Bath Centre for Fatigue Management and diagnostic services, will be relocating to the RUH in summer 2019.

The Trust is seeking views from patients, carers, healthcare partners and anyone who has an interest in pain services to help their planning and to ensure that they continue to provide the best services for current and future patients. More information and a brief survey is available on the RUH website.

## 8 Proposals to transform maternity services

This is a separate agenda item at November's meeting. For more information visit www.transformingmaternity.org.uk

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

## Health & Wellbeing Select Committee November 2018

### 1. Virgin Care Performance Update

**Executive Summary**

This report provides an overview of the first half of the second year (2018/19) of the Virgin Care Services Ltd (VCSL) community services contract, including:

- Delivery of transformation priorities; and
- Quality and performance of service delivery.

**Transformation programme update**

The Service Delivery and Improvement Plan (SDIP) is agreed between Commissioners and Virgin at the beginning of the financial year. In it, both parties outline: key transformation milestones for the year ahead, based on the Virgin transformation roadmap; unmet or unfinished milestones from the previous year; and commissioners' expectations of the provider. Every milestone has an agreed set of measures, and every three months Virgin Care must provide commissioners with evidence to show that they have met the milestones agreed, which commissioners formally review.

On October 17th, the Head of Transformation Programme and commissioning leads met with Virgin Care to review the Q2 milestones of the SDIP. This face to face meeting is a quarterly opportunity for Virgin Care to evidence achievement or otherwise of transformation milestones, and for commissioners to ask questions, probe and hold Virgin Care to account.

Every milestone is then 'RAG rated', giving it a rating of Green (milestone achieved), Amber (milestone partially achieved) and Red (milestone not achieved/ not started).

Table 1

| | Red | Amber | Green |
|---|---|---|---|
| Quarter 1 | 3 | 4 | 8 |
| Quarter 2 | 3 | 0 | 10 |
| Total | 6 | 4 | 18 |

In quarters 1 and 2, out of 28 transformation milestones, 6 are Red, 4 are Amber and 18 are Green.

Of the 6 Red milestones, 5 relate to Virgin's Integrated Care Record (ICR). The integrated care record platform aims to provide secure access to joined up, timely

information from multiple health and social care providers enabling improved outcomes and experience for people whilst driving efficiencies across the local health and care economy as part of the wider transformation programme.

To date, Virgin Care has not met the majority of their delivery timescales for ICR. In September, Virgin Care was made aware that their provider Lumira would no longer be developing their product for an integrated care record purpose and this could therefore no longer be used as the platform for the B&NES system. The need to re-procure a system will now further delay progress against the milestones. Virgin Care currently estimates that they will identify a provider by the end of 2018, with the aim to start developing the system locally from April 2019 onwards.

It is important to note that the delays in achieving milestones for ICR in quarters 1 and 2 are not related to the Lumira provider failure, which only materialised in September. However it is apparent that Virgin Care will not be able to meet future quarter 3 and 4 milestones agreed for ICR as they currently have no platform to develop. New milestones will need to be agreed once a provider has been selected.

The 18 Green milestones relate to a number of different work streams where Virgin have made significant progress, namely in relation to developing a performance management tool, embedding a strengths based approach across their Adult Social Care teams and working with key stakeholders to develop a care coordination approach to health and social care service delivery.

In addition to the SDIP, there are a number of system-wide transformation work streams that are underway, which involve multiple providers, including Virgin Care. These work streams include the reablement review, the mental health pathway review and the 3 Conversations model pilot. These programmes of work are looking to improve the offer for people in B&NES while delivering efficiencies, and making the service sustainable for future years.

**Performance and Quality overview**

During the second year of the community services contract, Virgin Care and subcontractors' performance reporting arrangements remain largely in line with the arrangements in place for 2017/18, with a strengthened Contract Quality and Performance Meeting (CQPM) structure now in place.

Detailed performance and quality information is reviewed monthly as part of formal Contract Quality and Performance Meetings (CQPM) and at specific quality sub-group and service-level performance meetings, as is the case for other key providers of health and social care services. Actions to address areas of poor performance are undertaken in line with contractual provisions, which can include the issue of a Contract Performance Notice. The Quality sub-group and service level performance meetings provide reports to the formal, CQPM meeting, with Director level Chairing

and attendance of key quality and performance leads from the commissioner and provider.

Monitoring of quality is underpinned by the requirements of the quality schedule which is a mixture of quantitative and qualitative reporting. Through working with Virgin Care to monitor the requirements of the quality schedule, a Contract Performance Notice (CPN) was formally issued to Virgin Care on 21st December 2017 to strengthen their assurance reporting and compliance with the Serious Incidents Framework. A remedial action plan was implemented and, overall, reporting compliance has significantly improved so the CPN was lifted in October 2018.

All Quarter 1 assurances have been received along with other monthly and ad hoc reports, as requested by commissioners. The content and quality of information in all reports has improved, notably the children's and adult's safeguarding reports which highlight improvements in training and the numbers of staff who have undertaken the following training:

- Safeguarding Adults Level 1 and Level 2
- PREVENT training
- Safeguarding Children Level 2 and 3.

The latest Engagement Report and Strategy highlighted significant examples of positive engagement. Further, Virgin Care has implemented a new Human Resources system and shared the latest data with commissioners. While the full data set is still being populated, there is more information than in previous reports and the accuracy is higher as well.

Commissioners' reviews of quality information have led to additional checks being carried out to facilitate a greater understanding of underlying issues. For example Virgin Care is now reviewing the audit results for venous thromboembolism (VTE) assessment to understand why performance has varied and an additional audit is now underway. The contract governance also allows for potential anomalies in the data to be investigated. Commissioners queried the number of safeguarding concerns and incidents at the quarterly Quality Sub-Group meeting and this had led to the identification of possible under-reporting. This is now being addressed so that the reporting of concerns and incidents improves.

In addition to reviewing assurance reports, commissioners triangulate intelligence by undertaking a programme of quality visits, reviewing CQC and Healthwatch reports and ensuring NICE guidance compliance.

Complaints are monitored frequently. There were 11 complaints in Q1: 4 in health, 6 in social care and 1 was corporate. Two were upheld, three were not upheld, and six are ongoing. Themes are monitored to identify any trends. In Q1, the themes included: communication, unwelcome decisions and delays in access. Relative to the

number of people who are in contact with Virgin Care services, the number of complaints is low.

Table 2 below shows the quality indicators being monitored for Virgin Care.

**Table 2**

| | 2018/19 | | | | | | 2018/19 YTD |
|---|---|---|---|---|---|---|---|
| Indicator | Apr | May | June | July | Aug | Sep | |
| Healthcare acquired infection (HCAI) measure - MRSA, C.difficile, MSSA | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Number of Never Events | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Number of Serious Incidents | 2 | 2 | 1 | 2 | 2 | 0 | 9 |
| VTE Assessment - Percentage who have had an assessment on admission | 98% | 98% | 98% | 100% | 93% | 100% | 97.83% |
| VTE Assessment - Percentage at risk of VTE receiving chemical / physical thromboprophylaxis | 84% | 98% | 83% | 91% | 80% | 88% | 87% |
| Mixed sex accommodation (MSA) Breaches | 0 | 0 | 0 | 0 | no data | no data | 0 |
| Number of Complaints (Health & Social Care) | 1 | 5 | 5 | 3 | 3 | 4 | 21 |
| Number of Concerns (Health & Social Care) | 6 | 5 | 6 | 3 | 1 | 3 | 24 |
| Staff Turnover rate % (Virgin) | 1.59% | 1.45% | 0.78% | 0.87% | 1.60% | 1.81% | 1.35% |
| Sickness rate % (Virgin) | 2.83% | 2.53% | 3.20% | 3.30% | 3.19% | 3.74% | 3.13% |
| Vacancy rate % (Virgin) | no data | no data | 7.50% | 12.50% | 18% | lag | 12.67% |
| Agency staff % (Virgin) | 4.99% | 3.81% | 11.04% | 9.49% | 6.64% | 5.83% | 6.97% |

Table 3 below shows how the services Virgin Care provide have performed against National NHS Constitution standards for access to care in 2018/19 to September2018. Virgin Care provides Consultant led services which are subject to the 18 week referral to treatment target: Orthopaedic Interface Service, Falls and Movement services (Clara Cross), Community Paediatrics and Paediatric Audiology. Virgin Care provides adult audiology and echocardiograms in the community that are subject to the 6 week diagnostic standard. Paulton MIU is subject to the 4 hour A&E standard.

Performance against the Diagnostics standard has deteriorated since July 2018 because of problems with timeliness of carrying out echocardiograms in the Heart Failure service. A combination of increasing demand and failure to add referrals on the system in a timely manner led to a backlog growing. While the process errors have been corrected, the level of the backlog is significant relative to the service capacity, so commissioners asked Virgin Care to demonstrate how it will recover performance. Additional capacity has been sought and is due to be available this month, with breaches expected to be cleared by the end of December 2018. Commissioners provide assurance reporting to NHS England on a monthly basis

regarding all NHS Constitution standards including diagnostics performance, so this area of performance is also reported directly to, and scrutinised by, the regulator.

The CCG delegates the Continuing Health Care (CHC) Service to Virgin Care. The CHC service has national targets for access. At the start of the contract Virgin Care was asked to review and improve this service and the service is moving towards achieving the 28 day target. The provider is currently being monitored against a jointly-agreed recovery trajectory and performance is improving in line with the recovery plan. Performance for the number of CHC Decision Support Tools carried out in an acute hospital setting is exceptional and has been in the top quartile nationally throughout 2017/18 and 2018/19 to date.

Table 3

**Virgin Care: performance against key NHS standards**

| Measure description | Direction to improve | Standard 2018/19 | 2018/19 actuals[1] | Latest period | England 2018/19[2] | BaNES CCG[3] |
|---|---|---|---|---|---|---|
| Referral to Treatment: percentage of patients on an incomplete pathway waiting less than 18 weeks at month end | ▲ | 92% | 98.8% | Sep-18 | 86.7% | 89.90% |
| Referral to Treatment: total number of patients waiting over 52 weeks at month end | ▼ | 0 | 0 | Sep-18 | | 4 |
| Diagnostics: percentage of people waiting over 6 weeks for diagnostic tests at month end | ▼ | 1% | 17.9% | Sep-18 | 2.7% | 5.30% |
| A&E: percentage of A&E attendances where total time in the department is 4 hours or less | ▲ | 95% | 100% | Sep-18 | 88.9% | 85.50% |
| Continuing Healthcare: Proportion of Decision Support Tools completed in an acute hospital | ▼ | 15% | 0% | Q2 | 12.3% | |
| Continuing Healthcare: Proportion of referrals concluded in period carried out within 28 days | ▲ | 80% | 55.6% | Q2 | 71.1% | |

| Notes | 1 RAG status is green where performance is above the national standard<br>2 RAG status is based on how B&NES performance compares to the national rate (green = B&NES is better than national performance)<br>3 A&E: the CCG figure quoted is RUH Trust level performance. |
|---|---|

Table 4 below provides the published 2017/18 Adult Social Care Outcomes Framework (ASCOF) performance, the key national measures for Adult Social Care, which shows that overall the outcomes for people using Social Care services have continued at the expected levels during the changeover of contract. The final

2017/18 was published at the end of October and includes benchmarking against national performance.

Table 4

| Ref | Measure description | Direction to improve | Target/ 2016/17 actual | 2017/18[2] | England 2017/18[3] |
|---|---|---|---|---|---|
| ASCOF 1C(1a) | Proportion of people using social care receiving self-directed support | ▲ | 91.4% | 90.8% | 89.7% |
| ASCOF 1C(2a) | Proportion of people using social care receiving direct payments | ▲ | **25%** | 30.1% | 28.5% |
| ASCOF 1E | Proportion of adults with learning disabilities in paid employment | ▲ | 9.7% | 10.4% | 6.0% |
| ASCOF 1G | Proportion of adults with learning disabilities who live in their own home or with their family | ▲ | 71.9% | 73.9% | 77.2% |
| ASCOF 2A(1) | Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (18-64) | ▼ | 20.5 | 16.2 | 13.5 |
| ASCOF 2A(2) | Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (65+) | ▼ | **640.8** | 639.4 | 568.5 |
| ASCOF 2B(1) | Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (effectiveness of the service) | ▲ | 91.3% | 82.4% | 82.9% |
| ASCOF 2C(1) | Delayed transfers of care from hospital (per 100,000 population) | ▼ | **11.6** | 12.4 | 12.3 |
| ASCOF 2C(2) | Delayed transfers of care from hospital which are attributable to adult social care (per 100,000 population) | ▼ | **7.4** | 5.6 | 4.3 |
| ASCOF 2C(3) | Delayed transfers of care from hospital which are attributable to both (per 100,000 population) | ▼ | **0.2** | 0.4 | 0.9 |

| Notes | 1 Where targets are in bold, they are either contractual targets or targets from plans, such as the BCF plan. Other targets are set at last year's actuals.<br>2 RAG status is green where performance is above the national average or, if not, where it is either above the 2016/17 B&NES level. In the case of 2C(1), as 2016/17 is not measured on a like-for-like basis, as Virgin Care did not report nationally in the baseline year, 2017/18 performance represents a like-for-like improvement, so it is rated green.<br>3 RAG status is based on how B&NES performance compares to the national rate (green = B&NES is better than national performance). |
|---|---|

## ASCOF Performance commentary

- Self-directed support and direct payments – ASCOF 1C: Performance has remained stable this year for the self-directed support measure and is better than the national average for 2017/18. For direct payments, this year's performance is better than the national average and above the contract target. Performance for 2018/19 will decline due to a provider of Direct Payments (DP) withdrawing services, which led to an urgent review of clients who were receiving DPs. This identified some service users as no longer eligible, so the number of people receiving DPs has fallen. The Council's focus remains on

making sure that DPs are offered to people in the cases where it is appropriate to do so.

- Learning Disabilities – ASCOF 1E and 1G: The rate of learning disability clients in employment continues to rise in line with the trend in recent years and it remained significantly above the national average in 2017/18. The Council has been in the top quartile for this measure for the past four years. The accommodation measure also improved compared to 2016/17 to continue the steady year-on-year improvement seen in recent years. While performance remains below the national average, the rate of improvement in B&NES this year is better than the rate of improvement nationally.
- Permanent care home admissions – ASCOF 2A: Fewer younger adults have been permanently placed in residential care during 2017/18 than in the past 5 years. While B&NES performance is above the national average, there has been significant improvement this year, particularly in Q4. In 2016/17, B&NES was in the bottom quartile nationally but 2017/18 performance has improved to the extent that this is no longer the case as placements reduced by 21%. The improvement seen in 2017/18 is being sustained into 2018/19 to date. Approximately 80% of the placements in this category are Virgin Care clients, with the remainder being AWP clients. For over 65s, the number of new permanent placements in 2017/18 reduced by 6% compared to last year and B&NES' performed better than the average for its peer group of demographically-similar councils. BCF schemes, such as Home First, have been successful in reducing ongoing care needs as earlier discharges avoid people deteriorating in hospital. Approximately 60% of the placements in this category are attributable to Virgin Care clients, with the remainder being AWP clients.
- Reablement – ASCOF 2B(1): Virgin Care identified that the method of calculation used in previous years had been over-reporting performance. 2017/18 performance is not directly comparable with previous years therefore. The revised methodology was first used in January and performance has been better than the regional average level. The reported drop in performance reflects a reporting change and is not reflective of a deterioration of outcomes for service users. The Council has been working with Virgin Care to improve the range of indicators reported locally for reablement which has provided a greater understanding of how the reablement service is performing.
- Delayed Transfers of Care – ASCOF 2C: DTOC performance was challenging at a national level during 2017/18 as pressure has been felt across the health and social care system. B&NES delivered its year-end BCF plan reduction in DTOCs and delays in Virgin Care settings were also better than planned, which should be considered in the context of significant winter pressure. Virgin Care has taken ownership of community hospital and reablement delays, which led to improvements in Q4. Virgin Care commenced submitting data nationally on

delays in community hospitals from January 2018, so the ASCOF measure this year does not wholly reflect their impact on DTOCs in B&NES. However, the inclusion of community hospital delays explains 2C(1) being higher than the 2016/17 result. On average, 37% of delayed days in B&NES are in community hospitals. For delays attributed to social care, there has been significant improvement in the latter half of 2017/18, so while B&NES is above the 2017/18 national average, the variance is much reduced and is significantly better than 2016/17 given that the 2016/17 value did not include Virgin Care data and included some under-reporting for other providers. A combination of greater scrutiny of DTOC coding and the effects of BCF schemes has helped to reduce delays, including those attributed to social care.

## 2. CAMHS Local Transformation Plan

The local **Children & Adolescent Mental Health Services (CAMHS) Local Transformation Plan** sets out how local commissioners and providers of mental health support are working together to meet a national priority, outlined in *Future in Mind,* to improve the emotional wellbeing and mental health of children and young people living in Bath and North East Somerset.

It incorporates the following key themes:

- Promoting resilience, prevention and early intervention
- Improving access to effective support
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

The latest **CAMHS Local Transformation Plan,** dated October 2018, is currently in draft format and is available for review on the B&NES Council website: http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Children-and-Young-People/banes_transformation_plan_oct18_draft.docx

Any corrections, omissions and/or comments are welcome and should be emailed to Margaret_Fairbairn@bathnes.gov.uk by 7th December 2018. After this date the plan will be updated and finalised.

## 3. Sirona Care & Health Community Resource Centres and Extra Care Contracts

### Introduction

Following the in camera/private meeting of the Select Committee with Sirona Care & Health and Unison representatives, this detailed briefing, as requested, sets out the current contractual arrangements for the Sirona provided Community Resource Centres and Extra Care service and background to how these arrangements were developed and agreed.

### Background

Sirona Care and Health provides 105 residential care home beds within the three Community Resource Centres in Bath and North East Somerset. The CRCs are owned by the Council and leased to Sirona Care & Health. They were established as an important community asset by the Council in 2008 following extensive public consultation with service users, carers and staff and transferred under a block contract to Sirona Care and Health when it was established as a Community Interest Company in 2011.The block contract arrangement requires funding of all beds in the three care homes regardless of levels of occupancy. Two of the CRCs also have extra care housing attached. The care service is provided by Sirona Care and Health whilst the housing itself is managed by Curo Housing.

### Your Care Your Way Community Services Review- 2016:

During 2016, the Your Care Your Way procurement process was underway for community health and care services that were primarily provided by Sirona Care and Health at the time. In January 2017, services in scope for the Prime Provider contract and sub-contracts were agreed. This model saw the development of a Prime Provider that would directly provide services and would sub-contract others on behalf of the Council and the Clinical Commissioning Group. Extra care sheltered housing (both housing contracts and care contracts) and community equipment (for example handrails, hoists, stair lifts, walking frames, specialist beds) were agreed to be in scope for the procurement to be sub-contracted by the Prime Provider. It was agreed that Residential Care/Care Home provision, including that provided from the CRCs and by a range of private and independent sector providers would remain outside the Your Care Your Way review and continue to be commissioned directly by the Local Authority. This means that the Council and, in some instances (for example the provision of Continuing Health Care) the CCG continue to plan, fund and monitor performance, quality and safety directly. The Care Quality Commission (CQC) also has an important role in monitoring the quality and safety of Residential, Nursing and Extra Care Services, which are all care services regulated by the CQC.

**Designing a new model for the Community Resource Centres (CRCs):**

Discussions also began with Sirona Care and Health in 2016 to redesign the CRCs model due to the high numbers of vacancies, particularly in the residential care beds. It was also becoming increasingly apparent that the residential care provided in the CRCs was not designed to meet the increasingly complex and acute needs of a changing older population, which was an important contributory factor to the number of vacancies in the CRCs.

It was identified that significant refurbishment and changes to the properties would need to be funded in order to meet the needs of a different cohort of residents with nursing needs and meet CQC (Care Quality Commission) regulations.

In the summer of 2016, a draft business case for the CRCs was produced by Sirona Care and Health Care and the Council identified £700k of capital funding from the remaining balance of the 2015-16 Social Care Capital Grant. Officers met regularly with Sirona Care and Health Care to develop the business case.

**CRC Contract Discussions with Sirona Care and Health – Autumn 2016**

In August 2016 the preferred provider for Your Care Your Way was confirmed to be Virgin Care Services Limited. As the preferred provider did not include Sirona Care and Health, this meant that the CRCs would need to be commissioned on a stand-alone basis as the current community contract including the CRCs would end in March 2017. The contract did not include provision for any further extensions.

It was agreed with Sirona Care and Health that the Council would award Sirona Care & Health a 1-year contract to give time to agree a new specification and contract terms. In light of procurement regulations, it was not possible for the Council to award a lengthy contract directly to Sirona Care and Health. Sirona Care and Health were, however, clear that in order to continue to be a viable provider of these services and implement a new model of care, it was essential that they did have the security of a long contract (to align with the Prime Provider contract). Following an appraisal of the procurement and contracting options with legal and procurement advice, it was decided that the preferred option was to vary the scope of the Prime Provider contract and establish the CRCs as a sub-contract between Virgin Care and Sirona Care and Health from April 2018 This arrangement also enabled Sirona Care and Health to retain the provision of all the care services provided from the CRCs, including the Extra Care service, which was already sub-contracted by Virgin Care. This decision and arrangements were made within procurement and contract law.

**Finalising the CRCs Model – Autumn 2016 – early 2017**

In Autumn 2016, costings were agreed with Sirona Care and Health for an uplift of 6.6% which would see the model change from:

| Home | Current | Proposed |
|---|---|---|
| Cleeve Court | 20 General Residential<br><br>25 Complex Dementia residential | 20 Dementia Residential<br><br>25 Complex Dementia Residential |
| Charlton House | 15 Complex Dementia Residential<br><br>15 General Residential | 30 General Nursing |
| Combe Lea | 15 Complex Dementia Residential<br><br>15 General Residential | 15 Dementia Nursing<br><br>15 Dementia Residential |

**Service Specification and Contract for the CRCs**

In January 2017, a new type of residential care referred to as “high dependency residential care” began to be developed and the Council worked with Sirona Care and Health to test this new option. A request was made to Sirona Care and Health to adapt the model at Charlton House to include this new type of residential care for people who had intensive personal care needs such as needing 2 carers to transfer. The cost of this model would not change as the same number of carers would be needed and the number of nurses was the same for 20 beds as for 30 beds. In January 2017, the full business case for the CRCs was signed off with the following bed mix below. This formed the basis for the service specification.

| Home | Current | Proposed |
|---|---|---|
| Cleeve Court | 20 General Residential<br><br>25 Complex Dementia residential | 20 Dementia Residential<br><br>25 Complex Dementia Residential |
| Charlton House | 15 Complex Dementia Residential<br><br>15 General Residential | 20 General Nursing<br><br>10 High Dependency Residential |

| Home | Current | Proposed |
|---|---|---|
| Combe Lea | 15 Complex Dementia Residential<br><br>15 General Residential | 15 Dementia Nursing<br><br>15 ementia Residential |

A capital grant business case to release the £700k social care capital grant from 2015-16 was also approved in January 2017.

The Council began working with Sirona Care and Health on an implementation plan and a Project Manager from the Council's Property Services Team was appointed to oversee the changes to the buildings.

**Extra Care and Community Equipment – Your Care Your Way – March 2017**

During the early part of 2017, Sirona Care and Health provided financial and budgetary information to Commissioners to comply with the due diligence process for the new community health and care contract. This information was to inform Commissioners of the financial split between services transferring to Virgin Care and those remaining with Sirona Care and Health. Because Extra Care and Community Equipment formed part of the Your Care Your Way contract, no reference was made to any specific concerns as to the funding of these services other than as part of the whole. These figures were therefore used only as part of the safe transfer exercise underway for the new Community Services contract – no understanding was given that this would determine the final value of individual contracts.

Just before the community contract was agreed with Virgin Care, concerns were raised about Extra Care. At this point it was agreed to remove the Extra Care service from the subcontracts being transferred to Virgin Care in order to understand the issues and agree a solution or mitigating actions without delay to the main contract signature.

The most significant issue identified was a cost pressure, which Sirona reported amounted to 15.6% of the contract value for Extra Care. This issue had not been raised previously with Commissioners in contract meetings.

Community equipment was also taken out of the community contract, in part due to the complexity of multiple providers of community equipment services.

**April 2017 onwards**

Urgent meetings then began on 27th April 2017 with Sirona Care and Health to agree a combined contract for the CRCs, Extra Care and a separate contract for Community Equipment services which was intended to continue to sit outside of the Your Care Your Way portfolio of sub-contracts.

During fortnightly meetings, the CRCs contract value remained confirmed as unchanged with an uplift of 6.6% as previously agreed with Sirona Care and Health. The Community Equipment service received a 12.1% uplift, agreed with Sirona Care and Health.

Discussions continued to understand the issues facing the Extra Care service. Commissioners and Sirona discussed different ways to provide the service within the financial envelope and Commissioners asked Sirona to consider different models. Discussions focused on how Sirona might find efficiencies across the CRCs and Extra Care as they were often on the same site, or by considering options such as new technology. These discussions included whether elements of the service could be delivered by other providers (eg local home care agencies) to deliver a mixed model. Sirona Care and Health offered to deliver the service for 2017/18 with an 8% increase in value.

Commissioners agreed to this proposal which represented an ongoing uplift of 3.2% on the previous contract value for Extra Care. A 6-month transformation funding arrangement was also agreed which gave Sirona a 12.8% uplift for the first 6 months of 2017-18 covering their actual costs for this period.

Sirona Care and Health took their proposals to their Board on 22nd May 2017 for formal approval which was given. There was no indication from Sirona Care and Health that this approval was given reluctantly, in fact the regular communication with Sirona requested urgent contract signature in order to move on with the changes required. Sirona Care and Health did have sufficient time to undertake due diligence on the offer made and this was the responsibility of Sirona Care and Health before agreeing and signing the contract.

Sirona Care & Health sent commissioners the consultation document on changes to staff terms and conditions with the full details of the proposals the day before it was released to affected staff. There was therefore no opportunity to influence the tone or language of the document which inferred that Sirona was being required to make savings on their contract, a point which Commissioners and Sirona continue to see differently for the reasons on the contract value outlined above.

Discussions continued with Virgin Care during the autumn and early part of 2018 and final confirmation from Virgin Care that they would include CRCs in the subcontracts portfolio was received in March 2018. The contract would be for 6 years with the potential to extend another 3 years, in line with the other sub-contracts within the portfolio held by Virgin Care as Prime Provider.

Like the Prime Provider contract and all sub-contracts, providers were advised that contracts would be awarded on a "flat cash" basis and there would be no guaranteed uplifts during the life of the contracts. This is the basis on which many of the Council's contracts operate, with an expectation, as with Council directly provided services, that providers manage some level of cost pressure through internal efficiencies – particularly when benchmarking information shows that the cost of the service is relatively high. However, if providers under the Prime Provider/sub-contracting arrangements were to raise concerns about viability, Virgin Care would work through these concerns with the provider and in consultation with the Council and CCG.

**Terms of the Contract for the CRCs -**

The beds are funded on a block basis with the cost of the beds being significantly higher than the published fee rate which the Council expects to pay private providers. The Council gave an uplift to private and independent providers of 1% on beds at or below the published fee rate this year, following a large scale exercise in 2017 to calculate a fair price of care. The table below shows the difference in bed costs between the CRCs and the Council's published fee rates. This means that Sirona would not have received an uplift for these beds if included in the uplift exercise.

| **Bed Category** | **Sirona Rate (£)** | **Published Fee Rate (£)** | **% difference** |
|---|---|---|---|
| Residential Dementia | 773 | 578.73 | +25% |
| Complex Residential Dementia | 808 | 578.73 | +28% |
| Nursing Dementia | 971 | 737.85 | +24% |
| General Nursing | 945 | 719.67 | +24% |
| High Dependency Residential | 945 | N/A | |

For private providers, empty beds are not funded – the provider covers this cost and risk. For the CRCs, this risk and cost is funded by the Commissioner and effectively means that empty beds in the CRCs cost the Council twice as much because a bed then has to be purchased in the private sector. Empty beds in the CRCs can arise for a number of reasons, including service user or care choice of care home and/or location and, also, the increasing possibility that the provision of standard residential care does not meet the more complex or acute needs of people looking for a placement. Currently the Council covers the financial risk of vacancies in the CRCs under the block contract arrangement. Private and independent sector providers cover the vacancy risk themselves.

Private providers are also expected to cover the cost of their maintenance and building costs within their fees. This is not the case Sirona as the block contract includes overheads which contribute to the maintenance and minor repairs of assets used in the provision of service.

In terms of including privately-paying residents, the Extra Care Units and CRCs do take in some self-funders, however this income is received by the Council as the contract with Sirona Care and Health is on a block basis.

Allowing Sirona Care and Health to benefit from private funders could be an option and it is something that the Council has considered previously and is open to exploring in more detail with Sirona Care and Health alongside other options, such as increasing the number of nursing beds again at Charlton House (at no extra cost to Sirona Care and Health). Adapting the model to include private beds could mean that the Council would reduce the contract value to Sirona Care and Health and would expect them to bear the responsibility for filling the private beds and carrying the risk if they remain empty.

**Pay and Conditions for Care Staff**

In terms of paid breaks, it is rare for a provider to offer paid breaks. By continuing to retain staff with paid breaks, Sirona were an outlier as a care provider and this is likely to be a contributory factor to their costs in a very competitive market. This is one of the reasons that the Council decided, on balance, not to put the CRCs out to competitive tender in 2017 as there would have been a significant risk to Sirona that they would not be well placed to retain the contract in light of their overall high cost-base. Also, to undertake a full procurement process against a very short time scale presented a risk to service continuity and impact on the experience of residents and carers and uncertainty for care staff.

Whilst the CRCs in particular must retain a minimum level of staffing, there are many technological advances on the market now, in particular for extra care housing which allow providers to make the most of their staffing capacity. This could be explored for the Extra Care service.

Unison representatives are right to point to the Council's duties under the Care Act to support providers to develop the workforce. However this does not imply that the Council should continue to use public funding, particularly at a time when Council resources are under significant pressure, in order to fund a model of delivery which might secure beneficial terms and conditions for a relatively small number of staff working in the care sector but that would make it even more difficult than is currently the case for the provider continue to be viable and competitive in the wider care market. This would directly contradict another Council duty which is to ensure the market is viable, continues to develop and to protect against provider failure. Many care providers work in more areas than just B&NES – they could not offer particular benefits just to B&NES workers and remain competitive elsewhere. Contrary to the Unison statement, the Council does not have a duty to "ensure that front line care staff are not financially disadvantaged when a care organisation runs into financial difficulties." This would require the Council to be liable for any staff operating in any care organisation and whilst the Council does have a duty to develop the market and avoid market failure where possible, this is not at any cost as the Council must have due regard for all of its statutory duties as a public body.

**Staffing Dispute Resolution**

At the time of writing Sirona staff who are members of Unison have proceeded with further planned strike action.

In light of the continued concern, including as expressed by Select Committee members, about the potential impact of the ongoing dispute on the care services and staff the Cabinet Member will ensure that, within existing budgets and legal and regulatory constraints, Council officers will continue to work with Sirona Care & Health to support them in resolving the dispute and moving forwards.

It may be possible to provide a further verbal update at the Select Committee in relation to any progress made in achieving a resolution, including through mediation.

## 4. Mental Health Pathway Review

Since the last update we have been continuing to seek the views of a diverse range of groups across B&NES, including people who are seldom heard, and those who are vulnerable or have complex needs. The feedback we receive from people is being actively incorporated into our work to develop service specifications, ensuring that any new model will reflect the things that people have told us will improve the service for the community.

We have attended a GP Cluster meeting in order to keep GPs updated on review progress, and how we have picked up on and responded to the issues they raised at the start of the review about how mental health services are currently working.

Commissioners and colleagues in Virgin Care and Avon and Wiltshire Mental Health Partnership NHS Trust have begun work to look at all our existing service specifications, identifying where there are gaps between what is currently commissioned and what people have told us will be important in the new model.

The six workstreams have now been combined into one joint workstream group which is meeting on a monthly basis in a workshop format to look at specific issues. The first joint workstream group in October was well-attended and we worked with an expert on outcomes to develop an outcomes framework that will help us to ensure that the new service delivers tangible benefits. A separate opportunity was then provided for community champions to spend an additional period of time looking at the identified outcomes.

The most recent workshop being held in November focused on the development of a Collaborative Framework which sets out how those who work to provide mental health services either in the statutory or voluntary sector can work together to ensure that the experience for those who use our services is seamless, and there is ‘no wrong door’.

The review remains on track with emerging provider models expected to be drafted in December 2018 and formal consultation commencing January 2019 and contracts in place by 1st April 2018.

For further information about the review, please visit the CCG’s website, email banes.yourvoice@nhs.net or call 01225 831 800 and ask for the Communications and Engagement Team.

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# Health Select Committee Update November 2018

Just two items this time. The newsletter and an introduction to the world Health Organisation Global Burden of Disease database

## 1. Public health newsletter

**Public Health News**

**November 2018**

**Public Health monthly challenge!**
**Do you know someone who's eligible for the free NHS flu vaccination & can you help them to avoid getting ill this winter?**

The flu is a common infectious illness that for most healthy individuals is usually an unpleasant but self-limiting disease. However, for older people or those with underlying health conditions there is an increased risk that the flu will lead to serious complications. In order to help protect this population, the NHS recommends that the following groups of people obtain a flu vaccine each winter:

- adults 65 and over
- people with certain medical conditions (including children in at-risk groups from 6 months of age)
- unpaid carers
- pregnant women
- children aged 2 and 3
- residents living in long-stay residential care homes
- Social care and hospice staff (directly involved in the care of vulnerable patients/clients)
- Healthcare staff employed by NHS service providers – through their employer

**If you know of anyone who falls into any of these eligible groups, please let them know about it and encourage them to have it at their GP surgery or participating pharmacy**.

The flu vaccination programme for children in reception class and school years 1, 2, 3, 4 and 5 will be delivered through schools, not GP or pharmacy.

More information is available at: https://www.nhs.uk/staywell

Organisations and community settings can order NHS England and Public Health England Community Resource Packs to promote the flu vaccination and other 'Stay Well This Winter' messages. Please order via the campaign resource centre: https://campaignresources.phe.gov.uk

## The Riverside Clinic

The new permanent phone number for the service is 01225 826855. There have also been some changes to clinic times which are fully updated on the clinic's website www.ruh.nhs.uk/sexualhealth/


## Loneliness

The problem of loneliness has been in the news a lot lately following the recent publication of 'A connected society: a strategy for tackling loneliness - laying the foundations for change'. This acts as government's first major contribution to the national conversation on loneliness and the importance of social connections.

A number of organisations provide information and support to those working to prevent loneliness.

The Campaign to End Loneliness website provides information and links to a range of resources that aim raise awareness of the problems of isolation and feeling alone and resources to help those who experience these. MIND also provide tips for everyday living and coping with loneliness


## Alcohol Awareness Week

Too often drinking is an expectation, not a choice. Millions of people choose to drink more healthily or stop drinking each year, and their lives and the lives of those around them change as a result. Across B&NES, people are suffering as a result of the impact alcohol can have on them and those around them. The week will feature a range of messages on the impact alcohol can have on our health, our parenting, our workplaces and the benefits of taking some quick steps to change our relationship with alcohol. This November, let's come together to make changes in our own lives, share the tools and support needed to make that happen, call for the change that's needed and celebrate the change that's happening. https://www.alcoholconcern.org.uk/alcohol-awareness-week

## Get Set to Go

Wesport are supporting Bath Mind in delivery of their Get Set to Go project which provides sport and physical activity sessions to people experiencing mental health problems. As part of this, they are funding Mental Health Awareness training for local sports coaches and physical activity instructors. The course is a three-hour workshop, developed with support from sports coach UK, and is designed for coaches, sport administrators, volunteers and front of house staff.

- 12th November 2018 9:30am to 12:30pm at Twerton Village Hall, Bath BA2 1DX
- 13th February 2019 10am to 1pm Southdown Methodist Church, Bath BA2 1NG

This training is funded by Sport England and the National Lottery with support from UK Coaching.

The course is registered with CIMSPA for CPD points. No prior knowledge is necessary.

For more information and booking see here: http://www.wesport.org.uk/events/mental-health-awareness-course-run-by-bath-mind /

## Free Mental Health training: Connect 5 Places still available

**Connect 5 training is available to anyone working in B&NES but will be of particular value to anyone who wants to be able** to talk with others about their mental wellbeing. It is a modular course with up to 3 sessions available. How many sessions you cover will depend on your role? Places are available as follows:

- **Session 1 - introduction**

| | | |
|---|---|---|
| 5th December 2018 | 9.30 – 13.30 | Community Space Keynsham |
| 9th January 2019 | 13.00 – 16.30 | Community Space Keynsham |
| 6th February 2019 | 9.30 – 13.30 | The Aix en Provence Room Guildhall Bath |
| 13th March 2019 | 9.30 – 13.00 | The Aix en Provence Room Guildhall Bath |

- **Session 2 – Understanding stress and distress and skills to support others**

| | | |
|---|---|---|
| 18th January 2019 | 9.30 – 16.30 | Curo, Lower Bristol Road, Bath |
| 19th February 2019 | 9.30 – 16.30 | Community Space Keynsham |

- **Session 3 - Further developing skills to support others over time**

| | | |
|---|---|---|
| 20th November 2018 | 9.30 – 16.30 | Curo, Lower Bristol Road, Bath |
| 12th December 2018 | 9.30 – 16.30 | Bath College Somer Valley Campus, Radstock |
| 17th January 2019 | 9.30 – 16.30 | The Aix en Provence Room Guildhall Bath |
| 8th February 2019 | 9.30 – 16.30 | The Kaposvar Room, Guildhall Bath |

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 links to apply click here

## FREE Making Every Contact Count (MECC) training – Places are still available on November, January and February 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. For further details and to apply:-

- 6th November and 13th November 2018, 9.15 (registration), 9.30 – 13.00 John Reynolds Room, Bath City Football Club, Twerton Park, Twerton, Bath BA2 1DB https://www.eventbrite.co.uk/e/make-every-contact-count-mecc-6th-13th-november-2018-tickets-49645745762
- 22nd January and 29th January 2019, 9.15 (registration), 9.30 – 13.00 Southdown Methodist Church, 206 The Hollow, Bath, BA2 1NG https://mecc-training-22nd-29th-january-19.eventbrite.co.uk
- 7th February and 14th February 2019, 9.45 (registration), 10.00 – 13.30 Aix En Provence Room, Guildhall, High Street, Bath, BA1 5AW https://mecc-training-7th-14th-february-19.eventbrite.co.uk


## Support for adults bereaved by suicide:

Any adult affected by the death of someone by suicide will be made welcome at a Bath group set up by the Bath & District CRUSE Bereavement Care charity and run by volunteers who themselves have been affected by suicide. The group meets regularly every third Wednesday in the Month from 18.30 to 20.00 pm at the Open House Centre, Manvers Street Baptist Church, Manvers Street, Bath, BA1 1JW. For further information click here

## Looking after our mental health at Christmas

With less than 8 weeks to go until Christmas some of us will be getting excited and others starting to dread what can often be a difficult time of year. A number of well-known UK Mental Health charities provide advice to help everyone manage the stress that Christmas can bring and offer support to those for whom it brings extra challenges. See

Mental Health Foundation https://www.mentalhealth.org.uk/a-to-z/c/christmas-and-mental-health

MIND https://www.mind.org.uk/get-involved/about-minds-membership/membership-pages/christmas-and-mental-health/

Samaritans https://www.samaritans.org/support-us/if-christmas-starts-hurt-well-be-here

## Smoke Free NHS countdown

From Tuesday 1 January 2019 all NHS sites and services across Bath & North East Somerset, Swindon and Wiltshire will become completely tobacco and smoke free.
In just under two months' time, patients, staff and visitors (including contractors and suppliers) will no longer be able to smoke anywhere on NHS sites, including the grounds and gardens or in vehicles and car parks. There will no longer be dedicated smoking areas on sites. The use of e-cigarettes will be allowed in outside areas.

Avon and Wiltshire Partnership (AWP) Mental Health Trust is leading the way having gone completely smoke free across all their sites in November 2017. They have already seen benefits including staff quitting nicotine completely or switching to e-cigarettes and inpatients needing less medication directly as a result of their abstinence whilst in hospital.
The Royal United Hospital (RUH) and Virgin Care and Health have already started to provide nicotine replacement therapy and support to staff and patients to help them manage their nicotine dependency while at work or during their stay. The RUH has recently demonstrated great leadership by signing up to the NHS Smokefree Pledge and increasing its stop smoking support to patients by putting trained 'healthy choices' advisors on wards.

Staff at the RUH, AWP and Virgin Care need our help in ensuring compliance with the policy so please support them by raising awareness amongst your clients who smoke. If they have a hospital appointment in the New Year or are going to visit someone at hospital then they can help by stubbing out the tobacco before they go on site or alternatively get some support to quit for good or switch to vaping by calling our healthy lifestyle team on 01225 831852 or email: healthylifestyle@virgin.co.uk

## 2. The World Health Organisation Global Burden of Disease database.

The most fascinating information on health measures and trends that runs from the truly global down to the level of BaNES is available through the World Health Organisation led Global Burden of Disease database which includes massive amounts of data on illnesses, causes of death and their risk factors, across different age groups, sexes and through time - and all brilliantly accessible and presented in many different ways.

I have taken out just two diagrams that compare (at BaNES level) the illnesses and conditions that cause lost years of life on the one hand and the rather different illnesses that cause ill health and disability during life.

Diagram 1. Causes of Deaths: (IHD= Ischaemic heart disease). All ages + sexes in BaNES

Main causes of death are circulatory diseases (heart disease and strokes) cancers, alzheimers (an increasing cause of death), lower respiratory tract infection (pneumonia etc –often an end-stage cause of death in the old) and chronic bronchitis and emphysema (now diminishing as smoking declines). Note self harm is small in all-age category but is biggest cause of death in 15-49 overall and very much the biggest in men of that age group.

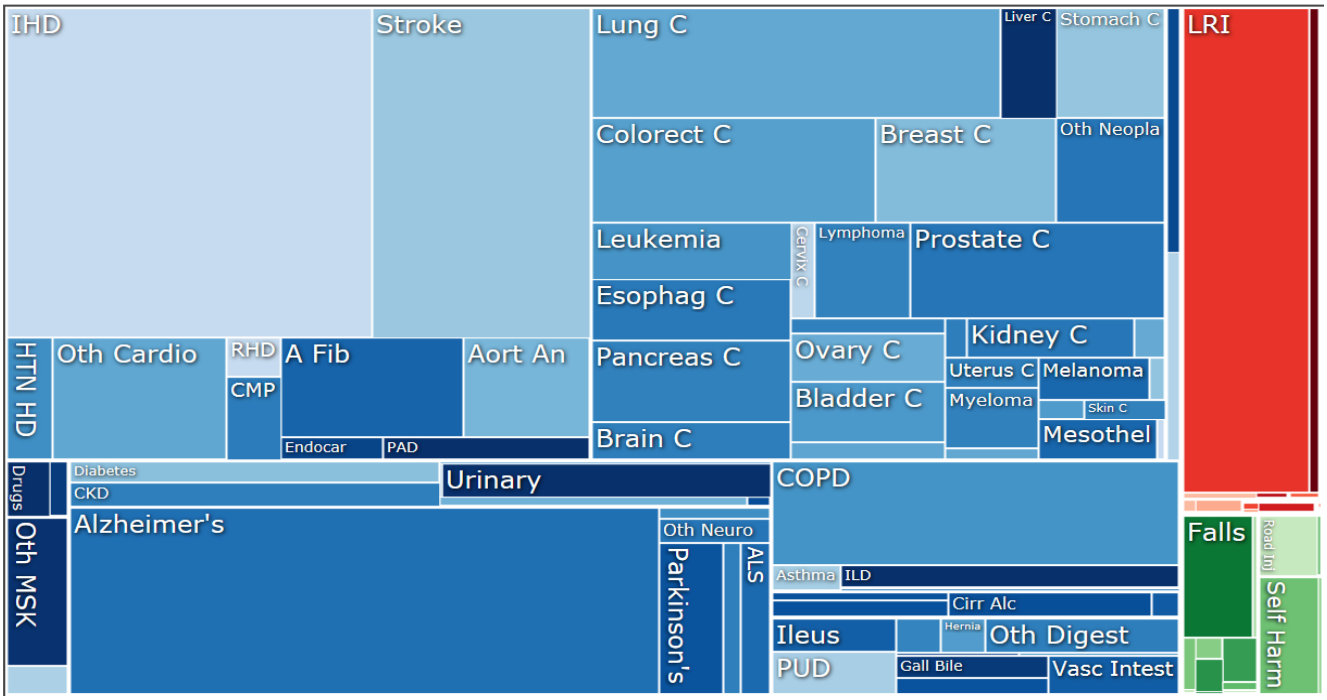



Diagram 2. Years lost to disability (ie what makes people ill while alive). A different set of conditions predominate including: Back and neck pain and other joint conditions most of all, visual and hearing loss (sense in the diagram) and skin conditions, mental illness and substance misuse, migraine, oral conditions, falls, asthma.

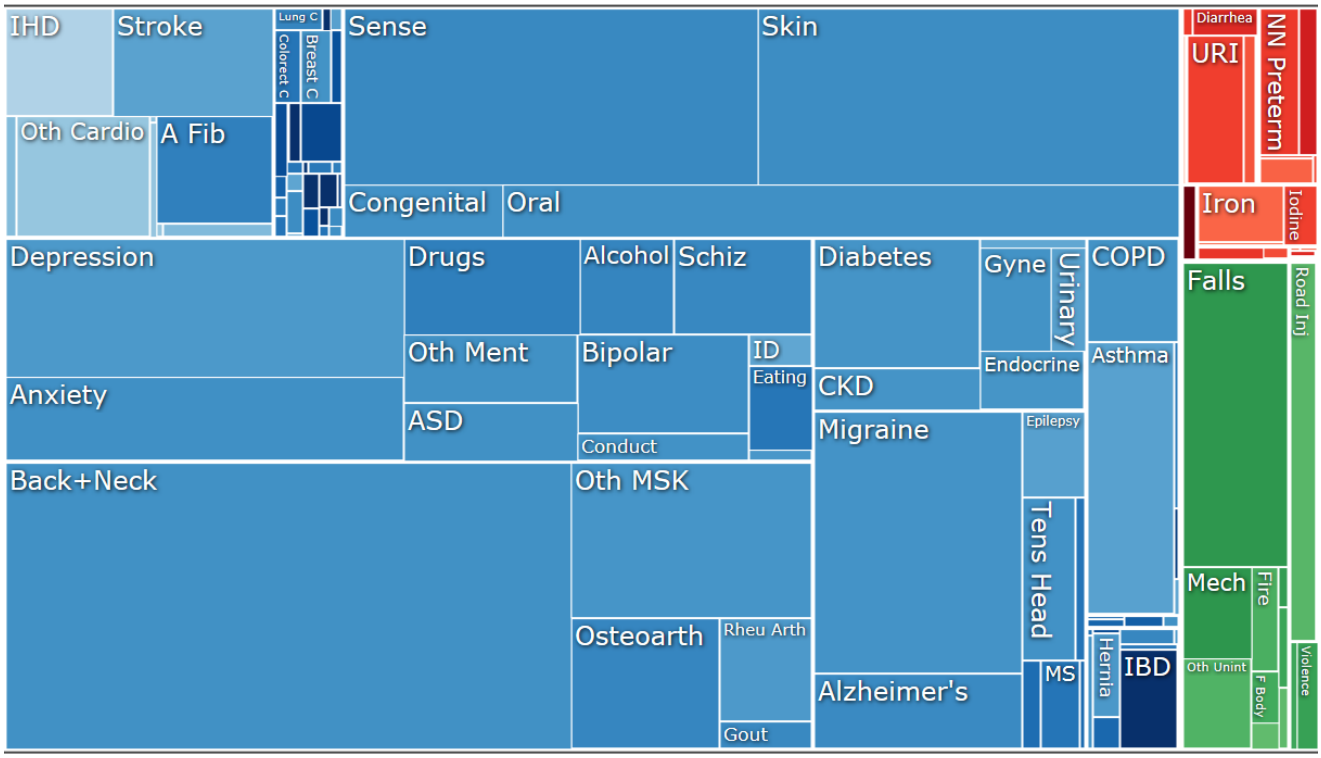
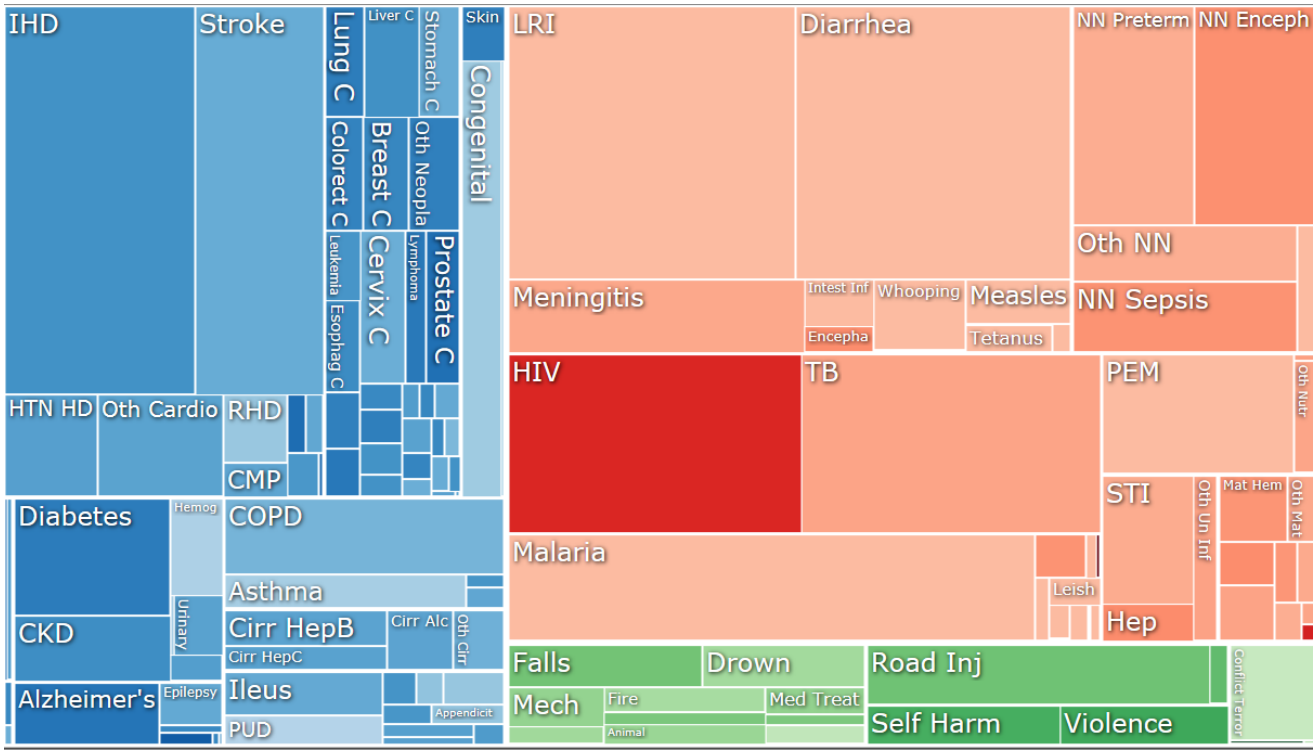


Diagram 3. By way of global comparison this is the map of causes of death in Low income countries (the lowest of five categories so in effect the lowest quintile of countries of the world.. LRI = lower respiratory infection (pneumonia etc), PEM = protein energy malnutrition NN= neonatal.




To look at this gold-mine of health information follow this link
https://gbd2016.healthdata.org/gbd-compare/

Bruce Laurence

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Bath & North East Somerset Council

NHS
Bath and North East Somerset
Clinical Commissioning Group

# Transforming Maternity Services Together

## Our proposal for change

## B&NES Health and Wellbeing Select Committee
## 21st November 2018

WORKING FOR CARERS
Accredited Employer

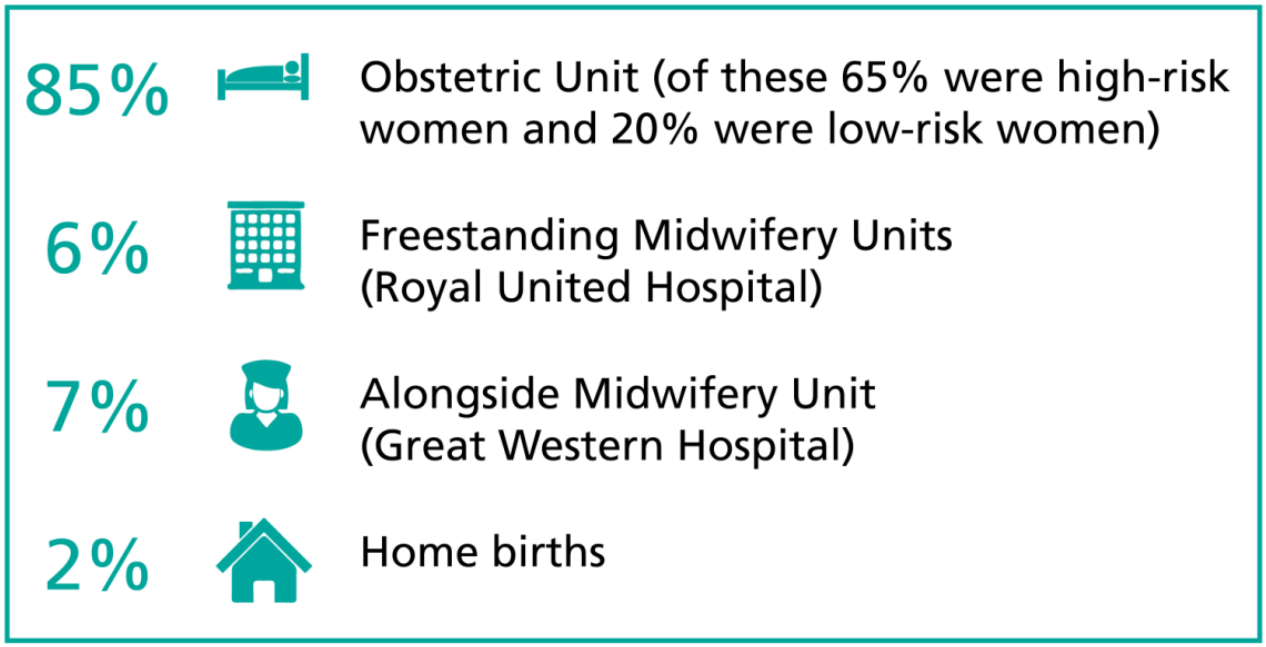
Healthier. Stronger. Together

# Our Journey so Far

- We began talking to women and families in 2017 about their experiences of pregnancy, labour and birth across the counties of B&NES, Swindon and Wiltshire
- We have now worked with over 2000 women and families, plus our staff and partner organisations
- Their feedback, together with national guidance such as ‘Better Births’, has led to development of a proposal for future maternity services across the BSW region
- Partner organisations include Great Western Hospital Trust, Salisbury District Hospital, Royal United Hospital Bath, and B&NES, Swindon and Wiltshire CCGs

# Choice of place of birth

- **11,200 births in B&NES, Swindon and Wiltshire**




- Increasing pressure on services in our obstetric units at Royal United Hospital and Salisbury District Hospital
- Less women choosing our Freestanding Midwife Lead Units
- Lack of parity across the Local Maternity System

# Changing clinical needs

- Average age of a woman giving birth is now 35
- More and more high risk pregnancies (eg high blood pressure, diabetes, obesity) which need medical support in a hospital setting
- Clinical deliveries, such as ventouse and forceps, are not possible at Free-standing Midwifery Units, nor is epidural pain relief

65%

Mother or baby at increased risk of health problems

50%

First time mothers who need to transfer from midwife led community hospital unit to obstetric unit in hospital for extra medical support with their birth

- 9 Post natal beds available in the community:
  -  5 in Paulton
  -  4 in Chippenham

Empty **95%** of the year

# Right staff, right place, right time

- We don’t always have right staff in the right place at the right time to offer the services women want to receive and we want to provide.  This is a particular challenge for Royal United Hospital
- Staff have told us what works well and what needs to change
- We have the right number and mix of staff, but they’re not based in the right locations, so we can’t provide service we want to and is not efficient use of our staff
- RUH staff currently supporting births across four community midwifery units, the hospital obstetric unit and home births, 24 hours a day, 7 days a week - often staffing empty buildings and empty beds

# Right staff, right place, right time

- **RUH in a 24 hour period – actual staff numbers, clinics, home visits, births**

**7th March 2018**

| | Midwives | Maternity Care Assistants | On call | Births | Clinics | Home Visits |
|---|---|---|---|---|---|---|
| RUH Bath | | | | | n/a | n/a |
| Bath Community Team | | | 0 | 0 | | 0 |
| Chippenham Birth Centre | | | | | | |
| Trowbridge Birth Centre | | | | 0 | | |
| Frome Birth Centre | | | 0 | 0 | | |
| Paulton Birth Centre | | | | 0 | | |

**7th March 2018**

| | Midwives | Maternity Care Assistants | On call | Births |
|---|---|---|---|---|
| RUH Bath | | | | |
| Bath Community Team | 0 | 0 | | 0 |
| Chippenham Birth Centre | | | | 0 |
| Trowbridge Birth Centre | | | | 0 |
| Frome Birth Centre | | | 0 | |
| Paulton Birth Centre | | | | 0 |

# Right staff, right place, right time

- **RUH in a 24 hour period – actual staff numbers, clinics, home visits, births**

**7th September 2017**

| | Midwives | Maternity Care Assistants | On call | Births | Clinics | Home Visits |
|---|---|---|---|---|---|---|
| RUH Bath | | | | | n/a | n/a |
| Bath Community Team | | | 0 | 0 | | 0 |
| Chippenham Birth Centre | | | | 0 | | |
| Trowbridge Birth Centre | | | | 0 | | |
| Frome Birth Centre | | | | 0 | | |
| Paulton Birth Centre | | | | | | |

**7th September 2017**

| | Midwives | Maternity Care Assistants | On call | Births |
|---|---|---|---|---|
| RUH Bath | | | | |
| Bath Community Team | 0 | 0 | | 0 |
| Chippenham Birth Centre | | | | 0 |
| Trowbridge Birth Centre | | 0 | | |
| Frome Birth Centre | | | | 0 |
| Paulton Birth Centre | | | | 0 |

# Issues

- Staff too busy looking after empty beds and buildings or travelling from community hospitals with very low births to extremely busy obstetric units, often at short notice, which they dislike
- Frustrating for staff – effect on morale, retention and skills
- We want to increase opportunity for home births but staff are not able to promote and support due to existing working patterns
- Birth rates expected to increase – an additional 200 births a year
- Due to small number of births in community hospitals, cost of supporting these births is higher than Obstetric unit
- We're not giving women the service they want

# Our proposal 1

- Continue supporting births in 2, rather than 4 Community hospital units
- Women will be able to deliver their baby at **Chippenham or Frome**
- Antenatal and postnatal clinics will continue at Chippenham, Trowbridge, Frome and Paulton
- Trowbridge and Paulton proposed as pilot sites for our new community hub model of care
- Detailed analysis to support decision to continue to support births at Chippenham and Frome

# Our proposal 2 & 3

- To create **two new Alongside Midwifery Units**, one at **Salisbury District Hospital** and one at **Royal United Hospital Bath**
- Will provide more women with opportunity for midwife-led birth. Two new units will be in addition to the White Horse Alongside Midwifery Unit at Great Western Hospital
- Allows women easy access to obstetric unit if required, without need to be ambulanced whilst in labour

# Our proposal 4 & 5

- We propose to **improve our range of antenatal and postnatal services**, eg more breastfeeding support, to women in their own homes, and to develop community hubs to enhance our antenatal and postnatal care
- We want to **support more women to give birth at home** if that is their preferred choice

2%

women have their baby at home

# Our proposal 6

- We're proposing to **replace our community postnatal beds at Chippenham and Paulton** with support closer to or in women's homes.

9

there are 4 postnatal beds at the FMU in Chippenham and 5 at Paulton FMU

95%

of the time beds in our FMUs are unused or empty as women rarely need to stay in community hospital after giving birth

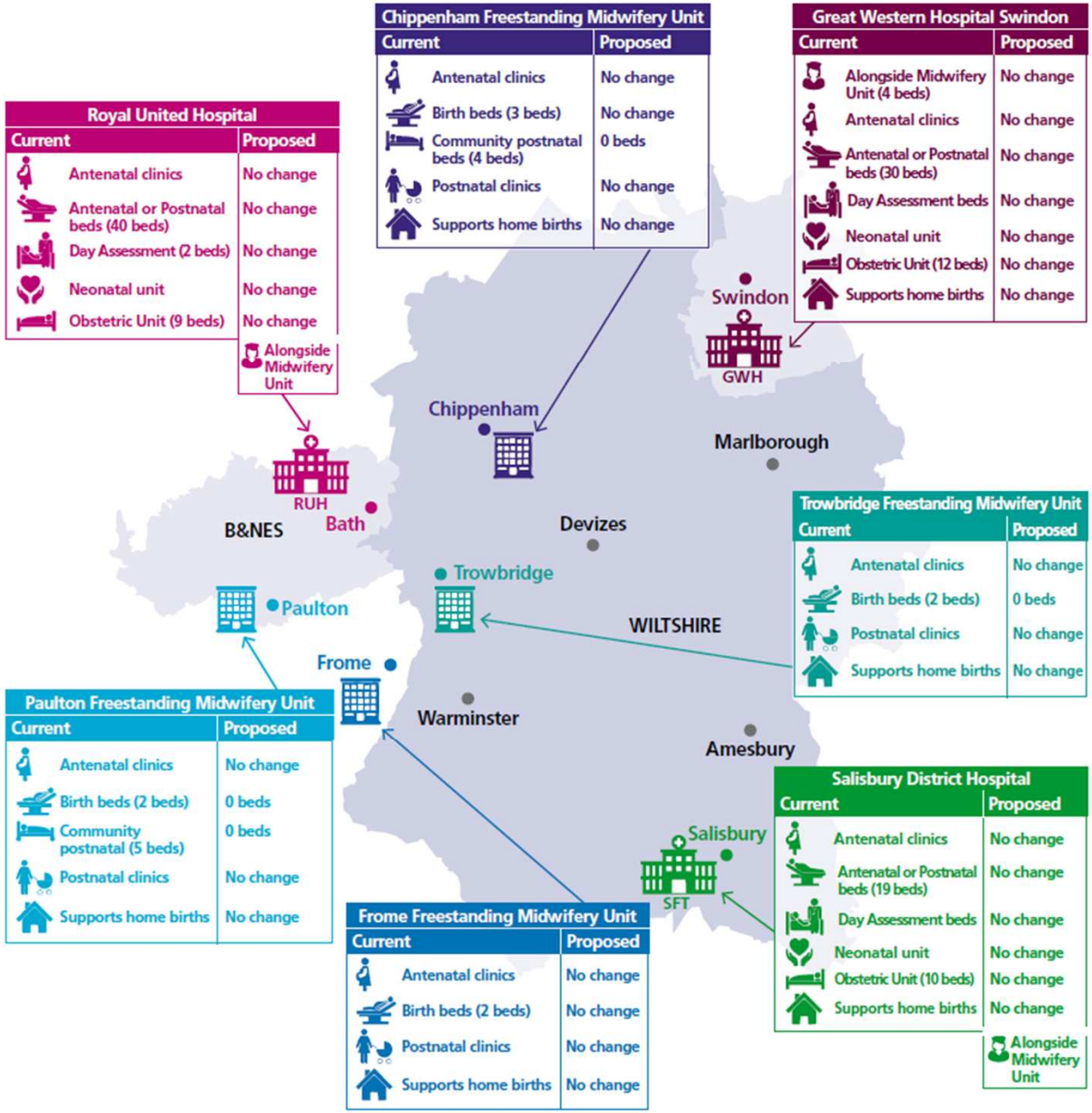
89

beds available at our Obstetric Units at our local acute hospitals for women who need them

- Women who need to be admitted for medical treatment after giving birth would continue to be treated at their local obstetric unit at one of the acute hospitals at Bath, Salisbury or Swindon

# Benefits of our proposal

- We can provide **more choice** for more women across our area about where and how they are supported **before**, **during and after the birth of their child**
- We can make **better use of our resources and wor**kforce so we can further improve our antenatal and postnatal and birth services
- We can **improve continuity of care and carer** for women
- We can **enhance and improve our home birth service**
- **Free up our staff**, so they are able to **maintain their skills, improve their motivation** and provide the services they want to women who need them


Chippenham Freestanding Midwifery Unit
Current
Proposed
Antenatal clinics
No change
Birth beds (3 beds)
No change
Community postnatal beds (4 beds)
0 beds
Postnatal clinics
No change
Supports home births
No change
Great Western Hospital Swindon
Current
Proposed
Alongside Midwifery Unit (4 beds)
No change
Antenatal clinics
No change
Antenatal or Postnatal beds (30 beds)
No change
Day Assessment beds
No change
Neonatal unit
No change
Obstetric Unit (12 beds)
No change
Supports home births
No change
Royal United Hospital
Current
Proposed
Antenatal clinics
No change
Antenatal or Postnatal beds (40 beds)
No change
Day Assessment (2 beds)
No change
Neonatal unit
No change
Obstetric Unit (9 beds)
No change
Alongside Midwifery Unit
Swindon
GWH
Chippenham
Marlborough
RUH
B&NES
Bath
Devizes
Trowbridge Freestanding Midwifery Unit
Current
Proposed
Antenatal clinics
No change
Birth beds (2 beds)
0 beds
Postnatal clinics
No change
Supports home births
No change
Trowbridge
Paulton
WILTSHIRE
Frome
Warminster
Amesbury
Paulton Freestanding Midwifery Unit
Current
Proposed
Antenatal clinics
No change
Birth beds (2 beds)
0 beds
Community postnatal (5 beds)
0 beds
Postnatal clinics
No change
Supports home births
No change
Salisbury District Hospital
Current
Proposed
Antenatal clinics
No change
Antenatal or Postnatal beds (19 beds)
No change
Day Assessment beds
No change
Neonatal unit
No change
Obstetric Unit (10 beds)
No change
Supports home births
No change
Alongside Midwifery Unit
Salisbury
SFT
Frome Freestanding Midwifery Unit
Current
Proposed
Antenatal clinics
No change
Birth beds (2 beds)
No change
Postnatal clinics
No change
Supports home births
No change

# Future finances

- We are **NOT** planning to **reduce how much we spend** on maternity services
- We are **NOT reducing the numbers of staff** we have
- We are **NOT closing any buildings**

- We want to make more efficient use of our existing budget, resources and our staff to provide more services, not less for women and families across our area.

£42.6m spent on maternity services across B&NES, Swindon and Wiltshire in 2017/18

11,000 women supported to give birth locally in 2017/18

# If we don't change …

- There will continue to be a difference in choice, quality and access from across B&NES, Swindon and Wiltshire
- Miss out on:  meeting recommendations and best practice set out in national guidance, improved continuity of care and carer, improved birth place environment, improved support for breastfeeding
- The current model will continue to cost us £1million more a year

**We won't be providing the changes that women and families and our staff have told us they want us to make**

# We want to hear your views

- Consultation runs from 12 November to 24 February 2019
- Information on our website: www.transformingmaternity.org.uk
- Consultation documents, key facts documents, response forms
- Public Consultation Events
  - Monday 10th December 2-4pm Victoria Hall, Church Street, Radstock
  - Thursday 29th November 5.45pm – 7.45 pm, The Oasis Conference Centre, Building E6, RUH

# Keynsham and Chew valley

Some women in Keynsham and parts of Chew Valley will choose to be cared for by one of the Bristol midwifery services

These women will have 3 birthing options – including:

- Obstetric unit at St Michael's and Southmead Hospitals
- Midwife-led alongside units at both of the above
- Freestanding Midwife led-unit in Cossham Community hospital
- Community based antenatal and postnatal services