Bath & North East Somerset Council

Health & Wellbeing Board

Date: Tuesday, 29th January, 2019
Time: 10.00 am
Venue: Brunswick Room - Guildhall, Bath

Members: Dr Ian Orpen (Member of the Clinical Commissioning Group), Councillor Vic Pritchard (Bath & North East Somerset Council), Ashley Ayre (Bath & North East Somerset Council), Mike Bowden (Bath & North East Somerset Council), Mark Coates (Liverty), Tracey Cox (Clinical Commissioning Group), Debra Elliott (NHS England), Alex Francis (The Care Forum – Healthwatch), Nicola Hazle (Avon and Wiltshire Partnership Trust), Steve Kendall (Avon and Somerset Police), Bruce Laurence (Bath & North East Somerset Council), Kirsty Matthews (Virgin Care), Stuart Matthews (Avon Fire and Rescue Service), Councillor Paul May (Bath and North East Somerset Council), Professor Bernie Morley (University of Bath), Laurel Penrose (Bath College), Jermaine Ravalier (Bath Spa University), James Scott (Royal United Hospital Bath NHS Trust), Dr Andrew Smith (BEMS+ (Primary Care)), Sarah Shatwell ((VCSE Sector) - Developing Health and Independence), Jane Shayler (Bath & North East Somerset Council) and Elaine Wainwright (Bath Spa University)

Observers: Cllrs Tim Ball and Eleanor Jackson

Other appropriate officers
Press and Public

Marie Todd
Democratic Services
Lewis House, Manvers Street, Bath, BA1 1JG
Telephone: 01225 394414
Web-site - http://www.bathnes.gov.uk
E-mail: Democratic_Services@bathnes.gov.uk

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

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

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

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

3. **Recording at Meetings:-**

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

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Additional information and Protocols and procedures relating to meetings

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Health & Wellbeing Board - Tuesday, 29th January, 2019

at 10.00 am in the Brunswick Room - Guildhall, Bath

A G E N D A

1. WELCOME AND INTRODUCTIONS

2. EMERGENCY EVACUATION PROCEDURE

3. APOLOGIES FOR ABSENCE

4. DECLARATIONS OF INTEREST

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

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

(b) The nature of their interest.

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

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

5. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

6. PUBLIC QUESTIONS/COMMENTS

7. MINUTES OF PREVIOUS MEETING - 25 SEPTEMBER 2018 (Pages 7 - 12)

To confirm the minutes of the above meeting as a correct record.

8. LOCAL INDUSTRIAL STRATEGY (Pages 13 - 16)

The purpose of this item is to inform the Health & Wellbeing Board of the purpose of the West of the England Industrial Strategy, and outline the points of interest to board members, with a recommendation that the board provides a consultation response for the draft strategy on its release in May 2019.

10.10am – 25 minutes – Duncan Kerr

9. B&NES AUTISM SERVICES SELF-ASSESSMENT - DECEMBER 2018 (Pages 17 - 34)

This report provides an overview of the recently completed Autism Self-Assessment detailing local progress in the implementation of the national Autism Strategy, highlighting key areas of strength and need for improvement, and identifying future priorities for the commissioning and provision of services to children and adults with Autism.

10.35am – 20 minutes – Mike MacCallam

10. HEALTH PROTECTION BOARD ANNUAL REPORT 2017/18 (Pages 35 - 84)

The Board is asked to note the annual report of the Health Protection Board for 2017/18 and to support the recommended priorities for the Health Protection Board in 2018/19.

10.55am – 25 minutes – Rebecca Reynolds

11. NHS PLANNING GUIDANCE AND LONG TERM PLAN UPDATE

To receive a presentation regarding NHS Planning Guidance including an update on the Long Term Plan.

11.20am – 20 minutes – Tracey Cox

12. COMMUNITY ASSET BASED APPROACH TO HEALTH AND WELLBEING (Pages 85 - 90)

This item builds on initial discussions by the Health and Wellbeing Board in a development session on community asset based approaches to health and wellbeing. It presents a draft Statement of Commitment for consideration and further discussion.

11.40am – 25 minutes – Bruce Laurence/James Carlin

13. 3 CONVERSATIONS MODEL OF CARE - PROGRESS REPORT

To receive a presentation giving an update regarding the 3 conversations model of care.

12.05pm – 25 minutes - Natalie Steadman/Helen Wakeling

14. DATE OF NEXT MEETING

To note that the next meeting will take place on Tuesday 19 March 2019 at 10.30am.

15. CLOSING REMARKS

The Chair will close the meeting.

12.30pm – 5 minutes – Cllr Vic Pritchard

The Committee Administrator for this meeting is Marie Todd who can be contacted on 01225 394414.

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HEALTH & WELLBEING BOARD

Minutes of the Meeting held

Tuesday, 25th September, 2018, 10.30 am

Dr Ian Orpen (Chair)	Member of the Clinical Commissioning Group
Councillor Vic Pritchard	Bath & North East Somerset Council
Ashley Ayre	Bath & North East Somerset Council
Mike Bowden	Bath & North East Somerset Council
Tracey Cox	Clinical Commissioning Group
Alex Francis	The Care Forum – Healthwatch
Sara Gallagher (in place of Elaine Wainwright)	Bath Spa University
Nicola Hazle (in place of Hayley Richards)	Avon and Wiltshire Partnership Trust
Bruce Laurence	Bath & North East Somerset Council
Councillor Paul May	Bath and North East Somerset Council
James Scott	Royal United Hospital Bath NHS Trust
Dr Andrew Smith	BEMS+ (Primary Care)
Sarah Shatwell	(VCSE Sector) - Developing Health and Independence
Jane Shayler	Bath & North East Somerset Council

Observer: Cllr Robin Moss

15 **WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting.

16 **EMERGENCY EVACUATION PROCEDURE**

The Chair drew attention to the evacuation procedure as listed on the call to the meeting.

17 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from:

Mark Coates – Liverty Housing
Cllr Eleanor Jackson – Observer (substitute Cllr Colin Moss)
Steve Kendall – Avon and Somerset Police
Kirsty Matthews – Virgin Care
Bernie Morley – University of Bath
Laurel Penrose – Bath College
Hayley Richards – Avon and Wiltshire Partnership Trust (substitute Nicola Hazle)
Elaine Wainwright – Bath Spa University (substitute Sara Gallagher)

18 **DECLARATIONS OF INTEREST**

Cllr Paul May declared a non-pecuniary interest as a Non-Executive Director on the Board of Sirona.

19 **TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR**

There was no urgent business.

20 **PUBLIC QUESTIONS/COMMENTS**

(a) Mr Viran Patel submitted some questions regarding waiting list information. A copy of the questions and responses were circulated at the meeting and this document is attached as *Appendix 1* to these minutes.

(b) Cllr Will Sandry introduced two young people – Phage Butt and Aviana Read – who made a statement to the Board regarding transgender health issues and the barriers they had found when accessing health care and support. They had received excellent support from the LGBT Group in the "Off the Record" organisation.

21 **MINUTES OF PREVIOUS MEETING - 26 JUNE 2018**

The minutes of the previous meeting were approved as a correct record and signed by the Chair.

22 **BETTER CARE FUND UPDATE**

The Board considered a report which outlined how B&NES was meeting the refreshed guidance and, in particular, how it will meet the requirements against reducing delayed transfers of care (DTOCs) from hospital which had been identified in the guidance as one of the key priorities for year two.

It was noted that the Board was constrained to a certain extent by the national policy guidance. Caroline Holmes, Senior Commissioning Manager, presented the report and outlined the revised plan. Local areas were asked to agree and report metrics in the following four areas:

- Delayed transfers of care from hospital.
- Non-elective admissions in acute hospitals (using the same metric which is agreed in the CCG's operational plan).
- Admissions of older people (65+) to residential and care homes.
- The effectiveness of reablement.

Non-elective admissions were 12.5% above plan but this reflected business rules not being updated to reflect the changes to service delivery where ambulatory care episodes were being recorded as admissions.

The following five new schemes have been agreed to 2018/19:

- Mental Health Pathway Review
- Liquid Logic
- Delirium Pathway
- Enhanced Discharge – Care Home Selection
- Trusted Assessor – it was noted that this post had now been filled.

An update report was circulated at the meeting which set out progress on DTOCs since 2017. The Board noted the improvement since January 2018. The September target for the DTOC trajectory would not be met this year but it was anticipated that the target would be met by March. Confirmation from NHS England was awaited that the revised trajectory would be accepted.

Tracey Cox explained that the CCG was working hard to drive down DTOCs and waiting times. The CCG had supported Virgin Care with the Home First scheme but there was still work to do to develop a Demand and Capacity Plan.

Jane Shayler explained that the Joint Commissioning Committee was a Sub-Committee of the CCG Board including representatives of the Council and the CCG Board members. The better care fund scheme plans had been considered by the Joint Commissioning Committee and the Finance and Performance Committee prior to being brought before this Board for sign off.

Bruce Laurence stressed the need to focus on prevention as well as the speed of transfers.

Alex Francis noted that good work was taking place and stated that it was important to communicate this to local residents to raise awareness. Caroline Holmes agreed to discuss this with the Communications Team.

A copy of the update report is attached as *Appendix 2* to these minutes.

RESOLVED:

(1) To note the Better Care Fund plan 2017-19 update provided in the report and attached appendices.

(2) To approve the funding commitments to schemes outlined in the report at Appendix 3.

(3) To approve the revised Delayed Transfer of Care (DTOC) trajectories but to note the risks to assurance which will be addressed with NHS England.

23 **CHILDREN AND YOUNG PEOPLE PLAN 2018 - 2021**

The Board considered a report which requested members to note the development of the Children and Young People Plan 2018-2021 and to consider how they could support the delivery of the plan.

Mary Kearney-Knowles, Senior Commissioning Manager, presented the plan and covered the following matters:

- The plan set out the vision, outcomes and key priorities that will best support children and young people in B&NES to achieve the best possible outcomes.
- The vision was that all children and young people will enjoy childhood and be well prepared for adult life.
- The 4 outcomes set out in the plan were:
    - All children and young people are safe.
    - All children and young people are healthy (physically and emotionally).
    - All children and young people have fair life chances.
    - All children and young people are active citizens within their own community *(New outcome).*
- The 4 cross-cutting themes were:
    - Strengthen Early Help
    - 'Think Family' approach
    - Narrowing the achievement gap
    - A skilled and competent workforce
- The CAMHS Transformation Plan was developed and delivered by one of the sub-groups and the emotional health and wellbeing of young people was a key priority.
- A number of areas had attracted additional investment including the development of a one year perinatal mental health project offering a peer support service.

Cllr Paul May noted the outcome of the recent OFSTED inspection of children's services in which B&NES had performed better than any other local authority in the South West. He congratulated officers and the voluntary sector on their quality of work. He also stressed the importance of increasing the educational standards of disadvantaged children and young people.

Bruce Laurence recognised the large amount of work within the Plan and highlighted the need to focus on outcomes for areas such as mental health needs and childhood obesity.

Tracey Cox pointed out the importance of support and sign up from all partner agencies in B&NES to enable the success and delivery of the outcomes identified in the Plan.

Nicola Hazle noted that the speed at which young people are able to access mental health services was very important. A quick response and range of interventions was key. The CAMHS transformation had improved services and online, school and

community based counselling services were now available.

A copy of the presentation slides is attached as *Appendix 3* to these minutes.

RESOLVED:

(1) To note the development of the Children and Young People's Plan 2018-2021.

(2) To note the Year 4 review of the Children and Young People's Plan 2014-2017.

(3) To agree to receive an Annual Report from the Children and Young People Sub-Group in September each year and to receive other reports from the Sub-Group as and when requested.

(4) To note the B&NES Local Safeguarding Children Board (LSCB) Challenges 2017-2018 to the Children and Young People's Sub-Group from the work of the LSCB and its Annual Report 2016-17 and Business Plan 2017-18.

(5) To endorse the draft CAMHS Transformation Plan 2018-2019 which details the range of additional support commissioned by the CCG to improve children and young people's emotional health and wellbeing.

24 **LOCAL SAFEGUARDING CHILDREN BOARD (LSCB) AND LOCAL SAFEGUARDING ADULTS BOARD (LSAB) ANNUAL REPORTS FOR 2017/18 AND STRATEGIC PLANS FOR 2018/20**

The Board received a presentation regarding the Annual Reports of the Safeguarding Adults and Safeguarding Children Boards. The report was presented by Robert Lake, Chair of the Safeguarding Adults Board. The presentation covered the following issues:

- Mr Lake thanked the former Chair of the Adults Safeguarding Board, Mr Reg Pengelly, for all his work along with the officers from the Safeguarding Team. The transition to a new Chair had been very smooth.
- The OFSTED for the Children's Board had given a rating of "very good". However, it remained important not to become complacent but to feel empowered by this excellent outcome.
- The majority of the safeguarding work was carried out by the Sub-Groups overseen by the Boards.
- There had been an increase in the number of children safeguarding referrals.
- The Adult Safeguarding Board would continue to use the "Think Family" approach with an emphasis on "making safeguarding personal."
- More work had to be carried out regarding mental capacity and to gain a full understanding of the Mental Capacity Act.
- The Children's Board continued to work with families and to focus on prevention, early intervention and listening to the voice of the child.
- It was important for all agencies to work together to find an effective way of working locally.

Cllr Paul May acknowledged the safeguarding pressures on the police and the probation service. He also stressed the importance of a smooth transition from child to adult services to ensure no gap in provision.

Mike Bowden noted that safeguarding issues change over time and drew attention to the current risks around county lines and cuckooing. Robert Lake confirmed that the Board had considered these issues and informed the Board that the Police were the lead organisation on this. Future training sessions and newsletters would cover county lines and cuckooing to raise awareness.

Ashley Ayre stated that although legislative changes would be soon be coming into effect regarding safeguarding it was important to focus on the core business which was the protection of children and vulnerable adults.

RESOLVED: To note the LSCB and LSAB Annual Reports and respective Executive Summaries and their new Strategic Plans for 2018-21.

25 FORWARD WORK PLAN

The Board considered its forward work plan and discussed which items should be discussed at future meetings.

Mental health was identified as a key area for future discussion.

RESOLVED:

(1) To approve the current forward plan.

(2) To agree to consider mental health, including autism and wider SEND issues, at the January meeting.

26 DATE OF NEXT MEETING

The next meeting will take place on Tuesday 27 November 2018.

27 CLOSING REMARKS

The Chair thanked everyone for attending the meeting.

The meeting ended at 12.20 pm

Chair .....

Date Confirmed and Signed .....

Prepared by Democratic Services

MEETING	**B&NES HEALTH AND WELLBEING BOARD**
DATE	**29/01/2019**
TYPE	**An open public/ for information item**

Report summary table	
Report title	**West of England Local Industrial Strategy**
Report author	Duncan Kerr 01225 394290
List of attachments	Report only
Background papers	N/A
Summary	The purpose of this briefing paper is to inform the Health & Wellbeing Board of the purpose of the West of the England Industrial Strategy, and outline the points of interest to board members, with a recommendation that the board provides a consultation response for the draft strategy on its release in May 2019.
Recommendations	The Board is asked to agree that: • It will provide a coordinated consultation response to the draft strategy on its release.
Rationale for recommendations	The Local Industrial Strategy is aimed at increasing productivity and providing an inclusive sustainable economy for it residents. With this in mind, the link between inclusive growth, 'good jobs' and the health and wellbeing of residents, directly supports Theme 3.priority 9. 'Improved skills and employment', of the Bath and North East Somerset Health and Wellbeing Strategy 2015-2019.
Resource implications	At present there are no direct resourcing implications to the board.
Statutory considerations and basis for proposal	The Local Industrial Strategy is a requirement from Government to assess local spending and future funding allocations and applications. The H&WB board is asked to provide comment in future to ensure that its aims and objectives are reflected in the strategy.
Consultation	N/A
Risk management	A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance. – **This will be undertaken before the official consultation is undertaken by the board.**

THE REPORT

West of England Local Industrial Strategy - Briefing Note

1.0 Introduction – National Industrial Strategy

1.1 The aim of the National Industrial Strategy is to boost productivity by backing businesses to create good jobs and increase the earning power of people throughout the UK with investment in skills, industries and infrastructure.

1.2 Government identifies the five pillars of productivity as being crucial to achieving the aim of increasing productivity in the UK, by focussing on interventions that will generate the following outcomes:

- Ideas: the world's most innovative economy
- People: good jobs and greater earning power for all
- Infrastructure: a major upgrade to the UK's infrastructure
- Business Environment: the best place to start and grow a business
- Places: prosperous communities across the UK.

1.3 The Industrial Strategy sets out Grand Challenges to put the UK at the forefront of the industries of the future, ensuring that the UK takes advantage of major global changes, improving people's lives and the country's productivity.

1.4 The first 4 Grand Challenges are focused on the global trends which will transform our future:

- Artificial Intelligence and data
- ageing society
- clean growth
- future of mobility

1.5 Each of these will focus on a specific problem, bringing government, businesses and organisations across the country together to make a real difference to people's lives.

2.0 West of England Local Industrial Strategy.

2.1 To ensure that the Industrial Strategy is delivered effectively LEPs and Combined Authorities have been invited to develop area specific industrial strategies based on the five pillars of productivity and the four grand challenges.

2.2 The Local Industrial Strategy (LIS) will help deliver the region's ambition to be a driving force for sustainable, inclusive growth. The strategy will build on the unique strengths of the West of England, which are seen to be;

- An attractive place to live and work;
- Strong connections by road, rail, air and sea.
- Diverse economy offering a wide variety of job opportunities at all skill levels.

2.3 To best capture the range of activity and innovation already happening within the area the West of England LEP has structured their information gathering around three strands -

- 2.3.1 Grand Challenge Workshops – Four workshops were held, one on each of the grand challenges. Workshops were comprised of SWOT analyses and development of innovation/project ideas. The workshops were open to all working within these fields and workshop attendees included local government officers, central government officers, third sector organisations, academics and business representatives.

- 2.3..2 Deep Dives - Industry representatives from key sectors undertook in-depth consultations with businesses and business networks to gain the perspectives and aspirations of different key sectors within the region.

- 2.3.3 Evidence Base - Created using statistical research, policy reviews and mapping connectivity/economic flows between WoE and other regions.

2.4 This evidence base will then form the basis to develop the policy and strategies necessary to successfully deliver the LIS. This process is now underway and will be completed in May 2019.

3.0 Recommendations

3.1 The LIS focus is in achieving an inclusive, sustainable economy for its residents and business community, and will seek to expand the areas specialism in health tech and develop interventions to meet the challenges of an ageing society.

3.2 In considering this activity it is recommended that the Health and Wellbeing Board provide a coordinated consultation response to the draft strategy in May 2019.

Duncan Kerr

B&NES Business Growth Team Manager

17/01/2019

Please contact the report author if you need to access this report in an alternative format

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MEETING	**B&NES HEALTH AND WELLBEING BOARD**
DATE	**29/01/2019**
TYPE	**An open public item**

Report summary table	
Report title	Bath and North East Somerset Autism Services Self-Assessment – December 2018
Report author	Mike MacCallam, Senior Commissioning Manager
List of attachments	Autism Self-Assessment (summary) – December 2018
Background papers	None
Summary	This paper provides an overview of the recently completed Autism Self-Assessment detailing local progress in the implementation of the national Autism Strategy, highlighting key areas of strength and need for improvement, and identifying future priorities for the commissioning and provision of services to children and adults with Autism
Recommendations	The Board is asked to note the content of this paper and the self-assessment evaluation -attached as Appendix 1 – and make any recommendations for further development of the local autism strategy and its implementation.
Rationale for recommendations	The recommendations of this report contribute to the Health and Wellbeing Board's following aims • Improved support for families with complex needs • Improved support for people with long term conditions • Promoting mental wellbeing and supporting recovery • Improve skills and employment • Take action on loneliness
Resource implications	None identified
Statutory considerations and basis for proposal	1.1 The Autism Act (2009) 1.2 NICE Autism Quality Standard (QS51) January 2014 1.3 Think Autism (2015) 1.4 Care Act 2014
Consultation	As outlined in the Appendix to this report
Risk management	A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

THE REPORT

1. Background

1.1 The Autism Act (2009) places a duty on the Secretary of State for Health and Social Care to publish a strategy for meeting the needs of autistic adults in England, and to review it from time to time. England's first Adult Autism Strategy, Fulfilling and Rewarding Lives, was published in 2010, with commitment from Ministers across government to transform the support for and experience of autistic people.

1.2 In April 2014, the Strategy was updated with the publication of Think Autism, supported by revised Statutory Guidance in March 2015.

1.3 In 2017, it was agreed that the arrangements for overseeing implementation of the Strategy should be refreshed. A revised governance model to oversee implementation of the Strategy was established, which centred on 19 overarching strategic objectives grouped into five domains: Measuring, Understanding and Reporting the needs of people with autism; Workforce Development; Health, Care and Wellbeing; Specific Support; and Participation in the Local Community.

1.4 Since 2013, (with the exception of 2017) the Department of Health and Social Care has asked each local authority to complete an Annual Self Assessment, to enable local strategy groups to review their current progress in the implementation of the Autism Statutory guidance and Autism Strategy locally and to identify future priorities and plan in partnership with health partners, other key organisations and local autistic people and their families.

1.5 The findings from this self-assessment (which will be published online and in full) will be included within the process of the upcoming government review of the Autism Strategy expected to happen in 2019, which also marks ten years since the Autism Act 2009. As in previous years the information submitted will be collated and analysed by Public Health England, before being shared widely.

2. Bath and North East Somerset – summary of provision of services for people with Autism

Children and Young People

2.1 The Local Authority has begun a review of the Children's Autism Spectrum Disorder (ASD) Outreach Service (currently provided by Fosseway School) and the service will be reprocured by September 2019. The Children's ASD Strategy Group is leading on this work and is also reviewing the diagnostic tools currently used in and refreshing the ASD pathway in its totality.

2.2 Whilst the commissioning structure in Bath and North East Somerset changes over the next 6 months and new arrangements are put in place, the aspiration is that the Adult and Children's Autism Strategy Groups will amalgamate from September 2019 to become an ageless strategic alliance.

2.3 ASD diagnosis pathway timeliness in Bath and North East Somerset continues to compare favourably at national benchmarking levels and commissioners together

with our children's health services (notably Speech and Language Therapy) continue to monitor performance.

2.4 The LA delivers an Education Inclusion Service to oversee its statutory responsibilities for children missing education and children with SEND. The service ensures all children have access to a school place and oversees the council responsibilities for delivering Education Health & Care Plans to deliver resources to support children's additional needs in schools. The service works within its resources to promote inclusion in schools for all children. The LA commissions additional services to ensure children can access their education; this includes a service for children with Autism and a service for children with sensory support needs. A SEND Strategy group oversees services for children with SEND to promote good practice and access to services.

3 Adults

Bath and North East Somerset Autism Spectrum Service (BASS)

3.1 This is a service commissioned from Avon and Wiltshire Mental Health Partnership Trust (AWP) to provide a specialist assessment, diagnostic and post diagnostic support service for adults with autism.

3.2 The BASS service also provides a weekly advice service, with one to one appointments to offer support on a range of issues such as: housing, education and training, job coaching, relationships, managing emotions and signposting to other services, and a social links workshop that is designed to provide a space where people with autism can meet to explore different resources that make meeting and interacting with new people easier and what social and community opportunities are available locally.

Care Act and adults with Autism

3.3 Virgin Care is commissioned to provide an autism case management service. The service provides care assessments and support planning to people on the autistic spectrum; this includes people with Asperger's. The offer of a Care Act Assessment is often the first point of contact with people; this will identify eligible care and support needs. The team then carries out the support planning to identify what services or support is required in order to meet these needs including the setting up of direct payments. The teams can also offer advice and guidance on issues around benefits, housing, employment, education and training and signposting to other services

Training

3.4 The BASS service is commissioned to provide training to any frontline mental health and social care staff in Bath and North East Somerset. Training is also offered to anyone who might come into contact with people with autism as part of their work, i.e. the Police, Court/Prison staff, voluntary sector providers, housing/employment support providers, GPs and practice staff, CCG, nursing/clinical psychology training courses etc. Training is offered as: one hour awareness-raising, half day and full day bespoke training or specifically designed to meet the learning needs of individual professional groups.

Housing support

3.5 This includes a short term accommodation based service for eight people with Autistic Spectrum Conditions in particular Asperger's Syndrome living in the centre of Bath. As a short term accommodation service the service is designed to support people for up to two years to develop their independent living skills and enable them to move on into their own properties and live safely and independently in the community. The services has been successful in moving people on into their own homes and has established strong partnerships with the Housing, employment and other local Autism services.

3.6 In the last twelve months Bath and North East Somerset has also commissioned an outreach service from Julian House who are the support provider at Henrietta Street, the outreach service is in place to support the individuals moving on from Henrietta Street into further independence. The service is provided for a time limited transition period to provide support such as setting up utility bills, applying for benefits and tenancy support. This service has been put in place to ease transition from a supported living service into further independence and provide continuity of support over this period of transition.

Employment Support

3.7 This includes Project SEARCH - an employability programme based at Bath and North East Somerset Council, which helps young adults with learning disabilities and/or autism to gain the skills they need to become employed. It is a programme of work based experience, which sees a Business (in our case the Council) team up with an Educator (Bath College) and Supported Employment provider (Virgin Care) to run the programme. It provides a mixture of structured work placements and classroom learning and it all happens in the work place. The aim is paid employment (with any business) for young people at the end of their yearlong programme. For further information see:

http://www.bathnes.gov.uk/services/skills-and-local-employment/Ways-Into-Work/project-search

4 Bath and North East Somerset Self-Assessment 2018 - summary

4.1 Local authorities were required to complete and submit their response to the Self-Assessment via an online link following guidance and instruction provided by Public Health England, no later than the 17th December 2018.

4.2 In total there were 129 questions to be answered within the Self-Assessment, some of which contained numerical data such as numbers of adults with autism, and some which were answered on a Red/Amber/Green RAG rating. Guidance was provided for what constituted a RAG rating for each of the questions, and this is re-stated in the Self-Assessment summary attached as an Appendix to this report.

NB the summary is extrapolated from the online submission and whilst it contains a summary of all answers provided, it is not an exact copy of the format of the submission itself.

4.3 In summary – 32 questions were answered with a Red/Amber/Green rating, which breaks down as follows:

Red: - 1
Amber - 20
Amber/Green - 1
Green - 10

For information, the Red rating was for the following question:

Q;When will your area be able to meet NICE recommended [QS51] waiting time and expect to be able to keep within them?

A: Red: We do not anticipate being able to reach NICE recommended waiting times sustainably by March 2019

This answer relates to the question “In weeks, how long is the average wait between referral and assessment? (for an Autism diagnosis) -the current waiting time for an assessment in Bath an North East Somerset is reported as 20 weeks, against the NICE recommended waiting time (QS51) of 3 months.

The assessment and diagnosis service commissioned by Bath and North East Somerset is currently piloting a screening clinic to triage assessments in order to reduce waiting times, and anticipate being able to reach NICE recommended waiting times sustainably by March 2020 depending on stability of referral rates.

4.4 Key areas of improvement include:

- An overall reduction in waiting times from referral to assessment for a diagnosis, compared to previous years
- An increase in participation and attendance at the Information and Advice drop in sessions run by the BASS service
- Continued rollout of Autism Awareness training, particularly to front line staff including members of the primacy care team and Council staff
- An increase in Awareness training for police and members of the criminal justice system
- Access to specialist health input including speech and language therapy and psychology for adults with autism from the Virgin Care Complex Health Needs service
- A clear diagnostic pathway including post diagnostic support to individuals and practitioners
- Improved transition pathways for young people with autism moving into adulthood
- Increased range of housing options including access to shared ownership scheme, floating support and outreach services for adult with autism

4.5 Priority areas of improvement needed include:

- Urgent need to re-establish an Autism Partnership Board to develop and deliver local strategy in line with national guidance
- Further work to reduce the waiting times for an assessment in line with NICE guidance
- Greater engagement with people with autism of all ages and their families/carers
- Continued work to promote reasonable adjustments for people with autism in service areas including the spectrum of health and social care
- Clarification of mental health pathways for adults with autism who do not have a learning disability including those subject to detention under the Mental Health Act

4.6 Further information is contained within the detailed summary of the Self-Assessment attached as an Appendix to this report

5 Recommendations:

5.1 Further analysis will be undertaken to develop a comprehensive strategy and implementation plan for 2019/20 onwards, based on the findings from this self-assessment

5.2 As a matter of urgency it is proposed that a revised Autism Partnership Board, bringing together Children's and Adults services along with key stakeholders, is established under the new commissioning management structure currently being put in place by the Council and CCG, to oversee this work.

5.3 In addition, it is recommended that Bath and North East Somerset Council/CCG explore all opportunities for joint working across the STP with colleagues in Swindon and Wiltshire to develop best practice and outcomes for all people with an autism diagnosis.

Please contact the report author if you need to access this report in an alternative format

Bath and North East Somerset 2018 Autism Self Assessment Framework

1 Introduction		
Q 1	How many Clinical Commissioning Groups do you need to work with to implement the Adult Autism Strategy in your local authority area?	1
Supplementary	Please indicate which ones these are	NHS Bath and North East Somerset CCG
Q 2	Are you working with other local authorities to implement part or all of the priorities of the strategy?	No
Supplementary	If yes, name these local authorities and identify which priorities, including how you are doing this. What partnership representative sits on the Autism Partnership Board or equivalent	
Q 3	Does your area have a designated strategic lead for autistic adult services e.g. an Autism Lead Role?	yes
Q 4	If yes, what is the name of your autism lead?	Mike MacCallam, Senior Commissioning Manager
Q 5	If yes, what is the job title of your autism lead?	Senior Commissioning Manager - services for adults with autism, adults with learning disabilities, adults with physical and sensory impairments.
Q 6	If yes, what is the email address of your autism lead?	mike_maccallam@bathnes.gov.uk
Q7	If yes, is this your strategic joint commissioner?	Yes
Q8	If yes, how much time is allocated to this autism role in this person's work plan?	0.5 day per week
Q9	What are the responsibilities of the joint commissioner/senior manager responsible for services for autistic adults?	Postholder is a joint commissioner for health and social care, responsible for commissioning services for adults with autism, learning disabilities and physical and sensory impairments.
Q10	How much time is allocated to this autism role in this person's work plan?	0.5 day per week
Q11	Does your area have a separate operational lead for services for autistic adults?	Yes
Q12	If yes, what is the name of your operational autism lead?	David Self
Q13	If yes, what is the job title of operational autism lead?	Autism Team Manager, Virgin Care
Q14	If yes, what is the email address of operational autism lead?	David.self@virgincare.co.uk
Q15	Is autism included and explicitly considered in the local JSNA?	Amber: Steps are in place to include in the next JSNA
Supplementary	Please provide weblink.	www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/autism
Q16	Does your local JSNA specifically consider the needs of autistic children and young autistic people?	No
Q17	Do you collect data on those people referred to and/or accessing social care and/or health care and does your information system report data on people with a diagnosis of autism, including as a secondary condition, in line with the requirements of the social care framework?	Amber: Current data recorded annually but there are gaps identified in statutory health and/or social care services data. Some data sharing exists between services
Q18	Do you collect data on the total number of people currently known to adult social services with a diagnosis of autism (whether new or long-standing), who meet eligibility criteria for social care (irrespective of whether they receive any)?	Yes
Supplementary	Comment briefly if you wish on how you collect these numbers locally	We collect data locally using our client record system.
Q19	How many people assessed as having autism meet social care eligibility criteria?	155
Q20	How many people assessed as having autism and learning disabilities meet social care eligibility criteria?	64

Q21	How many people assessed as having autism, who are also in receipt of treatment for mental health problems, meet social care eligibility criteria?	9
Q22	Does your Local Joint Strategic Commissioning Plan (or other statement of joint commissioning intentions such as Health & Wellbeing Strategy, Autism Strategy or Market Position Statement etc., reflect local data and needs of autistic people? (Statutory Guidance, section 4.9)	yes
Supplementary	If yes, please supply a web link to the relevant document	we have a market position statement for adults with learning disabilities and/or autism: http://www.bathnes.gov.uk/sites/default/files/siteimages/Social-Care-and-Health/Adults-with-Learning Disabilities/market_position_statement_for_adults_with_learning_disabilities_and_or_autism_2018-20.pdf
Q23	Do you publish any data other than that collected in the JSNA?	no
Q24	Taking together any data in the JSNA and any other sources referenced here, how adequately do current collections of data sources service the requirements of planning and commissioning?	Amber/Green: Have started to collect data and whilst not comprehensive, consider this is an accurate reflection
Q25	Are your Local Authority and local Clinical Commissioning Group(s) (including the support service) both engaged in the planning and implementation of the strategy in your local area?	Green: CCG are fully engaged and work collaboratively to implement the NHS responsibilities of the strategy and are equal partners in the implementation of the strategy at a local level
Q26	Do you have a local autism partnership board (as described in section 4 of the Statutory Guidance) or equivalent in place which meets at least once a year and includes representatives of at least Adult Social Care and the Clinical Commissioning Group(s)?	yes
Supplementary	Please comment further	We have an Autism Partnership Group that oversees the implementation of the local strategy. The Group includes adults with autism, carers, clinicians and practitioners from adult services and service providers. We are currently looking to refresh this group to update its membership and terms of reference.
Supplementary	If the answer to Question 29 was 'Yes', does this board have an autistic chair or co-chair?	No
Q27	How have you and your partners engaged autistic people and their families and carers in planning?	Amber: Some autism specific consultation work has taken place. Autism partnership board is regularly attended by one autistic person and one parent/carer of an autistic person who are meaningfully involved
Q28	Specify what you did to demonstrate your score.	We held an Autism workshop and a follow up meeting earlier this year to refresh our autism partnership group and identify our key areas of work. People with Autism, their families and carers were invited to attend the workshop. We have set up a B&NES autism email address as it was identified at the workshop that this would be the individuals preferred way to be contacted. We have trialled sending an email bulletin that captures local information and events that are aimed at or relevant to people with autism.
Q29	Have reasonable adjustments been made to general council services to improve access and support for autistic people?	Amber: There is a clear council policy covering reasonable adjustments to statutory and other wider public services which make specific reference to autism.
Supplementary	Please give an example	All Local Authority staff can attend autism awareness training which is offered on a routine basis. The focus over the last 12 months has been on public facing customer service roles eg: One Stop Shop/Library staff and Heritage Services staff. The Roman Baths received an Autism Friendly Award from the National Autistic Society. The Roman Baths were recognised for its commitment to making facilities accessible to people with autism such as information in advance, quiet areas, attention to appropriate lighting and control of sound.
Q30	. In your area have reasonable adjustments been promoted to enable autistic people to access NHS services including primary care or GP services, mental health and acute services?	Amber: There are some examples of reasonable adjustments being made to NHS services to improve access for autistic people, across a small range of services.

Supplementary	Add any further comments you want (optional).	We have established good working relation's with the local primary care mental health Liaison Service (PCLS). We have established reasonable adjustments such as having face to face appointments when undertaking assessments (instead of triaging referrals via telephone. When the PCLS receives a referral from a GP they contact the Autism social work to see if the person is known to the team and whether they are receiving social care services. If they are not, to discuss referring for a needs assessment under the Care Act.
Q31	In your area have reasonable adjustments been promoted to enable autistic people to access health and social care information, support and advice?	Green: There is evidence of implementation of reasonable adjustments for autistic people in a wide range of health and social care information, support and advice services.
Supplementary	Add any further comments you want (optional)	BASS @ Bath & North East Somerset (B&NES) is an Autism Service for adults with Autism in Bath and North East Somerset, provided by Avon and Wiltshire Mental Health Partnership (AWP). BASS @ B&NES provide a weekly advice service where they joint-work with other local services to provide holistic support for Adults with an ASC, providing bookable appointments for individuals, family and carers. Individual appointments can be made regarding issues such as problem-solving, signposting and emotional support. Individuals do not require a referral to access the Advice Service but they do require a formal diagnosis. We have an Autism Social Work Team who are also able to provide information, advice and signposting to people with Autism, their families and carers.
Q32	In your area have reasonable adjustments been promoted to enable autistic people to access other public services including colleges and universities, libraries and all forms of public transport?	Amber: There are some examples of reasonable adjustments being made to public services to improve access for autistic people, across a small range of public services
Supplementary	Add any further comments you want (optional).	Students at university funded by other Local Autorities are able to access advice and support from the local BASS @ B&NES advice service (provided by AWP)for adults with diagnosed Autism
Q33	Is the local authority or its partners encouraging autistic people to take part in culture and leisure activities, or physical fitness programmes and private sector services such as shopping?	Amber: There are a few examples of the local authority and/or its partners encouraging autistic people to take part in culture or leisure activities, or physical fitness programmes and private sector services such as shopping.
Q34	How do your transition processes from children/young people's services to local adult services take into account the particular needs of young autistic people?	Green: Transition process automatic. Training inclusive of young people's services. Analysis of the needs of young autistic people, including those without education health and care (EHC) plans identifying autism as a primary or secondary need, and specialist commissioning where necessary, and the appropriate reasonable adjustments made.
Q35	How many autistic children/young people were in Year 10 in the school year 2017 to 2018?	54
Q36	How many autistic children/young people were in Year 11 in the school year 2017 to 2018?	53
Q37	How many autistic children/young people were in Year 12 in the school year 2017 to 2018?	26
Q38	How many autistic children/young people were in Year 13 in the school year 2017 to 2018?	25
Q39	How many autistic children/young people have completed the transition process in the school year 2017 to 2018?	7

Q40	How does your planning take into account the particular needs of autistic adults age 65 and older	Amber: There is some work in needs assessment, data collection and/or service planning for autistic people aged 65 and older.
Q41	How do your planning and implementation of the strategy take into account the particular needs of autistic women?	it does not currently take into account the particular needs of autistic women
Q42	How do your planning and implementation of the strategy take into account the particular needs of autistic adults in BME communities?	it does not currently take into account the particular needs of autistic adults in BME communities.
Q43	Do your local hate crime statistics specifically identify autistic people?	No
Q44	Have you got a multi-agency autism training plan?	Yes
Q45	What staff groups and agencies are included?	Any frontline mental health and social care staff in Bath and North East Somerset. Training is also offered to anyone who might come into contact with people with autism as part of their work, i.e. the Police, Court/Prison staff, voluntary sector providers, housing/employment support providers, GPs and practice staff, CCG,nursing/clinical psychology training courses etc. Training is offered as: one hour awareness-raising, half day and full day bespoke training or specifically designed to meet the learning needs of individual professional groups.
Q46	What training is included in the multi-agency training plan and at which levels for which staff groups?	BASS @ Bath & North East Somerset is an Autism Service for adults with Autism in Bath and North East Somerset, provided by Avon and Wiltshire Mental Health Partnership (AWP). The training is offered as one hour awareness-raising, half day and full day bespoke training, specifically designed to meet the learning needs of individual professional groups.
Q47	Is autism awareness training being/been made available to all staff working in health and social care as directed in Chapter 1 of the Statutory Guidance?	Green: Focus on all staff. Comprehensive range of local autism training that meets NICE guidelines and data on take up. Workforce training data collected from all statutory organisations and collated annually, gaps identified and plans developed to address them. Autism training plan/strategy published.
Q48	Do you record uptake levels of autism awareness training for Local Authority and/or NHS staff working in health and social care?	Yes
Q49	Please outline scope of staff considered eligible for autism awareness training and the agreed frequency for training.	All Local Authority staff can attend autism awareness training which is offered on a routine basis. The focus over the last 12 months has been on public facing roles eg. One Stop Shop/Library staff and Heritage Services staff. Several Elected Members have also attended. In total 28 people have attending in the last 12 months.
Q50	If yes, what is the number of staff who are eligible for awareness training?	No answer entered
Q51	If yes, what is the number of eligible staff who are up to date with training?	28
Q52	Specify whether autistic self-advocates and/or family carers of autistic people are included in the design of training and/or whether they have a role as trainers. If the latter specify whether face-to-face or on video/other recorded media.	Yes
Supplementary	Please comment further	Service Users are at times involved in the delivery of training, but for the most part training is delivered by very experienced, highly specialist autism training professional. BASS have created two training modules in collaboration with the Royal College of GPs around how to work with people with autism, and both of these modules include videos with filmed interviews of adults with autism.

Q53	. Is specific training provided to staff that carry out statutory assessments on how to make adjustments in their approach and communication?	Green: More than 75% of assessors have attended specialist autism training specifically aimed at applying the knowledge in their undertaking of a statutory assessment, e.g. applying the Care Act
Q54	Do you have specific training that focusses on autistic adults over the age of 65?	No
Supplementary	Please comment further and give examples of the types of training.	The Autism training offered is not age specific, however it can be tailored to meet the individual requirements of the person or organisation bring trained and if requested it could be delivered to focus on those over the age of 65.
Q55	Do Clinical Commissioning Group(s) ensure that all primary and secondary healthcare providers include autism training (at levels outlined in the statutory guidance) as part of their ongoing workforce development?	Yes
Supplementary	Please comment further on any developments and challenges, commenting specifically about GPs and secondary care medical staff.	BASS @ B&NES are commissioned to develop and deliver specialist autism training to any frontline mental health staff. BASS have been working with primary care and GPs to offer training
Q56	Criminal Justice services: Do staff in the local police service engage in autism awareness training?	Yes
Supplementary	Please provide specific examples	BASS @ B&NES have delivered training sessions to Communications staff and the Force Service Centre and Custody in the last year. Training is planned with Authorised Firearms Officers and Counter Terrorism Intelligence Unit in early 2019. Online training for all front line officers in Avon and Somerset is being created in partnership with the University of Bath and will be launched in 2019.
Q57	Criminal Justice services: Do staff in the local court services engage in autism awareness training?	Yes
Q58	Criminal Justice services: Do staff in the local probation service engage in autism awareness training?	Yes
Q59	Have you got an established local autism diagnostic pathway?	Green: A local diagnostic pathway is in place and accessible, GPs are aware and involved in the process. Wait from referral for a diagnosis and initial assessment is less than three months NICE guidelines are implemented within the model
Q60	Does the pathway meet autistic people's needs regardless of whether or not the person meets learning disability criteria?	Yes, we commission the Avon & Wiltshire Mental Health Partnership (AWP)to provide BASS @ Bath & North East Somerset (B&NES). They are commissioned to provide a diagnostic service for Adults with ASC and provide post- diagnostic support to those with a recent diagnosis and those with an existing diagnosis. They also work alongside other clinicians working with people with an ASC to provide supervised diagnosis, consultancy and training.
Q61	If you have got an established local autism diagnostic pathway, when was the pathway put in place?	01/10/2013
		BASS @ B&NES is an Autism Service for Adults in Bath and North East Somerset provided by the Avon and Wiltshire Mental Health Partnership(AWP). They are commissioned to provide a diagnostic service for Adults with Autistic Spectrum Conditions (ASC) and provide post-diagnostic support to those with a recent diagnosis and those with an existing diagnosis. They also work alongside other clinicians working with people with an ASC (or who query this) to provide supervised diagnosis, consultancy and training.

Supplementary	Add any further comments you want (optional).	BASS provide a weekly advice service where they joint-work with other local services to provide holistic support for Adults with an ASC, providing bookable appointments for individuals, family and carers. Individual appointments can be made regarding issues such as problem-solving, signposting and emotional support. Individuals do not require a referral to access the Advice Service but they do require a formal diagnosis.
Q62	In the year to the end of March 2018, how many people were referred out of area for diagnosis, despite a local diagnostic pathway being in place?	0
Q63	In weeks, how long is the average wait between referral and assessment?	20
Supplementary	Add any further comments you want (optional).	BASS are currently piloting a screening clinic to triage assessments in order to reduce waiting times.
Q64	When will your area be able to meet NICE recommended [QS51] waiting time and expect to be able to keep within them?	Red: We do not anticipate being able to reach NICE recommended waiting times sustainably by March 2019
Supplementary	Briefly note any contingency arrangements you have in place to manage short term increases in rate of referral to diagnostic services.	BASS are currently piloting a screening clinic to triage assessments in order to reduce waiting times. BASS anticipate being able to reach NICE recommended waiting times sustainably by March 2020 depending on stability of referral rates.
Q65	How many people have been referred for an assessment but have yet to receive a diagnosis?Note: In this question you should report the number who have started but not finished a referral waiting time at a single point in time. The best point to choose for consistency with question 66 would be 31st March 2018 but another specific date within three months would be satisfactory.)	10
Supplementary	Add any further comments you want including the date period selected (optional).	Of the referrals received from April 2017- March 2018. 10 people were waiting to be seen at the end of March 2018, these have now all been seen and so none of these are now outstanding.
Q66	In the year to the end of March 2018 how many people have received a diagnosis of an autistic spectrum condition?	36
Supplementary	Add any further comments you want (optional).	82 assessments were completed, 36 people received a positive diagnosis.
Q67	Have completed all relevant assessments and are now receiving any support identified as relevant?	36
Supplementary	Add any further comments you want (optional).	All assessments have been completed in terms of diagnosis, and every individual seen will have been referred for ongoing relevant support as required, typically (but not limited to) IAPT, Virgin Care social work team, voluntary sector providers and mental health services. Everyone who received a diagnosis of autism can access ongoing support from the B&NES Autism Advice Service run by BASS, where they can access a range of 1:1 and group interventions, in addition to further signposting to relevant mainstream services as required.

Q68	Have completed all relevant assessments but are awaiting some or all of the support identified as relevant?	0
Q69	Have completed all relevant post diagnostic and care assessments and are not considered to need specific support at the present time?	0
Q70	Have not yet completed all relevant assessments of their support needs?	0
Supplementary	Add any further comments you want (optional).	As soon as a person receives a diagnosis of autism, they are invited to attend an appointment at the B&NES Autism Advice Service to undertake a detailed assessment of their functioning across the areas identified in the Care Act. This is called the “personal profile”, and is typically done collaboratively with the service user, their supporters and an autism-specialist. Some people choose not to attend this assessment, but many do, and recommendations for further ongoing support (from BASS or other agencies) are made on the basis of this document. For service users who maybe eligible for care and support under the Care Act are offered a joint appointment with BASS and Virgin Care's ASC social work team to ascertain if they wish to have a formal assessment under the Care Act.
Q71	How would you describe the local diagnostic pathway, i.e. Integrated with mainstream statutory services with a specialist awareness of autism for diagnosis or a specialist autism specific service?	Specialist
Supplementary	Please comment further	We Commission the Avon & Wiltshire Mental Health Partnership (AWP)to provide BASS @ B&NES. They are commissioned to provide a diagnostic service for Adults with ASC and provide post- diagnostic support to those with a recent diagnosis and those with an existing diagnosis. They also work alongside other clinicians working with people with an ASC to provide supervised diagnosis, consultancy and training.
Q72	In your local diagnostic pathway does a diagnosis of autism automatically trigger an offer of a care assessment (or re-assessment if the person has already had a current Care Act assessment)?	No
Q73	Please comment on who receives notification from diagnosticians when someone has received a diagnosis? How is this handled with people unlikely to be eligible for care and support under the Care Act?	Care Act assessments are always considered once a person has been diagnosed with autism, in consultation with autism specialist social workers within Virgin Care. If it is felt that:a) the person has currently unmet social care needs, and b) there is the chance the person would meet eligibility criteria under the Care Act, then a referral is suggested and/or made to Virgin Care for an assessment. If there are no identified social care needs, and/or the person is assessed as being extremely unlikely to meet criteria under the Care Act, then the person will be informed of their right to have an assessment, but a referral is not made
Q74	Can people diagnosed with autism and a learning disability access post diagnostic specific or reasonably adjusted psychology assessments?	Amber: Available everywhere. Mainly reasonably adjusted services, with some access to autism specific services (when necessary) and some generic services.
Supplementary	Add any further comments you want (optional)	BASS offers an adapted post diagnostic group, tailored specifically to the needs of individuals with a mild/moderate learning disability. However, there is no access to psychology assessments within BASS. If a person has a learning disability and autism, they can receive a full range of services (including psychological assessment) from the Community Learning Disabilities service. Any health or social care professional working in learning disability services with a person with autism can access highly specialist training and on-going 1:1 supervision from BASS staff around how to make reasonable adjustments to their work.
Q75	Can people diagnosed with autism and without a learning disability access post diagnostic specific or reasonably adjusted psychology assessments?	Amber: Available everywhere. Mainly reasonably adjusted services, with some access to autism specific services (when necessary) and some generic services

Supplementary	Add any further comments you want (optional)	People with autism and a learning disability can access speech and language therapy through the Virgin Care Complex Health Needs Service, and as discussed practitioners can receive training and supervision from BASS around how to make reasonable adjustments to their work to take account of the specific needs of people with autism
Q76	Can people diagnosed with autism and without a learning disability access post diagnostic specific or reasonably adjusted speech and language therapy assessments?	Amber: Available everywhere. Mainly reasonably adjusted services, with some access to autism specific services (when necessary) and some generic services
Supplementary	Add any further comments you want (optional)	People with autism and without a learning disability can access speech and language therapy from the Virgin Care Complex Health Needs service if they are known to the Autism social work team
Q77	Can people diagnosed with autism and a learning disability access post diagnostic specific or reasonably adjusted occupational therapy assessments?	Amber: Available everywhere. Mainly reasonably adjusted services, with some access to autism specific services (when necessary) and some generic services
Supplementary	Add any further comments you want (optional)	People with autism and a learning disability can access occupational therapy assessments through the Virgin Care Complex Health Needs service, and practitioners can receive training and supervision from BASS around how to make reasonable adjustments to their work to take account of the specific needs of people with autism.
Q78	Can people diagnosed with autism and without a learning disability access post diagnostic specific or reasonably adjusted occupational therapy assessments?	Amber: Available everywhere. Mainly reasonably adjusted services, with some access to autism specific services (when necessary) and some generic services
Supplementary	Add any further comments you want (optional)	BASS employs a small number of Occupational Therapists, who have a very limited capacity to offer sensory processing assessments at the Advice Service. The Complex health needs service for Learning disabilities has a specialist OT trained to undertake sensory assessments but the service user has to be managed under the Virgin Care Autism social work team to access this service.
Q79	Is post-diagnostic adjustment support available with local clinical psychology or other services for those people diagnosed with autism and a learning disability?	Yes
Supplementary	Add any further comments you want (optional)	Psychologists from the complex health needs service can access training and supervision to help them make reasonable adjustments to enable them to provide good quality support to people with autism
Q80	Is post-diagnostic adjustment support available with local clinical psychology or other services for those people diagnosed with autism and without a learning disability?	Yes
Supplementary	Add any further comments you want (optional)	Psychologists employed by mental health services and acute Trusts can access training and supervision to help them make reasonable adjustments to enable them to provide good quality support to people with autism
Q81	Do mental health crisis services in your area routinely anticipate and provide for the mental health crisis needs of autistic people but without a learning disability?	Amber: Mental health crisis services will and do respond to mental health crises in autistic people whether or not these involve an acute mental illness
Supplementary	Add any further comments you want (optional)	Mental Health crisis services are accessible to people with Autism who have a comorbid mental health condition. Staff can access on-going training and support from BASS around autism
Q82	What is the number of adults assessed as being eligible for adult social care services who have a diagnosis of autism and in receipt of a personal budget?	121
Q83	What is the number of those reported in question 82 above who have a diagnosis of autism but not learning disability?	79

Q84	What is the number of those reported in question 82 above who have both a diagnosis of autism AND learning disability?	42
Q85	Do you have a single identifiable contact point where autistic people whether or not in receipt of statutory services can get information signposting autism-friendly entry points for a wide range of local services?	Autism specific access point
Supplementary	Add any further comments you want (optional)	We commission the Bath & North East Somerset Autism Advice service from BASS. People with autism (and their carers/families) can access a range of preventative 1:1 and group interventions, in addition to signposting and mainstream services
Q86	Do you have a recognised pathway for autistic people who do not have a learning disability to access a care assessment and other support?	yes
Supplementary	Add any further comments you want (optional)	We have an Autism social work team who work with adults who receive an autism diagnosis. The team provide access to a care assessment and can also signopost to other services.
		BASS offer a weekly autism advice service where people can book individual appointments around a range of issues and can get information about other services which may meet their needs. They can also access a number of groups at the advice service such as a post-diagnostic support group.
Q87	Do you have a programme in place to ensure that all advocates working with autistic people have training in their specific requirements?	Amber: Programme in place, not all advocates are covered.
Supplementary	Add any further comments you want (optional)	Free training is provided to anyone working with people with a diagnosis of autism across B&NES. This comes in the form of one hour awareness-raising sessions, half and full day training sessions. There is no particular programme in place to target advocates, but people in this role are encouraged attend the training events provided by BASS.
Q88	Do autistic adults who could not otherwise meaningfully participate in needs assessments, care and support planning, appeals, reviews, or safeguarding processes have access to an appropriately trained advocate?	Amber: Yes. Local advocacy services are working at becoming autism-aware.
Q89	Are low level interpersonal/preventative support opportunities available in your area? See Think Autism (2014), para 3.2 and Progress Report on Think Autism (2016), Section 4.	Yes
Supplementary	Provide example(s) of the type of support that is available in your area and how you measure if it is successful.	The Bath & North East Somerset Autism Advice Service is an example of how to provide low level preventative support to people with autism. The commissioners meet with BASS on a quarterly basis to monitor the service, we measure the numbers of people attending the advice service, groups and those waiting for diagnostic assessment. We also monitor the feedback given by service users and friends and family.
		We provide funding to the B&NES Carers centre for a paid worker to run a monthly carers group to support them in caring for their adults son/daughter.
Q90	Can autistic people access other types of support if they are not eligible under the Care Act or not eligible for statutory services?	Yes
Supplementary	Provide an example of the type of support that is available in your area and how you measure if it is successful.	People can access 1:1 support, in addition to a range of groups and workshops , along with an autism specific social prescribing service at the B&NES Autism Advice Service.
		People living in a tenancy not eligible for social care services, who are in receipt of housing benefit can access floating support to help them with maintaining their tenancy.
Q91	How would you assess the level of information about local support across the area being accessible to autistic people?	Amber: There is a moderate level of information available about support services for autistic people which is either incomplete or not readily accessible to autistic people
Q92	Where appropriate are carers of people assessed as having autism and eligible for social care support offered carers assessments?	Green: Upon assessment of autistic people carers are routinely identified and offered a carers assessment. Carers can also self-identify and request a carers assessment. Information about how to obtain a carers assessment is clearly available.

Supplementary	Add any further comments you want (optional)	The Autism Advice Service offers Carers access the telephone support and 1:1 support at the advice service. Carers are able to access statutory carers assessments from a social worker in the Virgin Care ASC social worker team if they want one. This is routinely offered when undertaking care act assessments.
Q93	Access to adult mental health services: Do autistic people or carers report difficulty in accessing local mental health services after their diagnosis has been made?	Yes
Supplementary	Add any further comments you want (optional)	Thresholds for eligibility for mental health services are different to social care. The perception held is that if the person is open to the social work team they would be expected to address the needs of the autistic person and their carer. However, GPs can reffer to the PCLS service who will screen for access to mental health resources.
Q94	Does the local housing strategy and/or market position statement specifically identify autism?	Amber: Housing requirements of autistic people are specifically mentioned but not to level described in Green rating (for two tier authorities not in all district council areas)
Q95	Please provide a web link and page references to support your answer.	we have a market position statement for adults with learning disabilities and/or autism that highlights the needs of people with Autism :http://www.bathnes.gov.uk/sites/default/files/siteimages/Social-Care-and-Health/Adults-with-Learning-Disabilities/market_position_statement_for_adults_with_learning_disabilities_and_or_autism_2018-20.pdf
Q96	Do you have a policy of ensuring that the frontline service of social housing providers all have at least one staff member who has training in autism to help people make applications and fill in necessary forms?	yes
Supplementary	Add any further comments you want (optional)	All frontline staff working for agencies who are likely to come into contact or be supporting adults with Autism are able to access autism awareness training provided by BASS. There is a lead specialist housing adviser for people with Learning disabilities and/ or Autism within the Councils Housing Advice Team. The Housing Adviser also offers a housing advice service where people can book a 1:1 appointment to discuss housing, this is offered on a monthly basis at the B&NES Autism Advice Service.
Q97	How have you promoted in your area the employment of autistic people?	Amber: Autism awareness is delivered to employers on an individual basis. Local employment support services include autism. Some contact made with local job centres.
Supplementary	Add any further comments you want (optional).	We commission Virgin Care to provide an Employment Inclusion Service that support people with autism in finding and maintaining employment. The Employment inclusion service also proactively work with a range of mainstream employment organisations including the job centre to support people to access employment and reasonable adjustments via access to work.
Q98	Do transition processes for autistic young people to adult services have an employment focus?	Amber: Transition plans include reference to employment/activity opportunities
Supplementary	Add any further comments you want (optional).	Employment is embedding within the Education Healthcare Plans.
Q99	Does the local authority offer tailored support or programmes to help autistic people enter employment or self-employment, including those with SEND and those with EHC plans?	Green: Local commissioning of these schemes specifies for at least some they should specifically address the needs of young autistic people.
Q100	Does the local authority monitor the employment outcomes of autistic people who have received support or participated in programmes?Note: Local commissioning of these schemes specifies for at least some they should specifically address the needs of young autistic people.	Yes
Supplementary	Add any further comments you want (optional).	Project SEARCH is an employability program based at Bath and North East Somerset Council, which helps young adults with learning disabilities and/or autism to gain the skills they need to become employed. It is a program of work based experience, which sees a Business (in our case the Council) team up with an Educator (Bath College) and Supported Employment provider (Virgin Care) to run the program. It provides a mixture of structured work placements and classroom learning and it all happens in the work place. The aim is paid employment (with any business) for young people with end of their yearlong program. http://www.bathnes.gov.uk/services/skills-and-local-employment/Ways-Into-Work/project-search
Q101	Are the Criminal Justice Services (police, probation and, if relevant, court services) engaged with you as key partners in planning for autistic adults?	Green: As amber, but in addition: autistic people are included in the development of local criminal justice diversion schemes representative from criminal justice services agencies regularly attend meetings of the autism partnership board or alternative there is evidence of joint working such as alert cards or similar schemes in operation there is evidence of joint/shared training

Supplementary	Add any further comments you want (optional).	The safe places scheme operates across Avon and Somerset. Safe Places is a service to help vulnerable people with communication difficulties stay safe when they are out and about. The service includes direct access to police support 24 hours a day via the Safe Places telephone number. An individual can call the Safe Places number if they find themselves in a crisis situation, such as if they are lost, feel scared or upset, and don't know what to do, or if they have been a victim of crime. They can also visit a Safe Places building for help. All police stations with enquiry offices are Safe Places and in the near future council building will also be included. When someone joins Safe Places, they are given a unique reference number which gives them direct access to police support 24 hours a day.
		The Avon and Somerset Police Force Lead for Autism is engaged with the partnership board and attends and appropriate.
Q102	Is access to an appropriate adult service available for autistic people in custody suites and nominated 'places of safety?	Green: Yes and these have all had autism awareness training.
Supplementary	Add any further comments you want (optional)	Avon and Somerset Police Operating Procedure has been amended to ensure full compliance with Police Criminal Evidence Act 1984 (PACE). All detainees known or suspected to have an autism diagnosis are treated as vulnerable and an appropriate adult contacted. We use Brandon Trust in our Custody Suites for when an Appropriate Adult nominated by the detainee isn't available, and all their staff have had autism awareness training.
Q103	Please outline any innovations you have put in place as part of the Transforming Care Programme which are helping provide homes in the community for autistic people who until recently were long stay residents in psychiatric in-patient units.	We have supported two people with Autism to purchase their own homes using the HOLD shared ownership scheme. They are not people who have been living in long stay inpatient units however, they are people with Autism that would be covered within the the remit of the Transforming Care Programme. The individual's Care Managers identified suitable support providers and worked alongside Advance Housing to identify suitable properties on the open market. A package of individual support is in place along with a package of assistive technology to enable the individuals to live as independently as possible with support being provided in the least intrusive way.
Q104 (i)	If you wish, describe briefly (up to 1500 characters) one initiative of your council, relating to the provision of care, support or development of independence for autistic people, which you think has been successful.	We commission a short term accommodation based service for eight people with Autistic Spectrum Conditions in particular Asperger's Syndrome living in the centre of Bath. As a short term accommodation service the service is designed to support people for up to two years to develop their independent living skills and enable them to move on into their own properties and live safely and independently in the community. The services has been successful in moving people on into their own homes and has established strong partnerships with the Housing, employment and other local Autism services.
		In the last twelve months we have also commissioned a outreach service from Julian House who are the support provider at Henrietta Street, the outreach service is in place to support the individuals moving on from Henrietta Street into further independence. The service is provided for time limited transition period to provide support such setting up utility bills, applying for benefits and tenancy support. This service has been put in place to ease transition from a supported living service into further independence and provide continuity of support over this period of transition.
Q104(ii)	What initiatives have been taken in your area to encourage private sector organisations to improve accessibility, employment opportunities or address other important issues for autistic people	No answer entered

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MEETING	**B&NES HEALTH AND WELLBEING BOARD**
DATE	**29 January 2019**
TYPE	**An open public item**

Report summary table	
Report title	B&NES Health Protection Board Annual Report 2017-18
Report author	Anna Brett, Health Protection Manager
List of attachments	B&NES Health Protection Board Annual Report 2017-18 Appendix 1: B&NES Health Protection Board Terms of Reference Appendix 2: B&NES Immunisation Group Terms of Reference
Background papers	N/a
Summary	In April 2013 the Health and Social Care Regulations changed the statutory responsibility for health protection arrangements. B&NES Council acquired new responsibilities with regard to protecting the health of their population. Specifically the Director of Public Health (DPH), on behalf of the local authority has to assure himself that relevant organisations have appropriate plans in place to protect the population against a range of threats and hazards and to ensure that necessary action is being taken. The Health Protection Board was established in November 2013 to help fulfil this role. This annual report documents the progress made by the Health Protection Board on the priorities and recommendations made in the 2016-17 report; highlights the key areas of work that has taken place in 2017-18 and identifies priorities for the next 12 months.
Recommendations	That the B&NES Health & Wellbeing Board notes this annual report and supports the following recommended priorities for the Health Protection Board in 2018/19.
Rationale for recommendations	The Health Protection Board is committed to improving all work streams. The priorities have been jointly agreed by all Board members as key issues that need to be addressed in order for the DPH, on behalf of the local authority to be assured that suitable arrangements are in place in B&NES to protect the health of the population. This is systematically carried out by monitoring key performance indicators, maintaining a risk log and through intelligence, debriefs of outbreaks and incidents and work plans of the Local Health Resilience Partnership & Local Resilience Forum which are based on Community Risk Registers. 1. Assurance: continue to monitor performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary. 2. Support activities to slow the development and spread of

	antimicrobial resistance. 3. Continue to ensure that the public are informed about emerging threats to health. 4. Support the review, development and implementation of all Air Quality Action Plans. 5. Continue to reduce health inequalities in screening and immunisation programmes. 6. Improve the uptake of flu vaccinations in at risk groups, pregnant women, health and social care workers, and carers; and pneumococcal vaccination amongst under 65s at risk and over 65s. The recommendations contribute to the delivery of these outcomes in the Joint Health and Wellbeing Strategy: Theme 1 - Helping people to stay healthy: Create healthy and sustainable places, by improving the air quality in B&NES. Theme 3 – Creating fairer life chances by increasing the resilience of people and communities, by ensuring preparedness for outbreaks of diseases and environmental incidents and hazards as well as ensuring individuals immunity to a number of diseases through immunisation and protect the wider population through herd immunity.
Resource implications	None
Statutory considerations and basis for proposal	This is a statutory role of the Director of Public Health acting on behalf of the Secretary of State. A number of the priorities will help to address health inequalities, particularly the focus on screening and immunisation programmes. Improving air quality in B&NES will directly impact and health and inequalities, sustainability and the natural environment.
Consultation	Dr Bruce Laurence, Director of Public Health B&NES Council Becky Reynolds, Consultant in Public Health B&NES Council Cllr Vic Pritchard, Cabinet Member Adult Social Care & Health Mike Bowden, Corporate Director Chief financial officer nominated representative Tammy Randall Monitoring officer nominated representative Michael Hewitt
Risk management	**Risks relating to proposed recommendation(s)** No significant risks identified **Risks of not taking proposed recommendation(s)** The risks of not taking the proposed recommendations are that the Health Protection Board will lack approval of the Health and

	Wellbeing Board for its actions delivered during 2017/18 and for its proposed priorities in 2018/19. Without the approval of the Health and Wellbeing Board the direction and forward planning of the Health Protection Board will have to be reoriented. **Actions to manage risks of not taking proposed recommendation(s)** Further discussions with the Health and Wellbeing Board around proposed direction and priorities for 2018/19.

THE REPORT

See attached document and appendices.

Please contact the report author if you need to access this report in an alternative format

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BATH AND NORTH EAST SOMERSET HEALTH PROTECTION BOARD ANNUAL REPORT 2017/2018

Specialist Health Protection Areas:

Healthcare Associated Infection (HCAI)

Key Performance Indicators: MRSA, *C.difficile* & *Ecoli* bacteraemia

Communicable Disease Control & Environmental Hazards

Key Performance Indicators: Private Water Supplies & Air Quality Management

Health Emergency Planning

Key Performance Indicators: Civil Contingencies Act requirements

Sexual Health

Key Performance Indicators: HIV & under 18 conceptions

Substance Misuse

Key Performance Indicators: Hep B vaccination, Hep C testing, Opiates & Non-Opiates & Alcohol

Screening & Immunisation

Key Performance Indicators: National screening programmes & uptake of universal immunisation programmes

Contents

1 Executive summary

1.1 Purpose of the report

This annual report documents the progress made by the Health Protection Board on the priorities and recommendations made in the 2016-17 report; highlights the key areas of work that has taken place in 2017-18 and identifies priorities for the next 12 months.

1.2 Progress on the 2016-17 priorities that were implemented in 2017-18

In the last Health Protection Board report 2016-17, the Board committed to improving all work streams and identified six priorities to be addressed in order for the Director of Public Health (DPH), on behalf of the local authority, to be further assured that suitable arrangements are in place in B&NES to protect the health of the population.

The progress made on each priority has been RAG rated below and more detail of the progress made with each priority is detailed within the report.

No.	Priority	Progress
1	**Assurance: continue to monitor the performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary**	Green
2	**Support activities to slow the development and spread of antimicrobial resistance**	Green
3	**Continue to ensure that the public are informed about emerging threats to health**	Green
4	**Support the review, development and implementation of all Air Quality Action Plans**	Green
5	**Continue to reduce health inequalities in screening and immunisation programmes**	Amber
6	**Improve the uptake of flu vaccinations in at risk groups, pregnant women, health and social care workers, and carers; and pneumococcal vaccination amongst under 65s at risk and over 65 year olds**	Amber

1.3 Priorities for 2018-19

The Health Protection Board remains committed to improving all work streams within available resources. These recommended priorities have been agreed by the Board as key issues to be addressed in order for the DPH, on behalf of the local authority, to be further assured that suitable arrangements are in place in B&NES to protect the health of the population. The following six priorities have been identified for 2018-19:

No.	Priority
1	**Assurance: continue to monitor the performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary**
2	**Continue to actively participate in the management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards**
3	**Continue to ensure that the public are informed about emerging threats to health**
4	**Support the development and implementation of all the Air Quality Action Plans**
5	**Improve the uptake of flu vaccinations in at risk groups, pregnant women, health and social care workers, and carers**
6	**Continue to reduce health inequalities in screening and immunisation programmes**

2 Introduction

The Health Protection Board was established in November 2013 to enable the Director of Public Health to be assured on behalf of the local authority that relevant organisations have appropriate plans in place to protect the population against a range of threats and hazards and to ensure that necessary action is being taken.

Throughout 2017-18 the Board has continued to provide a forum for professional discussion of health protection plans, performance, risks and opportunities for joint action and ensures strong relationships between all agencies are maintained and developed to provide a robust health protection function in B&NES. Please refer to Appendix 1 for the Board's Terms of Reference.

Priority 1 from 2016-17 report: Assurance: continue to monitor the performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary

RAG: Green

During 2017-18 the Board continued to monitor key performance indicators for each specialist area and was generally well assured that relevant organisations do have appropriate plans in place to protect the population. A small number of risks were identified throughout the year and logged, describing the mitigation that was in place for each one. These are described and discussed throughout the report.

Priority 1: 2018-19

Assurance: continuing to monitor performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary has been identified as priority 1 for 2018-19.

Sections 3 to 9 of this report describe the performance, risks, challenges and priorities in each of the 6 specialist health protection areas:

- Healthcare Associated Infection
- Communicable Disease Control & Environmental Hazards
- Health Emergency Planning
- Sexual Health
- Substance Misuse
- Screening & Immunisation

3 Health care associated infection (HCAI) & reducing antimicrobial resistance (AMR)

Priority 2 from 2017-18 report: Support activities to slow the development and spread of antimicrobial resistance

RAG: Green

Many healthcare activities are associated with a risk of infection. It is essential that everyone involved makes sure that they keep this risk of infection as low as possible.

The BANES Healthcare Associated Infections Collaborative reports to the Health Protection Board. During 2017-18 the Collaborative has coordinated excellent cross-sector work to reduce health care associated infections, improve infection prevention and control practices, improve prescribing practices, and raising public awareness.

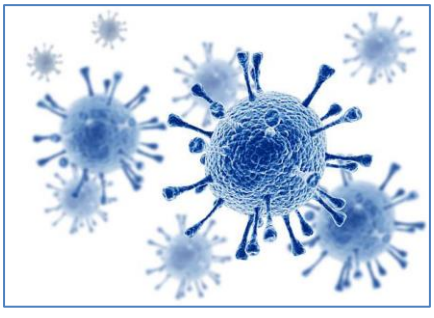
NHS BaNES Clinical Commissioning Group (CCG) assures itself that infection prevention & control is in place in provider organisations through:

1. Quality schedules - zero tolerance of MRSA & minimise the rate of *Clostridium difficile (C.Diff).*
2. Commissioning for Quality and Innovation (CQUIN):
3. Site visits of major providers

The CCG monitors the number of cases of healthcare acquired *MRSA, C. diff & E. coli* blood stream infections as part of their contract with providers.

3.1 MRSA bacteraemia blood stream infections

The government continues to set the challenge of demonstrating zero tolerance of healthcare acquired MRSA through a combination of good hygiene practice, appropriate use of antibiotics, improved techniques in care and use of medical devices, as well as adherence to all best practice guidance.



In 2017-18 BaNES failed to deliver zero cases of MRSA in all CCG patients, as 2 cases were reported, an increase from 0 cases in 2016-17.

When a local hospital admits a patient and blood cultures are taken at time of admission which results in MRSA bacteraemia the CCG is tasked with completing a Post Infection Review (PIR). PIRs help to ascertain if the infection was most likely acquired in the hospital, in the community or if it may have been acquired in another country or due to lifestyle e.g. drug user with a chaotic lifestyle. The CCG will report if there were any

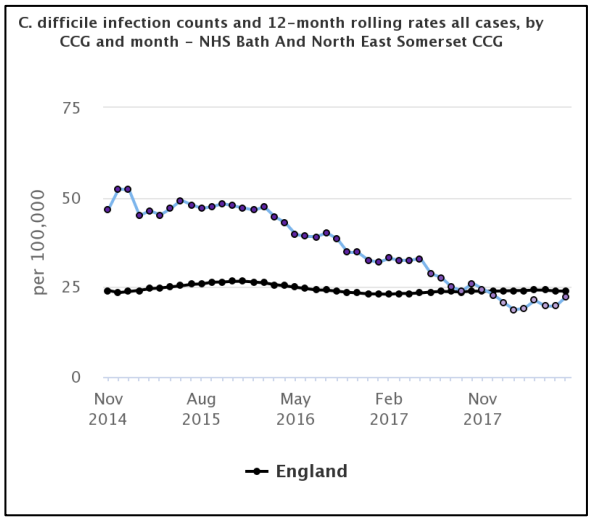
missed opportunities to swab or treat, they will question appropriate prescribing and will carry out hand/environmental hygiene audits. The CCG share the lessons learned to minimise the risk of future cases arising. This process has been amended for 2018-19 and CCGs are no longer required to do a PIR for MRSA blood stream infections; this is to redirect limited review resource to the Gram negative blood stream reduction programme, described below.

3.2 *Clostridium difficile* infection

In 2017-18 the national target for *C. diff* infection was 47 cases for all BaNES CCG patients. The total number of cases of *C. diff* was 36 compared to 61 cases in 2016-17, a decrease of 25 cases.

The number of cases of *C. diff* infection was highlighted and monitored on the Health Protection Board's Risk Log throughout the year. The graph below shows that the general trend of *C.diff* infection in B&NES has been decreasing since 2014 and is now below the England rate.

BaNES CCG has continued to improve antimicrobial stewardship within primary care, across all GP practices, with a reduction in all antibiotic prescribing and particularly broad spectrum antibiotics which have reduced by 40% since 2015-16. This has contributed to the sustained continued reduction in the number of cases of *C. diff* infection and a reduction in *E. coli* blood stream infections (below).

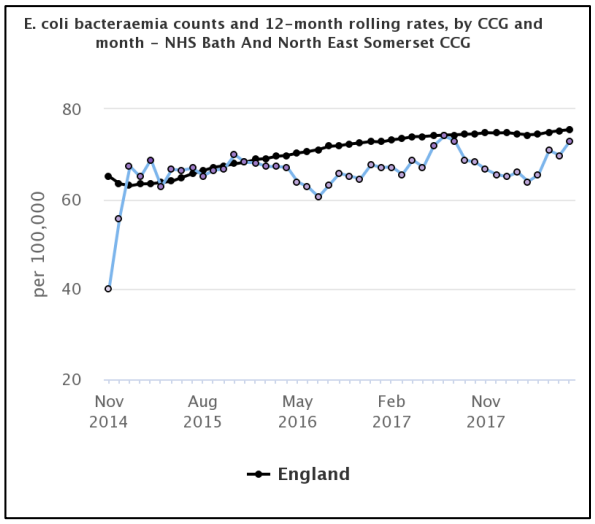


Source: Public Health England, 2018

3.3 *E. coli* Bactereamia

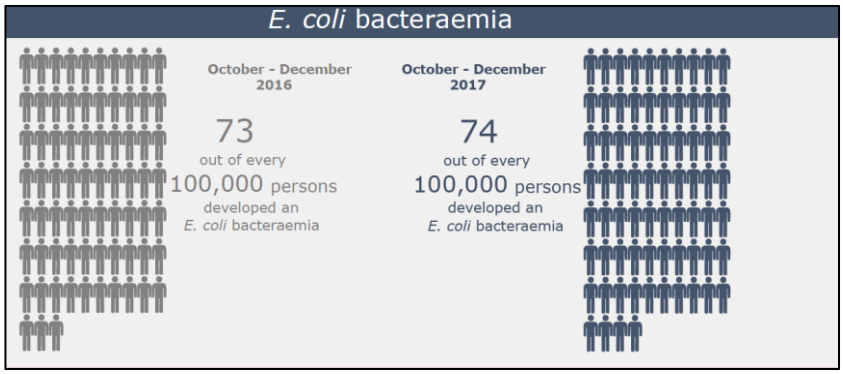
Reducing healthcare associated *E. coli* blood stream infections is now a UK NHS priority patient safety programme and is a new key performance indicator monitored by the Health Protection Board.

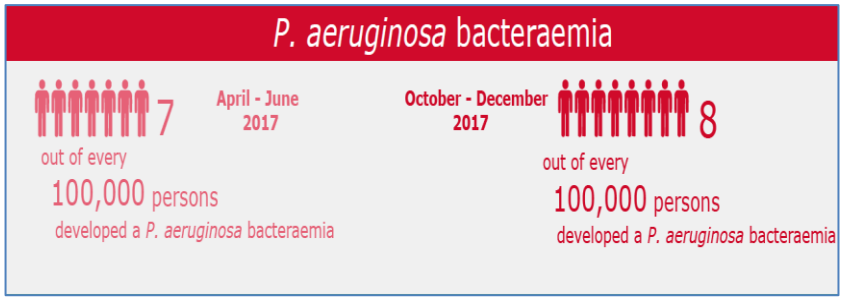
BaNES CCG implemented the #ToDipOrNotToDip quality improvement programme that has improved the management of Urinary Tract Infection in all B&NES nursing homes since 2015. This has contributed to a reduction in

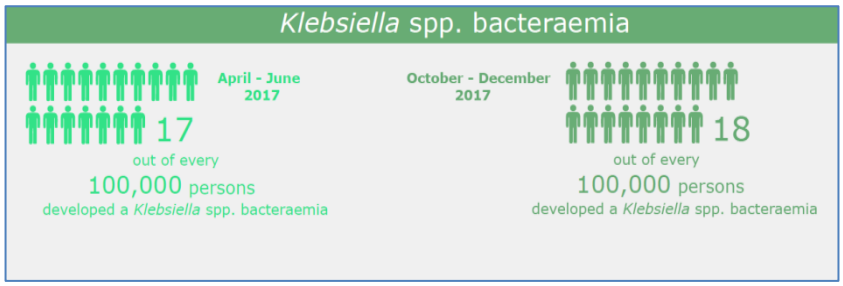


Source: Public Health England, 2018

E.coli blood stream infections. However larger reductions are required and there is a B&NES – Wiltshire plan to reduce healthcare associated Gram negative blood stream infections by 50% by 2021 in line with the UK ambition. This plan includes learning from existing cases to inform local risk reduction interventions and implementing those interventions known to be effective system wide. These include reducing unnecessary urinary catheter use, improving hydration, and improving the treatment of Urinary Tract Infections (UTI) - in particular in older people in whom antibiotic resistant UTI is more likely.







There are many different types of Gram-negative bacteria. Some live in the intestine harmlessly, while others may cause a variety of diseases. Bacteria that are normally harmless in their normal environment can cause problems if they grow in other parts of the body and can cause a range of infections with differing severity and associated mortality. Gram-negative bacteria such as Escherichia coli, Klebsiella spp. and Pseudomonas aeruginosa are the leading causes of healthcare associated bloodstream infections nationally and have now overtaken MRSA and CDI in the numbers of infections that occur yearly.

More information about the burden of resistant infections has been published in this English Surveillance Programme for Antimicrobial Utilisation and Resistance (ESPAUR) report: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/749747/ESPAUR_2018_report.pdf

4 Communicable disease & environmental hazards

Communicable diseases can be passed from animals to people or from one person to another. They can be mild and get better on their own, or develop into more serious illnesses that if left untreated lead to serious illness, long-term consequences or death. They continue to pose a significant burden to health and society. In the UK infectious diseases account for a large proportion of GP visits for children and adults.

There are a range of environmental hazards that can affect our health and wellbeing. Natural hazards include earthquakes, volcanic eruptions and flooding. Human-produced hazards are mainly related to pollution of the air, water and soil.

4.1 Communicable disease

4.1.1 Confirmed or probable cases of infectious disease during 2017-18

The Health Protection Team in Public Health England (PHE) South West works in partnership with external stakeholders including the Public Health and Public Protection teams based in B&NES Council to deliver an appropriate co-ordinated response to infectious disease cases, outbreaks and incidents.

PHE publish quarterly health protection surveillance reports of infectious disease. The two tables below show rates per 100,000 B&NES population of various infectious diseases and the trend over time. All cases of infectious disease need some degree of follow-up or investigation. These rates are as expected for our population size, except measles where we saw a local, national and international outbreak at the start of 2018; this is covered in more detail below.

	Rate per 100,000 population												Trend	Comparison to
Infection	2015-2	2015-3	2015-4	2016-1	2016-2	2016-3	2016-4	2017-1	2017-2	2017-3	2017-4	2018-1		2017-1**
Scarlet Fever	11.9	5.4	4.9	15.4	11.2	5.3	2.1	7.5	9.1	2.7	4.8	39.9		↑
Invasive group A streptococcal infection	1.6	0.0	0.0	1.1	1.6	1.1	0.5	0.5	1.6	0.0	0.5	2.1		↑
Measles	0.0	0.0	0.0	0.0	0.0	2.7	0.0	0.0	0.0	0.0	0.0	4.3		↑
Mumps	0.0	1.1	2.2	0.0	0.5	0.0	0.5	2.1	0.0	0.0	0.0	1.1		↓
Pertussis	4.3	8.7	7.6	3.7	4.8	4.8	4.8	2.1	3.2	6.4	1.6	1.6		↓
Meningococcal infection*	0.5	0.5	1.1	1.1	1.1	1.1	0.0	1.1	0.5	0.0	0.0			→
Campylobacter	37.3	29.2	30.8	18.6	25.6	32.5	17.6	22.9	29.8	36.8	25.0	22.4		↓
Cryptosporidium	1.6	4.3	4.9	3.2	3.2	6.4	2.1	2.7	1.1	1.6	2.1	2.1		↓
Escherichia coli STEC	0.0	0.5	0.5	0.0	1.1	1.6	1.1	0.0	0.0	0.0	0.0	0.0		→
Giardia	8.1	7.6	9.2	6.9	5.3	7.5	6.9	5.3	5.3	10.7	6.4	6.4		↑
Salmonella Enteriditis	0.0	2.2	0.0	0.0	0.5	2.1	0.5	0.5	0.0	0.5	0.5	0.0		↓
Salmonella Typhimurium	0.5	1.1	0.5	0.0	1.1	1.1	0.0	1.1	1.1	1.1	0.0	0.5		↓
Shigella	1.1	0.5	1.6	0.0	1.1	1.6	0.0	1.1	0.5	0.5	0.0	0.5		↓

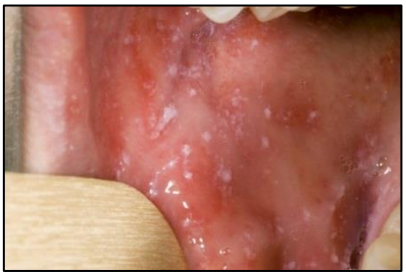
*Data for the latest quarter is currently undergoing validation and is therefore not yet available.

**For meningococcal infection this comparison is between quarter 4 2017 and quarter 4 2016

Source: Public Health England, 2018

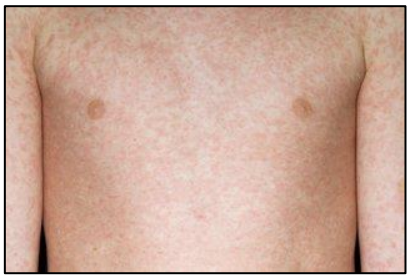
4.1.2 Measles

4.1.2.1 What is measles?



Spots in the mouth: the NHS website, 2018.

Measles is a highly infectious viral illness that can be very unpleasant and sometimes lead to serious complications. Anyone can get measles if they haven't been vaccinated or haven't had it before, although it's most common in young children.



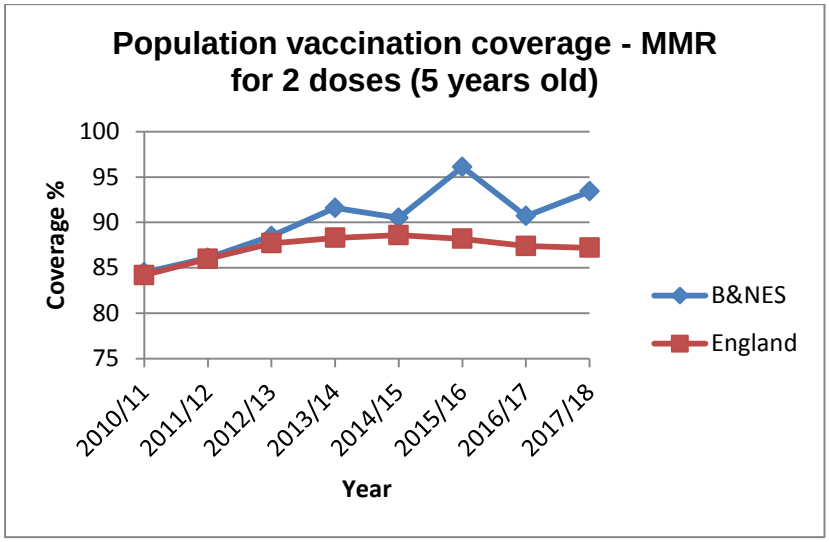
Measles rash: the NHS website, 2018.

The initial symptoms of measles develop around 10 days after you're infected and tend to clear up in around 7 to 10 days.

4.1.2.2 Measles, Mumps & Rubella (MMR) vaccination

The best form of protection against measles is to have 2 doses of the MMR vaccination. The current English routine immunisation schedule for MMR vaccination is for dose one to be given at 12 months of age and dose 2 to be administered at 3 years 4 months. Nationally the data reports MMR (both doses) being received by the time the child turns 5 years of age.

The 95% target for childhood vaccination coverage is recommended nationally to ensure control of vaccine preventable diseases within the UK, with at least 90% coverage in sub-national areas such as local authority or CCG areas. This relates specifically to diphtheria, tetanus, pertussis, polio, Haemophilus influenza type b (Hib) and measles, mumps and rubella (MMR).



Source: Public Health England, 2018

Since 2015 a substantial amount of local work has taken place aimed at increasing the uptake of the MMR vaccination, this includes working with the Child Health

Information System (CHIS) and GP practices and Health Visitors. The graph above shows that uptake of MMR vaccinations (dose two by 5 years of age) steadily increased in B&NES between 2010 and 2013-14, dropped in 2014-15 to just above 90% and then increased substantially in 2015-16 to above 95% only to decrease back down again in 2016-17 to above 90%. In 2017-18 uptake increased again to 93.4%.

4.1.2.3 Measles outbreak


SomersetLive NEWS IN YOUR AREA BATH LIVE WHAT'S ON SPORT BATH RUGBY MORE

Bath man reveals devastating impact of measles with cases in the West Country on the rise

Public Health England (PHE) has said that it's never too late to get the MMR vaccine after it was revealed that there has been a rise in cases of measles in the West Country.

There was a warning earlier in the week as contracting measles later in life could lead to a life threatening illness.

People in the south west have been urged to check that they have had two doses of the MMR vaccine after PHE shared the plight of 36-year-old Bath resident, Robert Bliss, and the devastating impact that measles has had on him.

Between 1 January & 31 March 2018, 28 measles cases were notified to PHE from the South West North area (Avon, Gloucestershire, Swindon & Wiltshire). 9 of these cases were seen in B&NES, compared to 0 cases during the whole of the previous year. These cases were seen across a wide range of ages; 6 months – 61 years old.

Unfortunately a 36 year old resident in B&NES suffered serious complications, his family agreed to be interviewed by PHE who made a press statement (featured above).

PHE declared an outbreak across the South West North area and reported outbreaks across other parts of the UK and abroad. PHE set up bi-weekly outbreak control meetings with all partners including B&NES Council Public Health Team. As a result, a number of local initiatives and communication campaigns were launched, mainly aimed at children and young people. The key messages were; to check if you have had two doses of the MMR vaccination and it's never too late to have the MMR vaccination.

Priority 2: 2018-19

Continue to actively participate in the management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards has been identified as priority 2 for 2018-19

Priority 3: 2018-19

Continue to ensure that the public are informed about emerging threats to health has been identified as priority 3 for 2018-19.

4.2 Environmental hazards

4.2.1 Air Quality Management Areas

Priority 3 from 2017-18 report: Support the review, development and implementation of all Air Quality Action Plans

RAG: Green

B&NES Council is legally required to review air quality and designate air quality management areas (AQMAs). Where an AQMA is designated, an Air Quality Action Plan (AQAP) describing the pollution reduction measures must then be put in place in pursuit of the achievement of the objectives in the designated area.

B&NES Council currently have 5 declared AQMAs in Bath, Keynsham, Saltford & Temple Cloud & Farrington Gurney. In June each year the Council reviews air quality throughout B&NES as part of its Annual Status Report; the report is peer reviewed by DEFRA.

4.2.2 National Air Quality Plan

Bath & North East Somerset has been identified as one of the local authorities where pollution levels are projected to continue to exceed the national air quality objective for nitrogen dioxide beyond 2021; this is specifically on a section of the A4 London Road in Bath. It is also recognised that there are other exceedances of the NO2 objective elsewhere within Bath.

In view of this the Council has been served with an Order of Direction by the Joint Air Quality Unit - JAQU (a unit which combines Department for Environment, Food and Rural Affairs and Department of Transport) to produce a Clean Air Plan that leads to compliance with nitrogen dioxide (NO2) levels in Bath the shortest time possible, and by 2021 at the latest.

The preferred option to achieve these air quality improvements is a Class D Clean Air Zone (CAZ). This would mean charging drivers of all higher emission vehicles – including cars – to drive in the city centre from late 2020. Lower emission vehicles would not pay the charge. Other Classes of Clean Air Zones which include not charging higher emission cars were also looked at, but extensive analysis showed that none of these options are likely to enable the required reduction of NO2 to be met in the time allowed. The proposal for a Class D CAZ is now being reviewed by the Government, and the Council will reach a final decision in December 2018.

A number of exemptions, concessions and additional supporting measures are proposed which aim to lessen the impact of the zone, especially on residents, businesses and the economy; and to encourage greener modes of travel. Many of these were drawn from an assessment of more than 60 ideas to improve air quality, put forward by the public during a consultation about the review of the Bath Air Quality Action plan last year.

Please note, this work is moving at a fast pace and continues into 2018/19 and beyond.

4.2.3 Bath Air Quality Action Plan

Stakeholder engagement took place prior to the launch of the review of the Bath Air Quality Action Plan which generated many ideas and comments for inclusion in the consultation document. Progress on the new Bath Air Quality Action Plan has been purposefully delayed so that the technical outcomes of the Clean Air Plan work can be understood. Funding from the Joint Air Quality Unit (JAQU) for the Clean Air Plan has enabled extensive technical assessment that would not have been possible with the resources allocated for the Bath Air Quality Action Plan alone. It is important for the validity of the Bath Air Quality Action Plan that it takes into account the findings of the Clean Air Plan technical assessments before a final plan is adopted. Once the Clean Air Plan Preferred Option has been identified, the Bath Air Quality Action Plan (that includes longer term measures) will be finalised (2019).

4.2.4 Keynsham and Saltford Air Quality Action Plans

In 2016 the Board supported the development of AQAPs for Saltford & Keynsham. In 2015 a public consultation reviewed the AQAPs for Keynsham and Saltford before they were formally adopted in May 2016.

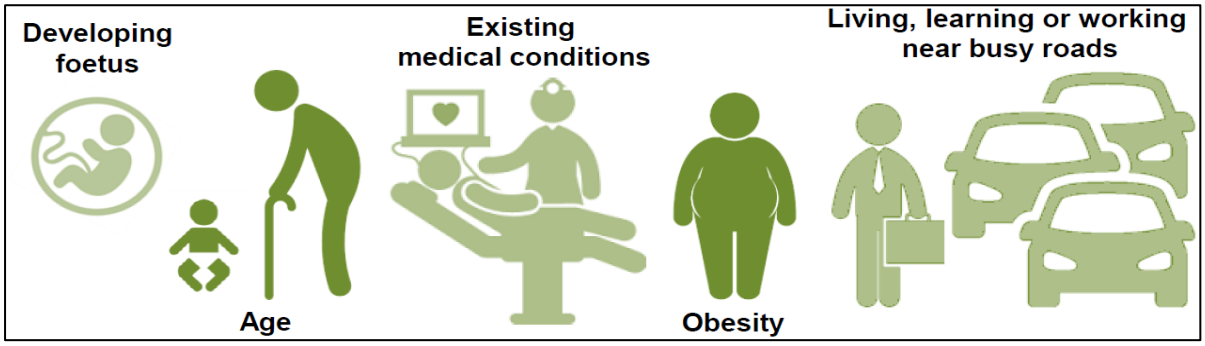
An action being delivered at the moment is a trial for a one way system in Keynsham High Street. The monitoring currently being undertaken to understand the impact of this change suggests that this scheme has managed to reduce the nitrogen dioxide concentrations to beneath the national objective levels.

4.2.5 Temple Cloud and Farrington Gurney Air Quality Action Plans

During the last year, monitoring was undertaken in various locations along the A37 between Whitchurch to the north and Farrington Gurney to the south. There are some areas along the A37 which do not comply with the National Air Quality Objectives for Nitrogen Dioxide and the Public Protection Team have consulted on AQMA boundaries in both Temple Cloud and Farrington Gurney. Following the AQMA declarations in 2018, the authority will carry out a public consultation exercise on the draft Air Quality Action Plans; which identify measures to help improve the air quality.

4.2.6 Clean air schools pilot project - St Andrew's C of E Primary School

Air pollution can be harmful to everyone; however there are some factors which make some people more vulnerable:



In 2018 a Clean Air Day was held at St Andrews CofE Primary School in Bath that took a whole school approach to improving air quality, reducing exposure to air pollution, and encouraging active travel. The Council intend to use the work carried out for the Clean Air Day to produce a Clean Air Schools pack to roll out to other schools in the area.

The Clean Air Day mascot Percy Parrot was 'driving' the walking bus.

One of the initiatives during this Clean Air Day included piloting a walking bus. Walking buses are an ideal opportunity for families to walk, scoot or cycle to school instead of driving. The school aimed to show that they could reduce the amount of traffic, congestion, parking issues, improve road safety for pupils and other road users and air pollution outside the school and surrounding area whilst getting some exercise at the same time

Left: St Andrews C of E Primary School Walking Bus on 25 January 2018

Other initiatives as part of the pilot included:

- Children took part in lessons and ran experiments to find out what's in our air and found out what we can all do to reduce the amount of pollution we create and avoid it.

- Children created posters on what they'd learnt and entered into a competition. The posters were themed on anti-idling, active travel and 'what is in our air' and are being featured on social media to spread the messages to the wider public.

- The children learnt a song/rap entitled 'Let's create an air revolution' which was recorded and promoted on social media and made available to the media.

Above - A few of the children's posters

Let's Create an Air Revolution

Music and Words by Tim Parker on behalf of B&NES Music Service

Rap No.1

The air I breathe is full of invisibles,
dirt and smoke and harmful chemicals.
Walk or run or take the bus,
it'll clean up the air – it'll really help us.
If you drive electric or hybrid too
the low emissions will help break through
to bright clean skies for a healthy heart
Take one step, that's where we'll start.

Don't forget you'll benefit too
Take the bike or train, just do it for you.
For shorter journeys it's just as quick
to go on foot.
Tick tock tick ... then
before we know it, we'll all feel good
we can walk to school, or play in the woods.
our country roads won't look so grey.
We'll all create a better day.

Song No.1

We don't wanna cough
We don't wanna wheeze
We want air that's clean
Air for us to breath

Song No.2

Let the future show
Show the purer air
and the greener earth
Because we all care

Above: a section of the lyrics from the song.

The full song and video can be viewed here: https://www.youtube.com/watch?v=16Ku8PdTgUs

Priority 4: 2018-19

Support the development and implementation of all the Air Quality Action Plans has been identified as priority 4 for 2017-18.

5 Health emergency planning resilience & response

Emergencies, such as road or rail disasters, flooding or other extreme weather conditions, or the outbreak of an infectious disease, have the potential to affect health or patient care. Organisations therefore need to plan for and respond to such emergencies.

5.1 Rest centre & hospital evacuation exercise (Exercise Heat)

In November 2017 a 'live play' rest centre and hospital evacuation exercise was held to test the new Emergency Preparedness Resilience and Response (EPRR) specification drafted between B&NES Council, BaNES CCG and Virgin Care Services (VCS) and to provide an opportunity to assess and review the effectiveness of service continuity and EPRR plans both internally and externally; including joined up service arrangements between the local authority, local commissioners and local health providers.

The objectives of the exercise were to:

- Test the suite of plans currently available and understand the staff's awareness of what the plans require focusing on; staff capacity, resources and roles and responsibilities;
- Identify lessons learned and actions required to inform future EPRR work programmes;
- Identify training gaps in existing EPRR planning arrangements;
- Review roles and responsibilities for key staff;
- Incorporate lessons learnt from this exercise into a review of existing plans.

This was a joint exercise led by VCS and B&NES Council and was supported by BaNES CCG and NHS England. There were approximately150 participants including; officers, clinicians, observers and volunteers acting as patients and residents.

The scenario was based on a fire at a Community Hospital on the outskirts of Bath, which required a full evacuation of the premises and nearby residential properties within a cordon. The scenario required a place of temporary immediate shelter to be set up safely away from the incident site. This was needed for patients, visitors, staff and public to go to before a more appropriate physical rest centre could be set up.

In general staff, observers and volunteers found the experience of undertaking this exercise beneficial. Feedback included; the exercise felt real, was well structured; was taken seriously and everyone was responsive and willing to learn. Staff covered roles well, handovers were effective and operational staff had good knowledge.

A face to face debrief was held with key participants on Monday 13 December. All lessons learned and key actions were identified and incorporated into a work programme for 2018-19. The work programme and associated actions are being monitored by the Health Protection Board to ensure they are implemented.

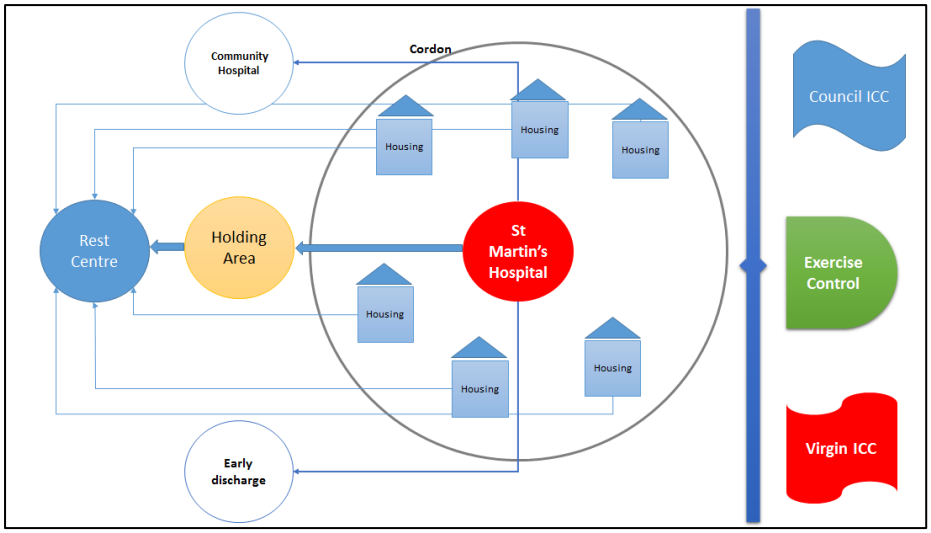


Diagram of the key locations in the exercise, VCS 2018

These are the main actions identified for B&NES Council:

- Update and review the Rest Centre Plan and Major Incident Plan in line with lessons learned from Exercise Heat.
- Train more Officers in Council rest centre roles e.g. rest centre manager and assistants and recruit and train more Council loggists
- Understand transport availability especially during bad weather
- Consider an internal cascade to alert and gather officers to an Incident Control Centre
- Understand fully what the voluntary sector can provide
- Consider welfare of officers during major incident and rota to ensure resilience
- Consider affect Council staff voluntary redundancies will have on availability of trained staff to be involved in incidents and consider an on-call director rota

5.2 Health emergency planning resilience & response risks

The inability to respond to emergencies long term and the absence of a formal out of hours provision for Public Protection have remained on the Board's risk log throughout 2017-18. However the best endeavour out of hours system that Public Protection operate on good will has been tested a number of times and has worked.

The likelihood of not being able to respond to an emergency long term increased from medium low to medium high in December 2017 and the impact remained high. The change in likelihood was as a result of the lessons learnt following Exercise Heat (see 5.1 above) which confirmed lack of resilience to respond to emergencies long term.

The Board has discussed mitigation factors e.g. considering mutual aid from other Local Authorities, the Local resilience Forum (LFR) and Local Health Resilience Partnership (LHRP) and voluntary organisations.

Training of additional staff in key roles is also planned for 2018-19.

6 Sexual health

Sexual health is an important part of physical and mental health and is a key part of our identity as human beings. Essential elements of good sexual health are equitable relationships and sexual fulfilment with access to information and services to avoid the risk of unintended pregnancy, illness or disease.

6.1 Sexual health strategy and action plan

The Sexual Health Board has developed and is implementing a sexual health strategy, running through 2015-2018. The strategy contains three population-level outcomes:

- Sexually active adults and young people are free from STIs
- Sexually active adults and young people are free from unplanned pregnancies
- Young people are supported to have choice and control over intimate and sexual relationships

Additionally the Sexual Health Board has developed and is implementing a sexual health action plan containing approximately 30 specific actions, grouped into five different thematic areas: intelligence and research, service provision, prevention and health promotion, technologies, and training and development.

6.2 Achievements and challenges

Following a board-led review, the sexual health action plan was refreshed during 2017-18. Many actions have been delivered and others are on track.

Strengthening sexual health service provision:

- Worked with partners at Royal United Hospitals Bath NHS Foundation Trust and Virgin Care Services to help facilitate the development of an integrated sexual health service at Riverside Clinic

- Supported the development of new Patient Group Directions (PGDs) to enable community pharmacists to offer free emergency hormonal contraception to women under the age of 25 in B&NES
- Continued to see strong provision of Long Acting Reversible Contraception (LARC) from general practice

Strengthening intelligence and research:

- Review carried out by Sexual Health Service of all cases of late HIV diagnoses and actions identified to reduce late diagnoses rates in the future
- Focused on key performance indicators for the Riverside Clinic
- Improved quality in the submission of local data to go to national sexual health datasets such as Genitourinary Medicine Clinic Activity Dataset (GUMCAD).

Strengthening training and development:

- Reviewed the sexual health training programme and developed a more refined set of courses and a more targeted approach to recruitment

Strengthening prevention and promotion:

- Reviewed our Urgent card (U-card) provision for young people and decided to discontinue it
- Completed a number of actions aimed at improving the sexual health of young people leaving care (YPLC)

The Sexual Health Board has also dealt with a number of challenges. 2017-18 has seen continued pressure on resources. The Board recognises that further financial challenges are likely to be a significant factor over the short to medium term, but remains committed to achieving our strategic objectives working with available resources. We are also aware of increasing pressure on existing services.

6.3 Sexual health indicators

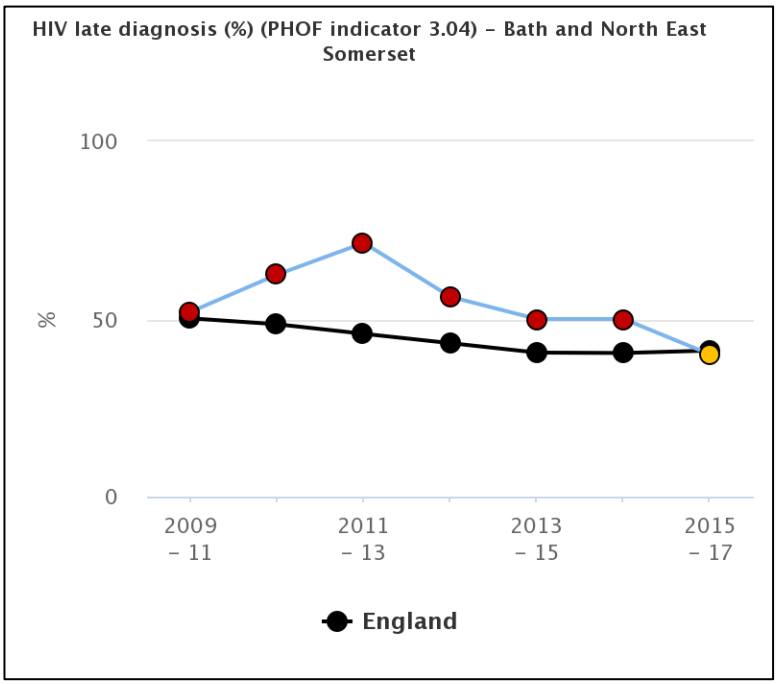
The Sexual Health Board has devised an indicator set to assess progress against our three defined outcomes which support its vision. Detailed below are two key indicators from the set which give an important insight into sexual health in B&NES.

B&NES remains a low prevalence area for HIV infection but ensuring early access to HIV testing is vital to reducing HIV-related mortality and morbidity. People who are diagnosed with HIV at a late stage can have a ten-fold risk of death compared to those diagnosed promptly. The percentage of those diagnosed late with HIV in B&NES was 40% over the period 2015-17, almost identical to the England average. It is important to recognise than the actual number of people diagnosed late with HIV during 2015-17 is low (less than 10). The overall trend has been a slight decrease since 2011-13 which is reflective of the trend across England.

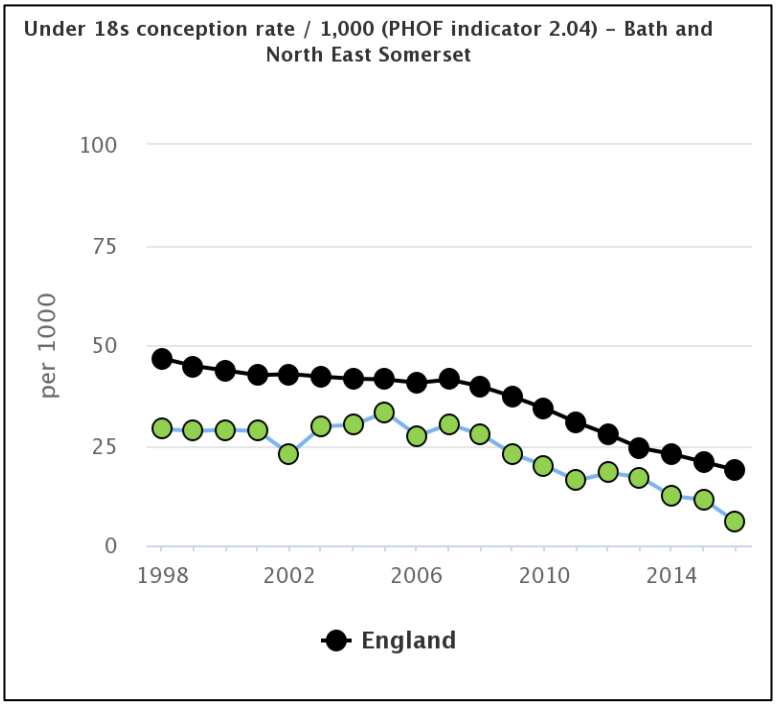
The rate of teenage conceptions in B&NES is also low. From 1998 to 2016 B&NES has reduced its level of teenage conceptions from 29 per 1,000 women aged under 18, to 5.8 per 1,000 women aged under 18. That’s the fourth biggest reduction over this period across England.

Source: Public Health England, 2018

B&NES currently has the third lowest rate of teenage conceptions in England, but we do need to be cautious when looking at rate trends, as the very low numbers of teenage conceptions can lead to fluctuations in the rate.



Source: Public Health England, 2018



Source: Public Health England, 2018

7 Substance misuse (drugs and alcohol)

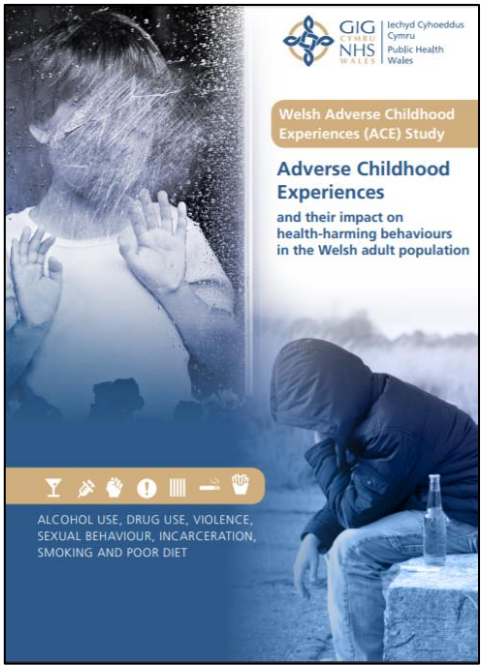
Drug and alcohol misuse is a complex issue. Although the number of people with a serious problem is relatively small, someone's substance misuse and their dependency affects everybody around them. At the end of 2017-18, there were 955 adults within the treatment service accessing support and working towards recovery.

7.1 Successful completions of alcohol treatment

Successful completions of alcohol treatment has been added as an additional sub indictor to reflect the fact that in many areas (including B&NES) drug and alcohol services are increasingly commissioned together and the data that is used to report on access and provision is drawn from the National Drug Treatment Monitoring Service (NDTMS) data system which reflects that many services users use more than one substance, including alcohol, at any one time.

7.2 Adverse Childhood Experience (ACEs) and deaths from drug misuse (DRD's)

The Public Health Institute at Liverpools John Moores University demonstrates how Adverse Childhood Experiences (ACEs) research is revealing the long-term impacts that experiences and events during childhood have on an individuals' life chances. Adverse Childhood Experiences (ACEs), such as abuse, neglect and dysfunctional home environments have been shown to be associated with the development of a wide range of harmful behaviours including smoking, harmful alcohol use, drug use, risky sexual behaviour, violence and crime. They are also linked to diseases such as diabetes, mental illness, cancer and cardiovascular disease.



In 2015, the Welsh Adverse Childhood Experience (ACE) study was carried out to ascertain the impact of Adverse Childhood Experiences (ACEs), and concluded that reducing ACEs in future generations could reduce levels of heroin/crack cocaine use (lifetime) by 66%; incarceration by 65%; cannabis u se by 42%; high risk drinking by 35% and smoking tobacco or e-cigarettes by 24%.

Increasing our understanding of ACEs forms part of the strategy to reduce Drug Related Deaths. Deaths from drug misuse has also now been including within the national framework as there has been a rising trend in Drug Related Death (DRD)

over the last few years. Reducing DRDs is a key priority for B&NES alongside the quality and accessibility of treatment services, how deaths are investigated through systematic reviews of DRD's, and harm reductions such as the roll out of naloxone which are all key factors in reducing the number of DRD's. From June 2016 - June 2017 164 people across B&NES has been trained in overdose prevention, care of the unconscious patient and the administration of naloxone.

In partnership with Public Health England, B&NES held a DRD and Adverse Childhood Experiences (ACES) conference in February of this year, with over 70 colleagues attending.

7.3 Successful completion of drug treatment – non-opiate users

During 2017-18 the proportion of all non-opiate users in treatment, who successfully completed treatment and did not represent within 6 months in B&NES have increased throughout the year. The current performance for B&NES is 35% which is 9.5% above the previous year. The Developing Health & Independence charity (DHI) will continue its focus on increasing engagement of non-opiate drug users; and maximising successful outcomes for this cohort.

7.4 Reducing health inequalities & substance misuse

During 2017-18 the treatment service has run a programme specifically for Families in Recovery. It is a 10 week programme that aims to support families where there is a problematic drug or alcohol using parent. Each week those attending participate in a structured psychosocial group session looking at their drug or alcohol use, including the way it impacts on them and those around them. As part of the programme a free nurturing crèche would run alongside, staffed by Theraplay trained Early Years Practitioners. It has been agreed to continue the offer of this programme for 2018-19.

7.5 Blood borne viruses – Hepatitis C testing & Hepatitis B vaccination

B&NES is effective and proactive at supporting appropriate substance misuse clients to be tested for the Hepatitis C virus (HCV). At the end of 2017-18 only 4.8% of injecting drug users in B&NES (engaging in drug treatment) had not been tested for HCV. This is substantially above the national performance of 17.5% without a test. By the end of 2017-18 44.5% of clients in B&NES had not had the Hep B vaccination which is significantly better than the national average of 73.2%.

8 Screening & immunisations

Immunisation remains the safest and most effective way to stop the spread of many of the most infectious diseases. If enough people in the community are immunised, the infection can no longer be spread from person to person.

Screening is a way of identifying apparently healthy people who may have an increased risk of a particular condition. There are six NHS England national screening programmes.

For further information on the vaccines that are routinely offered to everyone in the UK free of charge on the NHS and the ages at which they should ideally be given and the national screening programmes, please visit the NHS website: www.nhs.uk and search screening or vaccinations.

There are no major concerns about the performance of any of our local screening programmes or immunisation programmes in place across B&NES, except those relating to inequalities detailed below. For performance data please visit the Public Health England website: http://tinyurl.com/y9c9tby8 and search under indicator keywords.

8.1 Reducing health inequalities in screening & immunisation programmes

Priority 5 from 2016-17 report: Continue to reduce health inequalities in screening and immunisation programmes

RAG: Amber

8.1.1 What are health inequalities?

Health inequalities can be described as the differences in health outcomes that exist between groups of people that are to do with where they live or work, the amount of income they have, their education, gender, ethnicity etc. These differences in outcomes can be measured by looking at areas such as: the differences between groups of people in their life expectancy, educational attainment, number of years lived free from a disability, rates of diseases and long term conditions, experience of mental ill health, access to health services, experience of services etc.

8.1.2 Screening and immunisation health inequality workshop

In May 2016 many partners came together in B&NES for a Health and Wellbeing Board summit to help delegates better understand health and social inequalities in B&NES, and identify ways in which organisations/partnerships/teams could reduce these.

Subsequently the Council's Public Health Team and NHS England South West Screening & Immunisation Team planned a screening and immunisation health inequality workshop held in November 2017. The workshop was aimed at reducing inequalities in uptake of the cervical screening and childhood (0-5 years) immunisation programmes. The workshop objectives were to:

- Learn more about inequalities in uptake between different population groups
- Increase understanding about barriers to uptake
- Learn about and share good practice in improving uptake
- Identify opportunities to improve access
- Produce a draft list of actions to take forward

The event was very successful and created a wealth of ideas and actions. A newly appointed B&NES Screening and Immunisation Health Inequalities Specialist is currently taking a number of the actions forward as described in 8.1.3 below.

8.1.3 Pilot service on reducing inequalities in screening & immunisations programmes across BGSW

In February 2018, the NHS England South West Public Health Commissioning team commissioned a 12-month pilot for reducing inequalities in screening and immunisations across B&NES, Gloucestershire, Swindon and Wiltshire. The pilot is supported by four full time locality service leads employed by community provider organisations. Each service lead has been allocated one of the Local Authority/CCG areas. The B&NES locality service lead is employed by Virgin Care Services.

The key objective of the pilot service is to develop service, policies and procedures that work towards reducing inequalities in uptake of NHS screening and immunisation programmes and ensure that they are sustainable.

There are 3 core objectives to be completed across B&NES, Swindon and Wiltshire. These are:

- Use focus groups to identify barriers and facilitators to access and completion of cervical screening for younger women who have missed 2 screening rounds.
- Feasibility study looking at two interventions to improve uptake/reduce inequalities in cervical and bowel screening amongst people who have not participated in 2 rounds of screening.

- Identify and share best practice from general practice on the delivery of childhood immunisations across BSW.

In B&NES there are two further objectives to develop a multi-disciplinary pilot with an early years' provider (and GP practice) to explore innovative ways to promote vaccination uptake in Twerton and increasing screening and childhood immunisation uptake in the Gypsy, Traveller and Boater community in B&NES and Wiltshire.

Priority 5: 2018-19

Continue to reduce health inequalities in screening and immunisation programmes has been identified as priority 5 for 2018-19.

8.2 B&NES Immunisation Group

The B&NES Immunisation Group was established in July 2015 and continues to take a system-wide overview of organisations and other stakeholders contributing to B&NES immunisation programmes with the aim to protect the health of the local population, reduce health inequalities and minimise and deal promptly with any threats that may occur. The group reports to the Health Protection Board. Please see Appendix 2 for terms of reference.

In 2017-18 the main area of focus was on health inequalities as described above and the actions from the health inequality conference will be monitored by this group. The group also took an active interest in the Measles outbreak and increasing the uptake of the MMR vaccination as well as congratulating all those involved in achieving excellent improvements in flu vaccination uptake, especially in 2 & 3 year olds during 2017-18 (please see more below in 8.3).

8.3 Seasonal flu vaccination programme & winter preparedness

Priority 6 from 2016-17 report: Improve the uptake of flu vaccinations in at risk groups, pregnant women, health and social care workers, and carers; and pneumococcal vaccination amongst under 65s at risk and over 65 year olds

RAG: Amber

8.3.1 High influenza activity in England 2017-18

In late December 2017 influenza activity in England started to increase and continued to do so until late February 2018, including notable increases in respiratory outbreaks, influenza confirmed hospitalisations and the proportion of laboratory samples positive for influenza in primary and secondary care. This national picture was reflected in the South West and in B&NES, with outbreaks in nursing/care homes markedly higher than in previous seasons.

8.3.2 Vaccination of eligible groups

B&NES uptake of the seasonal flu vaccination amongst all of the eligible groups increased from the previous 2016-17 year and uptake rates in all groups were also above the England average. B&NES had one of the highest uptakes for 2 and 3 year olds across England. A special letter of thanks was written to all those involved on behalf of the B&NES Immunisation Group.

NHS England continued to incentivise the uptake of flu vaccinations for frontline healthcare workers through a CQUIN scheme. The target for 2017-18 was 70% and for 2018-19 it will be 75%. The table below shows that 4 of the 7 providers achieved the target and 3 failed to meet the target. Virgin Care Services uptake was particularly low (29.7%). A variety of minor factors were identified including inaccuracies within the establishment recording following the transfer over in April, while the new IT system was being set up and modified for BaNES.

During the 2017-18 campaign discussions have occurred to see how the process can be advanced to increase the uptake.

In 2017 NHS England provided additional funding to support the delivery of flu immunisation for social care workers that offer direct patient/client care. The funding was introduced late in the flu season and therefore no data was collected, however for 2018-19 this will continue and will be extended to include health and care staff in the voluntary managed hospice sector that offer direct patient/client care and data will be collected via the ImmForm data collection system.

Uptake at CCG level for the 2017-18, 2016-17 and 2015-16 BANES CCG Seasonal flu adult programme; 65s and over, under 65s at risk & pregnant women

	Year	65 years and over	Under 65 at risk	Pregnant women
BANES CCG	**17-18** 16-17 15-16	**74.7%** 71.4% 72.0%	**49.8%** 47.0% 43.0%	**53.9%** 45.7% 44.0%
England	**17-18** 16-17 15-16	**72.4%** 70.4% 71.0%	**48.7%** 48.7% 45.1%	**47.1%** 44.8% 42.3%

Source: ImmForm, 2018

Uptake at CCG level for the 2017-18, 2016-17 and 2015-16 Seasonal flu childhood programme

	Year	All aged 2	All aged 3	Reception aged 4-5yrs	Year 1 5-6yrs	Year 2 6-7yrs	Year 3 7-8yrs	Year 4 8-9yrs
BANES CCG	**17-18** 16-17 15-16	**56.6%** 52.3% 42.6%	**57.6%** 54.2% 47.8%	76.4% 44.5% 39.6%	72% 71.4% 38.5%	72.4% 68.2% 33.7%	72.2% 68.1% -	68.3% - -
England	**17-18** 16-17 15-16	42.6% 38.9% 35.4%	44.0% 41.5% 37.7%	62.6% 33.9% 30.0%	61.0% 57.6% 53.6%	60.4% 55.3% 52.1%	57.6% 53.3% -	55.8% - -

Source: ImmForm, 2018

Uptake of seasonal flu vaccination of HCWs by provider

Provider Organisation	Uptake (%) 2017-18
B&NES Enhanced Medical Services (BEMS)	100%
Circle Bath	73.0%
Royal United Hospitals Bath NHS Foundation Trust	71.6%
Virgin Care Services	29.7%
Avon and Wiltshire Mental Health Partnership NHS Trust (AWP)	60.7%
BMI Bath	76.4%
Care UK	61.3%

Source: BANES CCG, 2018

8.3.3 Priorities for the 2018-19 seasonal flu vaccination programme

Nationally vaccine uptake ambitions for 2018/19 are similar to previous years. The long-term ambition for eligible adults is a minimum 75% uptake rate is achieved, as recommended by the World Health Organization. In the case of at risk groups the ambition of 55% is an interim one because current uptake is some way from 75%. Increasing the uptake in at risk groups is a local priority for 2018-19.

A key objective in the children's programme is to maximise reduction of flu transmission, in addition to individual protection, the ambition beyond 2018-19 will be based on levels of vaccine uptake needed to achieve this impact.

NHS England will continue to incentivise the uptake of flu vaccinations for frontline clinical staff through the CQUIN scheme for 2018-19.

8.4 Sustainability & Transformation Partnership (STP), Prevention and Proactive Care - Flu Work Stream

A STP-wide seasonal flu working group was established in 2017 with the aim to increase seasonal flu vaccination in specific eligible groups. The group's objectives have been identified as those adding value to the work already planned through existing structures and processes. In year one of the work stream (2017-18) the focus was on increasing flu vaccination uptake in carers and social care staff; this included surveying all social care providers to find out how many are offering staff flu vaccinations; and holding focus groups and running a carers survey through B&NES Carers Centre to inform a promotional campaign and practical resource aimed at increasing flu vaccination uptake amongst carers.

Priority 6: 2018-19

Improving the uptake of flu vaccinations in at risk groups, pregnant women, health and social care workers, and carers has been identified as priority 6 for 2018-19.

9 Recommendations

The Health Protection Board is committed to improving all work streams. These recommended priorities have been agreed by the Board as key issues to be addressed in order for the DPH, on behalf of the local authority, to be further assured that suitable arrangements are in place in B&NES to protect the health of the population.

The process on reaching the priorities has been informed through monitoring key performance indicators, maintaining a risk log and through intelligence, debriefs of outbreaks and incidents and work plans of the LHRP & LRF which are based on Community Risk Registers.

1. Assurance: continue to monitor performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary.

2. Continue to actively participate in the management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards.

3. Continue to ensure that the public are informed about emerging threats to health.

4. Support the development and implementation of all the Air Quality Action Plans.

5. Improve the uptake of flu vaccinations in at risk groups, pregnant women, health and social care workers, and carers.

6. Continue to reduce health inequalities in screening and immunisation programmes.

10 Appendices

10.1 Appendix 1: B&NES Health Protection Board Terms of Reference (see attached document)

10.2 Appendix 2: B&NES Immunisation Group Terms of Reference (see attached document)

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Bath and North East Somerset Health Protection Board

Terms of Reference

Reporting to:	Bath and North East Somerset Health and Wellbeing Board
Health Protection Group authorised by:	Bath and North East Somerset Health and Wellbeing Board
Responsible Directorate:	Public Health Directorate, Bath and North East Somerset Council (B&NES)
Approval date of TOR:	June 2014

Document history (author)

Draft Version (JG):	July 18th
Draft version (comments incorporated prior to first meeting of HP Board) JG	October 29th 2013
Draft version 2 (comments included from Nov 4th HP Board and subsequent formatting and collating some functions listed in section 2) BR, JG	Dec 12th 2013 and Feb 13th 2014
Draft version (BR) Amends made following changes agreed at previous Board meeting	Jun 9th 2014
ToR reviewed by Board	June 2015
ToR reviewed by Board	December 2017

1. Purpose

From April 2013 the Health and Social Care Regulations change the statutory responsibility for health protection arrangements. Upper tier and unitary local authorities acquired new responsibilities with regard to protecting the health of their population. Specifically local authorities are required, via their Directors of Public Health (DPH), to assure themselves that relevant organisations have appropriate plans in place to protect the population against a range of threats and hazards and to ensure that necessary action is being taken.

Following the introduction of multiple new NHS commissioning organisations and agencies involved in health protection, it is necessary to have one Board with the responsibility for coordinating the health protection responsibilities of those bodies locally. Thus threats to local health in Bath and North East Somerset (B&NES) should be minimised and dealt with promptly. This responsibility will be with the Health Protection Board, whose membership consists of commissioners, regulators and other organisations as described below.

The Board will take a system-wide overview of organisations and other stakeholders contributing to health protection in B&NEs and provide a whole system overview. The purpose of the Health Protection Board would be to provide assurance, to B&NES local authority and the Health and Wellbeing Board, in regard to the adequacy of prevention, surveillance, planning and response with regard to the health protection issues that affect B&NES residents. It would also provide a route should there be specific health protection concerns, from a variety of stakeholders.

a. The purpose of the Health Protection Board is to ensure co-ordinated action across all sectors to protect the health of the people of B&NES from health threats, including major emergencies.
b. It supports the Director of Public Health (DPH) to carry out statutory responsibility to protect the health of the community through effective leadership and coordination, ensuring appropriate capacity and capability to detect, prevent and respond to threats to public health and safety.
c. The Health Protection Board will provide strategic direction and assurance on matters relating to health protection policy, risks and incidents.
d. All agencies will work collaboratively to exchange information and share knowledge and work together for the purpose of protecting the public's health.

2. Functions

a. To provide a forum for professional discussion of health protection plans, risks and opportunities for joint action
b. To ensure that effective arrangements are in place and are implemented, to protect B&NES people, whether resident, working or visiting B&NES.
c. To ensure effective health protection surveillance information is obtained, assessed and used appropriately so that appropriate action can be taken where necessary.
d. To ensure that public health threats requiring local intervention are identified, analysed and prioritised for action to protect public health.

e. To ensure that systems are in place for cascading major health protection concerns outside of this meeting.
f. To ensure that health threats are prevented through implementation of relevant local and national guidance and regulations to protect public's health.
g. To ensure that appropriate plans and policies exist to coordinate responses to public health activities, emergencies and threats in relation to the scope identified in section 4.
h. To ensure appropriate response to environmental hazards and control, biological, chemical, radiological and nuclear, including air and water quality, food safety, contaminated land incidences.
i. To agree relevant risks and performance measures that will be overseen by the Board.
j. To ensure appropriate governance for all health protection activities and programmes.
k. To establish local health protection assurance system and support organisations to deliver against the health protection outcomes (part of public health outcomes framework).
l. To receive reports that demonstrate compliance with, and progress against, health protection outcomes.
m. To ensure appropriate response to service challenges, major incidents and outbreaks – although the Board would only need to be alerted to serious incidents, such as mismanagement of a programme, closure of a ward due/MRSA.
n. To provide health protection (including emergency preparedness, resilience and response (EPRR)) assurance on regular (to be determined) basis to B&NES Health and Wellbeing Board and any other relevant local bodies via the Director of Public Health.
o. To ensure strong relationships between all agencies are maintained and developed to provide a robust health protection function in B&NES.
p. To quality-assure and risk-assure health protection plans on behalf of the local authority[i] and provide recommendations regarding the strategic and operational management of these risks.
q. To ensure health protection intelligence is integrated into the Joint Strategic Needs Assessments e.g. individual reports and annual report.
r. To enable / ensure systems are fit for purpose in achieving the desired outcomes, especially in managing the interdependencies between organisations and programmes.
s. To manage emerging health protection risks in delivering effective commissioning and provision of health and social care.
t. Reporting progress and forward planning:
    - To review quarterly performance monitoring against agreed outcomes and standards
    - To identify risk and mitigation of those risks in review of progress and action to be taken. Escalate to the Health & Wellbeing Board, as appropriate.
    - To produce an annual report for the Health & Wellbeing Board
    - To produce an annual work programme to ensure effective health protection risk review

Relation to other areas for cross-boundary issues
Relationships are in place with other areas for cross-boundary issues. Areas that do not have Health Protection Boards will be developing structures that can be linked in the future if required.

3. Accountability

a. The Health Protection Board will report to B&NES Health and Wellbeing Board (HWBB).
b. The DPH is accountable to the Chief Executive of B&NES Council for discharging health protection duties of the local authority.

4. Scope

The scope of the Health Protection Board is to minimise hazards to human health, and to ensure that any threats are promptly dealt with. Geographically, the scope covers the population of B&NES resident and non-residents who visit (links will be established with professionals in other areas as appropriate). Thematically, the scope covers the following health protection areas in the Health Protection Assurance Framework for B&NES:

a. Vaccination & immunisations
b. Infection prevention and control (IPC) related to healthcare associated infections
c. Alcohol, drugs and substance misuse
d. National screening programmes
e. Sexual health
f. Communicable disease control including TB, blood-borne viruses, gastro-intestinal (GI) infections, seasonal and pandemic influenza
g. Emergency preparedness, resilience and response
h. Public health advice regarding the planning for and control of pollution
i. Sustainable environment
j. Environmental hazards and control, biological, chemical, radiological and nuclear, including air and water quality, food safety, contaminated land
k. New and emerging infections, including zoonoses but not animal health

The scope of the Board would not be limited to those mentioned above.

It is anticipated that each of the health protection programme areas is likely to have its own programme board, already, but this may not be the case in all areas. These programme boards will be monitoring the commissioned services and performance managing the providers, as well as dealing with challenges and risks that arise. It is anticipated that the chair or other representative from those boards would attend the Health Protection Board as part of the assurance process.

5. Strategic Linkages: to receive minutes and/or update from relevant committees/groups

a. Local Health Resilience Partnership
b. Joint Commissioning Group: for drugs and substance misuse in relation to hepatitis and HIV/AIDS
c. Public Health England: for surveillance data and outbreak control
d. Infection Control Collaborative meeting on relation to infection prevention and control re health care associated infections
e. Local Strategic Committee for Vaccination and Immunisation (this is not been formed yet but is being considered)
f. NHS England: Local Screening Committees
g. Environmental Health Liaison group
h. Seasonal flu planning
i. Sexual Health Programme Board
j. Any other groups whose work remits are linked to the health protection assurance framework.

6. Membership of Health Protection Group

a. DPH/Public Health Consultant Health Protection lead - (Chair)
b. B&NES Council Cabinet Member for Wellbeing
c. Public Health England: Health Protection - Consultant in Communicable Disease, or their representative
d. Area Team Head of Public Health Commissioning or their representative
e. Area Team Consultant for Screening and Immunisation or their representative
f. Area Team Director of Operations and Delivery who is Deputy Co- Chair Local Resilience Forum, or their representative
g. Emergency Planning Officers Group in B&NES: Emergency Planning lead
h. Environmental Health lead for Air and Water Quality and Food or their representative
i. CCG Director of Nursing and Quality (Director of Infection Prevention and Control- DIPC)
j. Representative from Substance Misuse Joint Commissioning Group
k. Representative from Sexual Health Programme Board
l. Representative from other groups/programme areas, where needed, to make sure all areas of risk represented
m. Representative from health and wellbeing board – a committee member not the chair

It is expected that core members will attend all meetings and representation will be from the appropriate senior level. Where they cannot, an appropriately competent deputy, with the relevant skills and delegated authority, should attend in their place.

Attendance of core members to board meetings will be monitored and reported in the annual reports of the Board.

7. Co-option of members
Other Leads of health protection elements maybe co-opted as and when appropriate.

8. Declarations of Interest
If any member had an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussion. The Chair will have the power to request that member to withdraw until the Health Protection Board has given due consideration to the matter. All declarations of interest will be minuted.

9. Deputising
All members must make every effort to attend. If members are unable to attend they must send formal apologies, otherwise they will be recorded as 'did not attend'. Deputies should attend only when necessary.

10. Quorum
Chair or Deputy; and at least 3 other members from different agencies.

11. Frequency of meetings
3 monthly.

12. Agenda deadlines
Items to be received two weeks prior to meeting. Agenda to be circulated one week prior to meeting.

13. Minutes
Minutes will be circulated within two weeks of the meeting. Minutes will be circulated to all members of the Health Protection Board.

14. Urgent matters
Any urgent matters arising between meetings will be dealt with by Chair's action after agreement from three other members of the group.

15. Administration
Health Protection Manager and Secretarial support. Directorate of Public Health, B&NES.

16. Attendance
Members (or their nominated deputies) are required to attend a minimum of 3 out of 4 meetings annually.

17. TOR review
TOR will be reviewed at 12 months usually, but at 6 months in first 2 years.

References

DH (2012a) “The new public health role of local authorities”, Gateway reference 17876 published October 2012

Local Government Association, (2013) “Health and Wellbeing boards: a practical guide to governance and constitutional issues” published March 2013

DH (2012b) “ Health protection and local government” published Sept 2012, gateway reference 17740 (this document does not describe the final arrangements for health protection – as when it was produced national legislation had yet to be completed.)

DH, et al (2013) “Protecting the health of the local population: the new health protection duty of local authorities under the Local Authorities (Public Health functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013” May 2013, DH, PHE, LGA

Appendix 2

Bath & North East Somerset Immunisation Group

Terms of Reference

1. Background

From April 2013 the Health and Social Care Regulations changed the statutory responsibility for health protection arrangements.

Responsibility for commissioning all universal immunisation programmes was passed to NHS England as a seconded function from Public Health England (PHE) who also provides the public health and system leadership capacity in the way of seconded / embedded workforce (Screening and Immunisation Teams, SIT). All B&NES universal immunisation programmes are commissioned by NHS England South West supported by PHE South West The programmes commissioned are part of the Section 7a agreement between the Secretary of State for Health and NHS England, all programmes are commissioned against a national Service Specifications (Part c of the S7a), subject to local agreements on appropriate additional initiatives.

Upper tier and unitary local authorities also acquired new responsibilities with regard to protecting the health of their population. Specifically local authorities are required, via their Directors of Public Health (DsPH), to assure themselves that relevant organisations have appropriate plans in place to protect the population against a range of threats and hazards and to ensure that necessary action is being taken. The B&NES Health Protection Board was established in 2013 with the responsibility for coordinating the local health protection responsibilities and whose membership consists of commissioners, regulators and other organisations involved in health protection in B&NES.

The implementation of the H&SC Act has come with its challenges, and the screening and immunisation public health leadership and its commissioning has been nationally acknowledged one of the key risks. Some of the issues in this relation explicitly: access of appropriate , timely and reliable data specifically enabling small area analysis; clarity of roles and responsibilities on incident management; working arrangements across NHS England and PHE etc.

2. Purpose & scope of the group

It is necessary to have one operational group with the responsibility for taking a system-wide overview of organisations and other stakeholders contributing to B&NES immunisation programmes with the aim to protect the health of the local population, reduce health inequalities and minimise and deal promptly with any threats that may occur. Please see Appendix 1 for a list of all the immunisation programmes that this group will cover. At this time programmes

which consider individual risk factors such as travel vaccinations will not be covered in the scope of this group.

The group will provide a structured approach to monitoring, identifying & mitigating risks and updating action plans relating to immunisation programmes. It will work collaboratively to exchange information, share knowledge; good practice and provide practical solutions and ideas to for the purpose of improving and strengthening local immunisation programmes.

The group will also aim to seek assurance that immunisation services in B&NES are compliant with the DH guidelines and ensure that all national and local immunisations programmes are delivered safely, effectively and in a timely manner to all B&NES residents.

3. Functions

- Seek assurance that all established universal immunisation programmes are implemented and reported in line with national standards.

- Review performance and monitoring of achievement of national or local targets of the immunisation programmes listed in Appendix 1 in line with local and national reporting standards.

- Identify risks or potential risks in meeting immunisations targets or provision of immunisation services in a timely way so actions can be taken by relevant parties to mitigate risks.

- Seek assurance that vulnerable groups such as looked after children; members of the travellers community, people with learning difficulties and the homeless are identified and steps taken to meet their special needs.

- Monitoring the implementation of local and national initiatives to improve uptake of immunisations e.g. the new NICE guidelines

- Sharing of best practice on implementing, maintaining, improving and developing immunisation programmes with providers of immunisation services.

- The development of a programme of work, incorporating the requirements of all other action plans, which identifies the necessary resources required

- Audit of existing and new immunisation programmes as necessary

- Horizon scanning for new immunisation programmes and additions or changes to existing programmes.

- Ensure that actions identified following outbreaks of infectious disease are implemented where appropriate.

- Review immunisation incidents across B&NES to identify trends, to reduce future incidents and identify lessons learned to be implemented.

- Seek assurance that health professionals are suitably qualified and competent to deliver immunisation programmes and disseminate training information and opportunities.

4. Accountability/Authority & Data Sharing

The B&NES Immunisation Group reports to the B&NES Health Protection Board which directly reports to the B&NES Health and Wellbeing Board. Any identified risks should be escalated to the B&NES Health Protection Board and recorded on the Board's risk log and escalation process followed.

Concerns about performance of achievement against national or local targets of immunisation programmes should be referred to NHS England South West Screening & Immunisation Team for appropriate action to be taken.

Practice level data should not be distributed outside of the meeting and is not for publishing.

5. Membership and Quoracy

Membership of the B&NES Immunisation Group shall be the named leads responsible for ensuring objectives are delivered. A quorum shall be at least four members which must include 1 Local Authority Public Health representative, 1 NHS England South West Screening & Immunisation team representative and at least 2 representatives from providers. Each member is required to attend at least two of the three scheduled B&NES Immunisation Group meetings and substitute representatives are acceptable as part of the quoracy.

The Co-Chairs of the B&NES Immunisation Group is the Consultant in Public Health on behalf of the Director of Public Health and Screening & Immunisation Manager, NHS England South West on behalf of the Screening & Immunisation Lead.

Other core members of the B&NES Immunisation group are

- Screening & Immunisation Coordinator, NHS England South West
- Health Protection Manager, Bath & North East Somerset Council
- Community Consultant Paediatrician
- Child Health Records Department lead
- School Nursing Service

- Primary Care Representative (General Practitioner, Practice Manager or Practice Nurse)
- Health Visiting Service
- PHE SW Representative
- Midwifery Representative
- Local Pharmaceutical Committee Representative
- NHS BaNES Clinical Commissioning Group Representative

6. Frequency of Meetings

Meetings shall be held not less than three times a year.

7. Review Arrangements

The terms of reference and effectiveness of the group should be reviewed after 12 months.

Review History

Version	Approved Date	Review Date
V1	April 2015	April 2016
V2	April 2016	April 2017
V3	June 2018	April 2019

Appendix 1

The immunisation programmes that this group will cover are:

Neonatal Hepatitis B immunisation programme

Neonatal BCG immunisation programme

Respiratory syncytial virus (RSV) immunisation programme

Immunisation against diphtheria, tetanus, poliomyelitis, pertussis and Hib

Meningitis C (MenC) immunisation programme

Hib / MenC immunisation programme

Pneumococcal immunisation programme

DTaP/IPV and dTaP/IPV immunisation programme

Measles, mumps and rubella (MMR) immunisation programme

Human papillomavirus (HPV) immunisation programme

Td/IPV (teenage booster) immunisation programme

Seasonal influenza immunisation programme (Although most discussion should be directed to the NHS England South (South Central) Flu Planning & Oversight Group).

Shingles routine and catch-up programme

Pertussis (pregnant women) vaccination programme

Rotavirus immunisation programme

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MEETING	**B&NES HEALTH AND WELLBEING BOARD**
DATE	**29/01/2019**
TYPE	**An open public item**

Report summary table	
Report title	Community asset based approach to health and wellbeing
Report author	Bruce Laurence, Director of Public Health
List of attachments	Appendix One – Draft HWB Statement of Commitment
Background papers	Compassionate Communities - https://www.3sg.org.uk/compassionatecommunities.html
Summary	This agenda item builds on initial discussions had by the Health and Wellbeing Board in a development session on community asset based approaches to health and wellbeing. It presents a draft HWB Statement of Commitment for consideration and further discussion. As part of this item, the Board will also welcome a verbal update from James Carlin (B&NES Third Sector Group) on the developing work of the Compassionate Communities project.
Recommendations	The Board is asked to: • Consider and discuss the draft HWB Statement of Commitment • Raise any amendments or additions members may wish to make and, if appropriate, adopt the Statement • Note the Compassionate Communities update and consider how the Board can further support this project
Rationale for recommendations	The Health and Wellbeing Board is committed to building a truly whole-place approach to health and wellbeing in B&NES. This means strengthening its system leadership role in influencing the wider determinants of health and wellbeing. The Marmot Review states that in order to reduce health inequalities in England we need to improve community capital and reduce social isolation across the social gradient. Public Health England has produced new guidance entitled, Health matters: community-centred approaches for health and wellbeing. This stresses that positive health outcomes can only be achieved by addressing the factors that protect and create health and wellbeing and many of these are at a community level.
Resource implications	There is no requirement for additional financial resource arising from this. Appendix One sets out some suggested ways in which HWB members can offer support to community initiatives promoting good health and wellbeing. These are based on existing resources and in partnership with HWB member organisations.
Statutory considerations	NA

and basis for proposal	
Consultation	This report has been drafted based on discussions held by Health and Wellbeing Board members.
Risk management	A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

THE REPORT

1.1 The Bath and North East Somerset Health and Wellbeing Board held a development session in November 2018 aimed at increasing its shared understanding of community asset based approaches to health and wellbeing.

1.2 The Board discussed the considerable assets that exist within our local communities and the positive impact they have on our health and wellbeing. Members also began to identify some initial opportunities for working differently and championing this approach further.

1.3 Appendix One builds on this discussion and sets out a draft statement of commitment on behalf of the Health and Wellbeing to developing an asset based approach to health and wellbeing. As stated, it is in draft form only at this stage and further input from Board members would be welcome.

1.4 Alongside this discussion, the Board will also receive a verbal update on Compassionate Communities B&NES. This project is being led by the B&NES Third Sector Group (3SG) and is focused on identifying and supporting the local networks and resources that exist across our communities. It aims to develop a holistic and people-centred approach to connecting people to care and support, recognising the role communities can play alongside health and social care services.

Bath and North East Somerset Health and Wellbeing Board
Our Commitment to a Community Asset Approach to Health and Wellbeing

Principles of the Approach

Connected and empowered communities are healthier communities. There is extensive evidence to support this and show that people's health is positively impacted by being involved in decision making and feeling connected, supported and involved in their local community.

We recognise that communities across Bath and North East Somerset have an important contribution to make to improving health and wellbeing and strengthening resilience. Our communities have a wide range of strengths, including skills and knowledge, social networks and community groups. We want to champion these assets and support local people to build on them further.

This means thinking differently about our relationship with patients and communities. A 'Community Asset Based Approach' is a bottom-up way of working with communities that focuses on its strengths and assets rather than on needs and problems. It seeks to…

> … champion what works well in a community, and identify what has the potential to improve health and wellbeing. It values the capacity, skills, knowledge and connections that exist.
> … promote communities as the co-producers of health and wellbeing, rather than the recipients of services
> … empower communities to control their futures and create solutions which work for them

Health and Wellbeing Board Statement of Commitment

As a Health and Wellbeing Board, we are committed to developing an asset focused approach to the way we operate. This includes:

- Having a conscious awareness of community strengths and assets as part of any discussion and encouraging openness in the way we operate as a Board. Also by ensuring that we focus on promoting health and wellbeing in community settings and opportunities to shift care from hospitals to community.

- Making sure that we are listening to local people about what is working well (including through existing methods such as the Voicebox survey, Connecting Communities Area Forums, Healthwatch B&NES feedback).

- Acting as role models for good practice within our individual organisations e.g. developing flexible working policies so that staff are empowered and supported to volunteer within their communities in a way which suits them.

- Actively considering the assets we have as HWB members and opportunities to use these to support communities (see below for an initial list of ways in which Board members can offer support.

Health and Wellbeing Board Offer of Support

Each community is different and has its own strengths and needs. By its nature therefore, an asset-based approach cannot be 'imposed' from above. Rather, we want to give communities the support and space needed to develop and succeed.

However, we recognise that as key local employers and organisations in the area, we have a lot of assets of our own. If a local community has an idea for improving health and wellbeing or improving resilience, here are some examples of ways in which we could offer help and support:

- **Use of space, equipment and resources**
  We have a number of offices and buildings located across B&NES which can be used and hired for local community activities. This could also include activities specifically for the purpose of mapping and developing the use of community assets.
- **Access to local intelligence and data**
  We hold a wide range of information, facts and figures about B&NES. This data can help when applying for external funding or support, and can also provide a good starting point for having a conversation about your neighbourhood.
- **Community Asset Transfer**
  The Council has a policy of transferring community based assets and services to voluntary groups and parish councils. There is more information online about the framework and criteria for organisations wishing to apply.
- **Signposting and raising awareness**
  We can help raise awareness of local community initiatives and activity through a range of communication methods including our website, social media and newsletters. We can also help signpost people to local community groups through our directories including the One Big Database and Wellbeing Options.
- **Funding advice and support**
  The Council produces a monthly funding bulletin which provides information about the latest grants and funding programmes available for groups to apply to.
  Where Community Infrastructure Levy (CIL) funds are collected from a development, 15% is allocated for spend on local schemes. Projects looking for funding from this must demonstrate how they are addressing the social, green or physical impacts of the new development.
- **Connecting Communities**
  The Connecting Communities programme brings together a range of partners including public services, elected members and community groups to provide an opportunity for people to address issues that affect their local area.

- **Knowledge, advice and mentoring support**

The Council provides a range of support and advice to voluntary and community groups within B&NES, including guidance on managing volunteers and information about what is going on in the area already.
As a Health and Wellbeing Board, we would like to build on this and offer our own knowledge, advice and support to community initiatives which are promoting good health and wellbeing. Whether that is support in preparing a funding bid, advice about how to set up and structure a community group, or training and mentoring support to community members.

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