

## **BATH AND NORTH EAST SOMERSET**

### **CHILDREN, ADULTS, HEALTH AND WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL**

Monday, 11th December, 2023

**Present:-** Councillors Dine Romero (Chair), Liz Hardman (Vice-Chair), Alex Beaumont, Paul Crossley, Michelle O'Doherty and Joanna Wright

**Also in attendance:** Rebecca Reynolds (Director of Public Health), Claire Thorogood (Head of Contracting & Performance), Ann Smith (Assistant Director - Operations), Ceri Williams (Policy Development & Scrutiny Officer), Laura Ambler (Director of Place, B&NES, BSW ICB), Cathy McMahon (Public Health Development Manager), Paul Scott (Assistant Director, Public Health), Milly Carmichael (Health Improvement Officer) and Ann Robins (Housing Strategy & Commissioning Manager)

**Cabinet Member for Adult Services:** Councillor Alison Born

#### **56 WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting.

#### **57 EMERGENCY EVACUATION PROCEDURE**

The Chair drew attention to the emergency evacuation procedure.

#### **58 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS**

Councillor Lesley Mansell, Councillor Dave Harding and Suzanne Westhead, Director of Adult Services had sent their apologies to the Panel.

#### **59 DECLARATIONS OF INTEREST**

There were none.

#### **60 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN**

The Chair informed the Panel that the Knife Crime Task Group had held its initial meeting and would seek to update them further at future meetings.

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

There were none.

## 62 MINUTES: 13TH NOVEMBER 2023

The Chair offered her apologies to the Panel for forgetting to formally write to the Cabinet Member for Adult Services to convey their disappointment at not being made aware of the impending public consultation on the Community Resource Centres.

The Chair informed the Panel that she had received comment from Councillor Dave Harding regarding his point on page 54 of the minutes. She said that he would specifically like the term 'extractions' added as shown below.

*Councillor Dave Harding asked if figures relating to dental hygiene / extractions could be included in a future report that comes to the Panel regarding that issue.*

Kevin Burnett said that he had not yet received a reply to his question on page 57 of the minutes relating to the allegations process.

The Chair on behalf of the Panel asked for a response to this question to be chased.

The Panel, with these comments in mind, confirmed the minutes of the previous meeting as a true record and they were duly signed by the Chair.

## 63 CABINET MEMBER UPDATE

The Cabinet Member for Adult Services, Councillor Alison Born stated that she was happy to take questions on the update that had been submitted to the Panel. A copy of the update will be attached to these minutes as an online appendix.

Councillor Liz Hardman referred to the point in the update that average waiting times for an OT assessment have risen to 8 months and asked if a refocus of the OT workforce as suggested would actually help decrease the waiting list.

Councillor Alison Born replied that primarily there was a national shortage in Occupational Therapists and that the Council has asked HCRG to develop a plan of how this can be improved.

The Assistant Director, Operations added that they are seeking to invest in 4 Occupational Therapist Apprenticeships when the service returns in house from April 1<sup>st</sup> 2024. She said that the Community Wellbeing Hub and Live Well have also been advised on how to help support and signpost individuals to purchase simple items of equipment.

The Chair asked if it was known at this stage whether enough young people would be interested in taking on such a role.

The Assistant Director, Operations replied that their initial discussions with the University of the West of England and Bath College had shown that there is interest in taking up these positions.

The Chair asked if they were also considering addressing issues such as career progression and rates of pay for both Occupational Therapists and Social Workers.

The Assistant Director, Operations replied that last year 10 newly qualified Social Workers were recruited by HCRG following a number of apprenticeship programmes which the Council fully supported. She added that the salaries for these posts have been looked at and they do compare favourably with other Local Authorities in the South West and that they do also allocate a supplement for Nurses and Mental Health Professionals.

Kevin Burnett asked what the potential impact would be following the planned reductions in expenditure.

Councillor Alison Born replied that there would be a slowdown on recruitment and only appoint where it was necessary to do so. She added that care packages would be checked for any possible areas of duplication and that they should be able to assess any initial impact in the New Year.

Kevin Burnett asked in view of a potential CQC inspection in relation to the statutory delivery of Adult Social Care how would the Council currently rate itself.

The Assistant Director, Operations replied that following the recent positive Peer Review that officers feel they are on track to receive a good rating. She added that work was ongoing to make sure they are as prepared as they can be for when an inspection will take place.

Kevin Burnett asked how the ICB's recent withdrawal of a temporary community hospital ward (Homeward) would affect the discharge from hospital process.

The Director of Place, Bath and North East Somerset, BSW ICB replied that this facility was always supposed to be a temporary measure and that all patients have been successfully discharged from it. She added that the funding involved ceased on 30<sup>th</sup> November 2023. She said that plans for mitigation were still in place, but this could lead to additional pressures over the Winter period.

Kevin Burnett asked if the recently announced £40.5m boost for care for people with learning disabilities and autism was connected to the Supported Living Schemes.

The Director of Place, Bath and North East Somerset, BSW ICB replied that it was not.

Councillor Joanna Wright commented that it was recognised that where possible it is much better for people to remain in their own homes for as long as possible as well as this being beneficial to the Council's budget. She asked if there was a link to be made between expanding the provision of Occupational Therapist Apprenticeships and the budget of the Council.

She asked if it was known how long the OT apprenticeship programme would take to complete.

The Chair advised that a discussion relating to elements of the budget would take place in January 2024.

Councillor Alison Born replied that it would be useful for the Panel to receive further information on this matter in due course and that apprenticeships were a valuable way to bring in staff.

The Assistant Director, Operations added that they could bring further information regarding Occupational Therapist Apprenticeships to the Panel and include information relating to the process for patients to receive equipment or a Disabled Facilities Grant.

The Chair referred to the subject of unpaid carers and co-production and asked what further work can be done to provide support and how best to become aware of the carers that we are not currently aware of.

Councillor Alison Born replied that they do have recent data following the latest census that shows how many people had identified themselves as carers, but felt herself that this was an underestimate. She added that there was more work for the Council to do through the Carer's Strategy.

The Chair asked if the Carer's Strategy would include gathering data from other bodies.

Councillor Alison Born replied that she was sure that it would do and said that she felt that GPs and Schools have a role to play in this process.

The Chair on behalf of the Panel thanked the Cabinet Member for her update.

#### **64 B&NES, SWINDON & WILTSHIRE INTEGRATED CARE BOARD (BSW ICB) UPDATE**

The Director of Place, B&NES, BSW ICB addressed the Panel and highlighted the following areas from her update. A copy of the update will be attached to these minutes as an online appendix.

##### £40.5m NHS funding boost to improve care for individuals with a learning disability and autistic people in the South West

People living with autism and learning disabilities across B&NES are set to benefit from a £40m NHS investment to improve acute mental health care in the South West.

Twenty new mental health hospital beds across the South West will help bring an end to long-distance placements, making life better both for individuals who need hospital treatment, and for their families, friends, and carers.

Two new 10-bed units, in Bristol and Devon, will be designed specifically to care for individuals with a learning disability or autistic people who would benefit from

treatment in a hospital and whose needs cannot be met in a mainstream mental health hospital, even with reasonable adjustments.

The new facility has been designed with input from service users, people with a lived experience, and their families and carers and will provide the kind of specialist therapeutic mental health care which cannot be provided at home or in another mainstream hospital.

### Orchard House

Orchard House is our new community crisis house based in Midsomer Norton that provides step-up and step-down support for people with mental health needs. The facility, which is provided by Bath Mind, provides accommodation 365 days a year, 24 hours a day for four people at any one time.

Orchard House includes dedicated quiet and therapy space for individuals to support their recovery and reduce preventable hospital attendances and admissions as well as expediting discharge back to the community with jointly agreed safety support plans and community engagement programmes.

### Royal United Hospital performs the first HIFU non-invasive prostate cancer treatment in the South West

The Royal United Hospitals Bath NHS Foundation Trust (RUH) has successfully treated two prostate cancer patients with an innovative high-intensity focused ultrasound (HIFU) treatment, the first time this therapy has been carried out in the region.

The new HIFU unit at RUH Bath, with equipment funded by Prost8 and the UK Focused Ultrasound Foundation, integrates advanced image-guided capabilities and ultrasound energy to precisely target the prostate without any incisions or radiation, therefore sparing nearby healthy structures.

Kevin Burnett referred to the new NHS funding and asked if this would in any way fill the void for the closure of Homeward, the previous temporary community hospital ward.

The Director of Place, B&NES, BSW ICB replied that their Winter Plan is in place and although Homeward was originally within that plan, the Virtual Wards will more than compensate for its closure. She added that the Community Wellbeing Hub also has a role in discharge planning and access to other services. She explained that a focus remains on reducing the reliance on bedded care.

Kevin Burnett asked if there was just a single point of contact for the Community Wellbeing Hub and a guide of when and who to contact.

The Director of Place, B&NES, BSW ICB replied that there was just one single contact number for the Hub. She said that GP's were able to make referrals into it and that there was also a unit within the Atrium of the RUH to offer advice.

Councillor Liz Hardman commented that she was aware that the BSW ICB currently has a deficit of £31m with proposed savings planned for a further £93m. She asked how this financial position would impact on services.

The Director of Place, B&NES, BSW ICB replied that the majority of, if not all, ICBs were facing similar pressures and need to obtain a balanced financial position. She added that she could not state at this stage the direct impacts of these proposals and would update the Panel when possible.

Councillor Hardman asked if any comment could be given on the issue of whether the ICBs in general have agreed to a single bank rate, when this action would be taken, what impact it will have on workers / residents and if the savings that are hoped by this action can be achieved.

The Director of Place, B&NES, BSW ICB replied that she would need to take that question away and reply in due course.

The Chair commented that she was surprised by the level of debt a relatively new body, such as the BSW ICB, was facing.

The Director of Place, B&NES, BSW ICB replied that the deficit, to a degree, was historic and that they are taking steps to have a balanced financial plan in place moving forward.

Councillor Eleanor Jackson asked how best to get information out into the community regarding the Falls Clinic and the work that it does to try to prevent these incidents from occurring.

The Director of Place, B&NES, BSW ICB replied that there is a referrals team based within the RUH that works closely with the Community Wellbeing Hub. She added that they also have a programme of work named Integrated Neighbourhoods that will look at how provision such as this can be based more within communities to aid with prevention and avoidance.

Councillor Joanna Wright commented that suitable connections need to be put in place and that as much as possible people need to be approached when they are in the right settings.

Victoria Stanley, Programme Lead, BSW Community Pharmacy, Optometry and Dentistry addressed the Panel and gave a presentation on the subject of B&NES Community Pharmacy. A copy of the presentation will be added as an online appendix to these minutes and a summary is set out below.

#### Community Pharmacy in BSW

- 145 Contractors
- 2 x Local Pharmaceutical Committees
  - Community Pharmacy Avon
  - Community Pharmacy Swindon & Wiltshire

- On an average day dispense 50,000 items in BSW
- Nearly 3000 walk in consultations seeking minor illness and their own medicines (20 per day per pharmacy)

### Provision of Community Pharmacy

- Like GPs, community pharmacists are independent contractors, but they are also part of the NHS family. Every day about 1.6 million people visit a pharmacy in England.
- Community pharmacies are situated in high street locations, in neighbourhood centres, in supermarkets and in the heart of the most deprived communities. Some are open long hours when other health care professionals are unavailable. There are several different types and sizes of community pharmacies, ranging from the large chains with shops on every High Street or in edge of town supermarkets, to small individually owned pharmacies in small communities, in the suburbs and often in deprived areas or rural settings.

### Community Pharmacy – Types and Hours

#### Types of pharmacy

- 40 hours Community Pharmacy
- 100 hours Community Pharmacy (not now an option to enter the market)
- Distance Selling Pharmacy

#### Hours of provision

- 40 hrs (100hrs) are Core Hours: only changed by NHSE consent, but decisions can be appealed.
- 100 hrs contractors are able to reduce to 72 hours – giving 5 weeks' notice.
- Supplementary Hours: pharmacy can change - giving 5 weeks' notice.

### Essential Services (required)

- Dispensing: provision of medicines and appliances, giving advice to patients on use. This includes electronic repeat dispensing, which reduces practice workload.
- Discharge Medicines Service: support patients with changes to medicines following a hospital stay and reduces risk of readmission.
- Disposal of Unwanted Medicines: receive and safely dispose of unwanted medicines, supported by the clinical waste service.
- Healthy Living Pharmacies: pro-active support to patients, promoting behaviour change and improving health and wellbeing, supporting reduction in health inequalities.
- Public Health Campaigns: participate in 6 nationally defined health campaigns – display/distribute leaflets i.e., 'help us to help you'.

### Advanced Services (nationally offered, optional provision)

- Community Pharmacist Consultation Service (CPCS): 111 / GP/UEC referral to the pharmacist for minor illness or an urgent supply of repeat medication. In BSW in 2022/2023 GPs sent 21,500 referrals to pharmacy and NHS111 sent 12,500 referrals
- Influenza: 18yrs and over at risk, as defined in the Green Book, offering extended hours and flexibility of access. Significant increase in use during CoViD.
- Pharmacy Contraception Service: Tier 1- on-going management of routine oral contraception which was initiated in general practice or sexual health clinic. Tier 2 will enable initiation of oral contraception.
- New Medicines Service: support people with long-term conditions to use new medicines effectively and enable self-management.
- Smoking Cessation Service: referred on hospital discharge for smoking cessation advice and support.

### Locally Commissioned Services

- Local Authorities and Health Partners commission sexual health services, needle and syringe exchange services, smoking cessation services, supervised methadone consumption from some pharmacies.
- (ICB) Specialist Medicines Service: hold an agreed stock, largely focused on medicines for end-of-life care.
- (ICB) Patient Group Directions for Minor Illness

### Community Pharmacy Quality Scheme

- Part of the Community Pharmacy Contractual Framework
- Year 5 Scheme 2023/24 (Launched 1st June 2023)
- One gateway criterion New Medicines Service (NMS) - Minimum of 15 between 1/4/23 – 31/12/23
- Three domains
  - Medicines Safety & Optimisation:
    - re-audit and implement learning on reducing harm from anticoagulants
    - palliative and EOL Care
  - Respiratory
    - inhaler technique checks
    - personalised asthma plans
    - safer prescribing of bronchodilators
  - Prevention
    - antimicrobial stewardship
    - advice on safe disposal of unwanted medicines.

### Market Entry

- Pharmaceutical Needs Assessment: Local Authority led
- Pharmaceutical Services Regulations Committee (PSRC)
  - Current or Future Need
  - Unforeseen Benefit



- Relocation with No Significant Change
- Consolidation
- Distance Selling
- Rurality Review
- Dispensing Practice
- NHS Resolution: appeals process

### Expanding Community Pharmacy Services

- Community Pharmacy has been seen as an essential part of primary care offering patients easy access to health services in the heart of their communities. Over 80% of patients live within a 20-minute walk of their pharmacy who give expert clinical advice.
- Building on the success of the existing services outlined in the Community Pharmacy Contractual Framework (CPCF) delivered by Community Pharmacy - this plan wants to expand the range of services offered making better use of the clinical skills in community pharmacy, making them the first port of call for patients for many minor illnesses.

### Current Provision in B&NES

- Total Community Pharmacists: 35
- Total 40-hour Contracts: 34
- Total 100-hour Contracts: 1\* (\*Recently changed to 72-hour contract)

### Workforce Challenges

#### Vacancy rates

- Pharmacists 25% (second highest in the country)
- Pharmacy technicians 28%
- Accuracy checkers 46%

Councillor Alex Beaumont asked if he could be informed which pharmacy in Keynsham was the Community Pharmacy and how is its status advertised.

Victoria Stanley replied that they were working with Healthwatch to see what can be done in terms of informing the public more about this provision. She added that she would reply following the meeting with regard to the siting of the Community Pharmacy in Keynsham.

Councillor Paul Crossley asked what processes are followed for giving advice to young people regarding sexual health.

The Associate Director for Public Health replied that they can be given emergency contraception and that safeguarding is monitored through the Sexual Health Board.

Councillor Crossley said that he would like the Panel to consider adding the subject of Modern Slavery to its workplan as he said that recent figures show that there are around 125,000 within the UK.

Councillor Joanna Wright said that she would welcome all Councillors being advised of a list of the Community Pharmacies so that they are aware of the ones that exist within their Wards.

Councillor Liz Hardman asked how the pharmacies were chosen to become Community Pharmacies.

Victoria Stanley replied that this process is led through the work of the Pharmaceutical Needs Assessment.

The Associate Director for Public Health replied that the results of the Assessment are published on the Council's website every three years.

Councillor Eleanor Jackson commented that the pharmacies in Radstock & Westfield were both excellent and asked if Highways / Parking Services could be approached to see whether staff could be given a pass (or passes) that would enable them to use the nearby car parks for a longer period of time and for the pharmacy to be open for longer.

The Chair said that she would be interested to see the demographics of the users of the Community Pharmacies, in particular the number of students.

Helen Wilkinson replied that they could seek to provide that information when they return to a future meeting to provide the Panel with an update.

The Chair, on behalf of the Panel, thanked all the officers for the update and the presentation.

The Panel **RESOLVED** to note the information that had been provided.

## **65 COMMUNITY RESOURCE CENTRES CONSULTATION**

Councillor Alison Born, Cabinet Member for Adult Services introduced this report to the Panel. She stated that she believed that the services provided at all three centres had improved following their last round of inspections.

She stated that there were also a number of empty beds across all three sites.

The Assistant Director for Operations explained that the consultation was live until December 18<sup>th</sup> and that so far 35 responses had been received.

The Chair stated that following the closure of the consultation she expected the Panel to receive a further report prior to a final decision being made.

Councillor Born said that at the present time she intended to make her decision and then return to the Panel, adding that if they disagree with it, they have opportunity to request a call-in meeting.

The Assistant Director for Strategy, Transformation and Governance said that she would discuss the timeline for a decision with the Director of Adult Services.

The Chair said that she would like to understand the rationale for the decision being made by a Single Member rather than by the full Cabinet.

Councillor Born replied that she had received advice that the decision was allowed to be made in her role as the Cabinet Member for Adult Services.

Councillor Joanna Wright said she believed any decision of this nature should be made by the Cabinet as a whole and that the Panel had shown enough concern for the decision to be transparent and accountable. She added that the Panel could have held a closed session prior to the consultation commencing so that they could have received information at an appropriate time.

The Assistant Director for Operations replied that she had been advised that closed sessions for the Panel do not normally take place.

Councillor Alex Beaumont stated that he was concerned that if a decision was taken to close Charlton House it might mean that residents would have to leave the Keynsham area. He added that he would support the Cabinet being asked to make this decision.

Councillor Paul Crossley proposed that;

- i) Following the closure of the consultation the Panel receives an outcomes report prior to a decision being made.
- ii) The final decision is made at a meeting of the Cabinet.

Councillor Wright seconded the proposal.

The Panel agreed unanimously agreed with the proposal and the Chair asked the Cabinet Member for Adult Services to take forward their decision and discuss in more detail with her Cabinet members and lead officers.

Councillor Born replied that she would take advice on what next steps to take following this recommendation from the Panel.

Kevin Burnett asked what the repercussions would be for the other two centres if Charlton House were to close and what proportion of self-funders needed to make the centres a viable concern.

The Assistant Director for Operations replied that the Council do not charge more for anyone who is self-funded than someone who is in receipt of funding from the Local Authority. She added that currently around 15% of beds across the three centres were occupied by self-funders.

She explained that there were a number of factors to consider if comparing themselves with other establishments. She said that they would be seen as more expensive than a general nursing or residential home, but if services are developed, as proposed for Combe Lea, then they would be seen as favourable to the independent market.

Kevin Burnett asked what the implications are with the fair cost of care set to rise.

The Assistant Director for Operations replied that this is used as a benchmark to see what a fair cost is to pay for a particular type of care and that can be compared with other centres across the South West. She added that they do match the pricing where possible, regardless of costs from a particular budget and they are not funded on a placement by placement basis.

Kevin Burnett asked would the provision at the remaining two centres become more specialised if Charlton House were to close and would this make them more viable.

The Assistant Director for Operations replied that it would.

Councillor Born added if Charlton House were to close, the site would be used for another purpose that fits in with the Council's current priorities. She said that they would seek to ensure that the resources of the Local Authority target areas of greatest need and provide value for money.

Councillor Liz Hardman asked if the Panel could be informed of what future use might be in mind if Charlton House were to close.

Councillor Alison Born replied that she would not want to pre-empt the outcome of the consultation, but said that there was a known gap within Children's Services to provide residential placements to those young people who have complex needs.

Councillor Hardman said that she approved with the proposal to expand the services at Cleeve Court to provide dementia services which would lead to savings from not sending people out of area for this provision. She asked though why it had not been done before. She also asked why occupancy rates were so low (67%).

The Assistant Director for Operations replied that occupancy levels have continued to increase across the centres and that it was the type of services that need to be addressed as they move forward. She added that they were proposing to offer two beds within Combe Lea as respite care for young people with more complex needs.

The Panel **RESOLVED** that;

- i) Following the closure of the consultation the Panel shall receive an outcomes report prior to a decision being made.
- ii) The final decision is made at a meeting of the Cabinet.

## 66 FOOD INSECURITY - PUBLIC HEALTH REPORT

Councillor Alison Born introduced this report to the Panel. She stated that the levels destitution locally had increased substantially in recent years and that currently 20% of children and young people in B&NES were deemed to be living in poverty, equating to around 6,500 between the ages of 0-15.

She added that there are three Trussel Trust Food Banks within B&NES and that they had seen a significant increase in use since 2017. She said that they were also fortunate to locally have additional support provided by St. John's Foundation Crisis Programme.

The Public Health Development & Commissioning Manager added that they were asking the Panel to consider whether one of them could take up the current vacancy on the B&NES Fair Food Alliance.

She asked them to also consider what more the Panel / Council can do to help people to be in a position to afford the daily essentials. She added that the Household Support Fund had been in place for the past three years and that this was providing £2m of funding from Government. She said that they were lobbying for this to continue into 2024/25 as it provides particular support to families with young children during the school holidays.

She explained that the Holiday Activities & Food Programme was also in place, but only currently funded until March 2025.

She asked them to also consider what they could do to support social connections within neighbourhoods through community groups or Parish & Town Councils to try to identify risks at an earlier stage.

Councillor Joanna Wright asked how schools could be encouraged to participate in the Affordable Schools Programme.

The Health Improvement Officer replied that some initial funding had been received, but that this was not likely to continue. She added that for the schools that had already been involved it has enabled them to think differently around helping families that don't reach the Free School Meals threshold.

Councillor Wright stated that school uniform and sports kit were also areas that should be raised as issues for families on very low incomes.

The Health Improvement Officer replied that it was a matter that was raised regularly and that they are working on strategies to promote 'pre loved uniform' etc. She added that School Food and School Trips were also issues raised by many people.

Councillor Wright asked for any further information on the work taking place with the Great Western Credit Union.

The Health Improvement Officer replied that it was a project known as Food Savers which will look at ways of supporting people to save and borrow safely whilst helping them with their relationship with money.

The Director of Public Health informed the Panel that they could consider how to scrutinise the health impacts of both the Economic Strategy and the Local Plan to see if that would help with any issues that have been raised during the meeting.

Kevin Burnett asked how families that don't quite fall into the Free School Meals bracket are supported.

The Public Health Development & Commissioning Manager replied that a proportion of places are available for children and young people who do not meet the Free School Meal criteria to attend the Holiday Activities and Food programme, and they have been identified by their school as needing some support. She added that the Affordable Food Network and the Food Pantries are accessible to families / individuals that do not meet the FSM criteria.

Kevin Burnett asked if schools could advertise this or signpost to it.

The Health Improvement Officer replied that they can. She added that information is also contained within the Public Health Schools Newsletter which is distributed. She said that the FSM Team are also proactive and able to provide some level of support.

Councillor Liz Hardman commended the work of the Fair Food Alliance and hoped that its work would carry on. She asked if the funding from the St. John's Foundation would continue so that one of the posts that they help to fund can remain in place.

The Public Health Development & Commissioning Manager replied that they help to provide funding for the role of the Health Improvement Officer and that this was in place until July 2024. She added that they were in regular contact with them and that further discussions were planned in January.

The Chair said that she would circulate the request for a Panel member to consider whether one of them could take up the current vacancy on the B&NES Fair Food Alliance.

The Panel **RESOLVED** to;

- i) Note the work of the B&NES Fair Food Alliance and its progress on delivering the ambitions of the B&NES Food Equity Action Plan 2022 – 2025.
- ii) Support the ambitions of the B&NES Fair Food Alliance by considering ways in which other Council and partnership strategy and policy can help to increase income equality and food security locally.
- iii) Consider nominating an additional Councillor to represent the Panel on the B&NES Fair Food Alliance.

## 67 HOMELESS HEALTH

Councillor Alison Born, Cabinet Member for Adult Services introduced the report to the Panel. She said that homeless people experience a number of health inequalities, including both mental and physical health. She added that they are six times as likely to attend A&E and that 66% nationally will have drug and alcohol problems.

She stated that the annual rough sleeper count underestimates the scale of this problem as it does not take into account those who are staying within insecure accommodation.

She said that the cost of living crisis alongside the lack of affordable housing was putting more families at risk of becoming homeless. She added that the numbers within B&NES had increased by 40% over the past year.

She explained that healthcare provision for homeless people is provided through the Council's Homeless Services and that currently they had additional access to forms of help for substance misuse.

The Associate Director for Public Health said that a number of departments and agencies were involved in providing services / assistance to the homeless people within B&NES.

Councillor Michelle O'Doherty said that the number of people at risk of being homeless, including children was very worrying and asked what the reasons for the increase are. She also asked what statutory duties of support were in place for rough sleepers and how does that support continue once someone has been provided with some form of housing.

The Housing Strategy & Commissioning Manager replied that the health needs of families in these types of situations are not as understood. She felt that a large degree of the increase was due to the cost of living crisis and no fault evictions from privately rented accommodation, this includes families with children.

She added that staff within the service were working under quite a sustained level of pressure.

Councillor O'Doherty asked if there was enough resources / staff in place to cope with the increased numbers.

The Housing Strategy & Commissioning Manager replied that staff were managing, but very much feeling the challenge. She added that when people become housed there is support in place through a number of services, including the DHI Reach programme. She said that the programme provides budget support and trying to make sure things in general stay on an even keel.

She added that Second Step also provide a floating mental health support as well as ongoing work with Julian House. She said that the Housing First scheme also

provides accommodation for 24 households currently for those with a high degree of needs.

Kevin Burnett asked when does the Council become involved with individuals deemed to be 'at risk of becoming of homeless'.

The Housing Strategy & Commissioning Manager replied that in 2018 the Homeless Reduction Act came into force and that this gives the Council a duty to start working with people 54 days before any legal threat of homelessness is received. She said that the Council were willing to help as many people as possible and wanted them to not wait until the last minute to seek help.

She added that she would discuss this issue further with the Housing Options & Homelessness Manager.

Councillor Joanna Wright said that from the discussions that she has had with residents that they feel that there is not enough support from the Local Authority.

The Housing Strategy & Commissioning Manager replied that the intention is clear to help all that approach us, but it will depend on the direct circumstances.

Councillor Wright asked in what way could the Panel help further.

The Housing Strategy & Commissioning Manager replied that work to attempt to influence the levels of rent were not taking place within B&NES and that this was another matter she would convey to the Housing Options & Homelessness Manager.

The Chair referred to section 3.5 of the report and asked about the levels of people with mental health needs prior to and having become homeless.

The Housing Strategy & Commissioning Manager replied that access to mental health care was not easy and that they were seeking to fill an outreach post through AWP (Avon and Wiltshire Mental Health Partnership).

Councillor Michelle O'Doherty commented that having had personal experience of receiving two Section 21 notices in the past twelve months it does start to affect your mental health and that she remains worried about what might happen in the future. She added that in 2019 following action from her the Council wrote to the Government to end Section 21 evictions and she was extremely frustrated that no action has been taken on them.

The Housing Strategy & Commissioning Manager replied that they share the frustrations and do discuss the issue on a regular basis in the hope that progress will be made soon.

Councillor Liz Hardman asked if more focus was given to those individuals who were suffering from drug or alcohol misuse.



The Associate Director for Public Health replied that he did not believe so and that only a smaller cohort of rough sleepers do have poor mental health, drug or alcohol issues.

The Panel **RESOLVED** to note the information in the report provided.

**68 PANEL WORKPLAN**

The Chair introduced this item to the Panel. She explained that the reports for the January meeting had already been confirmed and that an additional meeting was being planned for February to discuss the outcomes of the Community Resource Centres Consultation.

The following items were raised by members of the Panel as items to consider for the future.

- Community Wellbeing Hub
- Finances / Debt / Great Western Credit Union – Public Health
- Community Pharmacies
- Local Plan – Public Health
- Health inequalities of Ethnic Minorities
- Palliative Care
- Children’s Healthcare Services - ICB
- Modern Day Slavery

The Panel **RESOLVED** to note those proposals.

The meeting ended at 1.10 pm

Chair(person) .....

Date Confirmed and Signed .....

**Prepared by Democratic Services**

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**Children's and Adults Health and Wellbeing Policy Development and Scrutiny Panel –  
11<sup>th</sup> December 2023**

**Lead Member Update**

**Service Challenges**

Occupational Therapy assessments have seen an increased demand with some people waiting over 6 months for Adult Social Care Occupational Therapy input and assessment. This demand continues to increase. All referrals are risk rated and prioritised accordingly and people waiting have a point of contact should their needs become more urgent. We are concerned that average waiting times for an OT assessment have risen to 8 months and have requested a plan from HCRG to decrease the waiting times for OT assessment. The plan includes.

- Triage and review need and where appropriate signpost to local services.
- Focus on those with the greatest need and prioritise for assessment.
- Refocus the OT workforce to help decrease the waiting list

**Finance**

In common with other Local Authorities we are experiencing a number of pressures on adult social care budgets, these include an increase in referrals, in complexity of referrals and increased costs of support packages. Our budgets were over-spent at quarter 2 and actions are being taken to reduce expenditure for the rest of the year. This includes a freeze on recruitment, agency staff only being used in critical situations, increased controls for discretionary spend and maximising the use of income. We will be able to report in more detail on the impact of these actions in the new year.

Improved arrangements are in place for hospital discharges and BANES continues to see a decreased number of people waiting to be discharged from hospital. The funding to support hospital discharge is jointly provided with Health and makes use of the discharge grants that form part of the joint pool arrangement (Better Care Fund).

**CQC Inspection**

The Care Quality Commission (CQC) has a new inspection role in relation to the statutory delivery of Adult Social Care. The inspection regime has been piloted at five councils with four received a rating of GOOD and one which Required Improvement. We are awaiting a date for inspection at B&NES.

**ASC Provider Services Update**

The council operates 5 Extra Care Schemes, 3 Care Homes (CRCs) and 1 care agency. The 5 extra care schemes remain rated as good by the CQC and the 3 care homes are rated overall requires improvement but with good in key areas such as caring and safety. Recruitment to the in-house provider services continues to improve with our vacancies reducing from 70 to 22 across the services. Our home care service has yet to be inspected by CQC.

There has been a comprehensive review of the delivery and costs of the CRCs and a consultation on future plans for the service is currently underway, this will be discussed as a

separate agenda item. A final decision on the future of the CRCs will be made via a Single Member Decision in January 2024.

United Care BANES (UCB) pilot is in the process of being reviewed. The pilot is due to be completed in March 2024. The service initially supported people discharged from hospital when there was very little capacity in the independent Domiciliary care sector. Commissioning and providers have worked together to focus on recruitment and retention of Domiciliary staff which has increased the number of hours available for local residents. There is currently over capacity in the Domiciliary care market and therefore the pilot is unlikely to be extended .

### **Work with the RUH**

We continue to have an active working relationship with the RUH through the multi-agency “Home is Best” programme. This has successfully enabled us to significantly reduce the number of people waiting to be discharged from Hospital from an average of 47 people waiting to leave (December 2022) to 22 (December 2023). This has been facilitated by regular Multi-disciplinary (MADE) events, utilising the Adult Social Care Discharge grant given to the ICB and Council and significant work by commissioners to draw new homecare agencies into B&NES to deliver timely discharge options. However due to financial pressures the ICB has recently had to withdraw a temporary community hospital ward (Homeward) set up to meet pressures which is likely to create additional demand on the system.

We have also had the benefit of new work led by the Community Wellbeing Hub (CWH). The CWH now has a base in the RUH and a part-time presence in Community Hospitals. This is giving carers and families the opportunity to draw on support from community and voluntary sector organisations at a time of significant need. This is helpfully supporting people who might otherwise have turned to statutory services.

### **New Supported Living Schemes**

The new accommodation for people with learning disability/autism is on track to open in the coming months. The contract for care provision has been awarded to the Affinity Trust which has over 30 years of experience with this client group but is new to the local area. Residents are currently being identified for the homes and a dedicated mobilisation scheme is in place. The house in Hygge Park is due to open in February with Sulis Meadows to follow in the spring. Work continues to develop other similar schemes within Bath and North East Somerset which will enable us to accommodate more of our residents in the local area.

### **Support for unpaid carers and co-production**

With the existing Carers strategy scheduled for renewal, the council is taking the opportunity to find a new co-production approach to writing this document. To achieve this, initial engagement work with local carer forums has begun. Recently commissioners visited Carers Voice, a carer group that meets monthly at the Carers Centre. The session was a great opportunity for the team to meet and talk with Carers about their lived experience, immediate priorities for a carers strategy, and to take the first steps in considering how a co-production working group will operate.

As one Carer told us – ‘If you talk to 1000 carers, you will hear 1000 unique stories’.

A bonus was meeting young carers, who joined the end of the session. They explained the amazing work they are doing, including running in-school training sessions and meeting with politicians and charity Chief Executive Officers at Westminster.

Work on the strategy will be guided by responses to the national Carer Survey, which has been completed by carers across the locality. Carers will be 'in the driving seat' and their voice and priorities will be apparent across the document. We expect this activity will pave the way for further co-production by others in the local authority who are embarking on similar processes.

### **Community Services Transformation**

ASC transfer continues to progress well and we are working in partnership with HCRG Care Group on the safe transfer of ASC services and workforce on 1<sup>st</sup> April 2024. On 22/23 November ASC officers held the third staff briefing sessions with Adult Social Work and Learning Disability day services teams. These sessions are invaluable to ensuring consistent messaging and information sharing to the transferring workforce and are jointly managed between B&NES and HCRG Care Group. All sessions were well attended and supported by HCRG Care Group appointed colleague representatives as well as Trade Union representatives. Many questions were raised during each session and collated and these will formally be responded to during the consultation period.

On 28<sup>th</sup> November B&NES officers were invited by HCRG Care Group to deliver an update session to B&NES community partners on progress with the 1 year ICB direct award and update on future commissioning of services as of April 2025.

The cabinet paper on 9<sup>th</sup> November covered a range of elements making up the wider Community Services Transformation programme.

### **Cllr Born – Cabinet Member for Adult Services**

**11<sup>th</sup> December 2023**

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## **Report for Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel – Monday 11 December 2023**

### **£40.5m NHS funding boost to improve care for individuals with a learning disability and autistic people in the South West**

People living with autism and learning disabilities across BaNES are set to benefit from a £40m NHS investment to improve acute mental health care in the South West

Twenty new mental health hospital beds across the South West will help bring an end to long-distance placements, making life better both for individuals who need hospital treatment, and for their families, friends, and carers.

This will go hand in hand with improvements to local care and support of individuals with a learning disability and autistic people so they can live healthier, happier lives in their local communities.

Two new 10-bed units, in Bristol and Devon, will be designed specifically to care for individuals with a learning disability or autistic people who would benefit from treatment in a hospital and whose needs cannot be met in a mainstream mental health hospital, even with reasonable adjustments.

It is the first time systems across the region have worked together to deliver these services and while it will result in an increase in beds in the South West, it will not result in more people being admitted to hospital. Instead, only those who genuinely need to be in hospital can be, and closer to home. Only a very small number of people will require these services.

Subject to planning permission, a new 10-bed facility will be developed at the Blackberry Hill Hospital site in Fishponds, Bristol, run by Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) and another 10-bed centre is proposed for the Langdon Hospital site in Dawlish, which would be run Devon Partnership Trust (DPT).

The new facility has been designed with input from service users, people with a lived experience, and their families and carers and will provide the kind of specialist therapeutic mental health care which cannot be provided at home or in another mainstream hospital.

#### **Orchard house**

Orchard House is our new community crisis house based in Midsomer Norton that provides step-up and step-down support for people with mental health needs. The facility, which is provided by Bath Mind, provides accommodation 365 days a year, 24 hours a day for four people at any one time.

Orchard House includes dedicated quiet and therapy space for individuals to support their recovery and reduce preventable hospital attendances and admissions as well as expediting discharge back to the community with jointly agreed safety support plans and community engagement programmes.

The team work to ensure that wider social aspects (e.g.housing, debt and benefits support, employment options) are a core part of the person's discharge plan. It opened on 4 September and to date has supported 12 people.





## **New resources to support patients, carers, families and health and care professionals with the discharge process**

New resources are now available to help health and care professionals provide hospital patients, as well as their families and carers, with extra support before and during their onward care journey.

Colleagues working in the local health and care system have told us more needs to be done to improve the wider understanding of complex discharge pathways and processes. Many have said the current approach to discharge is confusing and has led to stressful situations for both staff and patients.

A new programme of work, Caring Steps Together, has been established to address these issues. Months of extensive research with patients and their families, along with colleagues working across acute and community hospital settings, as well as the voluntary sector, has yielded significant insights into the impact and nature of the issues and presented ideas on how to address them.

New resources are now available to help support patients, their families and carers to understand the process of leaving hospital and the other services that are available to provide support in the community. All of the resources are available on the BSW Together website ([www.bswtogether.org.uk/discharge](http://www.bswtogether.org.uk/discharge)).

## **Industrial action**

BSW Integrated Care Board continues to work hard to keep local people safe during planned strikes, while delivering the best care possible.

Junior doctors are planning to strike in December and January during what is always a very time for health and care services. The strike dates are from 7am on the 20th of December to 7am on the 23rd of December 2023 and from 7am on the 3rd of January to 7am on the 9th January 2024.

The strikes are expected to have a significant impact on services if they go ahead. BSW ICB works with partners during period of industrial action to ensure the smooth running of services and to provide a coordinated public communications campaign to let the public know how to access services and where to look for help.

## **Royal United Hospital performs the first HIFU non-invasive prostate cancer treatment in the South West**

The Royal United Hospitals Bath NHS Foundation Trust (RUH) has successfully treated two prostate cancer patients with an innovative high-intensity focused ultrasound (HIFU) treatment, the first time this therapy has been carried out in the region.

RUH Consultant Urologist Miss Lucy Simmons, mentored by world-leading expert Professor Hashim Ahmed of Imperial College, teamed up with pioneering cancer charity Prost8 and The UK Ultrasound Foundation to bring the treatment into the Trust.

The new HIFU unit at RUH Bath, with equipment funded by Prost8 and the UK Focused Ultrasound Foundation, integrates advanced image-guided capabilities and ultrasound energy to precisely target the prostate without any incisions or radiation, therefore sparing nearby healthy structures.

The partnership between the UK Focused Ultrasound Surgery Foundation (FUSF) and Prost8 highlights the united dedication of both organisations to advancing prostate cancer care and reshaping the treatment landscape and options available to men with prostate cancer throughout the UK. In addition, their commitment to supporting NHS Trusts, such as the RUH Bath, in improving access to HIFU.

# Bath and North East Somerset (BaNES) Community Pharmacy

Helen Wilkinson, ICS Community Pharmacy Clinical Lead

Victoria Stanley, Programme Lead, BSW Community  
Pharmacy, Optometry and Dentistry



# Community Pharmacy – Overview of ICB Delegated Functions



# Community Pharmacy in BSW

- 145 Contractors
- 2 x Local Pharmaceutical Committees
  - Community Pharmacy Avon
  - Community Pharmacy Swindon & Wiltshire
- On an average day **dispense 50,000 items in BSW**
- **Nearly 3000 walk in consultations** seeking **minor illness** and their own medicines (20 per day per pharmacy)
- Community Pharmacy **Consultation Service** (~80 **referrals per day** from general practices, spread across **136 pharmacies**)
- **Front door of the NHS**



- Like GPs, **community pharmacists are independent contractors**, but they are also part of the NHS family. Every day about 1.6 million people visit a pharmacy in England.
- Community pharmacies are situated in high street locations, in neighbourhood centres, in supermarkets and in the heart of the most deprived communities. **Some are open long hours when other health care professionals are unavailable.** There are several different types and sizes of community pharmacies, ranging from the large chains with shops on every High Street or in edge of town supermarkets, to small individually owned pharmacies in small communities, in the suburbs and often in deprived areas or rural settings
- The **traditional role of the community pharmacist as the healthcare professional who dispenses prescriptions written by doctors has changed.** In recent years community pharmacists have been **developing clinical services** i.e., undertaking **minor illness referrals** from GP Practices and NHS111, partaking in the **CoViD and flu vaccination** programmes, in addition to the traditional dispensing role to allow better integration and team working with the rest of the NHS.



# Community Pharmacy – Types and Hours

## Types of pharmacy

- 40 hours Community Pharmacy
- 100 hours Community Pharmacy (not now an option to enter the market)
- Distance Selling Pharmacy

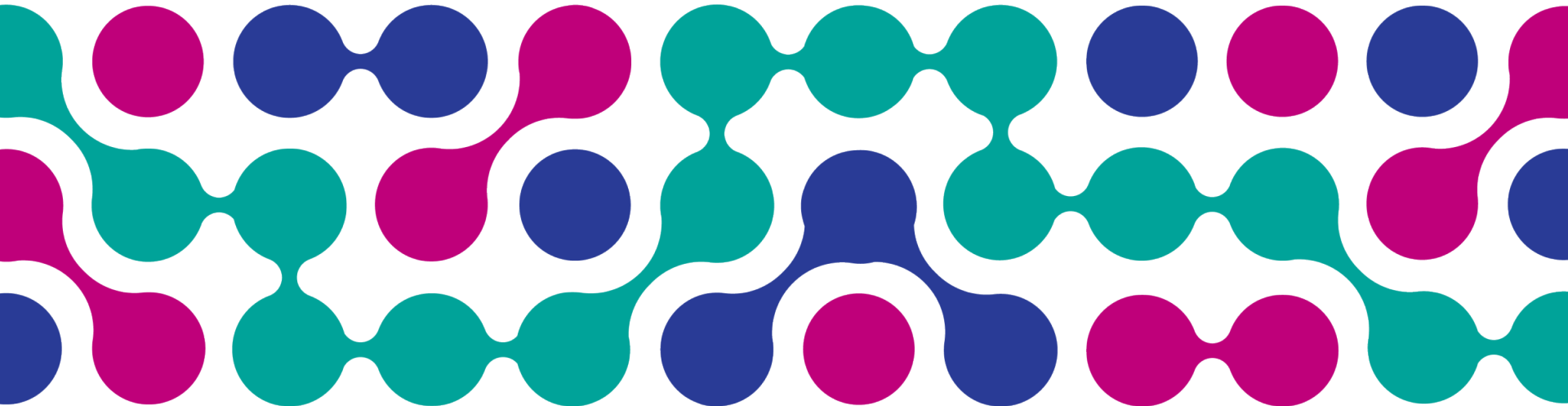
## Hours of provision

Page 91

- 40 hrs (100hrs) are Core Hours: **only changed by NHSE consent, but decisions can be appealed**
- 100 hrs contractors are able to reduce to 72 hours – **giving 5 weeks' notice**
- Supplementary Hours: pharmacy can change - **giving 5 weeks' notice**
- **Not required to open on Bank Holiday:** cover from voluntary opening and commissioned rotas



# Service Provision





# Community Pharmacy – Essential Services

## Essential Services (required)

- **Dispensing:** provision of medicines and appliances, giving advice to patients on use. This includes electronic repeat dispensing, which reduces practice workload.
- **Discharge Medicines Service:** support patients with changes to medicines following a hospital stay and reduces risk of readmission.
- **Disposal of Unwanted Medicines:** receive and safely dispose of unwanted medicines, supported by the clinical waste service.
- **Healthy Living Pharmacies:** pro-active support to patients, promoting behaviour change and improving health and wellbeing, supporting reduction in health inequalities.
- **Public Health Campaigns:** participate in 6 nationally defined health campaigns – display/distribute leaflets i.e., ‘help us to help you’.



# Community Pharmacy – Advanced Services

## Advanced Services (nationally offered, optional provision)

- **Community Pharmacist Consultation Service (CPCS):** 111 / GP/UEC referral to the pharmacist for minor illness or an urgent supply of repeat medication. **In BSW in 2022/2023 GPs sent 21,500 referrals to pharmacy and NHS111 sent 12,500 referrals**
- **Influenza:** 18yrs and over at risk, as defined in the Green Book, offering extended hours and flexibility of access. Significant increase in use during CoViD.
- **Pharmacy Contraception Service:** Tier 1- on-going management of routine oral contraception which was initiated in general practice or sexual health clinic. **Tier 2 will enable initiation of oral contraception.**
- **Hypertension Case Finding Service:** 1<sup>st</sup> stage identifies over 40yrs at risk and offering a blood pressure measurement. Stage 2 offered 24 hr ambulatory blood pressure monitoring, where clinical indicated. Results are sent to the patient's practice. **In BSW in 2022/2023 119 pharmacies (82.6%) participated in the service, seeing 8855 patients.**
- **New Medicines Service:** support people with long-term conditions to use new medicines effectively and enable self-management.
- **Smoking Cessation Service:** referred on hospital discharge for smoking cessation advice and support.
- **CoViD 19 Lateral Flow Device (LFD):** enable eligible patients who have risk factors for progression to severe CoViD 19 to obtain LFD test kits from participating pharmacies

## National Enhanced Services

- **CoViD-19 Vaccination Service:** provision of CoViD-19 vaccination alongside Vaccination Centres and PCNs



## Locally Commissioned Services

- **Local Authorities** and Health Partners commission sexual health services, needle and syringe exchange services, smoking cessation services, supervised methadone consumption from some pharmacies.
- **(ICB) Specialist Medicines Service:** hold an agreed stock, largely focused on medicines for end-of-life care.
- **(ICB) Patient Group Directions for Minor Illness**



# Community Pharmacy Minor Illness Patient Group Directions (PDG's)

- Bath, Swindon and Wiltshire (BSW) ICB have commissioned community pharmacy to deliver the following Patient Group Directions (PGDs).
- Patients can self-present by walking into the pharmacy or following a CPCS referral
- Currently ~700 consultations per month
- Service launched July 2022
  - Urinary Tract Infections – Females aged 16-64
  - Impetigo (*contagious skin infection*) – Adults and children aged 2 and over
  - Hydrocortisone (*steroid cream to reduce pain and inflammation*) – Children aged 1 to 10 and use on the face in patients over 1 year
  - Chloramphenicol ointment (*eye drops for conjunctivitis*) - from 31 days to under 2 years old
  - Sore Throats – Adults and children aged 5 and over

Page 96

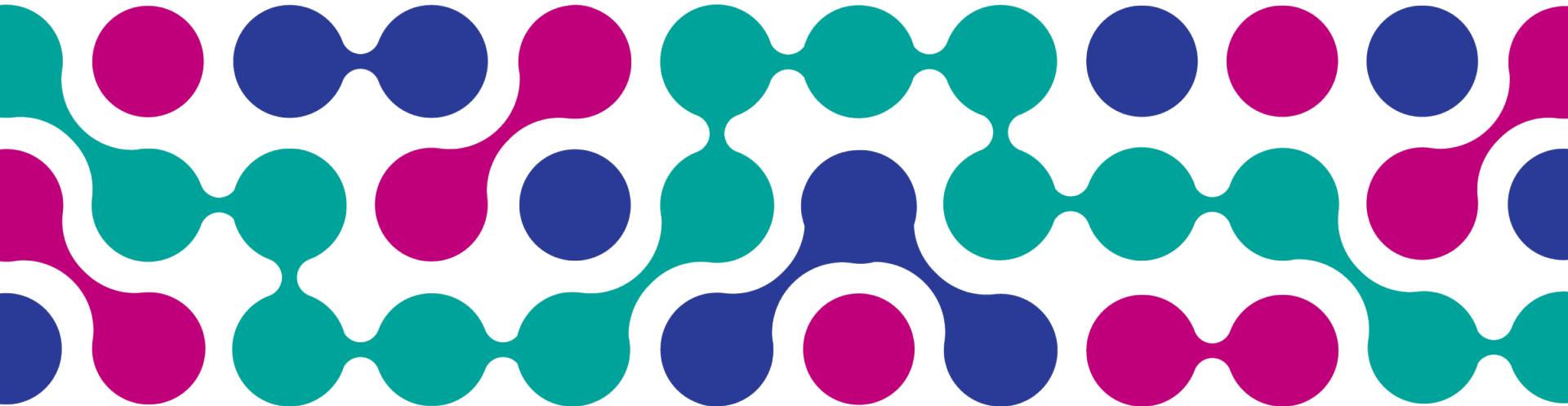
Where would people have otherwise attended?

- 88% GP
- 9% NHS111
- 2% WIC
- 0.7% A&E
- 0.9% Other

***Patient Group Directions (PGDs) provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber (such as a doctor or nurse prescriber). Supplying and/or administering medicines under PGDs should be reserved for situations in which this offers an advantage for patient care, without compromising patient safety. (NHSE, 2023, available at:***

***<https://www.england.nhs.uk/south/info-professional/pgd/>***

# Quality Assurance



# Community Pharmacy – Services

## Community Pharmacy Contractual Framework (CPCF)

### Community Pharmacy Quality Scheme

- Part of the Community Pharmacy Contractual Framework
- **Year 5 Scheme 2023/24** (Launched 1<sup>st</sup> June 2023)
- One gateway criterion New Medicines Service (NMS) - Minimum of 15 between 1/4/23 – 31/12/23
- Three domains
  - 1. Medicines Safety & Optimisation:**
    - re-audit and implement learning on reducing harm from anticoagulants
    - palliative and EOL Care
  - 2. Respiratory**
    - inhaler technique checks
    - personalised asthma plans
    - safer prescribing of bronchodilators
  - 3. Prevention**
    - antimicrobial stewardship
    - advice on safe disposal of unwanted medicines.
- Annual funding of £45 million to support national health priorities
- Maximum points available to each provider increase with the volume of items dispensed
- Minimum Value per point of £68.75 and maximum of £137.50
- Aspiration payment can be claimed in September: max of 70%, at minimum value.

# Community Pharmacy Assurance Framework (CPAF)

CPAF is a national toolkit to **assess compliance and quality against the community pharmacy contract**. The process is detailed below:-

- Commenced in 2015
- 3 Levels, with Level 3 demonstrating exemplary practice
- 2 stages:
  - Part 1 – 10 questions, completed by all providers
  - Part 2 – Full Survey 207 Question, targeted at specific pharmacies, using a national criteria.
- Responses to Part 2, using the national criteria, inform which pharmacies are chosen to be visited
- Virtual and In-person visits undertaken which are based on risk
- Actions plan developed and monitored
- Themes and learning fed-back to all pharmacies



# Dispensing Services Quality Scheme (DSQS)

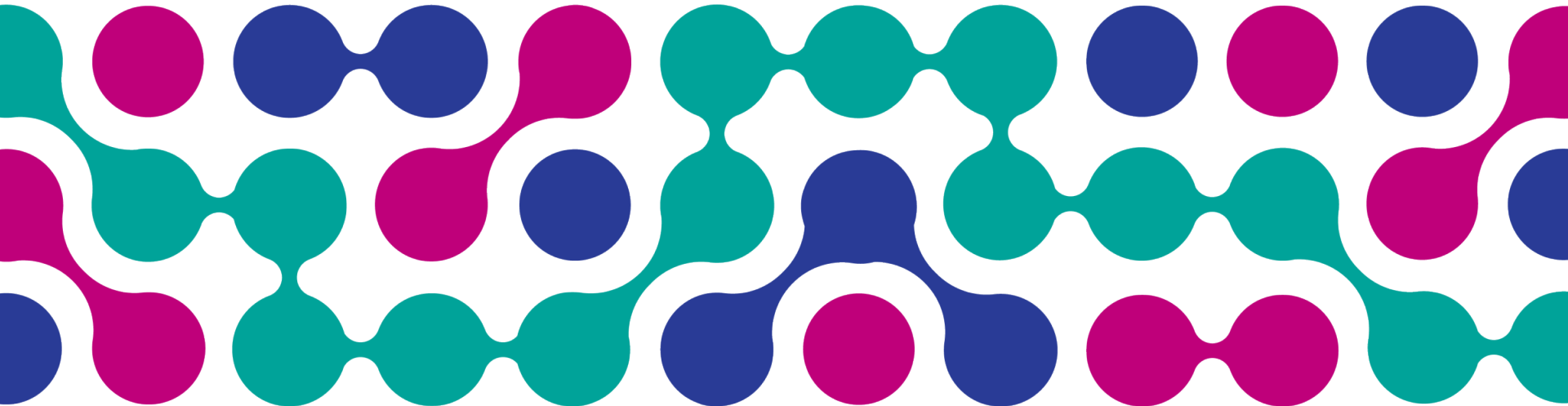
DSQS is a voluntary scheme which rewards practices for providing high quality services to their dispensing patients:-

- Dispensing Practices are included in the Pharmaceutical Regulations
- Medication reviews - min 10% of dispensing patients.
- Prioritise higher-risk patients and those that would benefit from a review
- Clinical Audit of dispensing service





# Market Entry



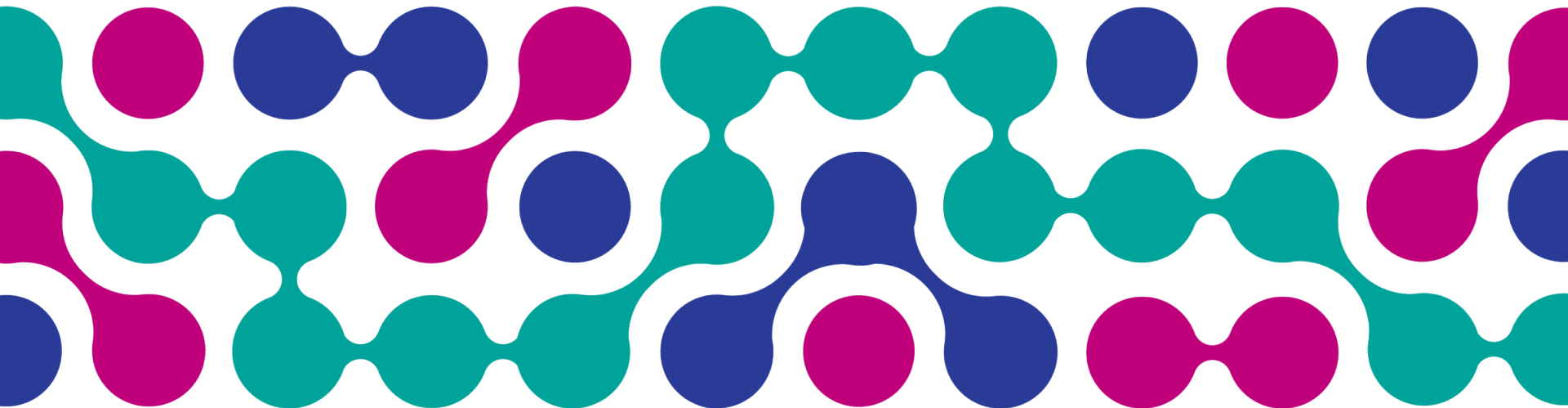
# Community Pharmacy – Market Entry

- **Pharmaceutical Needs Assessment: Local Authority led**
- **Pharmaceutical Services Regulations Committee (PSRC)**
  - Current or Future Need
  - Unforeseen Benefit
  - Relocation with No Significant Change
  - Consolidation
  - Distance Selling
  - Rurality Review
  - Dispensing Practice
- **NHS Resolution: appeals process**



# Development of Community Pharmacy

Page 103



# Expanding Community Pharmacy Services

Community Pharmacy has been seen as an **essential part of primary care** offering patients easy access to health services in the heart of their communities. As **over 80% of patients live within a 20-minute walk of their pharmacy** who give expert clinical advice.

Page 104

Building on the success of the existing services outlined in the CPCF delivered by Community Pharmacy - this plan wants to **expand the range of services** offered making **better use of the clinical skills** in community pharmacy, making them the **first port of call** for patients for many **minor illnesses**.



# What does this mean for Community Pharmacy?

- **Common Conditions** - Pharmacists to **supply prescription only medicines (POMs)** including **antibiotics and antivirals** where clinically appropriate, treating **seven common health conditions** – without the need for the patient to visit the GP
  - The national service will cover
    - Uncomplicated UTIs
    - Shingles
    - Impetigo
    - Infected Insect Bites
    - Sinusitis
    - Sore Throat
    - Acute Otitis Media
  - **Our already commissioned local service in BSW (a PGD Service) puts us in a great place for this!**
- **Hypertension Case Finding Service** - Further funding for Community Pharmacies to support the ongoing monitoring in partnership with GP Surgeries has been agreed
- **Oral Contraception Service** - Further funding for Community Pharmacies to support the ongoing monitoring in partnership with GP Surgeries has been agreed



# What does this mean for Community Pharmacy?

- **IT System Connectivity** - work with **community pharmacy suppliers and general practice IT** suppliers to develop and deliver **interoperable digital solutions**
- **Greater Flexibility:**
  - VAT relief on medication supplied through PGD and on medical services provided by the wider pharmacy team.
  - Subject to consultation / further work:
    - Enable better use of skill mix
    - Pharmacy technicians to work under PGD
    - Greater flexibility to dispense medicines in their original packs and increase Hub & Spoke models.
    - Move more medicines from Prescription Only Medication (POM) to 'available in a pharmacy'



# Primary Care Networks (PCN's)

- Funding supported for a community pharmacist lead for each PCN area 1 day per month.
- **Working collaboratively** and building **trusted relationships** between **community pharmacy and PCN teams**, to **support** future **delivery** of current and future commissioned **pharmacy services**
- **Improve communication** and **collaboration** between PCNs, GP practices, and community pharmacies.



**Strategic aim:** Establish a framework for the future commissioning of NHS community pharmacy clinical services incorporating independent prescribing for patients in primary care.

**Objectives:**

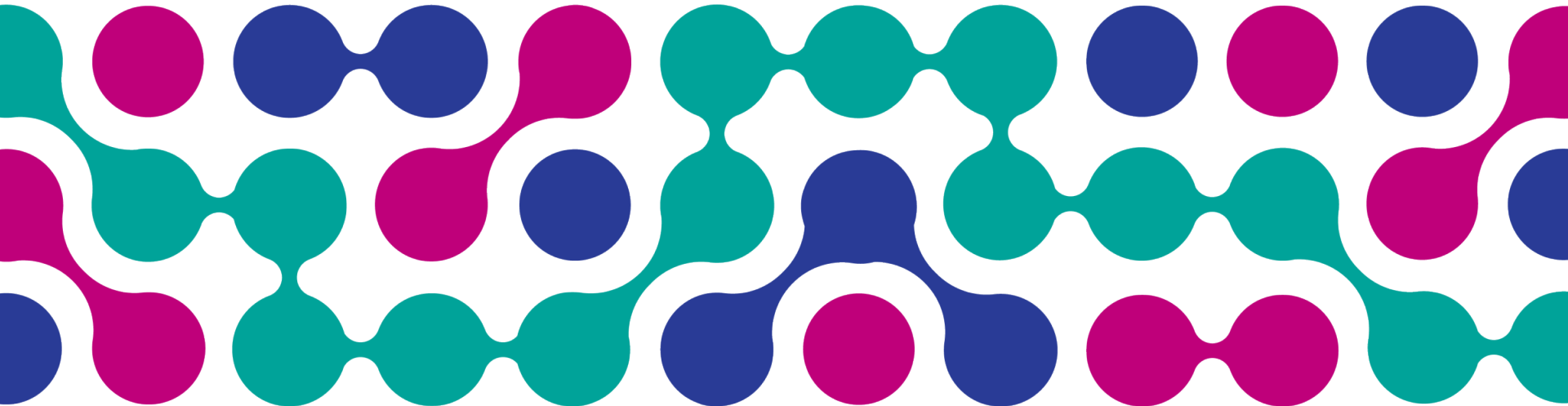
- To establish Pathfinder sites to test the delivery of IP across all NHSE regions aligning with the ICB Fuller Demonstrators
- To **identify the optimum processes including governance, reimbursement and IT requirements** required to enable independent prescribing in community pharmacy
- To inform the **development of professional and clinical service standards** that support assurance of IP activities in the context of NHS community pharmacy services
- To inform the **professional development** needs of community pharmacists and wider **workforce strategy** for pharmacy professionals in primary care
- To inform the **post 2019-2024 community pharmacy contractual framework strategy**
- To inform the **ICB delegation responsibilities** necessary to support national and local commission of clinical services
- To undertake appropriate local and national **quantitative and qualitative evaluation / research**, including patient experience and the experience of community pharmacy, general practice, community services and secondary care teams.

- BSW will have **5 sites**, and the model will be prescribing for minor illness (CPCS+)
- Currently out for expressions of interest from pharmacy contractors





# What does this mean for BaNES?



## Impact of developments within contracting:

- Understanding the impact of **changes to the provider landscape** and ongoing monitoring
- Impact assessment following **market exits** and **changes to 100-hour contracts** using the same process as Lloyds Pharmacy closures and communication with stakeholders
- Ensuring appropriate contract management and sanctions i.e., implementing new unplanned closure policy
- Bringing the BSW system view to the SW Pharmaceutical Services Regulations Committee (PSRC)
- **Bank holiday rota review**
- Continued **national negotiation** impact on this year and the next 5-year settlement



# Current Provision in BaNES



Bath and North East Somerset,  
Swindon and Wiltshire  
Integrated Care Board

Wiltshire Pharmacy Contractors	Numbers of Contractors
Total Community Pharmacists	35
Total 40-hour Contracts	34
Total 100-hour contracts	1*

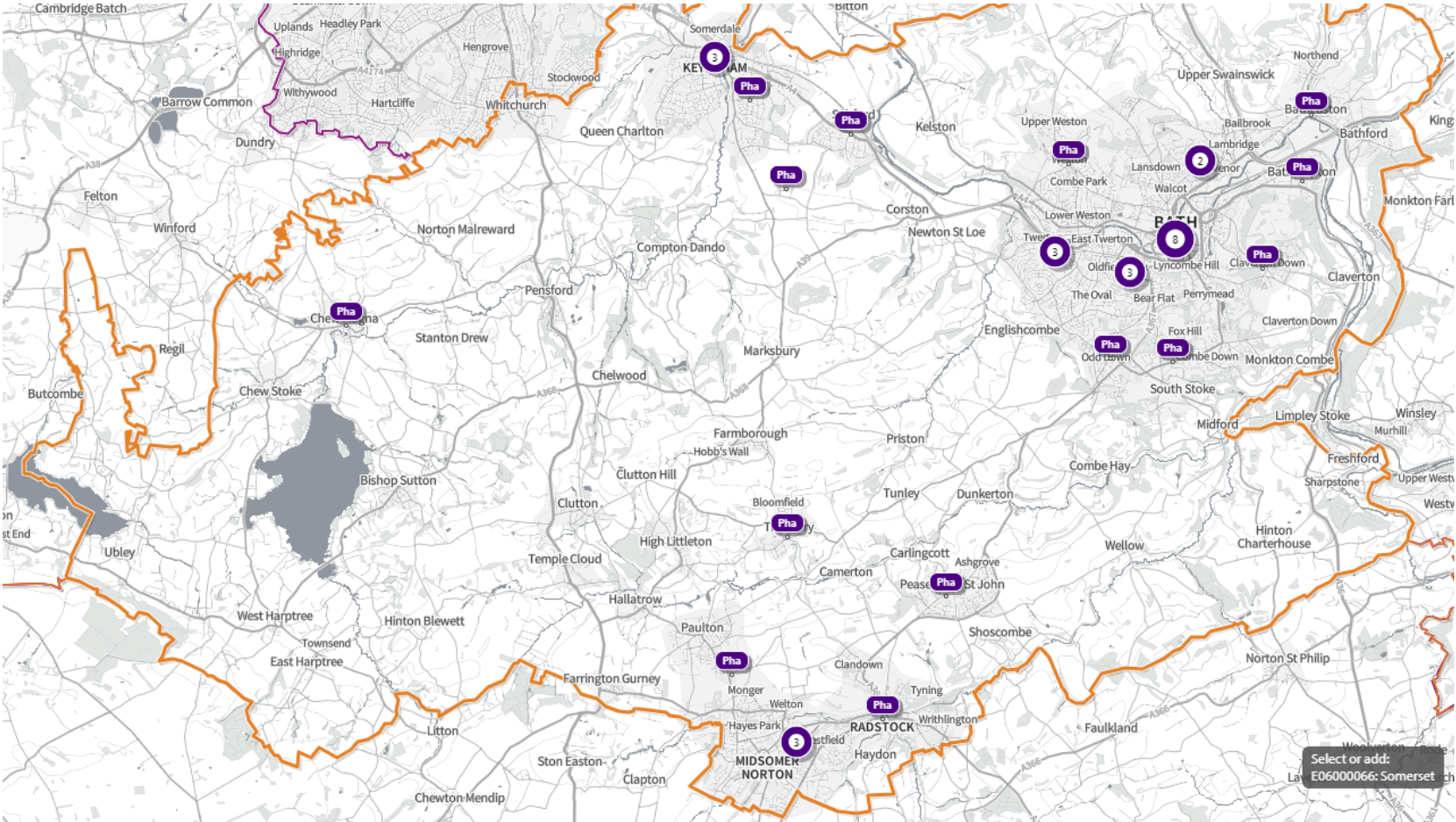
Page 111

\* Recently changed to 72-hour contract



# Map of BaNES Community Pharmacy

Page 112



# Market activity for BSW – from April 2023

## BSW

- 40 hour exits – 6
- 100 hour exits – 0
- Consolidations – 2
- Relocations – 2

Page 113

## BaNES

- Lloyds (Sainsburys) – closure
- Midsomer Norton Pharmacy 100-hour reduction to 73 hours
- Consolidation of Combe Down and closure
- Supplementary hours changes – Bath, Keynsham, Paulton, Radstock

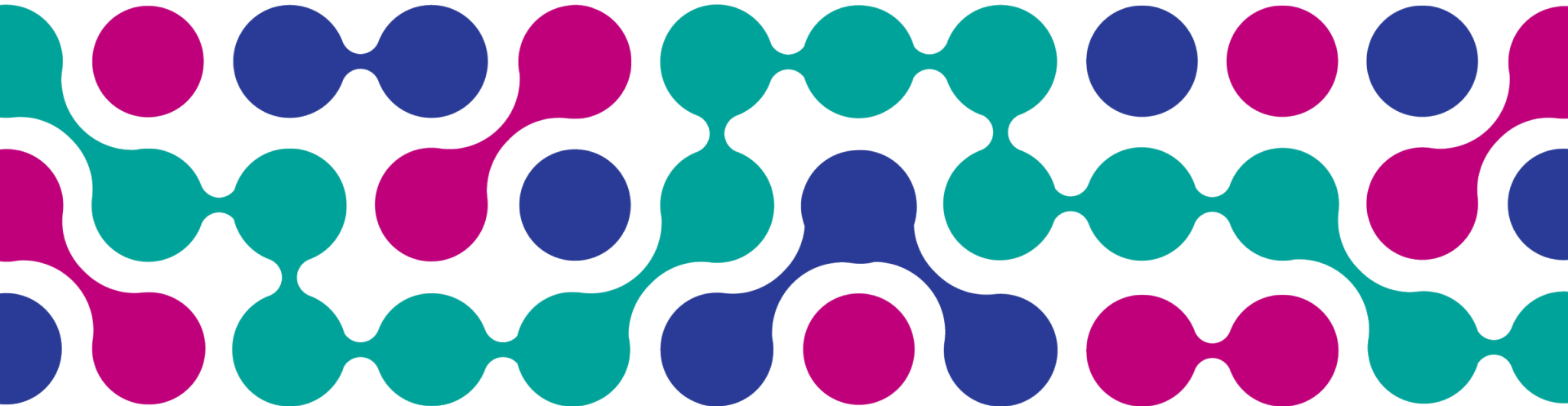


# Support provided when notified of a market exit

- Liaison with the outgoing provider to ensure **safe closedown** processes are in place;
- Seek **feedback** from **nearby contractors** regarding **capacity** and any queries or **concerns**;
- **Notify the H&WB Boards, Healthwatch, Local Medical Committee, Community Pharmacy Local, etc**;
- **Share information** regarding the closure with **nearby GP practices**;
- Provide **regular updates** to stakeholders in relation to the closures;



# Workforce



# Workforce Challenges

## Vacancy rates

1. Pharmacists 25%

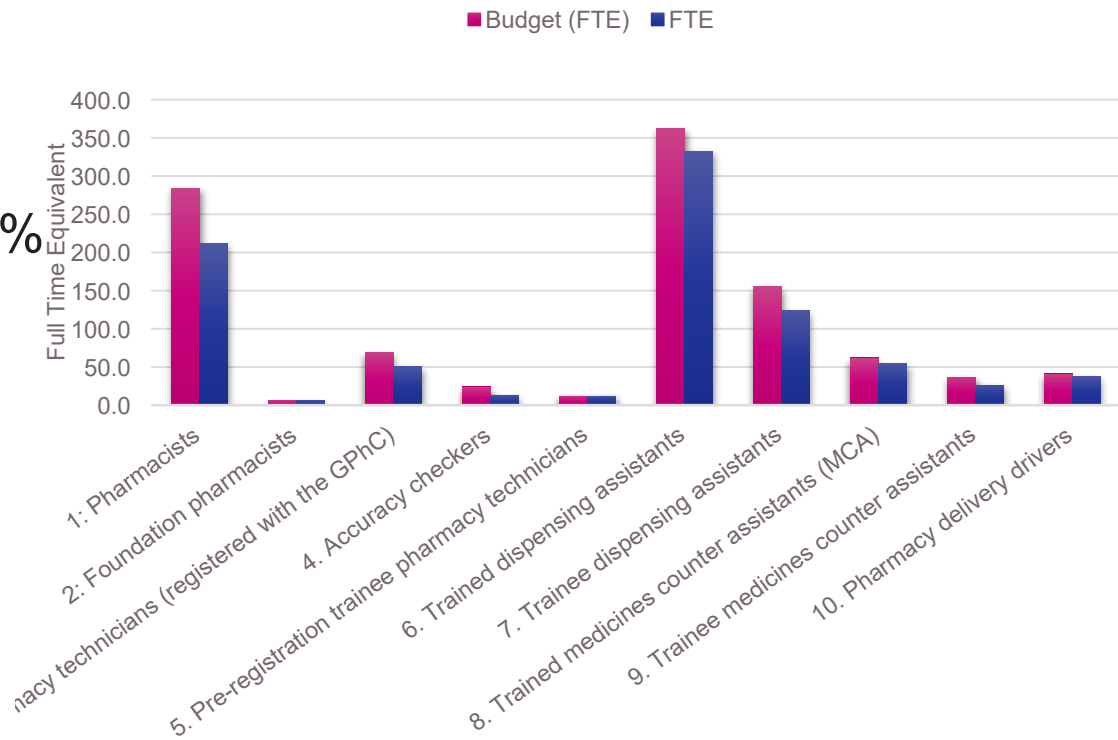
(second highest in the country)

Page 15

2. Pharmacy technicians 28%

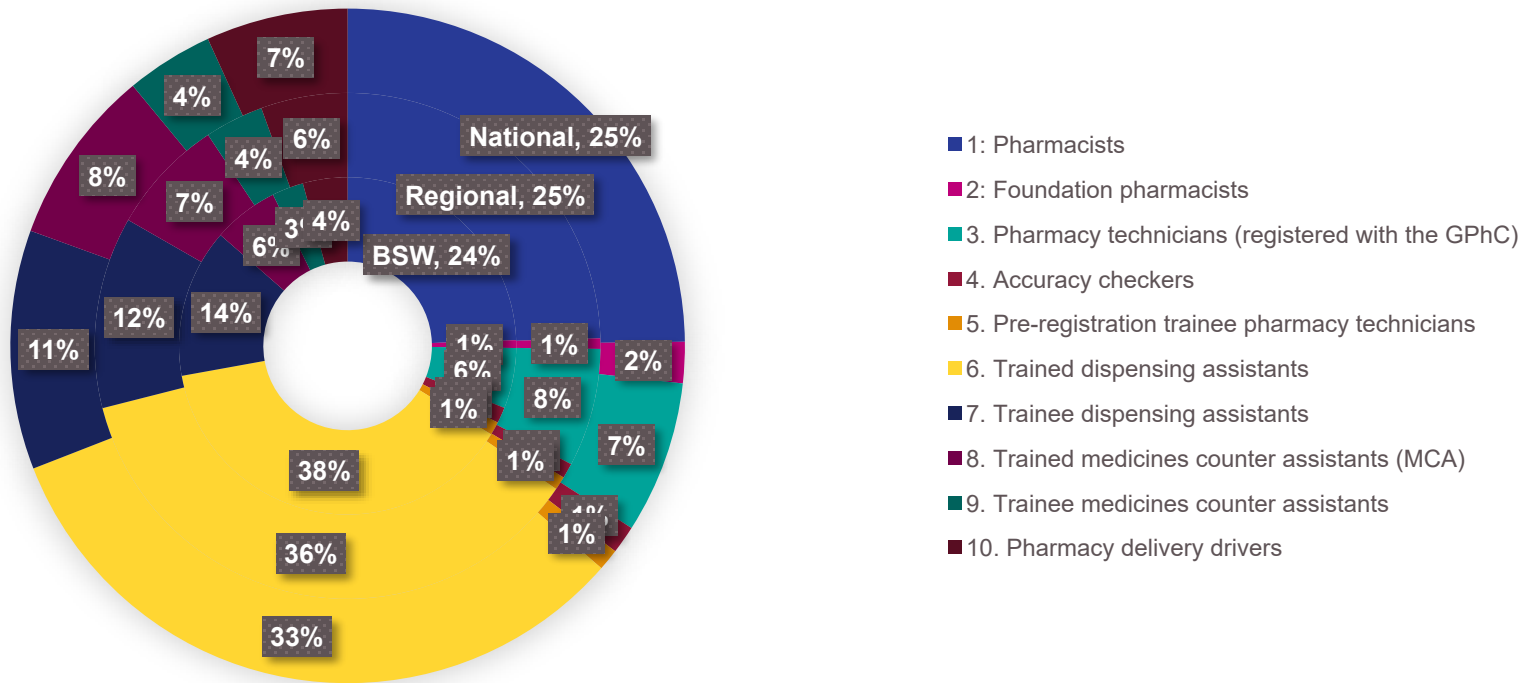
3. Accuracy checkers 46%

### BSW Budget vs Staff in Post





## Role Split of workforce BSW vs Regional vs National

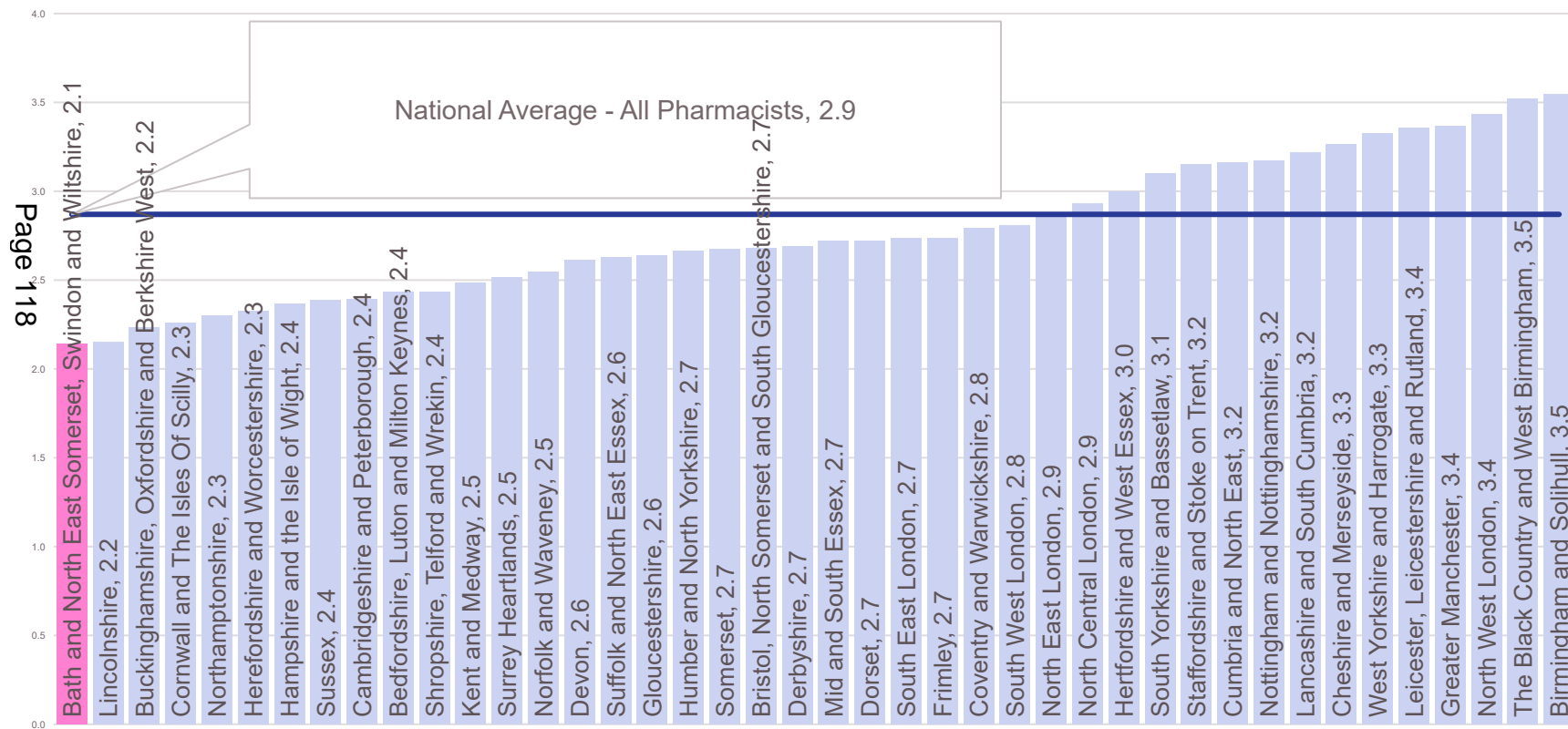


# Pharmacist Workforce



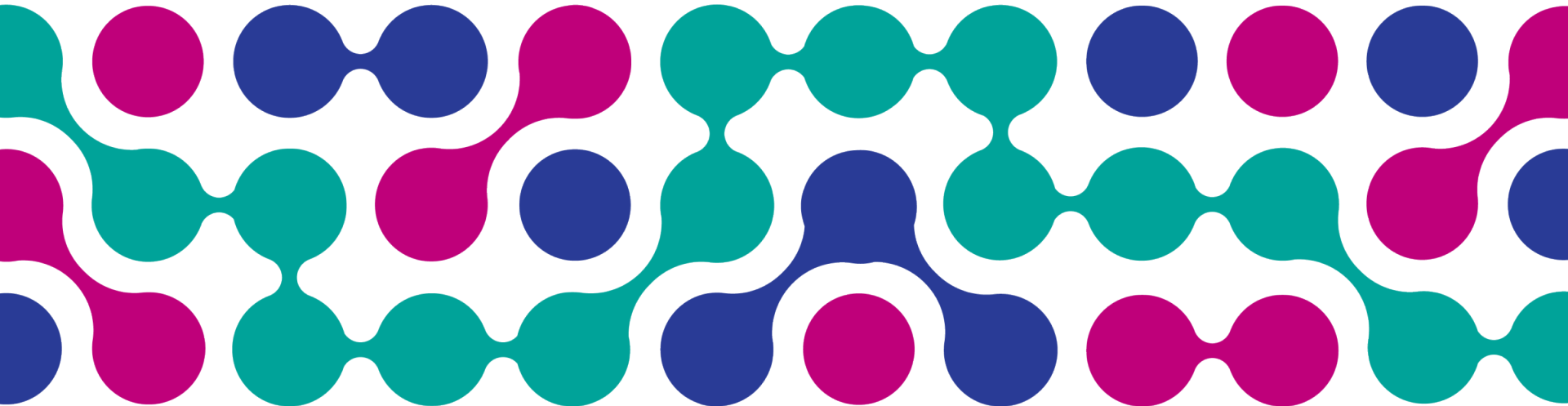
Bath and North East Somerset,  
Swindon and Wiltshire  
Integrated Care Board

ICB - All Pharmacists per 10000 GP Patients



# Thank you. Questions?

Page 119



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