

BATH AND NORTH EAST SOMERSET

MINUTES OF HEALTH AND WELLBEING SELECT COMMITTEE MEETING

Wednesday, 30th November, 2016

Present:- **Councillors** Francine Haeberling, Karen Warrington (in place of Geoff Ward), Bryan Organ, Paul May, Eleanor Jackson, Tim Ball and Lin Patterson

Also in attendance: Jane Shayler (Director for Adult Care and Health and Commissioning), Dr Ian Orpen (Clinical Chair, B&NES CCG), Tracey Cox (Chief Officer, CCG), Bruce Laurence (Director of Public Health), Catherine Phillips (Commissioning Manager for Urgent Care and Non-Acute Services), Catherine Campbell (CQC Inspection Manager), Helen Rawlings (CQC Inspection Manager), Tony Fletcher (CQC Inspection Manager), Dr Bill Bruce-Jones (Clinical Director, AWP), Sue Blackman (YCYW Community Services Programme Lead), Helen Blanchard (Director of Nursing and Midwifery, RUH), Lesley Hutchinson (Head of Safeguarding & Quality Assurance) and Dami Howard (Safeguarding Children & Adults Boards Business Support Manager)

Cabinet Member in attendance: Councillor Vic Pritchard, Cabinet Member for Adult Social Care & Health

44 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

45 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the emergency evacuation procedure.

46 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillor Geoff Ward had sent his apologies to the Select Committee, Councillor Karen Warrington was present as his substitute for the duration of the meeting.

Alex Francis, Healthwatch had sent her apologies to the Select Committee.

47 DECLARATIONS OF INTEREST

Councillor Paul May declared an other interest in agenda item 15 (Your Care, Your Way) as he is a non-executive Sirona board member.

48 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

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

There were none.

50 MINUTES - 28TH SEPTEMBER 2016

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

51 CLINICAL COMMISSIONING GROUP UPDATE

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

A&E performance

The CCG saw increased demand and pressure on services over the summer and performance against the A&E waiting time target (95 per cent of attendees to be seen within four hours) dropped to 79.3 per cent in August 2016. However, performance for October 2016 improved to 91.5 per cent.

Local performance and progress against the locally agreed A&E Improvement Plan continues to be overseen by regular tripartite meetings of the Royal United Hospitals (RUH), CCGs, NHS England and NHS Improvement. The newly constituted A&E Delivery Board is focusing on responding to the five nationally mandated actions to support on-going recovery of performance.

CCG Improvement and Assessment Framework

Our assurance ratings for quarter two of 2016/17 are:

Better Health – Good

Better Care – Requires Improvement

Sustainability – Requires Improvement

Leadership – Requires Improvement

NHS England acknowledged a lot of good work has been undertaken around leadership and there are many positive examples of the good work the CCG is carrying out. However, due to concerns around our performance within 'Sustainability' and 'Better Care', we are also assessed as requires improvement under 'Leadership'.

Prescribing changes consultation

On 24 November, the CCG launched a four week period of public engagement on proposed changes to our prescribing policy. The CCG has been reviewing treatments that are shown to be less clinically effective, provide insufficient health

benefits and those that do not represent good value for money. As a result, there are two proposed changes to the local prescribing policy:

- To stop prescriptions of gluten-free products for people with coeliac disease
- To stop prescriptions for two groups of over-the-counter medicines – painkillers and antihistamines – when they are used for short-term, minor ailments such as mild hayfever, headache, coughs and colds.

Operational Plan

Our draft Operational Plan for 2017-19 has been submitted to NHS England. The final version is due on Friday 23 December. For the first time, plans are required over a two-year period and must support the delivery of the Sustainability and Transformation Plan for B&NES, Swindon and Wiltshire.

NHS England is also providing new funding to improve access and increase capacity in general practice by April 2019. Our Operational Plan includes a section on how we will support and transform general practice to offer extended opening hours across evenings and weekends.

Delegated Commissioning

Our 26 member practices are voting to decide if the CCG should take on delegated commissioning of primary care from NHS England. We have been working under joint commissioning arrangements in 2016-17 but delegated commissioning would give the CCG greater control over our future and help us to align our plans across community and acute services.

Swindon and Wiltshire CCGs are also expected to move to delegated commissioning so we have agreed that Wiltshire CCG will host a shared team to deliver the new primary care responsibilities.

Online booking at GP practices

GP practices are now able to offer their patients access to all online services; booking and cancelling appointments, ordering repeat prescriptions and viewing their medical records.

NHS England has set a target for practices to have a minimum of ten per cent of their patients registered for online services by 31 March 2017. In B&NES, 81 per cent of all GP practices (21 out of 26 practices) have already achieved ten percent. This is encouraging progress and the CCG continues to work with practices to promote the benefits to patients of registering for online services.

Councillor Paul May asked if GP's would be involved in the procurement of out-of-hours services.

Dr Orpen replied that they would be involved in the process and said that the workforce around the out-of-hours service has changed and it was about finding the model that works.

Councillor Paul May asked if Delegated Commissioning would provide GP's with more work.

Dr Orpen replied that some concerns have been raised and that the vote had not concluded yet. He added that some conflicts of interest would need to be managed, but that it had the potential to shape the way Primary Care works.

Councillor Eleanor Jackson asked if Delegated Commissioning would give advantages in bulk buying.

Dr Orpen replied that it was more about the mechanics of the process.

Councillor Eleanor Jackson asked why the NHS111 system was being re-procured as she felt it was working well in her opinion.

Dr Orpen replied that it was due to be re-procured and that this was an opportunity to align it with the out-of-hours service. He added that NHS111 has improved, but that there were still some issues, particularly the number of calls being passed to A&E.

Councillor Eleanor Jackson asked if a purpose built GP practise was to be built in Radstock and if it was dependant on sharing the facility with the library.

Tracey Cox, CCG Chief Officer replied that due diligence was ongoing and that the site may have some co-dependants.

Councillor Tim Ball asked if the re-procurement of the CAMHS service would include children on the autistic spectrum and if evaluators from that sector would be involved in the process.

The Director of Integrated Health & Care Commissioning replied that ADHD would be included within the service and that robust arrangements are in place to involve service users and carers in the process.

Councillor Lin Patterson asked if the Council and the CCG make national Government aware of our financial difficulties.

Dr Orpen replied that NHS Clinical Commissioners represent us on this matter, but it is clear that no extra funding is available.

Councillor Paul May commented that there are never enough resources and that the CCG has to deliver the plans that Government sets out.

The Cabinet Member for Adult Social Care & Health commented that the LGA continues to lobby ministers on this subject and that he would transfer Councillor Patterson's concerns to them at a meeting next week.

Councillor Bryan Organ commented that it was good to see that a significant portion of time had been set aside for the procurement of Urgent Care services.

Dr Orpen replied that due to the potential geographical nature of the solution it was right to take this amount of time.

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

52 CABINET MEMBER UPDATE

Councillor Vic Pritchard, Cabinet Member for Adult Social Care & Health addressed the Select Committee. A copy of the update can be found on their Minute Book and as an online appendix to these minutes, a summary of the update is set out below.

The Mental Health and Wellbeing Charter

The Mental Health and Wellbeing Charter has been created locally by people who have received support for their mental health. This has involved a partnership between New Hope, St Mungo's, Healthwatch, Avon and Wiltshire Mental Health Partnership, B&NES Council, other local organisations and Mental Health Commissioners. This has involved partnerships, pilot groups, focus groups and eventually a launch event in May 2016.

The idea of the Charter was introduced and led by Caroline Mellers, a St Mungo's and New Hope volunteer. The Charter has been written into contracts for the Mental Health and Wellbeing Pathways in the new commissioning cycle from April 2017. Caroline has recently received Quartet funding to raise awareness of the Charter to the B&NES mental health sector.

Assistive Technology Event

The Council hosted an assistive technology event in Keynsham on the 11th November. 17 providers of innovative assistive technology solutions showcased their services to an audience of over 100 health and care professionals, and some providers gave presentations and demonstrations of their services.

Feedback from the event was universally positive, with many attendees and presenters wanting to see something similar held again, with suggestions to hold an event specifically targeted at service users and carers.

Commissioners are now looking at the next steps to continue raising awareness and the profile of assistive technology within B&NES.

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

53 PUBLIC HEALTH UPDATE

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

Family Nurse Partnership (FNP)

With our success in reducing the under 19 pregnancy rate, and with the increasing flexibility in the national model and licence requirements the FNP service has been able to widen its eligibility criteria.

The team are working closely with maternity services to ensure that women with vulnerabilities are identified early and referred appropriately and as this is a significant change the service will monitor the uptake closely as there are a maximum number of 80 places at any one time and the service is intensive from pregnancy through to age 2.

Mental health of boys and young men

In line with national guidance the BANES Suicide Prevention Strategy 2016-2019 highlights the importance of:

- Integrating suicide prevention work within a broader framework for promoting mental health and wellbeing
- Tailoring approaches to improve mental health in specific groups and reduce risk in high risk groups

These two priorities are reflected in a mini pilot focussing on boys and young men. Like elsewhere in England, in BANES men are three times more likely to die by suicide than women. Evidence suggests there are a number of reasons why this might be the case. Stigma around emotional distress and mental illness and social constructs of masculinity make it harder for men to manage feelings of depression or unhappiness in times of crisis and more reluctant to seek (or be seen to seek) help.

The project seeks to identify good practice across services which will be shared with schools and other settings as case studies. Members of the project are committed to exploring how they can challenge stigmatising views that inhibit help seeking behaviours and make it difficult for boys and young men to talk about their feelings and worries within their setting.

Findings will be shared in an easy to use guide for schools and services and will include case studies and links to other resources. The opportunity to develop some staff training during the summer term 2017 is also being explored.

Alcohol Control

Blue Light Change Resistant Drinker Training

During October over 90 frontline workers were trained in new approaches to supporting change resistant drinkers.. The demand for the training exceeded expectations and future dates are being planned for 2017.

Tobacco Control

Bath College Smoke Free City Centre Campus

Bath College City Centre site has been supported in its preparation for and implementation of a Smoke Free Site which went live on 5th September 2016. Free prescriptions have been offered for staff wanting to quit and support for students has been promoted via fresher's week. The College are also ran a whole college campaign during Stoptober. Reducing the number of regular smokers (baseline = 33% smoking at least 1 cigarette a week) is the whole college outcome identified for the DPH Award. The College also reduced the number of smoking shelters at the Somer campus and will be working towards that campus going smoke free by 2020.

National Child Measurement Programme

The output from this year's National Child Measurement Programme has just been published. The good news is that in relative terms we have a low level of overweight and obese children for the region, and the SW already has among the best rates in the country. We also have a good record of keeping the rises from reception to year 6 better than most ("we" being any or all of: children, parents, schools, health promotion, leisure services, and cultural and other influences).

But the bad news is that our children are coming into reception relatively heavy, at an age when their diets are as much under parental control as they ever will be, and that although we benchmark well against other areas, in absolute terms this is a big problem in the making when almost 3 in 10 children leave primary school overweight... and many will face a lifelong challenge to then gain and maintain a healthy weight.

Holiday Hunger

Chrysalis Trust are offering families on free school meals the opportunity to have free lunches during the school holidays. They are working out of St Michaels school, Twerton and Southdown Methodist church. Funding is for one year.

Councillor Tim Ball said that the message regarding obesity in children must be delivered carefully and that children should retain a good level of weight. He welcomed the free lunches project as he was aware that some children return to school underweight after the school holidays.

Dr Laurence replied that work in schools was primarily around promoting healthy eating.

Councillor Paul May asked if it would be possible to widen out the free lunches project.

Dr Laurence replied that he would make enquiries.

Councillor Eleanor Jackson welcomed the proposal of Smoke Free Campus as she felt that the number of students smoking was frighteningly high. She added that similar work should be undertaken at the RUH with regard to the number of people that smoke between the main entrance and the bus stops.

Dr Laurence agreed that there is room for improvement at the RUH site.

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

54 HEALTHWATCH UPDATE

Alex Francis, Healthwatch was unable to attend the meeting. The Chair thanked her for her written report on behalf of the Select Committee which can be found on their Minute Book and as an online appendix to these minutes.

55 SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE

Tracey Cox, CCG Chief Officer introduced this item. She explained that 44 Sustainability and Transformation Plans (STPs) are in the process of being developed across England as a local implementation plan for the Five Year Forward View (FYFV). She added that the FYFV sets out the five year blue print for transformation aimed at addressing the three health and wellbeing, quality and finance gaps across the NHS and social care.

She stated that the Bath, Swindon and Wiltshire STP full 'emerging' plan was due to be published on December 14th.

She said that the plan is at a much earlier stage of development than other STPs and we see this as an opportunity to engage our population in making choices. She added that if we do not continue to make efficiencies, then we know there will be a gap between our patient's needs and available health and care resources of approximately £300m by 2020/21.

She said that over the next five years we are planning to change services around five priority areas that will improve our population's health and wellbeing, improve the quality of care people receive and ensure our services are efficient.

- Priority 1: Transforming primary care
- Priority 2: More focus on prevention and proactive care
- Priority 3: Making best use of technology and our public estates
- Priority 4: A modern workforce
- Priority 5: Improved collaboration across our hospital trusts

Councillor Paul May commented that the summary of the Plan before the Select Committee was not detailed enough and that he awaited the publication of the emerging plan. He said that there was only one vague reference made to specialised services, no recognition of devolution, no reference made to Sirona or Virgin Care. He said that residents require more information.

Tracey Cox replied that as the report was a summary of the plan it would not have that level of detail within it. She added that she hoped the points raised would be covered by the emerging plan when it is published in December. She stated that during this process that Sirona had decided to step away from discussions and that now that Virgin Care have been identified as the preferred bidder through Your Care, Your Way that they would be invited to add their thoughts to the plan.

Councillor Tim Ball commented that services should be available to people where they need them and that patients should be allowed to choose the services they want to use.

Tracey Cox replied that she did not anticipate patients within B&NES having to stop using the RUH. She added the process is not intended to disturb patient flow and should be seen as a way of working with the other authorities to provide a better service.

Councillor Eleanor Jackson commented that she was pleased to see within the report there were plans to have 'Improved access to psychological support for patients with mental health needs'. She asked if following the Brexit decision were plans in place to address the potential loss of workforce.

Tracey Cox replied that national bodies have highlighted the risk of losing some members of the current workforce, but that this was not within the remit of the CCG.

Councillor Vic Pritchard said that whilst attending a recent conference there was a general view that STP's are contentious and should only be signed off when all parties are completely satisfied.

Tracey Cox replied that this was the first time that areas had been asked to work together on such a basis and that the current thinking was to have a final plan published in May 2017. She added that in her view the plan was currently not ambitious enough and that fundamental and revolutionary initiatives should be sought.

Councillor Bryan Organ commented that the cost of appointments not being kept must have an impact on the financial pressure for the area.

Dr Ian Orpen replied that around 4,500 GP appointments a month are not kept within Wiltshire. He said that text reminders are in place at some practices and hospitals.

Councillor Paul May commented that he hoped the final document would recognise communities and their needs and that he would pursue the healthcare of patients close to other authority boundaries.

Councillor Lin Patterson said that she was concerned that services in some areas may drop to increase those in others.

Tracey Cox replied that she was accountable for the budget within B&NES and that each authority's budget would remain their own.

The Chair thanked her on behalf of the Select Committee for the report and attending the meeting.

56 CQC - RUH INSPECTION

Catherine Campbell, CQC Inspection Manager gave a presentation to the Select Committee regarding this item. A copy of the presentation can be found on their Minute Book and as an online appendix to these minutes, a summary of the presentation is set out below.

CQC Inspection: 15-18 and 29 March 2016

The range of services provided by Royal United Hospital Bath NHS Foundation Trust, including the Royal National Hospital for Rheumatic Diseases and the community maternity services required a diverse inspection team:

- 22 inspectors
- 29 specialist advisors
- plus support staff

11 services were inspected:

- 8 acute services at the Royal United Hospital Bath site
- 2 acute services at the Royal National Hospital for Rheumatic Diseases
- The community maternity service (including midwifery led birthing centres)

CQC's 5 key questions

Safe? Are people protected from abuse and avoidable harm?

Effective? Does people's care and treatment achieve good outcomes and promote a good quality of life, and is it evidence-based where possible?

Caring? Do staff involve and treat people with compassion, kindness, dignity and respect?

Responsive? Are services organised so that they meet people's needs?

Well-led? Does the leadership, management and governance of the organisation assure the delivery of high-quality patient-centred care, support learning and innovation and promote an open and fair culture?

Overall ratings

The trust was rated as outstanding for caring, which is a notable achievement, reflecting high compassion, support and patient involvement in delivering care.

The effective and well-led domains were rated as good and the safety and responsive domains as requires improvement

There was a wide range in the ratings given to individual services:

- 1 Outstanding
- 6 Good
- 4 Requires Improvement

Inspection Findings

Safety: Requires improvement

Effective: Good

Caring: Outstanding

Responsive: Requires Improvement

Well-led: Good

There were many areas of excellent and innovative practice. Risk reporting and safety were largely well managed and the governance systems ensured ownership at an appropriate level. Care and treatment were effective and evidence based. There was very good multi-disciplinary working and programmes that prevented hospital admission. Training was generally good. Staff were caring and compassionate and true dedication to the patients shone through. Services were flexible and responsive. Clinical and overall leadership was strong throughout and there was effective staff engagement.

Outstanding Practice

- We saw numerous examples of outstanding practice in the care and compassion shown to patients as well as involvement in their care and treatment, particularly in services for children and young people and in end of life care.
- The Conversation Project: an initiative to improve communication between staff and patients and relatives about care for the dying patient.
- We saw some outstanding practice within the outpatients department, in how staff treated and supported patients living with learning difficulties.
- The Royal National Hospital for Rheumatic Disease was a centre of excellence for lupus care and treatment.

- The Fibromyalgia service had been developed in response to patient need and was now being set up to become a franchised model to share the programme with other trusts.

Next Steps

- Our inspection has identified many areas of good and outstanding practice as well as areas for improvement. We will monitor the trust's plans for improvement.
- The inspection process has focused attention on topics which impact the wider health and social care system – these were considered further during the Quality Summit held after inspection.

Councillor Paul May commented that the impact of the inspection was positive and confirmed what he had seen in person. He added that he felt very reassured.

Councillor Vic Pritchard, Cabinet Member for Adult Social Care & Health praised the excellent work of the hospital. He said however that he was not comfortable with the rating terms used by the CQC as the hospital had achieved a 'good' rating across many areas, but the overall rating was given as 'requires improvement'.

Catherine Campbell replied that they do have a standard to which they have to assess against. She added that she was not aware of anywhere in the country that provides this level of end of life care.

Dr Ian Orpen commented that the final rating does not tell the whole story and suggested that a further rating of 'satisfactory' could be added in between 'good' and 'requires improvement'.

Dr Bruce Laurence said that he agreed with the comments made by Councillor Pritchard and Dr Orpen.

Councillor Eleanor Jackson said that she was impressed with the consistency of approach of the officers involved in the inspection. She stated she was concerned at the lack of a Critical Care Matron for 16 months and asked if some areas of the building were fit for purpose. She said that she had been reassured on the whole by the report, especially with regard to patients with learning difficulties.

Catherine Campbell replied that the estate was not a focus for the inspection, although she was aware that the Trust has a plan for site development.

Councillor Bryan Organ asked for an explanation of lupus care and Fibromyalgia.

Helen Rawlings, CQC replied that Fibromyalgia is a medical condition characterised by chronic widespread pain and a disorder of pain processing due to abnormalities in how pain signals are processed in the central nervous system. She added that lupus is an autoimmune disease in which the body's immune system mistakenly attacks healthy tissue in many parts of the body.

Helen Blanchard, Director of Nursing and Midwifery, RUH gave a presentation to the Select Committee in response to the inspection report. A copy of the presentation can be found on their Minute Book and as an online appendix to these minutes, a summary of the presentation is set out below.

Summary of ratings

Inspection report highlights many areas of good and outstanding practice:

- End of life care and the caring domain rated as 'outstanding'
- Leadership, governance and safety culture promoting high quality person-centred care
- Good coordination of care

Of the 53 indicators represented by the core services and CQC domains:

- 3 rated as 'outstanding'
- 36 rated as 'good'
- 14 rated as 'requires improvement'

Areas for improvement

Some areas for improvement identified including:

- Staffing levels
- Pressures in urgent and emergency care
- Patient flow

The main areas for improvement relate to Urgent and Emergency Services, Medical Care and Critical Care.

An improvement plan is being implemented to address the areas of concern identified by the CQC.

In response to the point raised by Councillor Jackson she said that a Critical Care Matron has now been appointed and commenced in post.

Councillor Paul May reiterated his point that the report was positive and that the Select Committee should support the RUH in its actions for improvement.

The Chair thanked Catherine Campbell, Helen Rawlings and Helen Blanchard for attending the meeting on behalf of the Select Committee.

57 CQC - AWP INSPECTION

Tony Fletcher, CQC Inspection Manager introduced this report to the Select Committee. He explained that the inspection visit was carried out over a two week period from 16 May to 27 May 2016 and covered a large geographical area and range of services.

He stated that during the inspection we visited 37 wards, four health based places of safety, 28 community teams and spoke with:

- 127 patients

- 22 carers
- Members of the executive team and trust board, including the chief executive and the chair
- Twenty two senior managers
- 93 service and ward managers
- 357 other staff, including registered nurses, health care support workers, doctors, psychologists, occupational therapists and practitioners.

He highlighted three key areas from within the report.

Wards for patients with dementia were not dementia friendly with the exception of ward four in Bath. However, environmental security in the forensic and secure services had improved significantly since our inspection in June 2014 and risk were managed well at both a ward level and individual patient level.

We had serious concerns with the timeliness of Mental Health Act assessments for people detained in the places of safety. Data showed that a significant number of people were in places of safety for over 12 hours waiting for assessment, and many for two or three days. There were eight occasions between March 2015 and April 2016 where people were there beyond the legal limit of 72 hours.

There were also delays in the attendance by the child and adolescent mental health (CAMHS) service (provided by another trust) when there was an admission of a young person. One young person was detained under Section 4 of the Mental Health Act due to the lack of availability of a second doctor to undertake an assessment at the place of safety.

He said that they had found that the trust had made some significant improvements to the safety and quality of services, staffing levels and governance arrangements even at the time of inspection.

Councillor Paul May commented that he was pleased to hear the progress being made especially with regard to governance.

Tony Fletcher replied that key appointments had been made by the Director of Nursing. He added that a further inspection would likely take place in 2017 to assess if the changes are working.

Councillor Paul May asked if the inspection assessed whether the services provided were appropriate for the needs of the community.

Tony Fletcher replied that it did not. He said that the inspection assessed the safety of the provision being provided.

Councillor Eleanor Jackson commented that it was good to see a vast improvement of the ligature policy as it had previously been inadequate. She said that there remained a shortage of around 29 acute beds which had seen some patients sent to Salisbury and Harrogate.

Tony Fletcher replied that he had heard evidence of patients being sent a long distance for acute provision.

Councillor Eleanor Jackson urged for better care in the community with regard to psychiatric care.

Tony Fletcher replied that in the opinion of the CQC the crisis teams had improved.

Councillor Lin Patterson asked if there were any plans to rationalise the area covered by the Trust.

Dr Bill Bruce-Jones, Clinical Director AWP replied that there were not, but that local delivery units do exist and are aligned.

The Director of Integrated Health & Care Commissioning commented with regard to bed capacity that the 8 beds that had been closed at Hillview Lodge had been re-provided through some additional beds in B&NES and the local area. She added that the intention is for further re-provision to include current and future need.

Councillor Paul May asked if AWP can provide a local specialist service.

Dr Bill Bruce-Jones replied that he felt strongly that it would be a great shame they could not provide a full range of services. He added that there was a three year project plan to provide bed provision within B&NES.

Councillor Vic Pritchard asked how much money would be required for the project.

Dr Bill Bruce-Jones replied that it would cost £20m.

The Director of Integrated Health & Care Commissioning said that they anticipated being able to access some funding for the project through NHS Improvement and that they were actively looking for other sources of capital funding.

Councillor Paul May asked if the project would achieve enough revenue.

Dr Bill Bruce-Jones replied that a business case has been prepared.

The Director of Integrated Health & Care Commissioning said that the CCG have confirmed this.

Dr Bill Bruce-Jones gave a presentation to the Select Committee regarding the response from AWP following the inspection. A copy of the presentation can be found on their Minute Book and as an online appendix to these minutes, a summary of the presentation is set out below.

Our experience

“Inspectors were respectful and collaborative.”

“The dialogue with inspectors was excellent; they keep us abreast of their findings so we were able to address many issues within a day.”

What was said

One core service 'Inadequate'

One service 'Requires improvement'

Six rated 'Good'

Overall: Requires improvement.

Place of Safety - What do we know?

We lacked breadth and depth and coordinated data on Place of Safety quality and performance.

Within our health-based Places of Safety, the wait for a Mental Health Act assessment was too long and breaches to 72 hour rule "occurred in the absence of adequate escalation processes."

Information – What do we know?

91% of people detained under S136 arrive with police (or police and ambulance).

Mason Unit detained five times as many people compared with other suites (+50 compared with average 10).

Place of Safety – Making a Difference

We will have an established system wide response to the issues identified by the CQC initially led by Keith Pople.

We will have sustainable Places of Safety with individuals detained appropriately and within timescales, acknowledging reduction in detention times to 24 hours.

Older Adults – What do we Know?

Our record keeping in relation to The Mental Capacity Act, Incident reporting and Care plans were inconsistent. Adherence to care plans and collaborative involvement with service users was also variable.

The standard of our Inpatient environments was variable. They were not all "dementia friendly".

Older Adults – what did we do?

Nurse Consultant for Dementia Care has created a 'Dementia Strategy' for the trust which will guide the organisation in addressing areas highlighted by the CQC and beyond in reference to government policy. The aim will be to achieve excellence in care for this target group.

The Trust has implemented a Trust wide audit of in-patient units against King's Fund standards for dementia friendly environments, to be completed by December 2016.

B&NES – Specific Issues

Vacancies and recruitment in Intensive Service
Ward 4 environment

B&NES – Good Practice

Fresh Art project
Therapies service – Quality improvement audit
Recovery service – community medicines management

Councillor Bryan Organ asked if the new Police building in Keynsham had helped with regard to a Place of Safety.

Dr Bill Bruce-Jones replied that it did not as it is not designed appropriately.

Councillor Lin Patterson asked what makes the Talking Therapies Service the best in the country.

Dr Bill Bruce-Jones replied that it takes a lot of hard work and a great team of young practitioners.

Dr Ian Orpen said that he echoed the comments regarding Talking Therapies and that it was one of the best Mental Health Services he had seen in his career.

The Chair thanked Tony Fletcher and Dr Bill Bruce-Jones for attending the meeting on behalf of the Select Committee.

58 YOUR CARE, YOUR WAY

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

The Director of Integrated Health & Care Commissioning said that she welcomed the key role that the Select Committee has played in the process so far and will continue to play.

She stated that the process should not be seen as solely about Virgin. Wider provider market is critical to the success of delivering transformation and we need to work together as a single system for the population of B&NES.

Virgin Care – Our Values and Vision

Think – Strive for better

- Challenge / Improve / Learn

Care – Heartfelt service

- Communicate / Understand / Inspire

Do – Team spirit

- Involve / Resilience / Hold to account

The future of Community Services

New model of integration

Care co-ordination

Technology

Councillor Lin Patterson asked if the questions raised by the Community Champions have been recorded.

The YCYW Community Services Programme Lead replied that all the questions and full tender documentation have been published on the YCYW website and were publically available. She added that the first round of questions were set primarily by the Cabinet Office and that as the process moved on the questions were more detailed and developed by Commissioners, relevant Subject Matter Experts and Community Champions.

Virgin Care – The Team

Virgin Care Executive Team

Local Virgin Care Delivery Team

Councillor Karen Warrington commented that she believed in this project and said that continuity would be key. She stated that we owe our residents a great service.

Mobilisation - Managing Safe Transfer

Safe Transfer Group

Meetings held with Sirona every week

First 100 days (from April 1st 2017) – Services to remain static in this timeframe

The workforce are such an integral part of this process

Outcomes Based Commissioning

Proactive review of services

More efficient front line services

Economies of scale

Councillor Eleanor Jackson asked how members of the public would be assured about IT security / reliability.

The YCYW Community Services Programme Lead replied that a joint communication would be issued regarding a change of service provider. She added that anyone not wanting their data transferred would have the opportunity to report back to their GP.

Councillor Lin Patterson asked how the Select Committee can be assured that the data it sees is true.

The Director of Integrated Health & Care Commissioning assured the Select Committee that robust performance management and data checking processes are in place. She added that accurate and up to date information is paramount to the success of the project.

Achieving Value for Money

Block funded contracts

All investments and savings will be discussed in great detail

Acknowledge that further due diligence is still to take place

Councillor Eleanor Jackson asked how the financial figures for the next seven can remain the same.

The Head of Management Accounts replied that this had been acknowledged in the business case and that a flat rate is shown as the future can't be predicted.

The Director of Integrated Health & Care Commissioning commented that it is a challenge both nationally and locally to meet the needs of our population with the resources available.

The Chair thanked the officers for their presentation on behalf of the Select Committee.

59 RE-COMMISSIONING OF URGENT CARE SERVICES

The Commissioning Manager for Urgent Care and Non-Acute Services introduced this report to the Select Committee. She explained that BaNES CCG is:

- Procuring the NHS 111 and Integrated Clinical Hub services with Wiltshire and Swindon CCGs.
- Procuring the GP Out of Hours service with Wiltshire CCG, as part of the above procurement process to facilitate integration of services.
- Separately procuring the Urgent Care Centre service (at the front door of the Royal United Hospitals).
- Separately commissioning the Homeless Health Service.

Councillor Lin Patterson asked if NHS 111 advisors would have access to nurses and doctors.

The Commissioning Manager for Urgent Care and Non-Acute Services replied that they would as there is a need to clinical support within the call centre.

Councillor Lin Patterson asked if any practices had yet said that they were willing to take part in the Homeless Health Service.

The Commissioning Manager for Urgent Care and Non-Acute Services replied that it was in the early stages of the process, but stated that they would not be left without a service.

The Chair thanked her for the report on behalf of the Select Committee.

60 LSAB ANNUAL REPORT 2015-16

The Head of Safeguarding & Quality Assurance introduced this item to the Select Committee. She informed them that the Board meets on a quarterly basis and has six multi-agency sub-groups that report to it.

She stated the Board works closely with the Responsible Authorities Group who have a remit for all domestic abuse incidents and the LSCB who are concerned about the impact of domestic abuse on children and young people.

She said that during the reporting period 2015-16 B&NES received 1,137 new alerts /referrals (now called concerns). At the end of March 2016, 162 cases remained open and 1,104 had been closed. The 1,137 concerns received was an increase of 53% when compared with 2014-15.

She said that it was important to make care personal, but that providing a personal solution sometimes meant that we were unable to meet our set timescales.

The Select Committee **RESOLVED** to note the Annual Report, Executive Summary and Business Plan.

61 SELECT COMMITTEE WORKPLAN

Councillor Eleanor Jackson proposed that the Select Committee looks at the issue of Community Pharmacies in B&NES in March 2017 following the recommendation made by Council at its meeting on 10th November 2016.

The Select Committee **RESOLVED** to agree with this proposal.

The meeting ended at 3.05 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services