

BATH AND NORTH EAST SOMERSET

HEALTH AND WELLBEING SELECT COMMITTEE

Wednesday, 29th November, 2017

Present:- Councillors Francine Haeberling (Chair), Geoff Ward, Bryan Organ, Eleanor Jackson, Tim Ball, Lin Patterson and Lizzie Gladwyn

Also in attendance: Jane Shayler (Director, Integrated Health & Care Commissioning), Tracey Cox (CCG, Chief Officer), Alex Francis (Team Manager - Healthwatch B&NES), Deborah Forward (Senior Commissioning Manager - Preventative Services), Dami Howard (Safeguarding Children & Adults Boards Business Support Manager), Denice Burton (Assistant Director of Health Improvement), Reg Pengelly (Former Independent Chair - LSAB / LSAB) and Robert Lake (Independent Chair - LSCB / LSAB)

Cabinet Member for Adult Care, Health and Wellbeing: Councillor Vic Pritchard

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

Dr Ian Orpen (CCG) and Dr Bruce Laurence (Public Health) had sent their apologies to the Select Committee. Tracey Cox and Denice Burton were present for the duration of the meeting as their respective substitutes.

47 DECLARATIONS OF INTEREST

There were none.

48 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

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

There were none.

50 MINUTES - 27TH SEPTEMBER 2017

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

51 CLINICAL COMMISSIONING GROUP UPDATE

Tracey Cox, Chief Officer, CCG 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

In October 89.9 per cent of patients were seen in A&E within four hours against a national target of 95 per cent. We continue to work closely with the Royal United Hospital to help coordinate a whole-system response to manage pressure on services and drive up four hour waiting time performance. The CCG is making sure that primary care and community services are operating as effectively as they can, so that patients can be cared for out of hospital wherever possible.

A number of initiatives are being introduced to help reduce the pressure on hospitals. Home First enables patients who no longer need hospital care, but might need a bit of extra support, to go home as soon as possible. Once at home, the patient is met by a therapist and reablement workers who immediately provide a detailed assessment and organise support for up to six weeks to help the patient regain the skills and confidence to live at home independently – rather than stay in hospital.

Home First is being extended so it accepts referrals at weekends, in addition to Monday to Friday. We are also funding additional appointments at GP practices from January to March 2018 to help divert patients away from A&E and expanding our Early Home Visiting Service across all our practices.

She added that the NHS was due to be given £350m from the Autumn Budget as additional winter funding.

Integration of health and social care services

Plans to improve existing joint working arrangements between the CCG and Council have been approved at the Council's Cabinet (8 November) and CCG Board (9 November).

The focus on further integration is also in response to the changing needs of the local population, challenging budgets and to ensure services are sustainable in the longer term. By joining up the delivery of services, more of the local health and care budgets can be pooled and commissioners will be able to plan and deliver services for local people more effectively.

Plans to restrict access to three non-urgent services

We have begun engaging with the public on proposals to restrict access to fertility treatment, vasectomies and female sterilisations. In June we announced publicly that, like many NHS organisations across the UK, BaNES CCG is facing unprecedented financial pressures. We also signalled that we would need to make difficult decisions about the best way to fairly distribute NHS resources in B&NES.

We are proposing to remove NHS funding for vasectomies and female sterilisations in all but exceptional circumstances.

We are also proposing to continue providing one cycle of IVF for individuals who qualify for NHS-funded fertility treatment, but that to qualify, women need to be aged under 35 years, men under 55 years and couples need to have been trying for a baby for at least two years.

As with vasectomies and sterilisations, the CCG will still consider funding IVF treatment for people who do not meet these criteria but for whom there are exceptional circumstances.

The consultation is open until 27 December to allow as many people as possible to give their views on the proposals. The CCG is particularly interested in hearing from anyone who would be affected directly by the proposals, including health professionals, any suggestions people have about additional and/or alternative proposals to consider.

Tamsin May, Head of Communications, CCG added that street surveys were also planned to take place in Keynsham on Tuesday 5th December and in Bath on Thursday 7th December.

Councillor Eleanor Jackson commented that she would be happy to deliver copies of the survey to members of the public in Radstock / Midsomer Norton via her weekly local surgery.

She added that the Labour Group would also be writing a considered response to the proposals to restrict access to the three non-urgent services mentioned. She asked if there was a definition of exceptional circumstances and if social pressure would also be taken into account.

Tracey Cox replied that current figures show a decline in the number of vasectomies and the figures for female sterilisation are already low. She said that any requests for these procedures would be judged by a Clinical Panel.

Councillor Eleanor Jackson said that she was concerned at the time it takes on occasion to carry out care assessments prior to patients being discharged from hospital.

Tracey Cox replied that there has been a huge focus this year on delayed transfers of care which has included the formation of an Action Plan. She added that the CCG have also commissioned a number of discharge to assess beds in the new care home situated in the Chocolate Quarter, Keynsham.

Councillor Lin Patterson asked if they were aware of the possible legal action against the Secretary of State for Health regarding the moving of Health & Social Care to a USA model.

Tracey Cox replied that she was aware of a challenge to the Accountable Care System being non-compliant with the Health & Social Care Act. She added that as

far as she was aware there was no assumption that patients will have to pay for care.

Councillor Tim Ball said that he felt that the consultation survey relating to the three non-urgent services was misleading and proposed that it be amended. He stated that potential patients on benefits would not be able to afford these procedures.

Tracey Cox thanked him for his feedback and assured him that a comprehensive consultation process will be carried out and that an Impact Assessment will be completed prior to a decision being made.

Tamsin May added that the consultation had been tested through patient user groups and that other mechanisms, such as the street surveys will be carried out. She added that a colleague was meeting a community group in Foxhill this morning to discuss the proposals.

Councillor Tim Ball commented with regard to patients being fit for surgery. He suggested that patients returning in short succession for similar operations and having already been through the six-week programme of physiotherapy and physical exercise and maintained it, might not need to be asked to go through it again. He said this could therefore save time and money.

The Chair thanked Tracey Cox and Tamsin May for the update on behalf of the Select Committee.

52 CABINET MEMBER UPDATE

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

Virgin Care – Patient Safety, Safeguarding and Quality Assurance Reporting, Monitoring and Management

Following the motion passed at the November meeting of full Council in relation to the reporting and management of any patient safety concerns I have been provided with assurance by the Council's Head of Safeguarding & Quality Assurance and CCG's Director of Nursing & Quality that these have been addressed.

He stated that specifically, in relation to the concerns expressed by some members of staff in Virgin Care and reported in the local media, the Director of Nursing & Quality and Head of Safeguarding & Quality Assurance did seek and receive assurance that all appropriate policies, procedures, systems and support to staff are in place to ensure they are able to raise any concerns that they may have, both internally and also, directly to external bodies, including CQC, the Council and the CCG.

He added that the Health & Wellbeing Select Committee receives regular updates on the Virgin Care Contract and he has requested that future updates include feedback

on performance, quality, safeguarding concerns, complaints and any serious incidents.

“Three Conversations”

Taking a personalised approach in adult social care has been a long held aspiration. However, supporting processes, including how assessments are undertaken, determining eligibility, putting in place support plans and arranging services remains largely unchanged.

But now some local authorities are exploring a radically different approach. The “three conversations” model aims to create a new relationship between professionals and people who need support, providing a graded process of conversations aimed at helping people lead independent lives, with traditional (funded) support packages offered only when other options have been exhausted.

Early evaluations are showing some remarkable results – improved outcomes for individuals, more fulfilled staff and a significant reduction in the number of people needing to receive long-term support packages funded by the Local Authority.

Conversation 1: Listen & Connect

Conversation 2: Work intensively with people in crisis

Conversation 3: Build a good life

Bath & North East Somerset Council is starting to try this very different approach. The three-conversation model draws on the individual’s own resources and encourages professionals to forge stronger links with the wider community – especially the voluntary sector, in order to support individuals to make best use of all the support available in their community.

The Director for Integrated Health & Care Commissioning commented that the approach will seek to look at what the community / voluntary sector can offer up front. She offered to show a short video at the next meeting that shows the strength of the service users.

Proud to Care South West Update

Proud to Care South West is part of the national Proud to Care initiative, aimed at raising the profile and appeal of a career in social care and health.

It is publicly well documented that the social care workforce across the UK is under significant pressure. With that workforce spread across a variety of large and small organisations, a regional support structure to attract talent and help underpin future sustainability in the sector is a welcome and necessary development.

The Council’s investment in Proud to Care South West supports a coordinated approach across the region on a range of activities aimed at tackling the current issues and longer term initiatives aimed at the workforce of tomorrow.

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

53 PUBLIC HEALTH UPDATE

Denice Burton, Assistant Director Health Improvement 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.

Mental Health Time to Change Pledge

Bath & North East Somerset Council is calling all employers to sign the Mental Health Time to Change Pledge. The Council has joined a growing number of companies nationally who have signed the pledge, demonstrating their commitment to taking action to improve attitudes towards mental health – overcoming the stigma surrounding mental health issues and offering more support in the workplace.

NHS diabetes programme bulletin

NHS England is launching a new bi-monthly bulletin to keep up to date all partners, stakeholders and providers involved in the delivery of the NHS Diabetes Programme. The bulletin will include updates from across all streams of the Programme (NHS Diabetes Prevention Programme, Treatment and Care and Digital), share knowledge between delivery sites, help to build and maintain local engagement in the Programme and share reports, results and impact. The first bulletin is due to go out in November.

New guidance for professionals working with children and young people who self-harm

Over the past year a working party made of up of professionals from a range of B&NES services and young people from our CAMHS Participation Group have come together to review current guidance for professionals working with young people who self-harm. It has been unanimously agreed that B&NES will adopt the information and guidance on the **HarmLESS** website developed by Oxford Health NHS Foundation Trust and this content will replace all previous guidance.

Workplace Health Needs Assessment

Public Health England have published the *Workplace Health Needs Assessment*, a tool developed with Healthy Working Futures to help employers of all types and sizes to carry out workplace health needs assessments and provide practical workplace health advice. These resources add to existing materials for employers and local areas, including: employer toolkits developed with Business in the Community and others regarding mental health, musculoskeletal health, suicide prevention and suicide postvention; and a set of health and work infographics

Maternity services transformation

The local Maternity system (LMS) across B&NES, Wiltshire Swindon (STP footprint) has co-developed a transformation plan, in response to the national Better Birth Recommendations and the NHS Five Year Forward View. This is an exciting time for

our maternity services and for women and families in B&NES, Wiltshire and Swindon. Service user representatives have been centrally involved in developing our local transformation plan, working alongside key stakeholders, sharing information, considering needs, identifying gaps and shaping services that have women and their families at the centre

The vision is that: "All women have a safe and positive birth and maternity experience, and be prepared to approach parenting with confidence."

A full Engagement Plan is being developed, which will build on the work commenced by the Royal United Hospital in Bath in relation to place of birth. The MTP plan will be finalised by the end of November. The STP wide Maternity Strategy and Liaison Committee (MSLC) undertook a place of birth survey earlier this year with more than 800 responses. This feedback was used during the development of the plan and will form the basis of the Engagement Strategy.

Briefing for Councillors on Relationships and Sex Education (RSE) from the South West Regional Sexual Health Office

From September 2019 all schools will have to make provision for RSE and this briefing has been prepared for councillors across the region.

This briefing sets out the rationale for providing comprehensive Relationships and Sex Education (RSE) in schools and the opportunities that statutory RSE offers to local authorities in safeguarding young people and improving their public health outcomes.

From September 2019:

- **In all secondary schools 'relationships and sex education' will become statutory** – looking at what constitutes healthy relationships as well as the dangers of sexting, online pornography and sexual harassment
- **In primary schools 'relationships education' will become statutory** - focusing on building healthy relationships and staying safe
- Lessons will be delivered at an age-appropriate level using appropriate language, topics and activities
- The parental right of withdrawal from sex education will be maintained
- There will be flexibility for schools in their approach, including for faith schools to teach within the tenets of their faith
- RSE will help all schools to fulfil their statutory duties in regards to safeguarding, wellbeing and equality

This change represents an opportunity for public health and local authorities who commission sexual health and children and young people's services to help shape RSE.

Elected members can:

- Be local champions for quality RSE in schools and across council services

- Ensure local input into the national consultation on the content of RE, RSE and PSHE during the autumn of 2017
- Ensure information about supporting RSE is included in the JSNA, Health and Wellbeing strategy and local children's plans
- Visit or talk to head teachers, teachers, PSHE leads and Healthy Schools Coordinators about delivering good quality RSE, following best practice guidance and support schools in sharing good practice with each other
- Communicate positive messages and the benefits of high quality, age appropriate, se-positive RSE with fellow Members and school governors
- Ensure that commissioners and providers are seeking the views of children and young people to inform what is provided and how it is delivered in schools
- LAs need to provide strong leadership at this important time and support schools to make the necessary changes

Councillor Bryan Organ commented that the Mental Health Pledge in his view was vitally important. He added that focus should also be given to older people in the workforce who may need help with retaining concentration.

Denice Burton agreed that support will be required as we see a rise in workers with long term conditions.

Councillor Bryan Organ asked if she had any thoughts on the announcement that transgender children will be allowed to join Rainbows, Brownies and Girl Guides.

Denice Burton replied that she thought it was an enlightening approach, inclusive and forward thinking.

Councillor Geoff Ward commented that he believed that a growing number of people were becoming scared at the thought of retirement. He suggested that a promotion of activities available within the local community be embarked upon.

Denice Burton replied that it was important for people approaching retirement age to be happy, connected and active. She added that B&NES has invested in the Wellness Service that provides a holistic assessment of people's needs.

Councillor Eleanor Jackson said that in support of people staying active, both physically and mentally, Radstock in Bloom were now receiving referrals.

Councillor Lin Patterson asked if there was locally a central volunteering register.

Denice Burton replied that Developing Health & Independence (DHI) has a volunteer recruitment programme and that work was being done to establish a volunteering network across the sector.

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

Alex Francis, Team Manager, Healthwatch B&NES addressed the Select Committee. A copy of the update can be found on their Minute Book and as an online appendix to these minutes, a summary of the update is set out below.

Update on non-emergency patient transport

At the September meeting Healthwatch updated the Committee on a piece of work it had undertaken with BaNES Clinical Commissioning Group (CCG) around the non-emergency patient transport service provided by Arriva Transport Solutions.

The visit included an opportunity to speak to patients that had arrived at, or were waiting to be collected from, the Royal United Hospital, Bath

Feedback gathered during the visit was pulled together into a joint report, which the CCG has shared with Arriva for comment. Here are some of the key points from the visit:

Health, safety and welfare of passengers/ patients

- All of the drivers were respectful and courteous to passengers using the transport. Passengers were referred to by name and appeared to be pleased to see the crews.
- The crews were asked about identifying potential harm to a passenger. Safeguarding was discussed and crews knew the process for referring passengers.
- Arriva aims to provide return journeys (after a patient's appointment) within four hours. For some passengers, e.g. those that have diabetes, this can require planning to ensure that food and/or medication is brought in order to prevent a hypoglycaemic incident.
- Crews were observed assisting patients onto the transport in their wheelchairs. All were securely strapped in with an additional seat belt.
- On the day there appeared to be good relationships between the crews and the departments/ care home staff. The crews gave examples of situations when this hasn't been so good, for example where a journey has been delayed without the care home or hospital department being notified.

Patient feedback

- Patients stated that the crews were kind and approachable.
- The patients did say that at times when delays occurred they become frustrated and the crews can get the brunt of this, however the patients didn't feel it was the crews fault.

- The patients felt frustrated with the people who plan the journeys as they often have heard the crews speaking to the control centre stating that they are unable to get to the next journey on time.
- The patients said they felt frustrated for the crews as they can see that the journey time is impossible. One patient said they would like to have the opportunity to go to the control centre to explain this.
- One frequent user of the service stated that their life “revolves around Arriva” as the service frequent picks them up late and gets them home late. This patient stated that they feel they “want to give it all up as I can’t face the transport”.

Healthwatch is awaiting further update from the CCG regarding the full report and will notify the Committee when it becomes publicly available.

Accessible Information Standard (AIS)

The Care Quality Commission (CQC) has recently released information highlighting how they will monitor implementation of the AIS during inspections of NHS and publicly-funded adult social care services.

Healthwatch B&NES is currently carrying out some public engagement to understand people’s experiences of accessing services and how the AIS has impacted on their experiences during the last 12 months. We aim to release a full report in the spring and host a learning event with local providers to share best practice. Further details will be released nearer to the time.

Councillor Eleanor Jackson thanked her for the crucial work Healthwatch carries out. She commented that she felt that the patient transport control centre was not always well briefed on the geography of B&NES.

She said that she was also aware of occasions where drivers had not been able to pick patients up at the correct time and that sometimes the timings were not in sync with appointments.

Councillor Bryan Organ said that a similar service was provided in Keynsham through Dial-a-Ride and he agreed that on occasion timing could be a problem. He said that he advocated another volunteer should be present alongside the driver to assist with patient’s needs.

Councillor Lizzie Gladwyn commented that having worked previously at the RUH that some drivers may be under the impression that a ‘Discharge Lounge’ still exists.

Alex Francis stated that the RUH were not seeking to bring this provision back, but she did feel that a central point for collecting patients was key.

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

55 MATERNITY TRANSFORMATION PLAN FOR B&NES, SWINDON AND WILTSHIRE

The Senior Commissioning Manager for Preventative Services introduced this item to the Select Committee. She explained that the plan details our system wide response across the Strategic Transformation Partnership (STP) footprint to the national Better Birth Recommendations and the NHS Five Year Forward View. She added that it also describes our vision for local maternity services to ensure that - "All women have a safe and positive birth and maternity experience, and be prepared to approach parenting with confidence."

She informed them that all maternity services were asked to develop a Local Maternity System (LMS) across their STP footprint by October 2017. The B&NES, Swindon and Wiltshire STP created such a system in April 2017 with all providers and commissioners across the maternity pathway joining together to discuss and agree operational and strategic aims and objectives.

She stated that public consultation will of course be key and that a full Engagement Plan is being developed, which will build on the work commenced by the Royal United Hospital in Bath in relation to place of birth.

She said that the MTP plan will be finalised by the end of November. She added that the STP wide Maternity Strategy and Liaison Committee (MSLC) undertook a place of birth survey earlier this year with more than 800 responses and this feedback was used during the development of the plan and will form the basis of the Engagement Strategy.

She explained that the mobilisation and implementation of the plan will be supported by a dedicated project midwife, which is being funded from national money dedicated to the development of Local Maternity Systems. This post is currently being recruited to.

Councillor Eleanor Jackson said that the Labour Group would provide a written response to the proposals in due course. She said that she was surprised that there seemed to be no reference made to pain control within the Plan and that some sections of it were not particularly true to life as babies don't always read their birthing plan.

She spoke of how important it was to have the same midwife throughout the duration of the pregnancy.

She explained that she was aware of a local resident that had begun to give birth in Paulton Hospital but due to complications had to be transferred to the RUH. She said that the RUH staff were so busy there appeared to be no time to explain the circumstances of her transfer.

She said that further support was also required to assist with breastfeeding as in some cases this can take a number of days to be successful.

The Senior Commissioning Manager for Preventative Services thanked Councillor Jackson for her comments.

Councillor Lizzie Gladwyn commented that she hoped improvements could be sought following the Better Births Gap Analysis, in particular midwife support.

The Senior Commissioning Manager for Preventative Services said that she would bring an update on the Plan to the Select Committee in due course.

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

56 LOCAL SAFEGUARDING ADULT'S BOARD ANNUAL REPORT

The former Independent Chair of the Board, Reg Pengelly introduced the report to the Select Committee. Also present were Robert Lake, the new Independent Chair and the Safeguarding Children & Adults Boards Business Support Manager.

He said that the relationship that the Board has with all agencies involved across the authority is so welcome.

He explained that during the reporting period 2016 – 17 B&NES received 1,496 new alerts/referrals (now called concerns) and that this is an increase of 32% compared to the previous year which saw the implementation of the Care Act. He stated that the increased level of activity is taking additional time for all the agencies concerned.

He said the links between the LSAB and the Local Safeguarding Children's Board (LSCB) had been further strengthened in the past year through a joint working plan and joint stakeholder days in order to promote 'Think Family'.

He informed them that joint working with the LSCB to raise awareness of Female Genital Mutilation (FGM) has progressed with the development of a poster and information leaflet.

He stated that the Board has updated a range of policies, training and guidance in accordance with the requirements of the Care Act 2014 and its revisions including a full revision of the multi-agency procedures that went live in September 2016, and developed more robust systems for monitoring dissemination of policies and procedures.

Councillor Eleanor Jackson advised those present of a clerical error within the report as the area referred to as Norton Radstock no longer exists. She asked that it be amended to Midsomer Norton and Radstock.

She said that she found the report contained some extremely useful information. She asked how the potential conflict between information sharing and data protection was managed.

Reg Pengelly replied that in terms of safeguarding safety is seen as paramount over data protection.

Councillor Eleanor Jackson asked what transitions systems were in place when referring to children moving into adult care.

Reg Pengelly replied that well developed transitions processes were in place. He added that the support criteria is different for those over the age of 18, but that some services can extend to 25. He said that plans for migration should be in place from 16 where possible.

Councillor Bryan Organ asked how they could make more people aware of the work of the Board.

Reg Pengelley replied that there was a joint LSAB / LSCB website that had three tiers of information available to it.

The Chair asked if they had supplied any publicity material to local GPs.

The Safeguarding Children & Adults Boards Business Support Manager replied that they had provided them with leaflets and posters relating to the work of the Boards.

Councillor Tim Ball commented that he was aware of some young people that from the age of 16 are weaned off their ASD medication and that these same people are now in receipt of adult care.

The Director for Integrated Health & Care Commissioning replied that as Chair of the Health & Wellbeing Board Sub-Committee she could look into this on his behalf.

Councillor Eleanor Jackson said that she would welcome further information relating to husbands being abused in terms of Domestic Violence.

Reg Pengelly replied that this question would be better addressed to a representative of the Responsible Authorities Group (RAG) and suggested Dr Bruce Laurence.

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

57 SELECT COMMITTEE WORKPLAN

The Chair introduced this item. She said that they were due to receive the Directorate Plan reports in January ahead of the budget being set in February.

She reminded them that they had earlier agreed to receive a video / presentation on the Three Conversations referred to in the Cabinet Member Update.

Councillor Eleanor Jackson requested that the Select Committee receive some training on Commissioning during 2018.

The Director for Integrated Health & Care Commissioning replied that she felt that some training on the Commissioning Cycle could be provided.

Councillor Vic Pritchard spoke to confirm the status of both Councillor Jackson and Councillor Ball as official observers to the Health & Wellbeing Board and that any future apologies would be recorded.

Councillor Lin Patterson asked for an STP update to be put on the workplan.

Councillor Eleanor Jackson asked if by November 2018 the Select Committee could receive a report that addresses the provision of midwives and care home staff locally and the effect that Brexit may have on them.

The Director for Integrated Health & Care Commissioning replied that she would discuss the matter with the Commissioning Manager for Adult Social Care to see what could be possible.

The Select Committee **RESOLVED** to approve all of the proposals made.

The meeting ended at 12.50 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services