

BATH AND NORTH EAST SOMERSET

MINUTES OF HEALTH AND WELLBEING SELECT COMMITTEE

Wednesday, 18th July, 2018

Present:- **Councillors** Francine Haeberling, Geoff Ward, Tim Ball, Lin Patterson and Lizzie Gladwyn

Also in attendance: Jane Shayler (Director of Integrated Commissioning), Bruce Laurence (Director of Public Health), Alex Francis (Team Manager - Healthwatch B&NES & South Gloucestershire), Deborah Forward (Senior Commissioning Manager - Preventative Services) and Kirsty Matthews (Managing Director, B&NES Community Health and Care Services, Virgin Care)

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

15 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

16 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the emergency evacuation procedure.

17 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillor Bryan Organ had sent his apologies to the Select Committee.

Councillor Tim Ball asked that the Select Committee send their best wishes to Councillor Organ.

Dr Ian Orpen had also sent his apologies to the Select Committee.

18 DECLARATIONS OF INTEREST

There were none.

19 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

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

There were none.

21 MINUTES - 23RD MAY 2018

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

22 CLINICAL COMMISSIONING GROUP UPDATE

The Select Committee noted the written update that had been provided by Dr Ian Orpen. A copy of the update can be found on their Minute Book and as an online appendix to these minutes.

23 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.

Market Position Statement (MPS) Event

In April, The Council hosted an engagement event with providers and key stakeholders as part of a two month consultation on the draft Market Position Statement (MPS) for adult social care. This event was well attended and the MPS itself well received.

Further consultation is underway to develop the specific commissioning intentions for homecare. Workshops are taking place in June and July with providers, service users, carers and other key stakeholders.

Domiciliary Care Events

Commissioners are actively engaged with providers, key stakeholders and service users / carers in developing the future design model for homecare and held the first of a series of engagement sessions in June 2018. Providers brought a wide range of ideas for improving services and developing the care sector.

In a vibrant and informative session, service users and carers shared their views of services and what make the biggest difference to their lives.

It was also suggested that the Council create a set of published standards and expectations for service users, carers and providers to all engage with. Further workshops are planned over the summer, from which a high level service model will be produced and refined into a business case for approval to proceed to procurement.

Sirona Dispute

Strike action undertaken by Unison to support staff across the 3 Community Resource Centres and Extra Care facilities in Bath is continuing in July 2018 with a series of further one-day strikes planned against the change to introduce unpaid

breaks in line with the rest of the care sector and remaining Sirona employees. The Council will continue to monitor the situation with Sirona and support service continuity. Capital investment into the CRCs by the Council continues as planned with new clinical facilities and improvements to the 3 care homes underway (such as dedicated clinical rooms and general refurbishment). Sirona is currently in the process of registering Combe Lea for nursing care with the Care Quality Commission which will increase the number of dementia nursing care beds available in the B&NES area.

Councillor Lin Patterson asked if any further comment could be made on the pay and conditions of affected staff.

Councillor Pritchard replied that the dispute is between Sirona and their staff. He added that the Council commissions the services of Sirona but has no means by which it can offer a possible resolution to the dispute.

The Director for Integrated Health & Care Commissioning said that following the statement to full Council by Unison, when it was agreed that the dispute could be considered for a cross-party discussion at the Select Committee it could look to keep track of this issue by making an entry on their workplan and that the Chair could decide on the need for an all-party discussion, but reminded them that on this matter they have limited powers.

She stated that due diligence was carried out prior to the current contract being awarded to Sirona.

The Chair said that she was aware that Sirona had made offers of further pay and that this had been accepted by quite a number of staff.

The Director for Integrated Health & Care Commissioning said that she believed this was the case.

Councillor Lizzie Gladwyn said that she believed that the issue currently was that non Unison members of staff would not receive the increased pay offer. She said that she acknowledged this must be resolved by Sirona, their staff and Unison.

Councillor Tim Ball commented that he was aware that agency staff are being paid more than the staff that are striking and asked if any sanctions could be brought against Sirona if there is a break in service.

The Director for Integrated Health & Care Commissioning replied that the Council monitors the quality of service and that the dispute has not impacted on continuity of care. She added that the Council has no concerns about the quality of care being provided and neither does the Care Quality Commission (CQC).

She stated that there are contract levers in place if the service is deemed less than appropriate. A Contract Performance Notice could then be issued and require them to produce an action plan to address the issues. She added that the CQC could also give them a low quality rating and require Sirona to implement an action plan to address the areas for improvement.

Councillor Pritchard commented that if a lack of continuity of care does arise there will obviously be damage to Sirona's reputation. He said that, to some extent, the issues arising from this dispute are a local interpretation of a national issue.

Councillor Geoff Ward said that he had received a letter from a resident who was a Sirona member of staff that described how they felt they were not valued or paid enough. He added that there was a need to find an economy of scale to deal with our ageing population.

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

24 HEALTHWATCH UPDATE

Alex Francis, 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.

Accessible Information Standard (AIS)

During 2017 and early 2018, Healthwatch carried out a series of engagement visits to local groups and services to gather people's feedback, in addition to a running an online survey. Through this work, Healthwatch spoke to 70 people and received a further 39 survey responses.

Findings:

- It soon became clear that there is a lack of public awareness of the AIS. 28 survey respondents (72%) reported not having heard of the legislation, this was reflected through our conversations with local groups too.
- 20 of the 28 respondents (71%) reported using primary care services in the first instance, which highlights the importance of these services in raising awareness of the AIS with the public.
- Almost half of the 28 respondents that had not heard of the AIS had a disability or sensory loss that would be recognised and supported through the legislation.

In general Healthwatch found that health and social care staff have a good knowledge of the need to support people with communications needs, however they are not always aware of the AIS legislation, or its requirements on how they work and operate. This is particularly important for organisations to note as the Care Quality Commission is beginning to include compliance with the AIS in its inspections.

Through our engagement we identified many areas of good practice, where organisations are working hard to comply with the AIS legislation, including the Ophthalmology and Audiology departments at the Royal United Hospital (RUH) and Avon and Wiltshire Mental Health Partnership NHS Trust (AWP).

Following our engagement, we held a workshop for local health and social care providers to find out what Healthwatch had learnt, share best practice and learn from one another's experiences of implementing the AIS.

We invited the RUH and AWP to present to the group and share what they have done to comply with the legislation. Their insight was well received and attendees reported finding it useful to hear what had worked well, the challenges that these organisations had faced and how they had worked (or are still working) to overcome them.

Healthwatch is now going to work with colleagues at The Care Forum to set up an online provider forum for organisations across the West of England to continue sharing resources, information and experiences around the AIS.

'What matters to you?' – Public Event

On 4 July 2018, Healthwatch B&NES held an open meeting at Saltford Village Hall for members of the public and staff / volunteers from community or voluntary groups to come and share their experiences of using local health and social care services, or those of the people that they work with or support.

Topics or concerns raised by attendees, included:

- Non-emergency patient transport services
- Prescribing policy reviews, implementation and consistency of prescribing across the district
- Direct payments and support around managed accounts
- Individual Funding Requests (IFRs)
- Home care services and the current review

Where possible, Healthwatch will seek answers to the questions that were raised from statutory partners, e.g. B&NES Council and BaNES Clinical Commissioning Group, and provide feedback to the people that attended. Healthwatch's Executive Board will also consider this feedback and identify if there is any further engagement work that can be carried out during the year to understand people's experiences around these issues, and also which strategic groups this information needs to be shared with.

Healthwatch will hold another public event in the autumn in another part of the district. This approach is part of our new model of trying to engage with local people and understand what is important for them.

Councillor Tim Ball commented in relation to the AIS. He said that he was aware of a resident that has Asperger syndrome who has repeatedly requested to be contacted via email rather than phone to both the Council and Curo.

Alex Francis said that she was not aware of this particular matter but acknowledged that individuals will have preferences in the way in which they are communicated with. She added that all public funded services should be acting in accordance with the legislation.

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

25 COUNCIL / CCG INTEGRATION

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

National and local context

- Future arrangements for commissioning and delivery of services are changing
- Recognition of benefits of working more closely with the Council to join up services locally
- Desire to secure ongoing clinical leadership and develop place-based approaches

Key terminology

- Neighbourhoods (30k-50k) – Groups of GP practices coming together e.g. primary care at scale, Primary Care Home models
- Place (250k-500k) – In line with Council boundaries - integration of primary, secondary and social care
- Systems (1million +) – Like Strategic Health Authorities - self-regulating with 7-8 regions nationally each covering populations of 5-10m

The plan for B&NES

From 1 April 2019:

- One team made up of CCG and People & Communities directorate
- One management structure
- One integrated commissioning and delivery function for health, social care, children & young people's services and education transformation

What does this mean?

- Pool or align all commissioning budgets
- Create a new governance structure
- Co-location of staff (over time)

Case study: Joint Agency Panel

- Funding packages for individuals with a high level of needs
- Combined resources allocated to meet individual requirements

Our organisations in numbers

- Council: 700 employees work in People & Communities / £85m budget (75% of overall Council budget)
- CCG: 75 employees / £261m budget

Three groups

- Group A – Integration (inc. commissioning, quality and safeguarding) – Formal consultation on new structure for some departments in September whilst options are still being considered on others.
- Group B – Centralisation – Mapping exercises underway, timescales vary.
- Group C – Delivery – Savings plans and change processes already underway (independent of integration programme).

Engagement activities

- Online survey / Lunchtime drop-in events
- Team meetings / Interviews with senior managers

Key themes – positives

- Emphasis on staff training & development
- Joining up IT systems
- Key values: open, honest, supportive, positive, curious, inclusive, understanding each other

Key themes – challenges

- Too high-level, more detail required
- Capacity to deliver multiple change programmes
- Some groups fearful of being overlooked: Children and young people's services / Social workers / Clinicians

Governance arrangements

- Dual decision making process, both with a formal vote.
- Meeting in shadow form currently, public meetings from end of 2018 / early 2019

- Observer status intended to be similar to the arrangements for the Health & Wellbeing Board

Fitting the pieces together

- Transfer of some commissioning functions to Virgin Care
- The Council's 'Changing Together' Programme
- Council & CCG Integration Programme
- Commissioning at scale across B&NES, Swindon and Wiltshire (STP)

Councillor Lin Patterson asked if any loss of staff was planned as part of this process.

The Director for Integrated Health & Care Commissioning replied that none was anticipated. She added that she recognised that there may be anxiety among staff, but that engagement and communication was taking place with them on a regular basis.

Councillor Patterson asked how often the Select Committee could be updated on the process.

Councillor Pritchard replied that they could have updates as often as they deem appropriate.

The Director for Integrated Health & Care Commissioning added that an update could come in the regular form through their standing items from the CCG and the Cabinet Member and a formal report could be scheduled for November 2018/ January 2019.

Councillor Tim Ball commented that he felt that the work of Social Workers and Clinicians must be kept separate to prevent any lack of clarity of statutory responsibilities and that good governance must be in place to ensure that the Council continues to meet its statutory responsibilities. He suggested that Dr Orpen and the Director for Integrated Health & Care Commissioning brief all political groups on this process.

Councillor Pritchard agreed with this proposal and said that arrangements would be made for some cross party Councillor briefings to be held.

The Director for Integrated Health & Care Commissioning added that in respect of ensuring that the respective statutory requirements of both the Council and CCG continue to be met in respect of safeguarding and quality, both the Council's Director of Safeguarding and Quality, Lesley Hutchinson and the CCG's Director of Nursing and Quality, Lisa Harvey both have an important role. She confirmed that both the Council and CCG are carefully considering the governance arrangements that must be in place, including those that ensure that both organisations' statutory responsibilities are clear and continue to be met.

Councillor Ball asked who staff will report to following integration.

The Director for Integrated Health & Care Commissioning replied using her own example that in terms of people in integrated or joint roles she has signed a Section 113 agreement that allows her to perform a dual role for both the Council and the CCG. She added that she is accountable to both organisations through the Council's Corporate Director, People and Communities, Mike Bowden and Tracey Cox, the CCG's Chief Officer. She stated that any statutory responsibilities cannot be transferred to the partner organisation.

In response to questions about single assessment, she said that a Trusted Assessor Model is being introduced to ensure timely discharge to care home placements. She explained that this is where one person / team undertakes an assessment on behalf of a number of organisations/disciplines, using agreed criteria and protocols. This approach has been implemented in a number of other areas and is proving successful in reducing the timescales and removing "blocks" that can delay discharge from hospital.

Councillor Geoff Ward asked if integration between the Council and CCG would be a final position for the local commissioning and delivery of Health & Social Care.

The Director for Integrated Health & Care Commissioning replied that this work builds on the success following 'Your Care, Your Way' and has been the direction of travel for a long time. She added that it may be appropriate to undertake some commissioning, for example of specialist cancer services across a wider footprint, such as B&NES/Swindon/Wiltshire Sustainability and Transformation Partnership but prevention, early intervention and early help would continue to be primarily commissioned and delivered at a Bath and North East Somerset level, including through integration.

Councillor Ward asked in the context of keeping the public healthy with regard to obesity, drugs, alcohol and age, is there a conflict between surgical procedures and advice / change of lifestyle.

The Director for Integrated Health & Care Commissioning replied that she felt a change is occurring and that clinicians were moving away from recommending surgical intervention and thinking, instead, about how people are supported and enabled to improve their health, through, for example, lifestyle changes.

Councillor Patterson asked if there is parity between the physical and mental health needs of residents.

The Director for Integrated Health & Care Commissioning replied that the work of the Mental Health Pathway Review, which sits under the umbrella of Your Care, Your Way is considering how to further integrate and join up physical and mental health services and, also to promote positive mental health and wellbeing. This includes ways of addressing loneliness and isolation, maintaining and accessing employment and skills development and facilitating partnership work between the wide range of organisations providing mental health and wellbeing services in B&NES. In terms of integrating mental health services with physical health services, the Mental Health Pathway Review is also looking at how, for example, there is close working between

Primary Care working on a local level, in communities with Avon and Wiltshire Mental Health Partnership NHS Trust (AWP), which works. AWP currently work across multiple CCGs and six local authorities, including B&NES.

She said that AWP and Virgin Care are seeking seamless pathways for required services and that Oxford Health, who provide services through CAMHS are working towards further joint working with AWP, Virgin Care and Primary Care.

Councillor Patterson commented that she would like to request that consideration be given to funding a local Post Traumatic Stress Disorder (PTSD) support group.

The Director for Integrated Health & Care Commissioning replied that she could not comment directly on the proposal, but acknowledged there may continue to be some gaps in the provision and it is important to consider how these specific needs, including of those people with PTSD can be met. However, it is the case that resource constraints remain in place.

Councillor Lizzie Gladwyn said that she welcomed the idea of patients only having to share information once, but had similar reservations to those raised by Councillor Ball in terms of the roles of Social Workers and Nurses and ensuring that these are clear and recognised as different and of equal value.

The Director for Integrated Health & Care Commissioning replied that the context of the scenario would be taken into account, but the approach in most cases would be for a single assessment. She reminded the Select Committee of the 'Three Conversations' model that seeks to avoid any formal assessment.

She said that the challenges around this new approach are recognised and that the Council will need to ensure that eligibility assessments for statutory care continue to be undertaken by an appropriately qualified individual and that the Council ensures that its statutory responsibilities are met.

The Chair thanked the Director for Integrated Health & Care Commissioning for her presentation on behalf of the Select Committee.

26 PUBLIC HEALTH UPDATE

Dr Bruce Laurence, Director of Public 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.

He began by stating his support of the current integration work as both parties share a common goal of ensuring health and prosperity for all residents. In response to earlier comments relating to cure / prevention he said that this remains a source for discussion, but he felt that there is an increased understanding for the need for prevention whilst at the same time recognising that more resources are currently situated with cure.

Air quality

Air pollution damages lives with harmful effects on human health, the economy and the environment. It is the largest environmental risk to the public's health, contributing to cardiovascular disease, lung cancer and respiratory diseases. It increases the chances of hospital admissions, visits to Emergency Departments and respiratory and cardiovascular symptoms which interfere with everyday life. In the most severe cases it increases the risk of death, especially for people who are already vulnerable.

There is now an extensive body of evidence that long-term exposure to everyday air pollutants over several years contributes to the development of cardiovascular disease (CVD), lung cancer, and respiratory disease. Particulate matter (PM) is inhaled into the lungs and ultrafine PM_{0.1} is thought to pass into the blood causing many adverse outcomes including systemic inflammation.

A Clean Air Charging Zone for Bath - to improve air quality, the Government has told 28 Councils in England, including B&NES Council, to achieve compliance with NO₂ limits 'in the shortest possible time' and by 2021 at the latest. This is part of their National Air Quality Action Plan. There are a number of hotspots in our area where concentrations of NO₂ (caused by vehicle emissions) exceed the acceptable national and European limit of 40 µg/m³.

Amesbury neurotoxin incident

Public Health England considers that the risk to the public after the latest poisoning which has now caused one death, remains low. There is a major effort underway to find the source of this latest event. Although the persistence of different such agents in the environment varies, it is thought most likely that this contamination occurred via some sort of container where it was more protected from the elements. Therefore advice is being given to the public to avoid contact with any syringes or other containers that are found lying around in the relevant areas. Other advice given on a "very precautionary" basis that people who have visited certain sites should wash clothes or bag them securely if they need dry cleaning.

The B&NES public health team have offered support to their colleagues in Wiltshire should the need arise.

The Public Health Newsletter

- Free mental health training – Connect 5: Places on autumn and spring level 1-3 courses now available
Connect 5 is an accessible, evidenced based training programme that is relevant to any public facing workforce. It provides participants with skills and competencies that build confidence in having conversations about mental health and wellbeing. It presents tools to empower others to take proactive steps to build resilience and look after themselves. Connect 5 takes the position that we don't need to be mental health specialists to support those who are experiencing emotional and mental health problems. The course is accredited by the Royal Society of Public Health and courses are delivered by a range of locally accredited trainers.

- Free Making Every Contact Count (MECC) training - August and September courses.
This course is about supporting people to make the most of every opportunity they have to start up a conversation about health with the people they meet through their work and broader lives. Telling people to change unhealthy behaviour is unlikely to be successful; instead MECC provides the skills to work in a different way, encouraging brief interventions that can lead to longer term change. MECC training is delivered over two half day sessions
- 1st and 8th August 9.30 – 13.00 Guildhall Bath
- 27th September and 4th October 9.30 – 13.00 Southdown Methodist Church, Bath

Councillor Lin Patterson commented regarding air quality that the recent anti-idling campaign is not able to continue and that funding for it to resume would be welcome.

Dr Laurence replied that he would speak to colleagues about this matter.

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

27 VIRGIN CARE COMMUNITY SERVICES - ONE YEAR ON

Kirsty Matthews, Managing Director, B&NES Community Health and Care Services gave a presentation to the Select Committee. A copy of the presentation can be found on their Minute Book and as an online appendix to these minutes, a summary is set out below.

1 year on – Achievements

- Feel the Difference Fund funded a choir to help people with speech problems after a stroke communicate and express themselves, a 'meet and greet' for Shared Lives Carers, Lego therapy building blocks for children with autism and an electronic lobby sign in for the Ambulatory Care team to improve their welcome.
- Worked with partners to launch a Rapid Response Falls service, which is helping avoid the need for people over 65 who fall at home to be admitted to hospital.
- Home First service regional winner in the NHS70 Parliamentary Awards.
- Recent recruitment campaigns have been successful in the recruitment of support workers and physiotherapists – areas that were proving hard to recruit to.

2017/18 Transformation Progress

Joined up care

- Mobile working pilots undertaken, with colleague engagement in trailing and selecting devices.
- Working with other partners to understand benefits of integrated records and developing the product for roll out.

Consider the whole person

- Strengths based model for social care (3 Conversations) being piloted across social care
- Citizens panel launched with over 50 members

Focus on prevention

- Development of an advice hub, joining up all wellbeing services (launch in July 18)
- Engagement and development with VCSE to deliver a directory of services across B&NES

Valuing workforce and volunteers

- Go-live of the Volunteer pass, working with other organisations now well embedded across B&NES
- Safe transfer of volunteer centre services enabling this volunteering service to continue and sharing expertise of developing volunteers throughout community services

2018/19 Transformation Focus

- SPA – Single Point of Access
- CCS – Care Coordination Service
- ICR – Integrated Care Records
- Working Practices

Service Quality Report

- Extended clinic times to accommodate people who work
- Clinic in a box for sixth formers
- 100% uptake of infant immunisation at 24 months
- Three conversations model
- Friends and Family Test recommendation rate of 97%
- B&NES Supported Living Services positive feedback from a recent CQC inspection, Bath obtained a rating of Good, waiting report for North East Somerset

B&NES priorities

- Workforce plan to strengthen recruitment, decrease agency spend and develop workforce
- Delivering Year 2 Transformation Plan
- Meeting the B&NES System Needs, including expanding the Home First service and Reablement review

Councillor Tim Ball commented that Community Paediatricians currently have no home and are hot desking at the Rush Hill Surgery.

Kirsty Matthews replied that this was as a result of a flood at Ash House and that opportunities were upcoming and sites were being assessed.

Councillor Lin Patterson asked if a Post Traumatic Stress Disorder (PTSD) could be set up through the Feel the Difference Fund.

Kirsty Matthews replied that she would make enquiries on behalf of Councillor Patterson.

Councillor Lizzie Gladwyn said that the recognition of staff was welcome. She added that she was aware that problems remain in terms of mobile working, landline and mobile phone use, with messages sometimes arriving a week later or not being received at all.

She said that she knew of one member of staff that had been given a tablet to use for work, but it didn't now function properly. She believed that there were also pay roll issues within the Bath Mental Health Reablement Team.

Kirsty Matthews replied that she recognised that a challenge remains in place for some areas of mobile working. She said that a new Head of IT had been recruited and was aware of the need to be more responsive. She added that the use of mobile devices was being trialled in certain teams before a full roll out. She added that staff would be updated through the monthly newsletter.

The Chair thanked Kirsty Matthews for her presentation on behalf of the Select Committee.

28 MATERNITY TRANSFORMATION UPDATE

The Senior Commissioning Manager for Preventative Services gave a presentation to the Select Committee. A copy of the presentation can be found on their Minute Book and as an online appendix to these minutes, a summary is set out below.

Future Service

Our Local Maternity System (LMS) vision is for all women to have a safe and positive birth and maternity experience and to be prepared to approach parenting with confidence.

Each LMS is required to produce a Local Maternity Transformation Plan. This was developed with the input and engagement of women and their families, clinicians, maternity staff, a range of partners (Health visitors, Family Nurse Partnership and Children's Centres) and other stakeholders through a number of workshops. Informal engagement took place with more than 2,000 women.

Our future offer to our women and families will include:

- Continuity of care (20% by 2019)
- Improved personalised care and choice with parity of access
- Creation of Clinical Maternity Hubs to provide ante and postnatal care close to home
- Delivery of seamless pathways across organisational and geographical boundaries

B&NES, Swindon & Wiltshire (BSW) Local Maternity System

Maternity Transformation workstreams

- Continuity of carer
- Antenatal and postnatal care
- Safer care
- Personalised care and choice
- Perinatal Mental Health
- Workforce transformation
- Working across boundaries / multi agency working

BSW LMS Maternity Services

- Choice currently not equitable across the LMS footprint
- Proposals for change will ensure choice options are met for majority of population across the LMS footprint

Choice of place of birth

- 11,247 births across the LMS in 2017/18, of which 85% were in an obstetric unit
- 7% were in a Alongside Midwife Unit (GWH) and 6% in a Freestanding Midwife Unit (RUH)
- RUH has seen an increase in numbers of births at the Obstetric Unit and a corresponding decline in numbers of births in their FMUs / home birth

Councillor Lin Patterson asked why the numbers of women giving birth at home or in freestanding midwifery units had dropped and subsequently increased in the obstetric unit.

The Senior Commissioning Manager for Preventative Services explained it was in part due to the increase in complexity of the needs of women giving birth, especially older women and women with a higher BMI. She added that access to pain relief and concerns about the need to transfer during labour to the obstetric unit in birth (which can be 30% - 40% of women having their first babies) were also factors.

LMS Challenges

- Lack of parity of provision
- Future sustainability
- Workforce – Right staff, right place, right time
- Delivery of Better Birth agenda

Clinical leadership

- Strong clinical leadership of process
- Dedicated LMS Midwife
- Multi-disciplinary clinical involvement and staff engagement – obstetrician, neonatologist, midwives, MCAs and administrative staff

DadPad app

As part of the Local maternity transformation plan, a DadPad app was launched across B&NES, Wiltshire and Swindon in June and has been shared with a wide range of stakeholders including maternity services, community health services including health visitors and school nurses, children's centre services, social care teams and the RUH, libraries, one stop shops and birth registrars. It is an easy-to-use up to date information tool for dads-to-be and dads with new babies which provides bitesize top tips for new dads to help them adjust to parenthood. The aim of the app is to enable new dads to feel more confident about fatherhood and to play an active role in supporting health and wellbeing outcomes of women, children and families across B&NES. A digital tool kit is also available on the B&NES Family Information Online service.

Next Steps

- NHS assurance process including stage 2 review
- If assurance is provided, formal consultation will commence at the end of September and run for 12 weeks
- Detailed proposals will be brought to the Health and Wellbeing Select Committee during the formal consultation period for a full discussion and feedback.

She explained that following a similar presentation on the Plan in Wiltshire they have requested that a Rapid Scrutiny Event take place involving them, B&NES and Swindon. She asked if any members of the Select Committee would be interested in taking part in such an event.

Councillors Gladwyn, Patterson and Haerberling all indicated that they would be interested in taking part.

Councillor Patterson asked if there were any issues in recruiting new midwives.

The Senior Commissioning Manager for Preventative Services replied that recruitment recently has been good, including midwifery.

The Chair thanked the Senior Commissioning Manager for Preventative Services for her presentation on behalf of the Select Committee.

29 SELECT COMMITTEE WORKPLAN

The Director for Integrated Health & Care Commissioning said that a report on Ophthalmology had been arranged for September and progress on the Council / CCG Integration would come in the form of their regular update items.

The Chair asked if it would be possible to receive an update on the NHS 111 service.

Councillor Lizzie Gladwyn asked if the Dentistry Services report could be scheduled for September.

The Director for Integrated Health & Care Commissioning replied that she would enquire as to the feasibility of the requests made.

The meeting ended at 1.10 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services