

HEALTH AND WELLBEING SELECT COMMITTEE

Minutes of the Meeting held

Wednesday, 26th September, 2018, 10.00 am

Bath and North East Somerset Councillors: Francine Haeberling (Chair), Bryan Organ, Tim Ball, Lin Patterson, Lizzie Gladwyn and Robin Moss

Also in attendance: Jane Shayler (Director of Integrated Commissioning), Bruce Laurence (Director of Public Health), Dr Ian Orpen (Clinical Chair, B&NES CCG), Catherine Phillips (Commissioning Manager), Alex Francis (Team Manager - Healthwatch B&NES & South Gloucestershire), Sarah Merritt, Head of Nursing & Midwifery, RUH and Tamsin May, Head of Communications, B&NES CCG

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

30 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

31 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the emergency evacuation procedure.

32 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillor Geoff Ward had sent his apologies to the Select Committee.

33 DECLARATIONS OF INTEREST

Councillor Tim Ball declared an other interest in agenda item 8 (Clinical Commissioning Group Update) as he is a patient at the Number 18 Surgery.

34 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

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

John Drake, Unison made a statement to the Select Committee on the subject of Sirona. A copy of the statement can be found on the Select Committee's Minute Book, a summary is set out below.

Since the Council meeting on July 12th 2018 discussions have taken place and currently Sirona have agreed to postpone their proposal to dismiss and re-engage staff on new contracts. As a result of this decision Unison has agreed to cancel proposed strike action.

Extensive consultations have taken place between UNISON representatives and those workers who would be affected and the decision was taken to reject the proposals from Sirona on the basis that members would be impacted in one of two ways:

Individuals would lose 30 minutes pay per shift, which for someone working 6 shifts per week is a loss of income of 3 hours per week. Or alternatively individuals could remain on their current income but would accrue hours which they would then owe Sirona and then be forced to work additional shifts per month to make up the shortfall in hours for the same pay.

UNISON believes that the Sirona Board and Senior Leadership Team are well intentioned in their efforts to provide quality care but our experience is of an organisation that is poorly managed, unable to retain & recruit staff in its CRCs and Extra Care.

UNISON believes that the Council could and should instruct Sirona to halt all plans for a reduction of pay for its front line care staff.

This matter will fall into the lap of the Council sooner rather than later and we feel the Council should step in and tell Sirona that their actions are unfair.

Councillor Robin Moss commented that the current Council administration will state that this is an independent contract and therefore the Select Committee and the Council itself have little to no power to act. He added that he felt it was important for the Select Committee to take further action and to request that Sirona's decision remains suspended until a full discussion on the matter has been had by the Select Committee.

Councillor Lin Patterson said that she agreed totally with the comments made by Councillor Moss.

The Director for Integrated Health & Care Commissioning said that if the Select Committee were minded to they could discuss that matter further at a future meeting. She added that as previously confirmed, the Select Committee do have limited powers to intervene in this matter and could refer the issue back to the Council, Cabinet or the Cabinet Member for further consideration.

However, as previously stated the Council is not in a position to intervene directly in this matter, which is a dispute between an independent organisation and its staff group. She clarified that neither the Council nor the Select Committee can instruct Sirona to halt its plans as proposed by UNISON in the statement to the Select Committee.

Councillor Vic Pritchard, Cabinet Member for Adult Care, Health & Wellbeing commented that for the Select Committee to gain a better understanding a discussion could be had at a future meeting.

Councillor Lizzie Gladwyn said that there were potentially a large group of people to hear from on this matter.

Councillor Tim Ball stated that he would like to see no further adverse action from either party until a discussion can be held.

Select Committee members agreed that they did want a discussion to better understand the issues and hear from all parties. They also wished to receive specific advice on what the Select Committee or Council can and cannot do to help resolve the dispute.

The Director for Integrated Health & Care Commissioning confirmed that officers would seek advice on how quickly a special meeting can be arranged and what format that meeting could follow.

The Select Committee unanimously **RESOLVED** to:

- i) Hold a special meeting to discuss and understand the issues relating to the Sirona dispute and what powers the Select Committee or Council may have to intervene in this matter.
- ii) Recommend to Sirona that until this meeting is held that their decision to postpone their proposal to dismiss and re-engage staff on new contracts is maintained.

36 MINUTES - 18TH JULY 2018

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

37 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.

CCG Ratings for Cancer and Maternity Services

New ratings on cancer and maternity services were published in August 2018 highlighting where CCGs are performing well and identifying where improvements are required. We have been rated as 'outstanding' for both cancer and maternity services. The assessments are conducted using the same indicators used within the CCG Improvement and Assessment Framework (IAF) but are separately conducted by independent panels.

GP Patient Survey

GP Practices in Bath and North East Somerset (B&NES) have again been rated as amongst the very best in the country, according to our patients. The results of the latest GP Patient Survey found that, of the 2,828 residents questioned, 91 per cent rated the overall experience at their GP surgery as 'good' – the fourth highest in the

country and just two percentage points away from the top spot. The results are also higher than the national average of 84 per cent.

Primary Care Strategy

This month we published our Primary Care Strategy that outlines how we intend to support GP practices in B&NES over the two-year period. It focuses on five main areas and what we are doing to address them:

Access to care / Models of care / Workforce sustainability / Workload / Estates and infrastructure

You can read the full strategy and one page summary [here](#).

Closure of Number 18 Surgery

On 28 September Number 18 Surgery will merge with the Heart of Bath Medical Partnership and the current Number 18 Surgery site will close.

All patients currently registered with Number 18 Surgery will transfer to the Heart of Bath Medical Partnership, unless they give instructions otherwise. The transfer is being carefully planned to make the process as smooth as possible for everyone.

The majority of staff from Number 18 Surgery, with the exception of Drs Charlie Berrisford and Linda McHugh, will be moving across to join the Heart of Bath Medical Partnership. Therefore, patients will continue to see many of the same staff once the merger has taken place.

The decision to close Number 18 Surgery arose because of an increase in patient activity but a decline in patient list size, meaning the business is unfortunately no longer financially viable.

However, there are many opportunities to be gained from the merger with the Heart of Bath Medical Partnership. Not only does it mean that patients will have the choice of three sites across Bath, with two of these close to the current Number 18 Surgery premises, but they will also have access to a wider range of services and benefit from more practice team skills.

Flu campaign

People in B&NES aged over 65 years will receive a new type of flu jab this year, which is considered to be more effective than other available vaccines.

The new vaccine is one of three flu jabs that are available for the different groups of individuals who are eligible for a free vaccination, to make sure as many people as possible get the right jab to protect them against flu this winter.

Children aged from two years and up to school year five, pregnant women, anyone who is the main carer for another person or who is in receipt of carer's allowance and those with long-term health conditions such as diabetes and asthma are also eligible for a free flu jab.

The newly available vaccine for the over 65s is expected to significantly boost effectiveness by improving the body's immune response. This is important because

older adults' bodies typically do not respond as well to the flu vaccine due to their naturally weaker immune systems. Older adults are also more likely to suffer complications from flu.

This year's NHS flu programme will also offer vaccinations to a larger group of children and all individuals aged under 65 years who fall into eligible groups will receive a vaccine that protects against four strains of flu.

The flu vaccine will be available from early October. Eligible adults are encouraged to get their free vaccine from their GP or a pharmacy before the end of November to protect themselves and their families before flu reaches its seasonal peak.

If you are eligible or want to check whether you or someone close to you is, contact your GP, midwife or usual healthcare provider. Visit www.nhs.uk/staywell for more information.

Our AGM

We held our AGM on Thursday 20 September at Somerdale Pavilion in Keynsham. This year we were delighted that Cllr Keith Cunliffe, Deputy Leader of Wigan Council was able to join us. Keith talked about an approach adopted by Wigan Council and its health partners that has changed their relationship with residents to one where public services work together with communities to create a better borough. Launched in 2014, the Wigan Deal emphasises people's responsibility to use services appropriately and keep healthy as well as law and policy-makers working more closely with communities. After Keith's presentation a panel of leaders from the Council, DHI RUH and Virgin Care discussed the Wigan Deal and relevant themes for B&NES.

Councillor Lin Patterson asked if the financial viability identified with regard to Number 18 Surgery would have any impact on the Heart of Bath Medical Partnership.

Dr Orpen replied that this concern was acknowledged and stated that work at the Partnership will be carried out in a different style. He added that patient contact was a focus at Number 18 Surgery and that unfortunately this is not sustainable these days.

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

38 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.

Update on the Community Mental Health Services Review

In the summer of 2017, the Council and CCG started to review the way in which mental health services need to be delivered for the population of B&NES.

The review is being carried out in four key stages:

- **Phase 1: Analyse and Plan** (May 2017 – Aug 2017)
- **Phase 2: Design and Specify** (August 2017 – January 2018)
- **Phase 3: Develop final service model** (February 2018 – February 2019)

This is the phase we are currently in. We have six working groups who are looking at everything people are telling us and developing detailed options for how community mental health services could be delivered in the future.

- **Phase 4: Implementation and Delivery** (March 2019 – April 2019 onwards)

Next steps

Further engagement will now take place with key groups and once complete, the draft service models will be created and formally consulted on with the public. It is expected that a final service model will be developed and put in place from April 2019.

Homecare Review

Homecare services are currently provided in Bath & North East Somerset by a range of local providers, who deliver in the region of 140,000 hours of homecare per annum.

We are currently undertaking a review of homecare services, working closely with Virgin Care in readiness for a new homecare pathway and contracts from July 2019.

Between June and September 2018 the project team have been undertaking a period of research, evidence gathering, engagement and co-design with key stakeholders.

Possible Future Models

We have produced a draft possible future service design for Bath & North East Somerset which has been well-received by both providers and commissioners. We will also be working to develop these ideas with a group of carers, via the Carers' Centre.

Next Steps

Once we have finished this period of co-design of a possible future model, we intend to make it available to the public for comment and suggestions, taking on board their feedback before finalising the service model which, subject to approval, is planned to go live in autumn 2019.

Reablement Service Review

Reablement services in B&NES are commissioned through the Better Care Fund, and include three key pathways:

- Home First (from hospital)
- Admission Avoidance (to hospital)
- Planned Reablement

They are provided by Virgin Care, as our prime provider, with additional Reablement Worker capacity commissioned from 3 Strategic Partners: Care Watch, Care South and Somerset Care.

Commissioners are currently leading a project to review and redesign the existing Reablement Service, gathering together evidence on existing strengths and opportunities for development both in-year and longer term. We are working closely with Virgin Care, as our prime provider, to design a new service to come into effect from autumn 2019.

Planned engagement and next steps

We are holding a service design workshop in October to draw together providers, commissioners and key local stakeholders, and develop an outline model for future services.

We will seek to undertake targeted engagement with people who have used the service, in order to hear their views.

When we have developed a draft service model we will undertake consultation with the public in order to seek their feedback before finalising our thinking.

The new service is due to go live in autumn 2019.

Keynsham Kindness Festival

The festival will aim to be lots of little events in various venues over a number of days between 3rd & 13th November based on the overall theme which is about how kindness affects wellbeing.

Budget

Budget pressures are beginning to level off, but this needs to be balanced by unknown upcoming issues that may arise through the winter period.

Councillor Tim Ball commented that he was pleased to see as part of the Community Mental Health Services Review that wellbeing support for young people aged 16-25 was looking to be improved. He asked what work was being undertaken to improve access for those of a younger age.

Councillor Pritchard replied that he felt that schools had a role to play in identifying and enabling access to services. He gave an example of a presentation from a recent Chew Valley Area Forum where two local Deputy Head Teachers are

dedicated to support the mental health of their pupils and seeking to spot any early signs.

Councillor Ball said that this was indeed a great example, but did not feel that this was the case across the whole of B&NES. He asked that Councillor Pritchard discuss the matter further with Councillor Paul May, Cabinet Member for Children & Young People to see if some 'best practise' measures can be established.

Councillor Pritchard said that he would raise the issue with Councillor May.

Councillor Robin Moss stated that he did not think that schools were the sole answer to the problems of mental health in young people. He said that community services such as Off The Record provide a great resource of support and counselling.

The Director for Integrated Health & Care Commissioning commented that a discussion took place at the Health & Wellbeing Board on 25th September 2018 relating to the mental health of children & young people. She said that the Board received a presentation from two transgender young people. She advised that the Board discussed support for the transition of young people into adulthood and adult services and that the role of community and voluntary sector was also raised. She added that the Board agreed to discuss the matter further at its next meeting to understand more about what is already being done to support the mental health of children and young people and to discuss the focus of the work of the Health and Wellbeing Board in this important area.

Dr Ian Orpen added that the challenge around mental health services was recognised and that in terms of CAMHS there has been a shift towards early intervention. He added that there is now a range of ways to interact with young people within this service and that a bid for extra funding relating to CAMHS has been submitted.

Councillor Robin Moss commented with regard to the Homecare Review and asked whether the upcoming Bath Clean Air announcement would have any impact on workers using their cars to travel into / through Bath.

Councillor Pritchard replied that he had raised this matter with colleagues within the Cabinet and that his points had been met in a broadly positive manner. He added that discussions were ongoing.

Councillor Robin Moss commented that he would like to see the Council pursue further preventative work as set out in the Wigan Deal and highlighted recently by the LGA.

Councillor Lin Patterson said that a good local bus service was required to help with the process of reablement.

Councillor Tim Ball queried whether the additional funding bid for CAMHS would be better received by the Trauma Recovery Centre. He asked Councillor Pritchard to join him on a visit to the centre.

Councillor Pritchard agreed to visit the centre.

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

39 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.

Public Health Newsletter

Sugar Smart

Following Sugar Smart Exeter's pioneering effort in 2017 to get the city's residents to take on sugar reduction challenges, Sugar Smart UK is taking the challenge and here in B&NES we are joining in! It's a month-long challenge to encourage people to be smart about their food and drinks choices and to try to reduce the amount of added sugar consumed during September.

Learn more about each of the challenges by downloading the [resource pack](#) and tracking your progress.

Organ Donation Week 3 – 9 September 2018

Right now across the UK, there are around 6,000 people in need of an organ transplant, including around 150 children and teenagers. On average three people die every day in need of an organ transplant because there just aren't enough organ donors.

More people are needed to sign up to the NHS Organ Donor Register now at www.organdonation.nhs.uk. It only takes a few minutes to register and those that sign up are being encouraged to tell their family that they want them to support their decision to donate and save lives.

Please encourage conversations in communities and help to raise awareness of this important campaign.

Know Your Heart Age

Is your heart age older than you? On the 4th September 2018 as part of the One You campaign Public Health England are launching their One You Heart Age Test. The tool is a quick, online resource which uses physical and lifestyle related questions to calculate your heart age. It highlights the need to know your numbers, such as blood pressure and cholesterol, and helps you to understand how to live healthier for longer. Adopting a healthy lifestyle can reduce your risk of dementia. So use the tool, know your risk and remember **there really is only One You!** Test your heart age [here](#).

Start4Life launched the 24/7 Breastfeeding Friend on Google Assistant and Google Home

The 24/7 Breastfeeding Friend has been developed to provide friendly advice to mothers who have questions and need support with breastfeeding at any point, day or night. The tool is voice activated using the Google Home app or Google Assistant, meaning mums can get NHS-approved advice and daily breastfeeding tips in the moment and when they may have their hands full.

World Mental Health Day

World Mental Health Day is observed on 10th October every year, with the overall objective of raising awareness of mental health issues around the world and mobilizing efforts in support of mental health. This year has a particular focus on young people and mental health in a changing world. To mark the day in B&NES we are encouraging schools and other young people's settings to explore the idea of Five Ways to Wellbeing using some lesson / activity materials written by young people themselves.

Suicide prevention work in B&NES

As part of the B&NES Suicide Prevention Strategy ([here](#)) Public Health works with partners to collect data around suicide to help inform our practice. Over the past year we have joined with the other three councils in the Avon Coroner's area and Avon and Wiltshire Mental Health Partnership NHS Trust who have produced a report ([here](#)) containing information about deaths from suicide and injuries of undetermined intent in Avon during the calendar year 2016.

Public Health England's new Health Profile for England 2018

<https://www.gov.uk/government/publications/health-profile-for-england-2018>

This is a very comprehensive "state of the nation's health" report looking at the latest figures and projecting into the future.

Some of the main messages are reinforcing things that are already well known:

- Higher than ever life expectancy. 83.2 years for women and 79.6 years for men. But some slowing of the rate of increase after many years of steady rise.
- Only 63 years of good health so women and men on average suffer 19 and 16 years of poor health respectively.
- Obesity and smoking the two main causes of avoidable ill health... one going up and the other going down. Both contributing both to ill health and health inequalities.
- Dementia is now leading cause of death in women and may soon overtake heart disease as leading cause in men.
- Mental health problems also increasing throughout the population and in young people accounts for a third of all ill health.

Inequalities in life expectancy remain stubborn and gap in healthy life expectancy is much higher (also gaps are higher in more deprived communities).

PHE would like the NHS and others to refocus effort on prevention with obesity, smoking and cardiovascular diseases as priorities.

Making measles history together: A resource for Local Government

With outbreaks of measles across Europe and in the UK, and with some communities still under-vaccinated, PHE has produced a paper giving detailed information about the situation in this country and what can be done to eradicate, or at least prevent outbreaks of measles here. B&NES rates very high for one dose MMR (>95%) but could improve for two doses.

Commercial determinants of health

- Drinkaware / PHE controversy
- Philip Morris - Tobacco control

Councillor Lin Patterson asked if within B&NES they had considered setting up 'Men's Sheds' to aid with suicide prevention.

Dr Laurence replied that he knew that the proposal had been discussed and would seek to get an update to the Select Committee. He added that he knew that one had been set up in Trowbridge for very little cost.

Councillor Bryan Organ commented on how important it was for relatives to be informed when family members have agreed to organ donation.

Councillor Vic Pritchard commented on how vaping is equally as addictive as smoking and queried how some flavours are targeted towards young people.

Dr Laurence replied that there are less toxins in vaping, but agreed that by having sweet shop flavours who exactly is being targeted. He added that he believed that some marketing restrictions should be in place.

Councillor Tim Ball stated that the strength of alcohol available these days is a concern and went some way to defining why young people are getting into difficulties at an early age.

Dr Laurence replied that he would advocate minimum unit pricing as is in place in Scotland.

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

40 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.

Trans Health & Wellbeing Survey

In 2017, Healthwatch B&NES worked with other Local Healthwatch in Bristol, North Somerset, South Gloucestershire, Swindon and Wiltshire to jointly commission a survey into the health, care and wellbeing needs and experiences of local Trans* and Non-binary** people. This work was carried out by The Diversity Trust, a local organisation that specialises in engaging with equalities groups.

*Trans is an umbrella term for people whose gender identity and/or gender expression diverges in some way from the sex they were assigned at birth.

**Non-Binary refers to any gender that is not exclusively male or female. A similar term is gender neutral or gender queer. Some other non-binary identities include: agender, bigender and genderfluid.

A series of recommendations have been made as a result of this survey, including:

- The need for transgender awareness training for health, care and wellbeing staff
- The need for service providers to develop policies on challenging transphobic bullying, harassment, victimisation and discrimination in line with the Equality Act (2010) and the Public Sector Equality Duty (2011).
- A recommendation for service providers to develop a Trans Inclusion Policy, involving and consulting with Trans staff and patients, on best practice in supporting Trans colleagues and patients through their transition.

Lay Involvement With Healthwatch B&NES

Following the recommissioning of Healthwatch B&NES from 1 April 2018 we have reviewed our governance and the roles that lay people play in how Healthwatch B&NES is run. Our newly established Executive Board provides leadership, sets work plan objectives and oversees the delivery of Healthwatch B&NES to ensure that it effectively captures the public 'voice' and uses its role to influence and shape the provision of local health and social care services.

The provider link volunteers aim to work closely with key Trust personnel to help facilitate regular dialogue, share feedback from the public (and receive a response where possible), and increase understanding around the work that each organisation is doing.

This approach has worked well with the RUH, with our lay representative being a valued member of the Patient Experience Group, having regular meetings with the Trust Chair and Head of Patient Experience, and being involved more widely in RUH activity, e.g. recruitment of a new Complaints Manager.

'What matters to you?' public event

On 4 July 2018 Healthwatch B&NES held an open meeting in Saltford for members of the public and representatives from VCSE organisations to 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:

- Prescribing policy reviews and the implementation and consistency of prescribing across the district.
 - Attendees were unclear whether the prescribing reviews were being led locally or nationally, and whether there should be more local consultation to establish people's needs and identify groups that could be adversely affected, e.g. people on low incomes.
- Non-emergency patient transport services (NEPTS)
 - Attendees were particularly concerned about inequalities, rural isolation and vulnerable people being adversely impacted by any changes – and the need for these people to be able to input to future service provision.

Healthwatch will hold another public event in the autumn in another part of the district.

Councillor Robin Moss said that he would agree with the concerns raised regarding rural residents and their ability to access non-emergency patient transport services. On the matter of prescriptions he queried whether people who cannot afford to pay will cease taking certain medicines because of the new policy.

Alex Francis said that the policy could have an impact on low income residents. She informed the Select Committee that NHS England has carried out a consultation on the process and that similar questions had been raised at the CCG Board. She added that Healthwatch will continue to inform the public where required and explain who to ask their questions to.

Tamsin May, Head of Communications, BaNES CCG confirmed that a national consultation had taken place and that the aspects of age and vulnerability of affected patients is being considered.

Councillor Bryan Organ asked if any advice was available for young people below the age range of 16 – 80 regarding Trans Health & Wellbeing.

Alex Francis replied that advice was available through Off The Record.

Councillor Lizzie Gladwyn said that there was also a community group named Bath Gender Equality Network (BGEN) that could provide advice.

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

41 BSW MATERNITY TRANSFORMATION - CONSULTATION APPROACH

Sarah Merritt, Head of Nursing & Midwifery, RUH and Tamsin May, Head of Communications, B&NES CCG introduced this report to the Select Committee.

Sarah Merritt said that the Maternity Services reconfiguration programme is committed to continuing to engage with all relevant stakeholders. She added that early engagement and involvement has aimed to create an understanding of the challenges faced and the need for change, and contributed to the co-creation of the proposal for change.

She explained that Stage 1 Approval was gained in May 2018, an initial Stage 2 meeting took place in July 2018 and that a further meeting would take place in October to gain approval for consultation.

Tamsin May highlighted some of the guiding principles to the Select Committee.

- We will clearly set out what we are proposing, why these changes are needed, and why we are consulting with patients and the public. People must be very clear how their views and feedback will be used/have influence, and what the full consultation process involves.
- We will consult with different groups in ways that are meaningful and appropriate for them including face to face meetings and surveys.
- We will use communications and engagement channels which will provide patients, public and other stakeholders out of area information and opportunity to feedback on the proposal.
- We will make sure that information and events are fully accessible, and are shared widely over a sufficient time period, so that all groups can fully engage in the consultation process.
- We will share stakeholder feedback publicly and explain our final decision(s) with honesty and transparency.

She informed the Select Committee that the consultation and communications for the programme is being led by Wiltshire Clinical Commissioning Group on behalf of the Bath & North East Somerset, Swindon and Wiltshire Local Maternity System. She added that the Wiltshire CCG's communications team, with the support of the Local Health Economy Communications Working Group (LHECWG), is responsible for the planning and implementation of the consultation plan and approach and will:

- Meet regularly as a local health economy communications and engagement group, and provide briefings and updates to communication colleagues from neighbouring CCG and provider organisations
- Work with Healthwatch and CCG PPE leads to ensure service user voice in discussions and decisions.

- Ensure consultation responses are thoroughly considered and are included as part of the decision making process.

She stated that materials are to be developed to support the consultation will and will include, but not be limited to:

- Core consultation document
- Easy read summary of the consultation document
- Frequently asked questions (FAQs) and answers
- Posters and leaflets summarising key information and signposting to feedback channels
- Dedicated website
- Survey for use online and hard copy.

She said that copies of the consultation document will be distributed to health and community settings and stakeholder groups across the local maternity system area as appropriate. She added that the consultation document will be made available in alternative versions e.g. large print, audio, on request.

She stated that a range of communications channels and methods will be used to target key stakeholders and will include:

- Website: A dedicated website will be created to act as a central hub for information and associated materials will be published on the site along with dates of engagement events.
- News Media: Media will be kept informed via briefings and media releases. Media enquiries will be handled in a timely way. Local newspaper adverts may be considered as a way of providing information about consultation events should local coverage (and poster information) need to be bolstered.
- Social Media: Facebook and Twitter will be used to reinforce and signpost to other channels/information as appropriate and will be monitored for relevant feedback.
- Engagement events: Specific events will be provided during the consultation.
- Newsletters: Briefings will be provided for publication in partner and other key stakeholder newsletters.

She explained that responses will be analysed by an independent organisation – The Bath Centre for Healthcare Innovation and Improvement at the University of Bath, to thoroughly and comprehensively analyse all responses to the consultation and provide a consultation report which will be published on the consultation website. She added that we will make clear how consultation feedback has been used to inform decision making.

She said that an Integrated Impact Assessment has been developed with the objective of ensuring the potential impact of any plans on protected groups has been assessed, and identifies those impacted by the proposed changes and ensure they are supported to have their voice heard.

She added that the initial Integrated Impact Assessment has informed the development and refinement of the consultation strategy and plan to ensure a targeted approach to communications and engagement activities.

She explained that clinical teams have been involved in shaping the proposal for change throughout the programme and we will continue to build on this and undertake further engagement with staff, particularly those working in our maternity services. She added that staff engagement will be led by the provider organisations and will be overseen by the LHECWG to ensure aligned messaging and awareness amongst staff on how they can provide their feedback.

Councillor Lin Patterson commented that the input from staff during this process is crucial.

Tamsin May agreed and said that staff had been involved in informal engagement for the past two years.

Councillor Robin Moss commented that the proof will be seen when the proposals are launched on November 12th as to whether they are a cost saving exercise or seeking to provide a better clinical experience.

Sarah Merritt informed the Select Committee that the Joint Rapid Scrutiny Event was due to take place on 12th November.

The Select Committee **RESOLVED** to approve the Communications Strategy and Consultation Plan.

42 COMMUNITY EYE CARE SERVICES (OPHTHALMOLOGY)

Catherine Phillips, Senior Commissioning Manager for Acute Care, BaNES CCG introduced the report to the Select Committee. She explained that there is pressure on the ophthalmology service at the Royal United Hospitals Bath Foundation Trust as a result of increasing demand and a national shortage of consultant ophthalmologists. She added that this has resulted in long waiting times to be seen and potential patient risk, for eye care pathways in B&NES.

She informed them that the main provider to the population of B&NES for planned (elective) and urgent (non-elective) Ophthalmology activity is the RUH, managing approximately 78% of total B&NES activity.

She stated that the RUH Ophthalmology service has not achieved the 92% Referral to Treatment (RTT) target of 18 weeks since July 2017, although the service had achieved the target in previous years. She said that this has resulted in current waiting times of 36 weeks for a General Ophthalmology appointment. She added that the number of follow up appointments that have been delayed has also increased within this period.

She highlighted some of the actions the Clinical Commissioning Group and Royal United Hospitals are taking to improve quality and safety, and provide a more effective and efficient service through the procurement of new community based pathways.

- BaNES CCG is in the process of commissioning a Community Eye Service which will particularly benefit a range of patients. Clinically, the model includes pathways for Minor Eye Conditions, Intraocular Pressure (IOP) Referral Refinement, Ocular Hypertension (OHT) & Stable/Suspect Glaucoma monitoring Cataract Referral Refinement and Cataract follow up.
- Firstly, patients who have recently identified that they have an eye condition, such as a scratch, foreign body, lumps and bumps in the eye, blurred vision, watery eyes, flashes and floaters. These patients will be able to visit an optometrist in the community to be seen within 2 working days, usually on the same day. For the majority of patients, these eye conditions will be resolved in the community but referral routes will be in place for patients to be sent to the RUH for further urgent treatment if required.
- Secondly, patients with suspected cataracts or glaucoma will receive a second and more detailed assessment and discussion in the community in order to ensure the right patients are referred to secondary care. There are benefits to the health system of ensuring only patients that need and want further treatment are referred, but also to patients who will be able to speak to someone more rapidly (within 4 weeks) about their potential condition and their options.
- Thirdly, patients who have received a procedure in secondary care (e.g. cataract removal) or who have a condition that the consultant ophthalmologist considers is stable (e.g. stable glaucoma) will be able to see a local optometrist for their follow up appointment instead of returning to their secondary care provider. This will be more convenient and is more likely to meet the appropriate follow up timescales, e.g. annual follow up for glaucoma. Should the patient's condition change, the local optometrist will be able to follow the management plan provided by the consultant, which may include referral back to them.
- In addition, by ensuring that patients are treated in the right place to meet their needs as described above, those patients who do need to see a consultant in secondary care (e.g. macular degeneration, suspected glaucoma) are more likely to be able to access this in a timely manner. Effectively, the new service will increase the local capacity to treat ophthalmic conditions and ensure that patients can access the right service for them more quickly.
- The CCG is currently receiving bids from potential providers and intends to award the contract at the end of October with the aim of a new service commencing in December, although it is likely that a phased approach will need to be taken to implementation.
- The RUH is also taking actions to improve ophthalmology waiting times. They have recruited more consultant locum cover and registrars, who will commence early Autumn and are reviewing their waiting lists. BaNES CCG is further supporting the RUH by reoffering choice to patients who previously selected the RUH for their appointment and may now wish to choose another provider to facilitate being seen more quickly.

The Chair asked what would the regular waiting time now be for a patient that was diagnosed with acute glaucoma to receive an operation.

Catherine Phillips replied that it was likely to be in excess of 18 weeks.

Councillor Robin Moss asked if Optometrists were to be seen as providing a triage service.

Catherine Phillips replied that they would be able to manage many conditions and that it was important to get the message out to the public regarding the change in service. She added that the CCG Board agreed the proposal to commence procurement of a Community Eye Service in July 2018 in order to improve services for patients and develop greater eye service capacity now and in the future.

Councillor Bryan Organ asked how referrals from opticians will be managed.

Catherine Phillips replied that a choice of providers would be offered and that some waiting lists would be longer than others. She added that for example the waiting time could be shorter at a provider that is of further distance away from the patient.

Councillor Lizzie Gladwyn commented that she was unaware of the roll that opticians could play in this process and agreed that it was important to get the message out to the public.

Catherine Phillips replied that work would be undertaken with the bid winners on this and expected literature and posters to be available in GP surgeries and online. She added that she would encourage everyone to have regular eye health checks.

The Select Committee **RESOLVED** to note the actions that are being taken to improve ophthalmology services locally.

43 SELECT COMMITTEE WORKPLAN

The Chair introduced this item to the Select Committee.

Councillor Robin Moss reminded them that earlier they had discussed adding items to the workplan on the subjects of Sirona and Mental Health Preventative Work (Wigan Deal).

The Select Committee agreed that they would prefer to have a special meeting to discuss Sirona rather than waiting for the next scheduled meeting in November.

The Cabinet Member for Adult Care, Health and Wellbeing, Councillor Vic Pritchard said that he agreed the matter does require further discussion. He added that the Council were already doing a great deal of work contained within the Wigan Deal.

The Select Committee **RESOLVED** to approve the proposals to their workplan.

The meeting ended at 12.30 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services