

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board update for BaNES Council Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel

20 April 2026

Answers to issues raised during March meeting:

Dentistry services and supervised toothbrushing initiative

We are happy to provide answers to the following questions, asked by Councillors at the March meeting of the Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel

Following national press coverage, does BSW hold data on how much funding has been returned to the NHS by dental services?

Financial updates on the level of underspend are reported through PCEG and BSW ICB is sighted on these figures.

Is there any update on the dental bus as there is still a lot of interest among residents and Councillors in this, particularly in terms of providing more dental services for rural communities?

Public health colleagues are working as part of a Task and Finish Group to review evidence and agree a cross BSW approach to identifying the population cohorts that would benefit most from a mobile dental unit. We will be in a position to offer further updates on this later in the year.

Is there a BSW dental strategy to try to address the known access issues in dental services? If there is a strategy, how can elected members support it?

BSW ICB does not currently have a standalone local dental strategy. Commissioning of NHS dental services continues to operate through the national NHS dental contract, within the policy and financial framework set by NHS England. This includes the ongoing national programme of dental reform, which aims to improve access, workforce sustainability and value within the existing contract model.

There have been numerous improvements made to the contract from April 2026, with further in-year changes planned. Locally, we are planning to support dental providers contractors in neighbourhood collaborations through the new contractual mechanism.

Do we have any information on which schools have declined to participate in the supervised brushing scheme ?

BSW ICB maintains an up-to-date record of schools participating in the supervised toothbrushing scheme. This information is routinely shared with local authority public health colleagues on a monthly basis to support operational oversight and joint working.

Currently, 20 schools and early years settings in B&NES are participating in the Supervised Toothbrushing Scheme funded by the ICB, representing 57% of all eligible settings.

A further eight schools/settings have declined the offer of participation. Reasons cited include staff capacity constraints, time pressures within a stretched curriculum, or, in some cases, no reason

provided. The delivery team remains in regular contact with these settings and continues to offer alternative forms of support, including oral health education sessions and oral health packs for children to use at home.

Following additional funding provided by central government, B&NES has extended the scheme to other priority populations. Childminders were identified as the first additional group to receive training, and the most up-to-date data indicate that 60% of eligible childminders are now participating.

In relation to home oral health packs, a total of 187 packs have been distributed to eight settings, including a number of childminders.

The supervised toothbrushing scheme was originally commissioned by NHS England and is now commissioned by BSW ICB through delegated commissioning arrangements. The ICB has recently agreed to extend the current contract for a further one-year period.

Termination of Pregnancy Data: Women Aged Over 35 and Foetal Abnormality

Following our update on Termination of Pregnancy figures during the last committee meeting, there was a request for further information on the number of older women who are choosing termination of pregnancy (TOP) due to foetal abnormalities. The following information is provided in response.

This data should be read within the context that the majority of terminations of pregnancy for women residing in BSW take place in the NHS funded independent providers, with the exception of the Royal United Hospitals Bath (RUH) who undertake a relatively higher number of procedures compared with other local acute providers.

This data for 2023, the most recent year available, indicates the following numbers of NHS-funded terminations for women aged over 35:

- Great Western Hospital (GWH): 10
- Royal United Hospitals Bath : 20
- Salisbury NHS Foundation Trust (SFT): 5

All recorded terminations at GWH and Salisbury NHS Foundation Trust for women aged over 35 were undertaken on the grounds of foetal abnormality.

Unlike GWH and SFT, the data for RUH does not specify if the women who sought terminations for foetal abnormality were over 35.

Blood pressure roadshows in BaNES and rural outreach

In last month's report, committee members were informed about a series of drop-in blood pressure checking clinics held across BaNES. In response to a question raised during the meeting, we can provide a further update.

We have now partnered with the local VCSE umbrella organisation 3SG to support the delivery of these clinics over the coming months. Work is currently underway to explore opportunities to extend this activity beyond Bath city centre, including potential locations in more rural communities across BaNES such as the Somer Valley and surrounding areas.

This approach aims to improve reach and accessibility, particularly in areas where residents may experience barriers to routine health checks.

Neighbourhood Health Planning: Progress in BaNES

BSW ICB and BaNES partners are actively developing a locality Neighbourhood Health Plan, led through the Integrated Care Alliance (ICA) and Health and Wellbeing Board (HWB). The Plan will set out how services are organised around defined neighbourhoods of approximately 30,000 to 50,000 people, with Integrated Neighbourhood Teams (INTs) bringing together general practice, community health services, social care, VCSE partners and local community assets.

Community INT mobilisation commenced from April 2026 under the ICBC contract with HCRG. In BaNES, the initial focus is on high priority cohorts: people with moderate to severe frailty, care home residents, and those who are housebound or approaching end of life. A joint ICA and HWB development workshop has been completed, with the Neighbourhood Health Plan working group meeting weekly to progress content.

Digital Enablement and Inclusive Access

BSW's approach to neighbourhood health is designed on the principle of "digital first where appropriate, but not digital by default." This reflects a clear commitment that digital transformation must not create or deepen inequalities of access. Practically, this means:

- Neighbourhood services will be accessible through multiple routes, including in-person, telephone and community-based contact, alongside digital channels. The BSW vision explicitly frames neighbourhood support as having "multiple routes, no single front door."
- Population health management tools are used to identify communities and individuals with higher levels of deprivation, digital exclusion or language barriers, so that targeted outreach and non-digital support can be directed where it is most needed.
- VCSE partners, community pharmacies and community assets play an active role in connecting people to neighbourhood support, including those who are least likely to self-navigate digital services.
- Digital inclusion is embedded as a design requirement in commissioning, with providers expected to demonstrate how non-digital access routes are maintained and promoted.

Work is ongoing across BaNES to ensure that as neighbourhood health services develop, engagement and communication planning specifically addresses communities at risk of digital exclusion, including older residents, people in rural areas, and those with lower digital literacy or connectivity.

Next Steps

The BaNES Neighbourhood Health Plan is expected to reach full draft stage by September 2026/27, with formal HWB oversight. Further updates on INT mobilisation and the equity dimensions of neighbourhood planning can be provided to HOSC as the programme develops.

NHS 111 Press 2 – Mental Health Call Handling

New Interim Call Handling Arrangement

- Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) are engaging an external partner under a PSR (provider selection regime) direct award contract for up to 12 months to undertake the NHS 111-2 call handling function for Bath, Swindon, and Wiltshire.
- This arrangement enables us to stabilise the service, strengthen governance, and apply established, evidence-based processes to clinical decision-making.
- The revised model provides enhanced oversight and assurance regarding the quality and safety of care delivered via additional and more structured clinical audit processes. Furthermore, the new model will provide better data quality to help inform future decision-making.
- The added functionality provided by engaging with an external partner will also allow for wider integration into the physical health 111 service and other emergency response processes. This will support professional callers to access the right advice and guidance in a timely manner, but also service users to get the right response for their needs at the right time.

Clinical Delivery and Staffing

- The change in call handling is supported by adjustments to staffing provision within the BSW Urgent Care Service.
- This ensures that clinical decision-making remains robust, timely, and aligned with national standards.

Public Access

- There is **no change** to how the public access urgent mental health support.
- The public will continue to dial **111 and select option 2**, and the information we provide to the public remains unchanged. Our previous 0800 response line is now stood down however an answerphone message advising callers to dial 111-2 is in place
- More information on options for people who need urgent or emergency help is online: [Need urgent help and support now :: Avon and Wiltshire Mental Health Partnership NHS Trust](#)

Out-of-Hours ED Assessments and Intensive Team Calls

Operational Review and New Model of Service Delivery

- The OOH operational process for ED assessments and calls to Intensive Teams has been reviewed in detail.
- A new delivery model is now being trialled to strengthen clinical oversight and improve consistency across the system.

Revised Staffing Model

- Between **10pm and 8am**, staff will be physically based at:
 - **Royal United Hospitals Bath (RUH)**
 - **Great Western Hospital (GWH)**
- A **virtual offer** will be provided to **Salisbury NHS Foundation Trust (SFT)** during these hours. On the occasions where a virtual assessment is not clinically appropriate and a face-to-face assessment is required, the team will support access to a clinician to enable this to take place in a timely manner.
- This approach ensures:
 - More robust oversight of clinical delivery
 - Greater consistency in the assessment offer across EDs
 - Improved support to system partners during peak OOH periods

What This Means for System Partners

Operational Impact

- Partners may notice changes in how OOH assessments are coordinated and delivered, with clearer lines of responsibility and improved responsiveness. Contact details remain unchanged.
- The NHS 111-2 changes should result in more consistent clinical decision-making and improved flow into community and crisis pathways.
- The NHS 111-2 service is all age. Children and Young Adult (CAMHS) services are delivered by Oxford Health Foundation Trust, and we are working closely with them to ensure alignment to their offer so callers under 18 get the support they need.
- There is no change to how GPs refer into services
- We will be in touch in due course to provide a further briefing to acute colleagues in regard to the Out of Hours process.

Assurance and Oversight

- These changes are designed to strengthen governance, improve safety, and ensure a more resilient urgent mental health response across BSW.
- Ongoing monitoring and evaluation will inform further refinements to the model.

Kingfisher Unit - Revised opening date

BSW ICB offered committee members an update on the Kingfisher specialist learning disability and autism inpatient and outreach service located at the Blackberry Hill Hospital site in Fishponds, Bristol in last month's report and would like to offer a further update:

Earlier this year, AWP reported a significant flood within the building which caused extensive damage on the ground floor. This required detailed investigation and specialist assessments to understand the long-term implications. This work has now been completed, with all damaged materials removed and the drying process underway.

AWP's contractor has now confirmed that they expect to hand the completed building over on 17 August.

Following this, AWP will begin the necessary preparations for operational use and anticipates that the building will open and receive its first patient on 5 October 2026.

AWP is pleased to be moving forward again and appreciate the continued support of partners, service users, carers and wider stakeholders during this time. AWP remains committed to delivering a high-quality facility that will provide excellent care for the communities it serves.

Vaccinations update

Following our update on health and care staff vaccinations stats in last month's report and a request for more information on vaccinations delivered in private homes, we are happy to provide the following information.

During the Autumn/Winter 2025/2026 vaccination programme, BSW ICB worked with GP Federation BaNES Enhanced Medical Services (BEMS) to deliver vaccinations to housebound patients at home.

BEMS contacted 1804 housebound residents registered with Bath and North East Somerset GPs that were referred to the federation. BEMS vaccinated 1466 of group with both flu and COVID. The rest were split between COVID only, flu only, declined or unavailable (i.e. in hospital)

BSW ICB is working with BEMS to deliver the Spring 2026 vaccination campaign which will run from 13th April 2026 to 30th June 2026. It is primarily focussed on delivering COVID vaccinations to eligible individuals.

COVID vaccinations will be available to people over the age of 75 or anyone over the age of 6 months with a weakened immune system.

Any resident (any age) living in a care home which is registered to provide care to people over the age of 65 will also be eligible to receive a Covid vaccine.

Care homes that are not being served by their GP practices will be visited by the BEMS Vaccination Hub team.

For eligible people who are housebound and acknowledged as such by their GP practice, a home visit will be arranged to enable vaccination. This will either come directly from the GP practice themselves or from BEMS Vaccination Hub.

In addition to the COVID vaccination, some individuals will be offered a vaccine to protect against the Respiratory syncytial virus (RSV).

This will be co-administered to those eligible alongside the COVID vaccine. An RSV vaccine has been available since Autumn of 2024 for a limited cohort of people and this offer has now been extended to include anyone over the age of 75 years and to those living in a care home registered to provide care to older people.

Report on future of BSW long COVID service

Following our update and paper on proposal for engagement on the long COVID services submitted to the Committee in March, we would like to provide further information and answers to queries raised at the meeting by Scrutiny Panel members.

Engagement approach

Committee members asked if the 'targeted engagement' referenced in the paper would be sufficient. We can confirm that in addition to the targeted engagement with current and past patients, our plans also include wide-reaching promotion of the opportunity to share views via our website, social media and other communication channels such as newsletters and stakeholder organisations. There will be a survey that will be open to anyone who wishes to respond.

Do the proposals impact on long COVID services for children

We can confirm that the proposals only relate to adult services. Currently, children and young people under the age of 18 with symptoms that could indicate long COVID are referred to a paediatrician and there are no plans to change this.

How will surveillance/ monitoring long COVID trends be undertaken

There is no national or formal local surveillance of long COVID. However, the ICB does monitor the number of referrals to the long COVID service, and as set out in the paper to the committee these have fallen rapidly over the past two years. Looking ahead, referral activity and patient needs will continue to be captured through HCRG's Single Point of Access (SPA) and through team-level activity data, including the volume of referrals presenting with symptoms commonly associated with Long COVID, and recording of a Long COVID diagnosis where this is identified or clinically relevant.

Is there/could there be a specialist GP for long COVID

This is not something that is currently in place, and as we briefly described in the last meeting, this is not an area we are looking to develop. However, under the proposed changes to the long COVID service, GPs would still be able to refer patients for a range of support and further investigations depending on their symptoms and needs, as well as offering patients access to the Healthy Futures programme.

We hope this information is helpful. To reiterate our comments during the last meeting, at this stage the ICB is focused on engaging with local people about the proposed change to the long COVID service. We will carefully consider the feedback we receive before making a decision about how to proceed. We will be very happy to bring the outcome of the engagement back to the Scrutiny Panel once completed so members have the opportunity to review it and inform final decision-making.

Additional items:

New service identity for BSW Community Health

HCRG Care Group has launched a new service identity for Bath and North East Somerset, Swindon and Wiltshire Community Health, alongside a series of key improvements to how people and professionals access care. This includes the introduction of a Single Point of Access, Integrated Neighbourhood Teams, and a Digital Front Door. Together, these changes are designed to make services easier to navigate, support earlier intervention, and deliver more coordinated, person-centred care closer to home.

HCRG Care Group has supported this launch through a comprehensive, multi-stakeholder communications approach to ensure both the public and partners are well informed and able to access services confidently. This has included engagement with local media, political stakeholders, local authorities, Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board and wider system partners. HCRG has also worked closely with referring organisations - including primary care, acute providers, hospices, care homes, schools (via local authorities), community pharmacy and VCSE partners - to ensure awareness of the new referral routes and access points. In Bath and North East Somerset specifically, this work has been supported by Jane Williams, Corporate Communications Manager at Bath & North East Somerset Council, helping to ensure strong local alignment and visibility.

This is an ongoing programme of engagement, and HCRG are continuing to work closely with stakeholders to communicate these changes. The provider will maintain a sustained communications effort over the coming weeks to build awareness, support adoption and ensure that both residents and partners are confident in accessing and referring into services.

Response to Meningitis outbreak in Kent

While there were no cases in Bath or North East Somerset, health services in the area were fully briefed and part of a general response to the outbreak of meningococcal disease in Kent.

GP services were able to offer MenB vaccinations upon request to eligible patients who could not access vaccination at local vaccination clinics at the University of Kent, for example, because they had returned home from campus for the Easter holidays.

Parents were also urged to keep an eye out for symptoms of meningococcal disease and septicaemia among children and to seek urgent medical attention if symptoms were identified.

Meningococcal disease can progress rapidly, so it's essential that students and parents are alert to the signs and symptoms of meningococcal meningitis and septicaemia, which can include a fever, headache, rapid breathing, drowsiness, shivering, vomiting and cold hands and feet.

Information on eligibility for the MenB vaccine can be found on the UK Health Security Agency website here: <https://ukhsa.blog.gov.uk/2026/03/20/who-is-eligible-for-the-menb-vaccine-and-do-i-need-it-myself/>

BSW Hospitals Group appoint Group Chair

Royal United Hospitals Bath NHS Foundation Trust, Great Western Hospitals NHS Foundation Trust in Swindon and Salisbury NHS Foundation Trust have appointed Paul von der Heyde as their Joint Chair. This marks a significant milestone in the formal collaboration between the three hospitals as BSW Hospitals Group.

Paul took up the position on 1 April 2026 and brings with him a wealth of experience gained over 40 years of working at Board level in both the commercial sector and NHS. He was most recently Chair of NHS Somerset Integrated Care Board from 2021 and Chair of Yeovil District Hospitals NHS Foundation Trust from 2012.

Throughout his career Paul has developed a strong reputation for building effective partnerships to support transformation which enhances the experience of patients, colleagues and wider population.

In taking on the role, Paul will oversee a combined budget of £1.6 billion and workforce of over 17,600 colleagues, providing care to over 1 million people across Bath and North East Somerset, Wiltshire, Swindon and beyond.