## Minutes

### Present

**Members:**

Hilary King, Protect our NHS B&NES

Deborah Jane, Member of the Public

Julie Hockey, Member of the Public

Janet Cowland, Member of the Public

Andy Morley, Member of the Public

Jenny Evans, St Chad’s Surgery Patient Participation Group

Ian Perkins, Member of the Public

Anna Beria, Public Governor for NES, RUH-NHS Trust

**Attending Officers:**

Lucy Baker, Deputy Place Director & Director of LDA, B&NES - BSW ICB - **Chair**

Nellie Stevens, Business Manager, B&NES Locality - BSW ICB

Sue Poole, Development Officer - Healthwatch B&NES

### Apologies:

Laura Ambler, Place Director B&NES, BSW ICB

Sarah Murch, Research and Community Engagement Project Manager, BSW ICB

Ann Harding, Member of the public and Healthwatch link volunteer for Virgin Care (B&NES community health and care services)

Robert Page, Member of the Public

Julian Kirby, Non-Executive Director for Public & Community Engagement BSW ICB

Rob Wills, Member of the Public

Mark O’Sullivan, Federation of Bath Residents' Associations & Greenway Lane Area Residents' Forum

### 1. Welcome and apologies

1.1 The chair opened the meeting and introductions were made from all and apologies noted. Lucy Baker introduced herself and her role within the ICB as Director of Learning Disabilities, Autism, and Neurodiversity (B&NES, Swindon, and Wiltshire ICB) and Deputy Director of Place for B&NES. LB advised that the BSW ICB have recently undertaken an HR restructure and the place portfolio will now extend to include children and young people for the whole system.

### 2. Declaration of interests

2.1 None declared.

### 3. Minutes of the B&NES Your Health Your Voice meeting on 27th February 2024 via Zoom

3.1 LB asked the group if there are any changes that need to be made to the previous minutes and the group confirmed the previous minutes as accurate. AB raised an error of the attendance list in the previous minutes, NS to amend this accordingly.

### 4. Public questions

4.1 LB advised that one public question had been submitted.

4.2 Question from the public:

Now that the pilot Rapid Response Falls Service is ending, can we please have more information about the replacement service?

4.3 BSW ICB response:

The Community Urgent Care Response team from HCRG Care Group are responsible for responding to anyone who has fallen in BaNES if there is no injury from the fall or a reported minor superficial injury.  This replicates the service that was provided by South West Ambulance Service (SWAST) and HCRG Care Group as part of the Falls Rapid Response Service. Where there is an injury reported, the call will be picked up by an emergency responder from South West Ambulance Service. The Urgent Community Response team will also make any necessary onward referrals to appropriate services such as the Falls and Balance Clinic and the community equipment service. The two hour care community response is a statutory function within the NHS for community providers.

4.4 LB added that the virtual wards in B&NES link with the community urgent care response and the falls model. The virtual ward team can therefore assist with the patients rather than them being admitted to hospital.

4.5 The Care Coordination Hub across BSW is a facility that is based in Chippenham with the 111 provider MEDVIVO. The Hub will monitor both 999 and 111 calls and will categorize these from 1-5 and the Falls activity will be included in this cohort. The BSW ICB has agreed to invest £1.9million to further develop this hub. There is also now an option when calling 111 to be redirected to a mental health specialist by choosing Option 2 (112). This service will now be the national main mental health service going forward.

4.6 JE raised that the mental health option 2 function hasn’t been nationally advertised and promoted in the press.

4.7 LB confirmed that it was agreed within BSW to use a soft launch for this new service due to challenges with recruitment, but the hope is to launch this fully once the model is embedded and so far has had positive feedback.

4.8 HK questioned whether PCLS is still available as this was the service to call for mental health professionals. LB clarified that the PCLS still exists but is being phased out nationally and now will be embedded within Bath Mind.

4.9 LB also informed the group that there will now be a mental health car newly invested in Bristol but will also cover Bath over the next year and Avon and Somerset Police control room will be able to access the advice.

**5 B&NES Locality update**

5.1 LB gave a verbal overview of the B&NES locality update. The main points are:

* Integrated Community Based Care (ICBC) procurement of £130million is currently in the process of reviewing the bids and the decision making is scheduled for September 2024. This will cover all three localities of B&NES, Swindon, and Wiltshire. The timeline for the procurement process may need changing due to the general election and purdah.
* Sulis Hospital in Peasedown St John will be opening its new Sulis Elective Orthopaedic Centre (SEOC) this year. The SEOC will serve NHS patients from across the South West, helping to tackle the region’s backlog of elective, non-emergency surgery. The hospital is currently recruiting for over 100 new job vacancies ahead of the open launch in December 2024.
* The RUH’s new Dyson cancer centre has now opened and welcomed patients in late April 2024 including outpatient appointments, imaging, and surgery.
* The Virtual Ward financial envelope has now been approved with the models for the next 12 months. The step-up model which is run by HCRG has 35 beds worth of Virtual Ward activity to stop patients being admitted to hospital. The step-down model called Hospital at Home is run by the RUH providing another 35 beds for patients already in hospital waiting for discharge. The aim is to expand the virtual wards to offer pathways for paediatrics, cancer care and post op therapy.
* Ward 4 at St Martin’s hospital was closed in October 2023 due to financial challenges. Ward 4 has now reopened to 23 general beds as an RUH ward on the St Martin’s site usually with patients on a discharge trajectory. Ward 4 is also being used for Virtual Ward patients needing readmitting to hospital.

5.2 In relation to the to the ICBC procurement the panel would like the following questions to be considered and answered:

1. Why isn’t there public involvement/engagement like there has been in previous years?
2. Can we confirm who on the panel is making the decisions?
3. What does the bid include?
4. Will the virtual wards/hospital at home services be considered?
5. Can we have a breakdown of services across B&NES, Swindon, and Wiltshire?
6. Can we understand why we can’t share who the bidders are?

5.3 It was agreed that LB will ask the questions to the procurement team and feedback at the next meeting in July.

**Action: LB to ask the questions to the ICBC team and provide answers to the panel at the next meeting.**

5.4 JE raised that an NHS appointment letter from Sulis Hospital included private care leaflets and felt it was wrong to advertise and promote this within an NHS letter. LB agreed and will share the feedback to the relevant teams.

5.5 IP added that the NHS ‘right to choose’ referral process isn’t helpful as there wasn’t any available appointments from the choices offered. LB raised that the referral support service (RSS) is available in the BSW localities to support patients with NHS referrals and hospital choices for routine appointments.

5.6 AM wanted to flag the predict and prevent project within chemotherapy and hopes a multi-disciplinary activity comes together in a different way for better support. AM also expressed his interest of the virtual ward services within the cancer pathways.

5.7 LB suggested using AM’s journey to learn and how to commission cancer services for the future and recommended making connections with Robin Fackrell and the virtual ward steering group.

**Action: LB and AM to meet offline to discuss the commissioned cancer services and to ensure connections are made with Robin Fackrell.**

**Healthwatch Update**

5.8 SP provided an update on Healthwatch (report has been circulated) including a summary of feedback being provided on health and care services. Current issues include GP appointments, waiting time for hospital investigations, mental health support and access to dentistry services. Other themes include communication ranging from tone of voice by hospital staff, digital access, eating disorders and booking appointments.

5.9 SP added that Healthwatch is funded by BANES council and that feedback is circulated to the ICB and local authorities. Another significant area for concern is the delay in adult ADHD and autism diagnosis. Healthwatch are in the process of completing two reports these being digital access to healthcare and eating disorders with the report covering the BSW area and is due to be published in June.

5.10 LB emphasised that the wait time is currently five years for adult ADHD diagnosis in BANES and the provider is AWP (Avon and Wiltshire Mental Health Partnership). This has been formally escalated and expressed that this service isn’t fit for purpose. The aim is to support people with self-identifying with Autism to encourage them to make adaptations within their lifestyles.

5.11 LB reminded all the keyworker service within BSW ICB has funded £670,000 for this programme, which consists of a team of 7 employees supporting children and young people and their families to support de-escalation early intervention and prevention.

**Action: LB and JH to discuss Autism only schools offline.**

5.12 IP expressed an interest with digital access and suggested using B&NES council libraries for IT training for staff. SP to engage with IP offline to discuss further.

**6 MADE (Multi Agency Discharge Event) Update**

6.1 Due to limited time remaining the group agreed to postpone this item to the next meeting in July. This will be added to the July’s agenda.

**7 Demonstration on Microsoft Teams**

7.1 LB and NS virtually shared screens and provided a demonstration on Microsoft Teams. LB instructed all on downloading the MS Teams app via mobile phone and computer.

7.2 It was agreed to have a test call before the meeting in July to ensure all panel members are set up on MS Teams and can access the meeting easily.

**8. Any other business**

8.1 The group agreed to continue having these meetings bi-monthly alternating between virtual and face to face. The next meeting in July will be virtual via MS teams. It was also agreed that the healthwatch feedback item will be presented at every other meeting.

8.2 DJ suggested the panel members to lift share for future face to face meetings.

8.3 It was agreed that NS will produce a new action tracker and forward plan for the meetings going forward as NS is now the secretariat for the YHYV panel meetings.

8.4 No further business was discussed, and LB closed the meeting at 13:00 and thanked all for attending the face to face meeting.