Bath & North East Somerset Council

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Date: 20th July 2011
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To: All Members of the Wellbeing Policy Development and Scrutiny Panel

Councillor Vic Pritchard
Councillor Loraine Morgan-Brinkhurst MBE
Councillor Eleanor Jackson
Councillor Anthony Clarke
Councillor Bryan Organ
Councillor Kate Simmons
Councillor June Player
Councillor Sharon Ball
Councillor Sarah Bevan
Councillor Katie Hall

Chief Executive and other appropriate officers
Press and Public

Dear Member

Wellbeing Policy Development and Scrutiny Panel: Friday, 29th July, 2011

You are invited to attend a meeting of the **Wellbeing Policy Development and Scrutiny Panel**, to be held on **Friday, 29th July, 2011** at **10.00 am** in the **Brunswick Room - Guildhall, Bath.**

The agenda is set out overleaf.

Yours sincerely

Jack Latkovic
for Chief Executive

If you need to access this agenda or any of the supporting reports in an alternative accessible format please contact Democratic Services or the relevant report author whose details are listed at the end of each report.

This Agenda and all accompanying reports are printed on recycled paper

NOTES:

1. **Inspection of Papers:** Any person wishing to inspect minutes, reports, or a list of the background papers relating to any item on this Agenda should contact Jack Latkovic who is available by telephoning Bath 01225 394452 or by calling at the Riverside Offices Keynsham (during normal office hours).

2. **Public Speaking at Meetings:** The Council has a scheme to encourage the public to make their views known at meetings. They may make a statement relevant to what the meeting has power to do. They may also present a petition or a deputation on behalf of a group. Advance notice is required not less than two full working days before the meeting (this means that for meetings held on Wednesdays notice must be received in Democratic Services by 4.30pm the previous Friday)

   The public may also ask a question to which a written answer will be given. Questions must be submitted in writing to Democratic Services at least two full working days in advance of the meeting (this means that for meetings held on Wednesdays, notice must be received in Democratic Services by 4.30pm the previous Friday). If an answer cannot be prepared in time for the meeting it will be sent out within five days afterwards. Further details of the scheme can be obtained by contacting Jack Latkovic as above.

3. **Details of Decisions taken at this meeting** can be found in the minutes which will be published as soon as possible after the meeting, and also circulated with the agenda for the next meeting. In the meantime details can be obtained by contacting Jack Latkovic as above.

   Appendices to reports are available for inspection as follows:-

   Public Access points - Riverside - Keynsham, Guildhall - Bath, Hollies - Midsomer Norton, and Bath Central, Keynsham and Midsomer Norton public libraries.

   For Councillors and Officers papers may be inspected via Political Group Research Assistants and Group Rooms/Members' Rooms.

4. **Attendance Register:** Members should sign the Register which will be circulated at the meeting.

5. THE APPENDED SUPPORTING DOCUMENTS ARE IDENTIFIED BY AGENDA ITEM NUMBER.

6. **Emergency Evacuation Procedure**

   When the continuous alarm sounds, you must evacuate the building by one of the designated exits and proceed to the named assembly point. The designated exits are sign-posted.

   Arrangements are in place for the safe evacuation of disabled people.

Wellbeing Policy Development and Scrutiny Panel - Friday, 29th July, 2011

at 10.00 am in the Brunswick Room - Guildhall, Bath

A G E N D A

1. WELCOME AND INTRODUCTIONS

2. EMERGENCY EVACUATION PROCEDURE

   The Chair will draw attention to the emergency evacuation procedure as set out under Note 6.

3. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

4. DECLARATIONS OF INTEREST UNDER THE LOCAL GOVERNMENT ACT 1972

   Members who have an interest to declare are asked to:

   a) State the Item Number in which they have the interest
   b) The nature of the interest
   c) Whether the interest is personal, or personal and prejudicial

   Any Member who is unsure about the above should seek advice from the Monitoring Officer prior to the meeting in order to expedite matters at the meeting itself.

5. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

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

   At the time of publication no notifications had been received.

7. CABINET MEMBER UPDATE (15 MINUTES)

   The Panel will have an opportunity to ask questions to the Cabinet Member and to receive an update on any current issues.

8. NHS UPDATE (15 MINUTES)

The Panel will receive an update from the NHS on current issues.

9. BATH AND NORTH EAST SOMERSET LOCAL INVOLVEMENT NETWORK UPDATE (15 MINUTES) (Pages 7 - 10)

The Panel are asked to consider an update from the BANES Local Involvement Network.

10. HEALTHWATCH STATUS REPORT (15 MINUTES) (Pages 11 - 20)

Recent developments in policy, first described within *Equity and Excellence Liberating the NHS*, have outlined a new duty on local authorities to ensure the provision of Healthwatch. Healthwatch is a development in public involvement and will be a new body that replaces the existing Local Involvement Networks. It is expected that the Health and Social Care Bill currently progressing through parliament will confirm the regulations for Healthwatch. In Bath and North East Somerset activity has been taking place throughout May to July in preparation for the future commissioning of Healthwatch. Officers are working towards an implementation date of October 2012. This paper provides an update to overview and scrutiny members on work to date and the agreed principles upon which Healthwatch is now being progressed.

Panel Members are asked to comment on the information presented within the report, to note the key issues and to endorse the direction of travel indicated.

11. NHS REFORM AND INTERIM COMMISSIONING ARRANGEMENTS (20 MINUTES) (Pages 21 - 32)

Equity and Excellence Liberating the NHS setting out the governments intentions for the reform of the NHS was released by the Department of Health for consultation in July 2010. A response to the consultation *Liberating the NHS Legislative Framework and Next Steps* was published in December 2010. The content of these papers has previously been reported to the overview and scrutiny panel. The Health and Social Care Bill that provides the underpinning legislation is progressing through its parliamentary process. Both reform papers and the bill itself received mixed response and public challenge. The Prime Minister called for a pause in the progression of the Health and Social care Bill and initiated a further period of reflection and consultation led by the NHS Future Forum review body. This review has now concluded and amendments have been made to the details previously reported.

This paper is being presented to ensure overview and scrutiny panel members are well informed on the progress of reform and the work underway to implement change in Bath and North East Somerset.

12. SERVICE DEVELOPMENT FOR PET/CT SERVICES FOR ADULTS (20 MINUTES) (Pages 33 - 40)

The purpose of the document is to report to the B&NES Health Policy Development and Scrutiny Committee on the outcome of the re-tender of the West of England Positron Emission Tomography / Computerised Tomography (PET/CT) contract (covering a test that is used as part of the diagnosis of rare cancers). Specifically this briefing reports on the proposed model of care and service for PET/CT for the areas covered by NHS Bath and North East Somerset PCT, NHS Bristol, NHS North Somerset, NHS South Gloucestershire, NHS Wiltshire and NHS Swindon, the selection process and the outcome of that process.

13. GREAT WESTERN AMBULANCE SERVICE JOINT SCRUTINY COMMITTEE MEMBERSHIP AND UPDATE (10 MINUTES) (Pages 41 - 48)

The Great Western Ambulance Service (GWAS) Joint Scrutiny Committee was established in 2008. Each of the participating local authorities are required to appoint three members to sit on the committee. In 2011 Councillor Tony Clarke was elected Chair of the GWAS Joint Scrutiny Committee and the Panel will hear a verbal update from Councillor Clarke on the outcomes of their meeting on the 10th June 2011.

The Wellbeing Policy Development and Scrutiny is asked to:

- Nominate and agree the 3 Members of the Panel on a politically proportionate basis (1:1:1) who will sit on the GWAS Joint Scrutiny Committee; and
- Note the verbal update from Councillor Clarke.

14. PROGRESS IN ESTABLISHING A COMMUNITY HEALTH & SOCIAL CARE SERVICES COMMUNITY INTEREST COMPANY (20 MINUTES) (Pages 49 - 58)

The report is presented to provide an update on the progress towards establishment of the Community Interest Company (CIC) for the provision of community health and social care services.

The Wellbeing PDS Panel is asked to:

- Note this update report; and
- Note the progress against the conditions set out by the Council and the NHS B&NES Board in approving the transfer of services to a social enterprise as set out in Appendix 1.

15. WORKPLAN (Pages 59 - 74)

This report presents the latest workplan for the Panel (Appendix 1) as well as information to help Panel members identify any additional items for the workplan (plus a suggestion form for workplan items).
The Panel is required to set out its initial thoughts/plans for their future workload, in order to feed into cross-Panel discussions between Chairs and Vice-chairs - to ensure there is no duplication, and to share resources appropriately where required.

The Committee Administrator for this meeting is Jack Latkovic who can be contacted on 01225 394452.

Bath and North East Somerset
Local Involvement Network

Report to B&NES Wellbeing Policy Development & Scrutiny Panel, 29 July 2011

1. NHS B&NES Clinical Priorities Policy

The LINk was given a presentation on the PCT's proposed policy on Clinical Priorities. It has agreed to participate in the Impact Assessment for Homeopathy Services, which is one of the services covered by this policy. The LINk looks forward to further involvement in the public consultation on both this and the overall Clinical Priorities policy, and would be happy to work with the PDS Panel in this area.

2. HealthWatch

Since we last made a report to the HOSC in March, the Future Forum on the Health & Social Care Bill has reported.

The Future Forum made the following recommendations relating to HealthWatch -

- Local HealthWatch organisations should continue to be commissioned by local authorities, and should refer any disputes over the performance management of their contracts to their Health & Well Being Boards and/or to HealthWatch England.
- Expectations as to what local Healthwatch will be responsible for are too great, particularly given that their funding is likely to be limited. Local Healthwatch should have a dual role of patient advocacy (the powerful consumer champion in the system), and scrutiny and challenge of organisations in the health and wellbeing system.
- Local HealthWatches should be represented on governance committee of HealthWatch England ("HWE".
- HWE should have a “Citizens’ Panel” to oversee delivery of Choice agenda.
- Commissioners and Providers should have a duty to have “due regard” to Local HealthWatches'.
- Health & Well Being Boards and *Monitor* should have a new duty to involve users and the public.

In its response to the Future Forum's recommendations, the Government has so far announced that there would be an explicit requirement that Local HealthWatches' membership must be representative of different users, including carers.

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From the amendments seen so far, there seems to have been no substantive change to the Local HealthWatch part of the Bill. In particular, we are unsure whether the functions of Local HealthWatches will still include the originally intended patient information role to support the Patient Choice agenda. However, further amendments may be introduced or proposed during the Lords Committee stage, and much of the operational detail and changes in direction could be implemented through secondary legislation when the Bill itself has passed into law as an Act of Parliament. .

3. LINk's Funding for 2011-12

Following our report to the 15 March meeting of the HOSP, we have learnt that the LINk's funding for July 2011-March 2012 will be £65,280. This, of course, includes all the costs of the Host's support to the LINk. The original contract ran to June 2011, so the amount here relates to the nine-month period from then to March 2012. This renewal of the contract was agreed before it was announced that LINks would continue until October 2012, and arrangements for this new additional period have not yet been discussed.

The amount for 2011-12 represents a 16% reduction in the amount provided in previous years, and this seems a reasonable and fair reduction in view of underspends in those years, and in view of the financial stringencies faced by local authorities.

4. Out-of-Hours Access to GP Services

The LINk received a letter from an elderly B&NES resident, outlining the difficulty she had experienced in attempting to see a GP late in the evening. She phoned the out-of-hours service and described her symptoms, and was then asked to get herself to the GP service provided at the RUH. She did not have access to her own transport and had no family or friends nearby on whom she could rely. Public transport at that time of day was not an option. She told us that she explained this to the GP who had taken her call, and that she was replied to with exasperation and made to feel guilty about her inability to get to the hospital. In the end, a GP visited her at home and prescribed medication for her. The LINk wrote to the PCT about this, and it was explained that this was a problem that only cropped up in a very small number of cases, and that it was insufficient in scale for special transport arrangements to be routinely provided. The LINk discussed this case, and noted that appropriate arrangements were made for the patient to be seen by a GP. However, it feels that patients should not be put in a position of feeling that they are being "difficult" in such circumstances, and that there should be a routine enquiry made as to their ability to travel to get medical attention. There are a number of circumstances where this could be difficult, including lone parents of very young children, as well as the increasing number of elderly people. The LINk feels that such people can face significant problems from the growing tendency to centralise health services, and thus take them further away from people's homes. There is a danger that changes that save costs for the NHS could result in increased cost and real difficulties for patients. The LINk intends to continue monitoring this area.

5. Cancer Networks

LINk Members expressed concern at the original plans to abolish Cancer Networks, and wrote to Don Foster MP to convey this concern to him. Mr Foster replied that he had great sympathy with this view, and that he had passed this letter on to the Secretary of State for Health. On 19 May, it was announced that the life of Cancer Networks would be extended until 2013, and Mr Foster wrote again to the LINk, enclosing a copy of a letter from the

Secretary of State responding specifically to the B&NES LINk's letter. In this, he noted the LINk's concerns and reaffirmed the governments funding support for Cancer Networks until 2013. The LINk is still concerned that this support should not finish in 2013.

6. Quality Accounts

The LINk has provided responses to the Quality Accounts of the following NHS Provider oragnisations:

- Avon & Wiltshire Mental Health Partnership Trust
- Royal United Hospital Bath
- Royal National Hospital for Rheumatic Diseases
- Great Western Ambulance Trust
- Dorothy House
- The new Social Enterprise organisation for Health and Social Care Community Services.

7. Other Involvement

- In April, the LINk Chair, with the Host's Manager, attended a meeting to discuss the development of the new Health & Well Being Board.
- LINk Members have participated in interviews to select the Director of Finance and Non-Executive Directors for the new Community Services Social Enterprise.

Diana Hall Hall
Chair, B&NES Local Involvement Network
18 July 2011

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Bath & North East Somerset Council		
MEETING:	Wellbeing Policy Development and Scrutiny Panel	
MEETING DATE:	29th July 2011	**AGENDA ITEM NUMBER**
TITLE:	Healthwatch status report	
WARD:	ALL	
AN OPEN PUBLIC ITEM LIKELY TO BE TAKEN IN EXEMPT SESSION		
List of attachments to this report: Appendix 1: Healthwatch in B&NES aims, vision and principles. Appendix 2: Joined up involvement.		

1 THE ISSUE

1.1 Recent developments in policy, first described within *Equity and Excellence Liberating the NHS*, have outlined a new duty on local authorities to ensure the provision of Healthwatch. Healthwatch is a development in public involvement and will be a new body that replaces the existing Local Involvement Networks. It is expected that the Health and Social Care Bill currently progressing through parliament will confirm the regulations for Healthwatch. In Bath and North East Somerset activity has been taking place throughout May to July in preparation for the future commissioning of Healthwatch. Officers are working towards an implementation date of October 2012.

1.2 This paper provides an update to overview and scrutiny members on work to date and the agreed principles upon which Healthwatch is now being progressed.

2 RECOMMENDATION

2.1 Members are asked to comment on the information presented within the report, to note the key issues and to endorse the direction of travel indicated.

3 FINANCIAL IMPLICATIONS

3.1 The funding envelope for Healthwatch has not yet been established and will need to be identified before the procurement process commences.

4 THE REPORT

4.1 The current health and social care reforms are centred on the fundamental principle that patients and the public must be at the heart of everything our health and care services do. Government has acknowledged that there have been a number of different arrangements for involving people in health and social care

over recent years and has expressed an intention to build on what is working well but also establish new structures that will bring even greater benefits. As part of this intent the Health and Social care Bill currently going through parliament has provision in it for the establishment of Healthwatch.

4.2 Healthwatch is being described as an evolution from the existing Local Involvement Networks (LINK) and is expected to give people real influence over decisions made about local services. It can best be described as a consumer champion whose role is to champion the views and experiences of patients, people using services, carers and the wider public. It should be noted that the term Healthwatch covers both health and social care and it will support individuals as well as engaging communities.

4.3 The Health and Social Care Bill specifies two elements to the proposed structure. These are Healthwatch England a national body operating within the Care Quality Commission providing leadership to local Healthwatch and advising the NHS commissioning Board and local Healthwatch acting as consumer champion for local people regarding health and social care. Local Healthwatch has 3 principle responsibilities:

- To Influence: helping shape the planning of health and social care services;
- To inform: providing information about health and social care services and supporting people in choice;
- To advocate: acting as a watchdog pursuing people's interests with local providers.

4.4 Healthwatch is different from LINk and has new responsibilities. Healthwatch will need to do all that LINk currently does and has the same powers that LINk currently enjoys but It also has new duties to provide information and support people in choice. During the latest policy amendments released in the Governments response to the NHS Future Forum recommendations this aspect was not highlighted and clarification is being sought as to the continuation of this particular element. Healthwatch will also have a seat on the new health and wellbeing boards and will operate as a health and wellbeing board member.

4.5 Local authorities have the freedom to choose how Healthwatch may be provided and it is the intention to commission the provision of Healthwatch in B&NES from a suitable provider as assessed through an open procurement process. To determine what would be an appropriate specification for Bath and North East Somerset a public consultation process took place between May and July. Stakeholders included the partnership board, LINk, the health and wellbeing network (including service users and carers), voluntary sector providers, GPs, council and NHS officers. A seminar was held with partnership board members, three public meetings took place, information was published in Connect, the council magazine which is delivered to every household and public pages were created on the council website where all documents were made available for scrutiny.

4.6 The purpose of the consultation was to agree the vision for Healthwatch and to set the principles upon which procurement will now take place.

4.7 The vision was approved by the partnership board at its seminar and subsequent public meeting on June 15th. The vision was supported by all stakeholders in subsequent meetings.

4.8 At the final public meeting on July 5th. The findings of the consultation were presented and were supported as being a fair account of the issues raised during the consultation and as an appropriate set of information to take forward into the procurement process. This document is included at Appendix 1.

4.9 Of particular note is the recognition that we do not want Healthwatch to be a separate entity which is stand alone. To do so would duplicate existing involvement structures and would not achieve the potential for collaboration and added value. There is already an existing structure of stakeholder advice, support and advocacy groups and it is intended that Healthwatch acts as a coordinating force to bring the inputs from these groups together and to consolidate the consumer voice for health and social care. Some opinions are emerging that suggests Healthwatch may operate as a brand or kite mark whilst other views favour a managed network.

4.10 During the consultation there has been strong recognition for a joined up agenda between the three elements of health and social care development: Healthwatch as the consumer voice, scrutiny as the democratic body that oversees local developments and the health and wellbeing board as local strategic commissioners overseeing health and wellbeing plans and the quality of local provision. The vision is to collaborate on an agreed set of priorities whereby each element of the local system can focus on a common agenda of interest. During the consultation this was symbolised via discussion on the 'Healthwatch house' and the triangle of involvement. These slides are included at Appendix 2. With these aims in mind there has been consensus on the desirability of Healthwatch having strong links and integration with scrutiny and the request that a representative of Healthwatch is included within the membership of the panel. It is proposed that this is further explored in advance of Healthwatch coming into operation from October 2012.

5 RISK MANAGEMENT

5.1 There are risks that the councils duty to establish a service is not met or that stakeholders are not engaged sufficiently in the design and establishment of the service leading to lack of ownership and support. Project management is underway and consultation has taken place to control and manage these risks.

6 EQUALITIES

6.1 Healthwatch aims to engage all sections of the community to be influential in shaping services and working towards reducing inequalities. The consultation on Healthwatch has included equalities perspectives.

7 CONSULTATION

7.1 A public consultation has been undertaken as described within the main report. A similar report taken to the partnership board on June 15th was made available to the Section 151 Finance Officer and Monitoring Officer.

8 ISSUES TO CONSIDER IN REACHING THE DECISION

8.1 Social Inclusion; Customer Focus;

Contact person	Derek Thorne Assistant Director Comms & Corporate Affairs NHS B&NES
Background papers	The Healthwatch Transition plan: DH Publication
Please contact the report author if you need to access this report in an alternative format	

Healthwatch in Bath and North East Somerset
Aims Vision and Principles

1 Introduction

In response to recent government policy a vision for Healthwatch is being developed in Bath and North East Somerset. A provider for Healthwatch will be commissioned through an open procurement process and will be in place at October 2012. A public consultation exercise has been in operation during May and June and is now drawing to a close.

This paper presents the agreed vision for Healthwatch and summarises the key points to be taken forward in drawing up a specification for the procurement exercise.

2 Aim for Healthwatch procurement

To secure a suitable service provider that will:
Establish and deliver an energetic and proactive local involvement infrastructure fully embracing modern and creative communication and engagement methods to quickly emerge as:

The consumer champion for health and social care for people using services, carers and the public in Bath and North East Somerset.

3 Agreed Vision for Healthwatch

Bath and North East Somerset Healthwatch will:

1. Undertake the 3 core operational functions
   Influencing
   Signposting
   Advocacy
2. Act as a network or brand bringing together the existing infrastructure of engagement and support and extending it
3. Proactively outreach in communities to be inclusive and accessible to all groups e.g. adults, children, minorities,users,carers & patient groups
4. Deliver information & choice through signposting
5. Establish a common agenda of priorities & work alongside partners
6. Participate in a triangle of relationship with commissioners and O&S

4 Principles for procurement

1 Establish and manage

Fulfil all procurement requirements
- Satisfy all financial managerial and operational criteria

Fulfil regulatory requirements
- Demonstrate ability to respond to final operational regulations
- Demonstrate ability to deliver all existing Link duties and responsibilities

Operate an appropriate and proportionate organisation
- Put in place a lean but effective core administration
- Identify the mechanisms for wider involvement
- Identify the mechanisms for an operating structure

Ensure localism
- Be able to demonstrate ability to deliver local knowledge

Create an effective and inclusive brand
- Clear confidence of role as champion of people using services
- Ensure equal weighting for social care
- Include wellbeing and prevention

Quickly establish professional working relationships
- Achieve proactive relationships with all key commissioner and provider partners
- Identify mechanisms for sustaining these as ongoing relationships

2 Promote and communicate

Actively Publicise
- Identify promotion strategy and methods for continuous public communications

Innovation of approach
- Major emphasis on internet communications and modern social media
- Proportionate emphasis on print and broadcast media
- Identify new mechanisms for distribution through public venues

Inform
- Regular communication on purpose
- Regular communication on opportunities for public access
- Regular communication on achievements

3 Involve and engage
Act as a local network
Coordinate and draw together existing H & SC involvement structures
Identify methods for ensuring the participation of all partners

Ensure inputs from network participants
Proactively gain inputs from individual's and specialist groups

Extend and increase membership
Embed GP patient participation groups
Include foundation trust members
Include parish and town councils
Increase public participation

Proactively reach out to all communities
Establish continuous links to children and young peoples structures
Identify how to have a presence or access points in community venues
Identify how to promote involvement in non traditional venues or events

4 Empower and enable workforce
Build on existing work
Continue to support and include existing Link members
Review existing streams of work and continue where appropriate

Establish effective workers and leaders
Identify how volunteers will be selected for key roles
Identify how volunteers will be trained and have continuous development

5 Perform and deliver
Justify public mandate
Articulate aims and priorities
Be accountable and report on activity and achievements

Work to a common agenda
Identify how priorities for annual work plan will be sourced
Identify how priorities will be negotiated and agreed with local partners

Advocacy
Identify methods for advocacy and how group and individual issues will be pursued with providers

6 Develop and Grow
Extend scope of involvement
Identify how the health and wellbeing network can be delivered through health watch
Identify vision for growth of healtwatchs local influence and activity

Derek Thorne Assistant Director NHS B&NES 2nd July 2011

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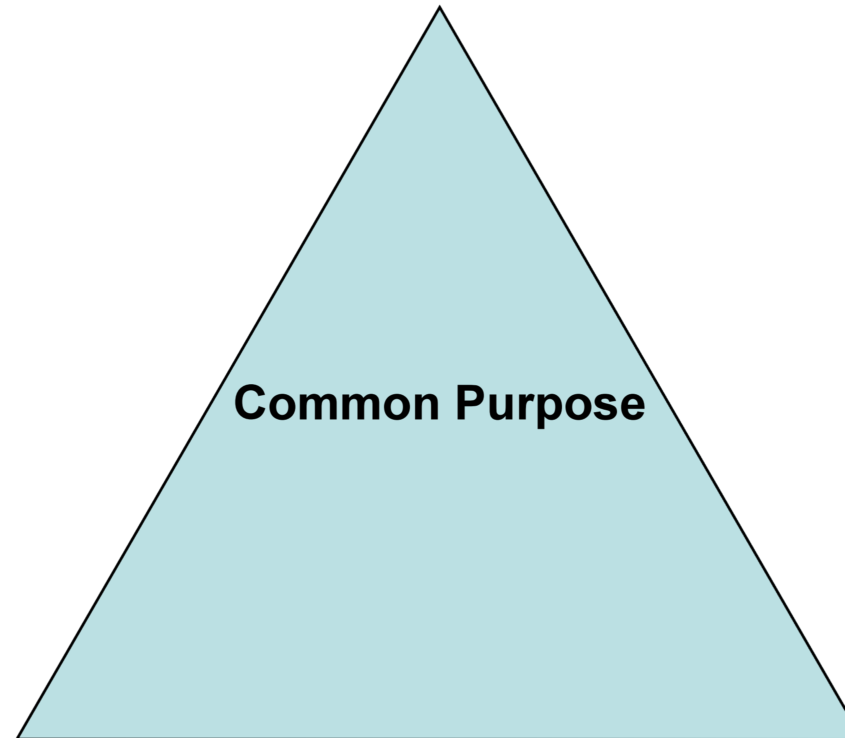
Joined up involvement

Appendix 2



Bath & North East Somerset Council

NHS
Bath and North East Somerset

Working together for health & wellbeing

HealthWatch House

HEALTH & WELLBEING BOARD

Council

Overview & Scrutiny

HealthWatch Coordination

Older People

Children

Mental Health

Carers

Conditions

LD

GP Groups

Commissioner

Service Providers

PUBLIC

Bath & North East Somerset Council		
MEETING:	Wellbeing Policy Development and Scrutiny Panel	
MEETING DATE:	29th July 2011	**AGENDA ITEM NUMBER**
TITLE:	NHS Reform and interim commissioning arrangements	
WARD:	ALL	
AN OPEN PUBLIC ITEM		
List of attachments to this report: Appendix 1: Government response to NHS Future Forum Summary of key changes Appendix 2: Interim Commissioning Arrangements		

1 THE ISSUE

1.1 *Equity and Excellence Liberating the NHS* setting out the governments intentions for the reform of the NHS was released by the Department of Health for consultation in July 2010. A response to the consultation *Liberating the NHS Legislative Framework and Next Steps* was published in December 2010. The content of these papers has previously been reported to the overview and scrutiny panel. The Health and Social Care Bill that provides the underpinning legislation is progressing through its parliamentary process. Both reform papers and the bill itself received mixed response and public challenge. The Prime Minister called for a pause in the progression of the Health and Social care Bill and initiated a further period of reflection and consultation led by the NHS Future Forum review body. This review has now concluded and amendments have been made to the details previously reported.

1.2 This paper is being presented to ensure overview and scrutiny panel members are well informed on the progress of reform and the work underway to implement change in Bath and North East Somerset.

2 RECOMMENDATION

2.1 Members are asked to note the report

3 FINANCIAL IMPLICATIONS

3.1 None identified at this stage of the programme.

4 THE REPORT

4.1 The NHS Future Forum completed their review and reported their findings on 13th June. The government issued a response and outlined how the recommendations would be considered and implemented. In introducing the response the Secretary of State for Health reasserted the principles that will carry forward into reform and described a commitment to establish a health system:

- led by frontline professionals;
- where patients and the public have a stronger voice and more control – "no decision about me without me";
- where people's health and social care needs aren't treated separately;
- where local councils have a real say over decisions in the NHS;
- that's focused on the causes of health problems as well as treating them;
- that's judged on the quality of care it provides.

4.2 All of the core recommendations from the NHS Future Forum were accepted by government. A series of linked reports outlining the detail of revisions in specific areas were published. The summary of the key points published by the Department of Health is attached at Appendix 1. the full set of reports are available to view on the Department of Health website at www.dh.gov.uk

4.3 One of the significant aspects of the commissioning reforms was the proposal that primary care trusts cease as of 2013 with new clinical commissioning structures put in place to manage the future local commissioning of the NHS. In response to this aim primary care trusts were asked to cluster into larger groupings to ensure resilience during the transition period and to enable greater efficiencies. This has now taken place and as of June 1st NHS Bath and North East Somerset and NHS Wiltshire have entered into a cluster with a single chief executive and a single executive management team.

4.4 Within the suite of NHS Future Forum reports the report entitled *public accountability and patient involvement* is likely to be of particular interest to the overview and scrutiny committee. This report confirms that members of health and wellbeing boards will be subject to oversight and scrutiny by the existing statutory structures for the overview and scrutiny of local authority or health functions. The existing statutory powers of local authority overview and scrutiny functions will continue to apply and action will be taken to extend local authority health scrutiny powers to facilitate effective scrutiny of any provider of any NHS-funded service, as well as any NHS commissioner. Local authorities will continue to be able to challenge any proposals for the substantial reconfiguration of services, and the Government's four tests for assessing service reconfigurations will be retained in that plans will need to demonstrate:

i) support from clinical commissioning groups;
ii) strengthened public and patient engagement;
iii) clarity on the clinical evidence base; and
iv) consistency with current and prospective patient choice.

4.5 A second paper previously considered by the partnership board and the PCT board is also attached at Appendix 2. This outlines the interim commissioning arrangements established in response to the recent changes in national policy, the proposed NHS and social care reforms and the movement towards clinical commissioning and PCT cluster arrangements.

5 RISK MANAGEMENT

5.1 There are risks that agendas and priorities are not properly transferred into the new and emerging governance arrangements. This paper provides the opportunity for overview and scrutiny members to be aware of work underway to mitigate these risks.

6 EQUALITIES

6.1 The JSNA, health and wellbeing plan and commissioning framework are the mechanisms through which reducing health inequalities and promoting equality of access will be governed. The reform changes require new arrangements to ensure these elements are appropriate for a local area and are supported by the health and wellbeing boards.

7 CONSULTATION

7.1 Progress towards implementing the reforms and establishing new commissioning structures is being developed in consultation with clinicians, GPs, the partnership board, the PCT board, the cabinet member for people's services and other parties.

Contact person	Derek Thorne Assistant Director Communications and Corporate Affairs
Background papers	Government response to NHS Future Forum report: Briefing notes on amendments to the Health and Social Care Bill (June 2011) Government response to the NHS Future Forum report (20 June 2011) Future Forum (13 June 2011) 2011/12 Operating framework 15.12.10 Liberating the NHS: legislative framework & next steps [Command Paper 15.12.10) Liberating the NHS White Paper July 2010
Please contact the report author if you need to access this report in an alternative format	

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Appendix 1

Government response to NHS Future Forum
Summary of key changes

(Extract taken in full from Government response to future forum report June 13th 2011)

1. Overall accountability for the NHS

Some have raised concerns that the Health and Social Care Bill would weaken NHS principles or the Government's overall responsibility for the NHS. In response:-

- We'll make sure the NHS Commissioning Board and clinical commissioning groups take active steps to promote the NHS Constitution, which enshrines the core principles and values of the NHS, including the 18 week limit on waiting times;

- We'll make clear in the Bill that Ministers are responsible for the NHS overall – the original duty to promote a comprehensive health service will remain.

2. Clinical advice and leadership

The Forum's report shows there is universal agreement that patient care is better if it is based on input from those closest to patients – doctors, nurses and other health and social care professionals – in discussion with patients and carers, the voluntary sector and other healthcare partners.

But we have also heard that, to do this well so it really makes a difference to patients and carers, we need to be more ambitious. In response:-

- GP Consortia will be called "Clinical Commissioning Groups". They will have governing bodies with at least one nurse and one specialist doctor;

- Commissioners will be supported by clinical networks (advising on single areas of care, such as cancer) and new "clinical senates" in each area of the country (providing multi-professional advice on local commissioning plans) – both hosted by the NHS Commissioning Board.

3. Public accountability and patient involvement

The Future Forum agrees with us that patients and carers should be at the heart of the NHS and that there should be "no decision about me without me".

But we have also heard from the Future Forum that there is more to do to make this second-nature in the NHS. In response we will:-

- Make sure there are clearer duties across the system to involve the public, patients and carers;

- Improve governance for clinical commissioning groups: their governing bodies will have lay members and will meet in public;

- Insist that Foundation Trusts have public board meetings;

- Create a stronger role for Health and Wellbeing Boards in local Councils, with the right to refer back local commissioning plans that are not in line with the Health and Wellbeing Strategy.

4. Choice and Competition

Nearly everyone who contributed to the listening exercise felt patients should be given more choice and control over their care. Some felt that the competition that accompanies increased choice brought benefits for patients, but others had serious concerns about its impact on existing NSH providers and integrated services. We are committed to giving patients greater choice and creating a level playing field in which the best providers flourish, whether from the public, voluntary or private sector. We will make sure that what matters is the quality for care provided, not who owns the organisation providing it.

The NHS Future Forum said the Government should make is position clearer and guard against the dangers of competition being an end in itself. We have heard this message and we will improve our plans. In response:-

- Monitor's core duty will be to protect and promote the interests of patients – not to promote competition as if it were an end in itself;

- There will be new safeguards against price competition, cherry-picking and privatisation;

- There will be stronger duties on commissioners to promote (and Monitor to support) care that is integrated around the needs of users – e.g. by extending their personal health budgets and joint health and social care budgets, in light of the current pilots;

- The NHS Commissioning Board will promote innovative ways to integrate care for patients.

5. Developing the healthcare workforce

We have some of the best health and care professionals in the world. They should be supported by a world class education and training system. And we need high quality management to help improve frontline care.

The NHS Future Forum said there was strong support for our proposals to improve education, training and development. But they also highlighted the need to keep focused on quality while we make these changes and said that further work is needed to develop detailed proposals. In response we will:-

- Ensure a safe and robust transition for the education and training system, taking action to put Health Education England in place quickly to provide national leadership and strong accountability while moving towards provider-led networks in a phased way;

- Ensure that, during the transition, deaneries will continue to oversee the training of junior doctors and dentists and give them a clear home within the NHS family;

- Improve the quality of management and leadership, for example by retaining the best talent from PCTs and SHAs and through the ongoing training and development of managers;

- Further consider how best to ensure funding for education and training is protected and distributed fairly and transparently and public more detail in the autumn.

6. The timetable for change

While few have questioned the case for change, many during the listening exercise, questioned the pace of change. Following the consultation on the White Paper, we have already made some amendments to the timetable. However, we recognise we can go further and that the benefits of doing so outweigh the risks of any delay. In response:-

- Commissioning groups will all be established by April 2013 – there will be no two-tier system. They will not be authorised to take on any part of the commissioning budget in their local area until they are ready and willing to do so;

- Where a commissioning group is ready and willing, it will be able to take on commissioning responsibility earlier. Where a group is not yet ready, the NSH Commissioning Board will commission on its behalf.

- Monitor will continue to have transitional powers over all Foundation Trusts until 2016 to maintain high standards of governance during the transition;

- There will be a careful transition process on education and training to avoid instability – we will publish further proposals in the autumn.

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Partnership Board for Health and Wellbeing Report
Date: 15 June 2011
Report Title: Interim Commissioning Arrangements

The Report

1. Purpose

1.1 The current context is in flux as National Government considers amendment of the proposed Health and Social Care Bill which will bring into being a range of new local and national health commissioning and service delivery structures including the emergent of role of GP-led Commissioning Consortia. The Council has also embarked on a major change programme to deliver its vision of a 'Core' Council.

1.2 Both PCT & Council (with cross party support) agree the benefit of integrated commissioning of health and social care services. During the life of the Partnership to date it is clear that alignment around community based health and social care has been particularly beneficial to:

- Care pathway design & achievement of improved patient / user outcomes – e.g. stroke services, reablement
- System health – particularly the stabilisation of urgent care systems
- Effective joint agency planning & resource application – with demonstrable advantage to both health & social care budgets – eg control of individual placement & package expenditure

1.3 In the face of uncertainty and wishing to preserve the options for future decision making when the landscape becomes clearer, we wish to put in place interim arrangements that preserve the benefits to integration to date, and lay the foundation for even greater integration of adult and children's services, and for interventional and preventative services.

1.4 In this context we are looking for a solution that is simple, clear and "fit for purpose" rather than the final design.

1.5 In the current context it is particularly important that the lines of accountability are clear. There needs to be a clear line of accountability from the DASS & DCS to the Council CEO, and there needs to be clear line of accountability from the PCT CEO to the PCT Board for the commissioning of all NHS services.

1.6 The newly forming Health & Well Being Partnership Board provides a helpful new structure to oversee the formation of these interim arrangements and to ensure that they add value for local people.

2. Progress to date

2.1 An outline "Route Map" for commissioning has been developed and has been used as a prompt for debate amongst group leaders, O&S, GP Consortium and PCT Board & the integrated commissioning team.

2.2 There is general agreement to the concept of integrated commissioning, and growing acceptance that this is particularly important for community health & social care, and that it may therefore be possible / desirable to have different solutions for the commissioning of community as opposed to hospital based services.

2.3 It is fully recognised that there are inter-dependencies between the commissioning and operation of community-based and hospital-based/acute services. The proposals recognise this and seek to ensure that sufficient capacity is in place to enable specific work streams to be delivered and to ensure that these inter-dependencies are recognised in the development of new local, regional and national commissioning structures.

3. Proposed Way Forward

3.1 The Acting Strategic Director for People Services within the Council (Ashley Ayre) will hold the two statutory roles of Director of Children's Services and Director of Adult Social Services, this role will also take responsibility for Housing.

3.2 Jo Gray will report to Ashley in her new role as Divisional Director for Adult Safeguarding, Care and Practice Development

3.3 The commissioning of Acute NHS Services will be aligned with the Cluster and therefore Tracey Cox, Programme Director for Acute Services and team will be part of the PCT Cluster. However, the close working relationship of Tracey Cox and her team will be crucial to the delivery of the QIPP agenda.

3.4 Public Health services are expected to transfer to the Council as part of the NHS reforms. In anticipation of this (and recognising that Public Health is already part of the Council / NHS Partnership) the intention is for line management of the PCT public health team to be brought under the Acting Strategic Director for people Services in the next few months. At this point, Pamela Akerman, the Acting Joint Director of Public Health will report to the Acting Strategic Director for People Services. Until the formal transfer to the council in April 2013 Public Health will continue to be accountable to the NHS B & NES Board.

3.5 NHS Bath and North East Somerset and the GPCC have agreed that the commissioning of Community Health Services should be orchestrated through the Acting Strategic Director for People Services until the GPCC are in a position to confirm and implement their future commissioning structures. The Acting Strategic Director (Ashley Ayre) will be accountable for these services to the PCT

Cluster CEO (Jeff James) and therefore to the PCT Board.

3.6 In relation to the above, Jane Shayler, Programme Director for Non-Acute Care, Social Care and Housing and team will report to the Acting Strategic Director for People Services

3.7 All other commissioning staff within NHS Bath and North East Somerset i.e. Finance, Information, Medicines management, Primary Care Commissioning and Corporate Services will also be within the Cluster.

3.8 These decisions will have to be formally agreed by the NHS B&NES Board and the Council in due course.

3.9 It is proposed that the existing partnership arrangements between the Council and NHS B&NES are sufficient to enable the interim management arrangements described for community health service commissioning and Public Health, using section 113 of the Local Government act 1972 to make named senior council managers available to perform functions on behalf of the PCT and vice versa.

3.10 There will be no changes to the location of colleagues although there will be some re-alignment of line management which will be discussed with individual colleagues. The arrangements described above are transitional: there will be further changes associated with the finalisation of the Health Bill and the implementation of the Council Change Programme. Until the final structures become clear there will be no changes in employer for any individual.

3.11 The intention is to establish the principle of even greater integration in the commissioning of community health, social care, public health and housing services for adults and children. In setting this up we need to be very careful not to "disintegrate" the commissioning relationship between acute and community based services and to get the balance right as to what is done locally and what is done at Cluster level. It will be very important, despite changes in line management, for commissioning colleagues to continue to work closely with each other to ensure that together we build on the achievements to date and maintain an integrated system of care that supports local people.

Contact person/Author	Ashley Ayre
Responsible Director	Ashley Ayre
Background papers	

If you would like this document in a different format, please contact the author

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Service Development for PET/CT Services for Adults
OSC Briefing: For Information & Comment

PCT Sponsoring Director/s:	Tracey Cox, Project Director of Service Improvement & Project Team Jennifer Howells, Director of Finance Derek Thorne,
Specialised Commissioning Team:	Ann Jarvis, Director, South West Specialised Commissioning Group Barbara Gregory, Director of Finance and Performance and Arthur Ling, Commissioner for PET/CT, South West Specialised Commissioning Group

1 Purpose of the Report

1.1 To report to the B&NES Health Overview and Scrutiny Committee on the outcome of the re-tender of the West of England Positron Emission Tomography / Computerised Tomography (PET/CT) contract (covering a test that is used as part of the diagnosis of rare cancers). Specifically this briefing reports on the proposed model of care and service for PET/CT for the areas covered by NHS Bath and North East Somerset PCT, NHS Bristol, NHS North Somerset, NHS South Gloucestershire, NHS Wiltshire and NHS Swindon, the selection process and the outcome of that process.

Other PCTs in the region have their scanning needs provided by either the Cobalt unit in Cheltenham or via a national contract whereby the service is delivered in Taunton, Plymouth, Exeter, Bournemouth or Poole.

1.2 The contract was retendered out of best practice due to the contract coming to an end and the value of the contract being significant. There were no concerns about the quality or safety of the current service. The aim of re-tendering was to:

- ensure the quality of clinical services for Positron Emission Tomography. This is a method of medical imaging used for diagnosis that uses short-lived radionuclides attached to biological molecules to produce an image of metabolic processes in the body.

2 Decisions / Actions Requested

2.1 The B&NES Health Overview and Scrutiny Committee is asked to:

- Note the rigour and outcome of the PET/CT re-tendering process;
- Note the improved quality of service, patient experience and value for money the new contract will deliver;
- Note the involvement of the public, patients and carers and the support of the patient and carer who were on the assessment panel;
- Support the proposal to award the two year contract to Cobalt Healthcare, starting 1st July 2011 (or as soon thereafter as we are able).

3 Current Service - What Happens Now?

3.1 The service is currently provided through University Hospitals Bristol NHS Foundation Trust and Alliance Medical from the site in Bristol located at the front of Bristol Royal Infirmary. The South West Specialised Commissioning Group commissions this service to assist in the diagnosis of rare cancers.

3.2 The South West Specialised Commissioning Group re-tendered PET/CT on behalf of the following Primary Care Trusts:

Table 1: Incidence based on adult* population

Adults 18+	**800/million**		
PCT	**Population**	**Planned 2011/12 Scans**	**Planned 2012/13 scans**
Bath and North East Somerset PCT	**153,536**	**123**	**123**
Bristol PCT	361,762	289	289
North Somerset PCT	167,787	134	134
South Gloucestershire PCT	197,043	158	158
**Wiltshire PCT	360,581	127	127
**Swindon PCT	154,564	6	6
		837	**837**

*This service proposal is for adults only. Therefore children and young adults (24 years and under) are not included in any of the above figures. Planned scanning numbers are based on the National Cancer Action Team's recommendations of 800 scans per million population.

** Wiltshire PCT and Swindon PCT also utilise scanners elsewhere due to their geographical/SCG boundary location. Therefore, the above figures for these PCTs are based on their likely activity, which has been calculated based on past activity from these areas.

3.3 As the above table shows, we have assumed around 123 scans per year for the population covered by NHS Bath & North East Somerset will be provided from this new contract.

3.4 As previously stated, patients from these areas are currently treated by University Hospitals Bristol NHS Foundation Trust. This is because this provider has the necessary associated nuclear medicine support (on site), in particular for the scanning isotopes (the substance used to view scans). The current cost per scan is £850. Based on 837 scans per year this gives a baseline contract value of £1,422,900 over a two year period.

4 The Selection Process

4.1 This retendering process does not relate to any other aspect of the patient pathway for people who have a suspected rare cancer. It deals solely with the PET/CT scanning element of the diagnostic pathway for this group of people.

4.2 The specification for this service is based on the nationally agreed service specification for PET/CT. Following initial studies in 2002, the National Cancer Action Team produced a report in December 2003 that was adopted and supported into the current plan for PET/CT by the Department of Health in October 2005. The national contract commenced in April 2007 for a contract period of 5 years. This service was advertised based on the Department of Health/National Cancer Action Team's recommendations of 800 scans per million population for cancer indicators only.

4.3 Potential providers of the service under this tendering exercise were assessed against the following; providing a service which complies with the national specification, whether or not they can provide a service to people within the specified catchment area, and 'patient experience data' (i.e. what patients identified as important to them when we ran a substantial programme of patient and public engagement to determine how we could improve services accessed by patients with rare cancers).

4.4 The successful provider was selected on the basis of their ability to demonstrate they are best able to meet these criteria.

4.5 The key objectives of the service are:

- Provision of a complete PET/CT scanning service to include referral management, scanning, reporting and audit as well as the provision of electronic images to referrers and reporters.
- Located within a two hour radius of a cyclotron facility and meet the service specification.
- Located within the South West Specialised Commissioning Group (SWSCG) West of England catchment area. This includes NHS Bath and North East Somerset, NHS Bristol, NHS North Somerset, NHS South Gloucestershire, NHS Wiltshire and NHS Swindon.

4.6 Submissions from prospective providers were tested against detailed evaluation criteria developed from the specification. The main evaluation criteria were:

- Service delivery which includes:
  - Clinical expertise
  - Design and delivery of services
  - Physical facilities
- Quality and clinical governance:
  - Clinical governance structures, policies and processes
  - Risk monitoring and management

    - Clinical standards and how they would be monitored
    - Data and information for audit and outcomes
    - Ensuring quality of access and outcomes
    - Current quality standards for performance including hospital acquired infections
- Patient Engagement and Experience
- Affordability and value for money:
    - Analysis of costs, prices, affordability and competitiveness

4.7 The full criteria were finalised by the retendering evaluation panel and was the subject of significant focus to ensure it was appropriate for the service. It was made very clear to bidders in the documentation which was provided ahead of their submission. The standard weightings given to each score were as follows:

Contents	**Weighting %**
Service delivery	25
Quality and clinical governance	10
Affordability/Value for Money	60
Patient Engagement & Experience	5
Total Weighting	100

The evaluating team/panel consisted of:

Evaluation	**Evaluators**
Service Delivery	Lead Commissioner, Commissioning Manager, Public Health Consultant, Procurement, Clinical Lead
Quality and Clinical Governance	Lead Commissioner, Commissioning Manager, Public Health Consultant, Procurement, Clinical Lead
Affordability/Value for Money	Procurement
Patient Engagement and Experience Presentation	Lead Commissioner, Commissioning Manager, Procurement, Clinical Lead. Patient Representative, Carer Representative

4.8 It is important to note that the patient and carer representatives that kindly agreed to be full members of the evaluation panel were specifically approached because they had stressed the importance of being able to get a swift and accurate diagnosis of rare cancers when they attended a public and patient engagement event about services for

a particular rare cancer in March 2009. A full report on the outcome of this programme of engagement was sent to Scrutiny Committees in October 2009 and is still available to download at:

http://www.swscg.nhs.uk/consultation/

4.9 In summary, 59 people attended one of five events held for patients, carers and members of the public in the South West between December 2008 and March 2009. A further 80 local people completed a questionnaire that was designed (by patients) so that people who could not attend any of the events could still give us their views. During this work several issues were raised concerning the diagnosis of cancer. In particular, people from Bristol said they had to wait a long time to get their appointment and also to get their results, it was difficult and expensive to find parking at the Bristol site, and there was nowhere comfortable nearby for carers to wait while patients were being scanned. This information informed the assessment process whereby these were things we specifically looked for.

5 The Outcome of the Re-tendering Process

5.1 The tender exercise identified Cobalt Healthcare in Cheltenham as the provider best able to meet the evaluation criteria. Cobalt Healthcare scored more highly on ALL of the assessment criteria whilst also having shorter waiting times. It is important to note that this was both before and after the criteria were weighted. This means that, even if price were not a factor, Cobalt Healthcare would still have scored more highly in all other areas (Service Delivery, Quality and Clinical Governance and Patient Engagement and Experience) and therefore would still have been the successful bidder.

5.2 In addition, Cobalt Healthcare can provide this service for £500 per scan, realising a cost saving of £585,900 over the two year period of the new contract. This is based on the 840 cases we anticipate the service will handle each year.

6 Local Impact

6.1 Having listened to the needs of local patients and their carers over a number of years we are aware that transport and parking are very important issues for people living in Bath and North East Somerset. For that reason we specifically evaluated bidders against these criteria. In particular we asked bidders what percentage of patients would be able to travel to their service within 60 minutes.

The following table shows the distances (in miles) between the population centres of each of the affected Primary Care Trusts and the current and proposed providers of the service.

	UHBristol	Cobalt Cheltenham Imaging
Bath And North East Somerset PCT	13	57.1

Bristol PCT	0	42.5
North Somerset PCT	15	50.1
South Gloucestershire PCT	7	40.6
Swindon PCT	49	27.2
Wiltshire PCT	39	53.7

6.2 We also calculated travel times to Cobalt from the postcodes of actual patients who received a PET/CT scan in April, May and June of 2010 and also in September, October and November, 2010 to identify the number and percentage of patients within each Primary Care Trust that could travel to the Cobalt service within 60 minutes (please see below).

PCT Name	Number of patients less than 60 minutes	Number of patients more than 60 minutes	% Less than 60 min	% Greater than 60 min
B&NES Patients Apr-Jun	3	22	12.00%	88.00%
B&NES Patients Sept-Oct	0	17	00.00%	100.00%

6.3 Although the table above suggests few patients from B&NES would be able to travel to Cheltenham within an hour we believe this is comparable to the time it would take residents to travel to the current service given the extra time needed to find parking and then walk to the unit at Bristol because Cobalt Healthcare provides plenty of free parking directly outside the entrance into the Imaging Centre. Therefore, unlike other locations, patients do not need to park some distance from the PET/CT unit and walk through hospital corridors nor do they have to pay for parking.

6.4 In addition, we anticipate that 10% of those patients who receive this service would also be eligible for support with transport costs either through hospital transport services (such as hospital care or ambulance) or the financial support set out in the Department of Health guidance ‘HC11 – Help with NHS Costs’.

7 Expected Benefits

7.1 The new contract will provide patients with a better quality service and improved patient and carer experience, with shorter waiting times. It will also enable the Specialised Commissioning Group to realise a cost saving of £585,000 over the two year lifespan of the contract that can then be used to enhance patient care in other services in the South West.

8 Timescales and Next Steps

8.1 Ideally, the contract should run from 1st July 2011 to 30th June 2013 and we are now working with the providers to ensure the smooth handover of the service from this date.

9 Summary

9.1 The South West Specialised Commissioning Group, taking into account national standards and requirements to retender this service, proposes to award the contract for PET/CT to Cobalt Healthcare in Cheltenham.

10 Recommendations

10.1 The B&NES Health Overview and Scrutiny Committee is asked to:

- Note the rigour and outcome of the PET/CT re-tendering process;
- Note the improved quality of service, patient experience and value for money the new contract will deliver;
- Note the involvement of the public, patients and carers and the support of the patient and carer who were on the assessment panel;
- Support the proposal to award the two year contract to Cobalt Healthcare, starting 1st July 2011.

Glossary

Clinical governance	Clinical governance is the term used to describe a systematic approach to maintaining and improving the quality of patient care within a health system.
CT Scan	A CT (computerised tomography) scanner is a special kind of X-ray machine. Instead of sending out a single X-ray through your body as with ordinary X-rays, several beams are sent simultaneously from different angles. CT scans are far more detailed than ordinary Xrays. They can be used to produce virtual images that show what a surgeon would see during an operation. CT scans have already allowed doctors to inspect the inside of the body without having to operate or perform examinations. CT scanning has also proven invaluable in pinpointing tumours and planning treatment with radiotherapy. CT scans can be used for taking pictures of almost any part of the body.
Isotopes	Atoms of the same element can have different numbers of neutrons; the different possible versions of each element are called isotopes.
National Cancer Action Team	A multidisciplinary team working with the Department of Health as part of the Cancer Reform Strategy's drive to improve cancer services and reduce inequalities in the provision of cancer care.
PET Scan	A PET scan produces three-dimensional, colour images of your body using radiation. PET means positron emission tomography. It can be used to diagnose a health condition, or find out more about how a condition is developing. It can also be used to measure how well treatment for a condition is working. A PET scan works by detecting radiation inside the body, and makes images that show how the radiation is being broken down. Radiation is given to the body as a medicine called a radiotracer, which goes to the part of your body that needs to be examined. The level of radiation is very small, so it won't damage your body.
Positron Emission Tomography	Positron emission tomography (PET) is a nuclear medicine imaging technique which produces a three-dimensional image or picture of functional processes in the body.
Radionuclides	Radionuclides are often referred to by chemists and physicists as radioactive isotopes or radioisotopes. They play an important part in the technologies that are used in a number of constructive technologies (for example, nuclear medicine). However, radionuclides can also present both real and perceived dangers to health.
Service specification	Service specifications are drawn up by a commissioner before organisations are invited to put in applications to provide the service. Service specifications describe the service that the commissioner wants provided. They often set the standards required and may include things like staffing arrangements, skills, levels of activity, referral criteria, inpatient care and follow-up.

Bath & North East Somerset Council	
MEETING:	Wellbeing Policy Development and Scrutiny Panel
MEETING DATE:	29th July 2011
TITLE:	Great Western Ambulance Service Joint Scrutiny Committee Membership and Update
WARD:	ALL
AN OPEN PUBLIC ITEM	
List of attachments to this report: Appendix 1: Terms of Reference for the Great Western Ambulance Service Joint Scrutiny Committee	

1 THE ISSUE

1.1 The Great Western Ambulance Service (GWAS) Joint Scrutiny Committee was established in 2008.

1.2 Each of the participating local authorities are required to appoint three members to sit on the committee.

1.3 In 2011 Councillor Tony Clarke was elected Chair of the GWAS Joint Scrutiny Committee and the Panel will hear a verbal update from Councillor Clarke on the outcomes of their meeting on the 10th June 2011.

2 RECOMMENDATION

The Wellbeing Policy Development and Scrutiny is to:

2.1 Nominate and agree the 3 Members of the Panel on a politically proportionate basis (1:1:1) who will sit on the GWAS Joint Scrutiny Committee

2.2 Note the verbal update from Councillor Clarke

FINANCIAL IMPLICATIONS

2.3 Participating local authorities are not required to make a financial contribution for the support of the Joint Committee.

3 THE REPORT

The Great Western Ambulance Joint Scrutiny Committee was established in 2008 under the powers provided by the Health and Social Care Act 2001. The committee exists to scrutinise the planning, design and delivery of services provided by GWAS in order to understand the challenges facing the Trust and to facilitate improvements.

All seven local authorities covered by the GWAS service participate in the joint scrutiny committee. Each local authority is required to appoint 3 members from their health scrutiny committee to sit on the GWAS Joint Scrutiny Committee.

Members from the GWAS Joint Scrutiny Committee also appoint a Chair for a 12 month basis. Councillor Tony Clarke was elected Chair of the committee in January 2011.

In Bath & North East Somerset, the Wellbeing Panel appoints 3 members on a politically proportionate basis (1:1:1). The Conservative nomination, Councillor Tony Clarke, has already been received and Panel members are asked to agree 2 other Councillor nominations.

The Panel will also receive a verbal update from Councillor Clarke on the issues discussed at the last GWAS Joint Scrutiny Committee meeting on the 10th June.

4 RISK MANAGEMENT

4.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

5 EQUALITIES

Equalities issues are considered during the working of the GWAS Joint Scrutiny Committee.

CONSULTATION

5.1 *Overview & Scrutiny Panel; Section 151 Finance Officer; Monitoring Officer*

5.2 The Wellbeing Panel are asked to nominate members to the committee. The Section 151 and Monitoring Officer have been given the opportunity to review and input into this report.

6 ISSUES TO CONSIDER IN REACHING THE DECISION

6.1 Social Inclusion; Health & Safety;

7 ADVICE SOUGHT

7.1 The Council's Monitoring Officer (Divisional Director – Legal and Democratic Services) and Section 151 Officer (Divisional Director - Finance) have had the opportunity to input to this report and have cleared it for publication.

Contact person	*Lauren Rushen (Policy Development and Scrutiny Project Officer) 01225 394456*
Background papers	*Council's Constitution*
Please contact the report author if you need to access this report in an alternative format	

Appendix A

Great Western Ambulance Joint Health Scrutiny Committee

Terms of Reference (Revised September 2010)

Mission Statement

To collectively scrutinise the planning, design and delivery of services provided by the Great Western Ambulance NHS Trust (GWAS) to:

- Hold GWAS to account for its performance on a Trust-wide basis
- To review and develop policy that affects all local authority areas served by GWAS
- To scrutinise the impact of the services provided by GWAS on all local communities served by the Trust
- To review the impact of legislative changes which directly or indirectly affect the provision of ambulance services in the area served by GWAS

Rationale

Local authority Health Overview and Scrutiny Committees (HOSCs) have statutory powers to scrutinise the provision of healthcare services to their local communities. HOSCs have an important role in:

- Involving local people and community organisations in scrutiny activity
- Developing a dialogue with service providers and other stakeholders outside the council
- Taking up issues of concern to local people
- Reviewing whether goals are being achieved
- Examining what can be done to solve problems and enhance performance and achievement
- Assisting GWAS achieve their aims through providing practical support where possible and appropriate

Where health services are delivered by a single provider across a number of local authority areas, as is the case with ambulance services provided by the Great Western Ambulance NHS Trust, it is recognised that there are benefits of the relevant local authorities coming together to scrutinise the planning, design and delivery of these services in partnership.

This will ensure:

- A co-ordinated approach to the scrutiny process

- A common understanding of issues affecting all local authorities within the GWAS region

- A single forum for the discussion and review of issues affecting all local authorities within the GWAS region

- An identified body to respond to proposals to vary or develop services that have been determined to be a "substantial variation" by two or more local authority HOSCs

Legal Framework

The Health and Social Care Act 2001 provides local authority Health Overview and Scrutiny Committees to scrutinise the planning, design and development of local health services.

The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 state in Paragraph 7:

"(1) Two or more local authorities may appoint a joint committee (a "joint overview and scrutiny committee") of those authorities and arrange for relevant functions in relation to any (or all) of those authorities to be exercised by the joint committee subject to such terms and conditions as the authorities may consider appropriate."

Aims and Objectives

The Great Western Ambulance Joint Health Scrutiny Committee will meet to scrutinise matters relating to:

- The performance of the Great Western Ambulance NHS Trust against national and local performance indicators

- Any issue in relation to the planning, design or delivery of healthcare services by the Great Western Ambulance NHS Trust that impacts on two or more local authorities within the area served by the Trust

- Proposals by the Great Western Ambulance NHS Trust or Gloucestershire Primary Care Trust as lead commissioner to vary or develop ambulance services where two or more local authority Health Overview and Scrutiny Committees have found the proposal to constitute a "substantial variation".

To have specific responsibility (but not limited to):

- The scrutiny of performance against national and local response time targets

- The scrutiny of performance against other national and local targets

- The scrutiny of the strategic direction of the planning, design and delivery of healthcare services provided by the Great Western Ambulance NHS Trust

- The scrutiny of the commissioning of ambulance services within the area served by the Great Western Ambulance NHS Trust

The remit of the Great Western Ambulance Joint Health Scrutiny Committee excludes:

- The scrutiny of any matters relating to the planning, design and delivery of healthcare services provided by the Great Western Ambulance NHS Trust that impacts on a single local authority, without first seeking the approval of the relevant local authority

- The scrutiny of individual cases

- The scrutiny of the management of staff

Task Groups

The Joint Committee may establish a task group comprising of at least two members to carry out an in depth review of a specific issue. A named lead officer will administer each Task Group, with additional support by other local authority scrutiny officers as appropriate.

As part of its decision as to whether to establish a Task Group, the Joint Committee will consider any funding implications.

Scrutiny by Individual HOSCs

Individual HOSCs retain the right to scrutinise any matter relating to the planning, design or delivery of ambulance services within their area.

It is requested that individual HOSCs advise the Joint Committee of their intention to carry out such a review in order to:

- Prevent duplication
- Identify whether the issue also impacts on other local authorities
- Identify any support that could be provided by the Joint Committee

The final decision to scrutinise an issue remains with the individual HOSC.

The Joint Committee will ensure that copies of its agenda, minutes and work programme are sent to the Chairs of all individual HOSCs.

Membership

Each participating local authority will nominate 3 members of their HOSC to sit on the Joint Committee. Substitutes may attend if required. The following local authorities are members of the Joint Committee:

- Bristol City Council
- Gloucestershire County Council
- North Somerset Council
- South Gloucestershire Council
- Swindon Borough Council
- Wiltshire Council
- Bath and North East Somerset

The Joint Committee shall be entitled to appoint a number of non-voting co-optees.

The Chair will be appointed for a period of 12 months and will be reviewed in -September 2011. In the absence of the Chair, a member of the Joint Committee from the local authority at which the meeting is being hosted will be appointed to act as Chair. The Chair will not receive a Chair's allowance.

All meetings of the Joint Committee will be held in public. A 15 minute public forum will be held at the start of every Joint Committee meeting.

Administrative Support

Scrutiny Officers from the participating local authorities will support the Joint Committee. The Scrutiny Officer from -Bristol City Council will be the lead officer to co-ordinate support arrangements.

Agenda papers and minutes will be made available on the website of the lead local authority. Each local authority will be responsible for displaying agenda papers and minutes on their own websites.

Support arrangements will be reviewed on a quarterly basis.

Funding

Participating local authorities are not required to make a financial contribution for the support of the Joint Committee.

Individual local authority Scrutiny Officers will be responsible for printing papers for their members.

The venue of meetings of the Joint Committee will be rotated amongst the participating local authorities. The host local authority will meet the costs of providing hospitality.

The Joint Committee will monitor on a quarterly basis, whether any local authority in supporting the Joint Committee has incurred any additional costs.

Frequency of Meetings

The Joint Committee will meet on a quarterly basis. Additional meetings may be arranged if required.

Attendance at Meetings and Provision of Information

As outlined in the Health and Social Care Act 2001, NHS organisations are obliged to respond to requests for information made by the Joint Committee and to attend meetings of the Joint Committee if required.

This duty also extends to scrutiny reviews being carried out by individual HOSCs.

Review of Terms of Reference

The effectiveness of the Joint Committee and its Terms of Reference will be reviewed on an annual basis. The next review will place in - October 2011.

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Bath & North East Somerset Council	
MEETING:	**Wellbeing Policy Development & Scrutiny Panel**
MEETING DATE:	**29th July 2011**
TITLE:	**Progress in Establishing a Community Health & Social Care Services Community Interest Company**
WARD:	**ALL**
AN OPEN PUBLIC ITEM	
List of attachments to this report: Please list the appendices here, clearly indicating any which are exempt and the reasons for exemption	

1 THE ISSUE

1.1 To provide an update on the progress towards establishment of the Community Interest Company (CIC) for the provision of community health and social care services.

2 RECOMMENDATION

The Wellbeing PDS Panel is asked to:

2.1 note this update report; and

2.2 note the summary of conditions set by the Council and/or the NHS B&NES Board in approving the transfer of services to a social enterprise as set out in Appendix 1.

3 FINANCIAL IMPLICATIONS

3.1 The Integrated Business Plan produced by the prospective CIC in February 2011 showed a position of financial sustainability within the income envelopes set by the PCT and Council. This was reliant on the delivery of a very challenging programme of savings, and recognised a level of unquantified risk to all three bodies in respect of support services costs and savings.

3.2 There has been no subsequent formal revision of the plan produced in February. The level of savings required over the four and a half year period of the business plan to meet PCT, Council and CIC targets is £8.9m, of which £2.9m have been assessed as resulting directly from the integrated approach.

3.3 Both the Council and NHS B&NES have concluded the first stage of the exercise to determine the correct split of support service costs and resources between the commissioning organisations and the CIC.

4 THE REPORT

Chronology to Date

4.1 The chronology of events to date is as follows:

- The project started in earnest August/September 2010.
- The direction of travel towards a social enterprise was agreed by Council and NHS B&NES in November 2010.
- The approval to proceed subject to certain conditions was given by the Council and NHS B&NES in February 2011.
- The Council and NHS B&NES agreed their view of the proposed Community Interest Statement, Board composition and membership of the CIC in March 2011 and these were discussed and agreed with the Chair Designate of the prospective CIC.
- Registration of the CIC limited by guarantee was achieved on 30th March 2011 in the working name of “Community Health and Care Services CIC”.
- The appointment of Chair Designate (Simon Knighton) and Chief Executive Designate (Janet Rowse) was completed in March and April 2011, and they started their roles on 1 June 2011.
- Strategic Health Authority approval was granted at the beginning of June 2011.
- The appointment of the Director of Finance (Interim), Richard Tarring, and the appointment of Dusty Walker and David Purdon as Non-Executive Directors took place in late June 2011.

Current Position

4.2 The current position may be summarised as follows:

- One of the key risks associated with the progress towards implementation of the CIC was the potential for a challenge to the procurement process for the award of this 5-year contract. The key mitigation of this risk was the publication of a VEAT (Voluntary Ex Ante Transparency Notice) in the European Journal. The notice was issued on 30th June 2011. The notice announced the intention to award the contract to B&NES Community Health & Care Services CIC and provides a period of 10 days following publication during which a challenge can be made from dissatisfied potential bidders. If no challenge is made during this period the contract can be awarded with no possibility of the contract being set-aside in any future challenge to the process. Whilst there is always the risk of future challenge the remedies available would be far less onerous.

- The consultation document on the transfer of staff to the CIC in accordance with Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) was sent to affected staff during the week commencing 4th July 2011, with a closing date for responses of Friday 12th August. Consultation meetings are planned from 11th July, through to 2nd August. The outcome of the consultation will be communicated to all staff by 31st August 2011.
- As anticipated in the previous report to Board, separate advisers for the CIC (legal and business) have been appointed to ensure the CIC has independent legal and business advice.

- The CIC has achieved Admitted Body Status in relation to Local Government Pensions.

Key Milestones Going Forward

4.3 Key milestones for the CIC are shown in the table below.

Support Services/Estates to be agreed (including banking, insurance, pensions)	April – July 2011
CIC Due Diligence	May – July 2011
Review of Business Plan and Business Strategy	June – August 2011
Contract Negotiations	June – August 2011
Organisational Development	May onwards
CQC Registration	June – August 2011
Council & PCT Due Diligence of the CIC	August – Sept 2011
Final Sign Off	Sept 2011
Transfer and Launch	1 October 2011

4.4 At the same time it will be vital to ensure that the Provider continues to provide safe services while making changes required to meet financial targets as a result of the budgets of the Council and NHS B&NES (regardless of the transfer).

4.5 The key milestones for the Council and NHS B&NES commissioning team are shown in the table below.

Draft Business Transfer Agreement and Services Contract based on agreed Heads of Terms	May 2011
Service Specifications complete and Agreed	July 2011
Due Diligence information to the CIC	May – June 2011
Retained statutory functions and staffing resources agreed	May – June 2011
Contract Negotiations	June – August 2011
Council & PCT Due Diligence of the CIC	August – Sept 2011
TUPE Consultation	July –Sept 2011
Final Sign Off	Sept 2011
Transfer and Launch	1 October 2011

Conditions Attached to the Approval to Proceed

4.6 In approving the set up of the Community Interest Company the Council and NHS B&NES has made this conditional upon a number of issues being agreed between the parties. This is a normal part of the process. In effect the Council and the NHS Board is making the transfer subject to contracts being agreed, proper due diligence on the part of all parties, and the outcomes of issuing the appropriate contract award notices.

4.7 For ease of monitoring the various issues identified during the process have been brought together in Appendix 1. Between reports where some of these issues have been repeated they have been consolidated into one action in Appendix 1.

4.8 Where necessary there will be further reports to the Council's Chief Executive (under the delegated arrangements) and the NHS B&NES Board. In any event a report will be brought to both decision making forums bringing together all the issues and the due diligence/assurance framework to allow the Council and NHS B&NES to finally approve the terms of the transaction prior to the transfer of the services to the CIC. This will also include the outcomes of issuing the appropriate contract award notices

4.9 In addition all these and other issues raised in previous reports (for example through the assurance process prior to approval) have been incorporated into a due diligence/assurance framework for the Council and NHS B&NES to seek the necessary assurances from the CIC at the appropriate stage in the process. This is planned for August to September 2011.

4.10 There are also demanding due diligence requirements from the CIC to the Council and NHS B&NES in order for the CIC to firm up its business plan and business strategy which needs to be completed first which is planned for May to July 2011.

4.11 Once these processes have been completed (included the substantive work to give these assurances) the final reports to the Council and NHS B&NES are scheduled for September 2011.

5 RISK MANAGEMENT

5.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

5.2 Both the CIC and the commissioning team are continuously developing their risk registers and risk management arrangements.

6 EQUALITIES

6.1 An Equalities Impact Assessment on the CIC Integrated Business Plan has been carried out using corporate guidelines.

7 CONSULTATION

7.1 *Ward Councillors; Cabinet Member; Trades Unions; Overview & Scrutiny Panel; Staff; Other B&NES Services; Service Users; Local Residents; Community Interest Groups; Stakeholders/Partners; Other Public Sector Bodies;Section 151 Finance Officer; Chief Executive; Monitoring Officer*

7.2 The consultation and engagement arrangements of the proposed option to transfer services to a social enterprise were reported in detail in the reports to the Council and NHS B&NES Board in November 2010 and 17th February 2011.

7.3 A key milestone in the transaction is the start the statutory TUPE consultation, which started on 11th July and will close on 14th August.

8 ISSUES TO CONSIDER IN REACHING THE DECISION

8.1 Social Inclusion; Customer Focus; Sustainability; Human Resources; Property; Young People; Human Rights; Corporate; Health & Safety; Impact on Staff; Other Legal Considerations

9 ADVICE SOUGHT

9.1 Advice has not been sought from either the Council's Monitoring Officer (Divisional Director – Legal and Democratic Services) or Section 151 Officer (Divisional Director - Finance) on this brief update report.

Contact person	*Jane Shayler, Tel: 01225 396120, Jane_Shayler@bathnes.gov.uk*
Background papers	Reports to the Council's Chief Executive and NHS B&NES Board, November 2010, February 2011 and March 2011.
Please contact the report author if you need to access this report in an alternative format	

Appendix 1

Summary of Conditions for the Transfer of Community Health and Social Care Services to a Social Enterprise arising from Decisions of B&NES Council and NHS B&NES Board

Condition	Date of Meeting	
	B&NES Council	**NHS B&NES Board**
Agrees that the proposed option is subject to proportionate due diligence prior to any transfer of services.	16th November 2010; 17th February 2011.	18th November 2010; 17th February 2011.
To agree, subject to appropriate specification and drafting, the award of a five year contract for the relevant services of the Council (and PCT) to a Social Enterprise Company.	Chief Executive's Decision under Authority Delegated by Council (16th November 2010) Made on 17 February 2011	17th February 2011
The above decision was also subject to:		
• The approval of NHS South West (the Strategic Health Authority)	17 February 2011	17th February 2011
• A similar five-year contract being awarded by NHS B&NES which will be novated to the GP Commissioning Consortium (with the exception of services indicated in the Commissioning intentions as being put to tender in that period).	17 February 2011	–
• Satisfactory agreement with the Council of the governance arrangements for the social enterprise.	March 2012	–
• To instruct the relevant officers to report back on the development of the Memorandum and Articles of Association of the social enterprise company.	17 February 2011	
• Publication of an appropriate notice in the OJEU prior to the award of the contract by the Council and NHS B&NES.	17 February 2011	17 February 2011

Condition	Date of Meeting	
	B&NES Council	**NHS B&NES Board**
To note the areas of improvement in the Community Health and Social Care Integrated Business Plan identified during the internal assurance process as set out in the 17 February 2011 Report as follows: • Development of detailed plans for delivering efficiency and productivity savings from support services taking into account existing commissioner savings targets to ensure that savings are correctly attributed. • Detailed delivery plans for all savings proposals. • Service line understanding of costs against income in order to identify higher value and loss-making areas of business for the social enterprise. • Detailed workforce development plans. • Project Plans to ensure compliance with relevant registration requirements. • Business Continuity Plans. • Application to the Social Enterprise Investment Fund for set-up costs. • Further consideration of VAT mitigations, including the potential for the SE to act as agent for the Council and reduce VAT liability further. • Negotiation and agreement contractual safeguards. • Agreement of those set-up costs that can appropriately be funded by the commissioner and the mechanism for doing so. • Confirmation of payment terms and completion of any appropriate waivers in respect of Financial Standing Orders. • Detailed plans for corporate governance. • A detailed implementation plan for establishing the social enterprise, including banking facilities (including any credit facility), • Clarification of Commissioner provision of guarantees in respect of commercial funder/banker and Avon Pension Fund.	17 February 2011	17 February 2011

<table>
<tr><th rowspan="2">Condition</th><th colspan="2">Date of Meeting</th></tr>
<tr><th>B&NES Council</th><th>NHS B&NES Board</th></tr>
<tr><td>To note the Conditions Precedent within the Heads of Terms attached to the 17 February 2011 Report, which must be met in order for the transfer to occur.

These conditions include for the Provider:
1. The terms of the transfer being approved by the board of the Provider;
2. The relevant registration or any other regulatory requirements at the time of transfer being obtained or agreed with CQC
3. The entry by the Provider into a pension scheme for transferring staff which is certified by the Government Actuary Department as being broadly equivalent to the Local Government Pension Scheme or entry by the Provider into an Admission Agreement for the council staff with the Avon Local Government Pension Scheme
4. The entry into satisfactory insurance and risk management arrangements.
5. The entry or significant progress to setting up a pension scheme for new staff
6. Agreement of the governance arrangements of the Provider with the Council and the PCT.
7. The completion of the Provider's process of due diligence.

These conditions include for the PCT:
1. Approval by the PCT board being obtained
2. Any necessary approval from the SHA and Department of Health being obtained.
3. The completion of the PCT's process of due diligence.
These conditions include for the Council:
1. The approval of the transaction by the Council's Chief Executive in accordance with the arrangements for delegation made by the Council
2. The completion of the Council's process of due diligence.
These conditions include for the PCT and the Provider:
1. Each and every condition precedent contained in the Community Services Contract having been satisfied or formally waived in order that performance of the Provider's obligations under that agreement is unconditional with effect from the Transfer Date;
2. The written agreement to or the obtaining of a Directions Order in respect of the PCT staff transferring under the Transfer agreement.</td><td>17 February 2011</td><td>17 February 2011</td></tr>
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Bath & North East Somerset Council	
MEETING:	**WELLBEING POLICY DEVELOPMENT & SCRUTINY PANEL**
MEETING DATE:	**29th July 2011**
TITLE:	**WORKPLAN FOR 2011/12**
WARD:	All
AN OPEN PUBLIC ITEM	
List of attachments to this report: Appendix 1 – Panel Workplan Appendix 2 – Information to help to identify Workplan Items Appendix 3 – Workplan suggestion form	

1 THE ISSUE

1.1 This report presents the latest workplan for the Panel (Appendix 1) as well as information to help Panel members identify any additional items for the workplan (plus a suggestion form for workplan items).

1.2 The Panel is required to set out its initial thoughts/plans for their future workload, in order to feed into cross-Panel discussions between Chairs and Vice-chairs - to ensure there is no duplication, and to share resources appropriately where required.

2 RECOMMENDATION

2.1 The Panel is recommended to

(a) consider the range of items that could be part of their Workplan for 2011/12 and into 2012/13

(b) agree a first draft of their Panel Workplan 2011/12 and into 2012/13.

3 FINANCIAL IMPLICATIONS

3.1 All workplan items, including issues identified for in-depth reviews and investigations, will be managed within the budget and resources available to the Panel (including the designated Policy Development and Scrutiny Team and Panel budgets, as well as resources provided by Cabinet Members/Directorates).

4 THE REPORT

4.1 The purpose of the workplan is to ensure that the Panel's work is properly focused on its agreed key areas, within the Panel's remit. It enables planning over the short-to-medium term (ie: 12 – 24 months) so there is appropriate and timely involvement of the Panel in:

a) Holding the executive (Cabinet) to account

b) Policy review

c) Policy development

d) External scrutiny.

4.2 The workplan helps the Panel

a) prioritise the wide range of possible work activities they could engage in

b) retain flexibility to respond to changing circumstances, and issues arising,

c) ensure that Councillors and officers can plan for and access appropriate resources needed to carry out the work

d) engage the public and interested organisations, helping them to find out about the Panel's activities, and encouraging their suggestions and involvement.

4.3 The Panel should take into account all suggestions for work plan items in its discussions, and assess these for inclusion into the workplan. Councillors may find it helpful to consider the following criteria to identify items for inclusion in the workplan, or for ruling out items, during their deliberations:-

(1) public interest/involvement

(2) time (deadlines and available Panel meeting time)

(3) resources (Councillor, officer and financial)

(4) regular items/"must do" requirements (eg: statutory, budget scrutiny, etc)?

(5) connection to corporate priorities, or vision or values

(6) has the work already been done/is underway elsewhere?

(7) does it need to be considered at a formal Panel meeting, or by a different approach?

The key question for the Panel to ask itself is - can we "add value", or make a difference through our involvement?

4.4 There are a wide range of people and sources of potential work plan items that Panel members can use. The Panel can also use several different ways of working to deal with the items on the workplan. Some issues may be sufficiently substantial to require a more in-depth form of investigation. Further details about sources, ways of working and investigations are given in Appendix 2.

4.5 Suggestions for more in-depth types of investigations, such as a project/review or a scrutiny inquiry day, may benefit from being presented to the Panel in more detail using the form at Appendix 3.

4.6 When considering the workplan on a meeting-by-meeting level, Councillors should also bear in mind the management of the meetings - the issues to be addressed will partially determine the timetabling and format of the meetings, and whether, for example, any contributors or additional information is required.

5 RISK MANAGEMENT

5.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

6 EQUALITIES

6.1 Equalities will be considered during the selection of items for the workplan, and in particular, when discussing individual agenda items at future meetings.

7 CONSULTATION

7.1 The Workplan is reviewed and updated regularly in public at each Panel meeting. Any Councillor, or other local organisation or resident, can suggest items for the Panel to consider via the Chair (both during Panel meeting debates, or outside of Panel meetings).

8 ADVICE SOUGHT

8.1 The Council's Monitoring Officer (Divisional Director – Legal and Democratic Services) and Section 151 Officer (Divisional Director - Finance) have had the opportunity to input to this report and have cleared it for publication.

Contact person	
Background papers	None
Please contact the report author if you need to access this report in an alternative format	

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Appendix 1

Last updated 19.07.11.

Wellbeing Policy Development & Scrutiny Panel Workplan

Meeting Date	Agenda Item	Director	Report Author	Format of Item	Requested By	Notes
29th July 11						
	Cabinet Member update		Cllr Simon Allen			
	NHS update		Jeff James/Derek Thorne			
	LINk update		Diana Hall Hall			
	HealthWatch status report		Derek Thorne			
	NHS reform and interim commissioning arrangements		Jane Shayler and Derek Thorne			
	Service development for PET/CT services for adults		Ann Jarvis (Director of the Specialised Commissioning Group)			
	Great Western Ambulance service Joint Scrutiny Committee membership and update		Cllr Tony Clarke			

Last updated 19.07.11.

Meeting Date	Agenda Item	Director	Report Author	Format of Item	Requested By	Notes
	Progress establishing a Community Health & Social Care services Community Interest Company		Jane Shayler and Richard Szadziewski			
7th October 11						
	Mental Health Service re-design		tbc			
	Re-ablement/30 days post discharge support		tbc			
25th November 11						
	Medium Term Plans	AA				
27th January 12						
	Service Action Plans	AA	tbc			
	Personal Budgets policy framework	AA	tbc			
	Strategic Transitions	AA	tbc			
16th March 12						
18th May 12						
Future items						

Last updated 19.07.11.

Meeting Date	Agenda Item	Director	Report Author	Format of Item	Requested By	Notes
	Home Care further update					
	Public Health					

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Workplan sources and ways of working
(adapted from "How to be an Effective Scrutiny Member" training 2011)

Sources of Panel activities/work plan suggestions

» **People**

- Whole Panel
- Cabinet member suggestions,
- SDG/officer suggestions,
- members of public
- community/voluntary groups
- Non-panel Councillors

They don't all have to be sat in the room, but seek their views and input ….

» **Wide range of issues and subjects**

Seek suggestions/ideas from

- The Cabinet's Forward Plan,
- corporate plan/priorities,
- range of corporate and service policies, strategies and plans – when are they due to be reviewed/refreshed?
- sustainable community strategy (if something is to be achieved in 20years – ask how? where could OS be involved?)
- new ways of working (eg: multi-organisation projects) – have they worked, are they successful? What can be learned?
- Service plans and performance information
- New government legislation, consultation or guidance
- Suggestions from public, media issues, neighbourhood, voluntary and community sector organisations
- Issues from audit or inspection reports

Ways of Working

» Types of Workplan/Agenda items

  » Formal report

  » Presentation

  » Verbal briefing/update

  » Q&A session/interview

  » In-depth investigation

» By who?

- Cabinet members,
- Member champions,
- Council officers,
- “partner” organisations, such as NHS, Police, and local organisations,
- residents/community groups ,
- young people (DAFBY, Youth Parliament)
- and others?

Planning

» **Medium to longer term**

- Medium to longer term: 12 – 24 months
- later stages can be more about “sketching in” regular items, outcomes of planned reviews/following up items etc

» **Flexibility – room for planned and reactive work**

- Planning = good; don't forget to add the regular work, such as budget/service plans
- <u>but</u> also leave space and flexibility for issues arising

Setting Boundaries

» **Self discipline: time, energy, capacity**

Be self-disciplined – don't say yes to everything suggested !!

- As a Panel, do you have the time, energy, capacity? This is where planning over a longer timescale can help
- Not all Panel members can be at all meetings, involved in reviews, sitting on a policy development group – need to share and schedule who's involved and when
- Identify the timescale (even if roughly) for when something is to be examined/ reviewed - Members can identify in advance where and when they can best be individually involved
- Check: is officer support available? For example: an investigation that needs lots of financial info during March may not be easy to support.

» **Challenge yourselves**

Be a "critical friend" to your own plans......

- Is this the best use of our time?
- What could we influence or change? Is it the right time to do it?
- Could we be duplicating work already underway (eg: through the audit or change programme)?

» **Avoid "for information" or "to note" as much as possible**

Could this be done another way -

- E-mailed document or link to the intranet (CIS) (save paper and server capacity?)
- A separate dedicated briefing from officers?
- Could 1 or 2 Councillors be commissioned to look into something report back to the Panel at the next work planning session?

» **<u>Key question</u>: does OS "add value"? Can it make a difference?**

- Are you going to influence change/improvement?
- Can you have a tangible effect via your observations, comments, recommendations.........and subsequent changes?

Making a difference can also be through holding public discussions -

- clarifying reasons – the what, why and how,
- enabling community views to be heard,
- bringing together a range of involved organisations that may not have met before in the right forum,
- exploding myths and misunderstandings?

In-depth Investigations

Methods:

Review/projects

- structured projects that take place over several months, with a sub-section of the Panel forming a Steering Group;
- use a range of processes and tools to gather evidence about the subject
- produce a final report about the project culminating in the strongly evidenced conclusions and recommendations
- Cabinet response to agree/defer/reject recommendations then brought to Panel

Scrutiny Inquiry Days

- Recent development in B&NES, although used in other Councils.
- A participative, consultative way of working
- Range of organisations interested in a certain issue (eg: Trade Waste collections) invited to meet informally with the Panel
- main part is a type of "workshop" or facilitated sessions
- develop shared "Action Plan" that all organisations sign up to
- report of day taken to formal Panel meeting, to agree any recommendations that are to be made to Cabinet.

These types of investigation are supported by high standard established project management processes provided by the Policy Development & Scrutiny Team

Service-led policy review & development

This is a potential new way of working, based on the Councillor involvement model recently used in work on the Local Development Framework. Details are still to be discussed and finalised, but based on previous practice, this could involve ;

- A sub-group of Panel members meet and work with service officers on a review or development of policy
- Members provide comments and suggestions at regular intervals during the process
- Different to a project/review (as above) as its an on-going overview of the development of the policy, rather than a more objective Panel-led and directed investigation,
- Needs to be included in workplan to ensure Panel capacity
- It has not yet been identified how the Members report back to Panel on how they've “added value” by their involvement in the policy development process.

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BATH AND NORTH EAST SOMERSET COUNCIL
POLICY DEVELOPMENT & SCRUTINY PANEL:
WORK PLAN SUGGESTION FORM

Your name: ___________________________________

Suggested Workplan item:____

Which Panel: ____________________________________

Topic Outline: Please include a brief outline about the topic you are suggesting and any reasons for it to be prioritised.

You may want to consider including information about whether your topic

- impacts on more than one section of society, or multiple wards in B&NES,
- is an issue of public concern,
- has any particular timescales to be carried out or completed by
- is a poor performing/overspending service area, and
- what you think can be achieved from scrutiny involvement.

Type of Topic: Do you think your item should be

A) Agenda item at a future panel meeting (When? ___________)
or
B) An In-depth investigation
   a. Project/review
   b. Single Inquiry Day
   c. Service-led policy review & development

Please return completed forms to scrutiny@bathnes.gov.uk

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