

**Democratic Services**

Riverside, Temple Street, Keynsham, Bristol BS31 1LA  
Telephone: (01225) 477000 *main switchboard*  
Direct Lines - Tel: 01225 394452 Fax: 01225 394439  
Web-site - <http://www.bathnes.gov.uk>

**Your ref:**

**Our ref:**

**Date:** 10<sup>th</sup> November 2011

**E-mail:** [Democratic\\_Services@bathnes.gov.uk](mailto:Democratic_Services@bathnes.gov.uk)

**To: All Members of the Wellbeing Policy Development and Scrutiny Panel**

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

Chief Executive and other appropriate officers  
Press and Public

Dear Member

**Wellbeing Policy Development and Scrutiny Panel: Friday, 18th November, 2011**

You are invited to attend a meeting of the **Wellbeing Policy Development and Scrutiny Panel**, to be held on **Friday, 18th November, 2011 at 10.00 am** in the **Council Chamber - Guildhall, Bath**.

Members of the Panel are reminded that **briefing about Equalities** will start at **9.30am** in the **same room**. This briefing is for Panel Members only and closed for the public.

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, 18th November, 2011**

**at 10.00 am in the Council Chamber - 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. MINUTES 07/10/2011 (Pages 7 - 22)

To confirm the minutes of the above meeting as a correct record.

8. 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.

9. NHS UPDATE (15 MINUTES)

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

10. BATH AND NORTH EAST SOMERSET LOCAL INVOLVEMENT NETWORK UPDATE (15 MINUTES) (Pages 23 - 28)

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

11. MEDIUM TERM SERVICE & RESOURCE PLANNING - 2012/13-2015/16 (20 MINUTES) (Pages 29 - 66)

The draft Adult Social Care & Housing Medium Term Service & Resource Plan (MTSRP) is presented for consideration by the Panel:

- (1) To ensure all members of the Panel are aware of the context for Service Action Planning
- (2) To enable comment on the strategic choices inherent in the medium term plan
- (3) To enable issues to be highlighted for consideration in January by the Panel as part of the service action planning and budget processes
- (4) To enable issues to be referred to the relevant Portfolio holder at an early stage in the service planning and budget process.

12. REFERRAL TO TREATMENT TIMES BRIEFING (20 MINUTES) (Pages 67 - 74)

The Wellbeing Policy Development and Scrutiny Panel are asked to note:

- The improved local position in term of performance by our main local provider, the Royal United Hospital, Bath.
- The range of further actions being taken to strengthen local performance.

13. VERBAL UPDATE ON CONSULTATION ON THE HIGH DEPENDENCY UNIT BEDS IN HILLVIEW LODGE (10 MINUTES)

The Panel will consider a verbal update from Programme Director for Non-Acute Health, Social Care and Housing on this matter.

14. UPDATE ON DEMENTIA (15 MINUTES) (Pages 75 - 88)

The Panel will receive an update on the implementation of the National Dementia Strategy in B&NES (February 2009) along with the dementia action plan.

The Panel is asked to note this update and consider when it would wish to receive a further update.

15. HOME IMPROVEMENT AGENCY COMMISSION UPDATE (15 MINUTES) (Pages 89 - 94)

This briefing paper aims to update the Panel on the proposal to commission a West of England Home Improvement Agency (HIA) in partnership with South Gloucestershire, North Somerset & Bristol City Councils. The project aims to provide improved value for money and an enhanced service for residents.

The Wellbeing Panel is asked to note and comment on the issues raised in this report

16. TRANSFER OF COMMUNITY SERVICES TO SIRONA CARE & HEALTH COMMUNITY INTEREST COMPANY (CIC) (15 MINUTES) (Pages 95 - 98)

The Panel will receive an update on the transfer of Community Health & Social Care Services to Sirona Care & Health CIC (Community Interest Company). A photographic record of key events in Sirona's establishment will be circulated at the Panel meeting.

The Panel is asked to note this update and consider when it would wish to receive a progress report from Sirona Care & Health CIC.

17. CLINICAL COMMISSIONING PRESENTATION (30 MINUTES)

The Panel are asked to consider a presentation from Dr Ian Orpen on Clinically Led Commissioning.

18. WORKPLAN (Pages 99 - 106)

This report presents the latest workplan for the Panel.

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

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**BATH AND NORTH EAST SOMERSET**

**WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL**

Friday, 7th October, 2011

**Present:-** Councillors Vic Pritchard (Chair), Katie Hall (Vice-Chair), Loraine Morgan-Brinkhurst MBE, Eleanor Jackson, Anthony Clarke, Bryan Organ, Kate Simmons, Sharon Ball and Sarah Bevan

**Also in attendance:** Ashley Ayre (Strategic Director - People and Communities), Diana Hall Hall, Jane Shayler (Programme Director, Non-Acute Health, Social Care & Housing), Jack Latkovic and Councillor Simon Allen (Cabinet Member for Wellbeing)

**16 WELCOME AND INTRODUCTIONS**

The Chairman welcomed everyone to the meeting.

**17 EMERGENCY EVACUATION PROCEDURE**

The Democratic Services Officer drew attention to the emergency evacuation procedure.

**18 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS**

There were no apologies for this meeting.

**19 DECLARATIONS OF INTEREST UNDER THE LOCAL GOVERNMENT ACT 1972**

Councillor Loraine Brinkhurst declared personal and non-prejudicial interest as the Council's representative on Sirona Care and Health.

**20 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN**

There was none.

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

The Chairman invited Mr Philip Gait to address the Panel. Mr Gait already asked the question which was printed in the agenda.

Mr Gait said that he had asked this question because he was keen to secure the best outcome for service users, the tax payers and this Council.

He felt that the tender proposal to create one large sub-regional Home Improvement Agency covering the West of England would not be in the interest of the local tax payers and vulnerable residents for those reasons:

1: There are no economies of scale in the provision of these services. But there are additional management overheads like the previous provider Hanover Housing.

2: There are no duplication savings. The four authorities all have different funding priorities, grant criteria and loan procedures etc. These are different because the authorities are different.

3: It would not give value for money. See the additional costs for the Somerset HIA that is only providing a basic service and the problems being experienced by Devon. Talk to the Chairman of Scrutiny at Somerset County Council for his views – learn from their experience.

4: It is not in line with this Council's view of the Localism Bill and what it means for commissioning and the associated Best Value Guidance.

5: It is not in line with the formation of the proposed Health and Wellbeing Boards and GP Consortia.

Mr Gait asked Council Members to look in detail before making any decision.

A full statement from Mr Philip Gait is available on the minute book in Democratic Services.

The Chairman thanked Mr Gait for his statement and his question and informed the meeting that this issue will be debated under Cabinet Member Update agenda item.

## **22 MINUTES 29/07/2011**

The Panel confirmed the minutes of the previous meeting as a true record and they were duly signed by the Chairman.

## **23 CABINET MEMBER UPDATE (15 MINUTES)**

The Chairman invited Councillor Simon Allen (Cabinet Member for Wellbeing) to give an update to the Panel (attached as Appendix 1 to these minutes).

The Panel asked the following questions and made the following points:

Councillor Clarke asked about the Home Improvement Agency (HIA) Commissioning and for how long the contract is likely to be for. Councillor Clarke expressed his concern that flexibility would be lost if we have single provider for the area.

Jane Shayler replied that the contract will be awarded for 3 years. At the moment we are having a single provider for the area and there services are not subject of the Any Qualified Provider model.



Councillor Brinkhurst commented that the HIA consultation is ready to go out and it could be that various recommendations come out of it.

Jane Shayler said that the outcome might well be status quo in that the existing provider could win the new contract. However, the Council needs to go through the procurement process and the outcome of the procurement process is not yet determined at this stage. It could be that the existing provider might put in a bid in a partnership with a provider from another area. Jane Shayler suggested that the Panel should, as part of the consultation process, receive a report on the Home Improvement Agency Commissioning for November meeting.

The Panel welcomed the suggestion from Jane Shayler.

Councillor Organ said that he was not sure that bigger is better (in terms of the provision of housing related support to vulnerable people to help them live independently).

Councillor Jackson said that in her Ward (Radstock) current housing related support was impressive. Councillor Jackson, like Councillor Clarke, was also concerned about the flexibility. She also felt that the consultation on the HIA commission should include paper-based as well as an on-line survey considering that there are many people who still don't have broadband at their homes (mainly over 60 population).

Councillor Allen commented that the current service is well respected service in the area. The Council would consult with the local residents to find out what they want. The Panel will be also included in the consultation. Councillor Allen welcomed the suggestion from Councillor Jackson and said that survey will be also in paper form.

Councillor Hall asked if the Home Energy Efficiency scheme would run every year. Councillor Allen replied that the scheme is generally available throughout the whole year.

The Chairman said that BANES Care & Repair were particularly successful in providing housing related support service. He also question the aspiration of the West of England to cover the whole ex-Avon area with one provider although with the main benefit to Bristol. The Chairman said that there has to be a viability of that business and he felt that some projects provided by the Care & Repair, like Potting Shed project in Radstock, will stop after the HIA is commissioned.

It was **RESOLVED** that the Panel will receive a Home Improvement Agency Commissioning report for November meeting.

## **Appendix 1**

### **24 NHS UPDATE (15 MINUTES)**

The Chairman invited Tracey Cox (the NHS BANES Programme Director for Commissioning) to give an update to the Panel (attached as Appendix 2 to these minutes).

The Panel noted the update.

## Appendix 2

### 25 BATH AND NORTH EAST SOMERSET LOCAL INVOLVEMENT NETWORK UPDATE (15 MINUTES)

The Chairman invited Diana Hall-Hall and Mike Vousden to take the Panel through the update.

Diana Hall Hall and Mike Vousden expressed their concerns about the lack of the consultation on the future of the High Dependency Unit in Hillview Lodge.

The Chairman informed the meeting that the future of the High Dependency Unit will be debated later in the meeting (under agenda item 'Specialist Mental Health Service re-design').

The Chairman thanked LINKs representatives for an update.

### 26 GREAT WESTERN AMBULANCE SERVICE (GWAS) UPDATE (15 MINUTES)

The Chairman invited Paul Birkett-Wendes (GWAS General Manager for Wiltshire locality) and John Oliver (GWAS External Communications Manager) to introduce the report.

The Panel asked the following questions and made the following points:

Member of the Panel asked if the response time is based on the paramedic who goes ahead of the ambulance. The member felt that last year, on couple of instances, the response time was more than 19 minutes.

Paul Birkett-Wendes responded that the time is calculated when basic life support is given to the patient. Winter time is always a challenge and it could be at this time of the year when the response time is slightly higher than average. Paul Birkett-Wendes also said that the ambulance want to accept the increase in demand during winter months and not overburden the RUH by treating patients at site and keep the beds in the RUH free.

Member of the Panel asked what the distinction between the first and full response is and who make the call on sending air ambulance or motor vehicle.

Paul Birkett-Wendes responded that the first response is from community responders (who live in that community). Dispatcher would make a call for air or motor vehicle ambulance after they receive a call. Vehicles are always sent to the site anyway.

John Oliver added that as a service GWAS has access to several helicopters in the area, all based in Filton with clinical paramedic and doctor.

The Chairman thanked GWAS representatives for the report and their attendance.

It was **RESOLVED** to note the report.

## **27 ANY QUALIFIED PROVIDER COMMUNITY SERVICES (15 MINUTES)**

The Chairman informed the meeting that he would move this item forward in respect of the presenting officer who had to attend another meeting.

Tracey Cox introduced the report.

The Panel asked the following questions and made the following points:

Members of the Panel asked about the rationale on prioritising the services and what criteria were used to choose these services. The Panel also asked why some of the other services, such as adult hearing services, were not considered.

Tracey Cox replied that the rationales for choosing what local services would be prioritised are the following: the service with not so good local provision, the service that is practical and something that will be sustainable. Tracey Cox also added that this was phase 1 in the process which requires 3 areas to be identified by September 2012. On second question Tracey Cox responded that the list to consider service had national categories plus 2 local ones. In terms of the adult hearing service the PCT went through the procurement process to base services locally.

It was **RESOLVED** to note the report.

## **28 SPECIALIST MENTAL HEALTH SERVICE RE-DESIGN (15 MINUTES)**

The Chairman invited Andrea Morland (Associate Director for Mental Health and Substance Misuse Commissioning) and Hazel Watson (Director of Nursing for AWP) to introduce the report.

Andrea Morland took the Panel through the report and explained that there is an on-going conversation with the AWP about the High Dependency model of care. The beds in the High Dependency Unit (HDU) had not been used for 9 months now.

Hazel Watson added that previously two types of beds were provided in Hillview Lodge – acute and HDU. Hazel Watson said that she is convinced that the better model is the provision of mental health acute assessment and treatment services in acute in-patient wards and Psychiatric Intensive Care Units rather than High Dependency Units.

Diana Hall said that Bath and North East Somerset Local Involvement Network is satisfied with the clinical view on the proposed change but not satisfied that the procedure (consultation) had not been followed.

The Panel asked the following question and made the following points:

Members of the Panel expressed their concerns that the lack of the consultation with the partners/organisations, such as Bath and North East Somerset Local Involvement Network, could backfire and create difficulties in implementing the proposed service redesign. The Panel also queried what the other authorities do with their HDU beds.

Andrea Morland replied that in this particular instance, services could not be considered under Any Qualified Provider mechanism as they are funded on a different basis. The beds are not sold to others under current contract arrangements. Andrea Morland also said that some areas have less well developed community service and, as a consequence, are not using their in-patient beds inefficiently.

The Panel asked who mostly uses beds in Hillview Lodge – men or women. Hazel Watson replied that it is mostly men who use beds in Hillview Lodge and that the service might be considering single sex units in terms of the equalities.

It was **RESOLVED**:

1. To agree with the implementation of a Care Home and Community Hospital Liaison service can progress, reinvesting resource currently attached to Ward 4, St Martin's Hospital.
2. That the plans for the implementation of the Adult of Working Age services redesign are in line with local and national strategic intentions.
3. That the Panel instructed officers to enter into further consultation with partners/organisations (including BANES LINKs) and pending Members' visit to the Hillview Lodge defer Panel's resolution on provision of mental health acute assessment and treatment services takes place in acute in-patient wards and Psychiatric Intensive Care Units rather than High Dependency Units until the next meeting.

## **29 DOMICILIARY CARE STRATEGIC PARTNERSHIP UPDATE (15 MINUTES)**

The Chair invited Sarah Shatwell (Associate Director for Non-Acute & Social Care) to introduce the report.

The Panel asked the following questions and made the following points:

The Panel asked how TUPE transfer would work for individual staff members. The Panel also stressed that the service users want to see, and get the service, from the same people/staff.

Sarah Shatwell replied that the analysis of the delivered hours to individual users will be done and according to results it is likely that TUPE would apply to particular staff members. This would be in the interest of continuity of care.

It was **RESOLVED** to note the report.

## **30 RE-ABLEMENT & 30 DAY POST DISCHARGE SUPPORT SERVICES (15 MINUTES)**

The Chairman invited Sarah Shatwell to introduce the report.

Sarah Shatwell informed the Panel that the Extended Research Pilots were awarded to the following services:

- Integrated Health & Social Care Re-ablement - Sirona/Way Ahead

- Intensive Home From Hospital Support - Age UK/Care & Repair
- Handyperson & Minor Adaptations - Care & Repair/Bath Monday  
Somer/Sirona
- Telehealth – Sirona

It was **RESOLVED** to note the report.

**31 UPDATE ON TRANSITION OF PUBLIC HEALTH RESPONSIBILITIES FROM NHS B&NES TO B&NES COUNCIL BY 2013 (15 MINUTES)**

The Chairman invited Dr Pamela Akerman (Joint Director of Public Health) to introduce the report.

The Panel asked the following questions and made the following points:

The Panel felt that this should come to the Panel in near future as some issues were not yet defined (such as the budget for 2012-13). The Panel felt that they should monitor the transition progress with the information on partnership work between the Public Health team and other services/departments in the Council, HR transition and the arrangements upon which the Council will be expected to take over public health responsibilities from the NHS BANES.

It was **RESOLVED** that the Panel will receive a further update on transition of public health responsibilities from NHS BANES to the Council at one of the future meetings.

**32 HOMELESS HOSTEL UPDATE (15 MINUTES)**

The Chair invited Jane Shayler to introduce the report.

The Panel asked the following questions and made the following points:

Member of the Panel expressed her concern that there was no adequate provision for women in homeless hostels and asked why there was such imbalance present.

Jane Shayler agreed with the Panel Member that the provision for women in Julian House was not adequate. The reason for it was that women tend use other options available (family, friend, etc) and they are also more likely to get statutory accommodation with the Council. Julian House is really the last resort for them.

Member of the Panel commented that £400k allocated to the 'tarmac' in Radstock could be used for social care and homelessness.

The Panel also discussed the £230k revenue funding allocated for the support of the hostel facility.

It was **RESOLVED** that the Panel asked the Cabinet Member for Resources what is the intention of £230k allocated for the revenue support of hostel facility for homeless.

### **33 WORKPLAN**

The Panel noted the current workplan with the following additions:

- Home Improvement Agency report for November 2011
- Verbal update on consultation on the High Dependency Units beds in Hillview Lodge for November 2011 (tbc)
- Dental Access Services update for May 2012
- Transition of Public Health responsibilities from NHS BANES to the Council (update) – date to be confirmed.

The meeting ended at 1.55 pm

Chair(person) .....

Date Confirmed and Signed .....

**Prepared by Democratic Services**

**Cllr Simon Allen, Cabinet Member for WellBeing  
Key Issues Briefing Note**

**Wellbeing Policy Development & Scrutiny Panel – October 2011**

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**1. PUBLIC ISSUES**

**Launch of Sirona Care & Health CIC (Community Interest Company)**

- Approval for the transfer of both community health services and social care services to Sirona Care & Health CIC (Community Interest Company) on 1<sup>st</sup> October 2011 was given by the PCT Board and Council on 15<sup>th</sup> September and by the Council's Delegated Decision Making Group on 16<sup>th</sup> September.
- The new name and logo for Sirona was chosen and registered with Companies House following work with over 150 staff, volunteers and stakeholders.
- Both the Business Transfer Agreement and Community Services Contract were signed by the Primary Care Trust, Council and Sirona on 22<sup>nd</sup> September.
- Sirona has achieved Admitted Body Status in relation to Local Government Pensions and a Directions Order has been obtained in respect of transferring PCT staff.
- The Due Diligence process has now been completed. No significant concerns have arisen for any of the Council, PCT or Sirona from this process.
- All of Sirona's critical systems (Payroll for both transferring NHS and transferring Council employees, General Ledger and Accounts Payable systems) are in place and have been tested to the satisfaction of commissioners.
- A post-transfer action plan is being developed to ensure completion of any outstanding tasks. Implementation of the action plan will be monitored formally through Contract Review meetings.

**Home Improvement Agency (HIA) Commissioning**

Bath & North East Somerset, Bristol, North Somerset & South Gloucestershire are undertaking the joint commissioning of a single Home Improvement Agency for the sub-region.

HIAs help vulnerable people live independently by providing housing related support, such as minor repairs, handyperson services, adaptations and advice. The core customer groups for HIAs are disabled, elderly and otherwise vulnerable households across all tenures, although the focus is on owner occupiers. The service is means tested: provided free to those on benefits, with a modest charge levied for those who can pay. HIAs also provide services through self-funding options to non-vulnerable households.

Analysis of both current need and provision (set out in full in the West of England HIA & Independent Living Centre Services Commissioning Strategy) has identified the need to:

- provide HIA and ILC services to a greater volume of users, including those;

- households that can afford to pay;
- avoid duplication and make the best use of resources across the sub-region;
- adopt a joined up approach across care, health and housing;
- involve service users in service design, particularly the identification of outcomes, and performance monitoring;
- generate greater efficiency, effectiveness and best practice;
- build up local market potential.

The service improvement objectives agreed for this project are:

- delivering customer satisfaction through timely, good quality and appropriate work;
- maximising the number of older people assisted to live at home;
- aiding rapid discharge from hospital;
- integrating agency, assessment and advice functions;
- establishing assessment and aids testing centres;
- delivering services appropriate to rural and urban areas;
- delivering better value for money;
- targeting services at those most in need ;
- increasing the level of funding from households who can pay for services.

These improvements will be achieved by i) identifying clear stakeholder outcomes from the consultation; ii) asking potential providers to outline innovative and efficient methods of delivery during procurement; and iii) including robust performance management arrangements within the contract.

The lead commissioners organised a workshop with Foundations, the Government appointed advisors on HIAs, to investigate whether the business case supported this partnership approach. This highlighted the following potential benefits for commissioners and users of the service:

Financial Benefits:

- Savings in procurement costs. With an increasing complex and hostile procurement environment these costs are increasing. By working together we can, and do, make significant savings.
- Economies of scale in the commissioned service associated with the reduction in back room duplication, particularly around governance, management, IT and other professional support costs.
- Reduced contract management costs, through less duplication by the contract and field officers of the 4 authorities.

Non-Financial Benefits:

- A larger contract value is likely to interest more potential providers, thus generating greater competition. The increase in bidders would also improve the sustainability of the sector reducing the likelihood of only a single or even no bidders for a single authority commission.
- A larger contract value would provide the economies of scale to develop services which may prove unviable for a single authority.
- It is more effective for a single provider to market themselves across the sub-region, particularly given that referrers, such as client's children & siblings may live out of district though within the sub-regional.



The successful provider will be expected to offer authorities a range of services including:

- information and advice, particularly around housing options for older people,;
- casework, advocacy and support;
- home safety assessments;
- hospital discharge and reablement services;
- independent living centre services, including product and equipment testing;
- independent living centre assessment facilities;
- co-ordination and technical support for repairs, maintenance, adaptations and improvements; and
- handyperson repairs, maintenance and security improvements.

Each local authority will identify at the outset the particular services that it wishes to buy throughout the contract. The contract will work flexibly to allow local authorities to take up unpurchased services in future.

A twelve week consultation period will be undertaken from the beginning of October in accordance with local authority compacts. This will include public availability of the commissioning strategy and equality impact assessment, the opportunity to feedback through an online survey, local stakeholder drop in events and a single market providers' day. The consultation feedback will be used to draw up the tender specification. The tender will then be advertised at the beginning of February with a contract award anticipated in by mid-June 2012.

## **2. PERFORMANCE**

### **New feedback system in place for social care services**

Each time a social care service user or carer has an annual review or un-scheduled review, the practitioner is now required to complete a feedback form with them. This process allows service users to give feedback about how they experience the care they receive from a range of provider organisations e.g. Domiciliary Care Strategic Partners, day care services, which have been commissioned as part of the user's care and support plan. The information is collated by commissioners in the Non-Acute & Social Care Team and is used to inform contract/service reviews and to highlight quality or performance concerns which can then be addressed with providers.

## **3. SERVICE DEVELOPMENT UPDATES**

### **Supported Lodgings for Young People**

Extensive promotion of the Supported Lodgings scheme including a very positive newspaper article has resulted in a significant number of new households coming forward offering to provide accommodation in their homes. This scheme provides accommodation and support for homeless young people in family homes with spare capacity. This increase in availability will result in reduced use of temporary fostering and emergency accommodation and financial savings. It also provides improved outcomes for these clients.

### **Access to Housing Advice & Options**

Housing Services are now able to provide clients with daily appointments to provide a full housing advice and options interview over the phone. Users receive a return call

from the adviser at an agreed time, and advice given will be backed up with written information. The new appointments ensure that people in isolated and rural locations are not excluded from the service, and reduce the need to travel. This is in addition to the housing advice and options services operated from the Guildhall, The Hollies and Keynsham Town Council Offices.

### **Home Energy Efficiency**

Joint working between the Council Housing Services and the Public Health Team at NHS BANES resulted in the Council's Warm Streets home energy efficiency scheme being promoted with this year's Flu Jab mail out to over 36,000 residents over 60 years of age. As of last Friday this had resulted in 671 referrals for loft or cavity wall insulation. This may increase further in the weeks ahead. Past experience would suggest that this is likely to result in at least half as many actual installed after a follow up survey by the contractor. Improving the energy efficiency of these homes has the potential to provide vulnerable residents the triple benefit of:

- Better health through warmer homes
- Lower fuel bills
- Lower carbon emissions to help reduce climate change

To ensure that these most vulnerable residents are able to receive the maximum impact from this scheme the Council is providing "top-up" funding where the Government sponsored schemes fail to pay the full costs. The likely cost of this top up to the Council will be in the region of £50,000 funded through the Housing Renewal budget.

**Wellbeing Policy Development and Scrutiny Panel**  
**7<sup>th</sup> October 2011**

**Key Issues Briefing Note**

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**1 Any Qualified Provider**

Panel members along with public and other stakeholders participated in the stakeholder event to determine local options and criteria for the extension of choice in community services under the Any Qualified Provider initiative. A full report is provided elsewhere on the agenda.

**2 Sirona Care and Health**

On September 20<sup>th</sup> following approvals by both NHS B&NES and B&NES Council Janet Rowse, CEO (designate) Sirona Care & Health, John Everitt, CEO of Bath and North East Somerset Council and Jeff James, cluster CEO NHS B&NES and NHS Wiltshire, signed the business transfer agreement which allows the Social Enterprise to be legally established.

The agreement, a five-year contract, was the final stage in an extensive process of consultation, development, governance and due diligence and set out in detail the transfer of community health and social care services to the new organisation.

Sirona Care and Health under its new brand and management structure commenced trading on October 1<sup>st</sup> 2011.

**3 NHS Reform- Executive Appointments**

**NHS B&NES**

Appointments to the cluster executive team were reported to the panel at the previous meeting. There were two remaining vacancies at that time. These posts have now been filled completing the executive appointments.

Christina Button has been appointed Director of Commissioning Development. Christina currently holds the position of Director of Performance Improvement at NHS Wiltshire. Prior to this role, Christina gained diverse experience in various roles at Avon and Wiltshire Mental Health Partnership and brings valued commercial knowledge to the NHS.

Dr Steve Rowlands and Dr Richard Wharton have jointly been appointed Medical Director for NHS B&NES and NHS Wiltshire Cluster in a job share arrangement. Richard is a GP partner with the Newbridge Practice in Bath and is the Associate Post Graduate Dean at the Severn Deanery in Bristol. Steve has chaired the NHS Wiltshire Commissioning Committee since March this year and is a GP with the Bradford Road practice in Trowbridge. Richard and Steve have worked together successfully on education and managerial projects for many years.

The full cluster executive team for NHS B&NES and NHS Wiltshire is

<b>Role</b>	<b>Post holder</b>
Chief Executive	Jeff James
Director of Finance	Jenny Howells
Director of Nursing	Mary Monnington
Director of HR, Governance and Communications	Suzanne Tewksbury
Director of Commissioning Development	Christina Button
Medical Director	Dr Richard Wharton Dr Steve Rowlands

### **Strategic Health Authority Clusters**

Earlier this year NHS Chief Executive Sir David Nicholson announced that, in line with Primary Care Trusts, Strategic Health Authorities would be kept in place until April 2013 but clustered into larger groups.

At the end of July these groupings were confirmed as:

North (comprising North West, North East and Yorkshire and Humber)

Midlands (West Midlands, East Midlands and East of England)

London

South (South West, South Central and South East Coast)

NHS South of England will:

- Serve a population of 13.4 million
- Oversee an annual budget of £20.7 billion
- Oversee 284,000 NHS staff

The Chair of NHS South was confirmed as Dr Geoff Harris, who previously chaired South Central. Sir Ian Carruthers, OBE, and previously Chief Executive of NHS South West has been appointed as Chief Executive for the South cluster.

The executive team has been put in place and the clusters became operational on 3<sup>rd</sup> October. They will form the initial footprint for the NHS Commissioning Board's sectors from April 2013.

The next meeting of the NHS South of England Board will be on Thursday, 1 December 2011 at South West House in Taunton.

### **Healthwatch**

B&NES has been approved as a pathfinder for the new Healthwatch following the application made to the Department of Health reported to the panel at its last meeting. Pathfinder status was awarded based on the submission outlining the plans for the transition from Link to Healthwatch in B&NES. Arrangements for the procurement of Healthwatch are on track with pre qualifying questionnaires expected to be distributed

to interested parties in November. At the panels request an update report on Healthwatch will be brought to a future meeting.

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# Bath and North East Somerset Local Involvement Network

## Report to B&NES Wellbeing Policy Development & Scrutiny Panel, 18 November 2011

### 1. Hillview Lodge -AWP High Dependency Unit

Since the discussion at the October meeting of the PDS Panel, members of the LINK have attended a meeting that provided information on the planned changes. Members had been under the impression that this was to be an Impact Assessment meeting, and afterwards expressed concerns that this had not been reflected in the running of the meeting. Members subsequently took up this concern with AWP, and were assured that a separate meeting would be arranged for the purposes of an Impact Assessment. The LINK is concerned that there had been no previous indication of a separate Impact Assessment meeting until LINK Members had voiced their concerns about this following the meeting on 31 October, and that all the discussion that had taken place with AWP had confirmed that this was to be a meeting to conduct an Impact Assessment. They feel that the original commitment to bring the decision back to the November PDS Panel could not have allowed for this additional meeting. We have been told that it will now be presented to the January meeting of the Panel.

### 2. HealthWatch

The Health & Social Care Bill continues its way through the Lords' "Committee of the - Whole-House", and has so far occupied three sessions. At the Second Reading, there had been two critical proposed amendments, one of which would have rejected the Bill altogether, the other would have referred the Bill to a Select Committee of the House (potentially delaying its passage significantly). Both amendments were rejected by the Lords.

During the Committee stage, many detailed proposed amendments have already been tabled. The most significant of these for Healthwatch, proposed that Healthwatch England should be set up as a corporate body independent of the Care Quality Commission, and that Healthwatch England should be responsible for setting up and providing resources for Local Healthwatch organisations. There has, so far, been no companion amendment to remove Local Authorities' duty to contract for Local Healthwatch. The fate of these proposed amendments will probably not be known for a month.

### 3. Autism Meeting

The LINK and the National Autistic Society combined in calling a meeting on the needs of people with Autism Spectrum Disorder. About 20 people attended the meeting, and they

included people with autism, carers, parents and friends, and some professionals. The purpose of the meeting was to update people on the current situation in B&NES, and on



the National Autism Strategy and plans for the future. Another aim was to explore the possibility of a B&NES Autism Group.

A follow-up meeting will be held on 30 November, to discuss ways forward and ways of facilitating the formation of an Autism Group for B&NES, with the possibility of a further meeting to which commissioners could be invited.

#### **4. PCT Clustering and Joint Commissioning**

The LINK has growing concerns over the future of the great progress in Joint Commissioning made in Bath & North East Somerset, when the B&NES and Wiltshire PCT's are joined together in a new PCT Cluster. We feel that Joint Commissioning is considerably further advanced and embedded in system in B&NES than it is in Wiltshire, and are worried that this could be lost in any combining of policies and strategies across the two areas. The recent resignation of the Chief Executive of NHS B&NES has increased this concern. We have written to the Chief Executive of NHS South of England (the new clustering of South West, South Central, and South Coast SHA's) to express the LINK's concerns about this, and will report on his response to the Panel when it is received. A copy of our letter is attached to this report, and has also been provided for the full Council.

Diana Hall Hall

**Chair, B&NES Local Involvement Network**

7 November 2011

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# Bath and North East Somerset Local Involvement Network

Sir Ian Carruthers  
NHS South of England  
South West House  
Blackbrook Park Avenue  
Taunton  
Somerset  
TA1 2PX

30 St John's Road  
Bathwick  
Bath  
BA2 6PX

Tel. 01225 445538

[contact@baneslink.co.uk](mailto:contact@baneslink.co.uk)  
[www.baneslink.co.uk](http://www.baneslink.co.uk)

3 November 2011

Dear Sir Ian

## **B&NES and Wiltshire PCT Cluster - Joint Commissioning**

The Bath & North East Somerset Local Involvement Network has now been working with NHS B&NES and B&NES Council for over three years, and has during this time been impressed by the commitment of these bodies to the implementation of Joint Commissioning arrangements across the health and social care sectors. We are convinced that this very close partnership is of great benefit to service-users and carers in both sectors, and that it must not be lost as a result of NHS reorganisation.

We have been concerned already at the possible threat to these joint arrangements that may arise from the removal of community services in B&NES to a new Social Enterprise. We are even more concerned at the threat that may come from the clustering of the B&NES and Wiltshire PCT's. It seems to us that the latter is very far behind B&NES in the practical implementation of and the very strong commitment to joint commissioning, and we fear that a new PCT Cluster will have to compromise between the positions of the current PCT's, leading to a dilution of commitment to joint commissioning in our area. We are, of course, also aware of the recent resignation of the Chief Executive of NHS B&NES, which could lessen the impact of the PCT's legacy in this important area.

The LINK would be grateful for any comments the SHA can make on this, and for some reassurance that the valuable work done and structures evolved in B&NES for Joint Commissioning will not be lost as clustering arrangements are implemented.

Yours sincerely,

Diana Hall Hall  
Chair, Bath & North East Somerset LINK

cc. Dr Ian Orpen, Chair, B&NES CCG  
Cllr Vic Pritchard, Chair, B&NES Wellbeing Policy Development & Scrutiny Panel  
Cllr. Malcolm Hanney, Chair, NHS B&NES

<b>Bath &amp; North East Somerset Council</b>		
<b>MEETING:</b>	Wellbeing Policy Development & Scrutiny Panel	
<b>MEETING DATE:</b>	18 November 2011	<b>AGENDA ITEM NUMBER</b>
<b>TITLE:</b>	Medium Term Service & Resource Planning – 2012/13-2015/16	
<b>WARD:</b>	ALL	
<b>AN OPEN PUBLIC ITEM</b>		
<b>List of attachments to this report:</b>		
ANNEX 1 – Draft Adult Social Care & Housing Medium Term Service & Resources Plan 2012/13-2015/16		

## **1 THE ISSUE**

1.1 The draft Adult Social Care & Housing Medium Term Service & Resource Plan (MTSRP) is presented for consideration by the Panel:

- (1) To ensure all members of the Panel are aware of the context for Service Action Planning
- (2) To enable comment on the strategic choices inherent in the medium term plan
- (3) To enable issues to be highlighted for consideration in January by the Panel as part of the service action planning and budget processes
- (4) To enable issues to be referred to the relevant Portfolio holder at an early stage in the service planning and budget process

## **2 RECOMMENDATION**

The Panel is asked to:

- (1) Comment on the medium term plan for Adult Social Care & Housing
- (2) Identify any issues requiring further consideration and highlighting as part of the service action plans and budget reports to be considered in January by the Panel
- (3) Identify any issues arising from the draft plan it wishes to refer to the relevant portfolio holder for further consideration

### **3 FINANCIAL IMPLICATIONS**

3.1 This report sets the framework for the service planning and budget processes relevant to this Panel for the next 3 years. The financial implications are set out in the enclosed annexes.

### **4 THE REPORT**

4.1 This report forms part of the service and resource planning process. As set out in the enclosed medium term plan (Annex 1), the next steps include:

- (1) Service Action Plans being presented to January PDS Panels.
- (2) February Cabinet recommendations to Council
- (3) February Council approval of budget and Council Tax setting.

4.2 The draft Medium Term Service & Resource Plan for Adult Social Care & Housing is attached as Annex 1, and includes its own appendices.

4.3 The Panel needs to consider the implications of this medium term plan and make recommendations to the relevant portfolio holder(s) and Cabinet. Where the panel wishes to either increase expenditure or reduce savings targets alternatives should be proposed.

### **5 RISK MANAGEMENT**

5.1 A risk assessment will be completed as part of the final budget papers and inform the Council's reserves strategy. The main risks relate in the next financial year to:

- (1) The robustness of the savings estimates
- (2) The potential for some services to suffer and the implications for service users, as a result of the savings, albeit that most savings are directed at efficiencies or services which do not directly relate to Corporate Priorities
- (3) The implications for staff arising from savings
- (4) The need to maintain a planned and phased approach to savings at a time when pressures are starting to require substantial and immediate cuts.

### **6 EQUALITIES**

6.1 Service Action plans will be subject to Equalities Impact Assessments as they are completed.

## 7 CONSULTATION

- 7.1 This corporate implications of this report have been considered by Strategic Directors Group (SDG) including the *Section 151 Finance Officer; Chief Executive & Monitoring Officer*
- 7.2 Further consultation has taken place as part of the Corporate Plan process. A budget fair took place on 31st October and feedback from the fair has helped inform the draft plan.

## 8 ISSUES TO CONSIDER IN REACHING THE DECISION

- 8.1 All the following issues are relevant to service and resource planning: *Social Inclusion; Customer Focus; Sustainability; Human Resources; Property; Young People; Human Rights; Corporate; Health & Safety; Impact on Staff; Legal Considerations*

## 9 ADVICE SOUGHT

- 9.1 The Council's Monitoring Officer (Council Solicitor) and Section 151 Officer (Strategic Director – Resources & Support Services) have had the opportunity to input to this report.

<b>Contact person</b>	<i>Jane Shayler, Tel: 01225 396120</i>
<b>Background papers</b>	
<b>Please contact the report author if you need to access this report in an alternative format</b>	

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## DRAFT MEDIUM TERM SERVICE & RESOURCE PLAN ADULT SOCIAL CARE & HOUSING

2012-13 to 2014-15

### 1. Introduction

This document sets out the key influences affecting adult social care and housing services in the next 3-5 years; the changes that we want to make in order to be able to deliver our vision and priorities, and proposed actions to achieve financial balance in an increasingly challenging local and national context.

This plan is one of a series of plans that make up the Council's Medium Term Service & Resource Plan:

- Resources
- People & Communities
  - Children's
  - Adult Social Care & Housing
- Place
  - Service Delivery (Planning, Transport, Waste, Highways, Libraries, Tourism Leisure & Culture)
  - Development & Major Projects (Economic Development & Project Management & Delivery)

A separate document summarises the main financial assumptions and parameters (See Appendix 4).

The external and corporate influences on this plan can be summarised as follows:

- Cuts in public expenditure and reduced council budgets – this is the second year of the 2010 Government Comprehensive Spending Review – savings have been 'front loaded' and are very challenging
- There is a key demographic change with a projected 40% increase in the older population by 2026 creating a significant additional financial pressure
- Government expectation that councils will continue to deliver further efficiencies
- Changes in Government legislation, regulations and guidance – there are some simplifications and some new scope for local decision making but at the same time radical and demanding changes such as Localism, Planning Reform, new grant funding to support local government (less money and less types of grant), return of Business Rates growth to local government, new Benefits system (Universal Credits and Council Tax Benefits), Incentives for growth (new homes bonus, regional growth fund, Business Rates growth, Local Enterprise Partnerships)
- The Cabinet is currently developing the Vision Values and Objectives for the future and a new Corporate Plan will be developed for implementation in April 2012
- Council Change Programme – this remains a key driver for internal efficiencies and improvements in services to customers. It also targets priorities and needs as well as initiatives to join up services between public agencies

Further detail about these external and corporate influences is given in Appendix 3.

## 2. Staff Resources & Finances

On 1<sup>st</sup> October 2011 700 social care staff and 1000 health staff providing integrated Community Health & Social Care Services transferred to the newly established Sirona Care & Health CIC (Community Interest Company). The relatively small retained staffing resource, sitting in the newly formed People & Communities Department, undertakes the integrated commissioning of health, social care and housing and, also, the delivery of housing services, which did not transfer to Sirona.

The functions incorporated in this plan are listed below. Changes start with this as the base position (October 2011).

	Gross £'000	Net £'000
Mental Health Commissioning – Adults of Working Age and Older People	10,388	7,784
Older People Commissioning	35,253	18,243
Physical Disability & Sensory Impairment Commissioning	3,377	3,090
Learning Difficulties Commissioning	23,181	17,093
Supporting People & Communities Commissioning	6,413	6,074
Adult Care Commissioning – Other	6,540	2,155
Adult Substance Misuse (DAT)	2,923	598
Housing Services	3,020	2,255
<b>Total 2011/12 budget at October 2011</b>	<b>91,095</b>	<b>57,292</b>

## 3. Key Proposed Changes – Years 1 to 3 2012/13 to 2014/15

The main national and local drivers for change for the Council and for Adult Social Care & Housing are as set out in Appendix 3.

As previously reported (*“Update on the establishment of the Community Interest Company for the Provision of Community Health & Social Care Services” Council, 16<sup>th</sup> September 2011*), the financial model for Sirona CIC was based upon the future known and anticipated savings targets for the Council and PCT, which have been factored into future income streams for the CIC. This equates to the delivery of recurring annual savings of £1.9m for the Council by year five of the contract period. Total cumulative savings for the Council will be £7.4m over the 5-year period.

In addition to the savings to be delivered by Sirona further savings must be delivered from commissioning/purchasing of other social care services. In developing the proposals to move towards sustainable financial balance, we have adopted the following approach:-

- **Productivity & Efficiency** - prioritise those areas where either our knowledge of the market and/or benchmarking of our performance and/or spend indicates that there are still efficiency gains to be made through: effective procurement and contract negotiation; and streamlining or tightening systems and processes.

- **Service Redesign** – making improvements to care pathways to improvement outcomes for individuals; and shifting investment in line with our strategy.
- **Changing the Offer** - in the context of demographic pressures and reduced public sector finances, it may be necessary to limit access to services or increase income from charging for services.

The overall projections and assumptions underpinning the proposals were reviewed and each proposal has been impact assessed against the following criteria:-

- Consistency with/risk to our overall strategy;
- Benchmark performance, spend and, where possible, policy/practice;
- Deliverability – will the proposal, if implemented deliver real savings and what capacity is needed to deliver the saving;
- What are the likely impacts on staffing; the local economy; other partners; and
- What are the risks associated with implementing the proposal.

This approach resulted in a three-year programme aimed at bringing the unit cost of placements and packages in line with the South-West average and also to reduce the number of residential and nursing care placements made in line with the overall service strategy, which is to sustain greater numbers of people in community settings by:

- Improving information, advice, guidance and advocacy so that people know about all the options available to them and are able to make informed choices.
- Supporting and promoting access to universally available services, including leisure, culture and learning opportunities.
- Supporting the development of sustainable connected communities.
- Promoting early identification and diagnosis of conditions like dementia to enable early intervention, including support to carers.
- Encouraging approaches that delay or prevent an escalation of individual needs, including: supporting people into employment or other forms of meaningful occupation; a range of supported and extra-care housing; community equipment, assistive technology and adaptations that enable people to remain in their own home; and support to carers.
- Developing services that evidence tells us encourage a shift to the lowest appropriate level of intervention/support, including services focused on re-ablement, rehabilitation and recovery.
- Improving access to mainstream services whilst also ensuring that people who really need to access specialist services are able to do so.
- Ensuring that an individual or family in crisis is able to get help quickly.

An update on this programme is set out in the next section.

## **Finances & Service Impacts**

In addition to the agreed growth items of £2.868m detailed below in the 2012/13 planning process, it should be remembered that a further £1.3m of on-going Council funding is held corporately in line with the recycled funding for Adult Social Care announced in the 2011/12 formula grant settlement. This funding will be used to continue supporting fundamental change to secure long term sustainability in the face of demographic growth

and changed expectations. This funding is to be released in accordance with detailed spending plans to be produced by the service.

The service impacts of the £2.868m of agreed growth and associated savings targets of £3.588m are set out in the impact analysis at Appendix 2.

The following targets have been set for the next three years excluding the £1.3m of corporately held growth funds:

- |           |           |                                   |
|-----------|-----------|-----------------------------------|
| • 2012/13 | £3.588m   | (including £2.868m agreed growth) |
| • 2013/14 | (£0.156m) | (excluding unavoidable growth)    |
| • 2014/15 | £0.579m   | (excluding unavoidable growth)    |

When unavoidable growth is added in for 2013/14 and 2014/15, savings in both years in excess of £2M will be required as well as absorbing inflation on non-pay items. Pay has been assumed to remain unchanged in 2012/13 but increase by only 1% after that. The unavoidable growth in 2012/13 is itemised in Appendix 2 and is mainly associated with changing demographics and contract inflation. The targets for 2013/14 and 2014/15 are indicative and will be reviewed in the light of the Council's priorities which are under review. The aim will continue to be to maximise savings from the Change Programme and efficiencies, plus to minimise the reductions in front line services, albeit this is becoming increasingly difficult. Detailed savings plans for 2012/13 and 2014/15 have yet to be established but the direction of travel is set out in this plan.

The proposals to meet 2012-13 targets can be categorised as follows:

- |                             |         |
|-----------------------------|---------|
| » Change Programme          | £nil    |
| » Cashable Efficiencies     | £2.344m |
| » Additional Income         | £0.244m |
| » Reduced Service Levels    | £nil    |
| » Discontinued Services     | £nil    |
| » Other – slippage on 11/12 | £1.0m   |

Although no savings in this plan are directly attributable to the Change Programme, Transforming Community Services and the establishment of a Social Enterprise for the delivery of Community Health & Social Care Services did form a key part of the Change Programme. Sirona Care & Health CIC will deliver recurring annual savings of £1.9m for the Council by year five of the contract period with £0.294m deliverable in 2012/13. The Change Programme also supported the first year of the programme of savings against purchasing of residential and nursing care through the provision of additional non-recurring capacity.

An impact analysis of all savings items is summarised at Appendix 2. Key proposals are considered in further detail below:

### **Reduction in commissioned residential and nursing care placement costs and numbers**

The Placements & Packages Steering Group has been in place for two years now and has overseen an ambitious work programme designed to deliver a reduction in both the unit cost of residential and nursing care placements and a reduction in the number of

placements being made in residential and nursing care. Key elements of the work programme are summarised below:

- **Single Panel** – has been in place since March 2011, replacing client-group specific panels for agreeing placement/package funding. The change is designed to ensure consistency, equity and value-for-money for all individual placements and packages of care and also to identify pricing differentials between different providers for comparable placements and packages.
- **Placements & Packages Policy** – sets out for health and social care managers and other case managers the overall approach and policy framework for setting up placements and packages of care and support in B&NES, including guidelines on resource allocation and specific areas of practice. Was formally adopted, following consultation, in April 2011.
- **Investment in community-based options** - including re-ablement, rehabilitation, prevention and early intervention where the evidence supports these approaches as sustaining people in their own homes;
- **Market Shaping** - greater focus to procurement; contract negotiation and management. A framework contract for Continuing Health Care has been put in place and savings of circa £1.2 million delivered to bring in line with benchmark; targeted negotiations with providers informed by benchmarking and pricing structure breakdown are being undertaken and delivered up to 10% efficiency savings in-year with a full-year effect in 2011/12. Focused re-commissioning of some learning difficulties and mental health services to deliver improvements in quality and value-for-money.

The key risks and challenges associated with delivering such a significant saving through this approach include:

- Savings are modelled on benchmarking the number and unit cost of existing placements in residential and nursing care. Delivery of savings from these existing placements depends on a change in the placement/care package and/or a reduction in the care home fee. Provided assessments and support plans are quality assured, changes in individuals needs resulting in a reduction in placement/care package costs are unlikely for the majority of existing service users;
- Capacity and capability to undertake contract negotiations and achieve real fee reductions, particularly as a significant proportion of placements and packages are procured on a “spot” (individual) rather than “block” basis, with an increasing number purchased through a Personal Budget. Some additional, non-recurring resource has had a positive impact on progressing this work whilst also supporting learning and personal development across the commissioning team but this continues to be a challenge;
- As foreseen when this programme was put in place, savings do take time to deliver – particularly in the context of increased demand. We continue to anticipate that the full saving will take three years to deliver even with additional capacity and focused effort;
- Although B&NES unit costs for residential and nursing care placements benchmark higher than average across the South West, B&NES fees

benchmark as average in the sub-region (South Gloucester/Bristol/North Somerset). A real reduction in fees against this more local benchmark may make it more difficult to compete in the market and secure individual; and

- Delivering an efficiency saving from providers of residential care should not directly impact on service users, however, there is a fine balance between controlling fee increases for nursing and residential care, seeking efficiency savings from providers without compromising the viability of the business, and ensuring care services are safe and of good quality. Commissioners continue to closely monitor both the quality and safety of residential care services, including staffing levels and skill-mix, training and management arrangements.

### **Other Proposals**

Whilst most of the proposals summarised in Appendix 2 were set out and agreed as part of the 2009/10 financial planning process, the scale of the financial challenge has required us to bring forward additional proposals to meet the savings target. Other key proposals are set out below:

**Home Adaptations & Aids** - Delivery of a £100,000 saving on expenditure on mandatory Disabled Facilities Grants through agreeing with Somer Housing Group that Somer will fund an increased share of DFGs for Somer tenants. Spend in 2010/11 on adaptations to the homes of disabled tenants of Registered Providers (social housing providers) was approximately £600,000, the majority of which were in Somer Housing Group properties. The new agreement will see Somer & the Council sharing the cost of the majority of their adaptations. It is estimate that this will save the Council at least £100,000 with no impact on the rights of disabled people to access aids and adaptations.

**Supporting People & Communities Commissioning Programme** - In June 2010, a project to reduce spend on this programme began in order to deliver MTSRP 2011/12 targets and to bring spend back in line with the indicative Supporting People Grant allocation. Approximately 120 services are commissioned through the Programme from fifty Third and Statutory Sector providers with an annual budget of roughly £6.5m. A significant proportion of savings have been achieved through large scale re-modelling/re-tendering of contracts to reduce the number of contract holders and associated management costs. A small amount of de-commissioning of non-strategically relevant services has also taken place. Additional savings have been achieved through a process of negotiation across the programme. West of England and national benchmarking information informed these negotiations. Further re-tendering activity due to take place in 2011/12 includes advocacy services, carers services. This will take place alongside large scale re-design of older people's services which is currently under discussion with our largest provider of sheltered housing. It is anticipated that this further work will deliver an additional £100,000 efficiency saving in 2012/13 without a significant loss of service to any particular service user group.

### **Performance**

There have been significant changes in the performance regime in the last 18 months. An initial reduction in the national performance framework has been replaced by a number of service specific requirements in Adult Health & Social Care and Public Health. Further national performance frameworks are anticipated to emerge in the future. National inspection frameworks in Adult and Children's Services (CQC and OFSTED) are continuing.

The Council has developed a new performance framework which meets service specific national requirements and also provides local performance information to support effective decision making. This incorporates value for money (VFM) and benchmarking where information is available and a corporate VFM judgement continues to form part of the annual audit of accounts.

Currently, it is not possible for councils to compare their relative overall performance as this information is now not gathered nationally. However, continuing local monitoring indicates that levels of performance have been broadly sustained.

### **Workforce Development**

The greater emphasis on commissioning and working with communities will require the enhancement of skills and development of new competencies for staff in these divisions with a greater focus on advice, guidance and consultancy both within the Council and the wider local community. Areas already identified and being developed include:

- Commissioning & procurement skills
- Business planning and financial awareness
- Analytic, diagnostic and interpretive skills
- Lean systems and other process evaluation skills
- ICT Systems training
- Strengthening interpersonal skills
- People Management in complex situations

The Improvement & Performance service will continue to lead on the design and delivery of the Organisational/Workforce Development Programme to ensure that staff are supported through this change process. This incorporates specific skills training associated with new roles, leadership and middle management development opportunities as well as support for staff at risk of redundancy. Coaching, mentoring and action learning are crucial to the success of this part of the OD programme. The underlying intention continues to be the development of in-house change management skills to minimise the use of external consultancy support.

### **Medium Term Options – 2013/14 to 2014/15**

The previous sections set out the direction of travel. It is very difficult to be precise about these two years as there is so much fundamental change. The aim will be to review the medium term plan early in the 2012/13 period and to rebase budgets in the light of the emerging information:

- New government grant system and return of local business rates growth to local Councils and new savings targets - albeit these will still flow from the last comprehensive spending review in 2010.
- Agreement of the Core Strategy for land use in the district which affects growth.
- Agreement of the new Corporate Plan and Sustainable Community Strategy.
- New local Council Tax Benefits system and subsidy arrangements.
- National system of Universal Credits that incorporates Housing Benefits and subsidy arrangements.
- National funding arrangements for Academies and locally proposed structure of LEA role.
- New health commissioning arrangements as part of NHS reform.

- New Police Commissioners.
- New Local Enterprise Partnership investment plan.
- New pensions arrangements following the Hutton review.

All of the above will take full effect in 2013 except perhaps much of the pensions changes (which may be partially implemented and fully implemented in 2015). This level of change is unprecedented in recent years and of course remains in the context of the financial cuts arising from the public sector deficit. The new grant system and subsidy arrangements make forecasting particularly difficult. However, the default assumption is that a 5% cut in gross expenditure will continue (on average) in each year with no allowance for inflation and restricted pay awards.

### **Longer Term Options – Years 4 to 10**

The longer term solutions are more speculative and will in part be driven by the wider agenda for local government, city regions, demand pressures on social care (with an aging population), climate change issues but also the growth and economic prosperity opportunities arising from an expanding population.

The proposed changes in the next 3 years are radical and will set the agenda for some years to come.

Public expenditure reductions will continue for some years to come. Most of the remaining expenditure cuts will probably be over the next 3 years but after that tight control over public expenditure is likely to need to continue.

The Council's role as an enabler and commissioner so that local people have access to the right services is central to the changes described here. The changes in schools and health and social care alone will radically take this agenda forward over the next 3 years.

### **4. Approval of this plan**

Following consideration by the Wellbeing Policy Development & Scrutiny Panel in November 2011, the Cabinet Member for Wellbeing will review it so that changes will be incorporated prior to January when Service Action Plans will be considered by the Panel.

The various plans will be brought together for consideration by the relevant Panel in February and then Cabinet with budget recommendations made to the February meeting of Council.

### **5. Appendices**

Appendix 1 – Capital programme

Appendix 2 - Impact of proposed budget changes

Appendix 3 - Key national and local drivers for medium term plans

Appendix 4 - Council's financial context

More information about:

The Change Programme, the existing Sustainable Community /Strategy and Corporate Plan can be found on the Council's web site [www.bathnes.gov.uk](http://www.bathnes.gov.uk) .



**Draft Capital Programme**

**Service:**

**Adult Social Services and Housing**

	2012/13	2012/13	2013/14	2014/15	2015/16	2016/17
	Draft Budget for Approval £'000	Draft Budget for Provisional Approval £'000	Draft Budget for Provisional Approval £'000	Draft Budget for Provisional Approval £'000	Draft Budget for Provisional Approval £'000	Draft Budget for Provisional Approval £'000
Disabled Facilities Grant		1,000	1,000	1,000	1,000	
Social Housing		500				
<b>Total</b>	<b>0</b>	<b>1,500</b>	<b>1000</b>	<b>1000</b>	<b>1000</b>	<b>0</b>
<b>Funded by:</b>						
Government/EU Grant		422	422	422	422	
Capital Receipts						
Sorporately Supported Borrowing		500				
S106 Receipts/3P		100	100	100	100	
Revenue		478	478	478	478	
<b>Total</b>		<b>1,500</b>	<b>1,000</b>	<b>1,000</b>	<b>1,000</b>	<b>0</b>

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**MEDIUM TERM SERVICE & RESOURCE PLAN SUMMARY –  
ADULT SOCIAL CARE & HOUSING, PEOPLE & COMMUNITIES  
Growth & Saving Items**

**1. PROPOSED REDUCTIONS TO BALANCE BUDGETS (excluding one off reversals)**

12/13 Saving £000	13/14 Saving £000	14/15 Saving £'000s	How to be achieved ?	Risk to delivery of saving (H/M/L)	Impacts on staff - (incl no of posts deleted)	Impacts on property / assets etc	Impacts to service delivery	Additional Info (incl O&S Panel feedback)	
<b>Change Programme Savings</b>									
			<b>Sub Total – Change Programme Savings</b>						
<b>Other Cashable Efficiency Savings</b>									
825			Reduction in unit cost of registered residential care for adults with learning difficulties	M	No direct impacts. Pressure on commissioning capacity	None	Delivering an efficiency saving from providers of residential care should not directly impact on service users. However, there is a fine balance between controlling fee increases, seeking efficiency savings from providers without compromising the viability of the business, and ensuring care services are safe and of a good quality. Commissioners will continue to closely monitor both the quality and safety of residential and nursing care services, including staffing levels and skill-mix, training and management arrangements.		

12/13 Saving £000	13/14 Saving £000	14/15 Saving £'000s	How to be achieved ?	Risk to delivery of saving (H/M/L)	Impacts on staff - (incl no of posts deleted)	Impacts on property / assets etc	Impacts to service delivery	Additional Info (incl O&S Panel feedback)
325			Reduction in unit cost of nursing care – Older People and Physically Disabled (inc sensory impairment)	M	No direct impacts. Pressure on commissioning capacity.	None	As above.	
243			Reduction in unit cost of residential care – Older People and Physically Disabled (inc sensory impairment)	M	No direct impacts. Pressure on commissioning capacity.	None	As above.	
205			Personal Budgets (PB), including Direct Payments – Older People and Physically Disabled (including those with sensory impairment)	M	No direct impacts. Pressure on commissioning capacity.	None	Out of a service user population of 289 people there are currently a total of 183 people (63%) receiving a PB. Saving is from the purchasing budgets for PBs & the focus in delivering this saving will be on a) achieving efficiency savings through negotiations with providers of packages funded through commissioned PBs, which should not directly impact on service users; and b) ensuring tight application of the current policy on PBs, which may result in service users and/or social care practitioners experiencing more rigorous examination of proposed support plans and resource allocations than they have been used to previously. However, this is consistent with the approach taken for other service user groups.	

12/13 Saving £000	13/14 Saving £000	14/15 Saving £'000s	How to be achieved ?	Risk to delivery of saving (H/M/L)	Impacts on staff - (incl no of posts deleted)	Impacts on property / assets etc	Impacts to service delivery	Additional Info (incl O&S Panel feedback)
120			Reduction in the unit cost of residential Care – Mental Health	M	No direct impacts. Pressure on commissioning capacity.	None	Delivering an efficiency saving from providers of residential care should not directly impact on service users. However, there is a fine balance between controlling fee increases, seeking efficiency savings from providers without compromising the viability of the business, and ensuring care services are safe and of a good quality. Commissioners will continue to closely monitor both the quality and safety of residential and nursing care services, including staffing levels and skill-mix, training and management arrangements.	
120			Reduction in the unit cost of nursing care – Mental Health	M	As above.	None	As above.	
294			Savings agreed with Sirona Care & Health CIC and reflected in Sirona's Business Plan	L	None	None	This has been agreed as part of the contract with Sirona Care & Health and is reflected in the contract terms.	

12/13 Saving £000	13/14 Saving £000	14/15 Saving £'000s	How to be achieved ?	Risk to delivery of saving (H/M/L)	Impacts on staff - (incl no of posts deleted)	Impacts on property / assets etc	Impacts to service delivery	Additional Info (incl O&S Panel feedback)
100			Saving on expenditure on Supporting People & Communities funded services.	L	No direct impacts. Pressure on commissioning capacity.	None	To date efficiency savings have been delivered without a significant loss of service to any particular user group.	In June 2010, a project to reduce spend on the Supporting People & Communities funded programme began in order to deliver MTSRP targets. A significant proportion of savings have been achieved through large scale re-modelling/ re-tendering of contracts to reduce the number of contract holders and associated management costs. A small amount of de-commissioning of non-strategically relevant services has also taken place. Additional savings have been achieved through a process of negotiations across the programme. West of England and national benchmarking information informed these negotiations.

12/13 Saving £000	13/14 Saving £000	14/15 Saving £'000s	How to be achieved ?	Risk to delivery of saving (H/M/L)	Impacts on staff - (incl no of posts deleted)	Impacts on property / assets etc	Impacts to service delivery	Additional Info (incl O&S Panel feedback)	
72			Housing information, advice and support – saving on expenditure on provision of a range of housing services.	L	As far as possible, the saving will be delivered against non-pay costs. No redundancies are anticipated in delivering this saving.	None	To date efficiency savings have been delivered without a significant loss of service to any particular user group however reductions in staffing capacity may result in increased waiting times for some housing services.		
40			Community Meals Service.	L	None.	None.	No direct service user impact. Delivery of efficiencies by the Council in-house service provider has improved value for money and reduced the need to subsidise this service.		
<b>2344</b>	<b>o/s</b>	<b>o/s</b>	<b>Sub Total – Other Cashable Efficiency Savings</b>						

12/13 Saving £000	13/14 Saving £000	14/15 Saving £'000s	How to be achieved ?	Risk to delivery of saving (H/M/L)	Impacts on staff - (incl no of posts deleted)	Impacts on property / assets etc	Impacts to service delivery	Additional Info (incl O&S Panel feedback)
<b>Additional Income</b>								
144			Increased income from personal contributions for social care. This represents the full-year effect of implementing the <i>Fairer Contributions</i> Policy for existing service users following agreement of the revised policy in May 2010. The Policy does not apply to registered residential or nursing care, which is subject to a national charging policy.				The <i>Fairer Contributions</i> Policy was introduced in May 2010 for all new service users entering the social care system and for existing service users in April 2011. Financial modelling set out in the November 2009 report to Healthier Communities & Older People Overview & Scrutiny Panel showed that approximately 72% of non-residential social care service users would see an increase in their contribution whilst around 11% would see a decrease and a further 17% would experience no change. Modelling suggested that the largest increased would be experienced by people receiving supported living type services (people with learning difficulties, physical/sensory disabilities or mental health problems) who have traditionally received free or heavily subsidised services, whilst older people would experience the smallest increases.	Prior to implementation of the new policy, Bath & North East Somerset generated the lowest level of income from contributions (6.98% of costs) when compared with all other South West local authorities (average 11.77% of costs).  The new policy was the subject of extensive consultation, including with service users and with the Healthier Communities & Older People Overview & Scrutiny Panel prior to agreement and phased implementation.



12/13 Saving £000	13/14 Saving £000	14/15 Saving £'000s	How to be achieved ?	Risk to delivery of saving (H/M/L)	Impacts on staff - (incl no of posts deleted)	Impacts on property / assets etc	Impacts to service delivery	Additional Info (incl O&S Panel feedback)
100			Saving on Council expenditure on home adaptations and aids for disabled people through agreeing with Somer Housing Group that Somer will fund an increased share of Disabled Facilities Grants (DFGs) for Somer tenants.				Delivering this saving will not impact on service users and, indeed, may speed up the agreement of aids and adaptations for service users who are Somer tenants.	The Housing Act 2004 makes it clear that the Local Housing Authority must approve mandatory DFGs for social housing tenants. However, there is a growing expectation that Registered Providers of social housing should take a more active role in assisting and funding adaptations for their own tenants. With the assistance of the Tenant Services Authority (TSA) Bristol City Council developed and piloted a Disabled Adaptations Protocol with the Registered Providers operating in their area, including the Somer Housing Group. The adoption of a similar protocol in B&NES will not impact on service users.
<b>244</b>			<b>Sub Total – Additional Income</b>					

12/13 Saving £000	13/14 Saving £000	14/15 Saving £'000s	How to be achieved ?	Risk to delivery of saving (H/M/L)	Impacts on staff - (incl no of posts deleted)	Impacts on property / assets etc	Impacts to service delivery	Additional Info (incl O&S Panel feedback)	
<b>Reduced Service Levels and Discontinued Services</b>									
			<b>Sub Total – Reduced Service Levels &amp; Discontinued Services</b>						
<b>Other</b>									
1000			Slippage on 2011/12 Developments	L	None	None	Slower than planned implementation of some reablement services compared to the original joint health & social care programme as a consequence of timescales for developing proposals, specifying service developments and going through appropriate procurement process.		
<b>1000</b>			<b>Sub Total – Other</b>						
<b>3588</b>	<b>o/s</b>	<b>o/s</b>	<b>TOTAL SAVINGS</b>						

## 2. PROPOSED GROWTH (Including inflation)

12/13 Growth £000	13/14 Growth £000	14/15 Growth £'000s	Description of Growth (including driver)	Risk of not delivering growth (H/M/L)	Impacts on staff - (incl no of extra posts needed)	Impacts on property / assets etc	Impacts to service delivery	Additional Info (incl O&S Panel feedback)
<b>General (Including Inflation)</b>								
1,198	1,198	1,198	Provision for non-pay inflation on social care purchasing budgets.	H	None	None	Without provision for non-pay inflation on social care purchasing, very challenging efficiency savings targets in respect of the purchasing of residential and nursing care will not be delivered.  The Council cannot manage pressures in social services purchasing budgets by denying an eligible person appropriate services to meet that individual's assessed needs.	
	50	50	Pay Inflation at 1%					
<b>1198</b>	<b>1248</b>	<b>1248</b>	<b>Sub Total - General</b>					
<b>New Legislation / Government Initiatives</b>								
			<b>Sub Total – New Legislation / Government Initiatives</b>					

12/13 Growth £000	13/14 Growth £000	14/15 Growth £'000s	Description of Growth (including driver)	Risk of not delivering growth (H/M/L)	Impacts on staff - (incl no of extra posts needed)	Impacts on property / assets etc	Impacts to service delivery	Additional Info (incl O&S Panel feedback)
<b>Increase in Service Volumes</b>								
520	520	520	Projections of the impact of demographic growth on adult social care purchasing budgets have been based on Office of National Statistics demographic growth projections for B&NES "smoothed" across the three years 2012/13/14 and applied to social care purchasing budgets.	H	None	None	Without provision for non-pay inflation on social care purchasing, very challenging efficiency savings targets in respect of the purchasing of residential and nursing care will not be delivered. The Council cannot manage pressures in social services purchasing budgets by denying an eligible person appropriate services to meet that individual's assessed needs.	

12/13 Growth £000	13/14 Growth £000	14/15 Growth £'000s	Description of Growth (including driver)	Risk of not delivering growth (H/M/L)	Impacts on staff - (incl no of extra posts needed)	Impacts on property / assets etc	Impacts to service delivery	Additional Info (incl O&S Panel feedback)	
<b>Increase in Service Volumes</b>									
500	500	500	Transitions of young people with a learning difficulty and/or physical disability from Children's Services into Adult Social Care.	H	None	None	Information held by the Council indicates that there are approximately 80-90 children in B&NES who will reach the age of 18 in the next 5 years and who are likely to be eligible for adult social care services. There is a particular "spike" in current (school) year 11 (aged 15-16), where there is a relatively large number of children with a diagnosis of Autism, which suggests that there will be an even greater demand for adult social care and associated pressure on the purchasing budgets in 2014/15.		
<b>1020</b>	<b>1020</b>	<b>1020</b>	<b>Sub Total – Increases in Service Volumes</b>						
<b>Improvement Priorities</b>									
			<b>Sub Total – Improvement Priorities</b>						

12/13 Growth £000	13/14 Growth £000	14/15 Growth £'000s	Description of Growth (including driver)	Risk of not delivering growth (H/M/L)	Impacts on staff - (incl no of extra posts needed)	Impacts on property / assets etc	Impacts to service delivery	Additional Info (incl O&S Panel feedback)
<b>Other</b>								
250			Funding of new team in partial fulfilment of adult social services statutory functions that cannot be delegated to Sirona, including chairing safeguarding strategy meetings and "audit & assurance" of assessments, reviews, support plans and resource allocation.	H	6 FTE Posts	None	The new team will have a key role in adult safeguarding and in providing assurance on the quality of needs assessments and reviews, the correct application of policy and value-for-money of placements and packages of care.	This growth item was given "prior approval" at the full Council meeting on 16 September 2011.
400			Growth in Personal Budgets for People with Physical Disability (including sensory impairment).	M	None	None	There has been a shift in the proportion of people receiving community based packages as opposed to residential care. At the same time there has been a shift of service users with more complex needs from traditional models of care to more diverse, bespoke packages purchased through a PB. Bespoke packages are a more expensive way of meeting need. This is exacerbated by the loss of economies of scale associated with a block-contracting approach to commissioning more standardised services.	The draft Adult Social Care & Housing MTSRP 2012-13 also includes a savings target of £205k against funding of PBs for people with a physical disability.
<b>650</b>			<b>Sub Total - Other</b>					
<b>2868</b>	<b>2268</b>	<b>2268</b>	<b>TOTAL GROWTH</b>					

In addition to the growth items highlighted above, a further £1.3m in 2012/13 of on-going Council funding is held corporately in line with the recycled funding for Adult Social Care announced in the 2011/12 formula grant settlement. The funding will be used to continue supporting fundamental change to secure long term sustainability in the face of demographic growth and changed expectations. This funding is to be released in accordance with detailed spending plans to be produced by the service.

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## KEY NATIONAL & LOCAL DRIVERS FOR MEDIUM TERM PLANS

### National

The public sector is facing severe **financial cuts** over the 4 years starting in 2011/12 - the Comprehensive Spending Review period. Although these vary between departments, on average these represent 30% or more real cuts after allowing for inflation. This Council faced a 16% cash reduction in funding from Government in 2011/12, will see at least an 8% reduction in 2012/13, and is yet to find out what the reductions will be in the following two years under the new grant and business rates system.

Further financial changes include:

- Removal of ring-fencing from most Government grants to local authorities but excluding public health and a simplified schools grant – Most ring-fencing of grants has now been removed and many specific grants have been cut. Funding to finance Academies is being ‘top sliced’ from the grant to support the LEA role i.e. the schools grant.
- Incentives such as national funding (£2 billion nationally and £1.6M locally) to encourage better integration between health and social care (with the latter seen as a means of preventing or reducing demands on health). Also real financial implications of not reducing carbon usage (a new carbon tax) and a financial incentive to freeze Council Tax in 2011/12 and 2012/13. These were all implemented last year, albeit the funding for health and social care was ‘top sliced’ nationally and was not new money. However the funding received locally was ‘pass ported’ to those services in 2011/12 as part of this Council’s budget.
- National guidelines will be published for Council Tax increases as part of the Localism Initiative and if exceeded these could trigger a local referendum. The implementation date for this change is not yet announced.
- The funding for local government is being looked at as part of what is known as the Resource Review and was published by the Department for Communities & Local Government in July and August. It includes returning business rates growth to local authorities.
  - Those local authorities that grow local business rates more than the average will benefit. However, there is no additional money in the system nationally so the pressures remain.
  - Government will continue to set levels business rates using an inflation index as now.
  - Much depends on the way the first year of the new system is implemented, how the grant figures are initially set, how any short term impacts on business rates such as from vacated MOD sites might impact etc.
  - It is possible this Council will be relatively worse off under the new system in the first few years; later years will depend on how much growth is delivered. We should have greater clarity by the end of 2011 calendar year.

Changes in **Government Legislation** and regulation are a key issue following the national elections and the creation of the Coalition Government with its radical change agenda. Changes include:

- Creation of Academies – creation of new Academies largely free from LA control with immediate effect – schools go through a relatively fast application process that can take only a few months - this is progressing quickly for secondary schools and challenges the way the LEA role should work in future especially as the funding for that role is being removed by Government
- Reform of Health – including demise of PCTs by 2013 and requirement for all delivery functions, including Community Health, to be arms length in 2011/12 – this has now been achieved. Public health will effectively return to the Council as a responsibility from April 2012. The B&NES PCT will become part of a cluster PCT for B&NES plus Wiltshire from April 2012 but may go when a national commissioning body plus clinical commissioning fully takes over in 2013.
- Removal of Quangos such as the RDA, creation of Local Enterprise Partnerships (at sub regional level such as the West of England), removal of large parts of the performance monitoring regime, removal of the Audit Commission etc.- the LEP is in place and the RDA has now effectively gone.
- Localism reforms to encourage more local decision making, greater transparency, reform of the way decisions get taken in LA's, local referenda for any excessive Council Tax increases and various 'Big Society' initiatives – this legislation has still to be implemented but the direction of travel is clear.
- Reform of the planning system – new simplified guidelines for planning, greater presumption in favour of development, community infrastructure levy (to replace much of the role of S106 agreements), removal of top down targets in the regional spatial strategy.
- Tightening of Benefits rules and a radical move towards one unified Benefits system (Universal Credit – also in the CSR) over 10 years but with capping of Benefits being led by Local Authorities from 2013 as a first move – this remains on target although the concerns about how this will be delivered and the impact on our customers and our joined up front office is increasing
- Introduction of The Public Services White Paper which introduces Personal budgets (cash budgets), the ability for companies, charities and community groups can bid to run local health services, schools, libraries and parks. Removes restriction and allows service providers to make a profit (in some areas)

## **Local**

This Council has a Corporate Plan and Sustainable Community Strategy under review. The details will be published for consideration by Council in February. Once set this will guide future priorities and methods for working with key partners.

The existing sustainable Community Strategy has the following priorities:

- The causes and effects of *climate change*
- The impacts of *demographic change*
- The need for *growth*
- *Inequalities* in our communities
- A focus on '*thinking local*'
- The impact of recession on our *economy*

The new administration is currently developing its new vision and objectives, these will be agreed in the New Year and a new Corporate Plan will be developed for implementation from April 2012.

In the meantime the Change Programme remains as an essential way of delivering efficiencies and service change. The Programme is quite radical and will see the creation of an improved front office – one stop shops, phone enquiry service and web. This has already begun. Similarly the amount of offices is reducing and better, more efficient workplaces are being developed with some space shared with key partners such as health, the police and aspects of the voluntary sector. Better procurement is also delivering savings and the Council is increasingly collaborating with neighbouring authorities in the same market, notably Bristol.

The Council's Change Programme is constantly reviewed and programme managed. The focus is on:

- joining up public services - so that strategic planning, community engagement and customer interaction is simpler and even more effective
- designing services around the needs of individual customers - to remove waste, provide choice and improve customer satisfaction
- meeting the stringent financial challenges - that are facing local government as the major squeeze on public expenditure starts to bite

The work streams are:

:

- Resources
  - customer services (customer contact)
  - strategic commissioning
  - support services future delivery
  - all enabling change programme work
- People & Communities
  - Children's Services
    - Academies
    - Review of LEA role
    - 11-19 Services
    - children's social care
  - Health & Wellbeing
    - public health
    - commissioning role (post NHS reforms)
    - community services - creation of provider arm (Sirona)

With various enablers:

- workplaces/office accommodation/flexible working
- communications and organisational development
- processes and systems including lean 'systems thinking' reviews and ICT
- finance including medium term planning and service prioritisation
- legal
- procurement

The Change Programme is fundamental to the achievement of some of the Council's main efficiency targets and is scheduled to deliver £8M of recurring annual saving by the end of the next 3 years. It has already delivered over £3M so is on target but the complexity of some of the changes does increase as the programme develops. The emphasis will increasingly require cross departmental co-operation.

In response to the growth agenda the Council has progressed its land use planning Core Strategy. This will set the context for future business and residential development in the district.

The Council's revenue budget, use of reserves and capital programme needs to be designed to reflect all of these national and local influences.

**MEDIUM TERM SERVICE & RESOURCE PLANS – 2012/13 to 2015/2016****FINANCIAL PLANNING ASSUMPTIONS****1. Context – The Financial Challenge**

The Council's Budget for 2012/2013 will represent the second year of financial planning prepared in the context of the Government's Comprehensive Spending Review (CSR) announced in October 2010.

This CSR included a deficit reduction programme with 28% cuts to local authority spending spread over the four year period from 2011/2012 to 2014/2015 with a significant element front loaded to the first two years.

The financial implications for the Council were set out in the Local Government Finance Settlement in December 2010 which showed a 16% cash reduction in funding from Government in 2011/12 and, at least an 8% reduction in 2012/13. The Settlement did not go beyond two years as a result of the significant changes to the grant and business rates system from 2013/2014 although the direction of travel is clear from the CSR.

Since the approval of the Council Budget for 2011/2012, including the three-year Medium Term Financial plans, the Council continues to gain more information on emerging national and local issues which will add to the financial challenges over the medium term financial planning period – these include:

- In response to the health reforms, the establishment of a Social Enterprise in B&NES on 1<sup>st</sup> October 2011 to continue the delivery of integrated Community Health and Social Care Services.
- A potential significant increase in the funding to finance Academy schools which is 'top sliced' from the Council general revenue grant funding. The Council was already expecting this to rise to £750K in 2012/2013 but this may now increase to over £2.25M.
- A one-off grant will be provided by the Government in 2012/2013 to support those councils agreeing a freeze in council tax.
- Public health responsibility and related services will return to the Council from April 2013, together with an appropriate budget transfer from the PCT.
- National guidelines will be published for Council Tax increases as part of the Localism Initiative and if exceeded these could trigger a local referendum. The implementation date for this change is not yet announced.

- The funding for local government is being reviewed with the intention of returning at least an element of future business rate growth to local authorities. The impact either positive or negative on the Council will depend on the way the new system is implemented and it is possible this Council will be relatively worse off under the new system in the first few years, with later years depending on how much growth is delivered.
- Responsibility for setting Council Tax Benefit returning to local authorities from 2013/2014 with subsidy funding from Government reduced by 10% at the same time.
- Reform of the planning system – new simplified guidelines for planning with a community infrastructure levy to replace much of the role of S106 agreements.
- New proposals for the future of the Local Government Pension Scheme will be brought forward following the Hutton Review.

These issues are reflected within the Budget planning process for 2012/2013 and the supporting medium term financial plans to the extent the impacts can be reasonably anticipated. It should be particularly highlighted that the scale of changes impacting in 2013/2014 makes the financial implications for the Council beyond the next financial year extremely difficult to predict.

## **2. Summary of Budget approach for 2012/2013**

The sound financial management of the Council over the years means it is in a better position than many other councils to face the continuing financial challenges arising as a result of the national economic situation.

The Council Budget currently being developed for 2012/13 recognises the very difficult financial challenge now facing the whole of the public sector and the continuing need to prioritise resources. The Council will do this using the following principles:

- Protecting wherever possible priority front line services especially where these support the most vulnerable
- Maximising efficiency savings and using invest to save as a means to achieve this.

There are no longer the available resources to deliver the full range of services that have been provided in the past. New legislation and demographic changes similarly demand clear prioritisation and new approaches. This increasingly means difficult choices.

The following objectives are being used to help prioritise and will be refined as part of the process of compiling a new corporate plan and sustainable community strategy.

- Promoting independence and positive lives for everyone
- Creating neighbourhoods where people are proud to live
- Building a stronger economy
- Developing resilient communities

The approach also needs to be kept under review and linked to the Government's localism agenda is the need to help communities be more resilient and self-sustaining.

There are service specific growth pressures that need to be addressed including impacts of national policy changes. The most significant of these include:

- National increase to the funding 'top sliced' from local authorities to fund Academy schools.
- Rising elderly population placing significant demands on Adult Social Care and Health services.
- Increased demand from adults with learning difficulties.
- Increased demand for Childrens care services.
- Inflationary costs particularly for care placements and external service contracts.
- National increase in the rate of the landfill tax.
- Local impacts of the economic downturn and increasing competition.

Taking account of the reductions in government grant funding and the pressures outlined above suggests that around £12m of budget savings will be required in 2012/2013.

It is anticipated that the majority of these savings will be delivered from efficiencies through service review and the Council's change programme. However, the scale of the projected savings in 2012/2013 coming on top of those delivered in 2011/2012 is such that the Council will need to prioritise services and whilst every effort will be made to protect frontline services, this will inevitably lead to cuts in service areas which are considered lower priority.

In the medium term the need to strike an appropriate balance between the diminishing resources available to the Council and the demands placed on all its services will require an even greater prioritisation of services.

### **3. Council Tax**

On 3<sup>rd</sup> October 2011 the Government announced the provision of one-off funding to support councils who freeze their Council Tax for next year at the current level (i.e. a zero increase). The Cabinet currently expect to be in a position to make recommendations for a zero increase in Council Tax for 2012/13 to Council in February 2012 as part of the 2012/2013 budget setting process.

### **4. Government Grants**

The Council currently receives approximately £43.5m in formula grant from the Government which is distributed using a complex formula known as the Four Block Model. This formula includes significant weightings attached to deprivation based indicators across a range of specific service blocks

The Council has historically lost significant funding (around £2.5m per annum) from its formula grant settlement through the application of the damping system or, in layman's language, the protection by Government of other authorities who should be getting less on a needs basis than they currently are. For 2012/2013 the level of damping is expected to be £2.3M.

Whilst a reduction in formula grant of at least 8% is anticipated for 2012/2013, following a recent consultation by the Government in respect of the funding for Academy Schools, we are anticipating a further significant adjustment to this grant when announced towards the end of 2012. Our modelling indicates that a potential significant increase in the funding which is 'top sliced' from this grant funding. The Council was already expecting this to rise to £750K in 2012/2013 but this may now increase to over £2.25M.

As set out in Section 1 above, this funding distribution method for local government finance is being reviewed with the intention of returning at least an element of future business rate growth to local authorities. The impact either positive or negative on the Council will depend on the way the new system is implemented and it is possible this Council will be relatively worse off under the new system in the first few years, with later years depending on how much growth is delivered.

In addition the Council receives a range of specific and area based grants directly supporting activity in each service area. These grants were simplified but subject to significant reductions during 2010/2011 and 2011/2012. The ring fence around many of the grants was also removed therefore offering more local choice albeit within tougher financial constraints.

Whilst some small further reductions have been factored into specific service areas within the Medium Term Service and Resource Plans, the assumption for financial planning purposes will be for any further cuts in specific and area based grants will be contained within the relevant service areas. High levels of further cuts in specific grant are not anticipated.

## **5. Medium Term Service and Resource Plans**

The Medium Term Service and Resource Plans prepared by each service area provide for the anticipated level of savings required to ensure the Council is in a position to consider a balanced Budget proposal for 2012/2013. Savings in excess of £12M are estimated for 2012/2013 at this stage equating to over 5% of gross expenditure (excluding schools).

Due to the changes in the government grant funding system for local authorities from 2013/2014 and the significant range of additional changes impacting from this year, it is extremely difficult to forecast future savings requirements. The implications for local authorities set out in the Comprehensive Spending Review together with the potential impacts of these changes do indicate the potential for significant financial pressures in future years.

The comprehensive spending review indicated a further 1% cut in funding for local Government in 2012/13 and a 5.6% cut in 2014/15.



## **6. Reserves**

The budget for the current financial year 2011/2012 provides for the Council's General Fund Balances to be maintained at their risk assessed minimum level of £10.5m. There are no assumptions to change this position.

A range of Earmarked Reserves are maintained by the Council for specific purposes and commitments. The likely commitments against each of these reserves will be reviewed as part of the ongoing development of the Budget for 2012/2013.

The Council's reserves position remains relatively strong but can only be used once, with the overarching principle of not using reserves to provide support for recurring budget pressures.

## **7. Pensions**

The most recent actuarial review as at 31 March 2010 concluded a number of positive factors which did not require any significant variation in the Council's employers contribution level overall. These factors included:-

- The Avon Pension Fund investments have performed relatively well albeit since that review investments generally have been volatile and affected by poor stock market performance.
- The Government has switched the rate for future pensions increases from the Retail Price Index (RPI) to the historically lower measure of the Consumer Price Index (CPI).
- A national review of public sector pensions schemes is being undertaken by the Government (the Hutton Review).

The outcome of the actuarial review was factored into the Budget for 2011/2012 and whilst no change was provided for in terms of the overall contribution level for the Council, the implications of a reducing workforce may require a further adjustment by the Council to maintain this neutral cash position from 2012/2013 or subsequent financial years.

## **8. Pay Awards**

In accordance with national government expectations for a public sector pay freeze continuing into 2012, no provision for pay increases will be provided for financial planning purposes in developing the 2012/2013 Budget.

## **9. Other Assumptions**

Some of the other key assumptions being used in the development of the medium term plans include:

- No further provision has been made for retrospective or additional cuts to the Government funding levels announced in the 2011/2012 financial settlement.

- Balanced budgets are delivered for 2011/2012 - there is no provision for overspending.
- No general provision for inflation has been made although services have provided for known specific costs pressures.
- Interest earnings are based on a 1% return – the average Council investment return has fallen in recent years to just over 1%. No increase is now expected going forwards into 2012/2013.

#### **10. The Local Government Finance Settlement 2012/2013**

The Local Government Finance Settlement is expected in early December 2011 and this will provide the detailed position for the Council in terms of exactly what Government funding it will receive for the year ahead. We expect this to include confirmation of any further reduction in grant funding to finance Academy schools as set out in Section 1.

<b>Bath &amp; North East Somerset Council</b>		
MEETING:	Wellbeing Policy Development and Scrutiny Panel	
MEETING DATE:	18 <sup>th</sup> November 2011	<b>AGENDA ITEM NUMBER</b>
TITLE:	Briefing - Referral to Treatment Times	
WARD:	ALL	
<b>AN OPEN PUBLIC ITEM</b>		
<b>List of attachments to this report:</b>		
Appendix 1 : <b>Briefing - Referral to Treatment Times Target</b>		

## **1 THE ISSUE**

- 1.1 To brief the Wellbeing Policy Development and Scrutiny Panel on the national standards relating to Referral to Treatment Times and the local position against these standards.

## **2 RECOMMENDATION**

The Wellbeing Policy Development and Scrutiny Panel are asked to note:-

- 2.1 The improved local position in term of performance by our main local provider, the Royal United Hospital, Bath.
- 2.2 The range of further actions being taken to strengthen local performance.

## **3 FINANCIAL IMPLICATIONS**

- 3.1 There are no specific financial implications arising from this briefing report. Non-recurrent financial provision has been made during 2011-12 by NHS B&NES to clear the backlog of 18 weeks that was in place at the beginning of the year. Provision for 2012-13 and for maintaining performance will be covered as part of the PCT's activity and capacity planning process for next year's service plan.

## **4 THE REPORT**

- 4.1 Annex 1 sets out a short briefing on national standards and current performance. Officers from both NHS B&NES and the RUH will be available at the meeting to answer further questions.

## **5 RISK MANAGEMENT**

- 5.1 The issue of Referral to Treatment Times has been on the Health and Social Care Commissioning team's and NHS B&NES's Corporate Risk register due to poor performance this year and whilst a recovery plan has been in place. However, as performance has improved the level of risk is reducing.

## 6 EQUALITIES

6.1 There are no specific equalities issues raised by this briefing note.

## 7 CONSULTATION

7.1 This briefing note has been written with the approval of the Royal United Hospital, Bath. As this is a briefing note, consultation with key stakeholders has not taken place.

## 8 ISSUES TO CONSIDER IN REACHING THE DECISION

8.1 None.

## 9 ADVICE SOUGHT

9.1 None. (As this is a briefing update on Department of Health national standards).

<b>Contact person</b>	<i>Tracey Cox, Programme Director, Commissioning, NHS B&amp;NES Telephone 01225 831736  Email : <a href="mailto:tracey.cox@banes-pct.nhs.uk">tracey.cox@banes-pct.nhs.uk</a></i>
<b>Background papers</b>	<i>Further information on this policy initiative can be found on the Department of Health's website.</i>
<b>Please contact the report author if you need to access this report in an alternative format</b>	

# Annex 1:- Briefing Paper - Referral to Treatment Times

## 1. Introduction

- 1.1 The purpose of this briefing paper is to advise the Wellbeing Policy Development and Scrutiny Panel on the national standards relating to Referral to Treatment Times and the local position against these standards.

## 2. Background

- 2.1 There are a set of well established national operational standards described as Referral to Treatment Targets for patients who are referred for a planned day case or inpatient procedure in hospital. Planned care is also described as elective care. Some patient treatments require an admission to hospital and some do not. The standard covers both admitted and non-admitted pathways of care.

The national standards are shown in Table 1 below:

Service Area	% of admissions within 18 weeks in Month	95 <sup>th</sup> percentile	Median waiting time
Admitted	>90%	< 23.0	<11.1
Non-Admitted	>95%	<18.3	<6.6
Incomplete pathways *	N/A	<28.0	<7.2

Note: \* Incomplete pathways

An incomplete pathways is when a patient has an open (incomplete) RTT pathway if they have had a clock start but have not yet had either their i) first definitive treatment, ii) decision not to treat or iii) been placed on active monitoring.

### When does the 18 week pathway apply?

For most patients the start of the elective pathway begins at GP referral to a Consultant in secondary care i.e. to a District General hospital.

Referrals to medical consultants who provide secondary care services in Community settings are also included (either in outreach clinics, directly employed by a PCT or working in a community hospital).

The 18 week standard also applies to referrals from other Clinicians or entry points where patients are transferred to an elective pathway including:

- General Dental Practitioners (GDPs)
- General Practitioners with a Special Interest (GPwSIs)
- Optometrists and Orthoptists
- Accident & Emergency
- Minor injuries units
- Walk in centres/ GP Led Health Centres

## The NHS Constitution

The NHS Constitution was published and adopted by the Government in January 2009, following extensive consultation and came into force on 1 April 2010. The NHS Constitution establishes the principles and values of the NHS in England and Wales. It sets out rights to which patients and staff are entitled and pledges which the NHS is committed to achieve, together with the responsibilities which the public, patients and staff owe to one another to ensure the NHS operates fairly and effectively.

In respect of treatment times The NHS Constitution sets out the following right for patients:

*'You have the right to access services within maximum waiting times, or for the NHS to take all reasonable steps to offer you a range of alternative providers if this is not possible. The waiting times are described in the Handbook to the NHS Constitution.'*

This means patients have the right to start consultant-led treatment within 18 weeks from referral, where this is not possible, for the NHS to take all reasonable steps to offer the patient a quicker appointment at a range of alternative providers if the patient makes such a request.

Locally arrangements are in place for patients to contact the PCT if they are concerned that they will not receive their treatment within 18 weeks and steps are taken to identify where possible an alternative provider.

## Patient Choice

Since April 2008, the majority of patients being referred to hospital have been able to choose where they wish to be treated in line with a Department of Health Policy on *Free Choice*. Choice is supported by The Choose and Book application and the NHS Choices website :-[www.nhs.uk](http://www.nhs.uk).

Patients within B&NES have a number of local providers to choose for their elective care. These include:-

- The Royal United Hospital, Bath
- The Royal National Hospital for Rheumatic Diseases Foundation Trust
- The United Hospitals Bristol's NHS Foundation Trust
- The North Bristol NHS Trust
- U.K. Specialist Hospitals (sites at Emerson's Green & Shepton Mallet)
- Circle Health, (site at Peasedown St. John)
- BMI Bath Clinic (Claverton Down)

## 3. Performance Against the 18 week Standards

Table 2 at Appendix 1 shows performance against the 18 week referral to treatment standards for Providers across the South West.

Locally, the PCT's main Provider of elective care the Royal United Hospital, Bath has struggled for a number of years to deliver both the 18 week Referral to Treatment Time standards and to be able to treat patients in line with the NHS Constitution.

In April 2011 the RUH began the contractual year with a backlog of 688 patients waiting more than 18 weeks.

A recovery plan has been in place since April 2011 which was agreed between the PCT, RUH and the South West Strategic Health Authority.

The recovery plan sets out that the RUH would reduce its backlog number to no more than 330 patients by the 1<sup>st</sup> October 2011 and that RTT performance for admitted patients would be restored to 90%. (The figure of 330 patients is equivalent to approximately 1 week's worth of elective activity. This is a proxy measure and is considered to be a sustainable level of backlog of activity for a provider to carry).

The recovery plan has required the RUH to deliver higher activity levels than commissioned this year by PCTs and for some patients to be transferred to alternative providers.

This plan has been achieved and the performance for September was as follows:-

Service Area	% of admissions within 18 weeks in Month	Performance	95 <sup>th</sup> percentile Target	Performance	Median waiting time Target	Performance
Admitted	>90%	90.1%	< 23.0	22.6	<11.1	13.1
Non-Admitted	>95%	96.6%	<18.3	17.3	<6.6	5.0
Incomplete pathways *	N/A	N/A	<28.0	44.6	<7.2	11.1

The backlog of 18 week patients at the end of September had reduced to 308. Whilst this is in line with the agreed recovery plan steps are being taken to reduce the backlog to a figure of approximately 170. This has been identified locally by the RUH as a more sustainable position which will ensure that the RUH is able to ensure that all patients can be treated in line with the NHS Constitution guarantee.

Performance for Incomplete Pathways has worsened since the implementation of Millennium, the RUH new patient administration system (PAS), which went live in July 2011. However, this is a result of data quality issues with the new reporting system and not a true reflection of poor performance. Reported figures for the last three months are shown in the table below;

	Jun-11	Aug-11	Sept-11
Incomplete pathways	12,013	28,881	34,725
<i>Of which: &gt;52 weeks</i>	11	1,173	1,481
Incomplete 95 <sup>th</sup> Percentile	21.7	38.7	44.6

A step change in the number of incomplete pathways was expected as a result of the new system as it provides a much more accurate method for tracking patients on their 18 week pathway. As with other sites that have gone live with Millennium, migration of information from one system to another has created a number of data quality issues that has worsened the reported position although this is not believed to be a genuine deterioration in performance.

The RUH Data Validation Team is in the process of validating all long wait records to ensure the accurate reporting of incomplete pathways on the new system. Work is expected to be completed by end of November 2011 at which time reported performance against this target should improve.

#### **4. Next Steps**

As stated above, further work is taking place to ensure that the backlog of waiting list activity is reduced further during the coming months and that performance against the admitted and non-admitted targets is sustained.

Consistent delivery of waiting times within 18 weeks requires short outpatient waiting times, short diagnostic waits and streamlined pathways. Therefore, a number of projects are underway to ensure all steps of the patient pathway are in balance. These include:

- Reducing outpatient waiting times
- Minimising delays for follow up appointments after diagnostics tests
- Ensuring capacity and demand are in balance

The plan is for the RUH to be fully compliant with the NHS Constitution for all but two specialties by the end of March 2011 and by compliant for all specialties by the end of Quarter 1 2012/13.



**APPENDIX 1 – Table 1**

**Number and population of patients treated in less than 18 weeks from referral to treatment for the period 1 July 2011 to 31 July 2011 and Year to Date (admitted pathways)**

<b>Acute NHS Trust /Primary Care Trust</b>	<b>Admitted Performance (%)</b>	<b>Median (Weeks)</b>	<b>95<sup>th</sup> Centile (Weeks)</b>	<b>95<sup>th</sup> Centile Variance On Previous Month (Weeks)</b>	<b>Number of Pathways Waiting Over National 95<sup>th</sup> Centile (23 Weeks)</b>
Royal United Hospital Bath NHS Trust	81.4	13.2	27.3	(0.7)	127
Weston Area Health NHS Trust	91.9	7.4	25	(0.2)	20
Royal Cornwall Hospitals NHS Trust	90.4	11.4	24.9	(4.6)	169
Dorset County Hospital NHS Foundation Trust	90.5	12.8	23.4	(2.5)	67
South Devon Healthcare NHS Foundation Trust	91.4	7.6	22.5	2.7	62
Yeovil District Hospital NHS Foundation Trust	92.1	6.5	22.4	0.1	38
University Hospitals Bristol NHS Foundation Trust	91.9	6.3	21.7	1.1	102
Gloucestershire Hospitals NHS Foundation Trust	89.8	8.5	21.2	0.0	87
North Bristol NHS Trust	91.4	7.9	20.4	0.3	79
Taunton & Somerset NHS Foundation Trust	92.6	6.7	20.3	0.4	65
Salisbury NHS Foundation Trust	93.5	12.1	20	(0.9)	42
Poole Hospital NHS Foundation Trust	93.6	7.2	19.2	0.7	16
Plymouth Hospitals NHS Trust	94.2	6.1	18.9	(0.8)	115
Great Western Hospitals NHS Foundation Trust	94.6	12.3	18.5	0.5	32
Royal Devon and Exeter NHS Foundation Trust	95.1	5.3	18	(2.3)	39
Northern Devon Healthcare NHS Trust	95.1	7.3	17.9	(2.2)	23
The Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust	95.7	5.3	17.8	0.1	57
NHS Somerset	100	9	14.2	(1.5)	0
NHS Plymouth	100	4	4	2.1	0
Royal National Hospital for Rheumatic Diseases NHS Foundation Trust	100	3	3.9	(4.8)	0
NHS Dorset	-	-	-	-	0
NHS Cornwall & Isles of Scilly	-	-	-	-	0
NHS Devon	-	-	-	-	0
<b>TOTAL*</b>	<b>93.2</b>	<b>7.8</b>	<b>20.1</b>	<b>(1.1)</b>	<b>1,155</b>

\*Includes all Organisations Activity Not Just Those Listed

**APPENDIX 1 – Table 2**

**Number and population of patients treated in less than 18 weeks from referral to treatment for the period 1 July 2011 to 31 July 2011 and Year to Date (non admitted pathways)**

<b>Acute NHS Trust /Primary Care Trust</b>	<b>Admitted Performance (%)</b>	<b>Median (Weeks)</b>	<b>95<sup>th</sup> Centile (Weeks)</b>	<b>95<sup>th</sup> Centile Variance On Previous Month (Weeks)</b>	<b>Number of Pathways Waiting Over National 95<sup>th</sup> Centile (23 Weeks)</b>
Royal United Hospital Bath NHS Trust	95.1	5.6	17.8	1.2	118
Weston Area Health NHS Trust	96.0	6.3	17.6	(0.2)	53
Royal Cornwall Hospitals NHS Trust	96.6	5.4	17.4	(0.2)	73
Dorset County Hospital NHS Foundation Trust	96.2	1.6	17.1	0.5	220
South Devon Healthcare NHS Foundation Trust	98.2	5.3	16.8	(0.3)	49
Yeovil District Hospital NHS Foundation Trust	97.5	5.8	16.8	(0.2)	7
University Hospitals Bristol NHS Foundation Trust	98.3	3.7	16.1	0.5	70
Gloucestershire Hospitals NHS Foundation Trust	97.8	6	16.1	0.7	59
North Bristol NHS Trust	97.8	3.3	15.9	0.1	132
Taunton & Somerset NHS Foundation Trust	98.1	5.3	15.7	0.8	102
Salisbury NHS Foundation Trust	100.0	4.3	15.2	2.1	0
Poole Hospital NHS Foundation Trust	97.7	3.3	14.9	0.2	85
Plymouth Hospitals NHS Trust	98.0	1.4	14.1	0.6	128
Great Western Hospitals NHS Foundation Trust	98.2	3.6	13.9	(0.6)	36
Royal Devon and Exeter NHS Foundation Trust	100.0	2	13.9	1.5	0
Northern Devon Healthcare NHS Trust	99.7	3.6	13.8	(0.1)	12
The Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust	99.2	6.1	13.6	0.9	3
NHS Somerset	98.1	4.1	12.9	0.0	84
NHS Plymouth	98.8	4.3	12.4	(0.2)	77
Royal National Hospital for Rheumatic Diseases NHS Foundation Trust	99.4	2.8	10.8	0.0	12
NHS Dorset	97.9	0.9	9.7	0.5	6
NHS Cornwall & Isles of Scilly	-	-	-	-	0
NHS Devon	-	-	-	-	0
<b>TOTAL*</b>	<b>98.0</b>		<b>15.4</b>	<b>0.5</b>	<b>1,350</b>

\*Includes all Organisations Activity Not Just Those Listed

<b>Bath &amp; North East Somerset Council</b>	
MEETING:	Wellbeing Policy Development & Scrutiny Panel
MEETING DATE:	Friday 18 <sup>th</sup> November 2011
TITLE:	Update on Dementia
WARD:	ALL
<b>AN OPEN PUBLIC ITEM</b>	
<b>List of attachments to this report:</b>	
Dementia Action Plan	

## 1. THE ISSUE

To provide the Panel with an update on the implementation of the National Dementia Strategy in B&NES (February 2009) and to present the dementia action plan.

## 2. RECOMMENDATION

The Panel is asked to note this update and consider when it would wish to receive a further update.

## 3. FINANCIAL IMPLICATIONS

There are no financial implications to this update report.

## 4. THE REPORT

The National Dementia Strategy – *Living Well with Dementia* (NDS) was published in February 2009 setting out 17 strategic objectives. During May to June 2009, a review of dementia services across the South West was led by the South West Dementia Partnership (SWDP) which comprises NHS South West, Alzheimer’s Society, South West Development Centre and the Association of Directors of Adult Social Services.

A planned visit to each health and social care community took place over two days. At the end of the two-day visit the review team assessed the extent to which there are robust partnerships, commissioning plans, and pathways in place to deliver the National Dementia Strategy, and provided initial feedback on gaps identified and associated actions to the local community. A review report setting out recommendations was sent to each community. This was presented to the B&NES dementia care pathway group.

In September 2010 the Department of Health published a revised outcomes focused implementation plan for the NHS covering four priority objectives as follows:

- Good-quality early diagnosis and intervention for all;

- Improved quality of care in general hospitals;
- Living well with dementia in care homes; and
- Reduced use of antipsychotic medication.

Subsequently the NHS Operating Framework for 2011/12 published in December 2010 reiterated these four national priorities as well as the requirement for localities to publish progress on implementing the National Dementia Strategy and to make this publicly available. The latest version of the B&NES action plan is attached to this report and shows the achievement so far and the priorities for 2011/12 and 2012/13. This latest version will be made available on NHS B&NES's website.

The remainder of this report provides a more detailed update against the four priority objectives.

### **Good quality early diagnosis and intervention for all in B&NES**

Early diagnosis of dementia is beneficial for the person with dementia and their carer and as such primary care plays an important role in dementia care:

- Being the first point of contact for many people with health concerns
- Identification and assessment of people with memory problems or other cognitive or functional deficits
- Providing a route to diagnostic services
- Maintaining a dementia register
- Undertaking regular reviews of all patients on the register
- Overseeing prescribing for patients with dementia, both dementia-specific and other drugs
- Managing problems or crises through primary care management or referral to other services
- Close links between different members of the primary healthcare team

However, dementia presents a challenge to GPs because of an ever increasing prevalence, its progressive nature, and its insidious onset (Turner 2004). In addition, GPs may only diagnose one or two new patients with dementia each year, and have only twelve to fifteen patients with dementia on an average whole time equivalent list. These relatively small numbers may cause a lack of educative exposure to dementia patients and may result in a delay in diagnosis.

As a result a sub-group of the dementia care pathway group is developing an educational programme for practice teams to overcome some of these barriers. In the first instance practices have been asked to complete a learning needs analysis by the end of November 2011 which will be used to develop an educational evening event on Tuesday 24<sup>th</sup> January 2012. Bespoke practice educational sessions will also be developed depending on the needs identified in the survey.

As well as improving knowledge and expertise in primary care, access to memory assessment services is a key component of the pathway and as such B&NES commissions this service from the Research Institute for the Care of Older People (RICE). The Institute runs a weekly memory assessment clinic and a nurse led community memory screening clinic.

### **Improved quality of care in general hospitals**

In December 2010 the Royal College of Physicians published the interim report on their national audit of dementia care in hospitals. This highlighted a general lack of focus from general hospitals on improving the services for people with dementia despite the significant numbers of patients in acute hospitals. The RUH carried out this audit and also took part in the enhanced audit, which only 52 acute Trusts chose to do. The interim audit results are available on the Royal College of Psychiatrist website.

The SWDP pulled together an expert reference group, chaired by Alison Moon, Chief Nurse at UHB, to develop standards for hospital care to compliment the national audit. These standards were designed so that by 31<sup>st</sup> March 2011, each acute hospital undertook a self-assessment of current practice against the standards as well as setting out a comprehensive improvement plan for 2011/12.

Subsequently from September to November 2011 a peer review process on dementia care in hospitals has been undertaken led by the SWDP. The RUH and the RNHRD had their site visits on Thursday 13<sup>th</sup> October. Reports from the peer review team are expected later this year.

The peer review process did not include community hospitals. However, Sirona Care & Health C.I.C, at the request of commissioners, carried out a self-assessment against the hospital standards. The outcome of this self-assessment has fed into the B&NES action plan.

#### **Living well with dementia in care homes in B&NES**

A "Dementia Quality Mark" for care homes has been developed, and is being piloted in the South West. Councils in B&NES, Wiltshire, Plymouth, Bristol and Dorset have agreed with local independent sector providers to be early adopters with the aim of rolling out the scheme to other areas.

More recently, the PCT has approved a care home local enhanced service from primary care to improve the continuity and quality of primary care medical support to nursing homes. This on the basis that evidence suggests that residents in nursing homes have multiple complex medical needs and over 50% have dementia or other mental health needs as the primary clinical need or in addition to complex physical disabilities.

#### **Reduced use of antipsychotic medication in B&NES**

In October 2010 NHS South West wrote to medical directors of mental health Trusts and PCT medicines management leads to confirm arrangements for the regional audit of prescribing of antipsychotic medication. Mental health Trusts were asked to audit prescribing in in-patient settings, out-patients and community mental health services. Whereas PCTs were asked to audit the prescribing in primary care and care homes for adults aged 65 years and over on general practice registers.

Avon & Wiltshire Mental Health Partnership Trust submitted their audit results in January 2011 which showed that they were very low prescribers with approximately 200 patients out of around 7,500 patients with dementia identified Trust-wide being on antipsychotics.

The PCT's medicines management team completed the audit and submitted the results to NHS South West at the end of September. The PCT is awaiting feedback on the audit results.

The RUH also audited use of antipsychotics as part of the Royal College of Physicians general care in hospitals audit which demonstrated that the Trust was slightly better than the national average across a number of indicators.

## 5. RISK MANAGEMENT

A risk assessment is not necessary in respect of this update report.

## 6. EQUALITIES

An equalities impact assessment is not warranted in respect of this update report.

## 7. CONSULTATION

The B&NES Dementia Care Pathway Group has been the vehicle for engaging and consulting on the dementia action plan. The group includes the following organisations:

Alzheimer's Society  
 Avon & Wiltshire Mental Health Partnership Trust (AWP)  
 B&NES Age Concern  
 Great Western Ambulance NHS Trust (GWAS)  
 Guideposts Trust  
 Research Institute for the Care of Older People (RICE)  
 Royal United Hospital Bath NHS Trust (RUH)  
 Sirona Care & Health C.I.C  
 Somer Community Housing Trust  
 Support for People with Alzheimer's (Peggy Dodd)  
 Somerset Care & Repair  
 The Carers Centre

## 8. ISSUES TO CONSIDER IN REACHING THE DECISION

Not relevant.

## 9. ADVICE SOUGHT

It wasn't necessary to seek advice from either the Council's Monitoring Officer (Council Solicitor) or the Section 151 Officer (Strategic Director – Resources & Support Services) on the contents of this update report.

<b>Contact person</b>	Corinne Edwards, Associated Director for Unplanned Care & Long Term Conditions, Tel: 831868
<b>Background papers</b>	National Dementia Strategy, Department of Health, February 2009
<b>Please contact the report author if you need to access this report in an alternative format</b>	

**B&NES Health & Well-being Partnership**

**Local Action Plan – Implementation of the National Dementia Strategy (NDS) – November 2011 Update**

**Who is involved in our action plan?**

Alzheimer's Society  
Avon & Wiltshire Mental Health Partnership Trust (AWP)  
B&NES Age Concern  
Great Western Ambulance NHS Trust (GWAS)  
Guideposts Trust  
Research Institute for the Care of Older People (RICE)  
Royal United Hospital Bath NHS Trust (RUH)  
Sirona Care & Health C.I.C  
Somerset Community Housing Trust  
Support for People with Alzheimer's (Peggy Dodd)  
Somerset Care & Repair  
The Carers Centre

**How the plan is being delivered and overseen:**

The Dementia Care Pathway Group oversees the delivery of the plan with the Associate Director for Unplanned Care & Long Term Conditions and the Associate Director for Mental Health having dual commissioning responsibility for the delivery of the NDS. The pathway group meets bimonthly with minutes and key actions agreed. The pathway group reports to the Board via the Partnership's Intervening for Success performance assurance framework.

The Partnership has identified that engagement with people with dementia and their carers is an area of weakness and needs to be strengthened going forward.

## What we are doing

Government's key priorities	What we have done & achieved so far	What we plan to achieve in the next 12 months	By When	By Whom	Progress as of October 2011
<b>Improving hospital care</b>	<p>The RUH has:</p> <ul style="list-style-type: none"> <li>established an internal steering group to improve standards of care</li> <li>agreed an internal dementia care pathway.</li> <li>developed charter mark standards for all wards to aspire to achieve.</li> <li>completed an environmental audit leading to improvements in the older people's unit including dementia friendly signage and introduced new crockery and cutlery.</li> <li>completed the Royal College of Physicians general care in hospitals audit including the enhanced audit.</li> <li>established the Discharge &amp; Therapeutic Evaluation Service (DATE) to identify patients at an early stage with complex needs to improve the assessment and discharge process. This commenced in the medical assessment unit in September 2010 and has been rolled out to all wards.</li> <li>RUH received funding from the Alzheimer's Society to develop a befriending scheme.</li> </ul>	<ul style="list-style-type: none"> <li>Complete the self-assessment against the South West Dementia Partnership's hospital standards and develop an action plan. (This action plan will be an addendum to this plan).</li> <li>Implement new CQUIN schemes in the 2011/12 contracts for the RUH, B&amp;NES CHSCS and AWP.</li> <li>Implement dementia care mapping in the community hospitals (St Martin's and Paulton).</li> <li>Working group to be established to review the mental health liaison service provision at the RUH.</li> <li>Appointment of a befriending manager to train and coordinate volunteers to support patients with dementia to help maintain independence, promote involvement and timely discharge.</li> <li>Monitor the impact of the CQUIN schemes through the clinical quality review</li> </ul>	<p>March 2011</p> <p>February 2011</p> <p>March 2011</p> <p>On-going</p> <p>To be determined</p> <p>On-going</p>	<p>RUH &amp; Sirona</p> <p>PCT</p> <p>Sirona</p> <p>PCTs, RUH &amp; AWP</p> <p>RUH &amp; Alzheimer's Society</p> <p>PCT</p>	<p>RUH, RNHRD, Sirona have action plans in place. Peer review visits undertaken at RUH and RNHRD on 13.10.11</p> <p>Specific dementia CQUIN schemes in place in contracts for RUH, Sirona &amp; RNHRD for 2011/12 being monitored via the quality review meeting process.</p> <p>98% of the Older People's Unit staff at the RUH have received dementia training. The RUH has also introduced training for all new staff as part of its induction programme.</p> <p>Sirona have completed dementia care mapping in the community hospitals and have identified a number of actions to take forward.</p> <p>Proposal for mental health liaison has been put forward by NHS</p>



	<ul style="list-style-type: none"> <li>Commissioners included CQUIN dementia schemes within the 2010/11 contracts for the RUH and AWP to improve the quality of care for patients with dementia. New schemes identified for the 2011/12 contracts for the RUH and CHSCS.</li> <li>Somerset Care and Repair working in the RUH discharge team to identify complex clients who need a house safety check and intervention to facilitate early discharge. Many of these clients have dementia.</li> </ul>	<p>process for the RUH and CHSCS.</p> <ul style="list-style-type: none"> <li>To continue and expand the care and repair service within the RUH to reach more clients.</li> </ul>	On-going	Care & Repair/RUH	<p>Wiltshire which is being worked on.</p> <p>Befriending Manager in post at RUH. Pilot is focussing on Combe Ward.</p> <p>Care &amp; Repair has a weekly presence in the DATE service at the RUH and has recently been successful in the Partnership's extended research pilot for re-ablement funding for extending handyperson services as well as a pilot with Age Concern for intensive home from hospital support.</p>
<b>Improving earlier diagnosis</b>	<ul style="list-style-type: none"> <li>Revised memory assessment pathway including referral to specialist memory assessment services circulated to primary care with guidance notes.</li> <li>Monitoring diagnosis rates by practice on a quarterly basis.</li> <li>Monitoring referral and diagnosis rates to the memory assessment service.</li> </ul>	<ul style="list-style-type: none"> <li>Undertake a primary care learning needs assessment to identify issues around early diagnosis to develop a targeted GP learning package for roll out to all practices.</li> <li>Undertake a comprehensive needs analysis to inform memory assessment services capacity planning.</li> <li>Develop a referral pathway</li> </ul>	<p>June 2012</p> <p>April 2011</p> <p>June 2011</p>	<p>RICE &amp; PCT</p> <p>PCT</p> <p>Sirona/</p>	<p>Learning needs analysis survey produced which will be circulated to practices for completed by end of November. GP training event organised for 24.01.12 with a GP Forum Plus session in March 2012.</p> <p>Learning disability pathway drafted, but needs further work</p>

		for people with a learning disability in order ensure early diagnosis in this group.		RICE/AWP	
<b>Improving care in care homes</b>	<ul style="list-style-type: none"> <li>Commissioners have established a care home taskforce group to improve the quality of care, in particular people with dementia and at end of life.</li> <li>Gold Standards Framework (GSF) pilot project in care homes completed in December 2010 with a set of recommendations for improving end of life care.</li> <li>Successful bid for non-recurring funding to implement the Dementia Quality Mark (DQM) for care homes from the South West Dementia Partnership.</li> <li>Therapy work, music therapy, aromatherapy and art therapy has been introduced in the local authority Community Resource Centres (CRCs).</li> <li>A shorter version of dementia care mapping has been implemented in the CRCs.</li> </ul>	<ul style="list-style-type: none"> <li>AWP to identify representative for the care home taskforce group.</li> <li>Commission improved primary care medical support to homes through a local enhanced service.</li> <li>Take forward the recommendations in the GSF report in conjunction with B&amp;NES Community Health &amp; Social Care Services.</li> <li>Progress the implementation of the DQM with the care homes with six providers 'signed up.'</li> <li>Look at opportunities to implement the DQM with domiciliary care providers.</li> <li>Pilot 'colour psychology in dementia care – the use of colour in the environment and staff uniforms' on a small scale in the CRCs for</li> </ul>	<p>Feb 2011 - achieved</p> <p>June 2011</p> <p>On-going</p> <p>April 2011</p> <p>On-going</p> <p>To be confirmed</p>	<p>AWP</p> <p>PCT</p> <p>PCT</p> <p>LA</p> <p>LA</p> <p>Sirona</p>	<p>Care home taskforce group has been disbanded, but specific streams of work on-going.</p> <p>Care home LES agreed for nursing homes with implementation from November 2011.</p> <p>First care home assessed using the DQM in September with the second home going through process shortly after.</p> <p>Sirona started colour psychology pilot project at Cleeve Court at the beginning of October 2011.</p> <p>Mental health primary care liaison service presented to the GP</p>

	<ul style="list-style-type: none"> <li>• First application for DQM has been submitted – May 2011-05-19</li> <li>• Gold Service framework worker has seven homes interested in implementing the principles into their homes</li> </ul>	<p>six months with a view to rolling out fully including the community hospitals.</p> <ul style="list-style-type: none"> <li>• AWP to develop care home liaison service</li> </ul>	March 2012	AWP	Forum Plus in October 2011.
<b>Reducing the use of antipsychotics</b>	<ul style="list-style-type: none"> <li>• AWP completed an audit of the use of antipsychotics Trust-wide including in-patient settings, out-patients and community mental health services which demonstrated that the Trust are low users.</li> <li>• RUH charter mark includes a standard that all patients' newly prescribed antipsychotic medication must be in line with NICE guidelines and input will be required from the mental health liaison service before prescribing.</li> <li>• The RUH audit of antipsychotics, as part of the Royal College of Physicians general care in hospitals audit, demonstrated that the Trust was slightly better than the national average across a number of indicators.</li> </ul>	<ul style="list-style-type: none"> <li>• Undertake the South West SHA's audit of primary care prescribing of antipsychotics.</li> </ul>	June 2011	PCT	Results of the audit were submitted to the SHA at the end of September 2011. Awaiting feedback and how the PCT benchmarks against the other PCTs in the South West.
<b>Raising awareness</b>	<ul style="list-style-type: none"> <li>• Initial GP awareness event held.</li> <li>• GWAS has disseminated an information leaflet for GWAS clinicians that provide baseline knowledge of the condition, tips on communication and an</li> </ul>	<ul style="list-style-type: none"> <li>• Marketing of the dementia support services in the community.</li> </ul>	On-going	All	Guideposts Trusts have developed a dementia website for B&NES which has been publicised to all practices and other stakeholders.

	<p>awareness of the medications that people with dementia might take.</p> <ul style="list-style-type: none"> <li>• Dementia raising awareness days for health &amp; social care practitioners held, facilitated by Jeremy Allen from AWP.</li> <li>• B&amp;NES related information on dementia services sent out to all practices.</li> </ul>				
<b>Providing support in the community</b>	<ul style="list-style-type: none"> <li>• Development of a GP resource pack containing information about services available and accessible in the community for people with dementia and their carers.</li> <li>• Commissioned an Older People's Independent Living Service from Somer Community Housing Trust which includes the expansion of telecare which started at the beginning of November 2010</li> <li>• Somer Community Housing Trust appointed a dementia housing advisor who is providing dementia training to community groups as well as staff working for Somer.</li> <li>• Taken part in the South West Dementia Partnership's review of domiciliary care provision.</li> <li>• Working with the RUH to scope the potential for improving re-ablement capacity in the community to prevent hospital re-admissions</li> </ul>	<ul style="list-style-type: none"> <li>• Improve access to re-ablement services as a result of the funding received by PCTs.</li> <li>• Alzheimer's Society to start weekly 'Singing for the Brain' sessions as a pilot in central Bath with a view to extending to another location.</li> <li>• Continue to work with 3<sup>rd</sup> sector and voluntary organisations in designing community support through community engagement and project work.</li> <li>• Funding secured to commence a memory café in central Bath on a monthly basis.</li> <li>• Investigate the possibility of running Saturday day care at the Peggy Dodd centre.</li> <li>• Continue to reach out to people with dementia</li> </ul>	<p>March 2012</p> <p>May 2011</p> <p>On-going</p> <p>May 2011</p> <p>Ongoing</p> <p>Ongoing</p>	<p>PCT &amp; LA</p> <p>Alzheimer's Society</p> <p>PCT &amp; LA</p> <p>AWP, Alzheimer's Society</p> <p>Peggy Dodd</p> <p>Somer</p>	<p>Re-ablement funding transferred to the LA under a section 256. Extended research pilots tendering process completed with a number of projects commissioned.</p> <p>Six to eight couples attending Singing for the Brain session in Bath.</p> <p>Peggy Dodd starting Saturday day care session in October 2011 from 10 am to 3 pm.</p> <p>Potting Shed project has developed links with the community mental health team based at the Swallows.</p>

	<p>as well as improve access from the community for people who are referred to social services.</p> <ul style="list-style-type: none"> <li>• Dementia cafes established at Charlton House in Keynsham (Community Resource Centre) and Peggy Dodd Day Centre.</li> <li>• Developed the use of personal budgets to create more flexible and effective support plans for people with dementia.</li> <li>• Somerset Care &amp; Repair developed a horticultural project for people with early stages of dementia.</li> </ul>	<p>through the Older People's Independent Living Service – of the 120 people who have used the service, 10% have dementia.</p> <ul style="list-style-type: none"> <li>• Investigate the possibility of pathway organisations doing more sessions in GP surgeries with the carer centre to promote services – including people with dementia.</li> <li>• Potting Shed project has begun. Early development. Hope to benefit / target 45 people. Potential to roll out across area</li> </ul>	<p>Ongoing</p> <p>Ongoing</p>	<p>All</p> <p>Care and Repair</p>	
<b>Supporting carers</b>	<ul style="list-style-type: none"> <li>• Carers' Strategy agreed for the Partnership</li> <li>• Joint carers commissioning post in place for the Partnership.</li> <li>• A national demonstrator pilot site for carers which has led to the development of the Give Us a Break project enabling carers to take part in leisure, learning opportunities and activities and providing replacement care for the cared for person.</li> <li>• Carers personal budgets developed to help carers take up an activity/opportunity outside of those on offer.</li> <li>• RICE runs integrated carers courses which are 4 week in</li> </ul>	<ul style="list-style-type: none"> <li>• Secure funding to support the on-going provision of the Give Us a Break project.</li> <li>• Marketing of the dementia support services in the community</li> </ul>	<p>April 2011</p> <p>On-going</p>	<p>PCT &amp; LA</p> <p>All</p>	<p>Funding agreed to support an extension to the Give Us a Break Project.</p>

	<p>duration and educative in their focus. Two to three are held per year. Provision made for the person with dementia to be looked after, enabling the carer to attend.</p> <ul style="list-style-type: none"> <li>• RICE runs Cognitive Stimulation Therapy (CST) groups for people with dementia. Carers (usually spouses and adult children) meet informally in a separate room at the same time as the CST group.</li> <li>• Carers Centre established courses for carers of people with dementia.</li> </ul>				
<b>Training our workforce</b>	<ul style="list-style-type: none"> <li>• The RUH has implemented a staff training &amp; awareness programme and developed an intranet website providing additional support and training materials for staff.</li> <li>• AWP has carried out specific dementia training, '<i>Current Thinking in Dementia Care</i>' and '<i>Communicating with People with Dementia</i>' for health and social care practitioners.</li> <li>• GWAS has implemented an on-line dementia training module for paramedics to improve the pre-hospital and urgent care for people with dementia and their carers.</li> <li>• Dorothy House has completed</li> </ul>	<ul style="list-style-type: none"> <li>• RUH to work with the South West Dementia Partnership in rolling out an e-learning tool to improve the care of people with dementia.</li> <li>• Development of a pain management assessment tool for use by GWAS clinicians in the pre-hospital and urgent care situation.</li> <li>• Development of a GP learning package as a result of the primary care learning needs assessment (as set out in the 'improving earlier diagnosis' section above).</li> <li>• AWP to complete a</li> </ul>	<p>On-going</p> <p>April 2011</p> <p>June 2011</p> <p>September</p>	<p>RUH</p> <p>GWAS</p> <p>PCT &amp; RICE</p> <p>AWP</p>	<p>GWAS ambulance clinicians will be using the Abbey pain scale for people they are called to with cognitive impairment.</p> <p>GWAS have signed up to the dementia declaration.</p> <p>AWP have undertaken some initial focus groups with domiciliary care providers.</p> <p>Dorothy House has also been awarded a Burdett Trust for Nursing Grant to develop a project about end of life care and</p>

	<p>a review of training needs of support staff caring for people with dementia..</p> <ul style="list-style-type: none"> <li>• Training programme developed and facilitated by AWP to support staff in the CRCs to enhance dementia care skills and awareness of other mental health problems. Programme has been made available to a wider number of providers including domiciliary care providers.</li> </ul>	<p>training needs analysis of the domiciliary care providers.</p> <ul style="list-style-type: none"> <li>• Dorothy House recommendations following review of are home support staff training needs to be shared with local providers to inform development of provision.</li> </ul>	<p>2011</p> <p>July 2011</p>	<p>Dorothy House</p>	<p>dementia.</p>
<p><b>Other NDS objectives in our local plan</b></p>	<ul style="list-style-type: none"> <li>• A draft pathway for people with learning disabilities and dementia has been developed.</li> <li>• The Partnership has a well established end of life care strategy group to oversee the implementation of the National End of Life Care Strategy. This group is overseeing the improvement in end of life care for all care groups and conditions, including dementia.</li> </ul>	<ul style="list-style-type: none"> <li>• Finalise and circulate the learning disabilities pathway to primary care.</li> <li>• Roll out the Living Well with Dementia handbook developed by NHS Gloucestershire and the Alzheimer's Society.</li> <li>• Continue preventative work to reduce the major risk factors, eg roll out of the Health Checks programme.</li> <li>• Develop more robust mechanisms for consulting and engaging with people with dementia and their carers.</li> </ul>	<p>June 2011</p> <p>To be confirmed</p> <p>On-going</p> <p>On-going</p>	<p>Sirona &amp; RICE</p> <p>PCT</p> <p>PCT &amp; LA</p> <p>PCT &amp; LA</p>	<p>Learning disabilities pathway has been drafted, but needs further revision</p>

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## Agenda Item 15

<b>Bath &amp; North East Somerset Council</b>	
MEETING:	Wellbeing Policy Development & Scrutiny Panel
MEETING DATE:	18 <sup>th</sup> November 2011
TITLE:	Home Improvement Agency Commission Update
WARD:	ALL
<b>AN OPEN PUBLIC ITEM</b>	
<b>List of attachments to this report: None</b>	

### **1 THE ISSUE**

- 1.1 This briefing paper aims to update the Panel on the proposal to commission a West of England Home Improvement Agency (HIA) in partnership with South Gloucestershire, North Somerset & Bristol City Councils. The project aims to provide improved value for money and an enhanced service for residents.

### **2 RECOMMENDATION**

The Wellbeing Policy Panel is asked to:

- 2.1 Note and comment on the issues raised in this report

### **3 FINANCIAL IMPLICATIONS**

- 3.1 Bath & North East Somerset currently funds the existing HIA to the value of £115,000 plus £75,581 for the installation of handrails. This is funded by the Supporting People and the Communities commissioning programme. In addition further funding is provided at 10% of contract value where the HIA undertakes contract management of disabled facility grants and other improvements funded through our financial assistance programme. This is funded through Housing Services discretionary housing renewal budget.
- 3.2 There are currently no proposals to reduce funding, however, ultimately this will be a decision by the Supporting People and the Communities Commissioning Board taken in the context of the overall funding for the Supporting People and Communities programme as agreed by the Council.
- 3.3 A project budget of £46,000 has been agreed by the four authorities, with Bristol contributing £28,000. This will cover project management, legal and procurement costs. The remaining £18,000 will be funded by Bath & North East Somerset, North Somerset & South Gloucestershire from a surplus in the West of England Housing fund. Bristol City Council (BCC) have agreed to lead the project, including project management and procurement, on behalf of the four authorities.

### **4 THE REPORT**

- 4.1 HIAs help vulnerable people live independently by providing housing related support, such as minor repairs, handyperson services, adaptations and advice. The core customer groups for HIAs are disabled, elderly and otherwise vulnerable households across all tenures, although the focus is on owner occupiers. The service is means tested: provided free to those on benefits with a modest charge levied for those who can pay. HIAs also provide services through self-funding options to non-vulnerable households.
- 4.2 HIAs help meet both local and national strategic aims, such as maximising choice and independence for vulnerable people and promoting the prevention of illness, institutional care and accidents. Thus, HIA services make a significant contribution to reducing public expenditure on acute care.
- 4.3 A sub-regional needs analysis has shown that demand for HIA services will rise due to the ageing population and increasing expectations for quality of life. There will be significant increases in older people with a limiting long-term illness, including dementia, thereby increasing age-related disability.
- 4.4 Following investigative meetings with Foundations<sup>1</sup> the lead housing officers for Bath & North East Somerset, Bristol, North Somerset & South Gloucestershire, working with other relevant colleagues, investigated whether the business case supported the joint commissioning of a single HIA service for the West of England sub-region. This is currently possible as all four existing contracts are due for renewal from April 2012. In BANES, the HIA service is provided by Somerset (BANES) Care & Repair. It is run on a three year contract which ends in March 2012. The contract used provides for the ability to extend the contract by 2 years.

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<sup>1</sup> Foundations – Government appointed national body for HIAs. <http://www.foundations.uk.com/>  
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4.5 The business case highlighted the following key potential benefits for commissioners and service users of operating sub-regionally:

**(1) Financial Benefits**

- a) Savings in procurement costs. With an increasing complex and hostile procurement environment these costs are increasing. By working in partnership with other authorities we can, and do, make significant savings.
- b) Economies of scale in the commissioned service associated with the reduction in back room duplication, particularly around governance, management, IT and other professional support costs.
- c) Reduced contract management costs, through less duplication by the contract and field officers of the 4 authorities.

**(2) Non-Financial Benefits**

- a) A larger contract value is likely to interest more potential providers, thus generating greater competition. The increase in bidders would also improve the sustainability of the sector reducing the likelihood of only a single or even no bidders for a single authority commission.
- b) A larger contract value would provide the economies of scale to develop services which may prove unviable for a single authority.
- c) It is more effective for a single provider to market themselves across the sub-region, particularly given that referrers, such as client's children & siblings may live out of district though within the sub-region.

4.6 Consideration is being given to whether this commission should also include the existing Independent Living Centre (ILC) contract. This is currently located in Fishponds, Bristol and utilised by all four authorities to varying degrees. ILCs help disabled people improve their mobility through the "hands-on" demonstration of products and equipment that can help them in their daily lives. ILCs can also be used as one-stop assessment centres, combining HIA services and product testing with a local authority's statutory responsibilities for adaptations. This is an aspect which is proving potentially attractive to our West of England partners. However, given our limited contribution to the ILC funding (5% of sub-regional funding) this is not at present a high priority. However, this could present service development opportunities for the future.

4.7 The successful provider will be expected to offer authorities a range of services including:

- (1) information and advice, particularly around housing options for older people;
- (2) casework, advocacy and support;
- (3) home safety assessments;
- (4) hospital discharge and reablement services;
- (5) independent living centre services, including product and equipment testing;

- (6) possibly independent living centre assessment facilities;
- (7) co-ordination and technical support for repairs, maintenance, adaptations and improvements;
- (8) handyman repairs, maintenance and security improvements.

4.8 Each local authority will identify at the outset the particular services that it wishes to buy throughout the contract. The contract will work flexibly to allow local authorities to take up unpurchased services in future.

4.9 A project communication plan has been developed which includes a twelve week consultation period which started on the 5<sup>th</sup> October. The consultation has been developed to ensure compliance with the various local authority voluntary sector compacts. The consultation feedback will be used to draw up the tender specification. The consultation is extensive and includes the following components:

- (1) Commissioning strategy and equality impact assessment has been made public. A copy of this document can be downloaded or viewed using the web links on Housing Services webpage on the Council's website;
- (2) Separate feedback forms for service users, partners and potential providers have been made available. These can be completed quickly and simply online or hard copies can be made available on request. Again the details are available on Housing Services main external webpage;
- (3) Past and current HIA service user will be contacted inviting them to contribute to the survey;
- (4) There will be "drop in" local stakeholder events in all four authorities.
- (5) A single market providers' day consultation event for potential contract bidders has been organised for Monday 7th November 2011.

4.10 Local sign off will need to be sought at the end of January. The nature of the sign off varies according to authority. In Bath & North East Somerset this is through the Supporting People & Communities Commissioning Body. The full OJEU compliant restricted tender will then be advertised at the beginning of February with a contract award anticipated in by mid-June 2012.

## **5 RISK MANAGEMENT**

6 A risk assessment related to the issue and recommendations has been undertaken.

## **7 EQUALITIES**

7.1 An equalities impact assessment has been completed on the proposal. This is contained in the Commissioning Strategy which can be downloaded or viewed using the web links on Housing Services main webpage on the Council's website. However, the core objective of this proposal is to improve the housing & health conditions of low-income, elderly and disabled residents living in substandard or inadequate housing and thus address the current adverse impact on these two groups. In addition the project aims to provide improved value for money and an enhanced service for these vulnerable groups.

## 8 CONSULTATION

8.1 The proposal is undergoing extensive consultation as detailed above in paragraph 4.10.

## 9 ISSUES TO CONSIDER IN REACHING THE DECISION

9.1 Social Inclusion; Customer Focus; Sustainability; Human Rights; Corporate; Other Legal Considerations

## 10 ADVICE SOUGHT

10.1 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.

<b>Contact person</b>	Graham Sabourn, Associate Director (Housing Services)
<b>Background papers</b>	None
<b>Please contact the report author if you need to access this report in an alternative format</b>	

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## Agenda Item 16

<b>Bath &amp; North East Somerset Council</b>		
MEETING:	Wellbeing Policy Development & Scrutiny Panel	
MEETING DATE:	18 November 2011	AGENDA ITEM NUMBER
TITLE:	Transfer of Community Services to Sirona Care & Health CIC	
WARD:	ALL	
<b>AN OPEN PUBLIC ITEM</b>		
<b>List of attachments to this report:</b>		

### **1 THE ISSUE**

- 1.1 To provide the Panel with an update on the transfer of Community Health & Social Care Services to Sirona Care & Health CIC (Community Interest Company). A photographic record of key events in Sirona's establishment will be circulated at the Panel meeting.

### **2 RECOMMENDATION**

- 2.1 The Panel is asked to note this update and consider when it would wish to receive a progress report from Sirona Care & Health CIC.

### 3 FINANCIAL IMPLICATIONS

3.1 There are no financial implications to this update report.

### 4 THE REPORT

4.1 The Council and Primary Care Trust (PCT) have a long-standing commitment to working in partnership to provide integrated community health and social care services and to commission health, social care and housing for the benefit of patients, service users and taxpayers.

4.2 This partnership working is now set in the context of the Coalition Government's (and the previous Government's) requirement for Primary Care Trusts to divest themselves of their directly provided services by 1 April 2011 or to have made substantial progress towards this in the case of a transfer to a social enterprise.

4.3 The Council and the PCT considered a report on the options for such a divestment in the context of maintaining the integration of services at their meetings on 16<sup>th</sup> and 18<sup>th</sup> November 2010 respectively. The Council and the PCT confirmed their commitment to a direction of travel that aimed to transfer integrated community health and social care services into a social enterprise.

4.4 Following this "in principle" decision of Council in November 2010, decisions have been taken pursuant to the delegation granted to a Delegated Decision Making Group at that meeting as set out in 4.5 below.

4.5 At that meeting Council delegated authority to the Chief Executive with the agreement of the Leader of the Council and the Leader of the Liberal Democrat Group, in consultation with the Labour and Independent Group Leaders, the Cabinet Member for Adult Social Care & Housing, the Chair of the Healthier Communities and Older People Overview & Scrutiny Panel, a further member of the Liberal Democrat group, the Monitoring Officer, and the Council's Section 151 Officer, to:

- Take all steps necessary or incidental to work with NHS Bath and North East Somerset and General Practitioner Commissioning Representatives to develop the potential social enterprise option.
- Implement the option including the organizational form of the potential social enterprise and the development and award of the contracts relevant to Council services, subject to the detailed Integrated Business Plan demonstrating to his satisfaction the viability of the new social enterprise *within budget provision* and support for the option being agreed with the GP Commissioning representatives and the Strategic Health Authority.

4.6 Council on 15<sup>th</sup> September 2011 were advised that, *"following the change in administration in May 2011 it is appropriate to now amend the terms of the delegation by the substitution of Conservative for Liberal democrat in line 2, the word "wellbeing" for Adult Social care and housing and "wellbeing" for "Healthier Communities and Older People" in line 4"*.



- 4.7 On 15<sup>th</sup> September 2011 both the PCT and full Council confirmed the intention, from 1<sup>st</sup> October, to transfer the provision of Community Health Services and Social Care Services to Sirona Care & Health CIC. On 16<sup>th</sup> September 2011 the Council Delegated Decision Making Group also confirmed this intention, subject to the signing of both the Business Transfer Agreement and the Community Services Contract by all parties prior to transfer.
- 4.8 The Business Transfer Agreement (BTA) and the Community Services Contract (CSC) were both signed by all parties on 20<sup>th</sup> September 2011. Outstanding issues, which were not critical to transfer and/or to the signing of the BTA and CSC have been incorporated in a Post Transfer Action Plan. Implementation of the Action Plan will be monitored through formal contract review meetings, Chaired by the Programme Director, Non-Acute Health, Social Care & Housing (Jane Shayler).
- 4.9 The transfer of both NHS and Council staff to Sirona went ahead as planned and on 1<sup>st</sup> October 2011 Sirona had a series of events with staff, service users, partners and other stakeholders to mark the “birth” of the new Community Interest Company.
- 4.10 On 28<sup>th</sup> October, Sirona hosted a workshop for key stakeholders, including commissioners. The purpose of the workshop was to present Sirona in its new separate identity for the first time; to ensure that Sirona’s plans are aligned with the direction of travel of commissioners of health and social care; and, also to explore how Sirona sits within the wider system, building further on the integrated provision of health and social care to deliver better outcomes for people.
- 4.11 The workshop was a positive and engaging event, which will be very helpful to Sirona in developing its strategic and operational plan, which is happening over the next few months.

## **5 RISK MANAGEMENT**

- 5.1 A risk assessment is not necessary in respect of this update report.

## **6 EQUALITIES**

- 6.1 An Equalities Impact Assessment is not warranted in respect of this update report.

## **7 CONSULTATION**

- 7.1 No consultation has been undertaken in respect of this update report.

## **8 ISSUES TO CONSIDER IN REACHING THE DECISION**

- 8.1 All the following issues are relevant to this update on the transfer of community services: *Social Inclusion; Customer Focus; Sustainability; Young People; Human Rights.*

## **9 ADVICE SOUGHT**

- 9.1 It wasn’t necessary to seek advice from either the Council's Monitoring Officer (Council Solicitor) or the Section 151 Officer (Strategic Director – Resources & Support Services) on the contents of this update report.

<b>Contact person</b>	<i>Jane Shayler, Tel: 01225 396120</i>
<b>Background papers</b>	<p>Report to Council, 16 November 2010, <i>'Community Health &amp; Social Care Services – Future Provision'</i></p> <p><i>'Community Health &amp; Social Care Services – Integrated Business Plan – Assurance Framework and Outcome'</i>, 17<sup>th</sup> February 2011, (Delegated Decision of the Chief Executive under the Decision Making Process Agreed by the Council at its Meeting on 16<sup>th</sup> November 2010)</p> <p><i>'Update on the establishment of the Community Interest Company for the Provision of Community Health &amp; Social Care Services'</i>, briefing to the Council Delegated Decision Making Group 1<sup>st</sup> August 2011</p> <p>Report to Council, 15<sup>th</sup> September 2011, <i>'Update on the establishment of the Community Interest Company for the Provision of Community Health &amp; Social Care Services'</i></p>
<b>Please contact the report author if you need to access this report in an alternative format</b>	

## Agenda Item 18

<b>Bath &amp; North East Somerset Council</b>	
<b>MEETING: WELLBEING POLICY DEVELOPMENT &amp; SCRUTINY PANEL</b>	
MEETING DATE:	<b>18<sup>th</sup> November 2011</b>
TITLE:	<b>WORKPLAN FOR 2011/12</b>
WARD:	All
<b>AN OPEN PUBLIC ITEM</b>	
<b>List of attachments to this report:</b>	
Appendix 1 – Panel Workplan	

### **1 THE ISSUE**

- 1.1 This report presents the latest workplan for the Panel (Appendix 1).
- 1.2 The Panel is required to set out its 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

### **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.
- 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.
- 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.

<b>Contact person</b>	Jack Latkovic, Senior Democratic Services Officer. Tel 01225 394452
<b>Background papers</b>	None
<b>Please contact the report author if you need to access this report in an alternative format</b>	

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Last updated 09.11.11.

**Wellbeing Policy Development & Scrutiny Panel Workplan**

Meeting Date	Agenda Item	Director	Report Author	Format of Item	Requested By	Notes
<b>18<sup>th</sup> November 11</b>						
	Cabinet Member update		Cllr Simon Allen			
	NHS update		Jeff James/Derek Thorne			
	LINK update		Diana Hall Hall			
	Medium Term Service & Resource Plans	AA	JS			
	Referral to Treatment Times briefing		Tracey Cox			
	Verbal update on consultation on the High Dependency Unit beds in Hillview Lodge		Jane Shayler			
	Update on Dementia care in BANES		Corinne Edwards			
	Home Improvement Agency Commission Update		Graham Sabourn			
	Transfer of Community Services to Sirona Care & Health Community Interest Company (CIC)		Jane Shayler			
	Clinical Commissioning presentation		Ian Orpen			
<b>29<sup>th</sup> November 11</b>						

Meeting Date	Agenda Item	Director	Report Author	Format of Item	Requested By	Notes
	Contributors Session					
<b>27<sup>th</sup> January 12</b>						
	Service Action Plans	AA	tbc			
	Strategic Transitions	AA	tbc			
<b>16<sup>th</sup> March 12</b>						
	RNHRD Update (tbc)		RNHRD rep			As a result of the meeting between the Chair and Vice Chair and CX from RNHRD in Sep 2011
	Personal Budgets policy framework	AA	JS			
<b>18<sup>th</sup> May 12</b>	Dental Access Services update		tbc			
<b>Future items</b>						
	HealthWatch update		Derek Thorne			
	'What is it like to be an older person in BANES – to look at the life overall rather than under the series of separate headings'			Possible review - tbc		
	Transition of Public Health responsibilities from NHS BANES to the Council					
	Psychological therapy services for adults		Andrea			



Last updated 09.11.11.

Meeting Date	Agenda Item	Director	Report Author	Format of Item	Requested By	Notes
	(including the provision of counselling services in BANES)		Morland			

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