

BATH AND NORTH EAST SOMERSET

WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL

Friday, 21st September, 2012

Present:- Councillors Vic Pritchard (Chair), Katie Hall (Vice-Chair), Lisa Brett, Eleanor Jackson, Anthony Clarke, Sharon Ball, Michael Evans and Caroline Roberts

Also in attendance:

37 WELCOME AND INTRODUCTIONS

The Chairman welcomed everyone to the meeting.

38 EMERGENCY EVACUATION PROCEDURE

The Chairman drew attention to the emergency evacuation procedure.

39 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillors Kate Simmons and Douglas Nicol sent their apologies. Councillors Michael Evans and Caroline Roberts were their substitute respectively.

Councillor Bryan Organ also sent his apology for this meeting.

40 DECLARATIONS OF INTEREST UNDER THE LOCAL GOVERNMENT ACT 1972

Councillor Eleanor Jackson declared personal and non-prejudicial interest at this point of the meeting as she is Council's representative on Sirona Care & Health Community Interest Company.

During the meeting, under agenda item 6 (Items from the public or Councillors), Councillor Eleanor Jackson declared interest as a member of the '38 Degrees Bath' group.

Councillor Vic Pritchard declared personal and non-prejudicial interest at this point of the meeting as he is Council's representative on Sirona Care & Health Community Interest Company.

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41 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

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

THIS MEETING

The Chairman invited Barbara Gordon (from '38 Degrees Bath' group) to read out her statement on the changes to the NHS.

Barbara Gordon read out the statement in which she highlighted group's concerns on lack of consultation related to the formation of the B&NES Clinical Commissioning Group. Barbara Gordon also said that the draft CCG Constitution became available only a week ago. The national '38 Degrees' group commissioned lawyers to draft clauses that can legally be included in the Constitutions of CCG's. Some local group members, along with a barrister, met with Dr Orpen to consider amending the draft Constitution. Dr Orpen refused to include those amendments. There is now online petition to the B&NES CCG, with more than 600 signatures, asking for those clauses to be included in the Constitution.

Barbara Gordon asked the Panel to recommend to Dr Orpen to reconsider his decision and include those amendments.

A full copy of the statement is available on the Minute Book in Democratic Services.

The Chairman thanked Barbara Gordon. The Chairman said that there is no statutory requirement for the CCG to consult with the public. Nevertheless, the CCG consulted the public on few events that they organised across the area. The Health and Wellbeing Board agreed the Plan at their meeting on 19th September 2012. Without the appropriate evidence, for the closure of this plan, it has become evident that representations of this kind are seemingly too late. The Chairman said that there is little that the panel can do at this stage.

Councillor Eleanor Jackson asked if Dr Orpen could give reasons for rejecting these clauses. Councillor Jackson declared interest at this point as a member of '38 Degrees Bath' group.

Dr Orpen said that he is happy to reply but that he feels that he would not be able to draw a line to this issue given the approach adopted by '38 Degrees'. The background to this is that '38 Degrees' presented their views to the CCG and there was a lot of discussion with their representative on proposed clauses. The '38 Degrees' advice was based on 'BMA fairness charter' which was prepared by BMA Law. Dr Orpen said that he is a member of BMA (British Medical Association) and the BMA have a view on the NHS reforms and they, by the nature of the Union, have a political view on this matter. The BMA has many concerns, which are shared with the CCG, regarding the Constitution and particularly concerns about procurement. The CCG took an independent legal advice and advice from the experts in this field who considered current NHS guidance on procurement rules. Dr Orpen said that he absolutely understands and recognised the value of the contribution that '38 Degrees' are making. However, the advice that the CCG were given is not to tie too much its Constitution into context that is different from the guidance at this stage. The CCG is absolutely committed to care for its patients. Dr Orpen also said that he was not given a warning from the '38 Degrees' that they will bring their barrister at the last meeting. Dr Orpen again recognised the contribution and value that '38 Degrees' brought.

Councillor Katie Hall thanked everyone for their comments and suggested that '38 Degrees' be included in the electronic circulation list for the Wellbeing PDS Panel, Health and Wellbeing Board and also future CCG Board meetings.

Diana Hall Hall said that the CCG have included LINK in the consultation and that the CCG addressed the public on several occasions.

The Chairman thanked everyone who participated in this debate. The Chairman said that the Panel took on board concerns raised by the '38 Degrees' but that they will not take any further action.

43 MINUTES 27TH JULY 2012

The Panel confirmed the minutes of the previous meeting as a true record and they were duly signed by the Chairman subject to the following amendments and corrections:

- Page 11, 1st paragraph, third sentence should start with: 'Dr **Orpen**...'
- Page 11, 3rd paragraph, second sentence should read : '....RUH Bath is the only **district general** hospital ...'

The Chair used this opportunity to inform the Panel that he received an assurance from Jane Shayler that gardening services for people with learning difficulties in Radstock, which was initiated by Mendip Care & Repair will continue to exist.

The Chair also said that it was with regret that Cabinet Member for Homes and Planning could not be at the meeting today to comment on the Homeseach Policy (as resolved in the minute 31 of the last meeting).

The Chair also reflected to the resolution on minute 32 of the minutes from last meeting and informed the Panel that Midsomer Norton, Radstock and District Journal did not publish any subsequent comments on the Care Homes Quarterly Performance Report and asked the Panel to draw this matter to the close. The Panel agreed with Chair's suggestion.

44 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 made the following points:

Councillor Tony Clarke asked about Adult Social Care Survey for 2012 and if we have benchmark against our neighbouring authorities.

Sarah Shatwell (Associate Director for Non-Acute and Social care) replied that we do have a benchmark of information nationally and for south west region which are compared.

Councillor Clarke asked for the information and comparison with the other authorities to be sent via email to the Panel. Sarah Shatwell took on board this request.

Councillor Michael Evans asked if the figures referred in the survey took into account socio-economic issues and background.

Sarah Shatwell replied that survey is a national survey and done on national basis but she could not answer if the survey took into account socio-economic issues and background.

The Chairman asked about the intentions of the new Rural Social Enterprise service.

Councillor Allen replied that the aim of the service is to support people with mental health problems to learn new skills, or develop existing ones, and provide an opportunity for social contact and encourage development.

Sarah Shatwell added that it also generates employment opportunities for people with mental health problems. It is expanding on non-client basis.

Councillor Eleanor Jackson asked that the Panel send a letter to the Curo group requesting the Equal Opportunities Assessment for changes in management organisation.

The Panel **AGREED** unanimously with the suggestion from Councillor Jackson.

Councillor Allen added his support as the Cabinet Member to this letter.

Appendix 1

45 NHS AND CLINICAL COMMISSIONING GROUP UPDATE (15 MINUTES)

The Chairman invited Dr Ian Orpen (Clinical Commissioning Group – CCG) to give an update to the Panel.

Dr Ian Orpen updated the Panel with current key issues within BANES CCG (attached as Appendix 2 to these minutes).

The Chairman congratulated to Dr Orpen, Dr Douglass, Sarah James and Tracey Cox on their appointments.

The Chairman thanked Dr Orpen for an update.

Appendix 2

46 URGENT CARE REDESIGN PROJECT (15 MINUTES)

The Chairman invited Dr Ian Orpen and Corinne Edwards to introduce the report.

Dr Orpen and Corinne Edwards took the Panel through the report and thanked Jane Pye from LINK for her contribution and involvement in this matter.

Dr Orpen finished the introduction by saying that it was incredibly difficult to find the right venues across the area for consultation meetings.

The Panel made the following points:

Councillor Jackson expressed her concern with choice of locations and timings of consultation meetings as those are not accessible for older people (i.e. 6.30pm too late for people over 70).

Corinne Edwards responded that having one of consultation meetings at 6.30pm is for number of reasons (venue availability being one of them) but the main reason is that the NHS and CCG were criticised in the past if they had meetings during the day by those who work during the day.

Councillor Hall asked about statistics on who is using services in Walk-In Centre (actual physical locations of users) and if that information is available.

Corinne Edwards responded that information is available. In terms of the use of the GP led centre - approximately out of 30,000 people who use services per year, 30% of those are outside BANES (people who work here or who are here on holiday). In particular people from Wiltshire and South Gloucestershire are using GP led health centre. In terms of the age range the greatest use is from those of age of 20-25.

Councillor Hall commented that in terms of visitors and tourists it is not a heavy use and ask if visitors and tourists still can register as temporary patients.

Dr Orpen confirmed that people still do register as temporary patients. Dr Orpen also informed the meeting about the national pilot with dual registration.

The Chairman asked if any other services in the Walk-In Centre in Riverside will be affected.

Dr Orpen said that only Urgent Care services will be transferred to the RUH.

It was **RESOLVED** to note the report and to receive an Impact Assessment on this service change for November meeting.

47 BATH AND NORTH EAST SOMERSET LOCAL INVOLVEMENT NETWORK (LINK) UPDATE (15 MINUTES)

The Chairman invited Diana Hall Hall from LINK to introduce the report.

The Panel welcomed the report and congratulated the LINK on their work and commitment over the years. The Panel also praised the annual report included in the papers and highlighted close working relationship between the Panel and LINK.

Dr Ian Orpen also congratulated LINK on their work so far and thanked for their contribution towards the NHS transition.

It was **RESOLVED** to note the report and to congratulate the LINK for their work and contribution so far.

48 JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) - DEMENTIA (20 MINUTES)

The Chairman invited Jon Poole (Research & Intelligence Manager) and Helen Tapson (Public Health Intelligence Analyst) to give a presentation to the Panel.

Jon Poole and Helen Tapson highlighted the following points in their presentation:

- Background - what is JSNA and Panel's request from July meeting.
- The JSNA website
- Dementia in B&NES
- Future Projections
- Community Voice
- What is being done?
- Recommendations

A full copy of the presentation is available on the Minute Book in Democratic Services.

The Panel made the following points:

The Chairman commented that the current situation is that in B&NES 867 people are registered as having dementia on GP practice records whilst the actual number of people experiencing dementia is estimated to be nearer 2,400 which is much bigger volume of those who are not registered, which is worrying. The Chairman also said that the report mentioned that last administration's intentions were to dedicate Community Resources Centres to dementia. There was no more progress on that. The point is what we do with statistics, how we respond to them.

Councillor Roberts asked what is the distinction between dementia and Alzheimer's Disease (AD).

Helen Tapson said that she is not medical expert in that field but in a nutshell, dementia is a symptom, and AD is the cause of the symptom.

Sarah Shatwell commented that Council will be looking for the most appropriate and cost effective way to support people with dementia. In B&NES we are trying to support particularly people with later stage of dementia. Sarah Shatwell suggested that the Panel could have on one of the future meetings an update on what was done since the dementia Strategy was adopted.

It was **RESOLVED** to:

- 1) Note the report and presentation
- 2) Agree that the format and layout of the briefing is suitable for future updates
- 3) Receive an update on Dementia Strategy to one of the future meetings

49 WINTERBOURNE VIEW FINDINGS UPDATE (10 MINUTES)

The Chairman suggested that this issue be discussed at the next meeting of the Panel together with the report from the Care Quality Commission.

It was **RESOLVED** to have this item on the agenda at November meeting.

50 CARE QUALITY COMMISSION UPDATE (20 MINUTES)

The Chairman suggested that this issue be discussed at the next meeting of the Panel together with the input/update from the relevant service officer.

It was **RESOLVED** to have this item on the agenda at November meeting.

51 PERSONAL BUDGETS: REVIEW OF POLICY FRAMEWORK & RESOURCE ALLOCATION (PROGRESS REPORT) (30 MINUTES)

The Chairman invited Sarah Shatwell to introduce the report.

The Panel made the following points:

Members of the Panel debated financial modelling of options for calibrating the Resource Allocation System (RAS). Some Members of the Panel felt the Incremental Method is the fairest of all and that model should be further explored and tested. Some other Panel Members felt that the Percentile Model, as suggested by the officer is the fairest and that model should be further explored.

The Chairman informed the Panel that Sarah Shatwell will have to give Panel's view on the preferred modelling option to the Cabinet Member. Therefore the Chairman invited the Panel to vote on the preferred modelling option.

The Chairman invited Panel Members to vote on the Percentile Model. Voting: 4 in favour and 3 against with 1 abstention.

It was **RESOLVED** that:

- 1) The Panel **AGREED** that Percentile Model for calibrating the national RAS locally be further explored and tested;
- 2) Further engagement and consultation with service users, carers and social care staff takes place;
- 3) Scenario 4 of the five transitional scenarios be adopted when roll out of the national RAS begins; and
- 4) Implementation of the national RAS should take place in early 2013 following a period of statutory consultation.

52 SPECIALIST MENTAL HEALTH SERVICES UPDATE (20 MINUTES)

The Chairman invited Andrea Morland (Associate Director for Mental Health and Substance Misuse Commissioning) and Arden Tomison (Medical Director) to introduce the report.

The Panel made the following points:

Councillor Jackson asked about the use of units in Salisbury by some of the patients from Radstock area.

Andrea Morland responded that the AWP is quite lucky to use psychiatric intensive care unit whenever they exist. Primarily, units in Brislington are used. When those units are full then units in Salisbury are used. This is in order to reduce the risk for people to go out of area or to go privately.

Arden Tomison added that the pressure on highest dependency units had increased nationally.

The Chairman asked if the demand on highest dependency units increased or this is due the reduction in beds.

Arden Tomison said that those two are connected.

The Chairman asked on the current position of the AWP.

Andrea Morland gave the commissioning background first. The Strategic Health Authority (SHA) did the review with the AWP and highlighted the concerns about being centralised body and local enough. As a result of that local director is in place now. The AWP and CCG will get together to talk about the future arrangements. At the moment they are still waiting for the consultation on what services they might go out to tender and those they might not.

Arden Tomison pointed out to the implementation plan, as printed in the report (section 5). Arden Tomison confirmed that short term actions are on track and that there was quite positive dialogue with Bristol commissioning partners.

The Panel debated the Ketamine abuse in the area and asked Andrea Morland to come back to one of the future meetings of the Panel with a report on the Ketamine abuse in the area.

It was **RESOLVED** to note the report and to have a paper on Ketamine abuse in the area at one of the future meetings of the Panel.

53 TERMS OF REFERENCE FOR ALCOHOL HARM REDUCTION STRATEGY SCRUTINY INQUIRY DAY (5 MINUTES)

The Chairman invited Lauren Rushen (Policy Development and Scrutiny Project Officer) to take the Panel through the report.

Councillor Michael Evans suggested that Community Alcohol Partnership (CAP) be invited as a contributor.

It was **RESOLVED** to:

- 1) Note the terms of reference and agree to undertake a Scrutiny Inquiry Day
- 2) Agree to appoint the following Panel Members in the Steering Group:
 - a. Councillor Vic Pritchard
 - b. Councillor Katie Hall

54 HOUSING ALLOCATIONS (20 MINUTES)

The Chairman invited Mike Chedzoy (Housing Services Manager) to introduce the report.

The Panel made the following points:

The Chairman commented that this paper was before the Panel a number of times. the officers responded to all comments/suggestions/recommendations made by the Panel. The Chairman also said that he is quite comfortable with the content of the report and asked the Panel if they share his view.

The Chairman also said that the responsible Cabinet Member was not present at this meeting. The Chairman said that he would not be comfortable to amend anything after this meeting and without the debate/consultation with this Panel. If the Cabinet Member chooses to amend anything, before it goes to the Cabinet, the Panel would need to know what the amendments are.

It was **RESOLVED** to note the Homeseach Policy and ask the appropriate Cabinet Member and the Cabinet to adopt the policy in this format.

55 WORKPLAN

It was **RESOLVED** to note the workplan with the following additions:

- Dementia Strategy update (date to be confirmed)
- Urgent Care Re-Design Impact Assessment - November 2012
- Winterbourne View update (along with Care Quality Commission - November 2012)
- Ketamine abuse in B&NES area (date to be confirmed)

The meeting ended at 2.50 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services

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

Wellbeing Policy Development & Scrutiny Panel – September 2012

1. PUBLIC ISSUES

Bath Paralympic Flame Celebration

The London Organising Committee of Olympic and Paralympic Games (LOCOG) granted permission to the Council to organise its own Lantern Bearer Relay which formed part of a procession through Bath on Saturday 25th August.

The council invited the public to nominate people who they felt displayed the Paralympic values of courage, determination, inspiration and equality, and how they have made a difference or pushed the boundaries of what is achievable. The 9 B&NES residents chosen to lead the 2,000m Lantern Relay included people with physical disabilities and those with learning disabilities. All are inspirational role models who have made significant contributions to their community.

2. PERFORMANCE

Adult Social Care Survey 2012

The results of the B&NES Adult Social Care Survey for this year have been submitted and key ASCOF outcome scores are shown below compared with last year's results for B&NES

Key Outcome Measure	2011	2012
1A Social Care Related Quality of Life (composite measure)	18.8	18.7
1B Proportion of people who use services who have control over their daily lives	77.4%	76%
3A Overall satisfaction with care & support services	66.1%	63.1%
3D People who use services who find it easy to find information	77.4%	73%
4A Proportion of people who use services who feel safe	64.3%	68.3%
4B People who use services who say those services have made them feel safe and secure	60.1%	75.2%

Although some results show a slight downward or upward change since last year, these differences are not statistically significant except the last one (4B) which appears to indicate a significant improvement on last year's response.

The differences in the first 5 indicators may be explained by a slight change in the population sample surveyed this year (notably, it included mental health service users). Some caution needs to be applied to the interpretation of the result for 4B because there was a change in methodology (from asking people a multi-select question last year to a straight yes/no this year). However, the overall results indicate

that performance is being maintained in all areas. We now need to concentrate on improving on them.

3. SERVICE DEVELOPMENT UPDATES

New Rural Social Enterprise service

A new Rural Social Enterprise service has been commissioned via a competitive tendering process. The contract has been awarded to Developing Health & Independence (DHI) and the new service will begin on the 17th September 2012. The main aims of the service are to support clients with mental health problems to learn new skills and / or develop existing ones, provide opportunities for people to realise their potential and raise personal aspirations and to provide opportunities for social contact and encourage the development and use of peer support.

Wellbeing Policy Development and Scrutiny Panel
21.9.12
Key issues briefing note

B&NES Clinical Commissioning Group (B&NES CCG) update

B&NES CCG is the new organisation made up of local GPs that will be responsible for planning and arranging around £210 million-worth of health services when it takes over responsibilities from the primary care trust next April.

Appointments

Dr Ian Orpen has been confirmed as Chair of the CCG, following national assessment and support from local GPs.

Following interviews earlier this month, we have appointed the following to the CCG:

- Dr Simon Douglass as Clinical Accountable Officer
- Sarah James as Chief Finance Officer
- Tracey Cox as Chief Operating Officer

Clinical Accountable Officer and Chief Financial Officer status can only be confirmed by the NHS Commissioning Board (NHSCB) as part of the CCG authorisation process. As such both appointments are subject to approval from the NHSCB and will be appointed in a 'designate' capacity until B&NES CCG formally becomes a statutory body through authorisation. Their post will therefore become permanent following a successful authorisation process on April 1st 2013.

Two lay members have also been appointed to the Governing body. They are:
John Paul Sanders, lay member for Patient and Public Involvement
John Holden, audit, governance and vice chair.

Only two appointments remain: executive nurse and secondary care consultant. Interviews for both posts are expected to take place in October.

The CCG will approve the HR process for recruiting to the rest of the CCG structure at its next Clinical Commissioning Committee (CCC) meeting on September 27, 2012.

Authorisation

Before CCGs become legally constituted bodies they must go through a rigorous and extensive assessment process called authorisation. Work continues at a pace to complete the detailed, technical submission covering all 119 criteria across six domains before the end of September.

We expect an authorisation site visit in November, along with feedback which will help us with our development plan with the aim of becoming a legally constituted body from April 1 2013.

As part of authorisation IpsosMORI completed a 360 degree stakeholder survey. We had an 87% response rate which is excellent, so thank you to those of you who took part.

The results, which will be fed back to us from September 24, will give us further insight into how our relationships are developing, and guide our future plans.

Communication

Good communication and engagement with the public is essential to the success of these new ways of working in our area.

A website outlining our role and how we work for our local communities will be launched before October 1 - www.bathandnortheastsomersetccg.nhs.uk

We are also putting in place mechanisms for communication and engagement with the public, including patients and carers, and partner organisations.

Commissioning support service

Commissioning support across the country will be provided by 23 organisations known as commissioning support services. In essence commissioning support organisations will provide much of the backroom function not directly provided by the CCG.

B&NES and Wiltshire are part of the Central Southern Commissioning Support Service. Central Southern will be hosted by the National Commissioning Board through Local Area Teams from October 2012 which will offer more stability for staff.

Central Southern Commissioning Support Unit has presented us with a proposal for a package of support with indicative pricing. We are now looking at this and will be working on our final service specifications, with a view to agreement by the end of December.