

BATH AND NORTH EAST SOMERSET

WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL

Monday, 28th January, 2013

Present:- Councillors Vic Pritchard (Chair), Katie Hall (Vice-Chair), Lisa Brett, Eleanor Jackson, Anthony Clarke, Bryan Organ, Douglas Nicol, Caroline Roberts and Brian Simmons

Also in attendance:

72 WELCOME AND INTRODUCTIONS

The Chairman welcomed everyone to the meeting.

73 EMERGENCY EVACUATION PROCEDURE

The Chairman drew attention to the emergency evacuation procedure.

74 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillor Sharon Ball sent her apologies and was substituted by Councillor Caroline Roberts.

Councillor Kate Simmons sent her apologies and was substituted by Councillor Bryan Simmons.

Councillor Simon Allen – Cabinet Member for Wellbeing, sent his apologies to the Panel.

75 DECLARATIONS OF INTEREST

Councillor Eleanor Jackson declared an 'other' interest as a Council representative on Sirona Care and Health Community Interest Company.

Councillor Vic Pritchard declared an 'other' interest as a Council representative on Sirona Care and Health Community Interest Company.

Councillor Anthony Clarke declared a 'disclosable pecuniary interest' in item 11 (Item 14 on the revised agenda) 'THE ROYAL NATIONAL HOSPITAL FOR RHEUMATIC DISEASES IN BATH – UPDATE'. Councillor Clarke withdrew from the meeting for the duration of this item.

Councillor Caroline Roberts declared an 'other' interest in 11 (Item 14 on the revised agenda) 'THE ROYAL NATIONAL HOSPITAL FOR RHEUMATIC DISEASES IN BATH – UPDATE' as she is married to an employee of the Royal United Hospital.

76 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

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

1. Mr Greg Hartley-Brewer made a statement to the Panel on the subject of 'Non-Provision of Mandatory NHS Dental Treatments in B&NES Particularly ADP Oldfield Park and ADP Twerton Dental Practices'. A copy of the statement can be found on the Panel's Minute Book.

The Panel asked the following factual questions:

Councillor Hall asked if there was evidence of the dental practices described being more widespread than Oldfield Park. Mr Hartley-Brewer stated that it could be happening elsewhere as there was no standard monitoring of Band 1 treatments. He stated that he could not say for certain.

2. Ms Mary-Anne Darlow representing 'Headway Bath' made a statement to the Panel on the subject of the proposed closure of the specialist Neuro Rehabilitation Unit at the Royal National Hospital for Rheumatic Diseases (relating to item 11 on the agenda. Item 14 on the revised agenda). A copy of the statement can be found on the Panel's Minute Book.

The Chairman thanked the members of the public for the statements. It was noted that the Panel wished to put an item on each of the above issues on it's future work plan ('Workplan' Item 17).

78 MINUTES 16TH NOVEMBER 2012

Following some corrections, the Panel confirmed the minutes of the previous meeting as a true record and they were duly signed by the Chairman.

79 CABINET MEMBER UPDATE

Jane Shayler – Programme Director for Non-Acute Health, Social Care and Housing read the update on behalf of Councillor Simon Allen – Cabinet Member for Wellbeing. The update (which is available in full on the Panel's minute book) covered the following:

- Winter Warmth Club – Stay warm this winter
- Homelessness and Use of Temporary Accommodation
- Response to 'Winter Pressures' Demand for Health and Social Care
- Implementation of the National Resource Allocation System (RAS)

Panel members raised the following points and asked the following questions:

Councillor Pritchard asked if, in relation to the 'Winter Pressures', the "Section 256" funding was new money. The Director responded that it was an additional allocation and that the allocation for next year had also been confirmed. Councillor Pritchard stated that the Council would be in a difficult position if this funding stopped. The officer confirmed that the 'Section 256' funding was a one off payment which is confirmed on an annual basis which makes long term planning difficult.

Councillor Pritchard referred to the 'Homelessness and Use of Temporary Accommodation' item. He explained that he had asked about the current homelessness situation at a Cabinet meeting and that the Cabinet member was, by his own admission, vague in determination of homelessness. Councillor Pritchard stated that, considering the significant national increase in homelessness, he wanted a more detailed answer from the Cabinet Member. It was suggested that the Cabinet Member be invited to the next meeting of the Panel to answer some questions on this. Councillor Jackson added that it would be useful to also invite Graham Sabourn – Associate Director Housing. Councillor Brett added that she would like some information about B&NES approach to housing people with learning difficulties.

Councillor Hall referred to the 'Winter Warmth/Fuel Poverty' item. She explained that social media and the press was used by Sirona to give advice during the recent cold snap and asked how successful this had been. The Director said she would find out and come back at a later date with the response.

Councillor Jackson explained that she had been stuck on a bus during the cold snap and another passenger with a computer could not get any response from B&NES. She explained that there had to be other ways to contact people other than Twitter as not everyone had access. Councillor Jackson went on to explain that she had found rough sleepers and that Julian House was unable to help until the next morning. Councillor Jackson stated that the Council should think about employing a detached worker. She added that there were 22 young people 'sofa surfing' in her ward and that the problem should not be underestimated.

Councillor Brett stated that the RUH saw 250 fractures in a single week related to the snow and ice and asked if there was a case for gritting pavements. Tracy Cox – B&NES PCT (Primary Care Trust) stated that a case could be made for this.

80 BATH AND NORTH EAST SOMERSET LOCAL INVOLVEMENT NETWORK (LINK) UPDATE

Jayne Pye from Bath and North East Somerset Local Involvement Network (Link) updated the Panel making the following points (a copy of the full update is available on the minute book):

- "On the 30th November the Care Forum were appointed as hosts of Link until the 31st March when Healthwatch comes into being. Link meetings will take place on the 12th February and 26th March. There will be a stakeholder event looking at the work that Link has undertaken and the legacy that will be

passed on to Healthwatch. The Care Forum is administering e-bulletins monthly. An annual report will also be produced.

- Work continues in the following areas – work with the National Autistic Society; visits to two care homes; representation on various groups such as AWP stakeholder group, Health and Wellbeing Board, Strategy Group for Transition, Dignity Group at the RUH etc.
- On the 20th December the Royal Mineral Hospital Board voted to close the Neuro Rehabilitation ward for financial reasons. There is an intention for the ward to be closed on the 31st March 2013. Link was not involved in the consultation. There are concerns for patients past present and future. Link wished to understand how the consultation process had been undertaken and is awaiting dates for a meeting with Kirsty Matthews – Chief Executive, on this. A meeting between specialist commissioning, the CCG (Clinical Commissioning Group) and Link regarding what happens to the patients needing this service and consultation arrangements is being organised.
- The Re-ablement and Post Discharge Support Project has had positive outcomes. I will be visiting a number of those who have received this service and talk to them about how they see the service, could we have done things differently, are there changes to make before a commissioned service specification is defined.
- We continue to meet with CQC (Care Quality Commission) and the CCG and have invited Dr Ian Orpen to share their patient and public involvement strategy on the 26th March at the Link legacy conference."

The Chairman noted that much of the content of this presentation (on the Neuro-Rehab unit at the RNHRD) would be debated at item 11 (revised agenda item14).

The Chairman thanked Jayne Pye for her contribution. Councillor Jackson added that Jayne had made a huge contribution to meetings of the Panel and had enhanced the Panel understanding of the patient experience.

81 CARE QUALITY COMMISSION (CQC) UPDATE

Karen Taylor – Compliance Manager, Care Quality Commission (CQC) made a presentation to the Panel and covered the following points:

- The Local B&NES Team
- Protecting people from poor care
- Scale of CQC regulated care
- Roles and responsibilities – CQC's place in the system
- PDS Panel and CQC local relationship

- Approach to inspections
- CQC – what CQC does and does not do
- We are reviewing our strategy
- What external scrutiny told us
- Contacts

Panel members raised the following points and asked the following questions:

Councillor Pritchard asked about the Panel's relationship with the CQC. Karen Taylor stated that she wished to establish this as it may not always be appropriate to report to full Panel. She asked that Panel members pass on any concerns about the way local services are being provided.

Councillor Pritchard asked what kind of penalty there is for inappropriate service. Karen Taylor explained that the Local Authority has the responsibility for safeguarding, the CQC are concerned with the way services are provided. She further explained that the CQC liaise with providers and if failings are found, a compliance obligation is issued and published. This is usually very effective. Penalty notices and fines can also be issued.

It was **RESOLVED** that:

- The Chair/Panel receive a programme of planned reviews; and
- The Panel are sent a link to the revised strategy; and
- Karen Taylor and the Democratic Services Officer for the Panel (Jack Latkovic) speak about ways the CQC can feed into the work of the Panel.

82 WINTERBOURNE VIEW FINDINGS UPDATE

Jane Shayler – Programme Director for Non-Acute Health, Social Care and Housing introduced the report. She explained that she had received some written questions from Councillor Brett and that the Panel would be sent a brief written response. Jayne Pye of LINK asked if she could be copied in on this briefing note.

Panel members raised the following points and asked the following questions:

Councillor Pritchard noted that B&NES did not have anyone at 'Winterbourne View' at the time that the review is concerned with. The Director reported that this authority does not use residential care very often. She explained that follow up reviews had been done with people who had been with Castle Beck (the provider). The Director explained that she is not complacent and that lessons can always be learned from cases such as this.

Councillor Pritchard stated that during the period of his involvement there had initially been an assumed level of comfort regarding safeguarding that could have perhaps been challenged. Since B&NES has applied the new national discipline on safeguarding, the authority has a new and warranted confidence. We were very fortunate to not have had any involvement in Winterbourne View but appreciate the opportunity to learn lessons.

83 JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) - SOCIAL AND ECONOMIC INEQUALITIES

Jon Poole and Helen Tapson made a presentation to the Panel covering the following (a full copy of the slide presentation is available on the minute book):

- Background – what is the Joint Strategic Needs Assessment
- The Local Picture
- What are socio-economic inequalities
- Life Course
- Life Expectancy
- Community Voice
- What is being done?
- Recommendations

Panel members raised the following points and asked the following questions:

Councillor Eleanor Jackson stated that the information was useful but that one of the greatest causes of poverty in her ward was due to the breadwinner becoming ill. Councillor Organ agreed that the information is too generalized. Councillor Pritchard stated that this kind of information provides a useful starting point with which to target resources. Councillor Brett asked if the findings could be circulated to all 'not for profit' organisations in the area and Policy and Partnerships.

Councillor Simmonds asked the age of the data. Jon Poole explained that the life expectancy data was from 2009/10 and the hospital admissions data was from 2012.

84 NHS AND CLINICAL COMMISSIONING GROUP UPDATE

Dr Ian Orpen, Chair of the Clinical Commissioning Group, introduced the update paper to the Panel. A full copy of the update report is available on the minute book. The Update report covered the following:

- Appointments to the CCG's governing body
- Authorisation
- Commissioning Support Service
- Commissioning Intentions
- Urgent Care
- NHS 111
- Winter Pressures
- Specialised Services – Review of Vascular Provision

Panel members raised the following points and asked the following questions:

Councillor Pritchard asked about the transition to 111. Dr Orphen explained that he was confident that new providers are in place. He explained that during the bedding

in period, there was likely to be some extra workload. He explained that the national campaign would be rolled out in October 2013.

Councillor Pritchard asked about the Vascular Review, he said that this concerned a small number of patients but could be a significant imposition if people from rural areas were being asked to travel to the BRI (Bristol). Dr Orphen explained that a B&NES patient would go to the BRI or North Bristol Trust and be transferred back to the RUH once the operation is done. How the patient got to the hospital in Bristol would depend on the way they entered the system eg. as an emergency case, they would be taken in the ambulance.

Councillor Brett asked for an update on Urgent Care in terms of outreach, homelessness. She also asked if the CCG would be financially disadvantaging the RUH in any way. Dr Orphen answered that this would only happen if a service was no longer based at the RUH.

Councillor Brett asked what the CCG are going to do to mitigate the risk of the 250 fractures happening in future years. Dr Orphen replied that this is a wider debate but that the CCG would back any move to mitigate the problem.

Councillor Clarke asked if the Panel should have access to the impact assessment regarding B&NES patients going to Bristol for services. Tracy Cox explained that the review process is about to start and an impact assessment would be brought back to the Panel.

Councillor Jackson had some concerns about Harmoni. Dr Orphen assured the Panel that there had been communication with the Department of Health and Harmoni and this had been positive.

Councillor Jackson referred to a Guardian article about Familial hypercholesterolaemia (FH) screening. Dr Orphen explained that there were no immediate plans for this but that he was always horizon scanning.

It was **RESOLVED** that the Impact Assessment regarding the Vascular Review be submitted to the panel as soon as it becomes available.

85 THE ROYAL NATIONAL HOSPITAL FOR RHEUMATIC DISEASES IN BATH UPDATE

(Note: Councillor Anthony Clarke withdrew from the meeting for this item having declared a disposable pecuniary interest)

Kirsty Matthews – Chief Executive RNHRD, made a presentation to the Panel covering the following (a full copy of the slide presentation is available on the minute book):

- Our position as a foundation trust

- Money not services
- Finding a solution?
- The decision – we expect to join with the RUH
- How will this happen?
- Transition process – progress to date
- Risks and opportunities
- Shape of the services 2013
- Successes at the Min
- Communication and information
- Coming together – Vision for the future

The Panel noted that they had been sent a statement on the concerns of the RNHRD Governors' for the future of the Neuro-Rehabilitation patients.

Panel members raised the following points and asked the following questions:

Councillor Pritchard asked about the nature of 'acquisition' as opposed to 'merger'. He stated that if it is an acquisition, the RUH might want to lose elements of the Min (RNHRD) because of the business considerations of the hospital. Councillor Pritchard noted that he had never heard a criticism of the Min and that people go out of their way to praise its valuable service. Councillor Pritchard stated that, regarding public perception, the fact that the Neuro-Rehab unit could close so early in the process of acquisition, it may similarly lead to concerns of the possible loss of other services. Kirsty Matthews – RNHRD Chief Executive explained that, due to the size of the Min compared to the RUH, it was not the classic definition of a merger and the legal term 'acquisition' was more appropriate. She explained that the working relationship with the RUH was good.

Councillor Pritchard asked about the public perception of the acquisition, he asked if there would be two sites or would the buildings be merged. He stated that he felt that the Min should retain its individual identity. Councillor Hall stated that she felt it was the continuation of the service that was most important, rather than the badge. James Scott – Chief Executive RUH explained that the Min and RUH are currently separate legal entities. He explained that the question regarding the future identity of the hospitals was many steps ahead of the process at the present time and for the acquisition to go ahead, the RUH had to become a Foundation Trust and this would not happen until early summer.

Councillor Brett asked what the business case for the RUH was in going forwards with the acquisition. James Scott explained that the RUH do not have a rheumatology section and that in terms of research and development, it was not a university hospital although it was research active. He stated that the acquisition would address these points. He further explained that the acquisition was in the final phase and the outcome should be clear in 6-8 weeks.

Councillor Nicol asked why the current budget situation was not foreseen. Kirsty Matthews – RNHRD Chief Executive explained that there had been strong indications about the change in commissioning intentions. She explained that there had been work done to reduce overheads but it had not had a significant enough

effect. Councillor Nicol stated that he would like to look at the speed with which the acquisition will go through.

Councillor Jackson stated that the Min is in a Grade 1 listed building and it would be much cheaper to work from a more modern building

Discussion on the Neuro-Rehab Unit

Councillor Organ stated his concerns about the closure of the Neuro-Rehab unit. Councillor Hall stated that this Panel should have been included in the consultation. She stated that the figures were not good and asked how sustainable the hospital is over the next 6 months. The Chief Executive of the RNHRD stated that the majority of work is outpatient based and the changes regarding Neuro-Rehab would change the shape of the hospital. Councillor Hall asked about special commissioning regarding the Neuro-Rehab unit. The Chief Executive explained that there had been some dialogue with the specialist commissioning team and that the new position should be clear in early February 2013. She stated that she was working with LINK; had engaged with staff and was considering meeting with families. She noted the tight timescale. Councillor Hall asked what would happen if specialist commissioning was not in place by 1st April 2013. Tracey Cox (PCT) explained that there are alternative potential providers; some may not be close to this area. Councillor Hall commented that a typical six week stay is a long time to be in a distant location.

Following a question from Councillor Simmons regarding the number of outpatients treated at the Neuro-Rehab unit, the Chief Executive explained that there were two types, the former inpatient and the non-inpatient. She stated that by the end of March 2012 there had been 240 attendances in total, 90 of which were linked to an inpatient stay.

Councillor Pritchard stated that the intention was to close the Neuro-Rehab unit on 31st March 2013 and other area providers may not be able to accommodate extra patients. He explained that staff at the unit have had notice of intent, the consultation period had been over the Christmas period and that LINK did not feel they had appropriate opportunity to comment.

On a proposal from Councillor Pritchard, seconded by Councillor Organ, it was:

RESOLVED that there would be an extra ordinary meeting of the Panel to consider the intentions and possible outcomes of the closure of the Neuro-Rehabilitation Unit at the RNHRD.

Councillor Pritchard thanked everyone for coming and for the information shared.

86 SUBSTANCE MISUSE SERVICES

Jane Shayler – Programme Director for Non-Acute Health, Social Care and Housing and Carol Stanaway – Substance Misuse Commissioning Manager introduced the report.

Panel members raised the following points and asked the following questions:

Councillor Pritchard stated that it was an excellent report. He asked how outreach workers persuaded users to come in to the service. Carol Stanaway said there were lots of ways and that they had distributed cards with harm reduction messages, they used Project 28 and the use of peer advocates was effective.

Councillor Brett asked how the probation service was getting involved. The officer explained that she worked well with them and they helped to support offenders. She explained that there had been some significant success with alcohol treatment processes which had also proved cost effective.

Councillor Jackson asked if the work was cross border. The officer explained that people would not be turned away.

Councillor Pritchard congratulated Carol Stanaway and the service and also Project 28.

87 WORKPLAN

Following the additions shown below, they Panel noted the future workplan:

- Sexual Health (Councillor Clarke)
- RNHRD – Update on the Acquisition
- Temporary Accommodation and Homelessness – invitation to the Cabinet Member for Homes and Planning (Councillor Tim Ball)
- Dentistry
- Extra meeting – Neuro-Rehab Unit (RNHRD)
- Vascular Review – Impact Assessment

The meeting ended at 3.00 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services