

BATH AND NORTH EAST SOMERSET

WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL

Friday, 5th July, 2013

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

Also in attendance:

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

Councillor Sharon Ball sent her apology to the Panel. Councillor Douglas Nicol was her substitute for this meeting.

Councillor Lisa Brett left the meeting at 11.40am (after agenda item 9).

Councillor Douglas Nicol left the meeting at 11.55am (after agenda item 10).

Councillor Bryan Organ left the meeting at 12:50pm (after agenda item 12).

19 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.

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 informed the meeting that Ms Pat Dawson and Ms Lin Patterson will read their statements.

Ms Pat Dawson read her statement and highlighted the benefit of having Larkhall public toilets open for people who regularly shop in Larkhall and also for those people with medical conditions who cannot shop anywhere, without anxiety, unless they know there are toilets nearby.

Ms Pat Dawson also said that 'public toilets are an asset that should be maintained and not wasted. For the wellbeing, health and hygiene of us all, the Council should keep the Larkhall toilets open. They are an essential amenity with no current alternative to council support. The reversion to the original closure date of April 1st is an acknowledgement that Larkhall needs its toilets'.

A full copy of the statement from Ms Pat Dawson is available on the Minute Book in Democratic Services.

Ms Lin Patterson read her statement and highlighted 'the impact of the policy of the closure of public toilets in Bath upon both physical and mental health and wellbeing.'

Ms Lin Patterson also pointed out on statistics around people in the UK who have urinary problems (according to British Toilet Association).

Ms Lin Patterson concluded her statement by saying that (quote) 'moving the closure from August 2013 to April 2014 is not a reprieve. While it would be lovely if a bog company agreed to subsidise nearly £12k for the toilets, that hope may turn out to be unrealistic, as are all the other schemes considered. Public toilets should be just that, publicly funded through taxes, as these have been since 1907'.

A full copy of the statement from Ms Lin Patterson is available on the Minute Book in Democratic Services.

The Chairman explained that technically there is little that the Panel could do as the decision to close the toilets was part of the Budget proposals though the Panel could have a debate on this matter and, depending on the outcome of debate, make their views/recommendations.

Some Members of the Panel felt that people could use toilets in some other premises, such as pubs and community halls.

Ms Lin Patterson replied that the access to toilets in many of these premises is not user friendly for wheelchairs or for people with mobility issues. Ms Lin Patterson also said that the toilets in New Oriel Hall should not be considered as replacement for public toilets due to the nature of clubs, activities and events running in the hall.

Some other Panel Members felt that the toilets in Larkhall should remain open for the reasons highlighted by speakers.

The Chairman felt that it is Council's responsibility to provide these facilities. The Chairman also said that this Panel doesn't have any power other than make a request to the current Administration to reconsider their decision to close the toilets.

Councillor Eleanor Jackson moved the motion to request from the Administration to reconsider their decision to close the toilets.

Councillor Vic Pritchard seconded the motion.

Voting: 5 in favour and 3 against.

It was **RESOLVED** to request from the Administration to reconsider their decision to close the toilets.

22 MINUTES

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 made the following points:

Councillor Bryan Organ said that he didn't entirely agree what the investment, from the pooled health and social care fund, was intended for. Councillor Organ felt that people still need to explain their problems to the health and social care services more than once. Councillor Organ said that there is still a lot of work to improve intervention as 70% of people admitted to Accidents and Emergency were there because of falls. Councillor Organ welcomed the other two bullet points in the 'investment in integration' paragraph.

Councillor Allen responded that at the moment we have situation where information is coming from different sources. It is a novel idea but it seems like a positive way forward making sure that an individual is in control of that information. Councillor Allen agreed with Councillor Organ's view on intervention and falls. It is about educating people now how they are going to live into older age as well as meeting the needs of people who are at that age now. Falls prevention is within Sirona's area and they are doing fantastic job.

The Chairman asked about the Health & Social Care Integration Pioneers application and where it is coming from.

Councillor Allen replied that it is joint application between the Local Authority and BaNES Clinical Commissioning Group (CCG).

The Chairman said it is encouraging that the application is a joint one. The Chairman said that he struggled to understand what the driver for this pioneer project is as there is no financial reward, although if the reward is in the shape of accolades then they still need to persuade certain elements of the Council to engage in this project.

Councillor Eleanor Jackson asked if the Council is monitoring Sirona's system of filling in forms for home care. Councillor Jackson also said that she was having complaints about the cutbacks in BaNES for respite care and asked Councillor Allen to comment on that. Councillor Jackson said that some residents do not want to take MMR vaccines because of their culture or faith and asked Councillor Allen if anything has been done to tackle these perceptions.

Councillor Allen responded that Sirona has complex system and the Council value what they do. They have slightly different way of working but they are also part of the pioneering programme mentioned earlier. In terms of the respite care - Councillor Allen said that all social care services are offered on the basis of the assessment of need. If someone disagrees with the assessment then they can challenge that but the offer of support is based on eligibility criteria. Councillor Allen asked Councillor Jackson to let him know if there are any specific examples on that matter outside the meeting. In terms of MMR vaccines – there is no mandate for people to have vaccines. It is a personal choice though vaccination rates are good (92% of a targeted 95%).

Councillor Lisa Brett commented that it is good that voluntary and partner organisations are involved in the Health & Social Care Integration Pioneers project and asked Councillor Allen to comment on that.

Councillor Allen responded that he finds working with those organisations surprisingly positive.

The Chairman thanked Councillor Allen for the update.

Appendix 1

24 CLINICAL COMMISSIONING GROUP UPDATE (15 MINUTES)

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

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

The Panel made the following points:

Councillor Katie Hall commented that she was glad that the Harmoni continue to make steady progress on delivering the improved performance. Councillor Hall

asked if the improvements in the percentage of calls answered within 60 seconds had been maintained for four weeks in a row.

Dr Orpen replied that the Harmoni did not reach four weeks though the last week was well above projector dates.

Councillor Hall asked how the Harmoni is getting on with the appointment of clinicians.

Dr Orpen replied the recruitment of clinicians continues to be an issue. Harmoni will continue to update the CCG on all issues at their weekly meetings.

The Chairman said that the NHS 111 commencement is national issue and that we cannot commence in isolation. The Chairman asked what will happen if we have successful commencement here but not nationally.

Dr Orpen replied responded that it is national programme. We can launch when we are ready and we are not held back on what is happening nationally. The CCG's view is to commence the NHS 111 when we are ready.

The Chairman said that this could potentially lead to public confusion – for instance someone is here for a visit and can access the NHS 111 and not in the area where they are from.

Dr Orpen agreed with the Chairman and commented that these issues are discussed at national level.

Councillor Hall asked about the working relationship with Somerset CCG, especially during winter.

Dr Orpen responded that there is more work to be done with Somerset CCG.

Councillor Lisa Brett asked about the improvement of extended opening hours of GP surgeries.

Dr Orpen said that the CCG does not have direct involvement in GP opening hours – there is contractual arrangement between GPs and the NHS England.

Councillor Eleanor Jackson asked about the physiotherapy services.

Dr Orpen responded that physiotherapy services are provided by Sirona.

The Chairman said that the Panel will invite Sirona at one of the future meetings so there will be an opportunity for direct questions to them.

The Chairman thanked Dr Ian Orpen for the update.

Appendix 2

25 HEALTHWATCH UPDATE (15 MINUTES)

The Chairman invited Pat Foster (The Care Forum General Manager) to introduce the update.

It was **RESOLVED** to note the update

26 SOUTH WEST AMBULANCE JOINT SCRUTINY COMMITTEE STATUS (15 MINUTES)

The Chairman invited Councillor Tony Clarke to give an update to the Panel.

Councillor Clarke updated the Panel on the current status of the Joint Ambulance Scrutiny Committee and the proposals for future arrangements (attached as Appendix 3 to these minutes).

The Panel debated this matter and, in principle, expressed their support for the new Joint Ambulance Scrutiny Committee subject to the report/update from the relevant officers in the Council on resources, financial, staffing and governance arrangements.

On a motion from Councillor Bryan Organ, seconded by Councillor Katie Hall, it was unanimously **RESOLVED** that the Panel is minded to support the new Joint Ambulance Scrutiny Committee subject to the report/update from the relevant officers in the Council on resources, financial, staffing and governance arrangements. The Panel requested that the report/update be on September 2013 agenda.

Appendix 3

27 ROUGH SLEEPERS (20 MINUTES)

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

The Panel made the following points:

The Chairman said that the refurbishment of Manvers Street Hostel was required because it was draconian and only people who were really desperate for accommodation used it. To make individual units on that site there had to be the reduction of existing, shared, units. The Chairman also said that at the last meeting of the Panel it was suggested there had been reduction though it was compensated with the satellite provision elsewhere. The Chairman highlighted the fact in the report that five individuals, who want to engage with the programme, are turned away on nightly basis and those five individuals change each night. In a week that is a considerable number of people. The Chairman concluded by saying that appears to be considerable deficit in the provision for rough sleepers in the city with the prospect to become worse considering the difficult financial situation.

Mike Chedzoy responded that there are some people who do not want help they don't want to engage with the programme. It is their choice and they can't be persuaded to engage.

The Chairman said that we should not just accept when people turn away help from us. Those people should be persuaded to engage and get help.

Councillor Simon Allen said that the Council have accurate figures for rough sleepers - who they are and where they are, and we didn't know that before. When the previous counts were done it was hard to find anybody. Those people are coming from most complex situations and difficulties, mixture of alcohol and/or drug abuse or other problems in life. The Council had invested in Julian House and now there are more facilities with more privacy in a more usable environment. There are 20 beds in Manvers Street and 9 satellite beds elsewhere and everybody involved are doing a great job. Homelessness is difficult and it is not good thing to have any homelessness anywhere. The report on homelessness is never going to be a good report. The Council is developing Homelessness Strategy which should be coming to the Panel in the next few months.

The Chairman said that figures presented in the report were the worst on record though at the last meeting of the Panel it was reported there were adequate facilities to house homeless people and the problem was contained.

Some Panel Members highlighted the fact that we have a number of non-English people who are homeless, without the means to go back home, and asked if anything has been done to address that situation. They also asked about the wheelchair friendly rooms in Dartmouth Avenue and what has been done to support homelessness in North East Somerset.

Mike Chedzoy responded (see response re: foreign homeless) that Dartmouth Avenue has two rooms accessible to wheelchair users. The homeless people, or rough sleepers, across Bath and North East Somerset are having access to comprehensive services by calling the dedicated hotline no matter where they are.

The Panel asked about the status of the current Homelessness Strategy.

Councillor Allen said that the current strategy will run out by the end of this year. The new strategy will feed into the Joint Health and Wellbeing Strategy.

The Panel welcomed the suggestion from Councillor Allen to have draft Homelessness Strategy at one of their future meetings.

It was **RESOLVED** to:

1. Note the report
2. Receive draft Homelessness Strategy at one of the future Panel meetings.

28 JOINT STRATEGIC NEEDS ASSESSMENT UPDATE (15 MINUTES)

The Chairman invited Jon Poole (Research and Intelligence Manager) to give the presentation.

Jon Poole highlighted the following points in his presentation (attached as Appendix 4 to these minutes):

- Domestic abuse profile
- Welfare reform
- Smoking & Healthy Lifestyle Behaviour
- Measles
- Premature deaths

The Panel made the following points:

Members of the Panel welcomed the information provided in the presentation. Some Members of the Panel wanted to debate more on Domestic Abuse subject though they were advised by the officers that Domestic Violence is part of another Scrutiny Panel remit (Economic and Community Development) and that Domestic Violence is on the agenda for the meeting on Thursday 18th July.

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

Appendix 4

29 AN OVERVIEW OF COMMISSIONING SEXUAL HEALTH SERVICES AND INTERVENTIONS IN B&NES (30 MINUTES)

The Chairman invited Daniel Messom (Public Health Commissioning and Development Manager) to introduce the report.

The Panel made the following points:

Some Members of the Panel were disappointed in some of the HIV figures presented in the report and commented that the way to overcome these figures is to test people more regularly against the HIV.

Daniel Messom responded that the Public Health team done a lot of work in educating General Practices on when is appropriate to test. Public Health will be also looking into the HIV Point-of-care rapid testing (fingerprint testing that can be used to give much quicker result). Prevention is the most important aspect in minimising the HIV risks but raising awareness and testing are also critical areas.

The Panel asked about the chlamydia testing with for teenage girls.

Daniel Messom responded that the Council is a part of the National Chlamydia Screening Programme (for 15-25 year old). The Public Health team have done significant work over the last 5 years in this area by introducing testing in the wide range of venues – from General Practices to community pharmacies, youth services, etc. However, this is very challenging thing to do and there is still a lot of work to be done as it is difficult to target specific groups.

Members of the Panel were particularly interested in the Teenage Pregnancy part of the report and felt that the Panel should receive detailed report on this matter.

The Chairman asked about the cross-charging between neighbouring authorities.

Daniel Messom responded that this authority would need to take joined up approach with neighbouring authorities in terms of the cross-charging. The Council is waiting for the sexual health tariff guidance from the government.

It was **RESOLVED** to:

1. Note the report; and
2. Receive a report on Teenage Pregnancy at one of the future meetings.

30 REPORT FROM THE STRATEGIC TRANSITIONS BOARD (20 MINUTES)

It was **RESOLVED** to defer this item for September 2013 meeting.

31 PANEL WORKPLAN

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

- Strategic Transitions Board – September 2013
- Joint Ambulance Scrutiny Committee arrangements – September 2013
- Teenage Pregnancy – date to be confirmed
- Homelessness Strategy – date to be confirmed

The meeting ended at 2.15 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 – July 2013

1. PUBLIC ISSUES

Spending Review 2015/16 – Investment in integration

A £3.8 billion pooled health and social care fund has been announced as part of the spending round covering 2015/16. This investment is intended to strengthen incentives for local authorities and the NHS to work together and deliver integrated services more efficiently, including:

- ensuring health and social care services share information so people only need to explain their problems once;
- intervening early so that older and disabled people can stay healthy and independent at home;
- delivering care centred on individual needs, rather than what the system wants to provide – like NHS and social care staff working together, with families and carers, to ensure people can leave hospital as soon as they're ready; and
- provision of support to carers so that they can take a break from their caring responsibilities.

Access to the pooled funds will be conditional on the agreement of plans by local health and wellbeing boards and is intended to ensure that service levels in the care and support system can be protected and enable investment in prevention and early intervention.

2. PERFORMANCE

The Winterbourne View Joint Improvement Programme (JIP), which is being overseen by NHS England and the Local Government Association, has written to each local authority area asking it to complete a stock take of progress against the commitments made nationally following the publication of the Winterbourne View final report earlier in the year. The purpose of the stock take is to enable local areas to assess their progress and for that to be shared nationally. The stock take is also intended to enable local areas to identify what help and assistance they require from the Joint Improvement Programme and to help identify where resources can best be targeted. The deadline for completion of the stocktake is the 5th July. The stocktake has been completed for Bath and North East Somerset and shows a positive picture overall, with no requirement for support from the JIP to address any identified areas for improvement. The findings of this stocktake reflect previous briefings to the Wellbeing PDS Panel.

Tobacco Control Network Peer Review Event.

On June 10th a peer review team led by Smoke-free South West visited BaNES to look at all our work on tobacco control, including both the services that help smokers to quit, and also those that try to prevent residents, particularly young people, from taking up smoking.

Informal feedback suggests that the review team were very impressed with the range of activities and the flexible and imaginative approaches taken here, but more formal feedback will follow shortly and will then inform future planning.

3. SERVICE DEVELOPMENT UPDATES

Health & Social Care Integration Pioneers – B&NES Expression of Interest

The Government is “...looking for pioneers that will work across the whole of their local health, public health and social care systems and alongside other local authority departments and voluntary organisations...” and has invited expressions of interest from local areas to become “integration pioneers” as a way of driving forward change at scale and pace, from which the rest of the country can benefit.

B&NES Council and BaNES Clinical Commissioning Group has, with the involvement and endorsement of a range of partner organisations, developed and submitted ambitious and ground-breaking proposals for whole system integration. The vision and plans set out in these proposals represent a 5-year programme of transformational change, with a specific focus on improving outcomes for older people, their carers and their families. The proposals encompass not only mental health, physical health, social care, public health and housing but also further alignment of the resources, services and partners that influence the wider determinants of health and wellbeing.

The first cohort of Integration Pioneers will be announced in September 2013.

MMR Catch-up campaign.

In response to recent outbreaks of measles in Wales and parts of England, Public Health England set in motion an MMR catch-up campaign. This is primarily aimed at the 10-16 year age group that was most affected by the MMR scare of the late 1990s, but children of all ages who have not been fully vaccinated are also being encouraged to take part. There have been no cases of measles yet in BaNES, but there have been a few cases in Bristol and other surrounding areas. Our vaccination levels are generally quite good, but still not as high as they should be for maximum population protection.

In BaNES every GP practice has begun to send out invitation letters and run clinics. This has been supported by the Council’s public health team who have also sent promotional letters to schools and have raised the profile of the campaign in the media. There are just under 3000 young people age 10-16 who are either unvaccinated or require a second dose. Data will be collected to demonstrate the effectiveness of this campaign and inform any further action that might be needed. .

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**BaNES CCG Briefing Update to Well-being & Policy Development Panel
Friday 5th July 2013**

1. Emergency Pressures

At the last meeting both the CCG and RUH reported on the on-going emergency pressures that have been experienced locally and nationally and had impacted on local performance against the 4 hour standard.

These pressures have temporarily abated and the RUH have been delivering above the 4 hour standard for the last 8 weeks.

Work is underway to begin preparing for this year's anticipated emergency pressures which usually begin to impact in late October. This work includes a review of escalation arrangements across all providers – this is the set of actions providers will take at different stages of escalation. A health and social care community wide simulation event is due to take place on the 23rd July 2013 which will also be used to test system resilience. Discussions are also underway to agree investment into schemes that will support patient flow over the winter period.

2. 111 Update

BaNES and Wiltshire CCGs are continuing to work very closely with Harmoni on the implementation of 111. Harmoni continue to make steady progress on delivering improved performance for the 111 service in line with the agreed rectification plan. This includes improvements in the percentage of calls answered within 60 seconds with performance on weekend of June 22nd and 23rd was 94.6% and 98.2 %.

Some contingency arrangements remain in place until the end of July including the continued management of NHS Direct calls at a national level. NHS England continues to apply a checkpoint process for the further roll-out of 111 services nationally and we are working within the framework set by them to ensure that further roll out of service arrangements are robust and safe.

The CCG will continue to monitor performance and the work being done by Harmoni to recruit more Health and Clinical Advisors to ensure that all calls to the NHS 111 service are appropriately managed and triaged and that Harmoni is consistently providing a safe and effective service.

The Full Service Commencement has been deferred until a time we are satisfied, as commissioners that Harmoni is providing a safe and effective service in line with specification requirements.

3. AWP Update

The CCG welcomes a new review of Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) that presents a very positive picture. The independent review team, led by Susan Sutherland, was first commissioned to undertake a review of governance and management arrangements at the Trust following concerns raised in two mental health homicides reviews. In its 2012 report the review team criticised the Trust for its lack of clinical engagement and slow incident reporting to the National Patient Safety Agency.

The independent review team assessed progress over the past year and describes the Trust as "completely different and unrecognisable from our previous visits in a very positive way." The team's report says AWP is "open, honest, transparent, and supportive and focussed on the delivery of high quality care".

4. Working together with the RUH and Wiltshire CCG

A three-way board meeting between BaNES and Wiltshire CCGs and the RUH has been held for the first time. We are working together towards a shared vision for the local health community and setting out our shared objectives.

Clinical members of BaNES and Wiltshire CCGs attended their first site visit of the RUH on the 28th June 2013. This was the first in a programme of informal visits running alongside quarterly assurance visits. 3 clinical areas were visited including Acute Oncology, Ambulatory Care and the Surgical Assessment Unit.

5. Maternity Services Update

The contract for Community Maternity Services in Wiltshire, Bath & NE Somerset (currently provided by Great Western Hospital Community Services) is due for renewal in 2014 and so NHW Wiltshire CCG has begun a procurement process to identify a preferred provider from 1 May 2014 onwards. Wiltshire CCG is lead NHS Commissioner for this service and is working closely with BaNES CCG.

There is no intention to change services, sites or NHS funding levels as a result of this procurement exercise. The Service Specification from 2009 will be revised to reflect changing times and current "best practice" and the local Maternity Services Liaison Committee has been engaged within that revision process.

On 10 June 2013 the CCG met with organisations who have expressed an interest in bidding. In mid-August 2013, an "Invitation to Tender" is scheduled for issue to shortlisted parties (on the basis of submitted questionnaires). It is envisaged that BaNES and Wiltshire CCGs Governing Bodies will decide upon a preferred provider in November 2013, with hand-over (if any change in provider) happening in May 2014.

Dr Ian Orpen
Chair, BaNES CCG

30th June 2013

Dear Colleague

I am writing to you in my role as Chairman of the Joint Health O&S Committee (JHOSC) for the Great Western Ambulance Trust (GWAS). As you are aware, GWAS was acquired by the South West Ambulance Foundation NHS Trust (SWASFT) and GWAS ceased to exist on 1st February of this year. Strictly, therefore, the JHOSC has no legitimacy, and therefore its future needs to be decided.

I have had discussions with the Chief Executive of SWASFT and the JHOSC met on Friday 28th June to discuss the way forward. It may be recalled that the JHOSC came into being some years ago because of concern by Local Authorities in the GWAS area following very poor performance figures and general disquiet that the newly amalgamated authority was producing a much less locally sensitive than the previous smaller county services. This joint approach allowed experiences to be shared by the various Councils and enabled significant public scrutiny to be applied to GWAS. The result has been a remarkable turn round in the way the service is operated.

GWAS, however, was the smallest of the English ambulance services and when it was announced that all NHS Trusts were expected to become Foundation Trusts, the GWAS Board came to the conclusion that the business risk of becoming a Foundation Trust was too great and looked to a larger Trust to acquire it. During the transition process SWASFT officers and Board members started to attend JHOSC. During most of this time JHOSC continued to push for quality improvements across the GWAS area, but also became much involved in the thorny issue of the turn round times for emergency ambulances at the Accident and Emergency departments of the various district hospitals. There was huge disparity between the best and worst performers. Thus at Frenchay Hospital four hour turn round was happening almost daily, while at the Royal United Hospital, Bath, virtually all ambulances were being cleared within an hour and usually in half that time.

JHOSC called in the various hospitals to see what was happening and we were able to pass on best practice throughout the area. Not surprisingly, SWASFT were impressed with the way JHOSC acted as a critical friend to GWAS and appeared to have the teeth to get things done. SWASFT would very much like to maintain the structure on a regional basis. For operational reasons, the GWAS area will remain self-contained (North region), Somerset and Dorset will be South region and Devon and Cornwall West region. SWASFT will be seeking a JHOSC structure within each of the three regions. The main advantage to them is the ability to concentrate their interface with the 14 local authorities with their geographical

area with three main committees. The second advantage is that there are significant cross-boundary issues which are best dealt with by a joint committee.

At the meeting on 28th June two separate views emerged. The first was that the initial purpose of the JHOSC, to improve service levels had been achieved, that there was the risk that JHOSC would be a soft option for ticking the box for public consultation, and that many of the issues were quite parochial and better dealt with by the individual Health O & S committees. It was pointed out that if a significant issue arose in the future, then the JHOSC could be reconstituted or ad hoc groups formed.

The alternative view was that JHOSC continued to do good work, with sharing of experience, having political clout and dealing with cross boundary issues. There was nothing to stop individual Health O & S committees calling in SWASFT for a particular local issue, nor was there anything to stop (other than resources!) two or three Councils getting together with a working party over a specific local issue.

Recourses are a specific issue. Officers reminded us that a significant amount of officer time was employed on JHOSC, and there was the issue of Councillor time and, of course, expenses. As SWASFT intends to be regionalised, there is no likelihood of a Pan-SWASFT JHOSC, but there might be mileage in information and workshop days. It was suggested that this model might supersede JHOSC, but Councillors present saw this as lacking the political teeth that the present has. This was emphasised by the presentation at our meeting about the present shortcomings in the 111 service by Harmoni.

SWASFT have said that they would be prepared to provide support to JHOSC, while ensuring that full independence of our organisation was preserved.

It was pointed out that there was considerable flux in the NHS at present and also specific difficulties relating to emergency and urgent care. There is also the existence of the new Clinical Commissioning Groups, with the GWAS area commissioner being based in Gloucester. It is far from clear how Health Watch, the Health and Wellbeing Boards, and all the other monitors and regulators are going to operate and how the political accountability will be enhanced. There is therefore an argument for JHOSC to continue until such time as the new NHS beds in. Personally as someone who was a medical manager for over twenty years in the NHS, I continue to have doubts about true democratic accountability in the NHS, a view which has only been strengthened over the past year.

If JHOSC is to continue, then the various Councils will need to support this. We also agreed that if that support was forthcoming, then the Terms of Reference would need to be re-visited and that there should be formal reporting back to the local Health O & S Committees.

The final point I would make is that Bristol City Council have already voted to continue supporting JHOSC. This is of some importance, as the lead officers are employed by that Council.

I was asked by JHOSC to write to all Chairmen of Health O & S Committees in the old GWAS area and to ask the following questions –

1. Does your Council support the continuation of the JHOSC for the old GWAS area?
2. Would you be prepared to do this if officer support was required?
3. Would you be prepared to do this if SWASFT were to offer assistance with the costs of running the JHOSC?
4. If your Council would not support the long-term existence of JHOSC, would you be prepared to offer support for a fixed term, with review, as the new arrangements for the NHS roll out?

I am sorry that this is such a long letter but the issues are complex. I am not keen to have any committee that meets just for the sake of it and would personally only support it if it continued to provide a real opportunity to improve emergency services for our residents. If you would like to talk to me about this further, please do not hesitate to contact me.

Best wishes

Yours sincerely

Tony Clarke

Cllr Dr Anthony Clarke
Lansdown Ward
Transport Spokesman, Conservative Group
Bath & North East Somerset Council

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Health & Wellbeing Policy Development & Scrutiny Panel

JSNA Update

05/07/13

research@bathnes.gov.uk

Bath & North East Somerset – *The place to live, work & visit*

What's new?

- Domestic abuse profile
- Welfare Reforms
- Smoking & Healthy Lifestyle Behaviour
- Measles
- Premature Deaths

Bath & North East Somerset – *The place to live, work & visit*

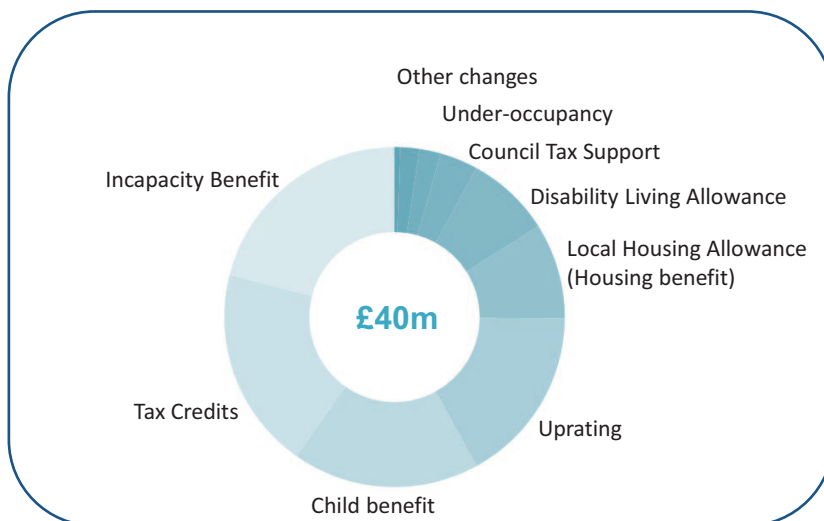
Domestic Abuse

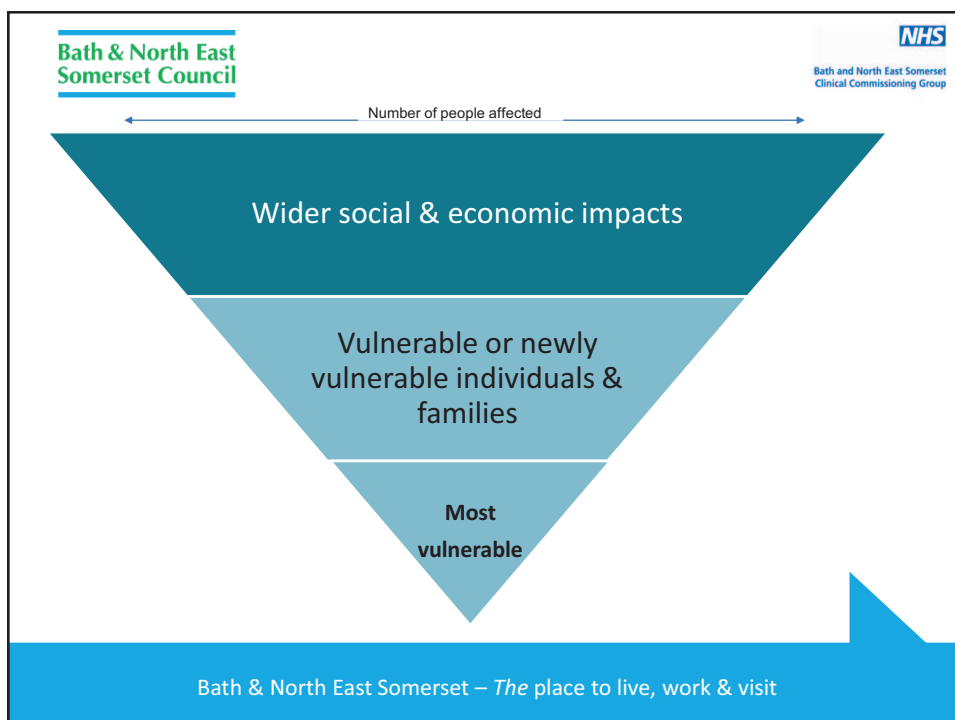
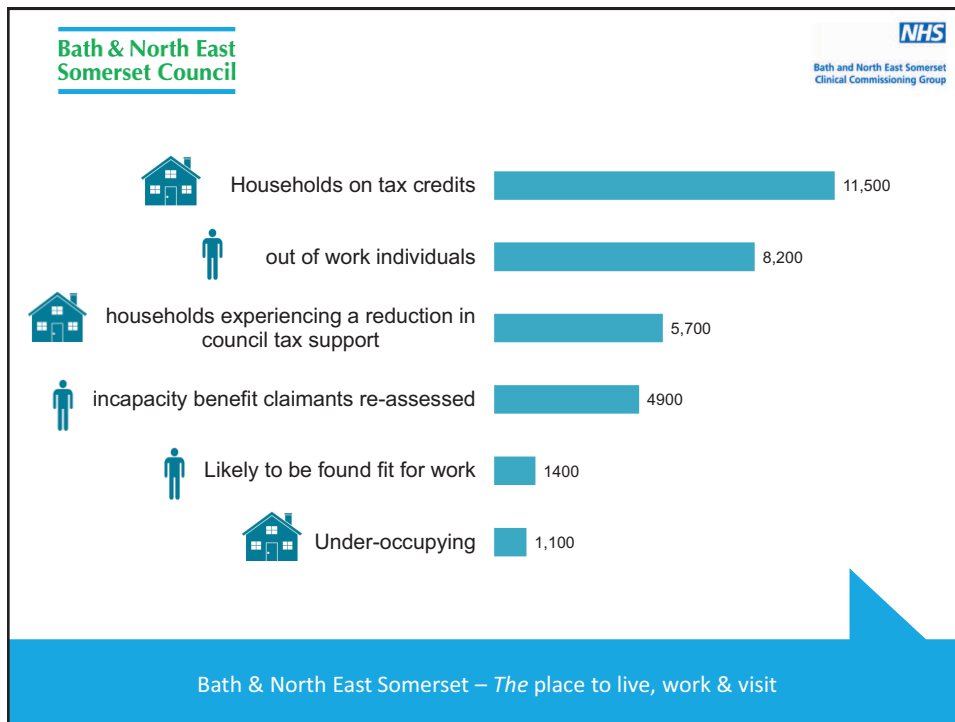


Domestic abuse costs **£17m** each year, **£3.7m** to health services

- ~840 domestic violence crimes reported p.a.
- Massive under-reporting
- Mainly committed by young men, although adult safeguarding reports show increases in cases against older people

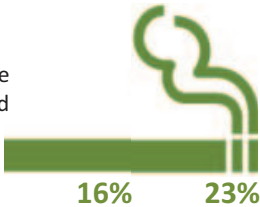
Welfare Reform





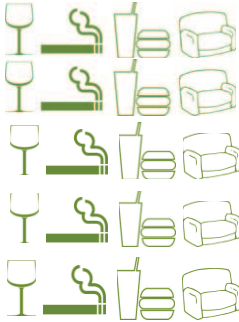
Bath & North East Somerset Council **Unhealthy Lifestyles** **NHS**
Bath and North East Somerset Clinical Commissioning Group

Adult smoking rates have decreased



16% 23%

Health Survey for England:
¼ of over 16s are engaging in 3 or more risky lifestyle behaviours (39,000 residents)



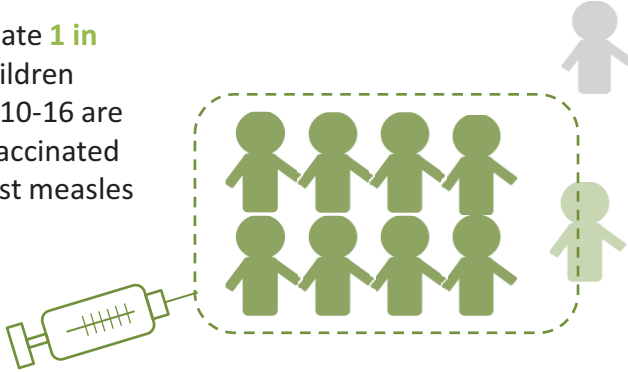
But people with no qualifications are almost 5 times more likely to engage in them than those with post 16 education.

Bath & North East Somerset – *The place to live, work & visit*

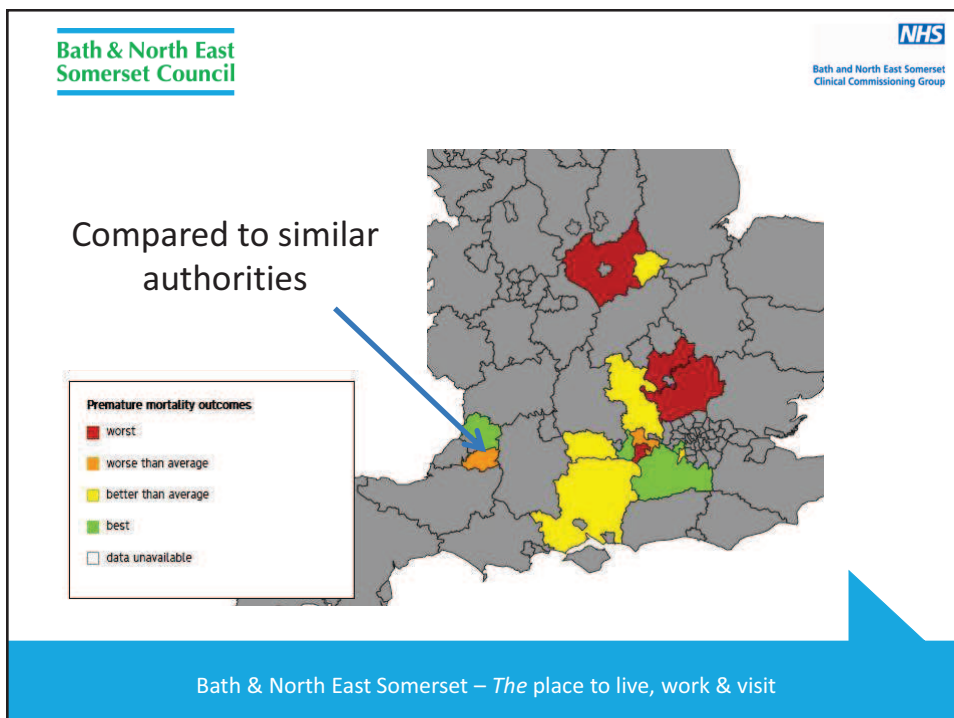
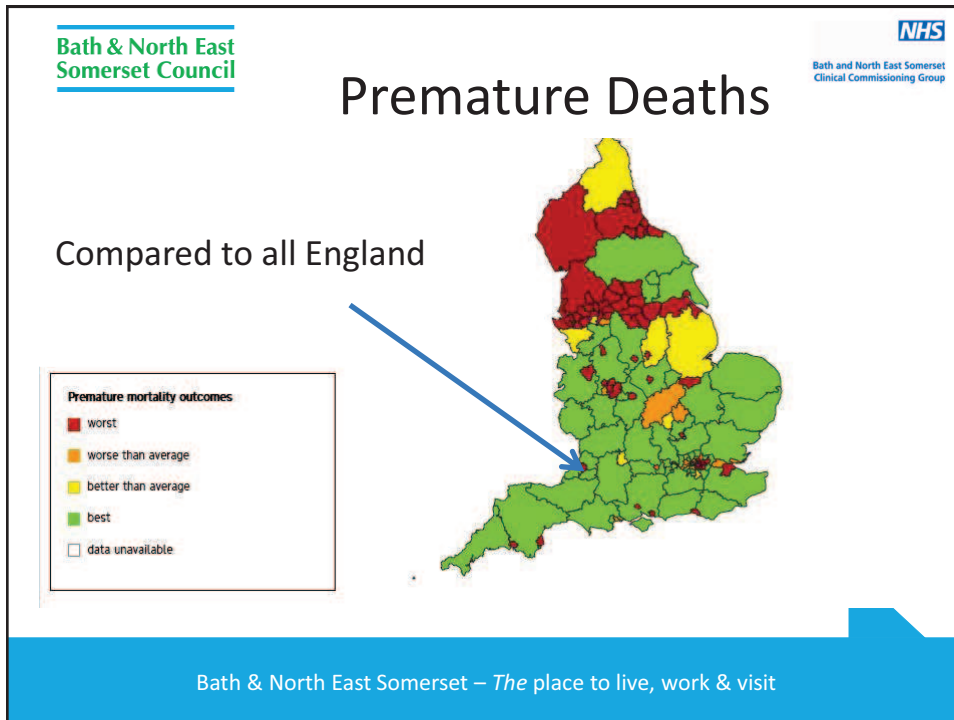
Bath & North East Somerset Council **Measles** **NHS**
Bath and North East Somerset Clinical Commissioning Group

Measles Epidemic: – **0 cases so far in B&NES**

Estimate **1 in 10** children aged 10-16 are not vaccinated against measles



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Bath & North East
Somerset Council

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Any questions

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