

BATH AND NORTH EAST SOMERSET

WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL

Friday, 25th July, 2014

Present:- Councillors Vic Pritchard (Chair), Sharon Ball, Sarah Bevan, Anthony Clarke, Bryan Organ, Kate Simmons, Neil Butters and Eleanor Jackson

18 WELCOME AND INTRODUCTIONS

The Chairman welcomed everyone to the meeting, particularly Councillor Neil Butters for whom this was his first meeting and Councillor Eleanor Jackson who had rejoined the Panel.

19 EMERGENCY EVACUATION PROCEDURE

The Chairman drew attention to the emergency evacuation procedure.

20 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillor Lisa Brett had sent her apologies to the Panel.
Councillor Simon Allen also sent apologies that he was unable to attend but he had submitted his Cabinet member report.

21 DECLARATIONS OF INTEREST

Councillor Vic Pritchard declared an “other” interest as a representative of the Council on Sirona Care & Health Community Interest Company.
Councillor Eleanor Jackson declared an “other” interest as a representative of the Council on Sirona Care & Health Community Interest Company.

22 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

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

Priscilla Elton made a statement on the subject of transport to appointments at Bath RUH. Although the delays getting patients to their appointments had been improved, there were still exceptionally long delays getting people back home. A copy of the statement can be found on the Panel’s Minute Book.

Susan Charles read a statement by Pamela Galloway on the subject of warm water swimming. A copy of the statement can be found on the Panel’s Minute Book.

Susan Charles read a statement by Alexander Jones-Grech, a young person, on the subject of warm water swimming. A copy of the statement can be found on the Panel's Minute Book.

Susan Charles read a statement by Simeon Wakely, a young person, on the subject of warm water swimming.

Jacqui Dodd read a statement on behalf of Susan Smith on the subject of warm water swimming. A copy of the statement can be found on the Panel's Minute Book.

Susan Charles read a statement by Sheila Hawken on the subject of warm water swimming.

Sue Jones made a statement on the subject of warm water swimming. A copy of the statement can be found on the Panel's Minute Book.

Susan Charles read a statement by Iain Pring on the subject of warm water swimming. A copy of the statement can be found on the Panel's Minute Book.

Susan Charles read a statement by Jenny Shrubsall on the subject of warm water swimming. A copy of the statement can be found on the Panel's Minute Book.

Susan Charles read a statement by Eamon McClelland on the subject of warm water swimming.

The Chair thanked all the speakers. He felt that collectively the statements were persuasive. He read a prepared statement a copy of which can be found on the Panel's Minute Book.

Councillor Sarah Bevan asked Susan Charles if she was aware that the current provider had responded that warm water swimming at 32°C is a danger to those with heart and blood pressure problems. Susan Charles replied that it was possible to provide swimming at 28°C in the large pool and 32°C in a pool for gentler swimming.

Councillor Bryan Organ asked Susan Charles whether she had been speaking to the Council's Planning department about plans in the pipeline for new leisure provision. Susan replied that she had been in conversation with Matthew Smith and Marc Higgins.

Councillor Sharon Ball observed that when she had swum in the RUH pool, it had been quite cold. She asked Susan Charles if she knew how often the temperature was monitored. Susan replied that she did not know how often it was monitored – but she was aware that there were long queues for use of that facility and the one at Bath Mineral Hospital.

Councillor Neil Butters asked Susan Charles if she was aware of warm water provision made by neighbouring authorities. Susan replied that a facility at Swindon provided hydrotherapy facilities 7 days a week and it was booked solid. Councillor Butters observed that he knew the facility in question and it was privately run - not part of the local authority provision.

Councillor Kate Simmonds observed that a neighbour with a medical condition had gone to swim in Keynsham on a Sunday but it was so crowded that she had been unable to move in the water. Susan Charles replied that Thursdays were not so busy but the temperature was unpredictable.

The Chair thanked all the contributors.

24 MINUTES

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

25 CABINET MEMBER UPDATE

Councillor Simon Allen had sent his apologies to the Panel that he had not been able to attend. His update report, a copy of which can be found on the Panel's Minute Book, was read by Jane Shayler (Deputy Director - Adult Care, Health and Housing Strategy and Commissioning). Jane led the Panel through the report and drew out relevant points. She apologised that there was no update on rough sleepers but said that this would be included in Councillor Allen's next report to the Panel.

Councillor Eleanor Jackson disagreed with the description of Writhlington pool as "outdoor because it had a roof and was indoor. She was concerned that the estimated cost of repair was £500K – staff at the pool felt that the cost would be no more than £150K. Jane Shayler said that the figure of £500K had been provided by professionals in Property Services who were qualified to estimate the costs of turning the pool into a fit for purpose hydrotherapy pool.

Councillor Vic Pritchard was pleased that Carer Support Services were working well but he was apprehensive that the Care Act was about to increase the number of clients by lowering the threshold. He asked Jane Shayler whether there were any implications. Jane said that the Council welcomed the extension of the right for carers to have an assessment of their needs and confirmed that the Council does already commission carers assessments and fund Personal Budgets for carers. However, there might well be funding implications for the Council associated with an increased number of carers assessment and Personal Budgets.

26 CLINICAL COMMISSIONING GROUP UPDATE

Dr Ian Orpen (Chair of the CCG) introduced the report by explaining some of the terms used. He was delighted to report that the Urgent Care Centre was operational since 1st April and was enabling prompt treatment while taking the strain off the emergency department. He pointed out that the latest GP Patient Survey showed that Bath & NE Somerset had the best access to GP services in the country. He promised the Panel a more detailed response in September to the transport issues raised by Priscilla Elton but in the meantime he introduced Derek Laird, National Director of Operations, Arriva, and asked the Chair if Derek could address the Panel.

Derek Laird explained that the transport contract had only been operating for 6 months and the demand for transport had been much greater than had been specified in the tender invitation. The contract had replaced 34 separate contracts, so the data had been difficult to Significant progress had been made but there was still much to do and this would have his full attention. An added complication was the need for different types of transport tailored to each patient's needs. He was working closely with the commissioners to resolve this. Dr Ian Orpen agreed that the resolution of this was also a priority for the RUH.

Councillor Eleanor Jackson reported that when she and Councillor Clarke had met with care providers, they had complained that their own appointments were being disrupted because they were not being advised when patients would be late home

from hospital. She asked whether some communication could be arranged to prevent this. Derek Laird agreed that this was important and he would report on it in September.

Councillor Sarah Bevan asked if parking at RUH was a problem for drivers and if they had been getting parking tickets. She was assured that this was not a problem because Arriva drivers worked well with the RUH on this.

Councillor Kate Simmons referred to the need to get the right balance of car and ambulance provision in the service. She asked whether information had been made available to Arriva about this. Derek Laird said that Arriva would not have had any advance information on this because the data was previously spread across 34 separate contracts and in fact the contract was started with all new vehicles.

Councillor Anthony Clarke asked Dr Ian Orpen whether the CCG had started preparations for the provision of GP services in Fox Hill following the new development. Dr Orpen reported that there had already been some discussions; although the CCG did not deliver primary care, it might have a view on some issues.

Councillor Eleanor Jackson observed that the Panel had in the past been critical of the failings of the 111 service, which she felt was now working much better. She was concerned however that when given a hospital appointment through 111, it was often the case that the hospital was not aware of the appointment when the patient arrived. This was obviously a common experience because she had seen signs in the hospital warning patients that this might happen. Dr Orpen asked Councillor Jackson to provide him with more information so that he could investigate. He reported however that 95% of patients were seen within 25 minutes.

Councillor Neil Butters said he was pleased that the Urgent Care Centre had been successful. He asked how the numbers had compared to the James Street West facility. Dr Orpen explained that the new facility was not intended to soak up existing demand so the figures could not be compared. In the first 3 months however, usage of the Urgent Care Centre rose from 750 in April to 950 in June. A “streaming” nurse immediately directed each patient to the appropriate service – in some cases to Emergency, in other cases to their GP – without the need to wait for triage.

Councillor Vic Pritchard referred to the previous meeting of the Panel at which Tracey Cox had agreed to take away the comments made by Councillor Clarke relating to military personnel and veterans. He asked whether this had been done. Tracey Cox apologised to the Panel that this had not been pursued but agreed to report back to the Panel at its next meeting.

The Chair thanked Dr Ian Orpen for his update.

27 HEALTHWATCH UPDATE

Pat Foster (General Manager, The Care Forum) introduced the report. She distributed copies of the Healthwatch Bath and NE Somerset Annual Report 2013/14, a copy of which can be found on the Panel’s Minute Book. She explained that Healthwatch was currently working on an enquiry into unsafe discharge. In the autumn there would be an even for children and young people on obesity and self-image. She explained how Healthwatch worked closely with many services by raising issues.

Councillor Kate Simmons referred to the social media targets. She felt that Healthwatch had got these spot on.

The Chair thanked Pat Foster for her encouraging report.

28 SPECIALIST MENTAL HEALTH SERVICES UPDATE (20 MINUTES)

Andrea Morland (Senior Commissioning Manager, Mental Health & Substance Misuse) introduced Bill Bruce-Jones, Clinical Director on AWP for Bath & NE Somerset. The Chair welcomed Bill to the meeting.

Andrea referred to the Wellbeing Festival held on 18th July which had been very successful. A member of the Panel asked for better advertising of the venues for future events since he had been unable to find out where it was being held. A member of the Panel asked how often it was intended to hold events such as this. Andrea said that the team was becoming more confident about the value of these events in the light of the success of the “What Works” conference and the recent Festival. Plans were therefore in hand to hold a future event on a Saturday in the school holidays.

Andrea referred to a number of areas mentioned in the report showing good progress. The LIFT Psychology Therapy Service had been very successful in its first year and steps were being taken to build on this.

She referred to the shortcomings identified by CQC in the Sycamore Ward building and said that an immediate action plan was in place to address all the issues identified by CQC. At the Panel’s next meeting she would report on plans for a longer term solution.

Councillor Vic Pritchard said that some of the options being considered seemed to be very ambitious and asked if they were viable (eg rebuild). Bill Bruce-Jones replied that the rebuild option is very real and was possibly the only option.

Andrea reported that recent demand for beds had been higher and there might be a need to increase bed capacity alongside the ability to use facilities outside the area short-term.

Councillor Eleanor Jackson asked whether women were still being sent to Salisbury. Andrea said that the Psychiatric Intensive Care Unit for women was in Bristol but any patients – men or women – might occasionally go to Salisbury short-term when no suitable bed was available locally. Patients from Salisbury occasionally come to Bath when they are short of beds.

Bill Bruce-Jones said that there was a debate about whether there was a national shortage of mental health beds. The flexible approach made that manageable but not ideal.

Councillor Sarah Bevan asked whether clients of the LIFT psychology service were keener on group or individual sessions. Andrea said that clients were initially wary and most asked for individual sessions. The approach was to encourage them to access “training courses” rather than “group sessions”. This way, many have found it less threatening.

Pat Foster asked whether LIFT was available for young people. Andrea confirmed that it was for over-16s but she was aware that Children’s Services made primary care provision for under-16s.

Councillor Bryan Organ asked whether the transition between youth and adult services has been improved. Andrea said that, particularly for those with complex needs, there had been progress but less so for those with less complex needs. She would be looking at this in the future.

The Chair thanked Andrea Morland for her update. He said that the issues raised would be the subject of another report in the autumn, particularly the issue of the inadequate building in which Sycamore Ward was housed.

29 CONNECTING FAMILIES UPDATE (20 MINUTES)

Paula Bromley (Connecting Families Manager) gave a powerpoint presentation, a copy of which can be found on the Panel Minute Books. During her presentation she explained that 71% of families had a health issue.

Councillor Anthony Clarke asked whether this made any difference to the number of looked after children. Paula explained that the data looked only at families living in a household, so did not include looked after children.

Councillor Vic Pritchard asked whether the service was 100% government funded and wondered whether the funding was secure for at least 3 years. Paula said that except for a very small amount of additional income, the funds came entirely from government. There was an existing pledge from government to fund 2015-2020 – this took the form of committed funding for 2015-16 plus cross-party support to continue funding after the 2015 election.

Councillor Pritchard asked whether there would be increased funding when the government increased the number of clients, as seemed likely. Paula agreed that the criteria were set to widen, which would increase numbers of identified clients. In addition, Ofsted was working with social services to bring about earlier intervention. The Connecting Families team was also working with other agencies to identify ways to bring about earlier intervention.

The Chair thanked Paula Bromley for her presentation.

[At this point Councillor Sharon Ball left the meeting]

30 SEXUAL HEALTH (HIV) (20 MINUTES)

Paul Sheehan (Public Health Development and Commissioning Manager) summarised the report. He gave particular emphasis to the major challenge presented by late diagnosis of HIV and explained the actions being taken to address this.

Councillor Tony Clarke said he felt that the authority dealt well with sexual health issues. He drew attention to the *Halve It* campaign relating to low CD4 blood cell counts and he proposed that the Panel should ask Council to sign up to the *Halve It* campaign.

Councillor Vic Pritchard seconded that proposal.

Councillor Sarah Bevan felt that targeting men who have male sexual partners (MSM), the authority was in danger of discrimination. Paul Sheehan understood Councillor Bevan's point but he observed that historically the MSM community had

been at highest risk. He acknowledged that HIV did not discriminate and that heterosexual people were also at risk; gay men however were greater risk takers.

Councillor Pritchard felt that the *Halve It* campaign was aimed at saving lives and should be encouraged.

Councillor Bryan Organ asked why HIV required a special blood test and wondered if the standard blood test could include HIV. Councillor Tony Clarke observed that to deliver a single blood test for every condition would be extremely expensive and would require very large blood samples.

Councillor Clarke felt that a powerful argument for targeting early intervention was that late diagnosis was very expensive and inevitably led to less positive outcomes.

Councillor Organ supported Councillor Clarke's proposal.

Councillor Kate Simmons observed that the symptoms of early HIV were often very similar to flu. Paul Sheehan agreed and added that only 70% would have any such symptoms at all. Of these, more than half were men. Less than 3% were under-18.

Samantha Jones (Corporate Policy Manager - Equalities) observed that men with HIV symptoms often present as heterosexual and this should not be a barrier to them receiving health care services.

The Chair thanked Paul Sheehan for his update.

On a motion from Councillor Tony Clarke, seconded by Councillor Bryan Organ, it was

RESOLVED (unanimously)

(1) That this Panel asks Council to sign up to the *Halve It* campaign to reduce the proportion of people undiagnosed, or diagnosed late with HIV, through policy reform and good practice.

31 PANEL WORKPLAN

The Panel agreed the Workplan as circulated with the agenda.

The meeting ended at 1.00 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services

This page is intentionally left blank

Presentation to B&NES Wellbeing Panel - July 25th 2014

We are here today as members of the Warm Water Inclusive Swimming & Exercise Network to ensure your support for the inclusion of fully accessible warm water pools within B&NES leisure facilities in the future thus ensuring that they will at last be truly inclusive for all members of the community.

This is a fantastic window of opportunity to provide facilities which will benefit an enormous number of people, help you achieve a number of the objectives in your Health & Wellbeing Strategy and enable better use of finances in the long term.

As you are not doubt aware, five large leisure providers have expressed interest in running B&NES leisure facilities and Council officers are currently in negotiation with a view to awarding up to a 30 year contract. This contract will include the rebuilding of Keynsham Leisure Centre and the improvements to Bath and other B&NES leisure centres.

We are looking for your support for the provision of warm water pools at 32°C with fully accessible changing facilities suitable for everyone whatever their level of disability, and available on a regular basis and at an affordable price and for making an integral and essential part of that contract.

While we realise that leisure facilities is not an area that is your direct responsibility, this is an issue which has enormous relevance to the health & wellbeing of the community as well as implications for the NHS & Social Services budget

You will be hearing from a number of the people who would benefit from access to such pools, but first let's look at how this relates to current Council strategies.

The 3 key themes of the B&NES Health & Wellbeing Strategy are -

- **Helping people to stay healthy** – including especially the issue of childhood obesity
- **Improving the quality of people's lives** – including the aim 'to deliver a co-ordinated response to long term conditions that help people to manage their conditions and stay well' and to provide 'improved services for older people which support and encourage independent living'.
- **Creating Fairer Life Chances** – which identifies groups vulnerable to social isolation including those with mental health issues and the older population and lays down a commitment to 'working with partners to support services and activities which keep local people connected'

There are direct parallels in the **Fit for Life Strategy** published in draft form in May this year. This comprehensive, innovative and ambitious document includes a wide range of information and statistics about the incidence and consequences of obesity and inactivity in all sectors of the community, and the resultant costs to the NHS and Social Services in B&NES. We were able to feed in to this Strategy through one of the Focus groups and also contributed to the consultation.

This Strategy has as its overarching vision "To get **more people, more active, more often**, in a safe, sustainable environment leading to improve health and wellbeing for all" It lays out a wide range of actions, dividing them under themes.

- **Active Lifestyles** – here exercise and swimming are included under Active Recreation, and Sporting Activities and Events
- **Active Environments** – referring to the need for investment in the Council's facilities, notably Keynsham Leisure Centre, to ensure they are 'fit for purpose & meeting local need' and 'designed to be inclusive with potential users consulted on final design' and where one of the outcomes is 'successful delivery of exercise as a form of treatment for ill health'.
- **Active Design** – with its 3 principles of Accessibility, Amenity and Awareness underpinning the approach to the design of sports and leisure activities.

In our discussions with Simon Allen and David Dixon (Cabinet Member for Neighbourhoods) over the years, they have always been incredibly supportive of the concept of such pools in all Leisure Centres in B&NES as they realise the benefits they can bring to individuals and also the community as a whole as well as the potential savings to the NHS and Social Service budgets. We need to know they have your total support and that you consider there should be no room for compromise on the standards of accessibility so that everyone has the opportunity to engage with these strategies and help themselves in managing their own conditions, to improve their health & fitness and remain as independence as possible throughout their lives

The Public Service Board Vision states "*Bath and North East Somerset will be internationally renowned as a beautifully inventive and entrepreneurial 21st century place where everyone is invited to think big – a 'connected' area ready to create an extraordinary legacy for future generations*"⁽¹⁾ Now is your chance to help create flagship facilities which fit this Vision and set an example of innovation and forward thinking.

(1) - B&NES Fit for Life Strategy draft 2014



My message to the Council about why I need a warm water pool

My name is Alexander, I am 10 Years old. I was born with a painful form of dwarfism that affects my bones and joints. Most of the time I have to move around in my wheelchair.

I would love to be able to run around or play football or cricket with all my friends at school but I can't, this makes me feel very sad.

I wanted to learn to swim with my friends at our local pool but the water was too cold and made my legs really hurt.

I started to go to the Get Wet Set swimming lessons in the hydrotherapy pool at Three Ways school, the water was nice and warm and made my joints less achy, it took a long time but I also learnt to swim really well Hooray!

I would love to be able to go swimming with my friends but the water in our local pools is too cold. I can use the learner pool at Longwell Green, Bristol but I'm 10 now and usually it's filled with babies and much younger children. In a couple of years I won't even be able to swim there.

I can't really join in with most sports, I couldn't even do wheelchair basketball because my arms are really short; but when I'm in the water I'm like a fish, I'm the same as everyone else in the water. It's the only proper exercise I get.

I would love to be able to swim in a normal pool like my friends do. I hate to think that after trying so hard to learn to swim that I won't be able to swim anymore when I'm a man, just because the water is not a little bit warmer.

I love swimming please please help us turn the heat up!!

Alexander Jones- Grech
From Bath Swim Therapy

This page is intentionally left blank

Sue Smith and Jacquie Dodd co-ordinators for Bath NRAS group representing people with Long Term Conditions.

This quote is taken from the draft of BANES fit for life draft strategy 2014:-
'Lack of activity destroys the good condition of every human being while movement and methodical physical exercise save it and preserve it'

Plato

Wednesday 2nd July it was reported on the media that **NHS England** calculate that 70+% of hospital beds are taken up with people who have Long Term Conditions.

Many LTC are degenerative, incurable and their cause is beyond the control of the people affected by them. they affect all age groups and are in all social groups. There are also many LTC that are acquired by lifestyle. What binds LTCs is the requirement to exercise as part of a healthy lifestyle.

The following quote is from **BANES Fit for Life draft 2014**

'The overarching vision of 'Fit for Life' is to get more people, more active, more often, in a safe, sustainable environment leading to improved health and wellbeing for ALL'

NHS Bath and North East Somerset **Clinical Commissioning Group 5 year plan** reports that in five years time the following should have been achieved:-

Empowered people

A reputation for looking after the vulnerable

Joined up 24/7 care

Local people and clinicians working together

Better Information sharing

SUCCESS MEASURED BY EXPERIENCES

For those of us with mobility problems we often have many hospital episodes at great expense to improve our mobility and keep us independent and fitter overall. When this acute period has been passed we then need to continue with these activities. Easily accessible and moderately priced Warm Water pools for many of us is the essential medium. Not only can we continue our exercises from our hospital therapy independently, but also with our friends and family we become part of an inclusive society and not isolated from 'normal life'. Being in a warm environment relaxes muscles, tendons and joints allowing freedom of movement that would NOT be achievable on dry land, promoting increased movement and muscle strength. The pool needs to be deep enough so that your body is totally supported and relaxed. Relaxation and exercise are known to reduce pain perception and enhance feelings of wellbeing. It has been noted that medication is often reduced and people feel that they have some control of their lives.

Warm Water Pools are a positive and important tool for many people with LTCs to enhance their lives and keep them fitter. We wouldn't expect a Wimbledon champion to play without a racquet!!

Thankyou for listening.

This page is intentionally left blank

Statement re need for provision of Warm Water Pool in BANES Leisure Centres for benefit of elderly

For the elderly population, a warm water pool is essential to help them maintain health and wellbeing, and, one of the stated aims of the BANES Health & Wellbeing Strategy is to help the elderly to keep active and remain independent.

Currently one in 6 of the population is over 65 and this is set to increase by 50% over the next 20 years and nearly double over the next 35 years⁽¹⁾. According to the B&NES Health & Wellbeing Strategy, it is expected that there will be over 2.5 times as many people in B&NES aged over 80 by 2026 compared with 1981. Furthermore, at least one in 4 of the population currently has a long term health condition - in B&NES this amounts to 73,000 people - and 30% of people with a physical health conditions have a mental health condition. Care of people with long term conditions accounts for 70% of the money spent on health and social care in England⁽²⁾

According to information in your Fit for Life Strategy, people over 65 should aim to be active daily for a total of at least 150 mins of moderate or 75 mins of vigorous activity per week. Bearing in mind many of us have long term conditions which limit our choice of exercise, being in water means we are able to exercise more and this also helps our mental wellbeing as well as being a very sociable activity. However, cold water causes pain and makes our muscles seize up. The water needs to be over 30°C to help ease our aching joints and muscles. Many people attend the Bath Sports Centre on a Thursday when the water is 30° but there are a considerable number of elderly people who used to exercise on a Thursday at the Sports Centre have given up because, for them, they find the water at 30°C is too cold. They need it warmer than that.

In common with others, high blood pressure and other disabilities prevent me going to the gym but exercising in warm water relieves the pressure on our bodies enabling us to exercise more.

Currently, even if we can tolerate 30°C, we can only swim once a week but if there was a pool that was warmer, we could certainly use it more regularly and there would be many, many more who would benefit too.

Sue Jones
01225 314687

1 – “Key Issues for the New Parliament 2010” briefing paper – The Aging Population by Richard Cracknell

2 – “Improving quality of life for people with long term conditions” Dept of Health Policy document 25th March 2013

This page is intentionally left blank

My name is Iain Pring, I am the Chair of the local Bath & District Branch of the MS Society. We have 180 members out of nearly 500 persons with multiple sclerosis in the BANES area.

As a society we activity promote and provide subsidised exercise and physiotherapy to our members and work hard to raise funds to be able to do so. We strongly believe, and the evidence supports us, that exercise and maintaining general fitness is very important in helping to combat the effect of fatigue and general tiredness that is unfortunately part of having MS. Improved fitness also means less demand, and therefore savings to the NHS and social services.

We would willingly do the same for swimming but at present are unable to promote it due to the lack of suitable facilities available in BANES area.

Hydrotherapy pools are too hot for most persons with MS who need a more comfortable 32 degrees. A dedicated warm water pool is an exciting prospect. I can only echo others in asking for such a facility.

You are no doubt aware of the specification for the warm water pool drawn up but WWISE. We fully support the specification especially the need for a fully accessible changing facility. This would be expensive as a separate facility. If however planned as part of the rebuild of existing sports centres it could be incorporated as part of the overall design. Whilst adding to the cost it would be of enormous benefit to the many people with disabilities in the area

I appreciate that there are many conflicting demands on finances. However I think it should be possible and I very much hope that it will come about.

Thank you.

IAIN PRING

Chair – MS Society Bath & District Branch

This page is intentionally left blank

STATEMENT re NEED FOR WARM WATER POOL WITHIN BANES LEISURE FACILITIES.

Jenny Shrubsall

I am a full time wheelchair user and twice weekly attend the paid hydrotherapy classes run by the Royal United Hospital (RUH). This is essential for me as it provides movement which helps with my pain relief as well as maintaining some flexibility and mobility in my muscles and joints. This form of limited exercise also helps maintain my weight.

I am unable to exercise out of water and the water temperature of 29C as found in most swimming pools, is not only too cool for me but does not have the same beneficial effects as the warm hydrotherapy water of approx 33-34.

If warm water pools were available in the BANES area I would be able to go and exercise alongside my family and friends on an enjoyable social basis, as well as gaining therapeutic benefit.

It is likely that if existing users of the hydro pools at the RUH and Mineral Water Hospital were able to use other warm water pools, the long waiting list for these hospital facilities could well be reduced. A warm water pool within the community would provide a better quality of life for myself and many others in a similar situation.

This page is intentionally left blank

Presentation re benefit to adults recovering from illness or injury

I represent the people who, with access to warm water following illness or injury, would be able to continue their recovery to health and fitness and re-establish independence and quality of life with minimal ongoing treatment, and hopefully needing much less support, also saving enormous amounts of money to the NHS and Social services .

My spinal operation nearly 20 yrs ago for a condition caused through polio as a child, cost the NHS £50,000. The pioneering surgeons were limited as to how much they could do except offer a second operation. However, I chose to go down the route of physiotherapy and self help. I was given a short course of hydrotherapy and then I was on my own. I have been successfully able to graduate from having to use wheelchair or crutches, spinal & neck brace and barely being able to pick up a cup to drink to only needing limited use of a walking stick. I can do all sorts of exercise in the water that I used to do on dry land including swimming. The second operation at £50,000 is still an option but as long as I go swimming 3 times a week I am able to maintain my fitness & independence and don't need to consider it.

Along the way to recovery, I was lucky enough to be able to access to warm water but these were in private clubs and hotels, and on the continent when I was visiting family. Normal swimming pool temperature made my condition worse and I couldn't move quickly enough to keep warm. Eventually I reached a stage where I could use normal swimming pools, but it would certainly not have been possible to go from a hydrotherapy temperature of 34°C to swimming pool temperature at 28/29°C. A warm bath at home just doesn't do it – it's too small to exercise and swimming is out of the question!

This is my story but there are many more people like me including injured servicemen who would also benefit in their struggle to recover and return to some semblance of normality and independence

Can we rely on you to support the inclusion of warm water pools at 32°C with fully accessible changing facilities in the leisure contract currently being negotiated, starting with the Keynsham Leisure Centre?

Susan Charles

Chair Warm Water Inclusive Swimming & Exercise Network

This page is intentionally left blank

Warm Water Exercise group – Briefing Note

The Council is looking at a range of options – including accessible teaching pools – as it seeks to modernise its leisure facilities, this is supported by the 'Fit for Life' Strategy.

The Council and the CCG will be working closely to ensure that the new leisure contract provides the best possible service for local people and supports them to live healthy lifestyles.

It is important to clarify that the provision of warm water swimming facilities is not the same as the provision of hydrotherapy services which is a specialist health service provided from appropriately equipped, specialist facilities and funded by the CCG.

The Council's objective is to provide accessible leisure facilities, rather than specialist health services, for which there is advice and guidance on best practice produced by Sport England in their 'Accessible Sports Facilities Design Guidance Note.

(<http://www.sportengland.org/media/30246/Accessible-Sports-Facilities-2010.pdf>)

The Council appreciates comments from the public as it continues to develop plans for delivering these options through dialogue with potential contractors as part of the procurement process for the new leisure contract. This contract will be awarded in January 2015, with a contract start date of July 2015.

This page is intentionally left blank

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

Wellbeing Policy Development & Scrutiny Panel – July 2014

1. PUBLIC ISSUES

Mental Capacity Act and the Recent Supreme Court Judgment

Background

The House of Lords published its Select Committee report on the Mental Capacity Act 2005 (MCA) on the 13 March 2014. Whilst acknowledging the wider Act as ‘visionary’ and fully endorsing its aspirations, the report concluded that it is still not well understood or embedded in practice across the health and social care sectors. The report asserts that this is due to a culture of ‘paternalism’ in health and one of ‘risk aversion’ in social care. The report goes on to make 39 recommendations for change, improvement and reform.

Of particular note is a recommendation to review and replace the Deprivation of Liberty Safeguards (DoLS) scheme, which was added to the MCA as an amendment in April 2009, as the scheme is ‘poorly drafted, overly complex, and bears no relationship to the language and ethos of the (wider) MCA’. In short, it is not fit for purpose’. Importantly, the report noted that ‘the evidence suggested that thousands, if not tens of thousands, of individuals are being deprived of their liberty without the protection of the law’. At the time of writing, the Government has yet to issue a formal response to the Committee’s recommendation on the DoLS scheme. The full Lords Select Committee report can be downloaded from:

<http://www.publications.parliament.uk/pa/ld201314/ldselect/ldmentalcap/139/139.pdf>

The Government published its response to the House of Lords Select Committee report in June 2014. In essence their report rejected a call for the establishment of a single body to oversee the implementation of the MCA, but is more positive about the creation of an MCA Advisory Board. The Government notes that the implications from the recent Supreme Court judgement (see below) are far reaching, and accepts the Lords’ assertion that better understanding of the purpose behind the safeguards is urgently required. The Government’s full response can be downloaded from: www.parliament.uk

On the 19 March 2014 the Supreme Court Judgment (P v Cheshire West & Chester Council, P & Q v Surrey CC [2014] UKSC 19) was handed down. In short, by way of the above Appeals, the Supreme Court was asked to define what is meant by ‘deprivation of liberty’ (for the purposes of engaging Article 5 of the European Convention on Human Rights) and to

consider whether the individuals cited in the case, were being cared for in a way that was depriving them of their liberty. All were judged to be subject to deprivation of their liberty, a ruling that overturned judgments made by the Court of Appeal.

The effect of the Supreme Court ruling is that the threshold for engaging Article 5 is now much lower, and so significantly more adults (18 and over) in care homes and hospitals, will be considered to be deprived of their liberty and will therefore come under the DoLS scheme and require assessments and possible authorisations.

In addition it was also held that a deprivation of liberty can occur in domestic settings where the 'State' is involved in such arrangements. This includes a placement in supported living accommodation, and even some foster care placements. For those adults, the Local Authority will have to make applications to the Court of Protection to make their placements lawful. However, it is highly unlikely that those living in ordinary family circumstances will be affected or those young people in residential children's homes or residential special schools. Note although the DoLS scheme applies to people aged 18 years and over the MCA applies to those who are 16 years and over.

Implications

Nationally, the effect of the Supreme Court Judgement is a predicted tenfold increase in DoLS applications for Care Homes and Hospitals to make and Councils to administer. This clearly has resourcing implications for the providers of affected care and support services, including in B&NES, Sirona Care & Health, the Royal United Hospital (RUH) and Avon and Wilshire Mental Health Partnership NHS Trust (AWP). It also has significant resourcing implications for the Council and, to a lesser extent, the Clinical Commissioning Group.

National Agency Responses to the Judgment

The CQC (Care Quality Commission), ADASS (Association of Directors of Adult Social Services), Department of Health (DH) and Ofsted provided advice notices promptly from the point the judgment was set out. ADASS and DH made a set of recommendations. These recommendations have been reflected in B&NES' local action planning.

In response to the financial implications the DH have stated there is no more money available to Councils or CCGs to manage this however they have appointed a lead and are developing a business case for the Treasury at the moment.

ADASS have convened a national MCA Steering Group and B&NES MCA/DOL lead is representing the South West as the regional lead for this national MCA Steering Group.

The steering group has met once to date and agreed the following four areas of work: (1) Finance – developing the business case for the Treasury; (2) Workforce Development – looking at BIA course, how to increase MHA capacity and IMCA services; (3) Process and Court of Protection – can this be streamlined to support providers, CCG and Councils and the Court itself; (4) Guidance development – to support all concerned.

Local Response to the Judgment

An action plan has been in place since March 14 and has been monitored and new items added as they have come to light by the local, multi-agency, Task and Finish group. Key actions include:

- gathering data on predicted need and demand;
- agreeing the prioritisation criteria for DOLS applications given all can't be processed; identifying the risk on all agencies risk registers;
- raising awareness amongst all relevant providers (guidance notes and workshops have been held, including a guidance note for carers and service users); and
- making the case for additional resources in 2014/15 ensure the Council is able to respond to its new statutory responsibilities.

2. PERFORMANCE

Carers Support Service

1270 new carers were added to the Carers Centre Register between the 1st of April 2013 and 31st of March 2014

Since the commencement of the Carers Support Service Contract 3523 carers have engaged with the service.

Age Range	At 31 st March 2014
5-17	419
18-24	161
25-34	126
35-44	281
45-54	495
55-64	463
65-74	410
75-84	346
85+	142
Unknown	242

The Carers Centre produces a quarterly newsletter which is distributed widely, including to health and social care providers. This has resulted in a 35% increase in circulation.

Between January 2013 and March 2014 805 carers aged 18 and over were helped to develop a personalised support plan.

The Carers Centre Annual Survey showed that 92% of carers felt that the Carers Centre listen to their needs and 82% said that the Centre was able to offer the help that they needed.

82% of carers reported that they felt valued as a carer, 64% felt less emotionally stressed and 69% felt more able to carry on caring following the support that they were provided with by the Carers Centre.

Domiciliary Care Performance Update (April 2014 – 15th July 2014)

Baseline data

There are four domiciliary care strategic partners under contract in B&NES and, at the time of reporting, four spot providers, plus a small number of 'one off agreements'. The contract with strategic partners is a framework agreement under which providers are paid quarterly in advance for a projected number of care hours they will deliver, then this amount is adjusted to reconcile with the actual number of care hours delivered.

During the reporting period the total number of care hours delivered by all contracted providers was between 4838 care hours (30th of April 2014 to 552 service users) and 4710 care hours (15th July 2014 to 445 service users).

The strategic partners are commissioned to accept the majority of all referrals for domiciliary care made by Sirona Care & Health as part of the statutory social care assessment and care management process. On the 15th July 2014 84% of all commissioned domiciliary care (3938) was being delivered by the strategic partners with the remaining 16% being delivered by either a contracted spot provider or commissioned under a 'one off agreement'.

Hours of Service Provided by Four Strategic Providers per Zone:

Zone	Number of Service Users	Number of Visits	Care Hours
Bath North	118	1254	932
Bath South	137	1576	1201
NES (Keynsham)	81	1102	800
NES (Norton Radstock)	109	1391	1005
	445	5323	3938

3. SERVICE DEVELOPMENT UPDATES

Integrated Reablement Expansion and Adult Social Care Pathway Redesign

The overarching aim of the expanded and extended integrated reablement service and the adult social care pathway redesign is to deliver an integrated service that will support and safeguard older and vulnerable people to remain independent through timely interventions that contain, stabilise, decrease and/or de-escalate emerging risks, care and support needs. This will involve a shift in focus and of resources to the 'front end' of the social care pathway to place greater emphasis on prevention and early intervention.

For those who appear to be in need of social care services, within the current eligibility framework, a short-term, intensive period of integrated reablement to reduce or delay the

need for a long term package of care and support will be offered. This significant expansion of the reablement service, which has been commissioned by the Council and is being provided by Sirona Care & Health working together with Domiciliary Care Partners, went live from 1st July 2014.

For those with the most complex needs the new adult social care service model will focus on in depth assessment, support planning and regular review to avoid the need for hospital/residential admission or escalation of need

In facilitating these fundamental changes in the adult social care pathway, the key objectives are to:

- Enhance opportunities for co-producing solutions with potential service users and carers
- Be explicit about the intended outcomes of interventions, placing a stronger emphasis on the achievement of independence
- Prioritise the development of enabling approaches, in the broadest sense, as well as specific service interventions to support recovery
- Challenge the assumption that services will always continue at the same level for relatively long periods of time
- Promote a culture within adult social care that engenders independence and community inclusion
- Empower people to remain in control of their own lives by extending self-directed support and direct payments

Dementia Friends: creating dementia friendly communities together

Dementia Friends is a national initiative that is being run by Alzheimer's Society. It's funded by the government and aims to improve people's understanding of dementia and its effects. Alzheimer's Society is working with lots of volunteers and other organisations to achieve this goal. Because, together, we can create dementia friendly communities.

A small cohort of B&NES staff and volunteers have trained as Dementia Friend Champions and are rolling out information sessions to both colleagues and members of the public. Via these sessions to date, another 66 people have signed up to become a Dementia Friend and each has pledged their support to help develop communities to become more dementia friendly.

Sessions are due to be held with Sirona Care & Health's Community Resource Centres (dates to be confirmed) and another session is planned to take place as part of the Wellbeing Festival at Green Park Station on Friday 18th July 2014. The festival runs from 11 am to 3.30 pm and the Dementia Friends session will take place at 2.00 pm for about an hour.

If anyone wants a session planned for their individual workplace, please contact Anne-Marie Stavert at: Anne-Marie_Stavert@bathnes.gov.uk or ring 01225 477941

4. Swimming Pool at Connections Day Centre, Writhlington

In response to the Wellbeing PDS Panel's specific question in relation to the cost of turning the outdoor swimming pool at the Connections Day Centre into a hydrotherapy pool, it can be confirmed that the pool at Connections Day Centre was not designed to be a hydrotherapy pool. It is estimated that it would cost £500,000 to turn the 1960s pool into a fit-for-purpose hydrotherapy pool. Given that the Council is not responsible for commissioning hydrotherapy services, the low use of the Connections Pool and the fact that there are hydrotherapy services already available in the area this would not be an appropriate use of Council funds.

CCG Briefing
Well-Being Policy Development & Scrutiny Panel Meeting
25th July 2014

Hydrotherapy Services

The CCG commissions hydrotherapy activity from the RNHRD, the RUH and a very small amount of activity at NBT through the Avon Orthopaedic Centre.

1) Current Access

- Hydrotherapy is not run as a standalone separate service that can be referred into at the RUH or RNHRD. It is one of the options that may be part of Physiotherapy intervention; this would be based on assessment findings & treatment goals.

2) Referral Routes (RUH)

Multiple referral routes including

- Pain clinic
- Ward referrals
- Consultant and GP's
- Neurology patients
- Community based therapy services
- Maternity

Eligibility: Patients must have an MSK/Rheumatology/Complex Chronic pain diagnosis

3) Referral Routes (RNHRD)

- Rheumatology inpatients
- Rheumatology outpatients (1:1)
- Residential programmes (AS, BCPS)
- Outpatient programmes (groups)
- CRPS & BRIRS Service
- Referral route is via Rheumatology Physiotherapy Service Lead, referrals accepted from Consultants & GP's. Eligibility; patients must have an MSK/Rheumatology/Complex Chronic pain diagnosis. There is no longer provision/expertise for Neurology referrals.

4) Waiting Times

- This will be variable as it is dependent on physiotherapy waiting times & staffing levels (not a separate waiting list)
- Average waiting times at the RUH for Hydrotherapy = 9 weeks
- Current waiting time for physiotherapy assessment at the RNHRD = 8 weeks

5) Activity Levels

- In the time available it has not been possible to confirm accurate figures activity at the RUH.
- Approximately 250 patients per week use the hydrotherapy pool at the RNHRD (all CCGs)

Visit of Sir Bruce Keogh, Medical Director of NHS England

We were delighted to have Sir Bruce in BaNES on Friday 18 July to officially open the new Urgent Care Centre at the RUH.

The Urgent Care Centre has been built next to the Emergency Department at the Royal United Hospital (RUH) and opened its doors to patients on 1 April 2014. It is one of the first of its kind in the country and is helping patients to be treated more quickly whilst reducing the strain on the Emergency Department. This model of provision is consistent with that set out in the national Emergency and Care Services Review.

As well as opening the new Urgent Care Centre, Sir Bruce also took time to visit the Emergency Department at the RUH and joined a round table discussion with clinicians and commissioners to discuss their plans for providing urgent care more widely. In the afternoon, he joined discussions with over 50 GPs and staff from BaNES CCG about the challenges and opportunities for primary care where he emphasised the importance of protecting the NHS for future generations and not losing it “by accident”.

BaNES has the best access to GP services

The most recent results of the GP Patient Survey show that BaNES is the best performing CCG in the country for getting an appointment at your local surgery with only 5% of respondents saying that they had difficulty in arranging an appointment compared to 22% in Bradford which was the worst performing area.

New appointments

The CCG is delighted to have appointed Tracey Cox as Acting Accountable Officer until a full recruitment process has taken place for a permanent Accountable Officer.

Tracey has worked within Bath and North East Somerset in the commissioning of health care services since 2001 and prior to that at the Royal United Hospital, Bath, managing general surgery and orthopaedic services. She joined the NHS in 1990 as a management trainee after graduating from Goldsmith's College, University of London and worked in several London hospitals managing different specialities prior to moving to the South West in 1997. She has been Chief Operating Office at BaNES CCG since our authorisation in 2013.

Jeannette George will join the CCG on Monday 21 July as Director of Commissioning and Transformation to cover the position vacated by Tracey. Jeannette joins us from North Somerset CCG where she has worked as Chief Operating Officer and in senior commissioning

Non-Emergency Patient Transport Services

Arriva Transport Solutions (ATSL) began operating the non-emergency patient transport service in December 2013. The new contract brought in new ways of working both for the staff who transferred to ATSL and the NHS staff who work in the hospitals. The close working between ATSL staff and NHS colleagues has resulted in significant improvements since the start of the contract with a 20% rise in the number of patients arriving at their appointment on time and being collected within an hour of the provider being notified a

patient is ready to travel. There are still however, more improvements to be made and ATSL has stated its commitment to making these improvements.

Since December, ATSL has worked with BaNES CCG and other NHS commissioning bodies to provide information on the actual demand for patient transport services across the region. They are also investing in growth by recruiting additional staff and purchasing new vehicles to ensure that there is the correct level of resource to respond to the requests for patient transport that are being seen.

ATSL has made statements to patients and the public to express their genuine apologies for any distress caused to patients who have experienced delays with their transport. They also respond to all patients individually who contact them directly with feedback. ATSL has just completed its first overall patient feedback survey and the results indicate a high level of satisfaction amongst the patients carried, with 95% of patients agreeing that they felt safe and cared for and that ATSL staff listened and communicated with them well. Nevertheless, ATSL understands that timeliness has a significant impact on both patients and hospital staff and this is the area that they are focusing on to ensure that the service meets the needs of patients.

The CCG is continuing to closely monitor ATSL's performance and we are working with them to address the incidences of unacceptable performance that have taken place over the past few months. On the whole, performance is gradually improving but there remains more work to be done before the service is operating at the level that is expected by the CCG and the patients we serve.

Your Health, Your Voice First Meeting

The CCG held the first meeting of its new public and patient involvement group Your Health, Your Voice on Thursday 12 June at Bath Royal Literary and Scientific Institution, 16-18 Queen Square, Bath.

Your Health, Your Voice has over 40 members signed up. They come from across the Bath and North East Somerset area and represent a range of ages, interests and backgrounds. The group will meet every two months to discuss key topics and areas of work and their feedback will be reported at each subsequent Board meeting.

Update on co-commissioning of Primary Care

The CCG has expressed an interest to co-commission primary care services through a joint commissioning arrangement with NHS England Area Team. We believe this will help the CCG and the broader BaNES Health and Wellbeing partnership to:

- Integrate care outside hospitals in BaNES and deliver a sustainable healthcare system
- Improve engagement across the community and with local clinicians
- Support the design of the most appropriate high quality services for BaNES
- Contribute to the wider and developing CCG programme to minimise local health inequalities

This expression of interest links the CCG's vision expressed in our five year plan regarding the requirement to commission primary care at scale, to the mechanisms and levers for primary care commissioning. The proposed co-commissioning arrangements will be

transparent, with robust governance arrangements and with the appropriate safeguards to manage conflicts of interest.

Annual Report and Five Year Plan

The CCG's Annual Report and Five Year Plan are now both available on the CCGs website at www.banesccg.nhs.uk/governance-and-policies



Connecting Families

“His calm approach, the fact I know I can trust him. He has helped me feel more confident.... He is with me and listens fully to what I am saying.”





Re-Cap

- » Target is 215 families turned around by May 15
- » We have identified 263 families who meet the national criteria
- » In the Connecting Families Team including commissioned services there are:
 - » 39 Families open (4 light touch)
 - » 16 Closed



Payment by Results

» Last claim was in May

Education / Crime / ASB	146
Continuous Employment	29
Total PBR's	175
% to date	81%
Progress to work	20

	Intensive Teams	Matrix Team
Education / Crime / ASB	14	132
Employment	3	26



“Constant support, friendly advice, able to make contact at any time.”



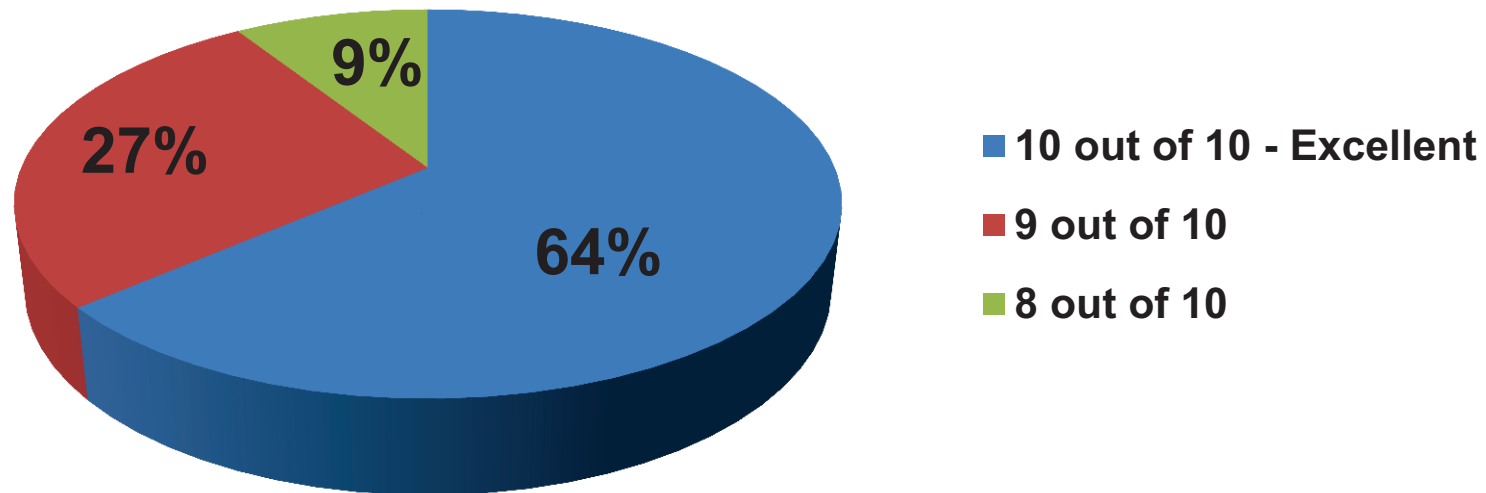
The past year:

- » 53 enquiry forms received in last 12 months
- » 55% allocated to the Core/ Commission Team
- » 55 families worked with to date
- » 33 Family Profiles completed
- » 33 Review meetings were held
- » 20 Family feedback forms completed
- » 5 Families are no longer on a CP Plan
- » Reviewing one year on



Feedback

How families rated the support from their
keyworker?



Overall Average = 9.5



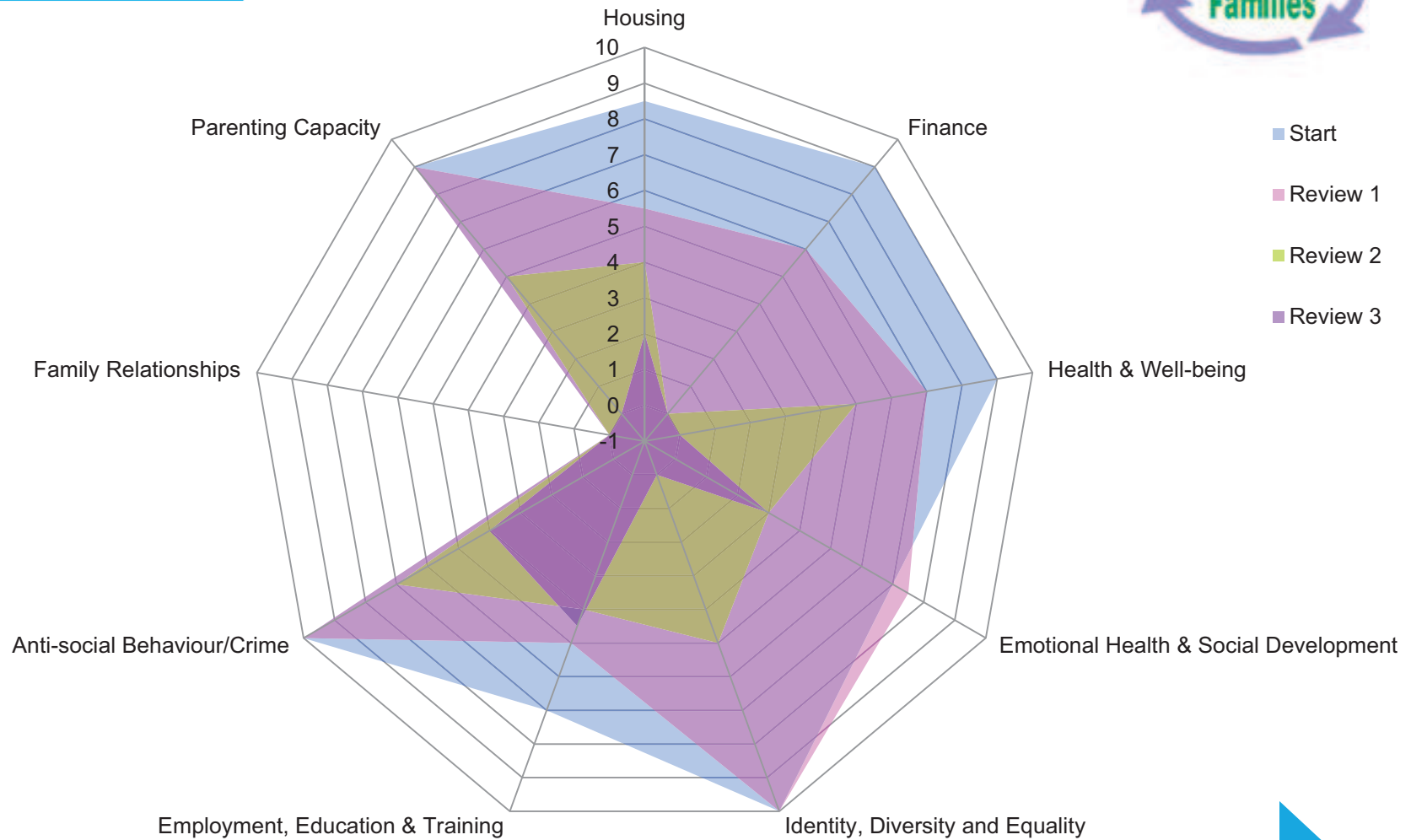
Family Monitoring Data

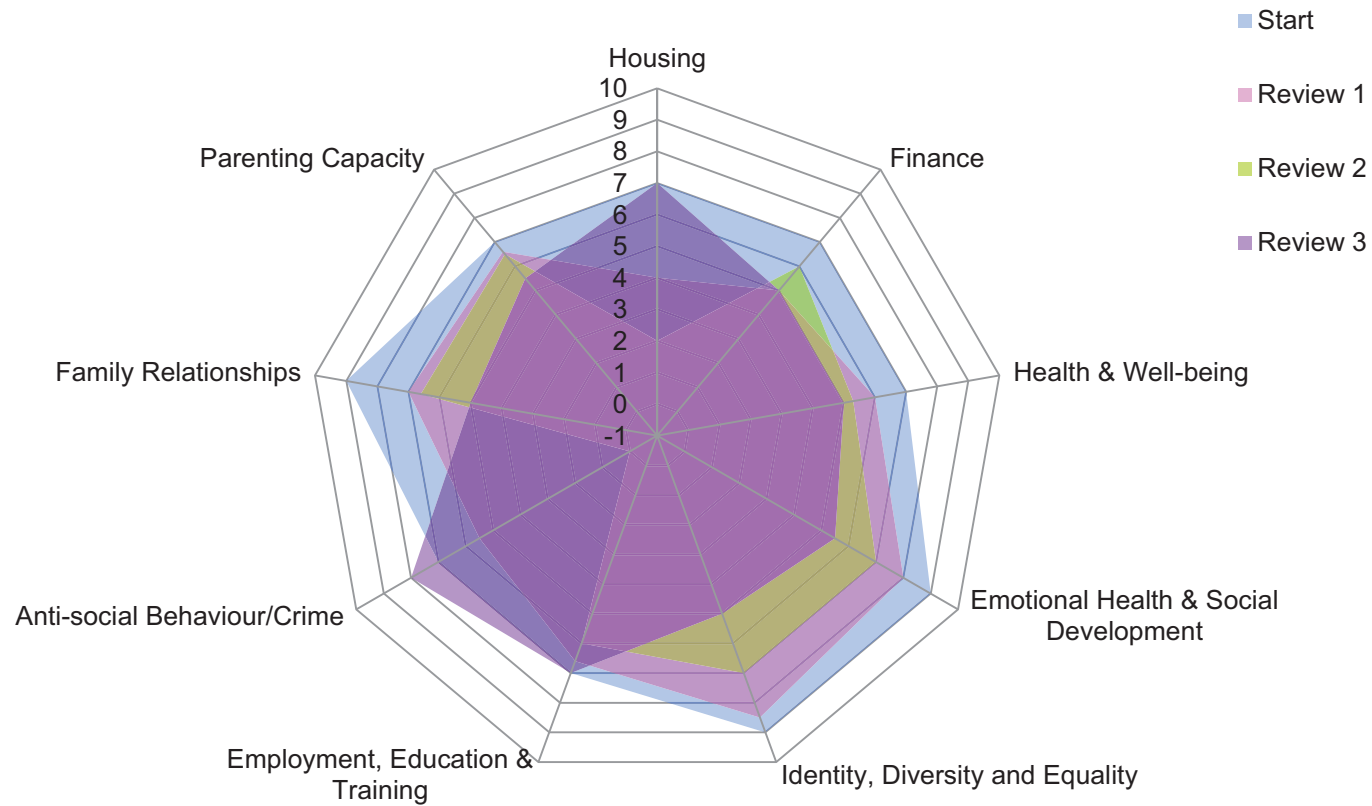
- » We completed data on 22 families (above 10%, which is one of the best in England)

- » Next data set is due by 11th of July
 The new indicator is: *No of children subject to CAF or Early Help Assessment (EHA*
- » We will be collecting data on 23 new families (above 10%)
- » Cost Benefit Analysis tool in place being tested for 2015
- » Still awaiting news RE: Phase 2



“My worker helped me in many ways such as helping me get a job and stood with me and advised me all the way.”







Family Matters 10 in 100

- Supporting families because families matter
- Vision: to see families equipped for life
- Partner with B&NES Connecting Families Service to support their exit strategy.
- The aim of the Family Matters steering group is to recruit, train and support volunteers to work with families with multiple and complex needs.



“Achieved a lot, still a few things to do. There will always be things that pop up but I feel 100% in a better place to deal with it.”