

## **BATH AND NORTH EAST SOMERSET**

### **WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL**

Friday, 16th November, 2012

**Present:-** Councillors Vic Pritchard (Chair), Katie Hall (Vice-Chair), Lisa Brett, Eleanor Jackson, Anthony Clarke, Kate Simmons, Sharon Ball, Douglas Nicol and Sally Davis

**Also in attendance:**

#### **56 WELCOME AND INTRODUCTIONS**

The Chairman welcomed everyone to the meeting.

#### **57 EMERGENCY EVACUATION PROCEDURE**

The Chairman drew attention to the emergency evacuation procedure.

#### **58 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS**

Councillor Bryan Organ had sent his apology to the Panel. Councillor Sally Davis was a substitute for Councillor Organ.

#### **59 DECLARATIONS OF INTEREST**

Councillor Eleanor Jackson declared other interest as she is Council's representative on Sirona Care & Health Community Interest Company.

Councillor Sally Davis declared other interest as she is Council's representative on Sirona Care & Health Community Interest Company.

Councillor Vic Pritchard declared other interest as he is Council's representative on Sirona Care & Health Community Interest Company.

Councillor Simon Allen (Cabinet Member for Wellbeing) declared other interest on the agenda item 'Cabinet Member update' as he is employed by the National Autistic Society in Bristol.

#### **60 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN**

The Chairman used this opportunity to inform the meeting that Connie Wright (BANES LINK member) who had been involved in many of the Health related issues within the area had passed away.

The Panel offered their condolence to Connie's family and friends.

**61 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 Peter Jovcic-Sas will address the Panel now in respect of the NHS & Clinical Commissioning Group Update and also just before item 11 on the agenda (Review of Urgent Care).

The Chairman informed the meeting that Sarah Mitchard will also address the Panel just before item 11 on the agenda (Review of Urgent Care).

Peter Jovcic-Sas said that the Clinical Commissioning Group (CCG) appeared to be too secretive about the role of their Board in terms that their job descriptions are not published. Peter Jovcic-Sas also said that it is unusual that two clinicians are appointed on their Board who have roles of the Chair and Clinical Accountable Officer. Peter Jovcic-Sas asked the Panel to request from the CCG to publish their job descriptions of their senior roles, clarify who is appointed to support Accountable Officer and clarify who is more senior – the Chair or Clinical Accountable Officer.

Councillor Jackson said that speaker made some points that should be answered by the appropriate officers/representatives.

The Chairman said that he would be asking Dr Ian Orpen to provide the answer, if possible, under 'NHS and Clinical Commissioning Group Update' agenda item.

**62 MINUTES 21ST SEPTEMBER 2012**

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

**63 CABINET MEMBER UPDATE (5 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:

Members of the Panel queried why some GP surgeries run out of the flu vaccines.

Dr Ian Orpen replied that this was national issue that will be resolved soon and all surgeries will have enough vaccines.

The Chairman, on behalf of the Panel, complimented the Independent Living Service (commissioned by the Council and provided by Curo Housing) which won the National Housing Federation South West Community Impact Award for Better Health.

The Chairman thanked Councillor Allen for an update.

## **Appendix 1 - Cabinet Member update**

### **64 NHS AND CLINICAL COMMISSIONING GROUP UPDATE (15 MINUTES)**

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

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

Dr Orpen also said that he would be happy to take on board comments made by Peter Jovicic-Sas and make the job descriptions of the CCG Board members available. These job descriptions were created according to the national guidance.

Dr Orpen added that Corinne Edwards leads on Dementia programme we were successful on three bids submitted to the NHS South of England Dementia Challenge Fund (out of five). The Prime Minister's Challenge on Dementia had been published earlier in the year to deliver major improvements in dementia care and research. This initiative became national priority.

The Chairman thanked Dr Orpen for an update and asked that the Panel be informed when the job descriptions for Board members are published.

## **Appendix 2 CCG update**

### **65 LOCAL INVOLVEMENT NETWORK (LINK) POSITION UPDATE (15 MINUTES)**

The Chairman invited Sue Bowen (Funding and Programme Manager) to introduce the report.

The Panel made the following points:

Members of the Panel felt that B&NES Local Involvement Network (LINK) had been put in unfortunate position as the former host service, Scout Enterprises Ltd, went into liquidation on 19<sup>th</sup> October this year.

Members of the Panel highlighted the value of the work that the LINK did over the past few years and welcomed that the Council was looking to appoint the new host service from 1<sup>st</sup> December.

It was **RESOLVED** to note the report and instruct the officers to communicate with the Panel the outcome of the procurement for the new host service once it is in place.

### **66 REVIEW OF URGENT CARE (30 MINUTES)**

The Chairman invited Peter Jovicic-Sas to read out his statement.

Peter Jovicic-Sas said that the NHS belongs to us all and BANES CCG has legal duty to involve people who use health service in decisions about those services. The CCG did not make meaningful attempt to engage current users of the walk-in

centre. There is also no information how local GPs will take on the pressure if the walk-in service gets closed nor there was information on how the proposed £500k saving would be invested in services elsewhere. The Equality Impact Assessment did not fully engage with the local representatives or wider communities (i.e. Bath Racial Equality Council). Over 1,000 people signed the petition to keep the centre. Over 70% were concerned about the new model based at the RUH. Peter Jovcic-Sas said that in his view the consultation was too shallow and too basic. The CCG did not provide enough information to allow people to make informed judgement on what they are planning to do. Peter Jovcic-Sas asked the Panel not to support the recommendation and ask the CCG to review their proposal in light of the all the comments on this subject.

The Chairman commented that Peter Jovcic-Sas was quite specific that the CCG haven't been effective in engaging the public and then went on to identify certain representations made through the consultation period. The Chairman said that appears to be conflict in the statement about the engagement process. The Chairman said that there was consultation period where the CCG went out across the authority to engage with the public and get their opinion.

Peter Jovcic-Sas said that there was no enough meaningful engagement with the public. The CCG could do more in terms of the public engagement. The other CCGs across the country take much longer to engage with the public.

Councillor Jackson said that she read in the report about the consultation process and while she thinks that efforts were made to engage with the public the fact is that most of the engagement took place via social media whilst there was no enough information via radio.

The Chairman invited Sarah Mitchard to read out her statement.

Sarah Mitchard thanked the Panel to give her opportunity to speak and also thanked the CCG for their interest in concerns raised and for meeting with Bath Labour Action Team and answer their questions. Sarah Mitchard also welcomed that the CCG worked hard to record the objections and criticism as well as setting out suggestions for how these could be addressed. The overwhelming view that came from the public was that they did not want to lose the GP walk-in service in this form, or from this location. People were worried about the reduction in access to primary care if these proposals went ahead. Therefore, Bath Labour Action team initiated the petition to enable people to express their views. To date 1,100 people signed the petition with 500 of them who left their comments.

Sarah Mitchard said that Wellbeing Scrutiny Panel should consider two main points before making their decision.

Firstly, the proposals in their current form do represent a substantial variation of services. People will lose access to urgent care and everyday primary care in the centre of Bath. The message from people who signed the petition is that they use GP led service at the Riverside when they are unable to access the service they feel they need from their GP. The loss of the GP led walk-in service in Riverside will amount to a reduction or rationing of access to primary care, with the majority of the

30,000 contacts per year expected to go to a GP instead and therefore unable to be seen as quickly or as conveniently as they would have done previously.

Secondly, it is the objection to the availability of financial information. In Sarah Mitchard's opinion there was no clear information how much money would be saved. There was an estimate of potential saving and the public did not have the opportunity to consider if the level of saving would justify the proposal. Sarah Mitchard said that when those questions were asked at the public meeting the CCG did estimate a cost saving of approximately of £500-600k. These savings were based on the expectations that both B&NES Emergency Medical Out of Hours service and proposed GP-led urgent care service at the RUH would be run by the same provider though those services have not been put out to tender yet.

Sarah Mitchard concluded by asking the Panel to reject the plan and instead refer these proposals for a review.

*A full copy of the statement from Sarah Mitchard is available on the minute book in Democratic Services.*

Councillor Brett said that she was approached in her Ward by few vulnerable people who were concerned that all services will be closed in the Riverside and asked Sarah Mitchard how did Bath Labour Action Team communicated the proposals to the public, particularly to vulnerable people.

Sarah Mitchard replied that people were told that the other services in the Riverside (dental services, sexual health, etc.) will remain open. The group had no intention to be misleading.

Councillor Hall said that she went to one of the engagement meeting where one of the Labour representatives said that £500k was not a lot of money and asked Sarah Mitchard if she thinks that £500k is not a lot of money.

Sarah Mitchard replied that public were not given a lot of information about financial position on proposal. Sarah Mitchard said that £500k was quite a lot of money and that the above was an unfair question as there was no conversation then about issues that are discussed now. Sarah Mitchard said that this information should have been presented by the CCG to the public at those meetings.

Councillor Hall said that she had those figures through the consultation process and she couldn't understand how the speaker could make the statement that there was no financial information. Those figures were not there at the beginning so Councillor Hall asked for them to be publicised. Those figures were pointing to potential saving of £500-600k out of total budget of £2.9m, which was significant amount of money.

Councillor Jackson asked Sarah Mitchard if she felt that the CCG had established that the sum of £500-600k was the actual saving.

Sarah Mitchard replied that she was under impression that the figure was an estimate and not the final saving.

The Chairman invited Dr Ian Orpen, Corinne Edwards and Tracy Cox to give the presentation.

Dr Orpen, Corinne Edwards (PCT) and Tracy Cox (CCG) highlighted the following points in their presentation (a full copy of the presentation is attached as Appendix 3 to these minutes):

- Rationale for service change
- B&NES demographic change
- Financial pressures
- Engagement Process
- Addressing key concerns
- Risks of doing nothing
- Other key issues considered by CCG
- Next steps
- Questions and comments

The Panel made the following points:

Councillor Brett said that one of the concerns raised during the consultation was about the parking at the RUH and asked what had been done to enable easy access.

Corinne Edwards said that access issues had been one of the main issues during the engagement process. The RUH said that they would be more than happy to work on solutions with the CCG and PCT.

Steve Boxall from the RUH Estates Team said that the RUH would certainly look at ways of improving the access as part of the plans to develop the Urgent Care Centre.

Councillor Clarke commented that the walk-in service was only 3 years in existence and asked if there was any clinical risk involved.

Dr Orpen said that he was quite satisfied that no clinical risk is involved in the proposal.

Councillor Clarke asked if it will be possible to register with two separate practices in future.

Dr Orpen said that is correct. The Government is piloting that scheme currently in London and it will be possible, in near future, to be registered with two separate practices.

Councillor Hall commented that she was pleased with the consultation process. The numbers of concerns were met though there is still some work to be done. Councillor Hall welcomed the financial information as well as information on parking. Potentially there will be better quality of care. Councillor Hall said that she spoke with large number of people, including the users of the centre. Councillor Hall also said that she welcomed the work that was done with students and that she was

pleased that a smartphone app was set for students. Councillor Hall felt that the proposal was positive and that the Panel should have a review on this service change in 6 months if the Panel support the proposal.

The Chairman said that should the Panel decide to support the proposal there will be no opportunity for the decision to be reversed and for the urgent care service to go back to the walk-in centre.

Councillor Jackson thanked the CCG and PCT representatives for coming to Radstock as a part of the consultation process. Councillor Jackson said that there are 30,000 visits per year at Riverside. We are in a consumer led culture when people are expected to have medical attention they need when they need it. Councillor Jackson said that she recently visited Riverside centre because she could get the appointment with her own GP. Councillor Jackson felt that this is a substantial variation of services. It is not only geographical change, it is also cultural change. It will create different way of accessing things. The questions that the Panel should ask is are the benefits outweigh the disadvantages. Councillor Jackson said that until GP surgeries improve their service she is not convinced that this is the right proposal.

Councillor Simmons commented as someone who lives in Keynsham, the RUH is in fact closer than the GP-led Health Centre, but that more and more people don't bother contacting their GP surgery so they use walk-in centres instead.

Corinne Edwards said that the PCT and CCG want to understand why people are wasting that capacity. This had led to the development of the incentive scheme to address telephone and appointment access. She also explained that across the practices in B&NES there was a 3% to 10% do not attend rate for GP and nurse appointments. This is wasted funded capacity and the CCG wants to work with practices on reducing this as part of the incentive scheme

The Chairman commented that walk-in centre had been in existence for short time but it became quite popular to those who use it.

Tracy Cox replied that the PCT and CCG recognise the value of the service and that their intention is to transfer those services. Tracy Cox also said that many of the 30,000 visits are repeat visits by the same people.

The Chairman thanked everyone who took part in the debate.

The Chairman asked the Panel to vote on this proposal.

Voting:

- 7 Panel Members voted in support of the proposal by saying that this service change did not constitute a substantial variation of services.
- 1 Panel Member voted against the proposal by saying that this service change did constitute a substantial variation of services.
- 1 Panel Member abstained.

It was **RESOLVED** that the proposal to relocate the GP-led Health Centre to the Royal United Hospital to create an Urgent Care Centre did not constitute a substantial variation of services and that the Panel agreed with the proposal.

### **Appendix 3 Urgent Care redesign presentation**

#### **67 LOCAL AFFORDABLE WARMTH ACTION GROUP UPDATE (20 MINUTES)**

The Chairman informed the meeting that the Panel will consider this item before Medium Term Service & Resource Planning item.

The Chairman invited Chris Mordaunt (Housing Services Manager) and Sarah Scott (Public Health) to introduce the report.

In addition to what was already included in the report and the Action Plan, Chris Mordaunt and Sarah Scott added that the biggest success was promoting home energy efficiency measures and information alongside the flu jab campaign and that 253 improvements took place this year.

The Panel made the following points:

Members of the Panel welcomed the initiative, action plan and measures that were put in place in order to promote affordable warmth to those who are most at risk of dying during the winter months.

It was **RESOLVED** to note and welcome the report and also to note and welcome the action plan.

#### **68 MEDIUM TERM SERVICE & RESOURCE PLANNING - 2013/14-2015/16 - (60 MINUTES)**

The Chairman invited Jane Shayler (Programme Director for Non-Acute Health, Social Care and Housing) to introduce the report.

Jane Shayler took the Panel through the report and explained the purpose of each appendix. On a question from the Panel on what P2P means in the report Jane said that is the reference to Procure to Pay (more efficient way to enable people to pay their invoices for the Council).

Jane Shayler highlighted the following key proposals in the service impact statement (for the benefit of the Panel):

There are two separate savings against the Council's contract with Sirona Care & Health. Top of the first page of appendix 3 of the report, Decrease in Sirona contractual values as agreed, is capturing part of the saving that is already incorporated in the contract with Sirona. Jane Shayler reminded the Panel that there is a three party contract for provision of care and health services between the Council, Sirona and the PCT (CCG as of April 2013). On the page 3 of appendix 3 of the report there is more significant saving because that is a new savings target against Council's part of the contract with Sirona. This has not been agreed yet with Sirona so it needs to be worked through in agreement and partnership with Sirona.



One of the areas that need to be explored is relatively recently published national Audit Commission report that looked at the cost in each LA for social care processes which indicates that there are some efficiencies in this area that could be made. Jane Shayler reminded the panel that Sirona delivers a significant portion of adult social care on behalf of the Council.

The Chairman asked what the Audit Commission exactly determined in their report.

Jane Shayler responded that Audit Commission looked at the cost of adult social care processes around the assessment of individual needs, review processes, provision of the advice to individuals (around eligibility for example), but also looked at the other supporting processes. Jane Shayler said that she always thought that we should treat benchmarking reports with the caution because national organisations, like Audit Commission, will be pretty skilful in analysing data though benchmarking does not always compare like for like. Audit Commission report benchmarks cost associated processes prior to the transfer of Sirona. Jane Shayler reminded the Panel that the AWP also manage some services in partnership with the Council. The first saving target against that work is not in the next financial year and there is time to work up the detail of how the saving will be delivered and undertake a full impact assessment, including assessing an equalities impacts.

Jane Shayler also said that one of the things that the Council could consider is whether we would be happy for individuals, who have relatively low level of need, to do something called 'self-assess' (i.e. if they need a piece of equipment that doesn't cost very much) to avoid the necessity of a service user going through a lengthy assessment process in order to access a minor aid and/or low-cost (or even freely available) service.

Councillor Jackson said that suggestion about the self-assessment is quite sensible and asked if GPs have any role in pointing people to right services.

Jane Shayler responded said that she was specifically talking about an assessment of need that was undertaken by Sirona and the AWP under the fair access to care services eligibility criteria. It does include role of GPs to identify people's needs.

Jane Shayler informed the Panel that under the savings heading, page 5 of appendix 3, there is significant sum of money in respect of use of the Section 256 funding in total of £1.5m. Jane Shayler explained that £1m of the Section 256 money is currently non-recurring money and levels of funding and associated guidance for using this money is confirmed on an annual basis. However, indications are that s256 funding will continue to be paid by the Department of Health. Jane Shayler said that for next year, 2013/14, some of the money will not go through the CCG but it would come from the National Commissioning Board to Social Services directly.

The Chairman said that s256 compensates for the effectiveness of adult social care with the intention of saving the money for the NHS. The Chairman asked how effective we are in measuring the outcomes resulting from this approach.

Jane Shayler said that one of the challenges is to find robust evidence on what you have prevented. Ideally, the s256 money would prevent people ever needing health

services. One of the proxy measures used locally is delayed transfer of care from the RUH. Some of the s256 money is used to fund extended research pilots.

Jane Shayler said to the Panel that the report before them is a 3 year plan. It does at the moment assume that the £1million s256 money is not carried forward for 2014/15. Savings targets in 2014/15-2015/16 are significantly greater than for 2013/14. Jane Shayler said that the Council is proposing to take the report to the Clinical Commissioning Committee in December, although that is not agreed yet, to seek agreement in principle for use of s256 funding in 2013/14, subject to confirmation of the allocation by the Department of Health. Clinical Commissioning Committee will not be in position to make the decision until they have their own allocation of funding confirmed.

Jane Shayler said that the next significant saving is around reducing the number of people who are admitted to residential care by preventing those admissions. BANES and South West benchmarked relatively high number of older people who were admitted to residential care as oppose to people who are held in the community. If we bring the number of admissions in residential care more in line with the national benchmark then we could deliver savings. The majority of people would prefer to remain in their homes rather to be in residential care. One of the things that we need to pay more attention to is more effective advice to people who self-funding for their social care services. We know that some people who are paying for their own services are admitting themselves to private residential care homes at an earlier time than their assessments suggests. They are spending their own money and they spend their money quite quickly and then they come to social services and become eligible via social services to fund their stay. One of the things we are proposing is for people who are self funded to have access to good advice and information from the Council to enable them to make informed choices about what sort of care services they use their money to fund.

Jane Shayler that the last saving proposal is significant saving proposal against Supporting People and Communities funding. Jane Shayler said that this was the best way of achieving challenging savings targets and that she cannot offer the alternative, or better, proposal to achieve the same savings targets and have less impacts on service users. The proposal around Supporting People and Communities saving is to reduce the overall amount of funding and focus the funding on those with higher levels of need. The Supporting people Programme was designed to meet the low level of need. In time, across the country, Supporting People funding has increasingly focused on meeting higher levels of need and supporting mainstream social services objectives, rather than the original aims of the Supporting People Programme.

The Chairman said that he fully understands that Jane Shayler was asked to save the money within the Adult Social Care and Housing but he felt that the current Administration has the opportunity to consider what they consider low priority elsewhere and direct it to where it is most needed. There are some areas of the Council that perhaps could cease in operation and it wouldn't be any great loss. The Chairman also said that there is little that the Panel could do and that there should be more support from the Council for funding services for vulnerable people rather than some other things that the Council funds.

Councillor Allen said that there are very difficult decisions to be made and suggested that political groups might want to discuss these matters outside the PDS Panels. Councillor Allen agreed with the point made by the Chairman though he added that some of the savings are result of the cuts in the funding from the Government.

The Chairman commented that the unfortunate thing is that by the time of the Council Budget meeting it will be too late to do anything.

Councillor Jackson asked if it is not within the scope of the Panel to ask the Cabinet to have another look at this budget.

The Chairman said that the Panel could say that they are not comfortable with the proposed budget. The Panel could also ask to be presented with the budget proposals for the next year at very much earlier date.

Councillor Brett agreed with the Chairman that the Panel should expressed their concerns on the proposal and be presented at much earlier date the budget proposals for the next year and enable all Panels to look at the entire Medium Term Service & Resource Plan for the Council so that the Panels could make recommendations on areas of spend that should be prioritised and those areas of spend that should be considered by the Council not to be a priority.

Samantha Jones (Equalities Manager) reminded the Panel that Council and Elected Members have due regard to the need to eliminate discrimination; advance equality of opportunity; and foster good relations – when making decisions and setting policies. To do this, it is necessary for the organisation to understand the potential effects of its activities on different people. Where these are not immediately apparent, it may be necessary to carry out some form of assessment or analysis, in order to understand them. Samantha Jones reminded the Panel that 2 Councils were taken to the court, one of which failed to consider equality effect of the decision they made. One of the judges in court said 'please prove when making the decision you had demonstrate to me that you had no other financial room to maneuver'. The Chairman thanked everyone who participated in this debate.

It was **RESOLVED** that:

- 1) The Panel requested that the budget for Adult Social Services and Housing should be more protected and that savings should be considered within other areas of the Council;
- 2) The Panel requested that next year's budget be presented at a much earlier date to the Panel (latest at September 2013);
- 3) The Panel felt that it is essential that the Council protect frontline services for vulnerable people; and
- 4) The Panel felt that all Officers and every Member of the Council should be aware that they have due regard to the need to eliminate discrimination; advance equality of opportunity; and foster good relations – when making decisions and setting policies, as per the advice of Equalities Manager.

## **69     IMPACT ASSESSMENT ON THE PROPOSED RELOCATION OF PAEDIATRIC AUDIOLOGY (15 MINUTES)**

The Chairman invited Janet Rowse (Sirona Chief Executive) to introduce the report.

The Panel made the following points:

Members of the Panel debated the transport issues for the service users. The Panel felt that clinical opportunities and space at the new location at St Martin's site outweigh travel implications. The proposed changes to Sirona Paediatric Audiology Service are improvements to the current provision.

It was **RESOLVED** that the proposal to relocate the Paediatric Audiology Service from the RUH to the St Martin's Hospital site did not constitute a substantial variation or development.

## **70 CARE HOMES QUARTERLY PERFORMANCE REPORT JULY - SEPTEMBER 2012 (15 MINUTES)**

The Chairman invited Jane Shayler to introduce the report.

The Panel made the following points:

Members of the Panel asked for the rationale of having the Care Homes Quarterly Performance Report.

Jane Shayler explained that this report is the second in a series of quarterly reports which focuses specifically on the quality of care and performance of residential and nursing homes under contract in Bath & North East Somerset. The report captures the outcomes of the judgements issued by the Care Quality Commission (CQC), activities by the Commissioning and Contracts Team in relation to the quality and performance of care homes and, lastly, the level and type of safeguarding activity recorded.

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

## **71 WORKPLAN**

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

- 6 monthly update/review on Urgent Care Re-design
- Alcohol Harm Reduction Scrutiny Inquiry Day to be moved to 22nd March 2013

The meeting ended at 2.45 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 – November 2012**

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#### **1. PUBLIC ISSUES**

##### **Services for Adults with Autism**

Representatives from The National Autistic Society (NAS) along with adults with autism, their families and carers, and some professionals last week attended a consultation event in late September on how the Adult Autism Strategy can be implemented effectively.

The event offered the opportunity for people to find out more about the Council's Fulfilling and Rewarding Lives Autism Strategy and put forward comments and suggestions they had on how to improve services and support for adults with autism in the area. People were able to share their experiences and help influence the way that people with autism access vital diagnosis, support, employment, education and housing services in the community.

Diana Elliott, Branch Officer of the NAS Avon Branch, said: "This meeting was a real opportunity for parents, carers and people with autism to make an impact on the Bath & North East Somerset adult autism strategy. It was a great turn out and we hope that the Council will take forward the views expressed to help shape the future of autism services in the area. If the right help and support is not available, it can have a profound and sometimes devastating effect on people with autism."

Martin Hedley, a local singer-songwriter who has Asperger syndrome, spoke at the event about his personal perspective and said: "I suffered a breakdown last year as a direct result of a lack of appropriate support, even after I had established myself within my local community by setting up an arts community project and was about to go self employed as a musician and campaigner"

Anyone who was not able to attend the event but who would like to see details of the draft Strategy can contact Diana Elliott, email: [avon@nas.org.uk](mailto:avon@nas.org.uk) or mob: 07825 227026. Alternatively the Strategy can be accessed via the Council's public consultation page: [www.bathnes.gov.uk/services/adult-social-care-and-health](http://www.bathnes.gov.uk/services/adult-social-care-and-health).

## **2. PERFORMANCE**

### **Independent Living Service National Award**

The Independent Living Service (ILS) commissioned by the Council and provided by Curo Housing has won the National Housing Federation South West Community Impact Award for Better Health.

Curo was also overall winner for the South West beating the winners of all the other categories ( improving neighbourhoods, safer streets & building futures) and now goes forward to the national awards – which will be judged in January 2013.

### **Substance Misuse Services**

The National Treatment Agency (NTA) has acknowledged the significant improvement in substance misuse treatment services in Bath & North East Somerset. In particular, as part of its review of performance the NTA has commented: “...*this is a rebalanced, recovery orientated system that could enter the top quartile performance range in 12 months if this progress continues.*”

## **3. SERVICE DEVELOPMENT UPDATES**

### **Dementia Challenge Fund**

NHS South of England announced the successful bids against the Dementia Challenge Fund. Three out of the five submitted by B&NES were successful amounting to £455k. These include the RUH, Sirona Care & Health and Curo. The PCT has agreed to fund the other two unsuccessful bids from Age UK B&NES and The Carers' Centre (joint) and AWP on a 12 month non-recurring basis as they were felt to be integral to improving services for people with dementia.



## **Wellbeing Policy Development and Scrutiny Panel**

**16.11.12**

### **Key issues briefing note**

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

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

#### **Appointments**

B&NES CCG is in the process of appointing its executive nurse and secondary care consultant. Following a recruitment process the post of executive nurse has been offered and accepted. Details are now being finalised. Meanwhile we are currently short-listing for the post of secondary care consultant.

The structures of the CCG have now been approved and recruitment to these posts is proceeding.

Appointments to date:

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

Two lay members have also been appointed to the Governing body. They are:

- John Paul Sanders, lay member for Patient and Public Involvement
- John Holden, audit, governance and vice chair

#### **Authorisation**

Before CCGs become legally constituted bodies they must go through a rigorous and extensive assessment process called authorisation. A team of 10-strong including Andrea Young, Chief Operating Officer NHS South of England and Tim Kelsey, National Director for Patients and Information at the NHS Commissioning Board (NHS CB) held an authorisation site visit in Bath on Friday November 9. The aim of the site visit was to assess B&NES CCG's technical submission which covers 119

criteria across six domains. This submission is an important element towards B&NES CCG achieving its status as a legally constituted body from April 1 2013.

The panel was suitably impressed by the progress in B&NES. Of the 119 criteria assessed, B&NES CCG received 106 greens. The CCG is confident of achieving full authorisation with no conditions.

### **Commissioning support service**

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

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

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

### **Central Southern Commissioning Support Unit appointments**

Central Southern Commissioning Support Unit has appointed John Wilderspin as its Managing Director. John has a distinguished track record in the NHS having worked as National Director for Health and Wellbeing Board Implementation at the Department of Health as well as holding the post of CEO at both acute trust and at primary care trust. Four of the six posts within the senior team have been appointed and the structures which sit below are also being appointed too.

### **Primary care trust**

Ed Macalister-Smith retired last month (October) and Jenny Howells is acting Chief Executive.

Summary prepared by Craig MacFarlane

Bath & North East Somerset Council

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## Redesigning Urgent Care – the Case for Creating an Urgent Care Centre

Date: 16/11/2012



*Healthier, Stronger, Together*

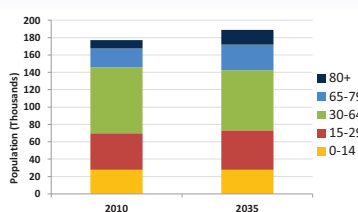
### Rationale for service change

- An ageing population
- Increasing demand & expectations
- People living longer with long term conditions
- Finite resources & inequitable use
- Support of local clinicians
- Right treatment, right place & right time
- Clinical evidence & best practice
- Health & Social Care Summit – 14<sup>th</sup> November

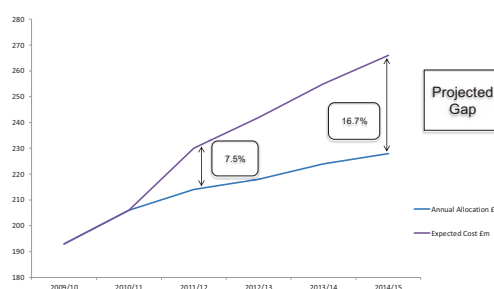


### B&NES demographic change

- ONS projects population increase from 176,000 to 198,800 by 2026 – 12% increase
- 80+ population projected to increase by 40% - 9,900 in 2010 to 13,900 in 2026



### The uncomfortable truth



### Engagement process

- 25<sup>th</sup> September 2012 to 31<sup>st</sup> October 2012
- Media briefings
- 7 public meetings – 120 people attended
- 208 questionnaires completed
- Staff meeting
- Health & equalities impact assessment



### Addressing key concerns

- GP access
- Vulnerable people, eg homeless
- Visitors & tourists to the city
- Parking & charges at the RUH
- Getting to the RUH
- Convenience
- Quality & customer focussed
- Financial assumptions



### Risks of doing nothing

- Wider impact on local population
- Loss of opportunity
- Demand versus capacity
- Fragmented system with poor governance
- Erosion of general practice
- Long term conditions not integrated



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### Other key issues considered by CCG

- Re-commissioning services in isolation
- Not an essential service
- GP practices have open lists
- Inequitable funding not based on need
- Emergency department & ambulance service well recognised
- NHS 111
- Not urgent care
- Evidence base



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### Next steps

Subject to outcome of Scrutiny Panel:

- Report to Clinical Commissioning Committee – 22<sup>nd</sup> November
- Recommendation to proceed to PCT Board – 28<sup>th</sup> November
- Development of specification via Urgent Care Network
- Visits to other Urgent Care Centre sites
- Procurement to begin in February 2013

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### Questions & comments



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