

BATH AND NORTH EAST SOMERSET

WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL

Friday, 17th January, 2014

Present:- Councillors Vic Pritchard (Chair), Cherry Beath (Vice-Chair), Sharon Ball, Sarah Bevan, Lisa Brett, Eleanor Jackson, Anthony Clarke, Bryan Organ and Kate Simmons

64 WELCOME AND INTRODUCTIONS

The Chairman welcomed everyone to the meeting.

65 EMERGENCY EVACUATION PROCEDURE

The Democratic Services Officer drew attention to the emergency evacuation procedure.

66 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillor Simon Allen (Cabinet Member for Wellbeing) and Dr Ian Orpen sent their apologies to the Panel.

Councillor Lisa Brett left the meeting at 12.15pm (after agenda item 12).

67 DECLARATIONS OF INTEREST

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

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

Councillor Cherry Beath declared an 'other' interest as her husband is an employee of the Avon and Wiltshire Mental Health Partnership NHS Trust.

68 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was no urgent business.

The Chairman used this opportunity to inform the Panel that he received a letter from Eugene Sullivan (Chair of the Royal National Hospital for Rheumatic Diseases (RNHRD) NHS FT) with information that the RNHRD were unable to find a suitable

candidate for the post of Chief Executive Officer that met the specific skill set required for their organisation at this time. Kirsty Matthews, current Chief Executive Officer, has been offered, and agreed, to stay on a revised pattern of flexible working until suitable candidate is appointed.

The Chairman also informed the Panel that the Council had received a petition with 5,011 signatures, about the future of the RNHRD. The Political Group Leaders had debated this matter in advance of the Panel meeting and decided to forward the petition to B&NES Clinical Commissioning Group for consideration.

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

There were none.

70 MINUTES

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

71 CABINET MEMBER UPDATE (10 MINUTES)

The Chairman invited Jane Shayler (Deputy Director for Adult Care, Health and Housing Strategy and Commissioning) to give an update to the Panel (attached to these minutes) on behalf of Councillor Simon Allen.

The Panel made the following points:

The Chairman said that, in terms of the Better Care Fund, this Council was in much better position when compared to other Local Authorities because the Council was well into integration process with other NHS bodies. The Chairman asked what had been happening with the Section 256 money up until this point.

Jane Shayler explained that the Section 256 amount had varied from year to year. The Section 256 money has been confirmed as an annual amount each year. The Section 256 money had been used for a number of different services and initiatives, including schemes to address “winter pressures” and investment in re-ablement services. One of the benefits of the pooled Better Care Fund (BCF) was greater certainty as on-going funding stream. Jane Shayler added that detailed guidance for the use of the BCF in the Health and Social Care system has now been published, which would enable the development and agreement of joint plans across the Clinical Commissioning Group (CCG), NHS England and the Council. The Health and Wellbeing Board, whose members were from all of these organisations, would develop a long term vision of the integrated health and social care and formally sign off on the local BCF plan.

The Chairman noted that £552k of the Disable Facilities Grant would be a reduction in funding considering that it used to be around £600k (and the Council would make up to £1m). The Chairman asked if the Council would continue to make up that short fall.

Jane Shayler responded that for the next financial year the Council had not indicated reduction in the contribution to the Disabled Facilities Grant. The Council would continue to fund the grant directly, in addition to the central government allocation, to approximate amount of £1m.

Councillor Lisa Brett commented that the Royal United Hospital (RUH) was not invited to sit on the Health and Wellbeing Board (HWB), the arrangement she personally disagreed with it which, in her view, affected the effectiveness of discussion at the HWB. Councillor Brett asked how engaged were the RUH in the process considering that they were not represented on the HWB.

Jane Shayler responded that the HWB had had a development session in early December 2013 to discuss the BCF and also establishment of the Strategic Advisory Group (SAG) comprising main health and social care providers. The RUH are part of the SAG. The CCG and the Council had been considering engaging with all key stakeholders on the use of the BCF. Jane Shayler said that she would update the Panel on how the RUH would be engaged in the use of the BCF after the HWB meeting on 29th January 2014.

The Chairman thanked Jane Shayler who provided an update on behalf of Councillor Simon Allen.

72 CLINICAL COMMISSIONING GROUP UPDATE (10 MINUTES)

The Chairman invited Jane Shayler to give an update to the Panel (attached to these minutes) on behalf of Dr Ian Orpen.

The Panel made the following points:

Jane Shayler confirmed that the CCG had received the Mineral Hospital petition (mentioned by the Chairman under 'Urgent Business' agenda item) and that they were considering an appropriate response to it. Jane Shayler also said that the CCG would send a copy of the response to the Panel.

Councillor Brett expressed her serious concerns about the quality of commissioning that the CCG was undertaking. Councillor Brett said that there were huge problems with the NHS 111 services, problems with non-emergency patient transport services (NEPTS) and Northern Doctors Urgent Care were chosen over local partnership, which, in Councillor Brett's view, might be a setback. Councillor Brett also expressed her concerns that the CCG did not have management capacity, or expertise, in commissioning of services.

The Chairman said, for the record, that a comment from Councillor Brett was an individual comment and not the view of the Panel. The Chairman also said that a comment on how effective the Northern Doctors would be was built on assumption and not on hard evidence.

Councillor Eleanor Jackson said that her concern within the re-commissioning process was about the lack of monetary value on local information and local knowledge.

Jane Shayler acknowledged comments made by Councillors Brett and Jackson and commented that the CCG would probably want to make a formal response to these remarks. In relation to Councillor Jackson's comment on local knowledge, Jane Shayler confirmed that the new out-of-hours service provided by Northern Doctors, known locally as Bath and North East Somerset Doctors Urgent Care, would be provided by GPs already working in this area and, therefore, having local knowledge.

Members of the Panel debated the issues and problems around the non-emergency patient transport services (NEPTS) and expressed their concerns on the poor service delivery.

Ed Potter (Arriva Transport Solutions LTD – ATSL) addressed the Panel by offering a sincere apology on behalf of the ATSL. The ATSL had written letters of apology to all patients, in particular to a group of dialysis patients, who were affected with the poor service. This was a very complex operation and the ATSL was the sole provider of service, compared to up until the 1st December 2013 when there were up to 30 different providers. The transfer from the 30 providers to ATSL was complex and challenging and did not happen as seamlessly as ATSL or, indeed, the outgoing providers would have wished.

The Chairman felt that the Panel should receive a full report/review on this matter at the next meeting of the Panel (March 2014).

It was **RESOLVED** to receive a Non-Emergency Patient Transport Services report/review at March 2014 meeting of the Panel.

73 HEALTHWATCH UPDATE (10 MINUTES)

The Chairman invited Pat Foster and Marilyn Freeman (Healthwatch B&NES) to take the Panel through the update, as printed in the agenda.

Councillor Sarah Bevan noted that the Healthwatch expressed some concerns about mental health provision and asked if the Healthwatch had had the opportunity to communicate with LIFT Psychology services in B&NES.

Pat Foster replied that the Healthwatch haven't had any feedback from B&NES area yet though they received feedback from other areas in regards of the self-assessment.

Jane Shayler explained that she understood the issue in respect of mental health provision was about capacity, and not with the quality, within the very specific mental health liaison service based at the RUH.

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

74 CARE BILL (20 MINUTES)

The Chairman invited Jane Shayler to introduce the report.

The Panel made the following points:

The Chairman asked about pressures that Sirona Care & Health would face in regards of care and support assessments arising from the Care Bill; particularly in light of the additional savings target in the Council's Medium Service & Resource Plan 2013-14 to 2015/16 against the Sirona contract. The Chairman also asked about a Deferred Payment Scheme.

Jane Shayler confirmed that there was, indeed, an additional savings target against Sirona's contract for the next financial year. Part of the modelling of financial implications would be on what additional funding would be needed to undertake statutory care and support assessments. The Council would be required to make an assessment of individual's needs, including the needs of informal carer (those who are not paid to care). So, the Council would have to calculate what additional funding they would need to consider to ensure its statutory responsibilities to undertake an assessment of need.

Jane Shayler also responded about the Deferred Payment Scheme. The Council had recently agreed a local Deferred Payment Scheme (DPS) that complies with the national guidance for the DPS. The way the DPS would be working: if somebody was placed in the residential care home to meet their eligible personal care needs, and if they own property, then they could elect to set any costs/contribution towards the cost of care against the property they own. The DPS would enable individuals not to sell their family homes, for example, to finance the cost of care, and instead any such financial contribution could come from individual's estate after they have died. There would be a cap on the level of contribution. That would mean that the Council would be funding the cost of the residential care for that individual. The Council would be able to recoup that money after that individual had died and contribution recovered from the estate after the adequate process.

Jane Shayler also commented that there might be a few inconsistencies in the paper. A reason for that is partly because of the complexity of the paper and also because Local Authorities, other organisations and Central Government started to do their own analysis, which is why there was a level of inconstancy between various assessments of the financial impacts and implementations of implementing the Care Bill once it becomes law.

Councillor Jackson commented that some people were concerned that they would have to sell their homes to fund residential care. Councillor Jackson also said that the Bill did not take into account what would happen if an individual was in residential care and their partner stays at home.

It was **RESOLVED** to:

- 1) Note the key proposals in the Care Bill and early analysis of the implications for Bath and North East Somerset Council and other key partners with great concern because of the financial implication of this policy;

- 2) Receive a further update prior to enactment of the Bill or if any substantive changes are made to the Bill as it proceeds through the House of Commons; and
- 3) Write to local Members of the Parliament (Rt Hon Don Foster MP and Hon Jacob Rees-Mogg MP) expressing Panel's concerns on the financial implications of the policy.

75 DRAFT ADVICE & INFORMATION STRATEGY 2014-17 (40 MINUTES)

The Chairman invited Jane Shayler and Ann Robins (Planning and Partnership/Supporting People Manager) to introduce the report.

Jane Shayler commented that she was aware that the Panel had received a copy of a correspondence between the Citizen Advice Bureau (CAB) B&NES and the Leader of B&NES Council. Jane Shayler said that she was not in position to make a reference on this paper but her understanding was that the CAB B&NES would meet with Councillor Paul Crossley and Councillor Simon Allen on Monday 20th January in order to discuss next steps.

Jane Shayler also said that it was likely, subject to the Full Council Budget meeting in February, that the savings target against Advice and Information Services, funded from the Supporting People and Communities, would be reduced from £225k to a target saving of £118k.

The Panel made the following points:

The Chairman said that the report provoked a series of questions. In his view, one of the major failings was that it failed to match the demand with the available resources. The Chairman also said that, in his view, officers had been asked to make a strategy in a very constrained timescale. The Council had been operating for years without the strategy and now officers were given only ten days to formulate the strategy before going out for consultation. The Chairman felt that the timescale for the strategy was not realistic.

Councillor Brett welcomed the strategy and said that she wished the Council had had the strategy years ago and that the Panel should have had the strategy on the agenda some time ago before the proposed budget savings were published.

Councillor Organ said that he supported the work of the CAB B&NES. The general public look on the CAB as an independent adviser. Councillor Organ welcomed that the CAB B&NES would meet with Councillor Paul Crossley and Councillor Simon Allen on Monday 20th January in order to discuss next steps.

The Vice Chair reminded the Panel that they were asked to look at the draft strategy and not on the issue of the CAB B&NES. The Vice Chair congratulated the officers on the report and welcomed an initiative from the Council to have the strategy.

Councillor Tony Clarke also congratulated the officers on the report. Councillor Clarke felt that the officers had had enough time to put the strategy together. Councillor Clarke felt that there was a reliance on internet, which not necessarily could be valuable or safe, and also that there were a lot of people who wanted to complain, or get an advice, but would not want to do that via Council.

The Vice Chair commented that the Panel should not be seeking to influence the discussion between the CAB B&NES and Councillors Crossley and Allen on Monday 20th January.

It was **RESOLVED** to note the content of the draft Advice and Information Strategy. The Panel were conscious that there was a need for a considerable amount of work done to make this Strategy a working document, in particular with matching appropriately the demand of available resources.

The Panel **CONFIRMED** that they received a confidential document from the Citizen Advice Bureau B&NES, letter sent to the Leader of the Council, and **RESOLVED** not to respond to, or comment on, for the benefit of the discussion between the Citizen Advice Bureau B&NES and Councillors Crossley and Allen on Monday 20th January.

76 **SUBSTANCE MISUSE SERVICES (30 MINUTES)**

The Chairman invited Carol Stanaway (Substance Misuse Commissioning Manager), Jo Green (AWP Specialist Drug & Alcohol Services – SDAS), Rosie Phillips (Developing Health and Independence - DHI) and Alex Newman (DHI) to give a presentation to the Panel.

The following points were highlighted in the presentation:

- Pictures of different offices within Substance Misuse Services across B&NES
- An update on Re-configured Services
- Graph on the DHI Growth in Alcohol Clients Receiving Treatment
- Increasing Drug and Alcohol clients 2013
- Integrated Working
- Housing Support
- Service User and Family Consultation Day - August 2013 at St Mary the Virgin Church

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

The Panel made the following points:

Members of the Panel asked questions about treatments for ketamine users to which officers responded accordingly.

The Panel asked how people gain access to new drugs.

Carol Stanaway and Rosie Phillips explained that internet was primarily responsible as a source. There were also shops selling new drugs. The reason why these drugs were available was that they were classified as legal drugs at that moment of time.

Members of the Panel welcomed the on-going work with village agents, street pastors and the support provided to certain community pockets (such as Chew Valley, Foxhill, etc.).

It was **RESOLVED** to note:

- 1) Services in place to support substance misusers to overcome their dependence following re-commissioning and service redesign; and to support their families.
- 2) Progress being made to support ketamine misusers;
- 3) Progress being made to support alcohol misusers in B&NES.

It was also **RESOLVED** to congratulate Substance Misuse Services in Bath & North East Somerset, and the partners, on their work.

77 THE ROYAL UNITED HOSPITAL BATH UPDATE (20 MINUTES)

The Chairman invited James Scott (Chief Executive RUH) to give a verbal update to the Panel.

James Scott briefed the Panel on the latest CQC inspection to the RUH.

The CQC had been visiting acute hospitals first and soon they would be visiting mental health trusts. The CQC had identified 18 pilots sites (hospitals) – six of those were low risk trusts, six were higher risk trusts and the last six were in the middle (RUH Bath included). The CQC would produce a quality summit report once all inspections are completed. The inspection at the RUH happened from 4-6 December 2013 with around forty of inspectors on site. Five or six academics were amongst those forty inspectors, doing a research into the process itself, as a pilot exercise.

At previous inspections there were two or three inspectors on site with generic skills/experience. This time, the RUH were inspected by a group of generic inspectors (up to six of them), clinicians with different expertise and from different parts NHS organisations and patient representatives (experts by experience).

The inspection lasted for two and a half days. The RUH also had an unannounced inspection on Sunday afternoon where inspectors spent six hours checking on all the wards and departments in the RUH.

James Scott also said that he received a report on Wednesday (15th January) which was shared with the RUH management to look at factual accuracies in the report. A quality summit, set up by the CQC, would happen on 4th February. This would not

be a public meeting though two stakeholders would be invited for that meeting – representatives from the Council and also from the Healthwatch. The RUH would also invite representatives from Wilshire considering that the RUH catchment area extends to that region. The idea behind the quality summit was to look at the CQC report and to consider what actions were required as per the CQC's recommendations.

The CQC checked the following about care services:

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive to people's needs?
- Are they well-led?

The CQC looked at seven services in the RUH:

- A&E
- Medicine (cardiology, diabetes, older people's care)
- Surgery
- Intensive Care
- Children Services
- End of Life Care
- Outpatients

The report would become public sometime after 4th February 2014.

The Chairman commented that the previous CQC inspection were critical about record keeping in the RUH.

James Scott responded that the CQC were critical on record keeping on the wards. The CQC didn't criticise the quality of care that patients were getting on the wards. The issue was about nursing – nurses were not capturing all of the interventions they were making and, as a consequence, that could create the potential for harm.

The Chairman anticipated that the outcome of the CQC inspection would be satisfactory. The Chairman asked when the RUH would proceed with the Foundation Trust (FT) status.

James Scott responded that the CQC (quality regulator) and the Monitor (economic regulator) would have to give at least 'good' rating before the RUH could move forward with the FT application.

Councillor Jackson asked if the CQC just inspected functions in the RUH or they also inspected the cleanliness and the state of the building.

James Scott responded that the CQC did not comment on designs and similar in the hospital though they did inspect cleanliness.

It was **RESOLVED** to note verbal update from James Scott and to receive a full report at the next meeting of the Panel (March 2014).

78 PANEL WORKPLAN

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

- Non-Emergency Patient Transport Services (March 2014)
- The Royal United Hospital Bath update on results of the Care Quality Inspection held on 4-6 December 2013 (March 2014)
- Dentistry – for near future
- Podiatry services – for near future
- Public Health – HIV (July 2014)
- Care Bill update (date to be confirmed)

The Panel also agreed to re-visit recommendations of the Home Care Review 2010 – date to be confirmed.

The meeting ended at 1.35 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services