BATH AND NORTH EAST SOMERSET

WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL

Friday, 16th January, 2015

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

64 WELCOME AND INTRODUCTIONS

The Chairman welcomed everyone to the meeting.

65 EMERGENCY EVACUATION PROCEDURE

The Chairman drew attention to the emergency evacuation procedure.

66 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillor Kate Simmons had sent her apologies to the Panel. Councillor Brian Simmons was a substitute for Councillor Kate Simmons.

Councillor Neil Butters informed the meeting that he would have to leave at 12.30pm due to another appointment.

Councillor Simon Allen (Cabinet Member for Wellbeing) had sent his apologies for this meeting.

67 DECLARATIONS OF INTEREST

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

Councillor Katie Hall 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.

Councillor Tony Clarke declared an “other” interest in agenda item ‘Impact Assessment of Transfer of Endoscopy Services’ as a representative of the Council on the RNHRD Board.

68 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

The Chairman used this opportunity to inform the Panel that he had received a letter from the Royal National Hospital for Rheumatic Diseases (RNHRD) acting Chief Executive, Kirsty Matthews, on the latest developments with the hospital, in particular on acquisition from the RUH Bath.

The Chairman read out the letter and welcomed that the RNHRD had received the lowest possible CQC risk score 2, out of maximum of 92.

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 subject to the following amendment:

- Page 11, 12 lines up in the last paragraph to delete '**not**' so it should read '….was simplified and ….'

The Chairman said that he had not yet received a feedback from an officer on his suggestion at the last paragraph on page 11. Jane Shayler commented that she would arrange for an officer to get in touch with the Chairman on that matter.

71 CABINET MEMBER UPDATE (10 MINUTES)

The Chairman invited Jane Shayler (Director of Adult Care and Health Commissioning) to give an update (attached to these minutes).

Some Members of the Panel had said that the Wellbeing College, and its courses for January and February this year, had been positively received by the Midsomer Norton, Radstock & District Journal.

The Chairman thanked Jane Shayler for an update.

72 CLINICAL COMMISSIONING GROUP UPDATE (10 MINUTES)

The Chairman invited Dr Ian Orpen to give an update (attached to these minutes).

The Chairman commented how winter pressures across the UK had been happening every year and asked why in the past few weeks we had seen A&E departments across the UK under severe pressure with a number of hospitals decided to declare an internal major incident.

Dr Orpen responded there were a number of reasons that had contributed to the pressure on the A&E system. These included a higher than expected number of people turning up at A&E, cold weather leading to higher levels of illness in the elderly population which could often require admissions. There had also been delays in discharging people from hospital when the necessary health or care facilities were not in place. Dr Orpen also said that, on local level, the RUH had not been able to meet its target of seeing 95% of patients within 4 hours although staff had worked incredibly hard to ensure that every patient received the best quality care possible in the circumstances.

Dr Orpen commented that the B&NES System Resilience Group had been carrying out a review of activity levels and plans for the period from 15th December to 12th January to help in understanding the reasons behind system's poor performance and to identify what further actions should be taken to improve things and ensure meeting the 95% target again as soon as possible.

The Chairman commented that some Whitchurch residents chose to go to GP surgeries in Bristol area, as they were closer than surgeries in B&NES area.

Dr Orpen commented that Whitchurch has been on B&NES border with Bristol and it has been covered by the CCG from Bristol. Dr Orpen suggested that, in near future, more GPs would be available in B&NES area.

Councillor Hall suggested that the Panel could have a report on analysis from weather pressures in near future.

Councillor Hall asked about the prioritisation of the most urgent and life-threatening cases in dermatology.

Dr Orpen responded that provision of dermatology services had been currently under review, and commissioners were liaising closely with other providers to offer alternative services to patients with non-urgent conditions. In the meantime, the RUH had written to affected patients to ask them to discuss their condition with their GP and agree next steps.

Councillor Butters asked how much training had been given to the NHS 111 staff.

Dr Orpen responded that the NHS Pathways was a suite of clinical content assessment for triaging telephone calls from the public, based on the symptoms they report when they call. It had an integrated directory of services, which identified appropriate services for the patient's care if an ambulance is not required. Also, clinicians would sit during the training of new staff.

Councillor Jackson commented that the CCG and the NHS England Area Team should work closely with the schools on the 'Primary Care: Preparing for the Future' project.

Councillor Jackson asked if the GP could tell that lump on the skin is benign or not.

Councillor Jackson handed over to Dr Orpen complaints made by hospital transport service users. Councillor Jackson highlighted that people usually complain on a trip from hospital to their homes.

Dr Orpen responded that Children Services had been integrated in the 'Primary Care: Preparing for the Future' project.

Dr Orpen also said that over the time removal of the lump on the skin was not anymore considered appropriate to be carried out by the GP. The GP would make clinical assessment to detect those lumps.

Dr Orpen added that he took note of hospital transport complaints and that he, or his colleague/s, would get back to Councillor Jackson with an answer.

The Chairman thanked Dr Orpen for an update.

73 HEALTHWATCH UPDATE (10 MINUTES)

The Chairman invited Alex Francis (Healtwatch rep) to introduce the report.

The Chairman welcomed the fact that the Healtwatch had been working across the age sector. In the past the Healtwatch, and its predecessor, were mainly linked with adults' health and wellbeing. The Chairman commented that this was the first step in working with children and young people.

Alex Francis commented that she was delighted with the feedback from 28th October event. It has been a good foundation to start with in terms of building positive relationship with children and young people networks.

Councillor Hall also welcomed the report and the event on 28th October. Councillor Hall suggested that the Healtwatch should take a look at the Gem Project which has been designed to help children and adults see learning as something that can enhance their lives. Councillor Hall also suggested that Young Healthwatch Event report should be presented to the Early Years, Children and Young People (EYCY) Scrutiny Panel.

Councillor Organ commented that people had been wary of being open with mental health problems, due to stigma around that subject. Councillor Organ asked if there was anything to encourage people to come forward.

Alex Francis took on board comments from Councillor Hall in terms of the Gem Project and presence at the EYCY Panel. In response to Councillor Organ's comment, Alex Francis also said that there was national campaign called 'Time to Change' which talks about mental health stigma, and which had been signed up by the Health and Wellbeing Board.

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

74 HOMELESSNESS UPDATE (30 MINUTES)

The Chairman invited Mike Chedzoy (Team Manager for Housing Options and Homelessness) to introduce the report.

The Chairman asked about the £239k funding.

Mike Chedzoy replied that Bath and North East Somerset Council had successfully bid for money from a Help for Single Homeless fund, together with North Somerset Council and Bristol City Council, to provide a "rapid response and outreach" service to identify and to assist rough sleepers. The funding of £239k had been allocated between the three authorities and it would run until April 2016. Bath and North East Somerset Council was the lead authority.

The Chairman asked about reconnection of people to their home area.

Mike Chedzoy replied that newly-arrived rough sleepers without any local connection had been reconnected to their home area wherever it was safe and reasonable. This step was to ensure that accommodation available in their home town was not lost and that vital support services continue. Rough sleepers could decline a reconnection which ends their entitlement to local services and could mean they continue to rough sleep.

Councillor Hall praised the fact that numbers of people sleeping rough had been going down and asked where these people were coming from.

Mike Chedzoy replied that people had been coming from nearby areas.

Councillor Jackson highlighted the importance of integrated work with other services and organisations in the area. Councillor Jackson also said that people from rural areas had had problem accessing Julian House due to distance.

Councillor Butters also congratulated on low numbers and asked what proportion of people refused to receive services and help.

Mike Chedzoy replied that he would not have the exact number of people who refused services. Mike Chedzoy also said that people with drug and alcohol problems were usual ones who declined any help from the Council.

The Chairman concluded the debate by saying that, even though this has been an ongoing issue, the report has been encouraging in showing an improvement in terms of rough sleepers.

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

75 IMPACT ASSESSMENT ON TRANSFER OF ENDOSCOPY SERVICES (20 MINUTES)

The Chairman invited Tracey Cox (CCG) to introduce the report.

The Panel debated this matter and concluded that transfer of Endoscopy Services from the RNHRD to the RUH Bath would be a sensible move and, for the benefit of maintaining and improving clinical service, it should go ahead as planned.

The Panel had been satisfied that the patients would continue to have access to an endoscopy service. The proposed transfer would ensure service continuity and patients would benefit from the added assurance of externally accredited standards of care.

It was **RESOLVED** to note the outcome of the various impact assessments which confirm that the effects of this change had been considered to be minimal and that there had been a number of positive aspects to the service change.

It was also **RESOLVED** that the transfer of the endoscopy services should proceed.

76 ACTION ON LONELINESS (20 MINUTES)

The Chairman invited Andy Thomas (Partnership Delivery Group Manager) to introduce the report.

Councillor Bevan commented that loneliness could affect anyone, of any age, and asked what had been done to combat against stigma that loneliness had been associated only to old people.

Andy Thomas agreed that people tend to associate loneliness with age. People could become socially isolated for a variety of reasons such as getting older, weaker, no longer being the hub of their family, leaving the workplace, disability or illness, and the deaths of spouses and friends. Also, living alone does not mean that someone is lonely.

Andy Thomas also explained that there was a distinction between loneliness and social isolation. Social isolation was an objective state. For instance, an individual has four or fewer people they could turn to for support and help. Or, if you were new in town, and knew only two people to turn to for support, you would be considered socially isolated. Loneliness was usually defined as a subjective state. This would mean you might know a lot of people as potential supports, but still would alone.

Andy Thomas added that the Council had been working with a lot of services and organisations on this issue, including the Healtwatch.

Councillor Organ commented that the death of spouse could be one of the biggest reasons for loneliness and that we should stay in touch with those people who lost their love ones. Andy Thomas took that comment on board.

The Chairman praised Village Agents scheme, which was operational in twenty parishes in B&NES, and their work in ‘increase the resilience of people and communities including action on loneliness’ which was one of the Health and Wellbeing Board’s priorities.

It was **RESOLVED** to note the report and to receive a further update at one of future meetings.

77 NHS HEALTH CHECK PROGRAMME UPDATE (20 MINUTES)

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

The Chairman commented the NHS Health Check programme was a population wide, primary prevention programme using a systematic approach to identify asymptomatic people aged between 40 – 74 years of age who were then offered a range of tests of risk factors in order to estimate their risk of Cardiovascular Disease (CVD) and deliver interventions to prevent disease occurring. Face to face consultations had included measurements of blood pressure, cholesterol, body mass index (BMI) and where necessary diabetes and kidney disease. Information had been recorded on family history of CVD, ethnicity, smoking, alcohol consumption and physical activity. The results of these investigations had been used to estimate CVD risk over the next 10 years. All individuals were offered specific interventions to reduce or manage this risk. A risk assessment for dementia awareness had been also included for everyone aged 65 – 74.

Councillor Hall commented the NHS Health Check programme had been funded from the Public Health Grant, which was currently ring-fenced until 2016. Councillor Hall asked who would make the decision on where the funding would go.

Cathy McMahon responded that B&NES programme had been commissioned by the Public Health team and delivered through all 27 GP surgeries locally. Programme delivery had been overseen by a Steering Group with representation from a GP (retired), practice managers and the Public Health team.

Cathy McMahon also said that between July 2011 and September 2014, 44,578 people in Bath and North East Somerset were offered a NHS Health Check and 20,080 received a Check. During 13/14 the take up of NHS Health Checks in B&NES was 51.1%, an improvement on 12/13 take up of 45.6% and above the national average of 48%.

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

78 SPECIALIST MENTAL HEALTH SERVICES - INPATIENT REDESIGN IMPACT ASSESSMENT AND UPDATE (30 MINUTES)

The Chairman invited Andrea Morland (Senior Commissioning Manager for Mental Health and Substance Misuse Commissioning) to introduce the report.

The Chairman asked what impact transferring Ward 4 dementia inpatient services from St Martin's Hospital to the Royal United Hospital into a new build specialist mental health unit would have on patients, staff and carers.

Andrea Morland replied that benefits for the proposed changes were: improved inter-team professional working both within AWP and across into the RUH; improved quality of care for older adults with dementia; improved in-patient environments for delivery of care to all mental health and dementia patients; increased access to diagnostics in the RUH; platform for realising “parity of esteem” national agenda; and, potential to increase provision e.g. S136 suite and assessment unit if space allows.

Andrea Morland also said that safe parking for staff, patients and carers could be a potential cause for anxiety. Andrea Morland informed the Panel that discussion with the RUH and transport providers to increase provision would be taking place with emphasis on specific parking for new unit to be provided.

The Panel welcomed the proposed change, taking into consideration the reason for move, business case and also the fact that service users would be safely housed in case of total rebuild of the site.

It was **RESOLVED** to note:

1) The issues as outlined in the impact assessment documentation and embedded documents.
2) The overwhelmingly positive support for the move of Ward 4 by stakeholders, staff and Healthwatch.

It was also **RESOLVED** to **AGREE** that all local engagement, assessment of impact and support had been adequate to enable continued proposal development for a new build mental health and dementia unit on the RUH site.

79 PANEL WORKPLAN

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

- ‘Action on Loneliness update’ – for future Panel to include into their workplan
- ‘Public Health update’ – for future Panel meetings as regular item

The meeting ended at 1.40 pm

Chair(person) .....

Date Confirmed and Signed .....

Prepared by Democratic Services