

HEALTH AND WELLBEING SELECT COMMITTEE

Minutes of the Meeting held

Wednesday, 25th November, 2015, 10.00 am

Councillor Francine Haerberling - Bath & North East Somerset Council
Councillor Karen Warrington (In place of Councillor Geoff Ward) - Bath and North East Somerset Council
Councillor Bryan Organ - Bath & North East Somerset Council
Councillor Paul May - Bath & North East Somerset Council
Councillor Eleanor Jackson - Bath & North East Somerset Council
Councillor Tim Ball - Bath & North East Somerset Council
Councillor Lin Patterson - Bath & North East Somerset Council

32 WELCOME AND INTRODUCTIONS

The Chairman welcomed everyone to the meeting.

33 EMERGENCY EVACUATION PROCEDURE

The Chairman drew attention to the emergency evacuation procedure.

34 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillors Geoff Ward had sent his apologies to the Panel. Councillor Karen Warrington was his substitute.

35 DECLARATIONS OF INTEREST

Councillor Paul May declared an other interest as he is Sirona board member.

36 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none. The Chairman informed the meeting that she would move some agenda items forward to accommodate officer's availability for the meeting.

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

The Chairman invited Brook Wheelan (from People Against Sugar Tax Group) to give his statement.

Brook Wheelan read out the following statement:

'I would just like to thank you for allowing me to speak at the meeting. 'People

against Sugar Tax' is a new campaign group opposed to a sugar tax. I would like to add that we are not funded by any food or drinks companies.

We are campaigning to get a more balanced debate about sugar. You all are probably receiving lots of views about a sugar tax, and our job is to get a more balanced debate on this important issue.

We're not saying sugar is healthy. It does cause tooth decay, and eating it in large amounts can contribute to heart disease too, but we feel that the link between sugar and obesity has not yet been proven.

We feel there are other solutions that both local and national politicians can consider such as smaller portion sizes, simplified nutritional labelling, and an end to 'buy one, get one free' offers.

In terms of the nutritional labelling, we want to see a more simplified nutritional labelling system. At the moment, it is very confusing. One brand's portion size on the label might say 23 grams, and another brand's portion size might say 40 grams. A standardized labelling system might help.

A sugar tax is a scattergun approach which would fail to help the small numbers of people who need support to eat healthier. It does though penalise the rest of us.

More effort needs to be targeted at the small numbers of people who need to eat and drink healthier, the ones who drink seven or eight fizzy drinks a day.

A sugar tax could be considered as a very last resort, but we really need to be looking at all other ways of solving the obesity issues before it can be considered.'

On a question from the Committee about the high levels of sugar in foods Brook Wheelan said that he had seen an article recently which suggested that the reason why there is now so much sugar in our foods is because the food manufacturers have had to take out fats from their foods in recent years, and have needed to replace it with something else, namely sugar. He had not been able to clarify whether this is definitive or not though.

The Chairman thanked Brook Wheelan for his statement.

38 MINUTES - 30TH SEPTEMBER 2015

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

39 CLINICAL COMMISSIONING GROUP UPDATE

The Chairman invited Dr Ian Orpen (CCG) to give an update.

Dr Ian Orpen gave the Select Committee an update on behalf of the Clinical Commissioning Group (CCG), a summary is set out below.

Councillor Organ asked about the outcome of the work with the GPs in terms of the Antibiotic Guardian campaign.

Dr Ian Orpen replied that, in Bath and North East Somerset, GP practice prescribing of antibiotics has reduced from 124,500 prescriptions in 2013 to 112,157 prescriptions for antibiotics in 2015. Even so, one in four patients registered with a local GP, a total of 47,176 patients, was prescribed at least one course of antibiotics in the past year.

Councillor Ball asked if pharmacies had been monitoring, and reporting, prescriptions issued by local GPs.

Dr Ian Orpen responded that it would be hard for pharmacies to monitor regularly prescriptions issued by local GPs. However, all prescribing by GPs is carefully monitored nationally and this data is fed back to CCGs to analyse, including on antibiotic prescribing.

Councillor May asked how the CCG could make local GPs work together.

Dr Orpen responded that while the CCG could not make GPs work together as independent businesses, it had been trying to describe to local GPs the advantages of doing so and it is down to GPs to take on that advice.

Councillor Jackson expressed her concern on the appointment of young GPs in Bath and North East Somerset area.

Councillors Jackson and May also asked about the launch of the Primary Care Transformation Fund (a four year £1 billion investment programme to help general practice make improvements including in premises and technology) and if that money could be used for getting GPs into areas with no GP provision.

Dr Orpen responded that there had been a national campaign to get more GPs. Dr Orpen added that Your Care Your Way would influence how community health and social care services in Bath and North East Somerset would be delivered, including provision of GPs in areas such as Whitchurch.

The Chairman thanked Dr Ian Orpen for an update.

40 **PUBLIC HEALTH UPDATE**

The Chairman invited Bruce Laurence (Director of Public Health) to give an update.

Bruce Laurence gave the Select Committee an update, a summary is set out below.

Members of the Panel welcomed a survey of health behaviours and attitudes in schoolchildren.

Councillor Patterson asked about approach to self-harming and why is it that only girls were included in survey.

Councillor Organ about Sun safety under Secondary schools areas for development.

Bruce Laurence explained that the survey had picked up higher level of self-harming in girls than in boys. A system for helping people who go to the hospital with self-harming related injuries to have a rapid assessment had been developed. There was an increase in self-harming over the last two years in BANES which could be either because self-harming had increased or because services that picked up on self-harming had become better, or some combination of these effects.

Bruce Laurence also said that Sun safety had been important part of the survey highlighting the risk of the skin cancer but that it was also important that children were encouraged to be outside in the sunlight for their general wellbeing and so that they produced enough vitamin D. Thus as with other public health messages it is about getting a balance right..

Councillor May asked Bruce Laurence if Members of the Council had embraced Public Health in the way they should.

Bruce Laurence responded that Council had been excellent and Members and officers of the Council had had very good understanding in terms of the Public Health, although there is always an opportunity to do more and be more engaged.

Councillor Ball expressed his concern on cuts within Public Health and asked if Public Health budget would be protected. Councillor Ball also asked what percentages of surveys were statutory.

Bruce Laurence replied that the in-year cut had been confirmed as being just over £542k which is very slightly (about £1k) less than the original figure in the consultation document. There had been a concern that, while the NHS budget has been protected in the spending review, the public health grant to local authorities may be cut despite the fact that it commissions a range of services that were very much within the NHS provision like "NHS health checks", sexual health services, drug and alcohol treatment services, health visiting and school nursing. This was at the same time as some new preventive work like the diabetes prevention programme is being developed through the NHS.

Bruce Laurence also said that, in terms of surveys, the only statutory survey was National Child Measurement Programme. The other surveys were voluntary, the SHEU survey being something the Council does every two years.

The Chairman thanked Bruce Laurence for an update.

41 CABINET MEMBER UPDATE

The Chairman invited Councillor Vic Pritchard (Cabinet Member for Adult Social Services and Health) to give an update.

Councillor Pritchard gave the Select Committee an update, a summary is set out below. Councillor Pritchard also highlighted the launch of PAD project (Post Alcohol Detox). The project would help people to sustain their recovery through detox.

Councillor Ball welcomed PAD Project and asked Councillor Pritchard if he would

lobby Licencing services on clampdown on premises who stuck up cans of special brew for cheap purchase.

Councillor Pritchard responded that he would support any measures to deny easy access to cheap alcohol.

Councillor Jackson asked about AWP report and also about CQC's report on Roswell Court.

Councillor Pritchard informed the Committee that AWP had received poor report from the CQC in the past. As a result of that there were series of meetings between AWP and Members of neighbouring Councils as part of a joint Scrutiny panel, led by Wiltshire. Councillor Pritchard explained that this joint review had progressed slowly but the report has now been shared with all the participating scrutiny panels and would be presented, with initial responses to the conclusions and recommendations, at the January meeting of the Select Committee.

Councillor Pritchard also said that Rosewell Court had been subject of three safeguarding allegations, one of which was reported in a local newspaper. One allegation had not been substantiated; the Police continue to investigate two further allegations. In the meantime Rosewell has taken appropriate action and is responding appropriately to the investigations.

Lesley Hutchinson (Head of Safeguarding & Quality Assurance) added that safeguarding team works closely with the contract and commissioning team, alongside CQC, to respond to any safety or quality concerns in Care Homes.

Councillor May asked how planning application process could include health and wellbeing issues of the population, such as GP provision.

Councillor Prichard responded that health and wellbeing, including supporting active lifestyles, has been gaining profile as part of the planning process.

The Chairman thanked Councillor Pritchard for an update.

42 **HEALTHWATCH UPDATE**

The Committee noted an update as set out below.

The Committee thanked Healthwatch officers for such apprehensive update.

43 **RNHRD - SERVICE MOVES, ENGAGEMENT & CONSULTATION**

The Chairman invited Tracey Cox (CCG Chief Officer) and Clare O'Farrell (Associate Director for Integration, RUH) to introduce the report.

The Committee highlighted the following points:

Councillor Patterson asked about hydrotherapy provision and if there would be in reduction in staff.

Claire O'Farrell responded that page 5 of the report highlights number of consultations held, including location of hydrotherapy pool. A plan for a single larger hydrotherapy pool, which could be divided in two pools, had been set. That would be located with therapy services, within the new built at the front of the hospital. Claire O'Farrell also said that there would be no staff reduction for these services.

Councillor May asked about long term funding.

Claire O'Farrell replied that the RUH had been working quite closely with the CCG in order to provide the best service to the community.

Tracey Cox added that three year plan was realistic. The CCG would be having ongoing dialogues for two to three years after the three year plan end, taking into consideration demographic changes in the area.

It was **RESOLVED** to note the update and to note next steps and the opportunities for patients, carers and the public to influence any service change proposal.

44 **DIRECTORATE PLAN FOR PEOPLE & COMMUNITIES**

The Chairman invited Jane Shayler (Director, Adult Care & Health Commissioning) to introduce the report.

Jane Shayler explained that this report sets out the framework for the service planning and budget processes which lead up to the statutory and legal requirement for the Council to set a budget in February 2016. Proportionate equality analysis is being carried out on the proposals within the Directorate Plans.

Jane Shayler explained that there is a single Directorate Plan for People & Communities, which covers all ages. It has also been presented by Ashley Ayre to the Children & Young Peoples' PDS Panel. She would, therefore, focus on the Adult Care and Community Health part of the plan which encompasses provision of statutory services under the Care Act 2014, provision of residential and nursing care, re-ablement, domiciliary care, community mental health services, drug & alcohol treatment, rehabilitation and preventative support, and social work services for people with learning disability or mental health needs and those in intensive supported living and extra care services. I would also provide the provision of preventative services which prevent, reduce or delay care and support needs and slow the escalation of costs in meeting individual care and support needs; delivery of services which support the effective functioning of the wider NHS system and prevent unnecessary hospital admissions or delays to discharge from hospital; securing either directly or through commissioning of the services required to discharge all duties.

Jane Shayler took the Panel through Appendix 4 of the report (Finance & Resource Impacts) and highlighted £450k proposal for Substance Misuse which would involve contract re-negotiation and overall would be likely to impact on provider organisations with some reduction of staff in those organisations.

The Panel highlighted the following points:

Councillor Ball expressed his concern in reduction of Substance Misuse services. Councillor Ball added that he was aware that the DHI (Developing Health and Independence) had struggled to cope with existing pressure, especially with people who were on waiting list for the programme. It would have a knock on effect if people would not be able to access services. Councillor Ball said the taking £450k out of Substance Misuse services could have large impact on the community where people, who were in detox, live. Councillor Ball concluded by saying that some reduction in services must be considered, but £450k may be a little bit too much for Substance Misuse services.

Jane Shayler acknowledged that there is a risk in terms of increased waiting times for services and on wider implications. Both providers and the commissioners were satisfied that proposals could mitigate those impacts through service redesign, efficiencies from co-location of services to reduce accommodation costs, some reduction in management costs, and a shift from residential to community detox and rehabilitation. People who go through detox would need to be properly motivated, whether it is residential or community detox.

Councillor Gerrish (Cabinet Member for Finance and Resources) commented that he viewed the changes as improvements and cited the proposal to offer fewer one-to-one sessions and more group work where peers could support each other. Councillor Gerrish also said that there would be a reduction in management side by bringing two organisations to work together, which would not result in reduction of the front line staff.

Councillor May said that he had worked with Councillor Gerrish on the Council's budget. Councillor May also said that officers should be given credit for setting up these proposals and that practical approach in working with people in detox in the community was, in his experience, preferable to placing people in residential institutions away from their community.

Councillor Organ asked if Transition services (from childhood to adulthood) had improved.

Jane Shayler responded that Transition services had improved significantly. Some years ago, after one Government assessment, B&NES had been placed in the bottom quartile. However, after the last assessment B&NES had moved to the top quartile.

Councillor Jackson expressed her concern on the last paragraph of page 56 of the report 'Greater targeting of prevention and early-intervention services may impact on access to such services for those people with lower level needs. There is also likely to be a reduction in the range and type of services offered and, therefore, the options given to individuals over the type of service put in place to meet their assessed, eligible care and support needs.' Councillor Jackson believed that this could result in increased Delayed Transfers of Care from hospital

Councillor Jackson asked what we would lose under service redesign in 'Healthy lives, healthy people: community small grants scheme £22k' (page 57).

Councillor Jackson also asked how Public Health intelligence work and remodelling public health programme would save £13k.

Jane Shayler replied that there had been challenges on the delayed transfers of care and this was a particular issue in relation to community hospitals discharge as the community hospitals play an important part in facilitating discharge from the RUH but then it can prove difficult to identify a package or placement as the people being discharged from the community hospitals have complex needs and require ongoing intensive support. Jane acknowledged that there are growing difficulties in Domiciliary Care capacity, particularly in some geographical areas within B&NES and for people with particularly complex needs. Recently, a cloud-based IT system had been developed to match individual need with available domiciliary care capacity. The system had improved the speed at which an individual's assessed needs are matched with a domiciliary care providers able to meet those needs. The system is also gathering valuable information on the geographical shortfall in domiciliary care provision as well as the sorts of complex needs that are proving difficult to meet through "standard" domiciliary care and this will inform future commissioning intentions. Jane emphasised that B&NES still has less of a problem than neighbouring areas in terms of domiciliary care provision.

Jane Shayler commented that Public Health intelligence work and remodelling public health programme saving of £13k would be achieved through sharing and analysis of intelligence between the Council and CCG (ie "in-house") teams rather than contracting with external NHS organisations.

Jane Shayler also said that Healthy lives, healthy people: community small grants scheme of £22k would be a reduction in service as this sum was made available to voluntary organisations to help them achieve various public health related goals. The Public Health team believed that this saving could be achieved without significant impact on service users. Jane Shayler emphasised that despite this relatively small reduction, the Council has, over a long period of time, invested significantly in prevention, early-intervention and self-management and is committed to continuing this as a key priority.

It was **RESOLVED** to:

- 1) Note the report;
- 2) Forward Committee's comments and concerns (about the knock on effect) to the Cabinet to consider;
- 3) Note mitigation steps taken by officers; and
- 4) Commend officers for their work and acknowledge that further work has been undertaken in forecasting future budget.

45 **LSAB ANNUAL REPORT**

The Chairman invited Lesley Hutchinson and Robin Cowen (recent Independent Chair B&NES Local Safeguarding Adult Board) to introduce the report.

Robin Cowen introduced the report by saying that this annual report shows the vast amount of work that is taking place in Bath and North East Somerset to support, deliver and promote adult safeguarding. The scale and complexity of this work had increased year on year and the Care Act had broadened it further. While welcoming the recognition the Act gives to safeguarding it also reminded that this shifting

landscape had been hard enough for people involved in the work to comprehend and work with, let for alone people who need support who are trying to navigate the system.

The Committee congratulated Lesley Hutchinson, Robin Cowen and the team for an excellent report.

Councillor May asked about transition services (from child to adult) development.

Lesley Hutchinson responded that she had identified a number of areas to be looked at.

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

46 **SELECT COMMITTEE WORKPLAN**

It was **RESOLVED** to note the current workplan with the following addition:

- Report from Domiciliary Care Commissioners – May 2016

The meeting ended at 1.40 pm

Chair

Date Confirmed and Signed

Prepared by Democratic Services

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