



Bath and North East Somerset Local Involvement Network

Report to B&NES Wellbeing Policy Development & Scrutiny Panel, 7 October 2011

1. Hillview Lodge -AWP High Dependency Unit

Bath MIND, who are Organisational Members of the LINK, raised an issue with us relating to the operational problems, and the future of Hillview Lodge, and more particularly of The Cherries High Dependency Unit for people with mental illness. Both MIND and the LINK were concerned that The Cherries had been closed for some time, both before and after sustaining some physical damage. There was a concern that, if this closure became permanent, patients at Hillview Lodge would no longer have immediate and day-to-day access to the on-site HDU during temporary spells of high need. The only measure that could then be taken, would be to remove such patients to a Psychiatric Intensive Care Unit at some distance from their normal care-setting. This would be a procedure extremely disruptive to their continuity of care, and would almost certainly change the thresholds of transfer between care settings in view of the different logistical relationships between Hillview and remote PICU's. When patients' needs for such intensive care may only last for a matter of hours, this would be a seriously disruptive way of providing their care.

The LINK has written to the Chief Executive of AWP on this matter, and has received a reply which it will be discussing at its November meeting. We will provide the PDS Panel with a further update on this at its next meeting.

2. HealthWatch

Since our last report, the Health & Social Care Bill has passed its Committee stage, Report stage, and Third Reading in the House of Commons, and its first reading in the Lords. It will have its Second Reading in the Lords on 11 October, and will then pass into the Lords Committee stage. During the two days of the Commons Report stage, over 1,000 amendments to the overall Bill were dealt with in very hurried fashion. Of these, only about 18 related to Local HealthWatches, and none was of great significance.

The Bill is likely to come under very close scrutiny in the Lords, and the amendments that were rushed through the Commons will be subject to detailed examination in the Lords for the first time. The Government has indicated that there may be many further amendments made during the Bill's passage through the Lords.

The Party Conference season is also now underway, and there were signs that there remain many concerns about the Bill amongst the Liberal Democrats, which were held at bay during their Conference.

The latest date for formal implementation of Local HealthWatch is October 2012, and local authorities are moving towards completion of their tendering arrangements to meet this deadline.

3. Homeopathy Services Impact Assessment

Six representatives of the LINK attended the Impact Assessment meeting for future referrals for NHS-funded Homeopathic treatment. Although there was dissent amongst those attending the meeting, the LINK representatives were unanimous in supporting the PCT's proposals for the exceptional funding of Homeopathic treatment.

The LINK suggested that a recent PCT Board paper concerning this exceptional funding policy should be widely publicised.

Members also felt that, although the Impact Assessment mechanism has been much improved by its revision during the last few years, it is still a somewhat imprecise tool, and the LINK would be keen to be involved in any review of the process that is conducted in the light of experience of the revised process.

4. Out-of-Hours Access to GP Services

Following the discussion at the July meeting of the Policy Development & Scrutiny Panel, the LINK has written again to NHS B&NES, suggesting that joint discussions are held to try and find a way through the problem that some people have in accessing GP out-of-hours services, particularly when these have been moved from local surgeries to more distant central locations. They have replied that the commissioners would like to discuss this matter internally first, and that the PCT would then be happy to liaise with us on the setting up of such a meeting. At the time of writing, we are waiting to hear more on this.

5. LINK Legacy Document

The PCT and the LINK have worked together to produce a Legacy Document, which provides a record of the LINK's work over the past three years. The document, required by the Department of Health, will help considerably in the hand-over to Local HealthWatch.

6. Long-Term Conditions

The challenge for the NHS is to put in place a sustainable programme for those within this group. At present this group accounts for 70 percent of overall care and health spend, which is not sustainable. The first meeting in the South West Region was attended by teams from the whole Region, and as a result of this meeting B&NES have established an action plan, and as the voluntary sector member, Jayne Pye, a LINK Member, has taken on the task of sending out patient surveys. This is the beginning of a progressive and holistic programme attempting to meet the aspirations of patients, which are expressed thus: *"I want you to deal with the whole of me, and for you to work as one team"*

7. New B&NES Health & Wellbeing Board

Derek Thorne of the PCT and Jayne Pye of the LINK jointly gave a presentation to the Board on Local Healthwatch. The functions and intentions were outlined, and Derek asked the Board to commit to these, to offer HealthWatch commissions regarding engagement, and to agree mutual working priorities. The Board were interested and were not negative, but felt that they needed more information before any decisions were made.

Diana Hall Hall

Chair, B&NES Local Involvement Network

27 September 2011