

## **BATH AND NORTH EAST SOMERSET**

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

Friday, 7th October, 2011

**Present:-** Councillors Vic Pritchard (Chair), Katie Hall (Vice-Chair), Loraine Morgan-Brinkhurst MBE, Eleanor Jackson, Anthony Clarke, Bryan Organ, Kate Simmons, Sharon Ball and Sarah Bevan

**Also in attendance:** Ashley Ayre (Strategic Director - People and Communities), Diana Hall Hall, Jane Shayler (Programme Director, Non-Acute Health, Social Care & Housing), Jack Latkovic and Councillor Simon Allen (Cabinet Member for Wellbeing)

#### **16 WELCOME AND INTRODUCTIONS**

The Chairman welcomed everyone to the meeting.

#### **17 EMERGENCY EVACUATION PROCEDURE**

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

#### **18 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS**

There were no apologies for this meeting.

#### **19 DECLARATIONS OF INTEREST UNDER THE LOCAL GOVERNMENT ACT 1972**

Councillor Loraine Brinkhurst declared personal and non-prejudicial interest as the Council's representative on Sirona Care and Health.

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

There was none.

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

The Chairman invited Mr Philip Gait to address the Panel. Mr Gait already asked the question which was printed in the agenda.

Mr Gait said that he had asked this question because he was keen to secure the best outcome for service users, the tax payers and this Council.

He felt that the tender proposal to create one large sub-regional Home Improvement Agency covering the West of England would not be in the interest of the local tax payers and vulnerable residents for those reasons:

- 1: There are no economies of scale in the provision of these services. But there are additional management overheads like the previous provider Hanover Housing.
- 2: There are no duplication savings. The four authorities all have different funding priorities, grant criteria and loan procedures etc. These are different because the authorities are different.
- 3: It would not give value for money. See the additional costs for the Somerset HIA that is only providing a basic service and the problems being experienced by Devon. Talk to the Chairman of Scrutiny at Somerset County Council for his views – learn from their experience.
- 4: It is not in line with this Council's view of the Localism Bill and what it means for commissioning and the associated Best Value Guidance.
- 5: It is not in line with the formation of the proposed Health and Wellbeing Boards and GP Consortia.

Mr Gait asked Council Members to look in detail before making any decision.

A full statement from Mr Philip Gait is available on the minute book in Democratic Services.

The Chairman thanked Mr Gait for his statement and his question and informed the meeting that this issue will be debated under Cabinet Member Update agenda item.

## **22 MINUTES 29/07/2011**

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

## **23 CABINET MEMBER UPDATE (15 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 asked the following questions and made the following points:

Councillor Clarke asked about the Home Improvement Agency (HIA) Commissioning and for how long the contract is likely to be for. Councillor Clarke expressed his concern that flexibility would be lost if we have single provider for the area.

Jane Shayler replied that the contract will be awarded for 3 years. At the moment we are having a single provider for the area and there services are not subject of the Any Qualified Provider model.

Councillor Brinkhurst commented that the HIA consultation is ready to go out and it could be that various recommendations come out of it.

Jane Shayler said that the outcome might well be status quo in that the existing provider could win the new contract. However, the Council needs to go through the procurement process and the outcome of the procurement process is not yet determined at this stage. It could be that the existing provider might put in a bid in a partnership with a provider from another area. Jane Shayler suggested that the Panel should, as part of the consultation process, receive a report on the Home Improvement Agency Commissioning for November meeting.

The Panel welcomed the suggestion from Jane Shayler.

Councillor Organ said that he was not sure that bigger is better (in terms of the provision of housing related support to vulnerable people to help them live independently).

Councillor Jackson said that in her Ward (Radstock) current housing related support was impressive. Councillor Jackson, like Councillor Clarke, was also concerned about the flexibility. She also felt that the consultation on the HIA commission should include paper-based as well as an on-line survey considering that there are many people who still don't have broadband at their homes (mainly over 60 population).

Councillor Allen commented that the current service is well respected service in the area. The Council would consult with the local residents to find out what they want. The Panel will be also included in the consultation. Councillor Allen welcomed the suggestion from Councillor Jackson and said that survey will be also in paper form.

Councillor Hall asked if the Home Energy Efficiency scheme would run every year. Councillor Allen replied that the scheme is generally available throughout the whole year.

The Chairman said that BANES Care & Repair were particularly successful in providing housing related support service. He also question the aspiration of the West of England to cover the whole ex-Avon area with one provider although with the main benefit to Bristol. The Chairman said that there has to be a viability of that business and he felt that some projects provided by the Care & Repair, like Potting Shed project in Radstock, will stop after the HIA is commissioned.

It was **RESOLVED** that the Panel will receive a Home Improvement Agency Commissioning report for November meeting.

## **Appendix 1**

### **24 NHS UPDATE (15 MINUTES)**

The Chairman invited Tracey Cox (the NHS BANES Programme Director for Commissioning) to give an update to the Panel (attached as Appendix 2 to these minutes).

The Panel noted the update.

## Appendix 2

### 25 BATH AND NORTH EAST SOMERSET LOCAL INVOLVEMENT NETWORK UPDATE (15 MINUTES)

The Chairman invited Diana Hall-Hall and Mike Vousden to take the Panel through the update.

Diana Hall Hall and Mike Vousden expressed their concerns about the lack of the consultation on the future of the High Dependency Unit in Hillview Lodge.

The Chairman informed the meeting that the future of the High Dependency Unit will be debated later in the meeting (under agenda item 'Specialist Mental Health Service re-design').

The Chairman thanked LINKs representatives for an update.

### 26 GREAT WESTERN AMBULANCE SERVICE (GWAS) UPDATE (15 MINUTES)

The Chairman invited Paul Birkett-Wendes (GWAS General Manager for Wiltshire locality) and John Oliver (GWAS External Communications Manager) to introduce the report.

The Panel asked the following questions and made the following points:

Member of the Panel asked if the response time is based on the paramedic who goes ahead of the ambulance. The member felt that last year, on couple of instances, the response time was more than 19 minutes.

Paul Birkett-Wendes responded that the time is calculated when basic life support is given to the patient. Winter time is always a challenge and it could be at this time of the year when the response time is slightly higher than average. Paul Birkett-Wendes also said that the ambulance want to accept the increase in demand during winter months and not overburden the RUH by treating patients at site and keep the beds in the RUH free.

Member of the Panel asked what the distinction between the first and full response is and who make the call on sending air ambulance or motor vehicle.

Paul Birkett-Wendes responded that the first response is from community responders (who live in that community). Dispatcher would make a call for air or motor vehicle ambulance after they receive a call. Vehicles are always sent to the site anyway.

John Oliver added that as a service GWAS has access to several helicopters in the area, all based in Filton with clinical paramedic and doctor.

The Chairman thanked GWAS representatives for the report and their attendance.

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

## **27 ANY QUALIFIED PROVIDER COMMUNITY SERVICES (15 MINUTES)**

The Chairman informed the meeting that he would move this item forward in respect of the presenting officer who had to attend another meeting.

Tracey Cox introduced the report.

The Panel asked the following questions and made the following points:

Members of the Panel asked about the rationale on prioritising the services and what criteria were used to choose these services. The Panel also asked why some of the other services, such as adult hearing services, were not considered.

Tracey Cox replied that the rationales for choosing what local services would be prioritised are the following: the service with not so good local provision, the service that is practical and something that will be sustainable. Tracey Cox also added that this was phase 1 in the process which requires 3 areas to be identified by September 2012. On second question Tracey Cox responded that the list to consider service had national categories plus 2 local ones. In terms of the adult hearing service the PCT went through the procurement process to base services locally.

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

## **28 SPECIALIST MENTAL HEALTH SERVICE RE-DESIGN (15 MINUTES)**

The Chairman invited Andrea Morland (Associate Director for Mental Health and Substance Misuse Commissioning) and Hazel Watson (Director of Nursing for AWP) to introduce the report.

Andrea Morland took the Panel through the report and explained that there is an on-going conversation with the AWP about the High Dependency model of care. The beds in the High Dependency Unit (HDU) had not been used for 9 months now.

Hazel Watson added that previously two types of beds were provided in Hillview Lodge – acute and HDU. Hazel Watson said that she is convinced that the better model is the provision of mental health acute assessment and treatment services in acute in-patient wards and Psychiatric Intensive Care Units rather than High Dependency Units.

Diana Hall said that Bath and North East Somerset Local Involvement Network is satisfied with the clinical view on the proposed change but not satisfied that the procedure (consultation) had not been followed.

The Panel asked the following question and made the following points:

Members of the Panel expressed their concerns that the lack of the consultation with the partners/organisations, such as Bath and North East Somerset Local Involvement Network, could backfire and create difficulties in implementing the proposed service redesign. The Panel also queried what the other authorities do with their HDU beds.

Andrea Morland replied that in this particular instance, services could not be considered under Any Qualified Provider mechanism as they are funded on a different basis. The beds are not sold to others under current contract arrangements. Andrea Morland also said that some areas have less well developed community service and, as a consequence, are not using their in-patient beds inefficiently.

The Panel asked who mostly uses beds in Hillview Lodge – men or women. Hazel Watson replied that it is mostly men who use beds in Hillview Lodge and that the service might be considering single sex units in terms of the equalities.

It was **RESOLVED**:

1. To agree with the implementation of a Care Home and Community Hospital Liaison service can progress, reinvesting resource currently attached to Ward 4, St Martin's Hospital.
2. That the plans for the implementation of the Adult of Working Age services redesign are in line with local and national strategic intentions.
3. That the Panel instructed officers to enter into further consultation with partners/organisations (including BANES LINKs) and pending Members' visit to the Hillview Lodge defer Panel's resolution on provision of mental health acute assessment and treatment services takes place in acute in-patient wards and Psychiatric Intensive Care Units rather than High Dependency Units until the next meeting.

## **29 DOMICILIARY CARE STRATEGIC PARTNERSHIP UPDATE (15 MINUTES)**

The Chair invited Sarah Shatwell (Associate Director for Non-Acute & Social Care) to introduce the report.

The Panel asked the following questions and made the following points:

The Panel asked how TUPE transfer would work for individual staff members. The Panel also stressed that the service users want to see, and get the service, from the same people/staff.

Sarah Shatwell replied that the analysis of the delivered hours to individual users will be done and according to results it is likely that TUPE would apply to particular staff members. This would be in the interest of continuity of care.

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

## **30 RE-ABLEMENT & 30 DAY POST DISCHARGE SUPPORT SERVICES (15 MINUTES)**

The Chairman invited Sarah Shatwell to introduce the report.

Sarah Shatwell informed the Panel that the Extended Research Pilots were awarded to the following services:

- Integrated Health & Social Care Re-ablement - Sirona/Way Ahead

- Intensive Home From Hospital Support - Age UK/Care & Repair
- Handyperson & Minor Adaptations - Care & Repair/Bath Monday  
Somer/Sirona
- Telehealth – Sirona

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

### **31 UPDATE ON TRANSITION OF PUBLIC HEALTH RESPONSIBILITIES FROM NHS B&NES TO B&NES COUNCIL BY 2013 (15 MINUTES)**

The Chairman invited Dr Pamela Akerman (Joint Director of Public Health) to introduce the report.

The Panel asked the following questions and made the following points:

The Panel felt that this should come to the Panel in near future as some issues were not yet defined (such as the budget for 2012-13). The Panel felt that they should monitor the transition progress with the information on partnership work between the Public Health team and other services/departments in the Council, HR transition and the arrangements upon which the Council will be expected to take over public health responsibilities from the NHS BANES.

It was **RESOLVED** that the Panel will receive a further update on transition of public health responsibilities from NHS BANES to the Council at one of the future meetings.

### **32 HOMELESS HOSTEL UPDATE (15 MINUTES)**

The Chair invited Jane Shayler to introduce the report.

The Panel asked the following questions and made the following points:

Member of the Panel expressed her concern that there was no adequate provision for women in homeless hostels and asked why there was such imbalance present.

Jane Shayler agreed with the Panel Member that the provision for women in Julian House was not adequate. The reason for it was that women tend use other options available (family, friend, etc) and they are also more likely to get statutory accommodation with the Council. Julian House is really the last resort for them.

Member of the Panel commented that £400k allocated to the 'tarmac' in Radstock could be used for social care and homelessness.

The Panel also discussed the £230k revenue funding allocated for the support of the hostel facility.

It was **RESOLVED** that the Panel asked the Cabinet Member for Resources what is the intention of £230k allocated for the revenue support of hostel facility for homeless.

### **33 WORKPLAN**

The Panel noted the current workplan with the following additions:

- Home Improvement Agency report for November 2011
- Verbal update on consultation on the High Dependency Units beds in Hillview Lodge for November 2011 (tbc)
- Dental Access Services update for May 2012
- Transition of Public Health responsibilities from NHS BANES to the Council (update) – date to be confirmed.

The meeting ended at 1.55 pm

Chair(person) .....

Date Confirmed and Signed .....

**Prepared by Democratic Services**



**Cllr Simon Allen, Cabinet Member for WellBeing  
Key Issues Briefing Note**

**Wellbeing Policy Development & Scrutiny Panel – October 2011**

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**1. PUBLIC ISSUES**

**Launch of Sirona Care & Health CIC (Community Interest Company)**

- Approval for the transfer of both community health services and social care services to Sirona Care & Health CIC (Community Interest Company) on 1<sup>st</sup> October 2011 was given by the PCT Board and Council on 15<sup>th</sup> September and by the Council's Delegated Decision Making Group on 16<sup>th</sup> September.
- The new name and logo for Sirona was chosen and registered with Companies House following work with over 150 staff, volunteers and stakeholders.
- Both the Business Transfer Agreement and Community Services Contract were signed by the Primary Care Trust, Council and Sirona on 22<sup>nd</sup> September.
- Sirona has achieved Admitted Body Status in relation to Local Government Pensions and a Directions Order has been obtained in respect of transferring PCT staff.
- The Due Diligence process has now been completed. No significant concerns have arisen for any of the Council, PCT or Sirona from this process.
- All of Sirona's critical systems (Payroll for both transferring NHS and transferring Council employees, General Ledger and Accounts Payable systems) are in place and have been tested to the satisfaction of commissioners.
- A post-transfer action plan is being developed to ensure completion of any outstanding tasks. Implementation of the action plan will be monitored formally through Contract Review meetings.

**Home Improvement Agency (HIA) Commissioning**

Bath & North East Somerset, Bristol, North Somerset & South Gloucestershire are undertaking the joint commissioning of a single Home Improvement Agency for the sub-region.

HIAs help vulnerable people live independently by providing housing related support, such as minor repairs, handyperson services, adaptations and advice. The core customer groups for HIAs are disabled, elderly and otherwise vulnerable households across all tenures, although the focus is on owner occupiers. The service is means tested: provided free to those on benefits, with a modest charge levied for those who can pay. HIAs also provide services through self-funding options to non-vulnerable households.

Analysis of both current need and provision (set out in full in the West of England HIA & Independent Living Centre Services Commissioning Strategy) has identified the need to:

- provide HIA and ILC services to a greater volume of users, including those;

- households that can afford to pay;
- avoid duplication and make the best use of resources across the sub-region;
- adopt a joined up approach across care, health and housing;
- involve service users in service design, particularly the identification of outcomes, and performance monitoring;
- generate greater efficiency, effectiveness and best practice;
- build up local market potential.

The service improvement objectives agreed for this project are:

- delivering customer satisfaction through timely, good quality and appropriate work;
- maximising the number of older people assisted to live at home;
- aiding rapid discharge from hospital;
- integrating agency, assessment and advice functions;
- establishing assessment and aids testing centres;
- delivering services appropriate to rural and urban areas;
- delivering better value for money;
- targeting services at those most in need ;
- increasing the level of funding from households who can pay for services.

These improvements will be achieved by i) identifying clear stakeholder outcomes from the consultation; ii) asking potential providers to outline innovative and efficient methods of delivery during procurement; and iii) including robust performance management arrangements within the contract.

The lead commissioners organised a workshop with Foundations, the Government appointed advisors on HIAs, to investigate whether the business case supported this partnership approach. This highlighted the following potential benefits for commissioners and users of the service:

Financial Benefits:

- Savings in procurement costs. With an increasing complex and hostile procurement environment these costs are increasing. By working together we can, and do, make significant savings.
- Economies of scale in the commissioned service associated with the reduction in back room duplication, particularly around governance, management, IT and other professional support costs.
- Reduced contract management costs, through less duplication by the contract and field officers of the 4 authorities.

Non-Financial Benefits:

- A larger contract value is likely to interest more potential providers, thus generating greater competition. The increase in bidders would also improve the sustainability of the sector reducing the likelihood of only a single or even no bidders for a single authority commission.
- A larger contract value would provide the economies of scale to develop services which may prove unviable for a single authority.
- It is more effective for a single provider to market themselves across the sub-region, particularly given that referrers, such as client's children & siblings may live out of district though within the sub-regional.

The successful provider will be expected to offer authorities a range of services including:

- information and advice, particularly around housing options for older people,;
- casework, advocacy and support;
- home safety assessments;
- hospital discharge and reablement services;
- independent living centre services, including product and equipment testing;
- independent living centre assessment facilities;
- co-ordination and technical support for repairs, maintenance, adaptations and improvements; and
- handyperson repairs, maintenance and security improvements.

Each local authority will identify at the outset the particular services that it wishes to buy throughout the contract. The contract will work flexibly to allow local authorities to take up unpurchased services in future.

A twelve week consultation period will be undertaken from the beginning of October in accordance with local authority compacts. This will include public availability of the commissioning strategy and equality impact assessment, the opportunity to feedback through an online survey, local stakeholder drop in events and a single market providers' day. The consultation feedback will be used to draw up the tender specification. The tender will then be advertised at the beginning of February with a contract award anticipated in by mid-June 2012.

## **2. PERFORMANCE**

### **New feedback system in place for social care services**

Each time a social care service user or carer has an annual review or un-scheduled review, the practitioner is now required to complete a feedback form with them. This process allows service users to give feedback about how they experience the care they receive from a range of provider organisations e.g. Domiciliary Care Strategic Partners, day care services, which have been commissioned as part of the user's care and support plan. The information is collated by commissioners in the Non-Acute & Social Care Team and is used to inform contract/service reviews and to highlight quality or performance concerns which can then be addressed with providers.

## **3. SERVICE DEVELOPMENT UPDATES**

### **Supported Lodgings for Young People**

Extensive promotion of the Supported Lodgings scheme including a very positive newspaper article has resulted in a significant number of new households coming forward offering to provide accommodation in their homes. This scheme provides accommodation and support for homeless young people in family homes with spare capacity. This increase in availability will result in reduced use of temporary fostering and emergency accommodation and financial savings. It also provides improved outcomes for these clients.

### **Access to Housing Advice & Options**

Housing Services are now able to provide clients with daily appointments to provide a full housing advice and options interview over the phone. Users receive a return call

from the adviser at an agreed time, and advice given will be backed up with written information. The new appointments ensure that people in isolated and rural locations are not excluded from the service, and reduce the need to travel. This is in addition to the housing advice and options services operated from the Guildhall, The Hollies and Keynsham Town Council Offices.

### **Home Energy Efficiency**

Joint working between the Council Housing Services and the Public Health Team at NHS BANES resulted in the Council's Warm Streets home energy efficiency scheme being promoted with this year's Flu Jab mail out to over 36,000 residents over 60 years of age. As of last Friday this had resulted in 671 referrals for loft or cavity wall insulation. This may increase further in the weeks ahead. Past experience would suggest that this is likely to result in at least half as many actual installed after a follow up survey by the contractor. Improving the energy efficiency of these homes has the potential to provide vulnerable residents the triple benefit of:

- Better health through warmer homes
- Lower fuel bills
- Lower carbon emissions to help reduce climate change

To ensure that these most vulnerable residents are able to receive the maximum impact from this scheme the Council is providing "top-up" funding where the Government sponsored schemes fail to pay the full costs. The likely cost of this top up to the Council will be in the region of £50,000 funded through the Housing Renewal budget.

**Wellbeing Policy Development and Scrutiny Panel**  
**7<sup>th</sup> October 2011**

**Key Issues Briefing Note**

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**1 Any Qualified Provider**

Panel members along with public and other stakeholders participated in the stakeholder event to determine local options and criteria for the extension of choice in community services under the Any Qualified Provider initiative. A full report is provided elsewhere on the agenda.

**2 Sirona Care and Health**

On September 20<sup>th</sup> following approvals by both NHS B&NES and B&NES Council Janet Rowse, CEO (designate) Sirona Care & Health, John Everitt, CEO of Bath and North East Somerset Council and Jeff James, cluster CEO NHS B&NES and NHS Wiltshire, signed the business transfer agreement which allows the Social Enterprise to be legally established.

The agreement, a five-year contract, was the final stage in an extensive process of consultation, development, governance and due diligence and set out in detail the transfer of community health and social care services to the new organisation.

Sirona Care and Health under its new brand and management structure commenced trading on October 1<sup>st</sup> 2011.

**3 NHS Reform- Executive Appointments**

**NHS B&NES**

Appointments to the cluster executive team were reported to the panel at the previous meeting. There were two remaining vacancies at that time. These posts have now been filled completing the executive appointments.

Christina Button has been appointed Director of Commissioning Development. Christina currently holds the position of Director of Performance Improvement at NHS Wiltshire. Prior to this role, Christina gained diverse experience in various roles at Avon and Wiltshire Mental Health Partnership and brings valued commercial knowledge to the NHS.

Dr Steve Rowlands and Dr Richard Wharton have jointly been appointed Medical Director for NHS B&NES and NHS Wiltshire Cluster in a job share arrangement. Richard is a GP partner with the Newbridge Practice in Bath and is the Associate Post Graduate Dean at the Severn Deanery in Bristol. Steve has chaired the NHS Wiltshire Commissioning Committee since March this year and is a GP with the Bradford Road practice in Trowbridge. Richard and Steve have worked together successfully on education and managerial projects for many years.

The full cluster executive team for NHS B&NES and NHS Wiltshire is

<b>Role</b>	<b>Post holder</b>
Chief Executive	Jeff James
Director of Finance	Jenny Howells
Director of Nursing	Mary Monnington
Director of HR, Governance and Communications	Suzanne Tewksbury
Director of Commissioning Development	Christina Button
Medical Director	Dr Richard Wharton Dr Steve Rowlands

### **Strategic Health Authority Clusters**

Earlier this year NHS Chief Executive Sir David Nicholson announced that, in line with Primary Care Trusts, Strategic Health Authorities would be kept in place until April 2013 but clustered into larger groups.

At the end of July these groupings were confirmed as:

North (comprising North West, North East and Yorkshire and Humber)

Midlands (West Midlands, East Midlands and East of England)

London

South (South West, South Central and South East Coast)

NHS South of England will:

- Serve a population of 13.4 million
- Oversee an annual budget of £20.7 billion
- Oversee 284,000 NHS staff

The Chair of NHS South was confirmed as Dr Geoff Harris, who previously chaired South Central. Sir Ian Carruthers, OBE, and previously Chief Executive of NHS South West has been appointed as Chief Executive for the South cluster.

The executive team has been put in place and the clusters became operational on 3<sup>rd</sup> October. They will form the initial footprint for the NHS Commissioning Board's sectors from April 2013.

The next meeting of the NHS South of England Board will be on Thursday, 1 December 2011 at South West House in Taunton.

### **Healthwatch**

B&NES has been approved as a pathfinder for the new Healthwatch following the application made to the Department of Health reported to the panel at its last meeting. Pathfinder status was awarded based on the submission outlining the plans for the transition from Link to Healthwatch in B&NES. Arrangements for the procurement of Healthwatch are on track with pre qualifying questionnaires expected to be distributed

to interested parties in November. At the panels request an update report on Healthwatch will be brought to a future meeting.

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