

# Bath and North East Somerset Council

## HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL

### Minutes of the Meeting held

Tuesday, 18th January, 2011, 2.00 pm

#### **PRESENT:**

**Councillors:** Councillor Adrian Inker (Chair), Councillor Sharon Ball, Councillor Loraine Brinkhurst MBE, Councillor Anthony Clarke, Councillor Eleanor Jackson, Councillor Bryan Organ, Councillor John Whittock and Councillor Stephen Willcox

#### **Cabinet Member:**

Also in attendance:

#### **34 WELCOME AND INTRODUCTIONS**

#### **35 EMERGENCY EVACUATION PROCEDURE**

#### **36 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS**

Apologies for absence were received from Councillors Will Sandry and Lynda Hedges. Councillor Simon Allen was a substitute for Councillor Sandry.

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

There were none.

#### **38 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR**

There was none.

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

There were none.

#### **40 MINUTES OF PREVIOUS MEETINGS ON 28TH OCTOBER AND 9TH NOVEMBER 2010**

**RESOLVED** that minutes of the above meetings be confirmed as a correct record and signed by the Chair.

#### **41 CABINET MEMBER UPDATE**

The Chairman invited Councillor Vic Pritchard (Cabinet Member for Adult Social Services and Housing) to update the Panel on current issues within his portfolio (attached as Appendix 1 to these minutes).

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

Councillor Willcox asked about the prospects of getting houses for people who were on the housing waiting list (9,200 people) and the impact that the Localism Bill would have on the way people are housed in future.

Councillor Pritchard responded that annually 500 people had been housed in the area.

Jane Shayler added that the Localism Bill proposed that Councils would have greater power to restrict entry to the housing waiting list but the Bill could be changed before it becomes an Act. Nevertheless, it was fair to say that quite a significant proportion of people would not make at the current housing waiting list and the Council would make waiting list process as efficient as possible.

Councillor Whittock expressed his concern that the Older People's Independent Living Service would only be available for people in the Somer Housing.

Jane Shayler responded that Somer had been awarded the service after open tender and that this new service would be open to all residents of B&NES who meet the criteria, regardless of whether they are resident within Somer Housing.

Councillor Jackson asked how many homeless people had been homed outside of bath and North East Somerset.

Councillor Pritchard responded that the 'Out of area placement' arrangement with the West of England area was that each Council would contribute with 5% of their housing stock. For comparison 5% of the housing stock in Bath and North East Somerset was much lower than 5% of the housing stock in Bristol in actual number terms. Councillor Pritchard added that the Council would be able to identify who would have greater need for the housing.

The Chairman asked that the presentation given by Ian Savigar to the Corporate Performance and Resources O&S Panel on the Housing Benefit be circulated to the Panel.

The Chairman thanked Councillor Vic Pritchard for the update.

## **Appendix 1**

### **42 BATH AND NORTH EAST SOMERSET NHS ROUTINE UPDATE**

The Chairman invited Janet Rowse to update the Panel on current issues in the NHS BANES (attached as Appendix 2 to these minutes).

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

The Chairman asked about the clustering arrangements for PCTs announced in the NHS Operating Framework.

Janet Rowse replied that the Strategic Health Authority are responsible for ensuring the establishment of PCT clusters: the most significant influence on NHS spend is the patient flow to hospital services; RUH provides care to B&NES and Wiltshire residents and it is therefore possible that NHS B&NES would cluster accordingly. More information will be known shortly.

The Chairman congratulated that stroke services within NHS B&NES were assessed as being in the 'best performing' category for care and support.

The Chairman said that the ambulance response dropped dramatically during the severe weather conditions.

Councillor Brinkhurst said that in November-December last year some of the ambulance service was brought from Wiltshire, and that the Panel should see a report on ambulance performance.

The Chairman agreed with this suggestion and suggested that, if possible, the Panel could have a report on ambulance performance at the March meeting.

The Chairman thanked Janet Rowse for the update.

## **Appendix 2**

### **43 BATH AND NORTH EAST SOMERSET LOCAL INVOLVEMENT NETWORK UPDATE**

The Chairman invited Diana Hall Hall to update the Panel on current issues involving BANES LINK as per the report.

The Chairman said that the future of the LINKs and are yet to be confirmed but that it is most likely that LINKs would form the basis of the new Health Watch.

The Chairman thanked Diana Hall Hall for the update.

### **44 SERVICE ACTION PLAN 2011-2012 ADULT SOCIAL CARE & HOUSING**

The Chairman invited Janet Rowse and Jane Shayler to introduce the report.

Janet Rowse went through the report and highlighted for the Panel the areas of consistency and the areas of change since the medium term financial and service plan was presented in November 2010. It was confirmed that the headline finances remain constant, but that the subsidy for Community Meals was not longer included as a proposal within the Service Plan.

Jane Shayler said that the funding for the services from the third/voluntary sector supported 160 contracts (but not necessary 160 providers). So far the savings had been identified and agreed with the providers without the impact on delivered services.

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

Councillor Brinkhurst asked if there was any Member input into the third/voluntary sector grant.

Jane Shayler responded that the Council delegated to officers decisions on voluntary grant programme. Councillor Pritchard does sit on the commissioning body, which is multi agency group, but he had no input in the decision.

Councillor Brinkhurst commented that Members of the Council should be informed on the decision making process for contracts with the third/voluntary sector. The Panel agreed with that comment.

Jane Shayler informed the Panel that the spending on the Community Learning Service had been reduced to the level of specific grant funding. The capacity of the Community Development workers would be reduced as an outcome of the reduced funding. Jane Shayler explained that Community Development workers supported community groups by giving them advice finances and similar issues and act as a link between different community groups.

Councillor Allen said that the reduced capacity of the Community Development workers would not fit within Big Society idea.

Jane Shayler said that 3 individuals would be affected but that there was ongoing discussion with the Policy and Partnerships on that issue.

The Chairman said that the service didn't seem to be particularly placed well within the Council structure and that they seemed more to be within Policy and Partnerships service. He felt that it would be wrong to lose very valuable service as they would fit within the Big Society idea.

Councillor Pritchard said that there would not be the end of the service. £370k of the grant could be put into the Bath College who would take on community learning, but some jobs would be lost.

It was **RESOLVED** to:

- 1) Note the Service Action Plan; and
- 2) Send the following comments to the Corporate Performance and Resources O&S Panel:
  - a. Members of the Council should be informed on the decision making process for contracts with the third/voluntary sector;
  - b. The Healthier Communities and Older people O&S Panel felt that it would be wrong to lose Community Learning as a valuable service that fit well within the Big Society idea and that although there was not request to amend the service action plans for Adult Services, the Council should look into other ways to keep that service running.

The Chairman invited Tracy Cox, Liz Eley (Patients' representative) and John Waldron (RUH Medical Director) to introduce the report.

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

Councillor Clarke said that this was excellent example on how the review should be conducted and that he supported the outcome and recommendations.

Councillor Brinkhurst agreed with Councillor Clarke and added that the consultation had been fantastic.

Councillor Jackson also supported the outcome and recommendations and added that she was particularly pleased how issues related to ethnic minorities had been tackled.

It was **RESOLVED** that the panel supported the decision of the Professional Executive Committees and Board of NHS BaNES:

1.1 To implement a clinical service model for a centralised hub for all inpatient and day case Head and Neck Cancers, Ear, Nose and Throat (ENT) and Oral and Maxillofacial (OMF) services with satellite and spokes providing diagnostic, follow up and less complex procedures.

1.2 For the centralised hub to be located at the BRI and hub services to be provided and managed by University Hospitals Bristol NHS Foundation Trust (UH Bristol) and for UH Bristol to proceed with implementation planning for May 2012 (in line with the opening of South Bristol Community Hospital).

1.3 For UH Bristol to work with local commissioners and providers from across the network to ensure there is good access to spokes across the network area.

## **46 SHAPING UP, A HEALTHY WEIGHT STRATEGY FOR BATH AND NORTH EAST SOMERSET**

The Chairman invited Helen Erswell to introduce the report.

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

Councillor Jackson commented that people using modern cancer treatments and therapies gain weight and that could be considered in the strategy.

Councillor Willcox said that a lot of people, in particular women, smoke cigarettes because of they feel it would reduce their weight.

Helen Erswell replied that NHS B&NES has a very proactive 'Stop Smoking' service which does address this issue within the programme, however she did acknowledge that some younger women do associate weight loss with smoking.

Councillor Ball asked if the obesity was hereditary.

Helen Erswell replied that it was not genetic but more to do with the lifestyle in the family which do tend to be passed on from parents to children.

Councillor Allen asked if the service also looked at underweight issues.

Helen Erswell replied that although the strategy was set to tackle overweight issues it also gives information about healthy weight.

The Chairman said that the outcomes and benefits on this matter would not be seen until 5 to 10 years down the line.

Councillor Brinkhurst said that this would be ideal for press campaign, especially with magazines read by young people.

Councillor Jackson asked if this report could go to the Parish and Town Councils as they were responsible for allotments.

It was **RESOLVED** that the Panel recommended that the 'Shaping Up' Strategy be approved for publication and implementation.

#### **47 PROGRESS ON TACKLING WINTER HEALTH**

The Chairman invited Dr Pamela Akerman and Philip Milner (NHS BANES) to introduce the report.

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

Councillor Jackson asked how many winter deaths were related to people who were not taking flu vaccination.

Philip Milner responded that the NHS needs to work with the GPs to get information related to that matter.

The Chairman said that the only thing missing from the action plan was engagement with the communities by knocking on the door and asking people if they need something. That sort of community engagement would also cover a number of other relevant issues.

Councillor Allen agreed with the Chairman's comment and added that Community Development workers would be ideal for community engagement.

It was **RESOLVED** that the Action Plan of the Bath and North East Somerset Affordable Warmth Action Group was proportionate and the plan should also include engagement with the communities.

#### **48 GYNAECOLOGY CANCER SERVICES REVIEW**

The Chairman invited Tracy Cox and John Waldron to introduce this report.

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

Councillor Clarke said that the Panel was never convinced that the proposed new service could match the service provided by the RUH.

Janet Rowse responded that working environment had changed and that she was very pleased with the outcome. She also thanked all people who worked on this matter.

Councillor Brinkhurst said that this was the example of working together and listening to each other.

John Waldron emphasised the key role of the patients and users for this review.

The Chairman concluded the debate by saying that one issue related to the Gynaecological Cancer review was the lack of clinical evidence. This was the biggest challenge for this Panel in terms of its work with the PCT. This was what the Health Scrutiny was all about.

It was **RESOLVED** to note the local assessment against “the four tests” and the proposed set of conditions to work towards delivering local services that are IOG compliant.

#### **49 YOUNG PEOPLE'S SUBSTANCE MISUSE SERVICES BRIEFING**

The Chairman invited Rosie Dill to introduce the report.

Rosie Dill went through the report and also introduced Liz Ball from Project 28.

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

Councillor Jackson asked what effect closure of the Radstock Youth Centre would have on the work in terms of preventing drug misuse amongst young people and why so many young people take Ketamine.

Rosie Dill replied that she was aware of restructuring within the Youth Services but that she was working quite close with that service on preventing drug misuse amongst young people. Liz Ball said that one of the reasons why so many young people take Ketamine was because it was cheap to buy.

Councillor Brinkhurst asked if Project 28 works with the affected families and why there was an increase in number of young people using drugs and alcohol.

Rosie Dill responded that Council staff and Project 28 deliver a lot of support to parents and families affected by the alcohol and drugs misuse. She couldn't give the exact reasons why there was an increase in number of young people using drugs and alcohol. Rosie Dill also said that there were no particular hotspots in the area on this matter.

Councillor Jackson said that Ketamine abuse was one of the causes for youth homelessness back in 2008-09.

Liz Ball said that in 2008-09 there were quite a few squats in Norton Radstock which were associated with young people and Ketamine abuse.

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

**50 PANEL FUTURE WORKPLAN**

The Panel noted their workplan for the next meeting with the following additions (all to be confirmed):

- Report/briefing on swine flu
- Ambulance performance report
- Somer Housing update to include information on how they plan to deliver Older People's Independent Living Service.

The meeting ended at 5.00 pm

Chair(person) .....

Date Confirmed and Signed .....

**Prepared by Democratic Services**



**Cllr Vic Pritchard, Cabinet Member for Adult Social Services & Housing  
Key Issues Briefing Note**

**Overview and Scrutiny Panel – 18<sup>th</sup> January 2011**

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**1. PUBLIC ISSUES**

**A Vision for Adult Social Care**

Capable Communities and Active Citizens was published in December 2010. The vision promotes alignment and pooling of health and social care funding, extending the roll out of personal budgets and more breaks for carers. A new national outcomes framework for Adult Social Care was published for consultation at the same time. The framework places improving outcomes for individuals at the heart of social care and empowers citizens to hold their councils to account for the services they provide. Together these two documents aim to help us create a more personalised, preventative service. Underpinning the approach is the identification of circa £2bn nationally to support improvement in social care, including social care re-ablement. Plans for the application of these funds are now being drawn up although we are still awaiting further guidance from the DH on the NHS funding element.

**The Localism Bill**

The Localism Bill was introduced to Parliament on 13<sup>th</sup> December. The impact is clearly wide ranging but there are some specific implications for housing:

- Councils are required to produce a Tenancy Strategy within 12 months
- RSLs will have an option to introduce a new tenure model known as “affordable rent”
- Councils will have greater power to restrict entry to the housing waiting list
- Councils will be able to discharge their homeless duty through a private sector tenancy, including out of district.
- Tenant Services Authority to be replaced by a statutory committee of the Homes & Communities Agency. Regulator to set a tenancy standard for local landlords.

**2. PERFORMANCE**

**Freedom from Fuel Poverty Project – Final Report**

A project to relieve fuel poverty for a number of households living in hard to treat properties in B&NES was commissioned by Housing Services in August 2009. The project was funded by the South West Regional Housing Pot following a successful bidding process and is now complete. The key outcomes have been positive and include fuel bill savings of between £150 and £900 per year and CO<sup>2</sup> savings of up to 2 tonnes for each of the 18 households taking advantage of the scheme. For more details including an evaluation report of the benefits, costs and problems encountered please contact Chris Mordaunt Housing Services Manager.

**Carers**

The Carers Give Us a Break Demonstrator Site Project now has 347 members. 57% of members have chosen to access an organised break activity/opportunity 43% have chosen an activity of their own choice. 72% of carers rate the organised activities as very good and 28% as good. No carers have rated the organised activities as

adequate or poor. Carers are asked to rate their overall health and well being before attending an activity/break opportunity through the project and after accessing a break opportunity through the project. Carers report an significant increase in their overall health and well being following attending a break activity.

### **3. SERVICE DEVELOPMENT UPDATES**

#### **Mulberry House & Mews**

We have commissioned a new mental health support service which incorporates the development of social enterprises by people with mental health problems, and which we anticipate will become a model of excellence. The service offers medium/high need provision with a clear emphasis on recovery and inclusion, which fills a previous gap in provision, Care Co-ordinators are working with individuals to move from higher cost placements to Mulberry, and those that were ready to move on have done so to create space.

#### **Older People's Independent Living Service**

A new pilot service for older people and disabled people has been launched. Some were commissioned in November to provide the Independent Living Service to residents across B&NES, regardless of their housing status. This means that for the first time, older or disabled people living in owner-occupied or private rented homes can now take advantage of a wide range of support services that enable them to remain independent. The service has been in operation since 1 January and is already reporting positive feedback from its first customers. It takes an innovative, person centred approach and is being watched by many others in the sector wishing to include people traditionally excluded from services because they don't live in sheltered housing.

#### **Services for Homeless People**

Homelessness Services form 14% of Supporting People & Communities Funding spend in 2010/11 (£1,074,600). The planned savings target in support of the Adult Social Care & Housing Medium Term Service & Resource Plan will reduce this by only 2% to £859,680. Services commissioned through this funding include supported housing, floating support, outreach, night shelter, deposit bond scheme, community activities and training. In addition a range of services commissioned that can be accessed by homeless people as well as people with other housing and support needs contribute to the overall provision for homeless people.

#### **Project Search Update**

Project Search, which the Panel may recall is in its second year at the Royal United Hospital (see page 10. of the RUH newsletter [ruh.nhs.uk/insight/winter\\_2010](http://ruh.nhs.uk/insight/winter_2010)), is now also up and running in the Council. Project Search works on the basis of a partnership between a college (Norton Radstock), supported employment provider (Remploy) and an employer (in this instance B&NES Council) who run an academic year programme of work, training students via a series of work placements in a host employer organisation. Setting up the programme in the Council has been ongoing for the past year and finally six students, with moderate learning difficulties or autism, started on Monday 10th January and will have a three week induction before going into the work place in Riverside.

## NHS B&NES Key Issues Briefing Note

Overview and Scrutiny Panel – 18<sup>th</sup> January 2011

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### 1. PUBLIC ISSUES

#### Policy Reform

##### **‘Equity and Excellence - Legislative Framework and Next Steps’**

The release of the white paper *Equity and Excellence- Liberating the NHS* was reported to the panel in September. Following public consultation on the proposals *Equity and Excellence- legislative framework and next steps* was published on 15<sup>th</sup> December. It confirms the central aims of the reforms:

- To put patients right at the heart of the decisions about their care
- To put clinicians in the driving seat on decisions about services
- To focus on delivering health outcomes that are comparable with, or even better than, those of our international neighbours.

As a result of consultation the Government has revised its approach in certain key areas including:

- To strengthen the public health role of local authorities
- To require all GP consortia to publish constitutions to increase transparency
- To invite the Care Quality Commission to create a more distinct identity for HealthWatch England
- For maternity services to be commissioned by GPs rather than the NHS Commissioning Board
- To give local authorities greater scrutiny of all NHS-funded services
- To phase the timetable for local authorities to take over commissioning complaints
- To give GP consortia a stronger role in supporting the NHS Commissioning Board
- To create an explicit duty for all arm’s-length bodies to cooperate in carrying out their functions, with a mechanism for resolving disputes
- Allow a longer transition period for completing reforms to providers
- Create a clearer, more phased approach to the introduction of GP consortia by establishing the programme of GP consortia pathfinders
- Accelerate the introduction of the health and wellbeing boards.

## **Change Programme**

In the November briefing note it was reported that the change agenda within the partnership was being progressed within 4 principle programme areas. A commitment was made to keep the panel informed on progress against these principle programmes:

### **Transforming Commissioning**

The NHS Operating Framework was also published on December 15<sup>th</sup> alongside the white paper referenced above. The framework describes 2011-12 as a year of transition during which preparations will be made for the structural reforms outlined in 'Equity and Excellence-Legislative Framework and Next Steps' Principal announcements are the direction to PCTs to establish larger cluster arrangements by June 2011, the extension of the QIPP timetable to April 2015 and the expectation on all GP practices to be grouped into consortia by April 2012. Discussions are currently taking place with the SHA and neighbouring PCTs on how we move to the new cluster configuration (population circa 1m) by June 2011.

The first NHS Outcomes Framework was published at the end of December. This will be the new accountability mechanism between the secretary of state for health and the new NHS Commissioning Board. It is intended to help the NHS move away from process targets to focus on health outcomes. It is structured around five outcome goals:

- Preventing people from dying prematurely
- Enhancing the quality of life for people with long term conditions
- Helping people recover from ill health or following injury
- Ensuring people have a positive experience of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm

There are 50 indicators within the framework, which was developed following public consultation last year. It is acknowledged that for some outcomes we need to develop better data to track progress.

### **Transforming Community Services**

The Integrated Business Plan (IBP) for the proposed social enterprise for community health and social care services was submitted to the SHA on 24<sup>th</sup> December. The submission was caveated on the basis that both PCT and Council still need to make their final decision on how to proceed. In order to comply with the national timetable there will now be an intensive period of assurance around the IBP and the financial modelling while simultaneously progressing the national recruitment of Chair and CEO Designate for the proposed provider vehicle.

### **Transforming Public Health**

The White Paper on Public Health was published in December. Public Health England will be created to give national leadership on population wide issues such as Flu, while Directors of Public Health will move to Councils, with the aim of giving more control to local communities over how public health funding is used. The DH has also published consultation documents on outcomes and on funding. The White Paper sets out proposals for making patients and service users more active participants in their care.

### **New statutory duties for local authorities**

Because of our existing work in partnership and experience of commissioning linkages across health and social care we are well placed to pick up the new responsibilities outlined within the white paper. In terms of the establishment of a Health and Wellbeing Board DH have invited B&NES to be an early implementer and the first discussion group session with DH took place in early December. At present we do not have all the detail and further legislation is awaited but the response to the white paper released on Dec 15<sup>th</sup> gives additional information. In particular the role of health and wellbeing boards is being further enhanced with Local

Authorities being given a new responsibility to develop a joint health and wellbeing strategy. Announcements have now also been made confirming that Health Watch will be led by a statutory committee within the Care Quality Commission (CQC) and will have greater powers to refer services to Health Watch England for investigation where there are public concerns.

## **PERFORMANCE AND OTHER ITEMS**

### **Stroke Services**

The CQC have just published their review of Stroke Services, which looked at the care experienced by people who had stroke and their carers. The review started from the point people prepare to leave hospital, to the long-term care and support that people may need to cope with stroke-related disabilities. It looked at both health and adult social care, as well as links to other relevant services, such as local support groups and services to help people participate in community life. NHS B&NES was assessed as being in the 'best performing' category for the care and support provided by B&NES Community Health & Social Care Services, in particular the Community Stroke Service.

### **Winter planning - Flu**

Health and Social care services have been under considerable pressure due to the severe weather conditions, early outbreaks of norovirus and more recently the escalation in the number of people becoming seriously ill with flu. Local services are coping well, with staff from all agencies demonstrating exceptional dedication to keeping services running and supporting vulnerable people. The Partnership have been using all communication methods both with the public and key stakeholders to promote health behaviours that can protect against infection in combination with the national campaign to encourage vaccination of vulnerable groups.

### **Re-ablement**

Following national announcements in October 2010 of a £70m fund to stimulate re-ablement services the PCT has had its non recurrent allocation confirmed at £212k. On January 4<sup>th</sup> the PCT was advised of a further non recurrent allocation of £495k. Both sums of money are to be used before the end of March 2011 to help avoid demand on social care services through prevention and early intervention support and to help people leave hospital. Work is underway to scope how best this money can be used for the benefit of the local system. Initial discussions have taken place with the RUH, B&NES Community Health & Social Care Services and a range of third sector providers to scope the current re-ablement service provision and identify gaps and opportunities to build capacity.

### **Health and Wellbeing Network Event**

The next workshop for the Health and Wellbeing Network is taking place on February 9<sup>th</sup> at the Guildhall between 9.30 am and 1pm. The subjects being covered are the public health white paper reforms and their local impact and Re-ablement. Panel members are invited to attend and information has been circulated.

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