BATH AND NORTH EAST SOMERSET

WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL

Friday, 27th January, 2012

Present:- Councillors Vic Pritchard (Chair), Eleanor Jackson, Bryan Organ, Sharon Ball, Lisa Brett, Gerry Curran, Brian Simmons and Martin Veal

Also in attendance:

59 WELCOME AND INTRODUCTIONS

The Chairman welcomed everyone to the meeting. The Chairman welcomed Councillor Lisa Brett as the new permanent member of the Panel in place of Councillor Sarah Bevan.

60 EMERGENCY EVACUATION PROCEDURE

The Chairman drew attention to the emergency evacuation procedure.

61 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillors Kate Simmons, Anthony Clarke and Loraine Brinkhurst sent their apologies. Councillors Brian Simmons, Martin Veal and Gerry Curran were their substitutes respectively.

Councillor Katie Hall sent her apology but no substitute was allocated for her absence.

Councillor Simon Allen (Cabinet Member for Wellbeing) and Ed Macalister-Smith (B&NES and Wiltshire PCT cluster Chief Executive) sent their apologies.

62 DECLARATIONS OF INTEREST UNDER THE LOCAL GOVERNMENT ACT 1972

Councillor Eleanor Jackson declared personal and non- prejudicial interest on the agenda item 'Service Action Plan 2012-13 for Adult Social Care and Housing' as she is Council's representative on Sirona Care & Health Community Interest Company.

Councillor Vic Pritchard declared personal and non-prejudicial interest on the agenda item 'Service Action Plan 2012-13 for Adult Social Care and Housing' as he is Council's representative on Sirona Care & Health Community Interest Company.

63 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

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

There were none.

65 MINUTES 18TH NOVEMBER 2011

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

66 MINUTES 29TH NOVEMBER 2011

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

67 CABINET MEMBER UPDATE (15 MINUTES)

The Chairman invited Jane Shayler (Programme Director for Non-Acute Health, Social Care and Housing) to give an update in the absence of Councillor Simon Allen (Cabinet Member for Wellbeing).

Jane Shayler took the Panel through the update (attached as Appendix 1 to these minutes) and provided further detail on the actions being taken in respect of a small number of care homes. Improvement Action Plans are in place and the implementation of the necessary improvements/changes are being closely monitored in liaison with the regulatory body, CQC (Care Quality Commission). CQC has been satisfied with the progress made to date.

Jane Shayler added that in light of recent high profile cases, including Winterbourne View, CQC have started to issue very strong, standard press releases that do not always give an accurate picture of the required improvements and associated risks to service users. Nevertheless, the Council does always take all CQC Improvement Notices seriously and works closely with CQC to ensure that the appropriate action is taken.
The Chairman said that we do have to be aware of the possible adverse perceptions of the public after reading such strong CQC press releases but that it was acknowledged that it is important that CQC takes a rigorous approach to its regulatory role. The Chairman said he was concerned that it was CQC, not the Council, who identified the areas for improvement.

Jane Shayler replied that the CQC has different role and greater powers than Council in the regulation of care services. The commissioning and contract team does regular contract reviews, taking a risk-based approach to the frequency of those reviews. Jane acknowledged that the team does not have sufficient capacity to undertake contract reviews of all providers as frequently as it would ideally want but capacity in the team has been increased in recognition of this really important area of work. Also, there is close working between the Council and CQC with regular liaison designed to share concerns and any actions to be taken.

The Chairman felt that this issue should be on the agenda for the next meeting of the Panel in the format of the report with the background information. The Panel agreed with the Chairman's suggestion.

It was **AGREED** that 'Care Services Quality Assurance' be on the agenda for March 2012 meeting.

The Chairman asked about the Department of Health one-off additional payment of £457,275 to Primary Care Trust for immediate transfer to the Council for investment in social care services which also benefit the health system.

Jane Shayler responded that, on an urgent basis, it was agreed to invest in transitional beds (one of the areas highlighted by Sirona). It was also agreed to employ an additional Social Worker in the Hospital Team on a 12-month basis. The other proposals from Sirona and other partners and 3rd sector providers are being considered. All these investments will have to be short term as the money is one-off payment.

The Chairman asked how carry-forward money sits with the Service Action Plan.

Jane Shayler responded that planned carry-forward of £1m was included in the Medium Term Service and Resource Plan that was presented to the Panel in November 2011. Part of the reason for slippage on the expenditure of this money was the time it takes to commission new services but also as a result of over-performance this year in delivering efficiency savings.

Councillor Jackson asked if the vacancies in Dartmouth Avenue might be used to house households who have become homeless as a result of the benefits cap.

Jane Shayler replied that the benefits cap is not yet in place and that it is too early to predict the impact

It was **RESOLVED** to note the update and to have 'Care Services Quality Assurance' be on the agenda for March 2012 meeting.

Appendix 1

68 NHS AND CLINICAL COMMISSIONING GROUP UPDATE (15 MINUTES)

The Chairman invited Ian Orpen (Clinical Commissioning Group - CCG) to give an update.

Ian Orpen took the Panel through the update (attached as Appendix 2 to these minutes) and added that the CCG received one-off fund of £300k to spend until March this year. The CCG would have to decide until 8th February where to spend this fund. Unfortunately this fund cannot be used for long term planning.

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

The Panel welcomed that the Strategic Health Authority (SHA) took on board recommendations made by the Panel at their meeting on 29th November 2011 in terms of the BANES and Wiltshire PCT Board Cluster arrangements. The SHA has agreed that the date for implementation of the Board Clustering changes may be deferred until March 2012.

Some Members of the Panel expressed their concern that BANES PCT will become junior partner when clustered with Wiltshire PCT.

Ian Orpen understood the concern and added that Clustering arrangements are short term arrangements. Ian Orpen also said that their colleagues in Wiltshire study with interest the arrangements between our CCG, PCT and Council and would like to achieve a similar level of integrated working.

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

Appendix 2

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

The Chairman invited Mike Vousden to introduce the update from BANES Local Involvement Network (LINk).

Mike Vousden took the Panel through the update, as included in the agenda, and added that the LINk had some concerns on Home Improvement Agency which they (LINk) will bring in the update for the next Panel meeting.

Jane Shayler commented that she was contacted with the request for further info on Home Improvement Agency and that Councillor Simon Allen (Cabinet Member for Wellbeing) will respond to that request.

Members of the Panel commented that they expressed their concerns on the contracting process with Home Improvement Agency at a previous meeting. The Panel also welcomed that residents could feed their concerns through LINk but felt that it would be a good idea if the same residents are notified how they receive feedback.

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

70 UPDATE ON PROPOSED MERGER BETWEEN GWAST AND SWAST (15 MINUTES)

The Chairman invited Kerry Pinker and Brigid Musselwhite (Great Western Ambulance Service representatives) to give a presentation to the Panel.

Kerry Pinker and Brigid Musselwhite gave a presentation in which they highlighted the following points:

- Great Western Ambulance Service (GWAS) current position
- Why is GWAS proposing this change?
- How did GWAS reach this decision?
- Why would South West Ambulance Service NHS Trust (SWAST) make a good partner?
- Benefits
- Who is involved?
- Overall objectives
- What has happened so far?
- The existing GWAS map
- The existing SWAST map
- Key facts for GWAS and SWAST
- Next steps
- Sharing the plans

A full copy of the presentation named 'GWAS – the future' is available on the minute book in Democratic Services.

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

The Panel commended the work of ambulance call centres and asked if they will stay the same.

Kerry Pinker replied that nobody would know the answer on that question now, not until the planning part of the process starts.

The Panel commented that they do understand the financial viability of the merger but that they don't want to lose the service that we have at the moment and hopefully the merger will enhance that service.

Members of the Panel commented that both GWAS and SWAST will have to be utterly transparent with the staff and members of the public on their plans for merger.

The Panel also commented that SWAST, once merged with GWAS, will cover vast area (whole of the South-West of England) and for that reason the Panel recommended that the future board, or similar body, should have independent voices from each area in the region. Different areas will have different interpretations and also different service needs.

The Panel asked about the consultation timescale.

Brigid Musselwhite replied that according to her assessment the consultation will run from March until June 2012 and Local Involvement Networks will be involved in consultation. Consultation will not be open for the public as this is change with leadership.

It was **RESOLVED** to note the presentation and for the GWAS representatives to take on board suggestions from the Panel that any future body should have one representative from each area in South-West region.

71 CHANGES PROPOSALS - CORONER HOSPITAL POST MORTEMS FROM RUH,

BATH TO FLAX BURTON PUBLIC MORTUARY (30 MINUTES)

The Chairman informed the meeting that the Panel are asked to consider the consultation briefing and proposal from the Coroner to:

1) Conduct all Coroner post mortems at Flax Bourton i.e. to cease the current practice of some Coroner post mortems taking place in the Royal United Hospital in Bath (RUH).

2) No longer pay for deceased patient storage at the RUH for 'Coroner Form A' cases (i.e. HM Coroner, after investigation, decides the patient died a natural death and informs the Registrars to proceed with death registration).

These proposals are in line with Coroner provision across the rest of the ex-Avon area.

The Chairman welcomed the representatives from Bristol City Council, Zillah Morris and John Pitchers, and also the RUH representatives - Howard Jones, Dr Andrew Taylor and Dr Chris Meehan.

The Panel asked the following questions:

The Panel asked if the Equality Impact Assessment was conducted considering that the briefing listed lot of positives and hardly any negative impact.

Howard Jones commented that significant negatives will be for families in BANES and Wiltshire. The proposal will potentially undermine pathology services in the RUH and also the training provided within the RUH. The RUH conducted 400 post mortems per year and the proposed change will have major impact on families of deceased. Chief Executive from the RUH will be asking Wiltshire Scrutiny to also look at this issue even though Wiltshire was not included in the consultation.

Samantha Jones (Corporate Policy Manager for Equalities) informed the Panel that the Equality Impact Assessment Form from the Bristol City Council is in Appendix B of the report (page 102 and 8). However, the form only listed positive effects of the proposal but not the negative impact.

Zillah Morris said that Bristol City Council had been asked to review this matter. The review highlighted potential duplication in service provided by Flax Bourton and the RUH. Zillah Morris reminded the Panel that Bristol City Council is the lead partner on Coronary provision and Bristol City Council believed that proposal would have positive impact on ex-Avon area. Consultation process that took place was under Bristol City Council guidelines and as such it did not require to flag negative effects. Zillah Morris gave more background on the proposal (as per the briefing included in the agenda) and added that she understood concerns about the transport issues between the RUH and Flax Bourton. However, the proposal would have no impact on families – the viewing of the deceased would still be held in the hospital. There is also nothing to stop clinical professionals to come to Flax Bourton when they need to and the training has been quite successful in Flax Bourton. There would be no additional costs for any of four local authorities that fund Flax Bourton.

The Panel asked if the proposal is suggesting that the RUH facilities should continue to exist in case of the requirement for additional storage.

Zillah Morris replied that she would not know what the specific arrangements would be.

Dr Andrew Taylor said that the RUH would still be required but they would not be able to provide additional storage place if the proposal go ahead. If all Coroner post mortems take place in Flax Bourton then the RUHJ would have to shut their facilities.

Members of the Panel made the following points:

Councillor Martin Veal said that he understood that Bristol City Council had to make some cuts but still he could not understand that the lack of the Equality Impact Assessment. He suggested that the Panel should reject the report presented at the meeting and ask for a new report which will encompass full Equality Impact Assessment that gives full consideration of the RUH full catchment area.

Councillor Gerry Curran says that we have the facility in the RUH that also serves Wiltshire area and with 400 post mortems per year it is fairly busy facility. Councillor Curran said that he couldn't see great savings in ceasing the current practice.

Councillor Brian Simmons said that the proposal mentioned only ex-Avon areas and not Wiltshire and Mendip areas. For that reason the Panel should reject the report.

Councillor Eleanor Jackson agreed with the other Panel Members and said that this report is not legally justifiable. Councillor Jackson said that the report mentioned the distance between Bath and Flax Bourton but not the distance from other places within BANES area, in particular South and South-West North East Somerset. There was no consideration of ethnic minorities and no awareness that people from other cultures have issues on viewing the deceased. This proposal is against the Localism agenda. Councillor Jackson agreed that the Panel should reject the report because of the lack of the right Equality Impact Assessment.

Councillor Bryan Organ said that BANES PCT is in the clustering process with Wiltshire PCT and that the proposal should consider consultation with Wiltshire. Councillor Organ asked why stopping something that works well. Councillor Organ also agreed to reject the report.

The Chairman thanked everyone who participated in this debate.

The Wellbeing Policy Development and Scrutiny Panel made the following **RESOLUTION**:

1. The Panel **REJECTED** the report presented at the meeting (Final Consultation Briefing Flax Burton Public Mort)
2. The Panel **ASKED** for a new report which will encompass full Equality Impact Assessment that gives full consideration of the RUH full catchment area
3. The Panel **ASKED** for longer consultation process. The Panel did not welcome that the consultation process started just before the Christmas period; and

4. The Panel expressed their concern about the sustainability of the RUH facilities should the Coronary provision be transferred to Flax Burton Public Mortuary.

Members of the Panel suggested that the new report should be compiled in consultation with the RUH Bath.

The Panel also requested that the outcome of the meeting on 8th February be communicated with them.

72 SPECIALIST MENTAL HEALTH SERVICE RE-DESIGN - HIGH DEPENDENCY UNIT (20 MINUTES)

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

The Panel made the following points:

Some Members of the Panel, who visited Hillview, welcomed the report by saying that they now have a better understanding of the issues and of the proposal not to re-open the High Dependency Unit beds on Hillview.

The Panel gave very positive feedback on the quality of the Impact Assessment, which they considered to be rigorous and very clearly recorded.

Members of the Panel also welcomed the comments (all positive) from the Care Quality Commission (CQC) unannounced visit to Hillview. The Panel asked to be recorded that they congratulate to all staff members on this achievement.

Andrea Morland thanked BANES LINk for their contribution in the impact assessment.

It was **RESOLVED** to accept the recommendations of the report and to congratulate AWP and Hillview staff members on positive inspection report from the CQC.

73 REPORT FROM THE STRATEGIC TRANSITIONS BOARD (15 MINUTES)

The Chairman invited Mike MacCallam (Joint Commissioning Manager) to introduce the report.

The Panel made the following points:

Members of the Panel were pleased to see the progress made on transition processes for the transfer of young adults from Children's to Adult Services. Mike MacCallam informed the Panel that the following key milestones and achievements of the Strategic Transition Board and Core Group were accomplished:
Transition Protocol
Appointment of Transition Champion
Revised Transition Pathway
Training Strategy
Engaging young people

Information
Strategic Commissioning and service planning
Priorities for further action identified by the Strategic Transition Board (as per the report).

Mike MacCallam also informed Members of the Panel that the Equality Impact Assessment on Strategic Transitions Planning will be completed soon.

Members of the Panel suggested that the Strategic Transition Board should conduct a survey with young people on what their perception of the Board is and get back to the Panel in near future with a further update.

It was **RESOLVED** to note the report and to receive an update on one of the future meetings.

74 SERVICE ACTION PLAN 2012-13 ADULT SOCIAL CARE AND HOUSING (30 MINUTES)

The Chairman invited Jane Shayler to introduce the report.

Jane Shayler introduced the report and informed the Panel that the Equality Impact Assessment for Adult Social Care and Housing Service Action Plan is published on Council's website and available on this page http://www.bathnes.gov.uk/communityandliving/equality/Pages/FinancialPlans.aspx .

Members of the Panel asked for and received clarification on issues as follows:

- There appears to be a significant projected increase in the number of transitions of young people, particularly those with Autism, from Children's Services to Adult Care. Is this as a result of parents moving into B&NES in order to enable their children to access very good services in the area? Jane Shayler advised the Panel that this was unlikely to be the case, as reported to a previous Panel, it is more likely to be a combination of an increase, both locally and nationally, in the number of children with a learning difficulty and/or autistic spectrum disorder who are living into adulthood and, also, better identification/diagnosis of autistic spectrum disorders.
- Could there be an explanation of the terms "Market Shaping" and "Framework Contract" on page 8 of the Service Action Plan? Jane Shayler explained both terms to the Panel.
- There was a query about the "saving" of £100,000 Council funding of Home Adaptations & Aids and whether this meant reduced provision of Home Adaptations & Aids. Jane Shayler advised the Panel that Somer Housing Group's agreement to fund an increased proportion of adaptations and aids to eligible Somer Tenants would not mean a reduction in access; indeed, it was likely to improve timely access to adaptations and aids.

Some Members of the Panel expressed a slight concern that approximately 72% of non-residential social care service users would see an increase in their contribution to the cost of their personal social care. Jane Shayler advised the Panel that the new Fairer Contributions Policy had been through extensive consultation, including with service users and carers as previously reported to the Healthier Communities &

Older People Overview & Scrutiny Panel. The new policy both addressed historic inequalities and inconsistencies in the local policy framework, brought B&NES closer to the South West benchmark for income from contributions (historically B&NES income was significantly below average), and, also complied with new national guidelines. Jane Shayler also confirmed that if the service does not get the additional income then the savings would have to be made in other areas, potentially with the cuts or reductions in some areas of service provision.

It was **RESOLVED** to note the report. The Panel had no issues requiring further consideration at the special meeting of Resources PDS Panel on 6th February nor did the Panel have any issues to refer to the relevant Cabinet portfolio holder for further consideration.

75 WORKPLAN

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

- Care Services Quality Assurance (date to be confirmed)
- Update on the outcomes of Improving Access to Dental Services Review (date to be confirmed)
- Mortuary Service change update (date to be confirmed)
- Strategic Transition Board update (date to be confirmed).

The meeting ended at 2.05 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 – January 2012

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1. PUBLIC ISSUES

On 3rd January the Department of Health announced that it is allocating a one-off additional £150 million to Primary Care Trusts in England, for immediate transfer to local authorities for investment in social care services which also benefit the health system, particularly to enable local services to discharge patients from hospital more quickly and provide effective on-going support for people in their own homes. Priority should be given to the development of best practice approaches that support integrated system change and which will have a longer-term impact on delayed transfers of care beyond this financial year.

Bath & North East Somerset's share of this funding is £457,275. The integrated health and social care commissioning team is working with provider and partner organisations to develop proposals about how this one-off funding can be used to best effect.

2. PERFORMANCE

- There are currently five voids at Dartmouth Avenue temporary accommodation for homeless households. Whilst this does mean there is capacity in the system to respond to the temporary housing needs of homeless households, this temporary accommodation scheme is "block-funded", which means that the provider is still entitled to funding for these voids.
- The Extra Care "road show" event, aimed at raising awareness of the benefits of extra care housing is taking place on 24th January.
- The 2011/12 annual social care survey is under way and we are hoping to build on the good results achieved in 2010/11.
- Quality concerns in relation a small number of care homes are being managed, which is putting pressure on commissioning and contracting capacity. Improvement Action Plans are in place and implementation of the necessary improvements/changes are being closely monitored in liaison with the regulating body, CQC (Care Quality Commission)

3. SERVICE DEVELOPMENT UPDATES

The Independent Living Service

The ILS is funded by the Council and provided by Somer Community Housing Trust and has been in operation for a year, starting on 1st January 2011. The service was set up to help people remain independent in their own homes providing a range of services; using a banded menu of support ranging from the installation of a 24 hour alarm, receiving well-being calls, home visits, help with correspondence, accessing welfare benefits, adaptations to the home and falls pick-up amongst the items people can choose to help with this aim.

Since the launch on 1st January 2011, a total of 255 people are receiving continued support with a further 32 supported but no longer receiving the service.

Customer feedback has continued to be positive, with compliments being received in response to the question 'what's working well?' and several independent letters and quotes received from quarterly surveys. Quotes from users of the service include:

'I feel less isolated as I know someone will phone me.'

'Makes life worth getting out of bed for, as I won't be totally alone. Without the visits and calls, I don't know what I'd do.'

'Thanks for all you have done for me and all the help. Without you I wouldn't be able to cope. Thanks for standing by me and not giving up on me. Thank you very very much.'

'Don't know how I would have managed without you. The scheme has been an answer to my prayers.'

'I feel cared about and safe. I have never met so many lovely people.'

'Takes the pressure off my daughter (young carer).'

''Hearing a cheery voice first thing in the morning is fantastic and having a reminder to take medication every day as I forget all the time if not reminded has been a great help''.

'*The important thing is the flexibility of the officers. If you have a problem they do listen and act on it.*'

'Made all the difference in the world – given me peace of mind. I haven't had to move. It's marvellous because I can stay in my own home.'

Wellbeing Policy Development and Scrutiny Panel
January 27th 2012

Key Issues Briefing Note from the NHS and CCG

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1. Cluster Board arrangements

Following representations made by B&NES Council, the B&NES Clinical Commissioning Group (CCG) and LINk a meeting was held with the SHA on 30 November in order for consideration to be given as regards the case for an exception to the Department of Health's 1 December 2011 implementation date for Clustering changes. After the meeting with the SHA, a copy of the Minutes of the Policy Development & Scrutiny Committee was also made available to the SHA. Local MPs also made certain representations at senior DH / NHS levels. Following further discussions which took place as between the SHA and the Council, the SHA has agreed that the date for implementation of the Clustering changes may be deferred until March 2012.

There will be a significant amount of work required over the next few months by all parties to review, determine, agree and document appropriately a viable basis for meeting local strategic objectives and ensuring the balance of local vs. cluster / commissioning support is clear and optimal both through transition and post 2013 when CCGs will be fully operational. It will also be necessary to ensure governance and accountability arrangements are sound in the interim for the Partnership and its partners.

NHS B&NES Board agreed at its meeting on 19th January to move towards a single Cluster Board. In making this decision it was recognised that there would need to be appropriate checks and balances put in place to allow the partnership to be protected by these arrangements. The decision to proceed with a Cluster Board is dependent on clear safeguards being agreed to ensure the existing joint commissioning arrangements and partnership working with the Council are respected and protected. These safeguards are now being explored with a timescale of 2 weeks set for the completion of this work.

2. NHS B&NES Management Arrangements

Ed Macalister-Smith has joined the B&NES and Wiltshire PCT cluster as Chief Executive with effect from 1st January 2012. Ed will be the Accountable Officer for the two statutory organisations (B&NES and Wiltshire PCT), and is an experienced NHS Chief Executive having led NHS Buckinghamshire and the Isle of Wight NHS Primary Care Trust. Previously Ed has held senior roles in a number of other NHS organisations, including Wiltshire Health Authority and Bath Community Health Council.

In addition to her role as Director of Finance, Jenny Howells has been appointed Deputy Chief Executive across the cluster. NHS Wiltshire and NHS Bath & North East Somerset continue working together to ensure both organisations are able to carry out effective business with resilience..

A staff consultation commenced on January 23rd on proposed structures for commissioning staff to ensure that the PCTs business can be effectively managed during the transition period and can be in a ready state to handover to the new commissioning arrangements as of April 2013. Further updates will be provided to the Committee as plans for proposed working arrangements are finalised.

3 Any Qualified Provider (AQP)

As previously reported PCT clusters were required to identify three or more community or mental health services in which to implement patient choice of AQP in 2012/13. A consultation took place during the Autumn to which some panel members were able to participate. Following the consultation feasibility work was undertaken to assess the priorities identified.

This has now completed and the PCT Board has now approved the 3 selected services:

- Wheelchair Services for both children and adults
- Autistic spectrum disorders
- Direct access to MRI

Procurement work will now be undertaken to ensure implementation of the new services by September 2012.

4. Summary Care Record

The NHS is changing how patient information is stored and shared in England, to provide better care for patients. The Summary Care Record is a national programme initiative to provide healthcare staff treating patients in an emergency with faster access to their patients' key health information through the ability to access common records electronically.

Currently all the places where patients receive care keep records. They can usually only share information from records by letter, e-mail, fax or phone. At times, this can be slow and sometimes ineffective. Being able to view records remotely will ensure healthcare staff have faster and easier access to essential information helping to provide the right treatment in an emergency or when then patients GP practice is closed.

NHS B&NES Board have approved the project plan to develop the programme in B&NES so that it is operational from March 2013. Implementation includes a communications and engagement programme that will ensure all patients receive information about the changes are given opportunity to think about the choices and will have the option to opt out if that is their choice.

A Q&A document providing fuller information for patients is attached. Additional briefings will be brought to the panel as the programme develops

5. Clinical Commissioning Group Progress update

Following the publication of Liberating the NHS in July 2010 the panel have received previous reports on the details of NHS reform outlined by the Department of Health. A principle element within the reform is the dissolution of PCTs and the establishment of Clinical Commission Groups (CCGs) to lead commissioning into the future. In line with the reform programme arrangements to move towards the establishment of CCGs are being progressed in B&NES. The panel received a presentation on this at its last meeting.

Recent development

An evaluation of the state of readiness for the local establishment of CCGs was recently undertaken by NHS South of England. Results for B&NES were very good resulting in a green rating for size, geography and sign up from constituent practices.

B&NES CCG participated in a recent conference that took place with Sir David Nicholson the Chief Executive of the NHS and Dame Barbara Hakin the National Managing Director for commissioning development with all the CCG leads in the South of England.

Key messages for guiding local developments were clarified:

- GP Practices are the building blocks of CCGs
- Need for decision making to be as close to patients as possible
- No right size for a CCG – depends on what service you are commissioning eg for COPD services local and small is best but for specialist services like Dialysis a large structure makes best use of resources and delivers better quality care.
- Similar for Commissioning support – some things need to be local and close to CCG such as pathway design and models of care while other services better delivered on larger scale for instance data handling

Ongoing discussions regarding the definition of what services are best commissioned locally and which are best organised on a wider area level are now taking place with the other CCGs in Wiltshire and in collaboration with B&NES council in respect of joint commissioning.

Discussions continue with neighbouring CCGs in Wiltshire on joint working and future collaboration to determine what common structures may be sensible and helpful allowing us to retain localism but keep costs under control.

B&NES CCG was closely involved in designing the PCTs commissioning intentions for 2012/13 and a joint letter sent from all 4 Banes and Wilts CCGs to the RUH outlining this was well received.

The process to assign staff to the future CCG model has now been initiated in collaboration with the PCTs management programme to align existing staff towards the future models.

Discussions to establish delegated budgets and the financial operating framework for the CCG are now being advanced. Initial agreements will relate to medicines management with the authorities and budget responsibilities for elective and non elective care being transferred from April.

Timeline to Authorisation

Following the successful assessment of readiness referred to above B&NES CCG will be able to commence the governance and regulatory process towards authorisation in July. This is expected to conclude in October at which point the CCG will effectively operate in shadow form for the remainder of the transition period. Final statutory powers will be assigned to CCG at the point the PCT is disestablished in April 2013.

A large amount of additional detailed guidance is expected from DH in February. The panel will be kept updated through future briefings.

Frequently Asked Questions About the Summary Care Record

What is the Summary Care Record?
Your Summary Care Record will contain important information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines that you have had. Giving healthcare staff access to this information can prevent mistakes being made when caring for you in an emergency or when your GP practice is closed.
You can choose whether or not to have a Summary Care Record.

How will the Summary Care Record help me?
Healthcare staff will have quicker access to information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had. This means they can provide you with safer care during an emergency, when your GP practice is closed or when you are away from home in another part of England.
You will be able to look at your Summary Care Record at any time at a secure website called HealthSpace. You must register to use HealthSpace to keep it as secure as possible.

Who can see my Summary Care Record?
Only NHS healthcare staff involved in supporting or providing your care can see your Summary Care Record. Healthcare staff who can see your Summary Care Record:

- need to be directly involved in caring for you;
- need to have an NHS Smartcard with a chip and passcode (like a bank card and PIN);
- will only see the information they need to do their job; and
- should have their details recorded.

Healthcare staff will ask your permission every time they need to look at your Summary Care Record. If they cannot ask you, for example if you are unconscious, they may look at your Summary Care Record without asking you. If they do this, they will make a note on your record to say why they have done so.

Can I stop information being put into my Summary Care Record?
NHS healthcare staff need to make accurate, relevant records of the care you have had. You can choose not to have a Summary Care Record. If you do not want a Summary Care Record you must fill in an opt out form and return it to your GP practice.

The Summary Care Record and your choices

I have received an information pack in the post about Summary Care Records. What do I have to do
You need to read the information in the pack and make a choice. If you are happy for us to make a Summary Care Record for you, you do not need to do anything, we will automatically make one for you. If you do not want us to make a Summary Care Record for you, please fill in the enclosed opt out form and return it to your GP practice.

You can also get an opt out form from your GP practice, or you can ask us to send you one by phoning the Summary Care Record Information Line on 0300 123 3020.

Will you ask my permission to make my Summary Care Record?
Before we make you a Summary Care Record we will send you a letter and information pack explaining the changes that are taking place in your local area and the choice you have to make. If you want a Summary Care Record you do not need to do anything. We will automatically make one for you.

How long do I have from getting my letter to making my choice about whether I want a Summary Care Record?
The letter you receive(d) from your primary care trust will mention a date by which you need to make a choice. (This is usually within at least 12 weeks of receiving the letter.) You need to decide whether you want a Summary Care Record. If you do not, you need to fill in an opt out form which is included in your information pack, and return it by Freepost or take it to your GP practice by this date. If you choose to have a Summary Care Record you do not need to do anything. Sometime after the date mentioned in your letter, we will make your Summary Care Record for you. Whatever you decide you can change your mind at any time, but you need to let your GP practice know.

What will happen if I choose not to have a Summary Care Record?
If you choose not to have a Summary Care Record the healthcare staff caring for you in an emergency, or when your GP practice is closed, may not be able to look at information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines that you have had. Whatever you decide you can change your mind at any time. We will always provide you with the best possible care.

Why can't I opt in to having a Summary Care Record?
Asking patients to opt out of having a Summary Care Record (rather than opting in) is the simplest option for patients, and has been agreed by the Information Commissioner in line with the NHS Care Record Guarantee for England.This means that patients who would benefit most from having a Summary Care Record, for example, vulnerable patients, will not be disadvantaged as there is no need to do anything if they want to have a Summary Care Record made for them.

Why can't I opt out online rather than having to print out the form and return it to my GP practice?
Your GP practice needs to know if you want to opt out of having a Summary Care Record to make sure that your wishes are carried out. Filling in and returning the opt out form to your GP practice allows them to do this.

Can I change information on my Summary Care Record?
You cannot change information written by healthcare staff, but if you see any errors or incorrect information on your records, you should let your GP practice know.

Can I add information to my Summary Care Record?
You may have other details about your care added to your Summary Care Record. This will only happen if you ask for the information to be included. You should discuss your wishes with the healthcare staff treating you.

Access to your Summary Care Record

Will healthcare staff ask me if they want to look at my Summary Care Record?
Yes, healthcare staff will ask you every time they need to look at your Summary Care Record. If they cannot ask you, for example if you are unconscious, they may look at your record without asking you. If they do this, they will make a note on your record to say why they have done so.

Can I look at my Summary Care Record online if I am under 16?
If you are under 16, you cannot see your Summary Care Record using HealthSpace. This does not affect your rights to ask us for access to your information under the Data Protection Act.

How do I find out who has looked at my Summary Care Record?
Healthcare staff will ask you every time they need to look at your Summary Care Record. If they cannot ask you, for example if you are unconscious, they may look at your record without asking you. If they do this, they will make a note on your record to say why they have done so. You can ask your local Caldicott (Information) Guardian at your primary care trust to tell you who has looked at your Summary Care Record. They will investigate any potentially inappropriate access to your record and let you know.

Will other people than those providing me with care be able to access my Summary Care Record?
People outside of the NHS will not be able to access your record without your permission other than in circumstances where it is allowed by law.

This is explained in the leaflet NHS Care Record Guarantee: Our Guarantee for NHS Care Records in England.

Keeping your Summary Care Record safe and confidential

Is my Summary Care Record safe from hackers?
It would be very difficult to hack into it because, like all other NHS computer systems and services, Summary Care Records aim to use the strongest national and international security measures available.

Could my records be accidentally deleted or lost?
No, there is strong protection to prevent any information about you being lost or deleted. The information is copied to a separate secure place so there is always a back-up copy of your records.

How will you protect my confidentiality?
By law, everyone working for us or on our behalf must respect your confidentiality and keep all information about you secure. We publish the NHS Care Record Guarantee for England. This says how we will collect, store and allow access to your electronic records and your choices for how your information is stored and looked at. If you would like a copy, there is information on how to get one on the back of this leaflet. No matter how careful we are, there are always risks when information is held on computers, as there are with paper records. In every place we treat you there are people responsible for protecting your confidentiality. Ask your local NHS for more information. If you would like a copy, you can phone the SCR information Line on 0300 123 3020

What are my rights about how you keep my health information confidential?
You have the right to expect us to keep your health information private. You also have rights to make sure we keep your details confidential by law, including under the Data Protection Act and human rights legislation. In every NHS place we treat you, there are people who are responsible for making sure your details are kept confidential. They are sometimes known as Information Guardians or Caldicott Guardians.

Can I choose for my child not to have a Summary Care Record?
Children will automatically have a Summary Care Record made for them. If you do not want your child to have a Summary Care Record you will need to fill in an opt out form on behalf of your child and return it to your child's GP practice. In some circumstances your GP may feel it is in your child's best interests to have a Summary Care Record. For example, if your child has a serious allergy that healthcare staff treating your child should know about.

Can I have access to my Summary Care Record online if I am under 16?
No. If you are under 16, you won't be able to see your Summary Care Record using the HealthSpace website www.healthspace.nhs.uk.This does not affect your rights to ask us to look at your information held under the Data Protection Act.

Is it possible to opt out on behalf of another person?
In certain circumstances it is possible to ask to opt-out on behalf of another person, for example, children or adults of limited capacity. The decision will ultimately be made by their GP, as in some circumstances your GP may feel it is in the person's best interests to have a Summary Care Record. For example, if the person has a serious allergy that healthcare staff treating the person should know about.You need to contact their GP to discuss this.

Getting more information about Summary Care Records

Where can I get more information?
For more information about Summary Care Records and your choices:
phone the Summary Care Record Information Line on 0300 123 3020;
contact your local Patient Advice and Liaison Service (PALS) or speak to a member of staff at your GP practice.

Why aren't other languages listed? How do I get information in another language?
If English is not your first language, the Summary Care Record Information Line 0300 123 3020 can provide both text and translation services. Or, you could ask a friend or relative to phone the Summary Care Record Information Line for you.

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