

## **BATH AND NORTH EAST SOMERSET**

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

Friday, 16th March, 2012

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

#### **76 WELCOME AND INTRODUCTIONS**

The Chairman welcomed everyone to the meeting.

#### **77 EMERGENCY EVACUATION PROCEDURE**

The Chairman drew attention to the emergency evacuation procedure.

#### **78 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS**

Councillor Kate Simmons sent her apology. Councillor Brian Simmons was her substitute for the meeting.

Jane Shayler (Programme Director for Non-Acute Health, Social Care and Housing) also sent her apology.

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

Councillor Eleanor Jackson declared personal and non- prejudicial interest on the agenda item 'Cabinet Member update' 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 'Cabinet Member update' as he is Council's representative on Sirona Care & Health Community Interest Company.

Councillor Loraine Brinkhurst MBE declared personal and non- prejudicial interest on the agenda item 'Cabinet Member update' as she is Council's representative on Sirona Care & Health Community Interest Company.

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

There was none.

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

There were none.

## **82 MINUTES 27/01/12**

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

## **83 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 made the following points:

Councillor Clarke asked how many empty properties have been actively pursued.

Councillor Simon Allen suggested that the answer will be provided by the officer later in the meeting under agenda item 'Housing Allocations'.

The Chairman said that much of the report had been committed to housing and his particular question was if the reduction in Bristol CC budget on homelessness would have an impact on homelessness in BANES. The Chairman suggested that the answer should have been provided by Councillor Tim Ball (Cabinet Member for Homes and Planning), whose Cabinet responsibilities these are, but thanked Councillor Allen for providing some answers.

The Chairman asked what the outcome of the last Care Quality Commission (CQC) inspection might be. The Chairman also said that the current administration decided to reduce the budget for Care Homes by £1.6m and asked if there will be a review on this issue.

Councillor Simon Allen replied that the review on Care Homes will be produced on quarterly basis and he suggested that the outcomes should be presented to the Panel. The most important thing is that service users receive adequate and quality service. The CQC inspection had been completed and the Commissioning Team from the Council are in contact with the CQC on this matter.

Sarah Shatwell (Associate Director for Non-Acute and Social Care) added that Commissioning Team has bi-monthly meetings with the CQC where they exchange information and data between each other. The embargo on placements in two care homes has been lifted in the last three weeks whilst one more care home is under embargo for a technical rather than quality issue. Sarah Shatwell also explained that any savings associated with the commissioning budget for Care Home placements would be negotiated with providers using a regional care home cost model developed through research on 41 Care Homes across the region. Efficiencies that the Council will have to find will be balanced against the inflation already awarded to care home providers.

Councillor Hall asked what sort of energy efficiency measures in properties will be primarily looked at.

Councillor Simon Allen replied that the Council will predominantly look at the cavity wall insulation although there is still significant amount of work to be done in this area. Councillor Allen suggested that the Panel could have Energy Efficiency report on one of the future Panel meetings.

Councillor Brett asked about refreshed Alcohol Harm Reduction Strategy and how new licensing rules will be incorporated in the strategy.

Councillor Simon Allen responded that there is on-going conversation between different departments in the Council and the Interim Joint Director of Public Health.

Councillor Jackson expressed her concern for the reduction of 10 beds in Julian House. Councillor Jackson suggested that the Panel should check if the situation improved following the Youth Homelessness study. Councillor Jackson also suggested that Councillor Simon Allen should provide an update on Friedman Report at one of the future meetings of the Panel. Councillor Jackson also asked what criteria will be used for residential and nursing homes placements.

Sarah Shatwell responded that the reduction of beds in Julian House was introduced in order to improve the accommodation. National homelessness figures have decreased over the last 10 years and this is due to a greater focus on homelessness prevention, much of which is funded via the Supporting People programme. In terms of the youth housing need – Sarah Shatwell explained that there is an active young people's housing group that looks into youth homelessness and its impact on housing but that she will pass on the suggestion about Friedman Report. Sarah Shatwell said that the Council does publish set rates for residential and nursing homes placements and that there is also a single panel process in place to consider higher cost placements and packages of care.

Councillor Simon Allen added that he will consider bringing an update on Friedman Report to one of the future Panel meetings.

The Chairman commented that BUPA made an announcement that Local Authorities under-provide for care homes. The Chairman also said that Government's award for homelessness in the city is welcome but the award covers a three year period only. The Chairman commented this may exacerbate problems of homelessness at the end of this three year period when the grant/award ceases.

Councillor Simon Allen replied that in those three years Council will have enough information about the homelessness in the city and region. The current administration put extra money in the Adult Social Care.

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

## **Appendix 1 Cabinet Member update**

### **84 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 Rhona Macdonald (ex-CEO for BANES PCT) is commissioned to look into future work arrangements between the Council and CCG.

The Panel made the following points:

Members of the Panel commented that there is a great deal of fear between people that, in near future, they will be charged if they visit their doctor.

Ian Orpen responded that this is probably happening because the way the debate on the Health Bill is portrayed in the last few months, but that people should not be worried.

Members of the Panel commented that some people cannot see their GPs as those GPs are quite busy with the reorganisation.

Ian Orpen responded that 3 GPs, out of 160 in BANES, are fully involved in the CCG.

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

## **Appendix 2 NHS update**

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

The Chairman invited Diana Hall Hall to introduce the update from BANES Local Involvement Network (LINK).

Diana Hall Hall took the Panel through the update as included in the agenda.

Members of the Panel recommended that the LINK should include in their report any conclusions that they have as a result of the LINK's visits to Care Homes.

Diana Hall Hall welcomed that recommendation.

Sarah Shatwell suggested that the LINK should correspond with Sirona if they want to say something in the report that is of Adult Safeguarding nature. Also, if there is a genuine concern about the service provided in Care Homes it should be communicated with the Commissioning Team.

Diana Hall Hall agreed with these suggestions and added that LINK would know where to go in case if any of the above occur.

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

### **86 ROYAL NATIONAL HOSPITAL FOR RHEUMATIC DISEASES (RNHRD) PRESENTATION (45 MINUTES)**

The Chairman invited Kirsty Matthews (Chief Executive of RNHRD) to give the presentation.

Kirsty Matthews gave a presentation (RNHRD NHS FT update) where she highlighted the following points:

- RNHRD Vision
- RNHRD Purpose
- An introduction to the RNHRD
- RNHRD services
- RNHRD Context
- RNHRD Income
- WTE figures for 2010, 2011 & 2012
- Quality
- Length of Stay
- Length of Stay Neuro Rehabilitation
- Bed provision
- Referrals
- Significant Changes 2011/2012
- Breakdown of PCT income 2009/10 (actual) to 2011/12 (forecast)
- Significant impacts on 2012/13 planning
- 2012/13 Outline Plan for Clinical Services
- Conclusion

*A full copy of the presentation from Kirsty Matthews is available on the minute book in Democratic Services.*

The Panel made the following points:

The Panel asked what would be the impact of supporting people at home instead of in the hospital.

Kirsty Matthews replied that this is about rehabilitation patients and the RNHRD is quite fortunate on that matter. The hospital built very good relationship with Sirona on how they fit within care pathway. Patients or their families make requests to get out of the hospital and stay at home. Rheumatology patients in particular want to stay in the hospital for the shortest period of time.

The Panel asked about reduction of referrals in chronic pain.

Kirsty Matthews replied that the hospital has to justify measures for referrals. In the next couple of years there will be more and more pressure on the NHS for patients with chronic pain. The hospital will have to demonstrate the benefits on what they can do for their patients, for example providing support to patients who want to go back to work.

The Panel asked about the governors understanding of the hospital position and about the pathway between the GP, RUH and RNHRD.

Kirsty Matthews said that she feels quite fortunate that governors do understand the situation that the hospital is in. Some of the governors are ex-patients and some are still patients. Kirsty Matthews explained that the RNHRD works quite closely with the GPs and RUH. The patient is required to go first to their GP. If the patient suffers from temporary pain then they will be referred to the RUH who will help on short term pain treatment. If the pain is consistent or chronic then the patient will be referred to the RNHRD.

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

## **87     TRANSITION OF PUBLIC HEALTH RESPONSIBILITIES FROM NHS BANES TO THE COUNCIL - PRESENTATION (30 MINUTES)**

The Chairman invited Pamela Akerman (Interim Joint Director of Public Health) to give the presentation.

Pamela Akerman highlighted the following points in her presentation called 'Update on reforms and new Council Responsibilities – Changes to Public Health in BANES':

- Background
- Public Health in the Council
- New roles – Public Health
- Public Health leadership
- Vision and opportunities
- Operating model
- Planning timescales
- Governance of the planning process
- Constraints and concerns
- Key transition programmes

*A full copy of the presentation from Pamela Akerman is available on the minute book in Democratic Services.*

Pamela Akerman added that the full report on Transition of Public Health responsibilities will be presented to the Panel on one of the future Panel meetings.

The Panel made the following points:

The Panel asked what part of the Public Health the other bodies will have.

Pamela Akerman replied that the Director of Public Health will have the power to challenge the other organisations if they don't deliver services to the public.

The Panel asked about the work between the Director of Public Health and Council services such as Licensing.

Pamela Akerman replied that the Alcohol Harm Reduction Strategy, that has been produced together with Licensing department, will be submitted to the Cabinet in near future.

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

## **88 PERSONAL BUDGETS: REVIEW OF POLICY FRAMEWORK & RESOURCE ALLOCATION (40 MINUTES)**

The Chairman invited Sarah Shatwell to introduce the report.

The Panel made the following points:

Members of the Panel asked when full Equality Impact Assessment will be ready.

Sarah Shatwell replied that formal Equalities Impact Assessment has not been completed in relation to the current policy framework and resource allocation system for Personal Budgets, however advice and guidance has been sought from the Equalities Team. A full Equalities Impact Assessment of the revised policy framework and resource allocation system for Personal Budgets will be completed as part of the development process so that the final product is fully informed and influenced by equalities considerations.

Cordelia Johnney (Equalities and Diversity Officer) said that this will help to ensure that all of the equality issues are either eliminated entirely or transparently linked to the different types and levels of need that do exist between and within different service user groups.

It was **RESOLVED** to agree that:

1. The current policy framework and resource allocation system for Personal Budgets in Bath & North East Somerset is revised to address the equalities and financial concerns set out in the body of the report;
2. The revised policy framework and resource allocation system is more clearly and transparently linked to the Fair Access to Care Services eligibility criteria currently in place in Bath & North East Somerset; and
3. Further wide scale consultation and impact assessment of proposed changes is undertaken prior to any significant operational changes being implemented.

## **89 HOUSING ALLOCATIONS (20 MINUTES)**

The Chairman invited Graham Sabourn (Associate Director for Housing and Health) to introduce the report.

The Panel made the following points:

Members of the Panel asked if ex-servicemen will have priorities in housing allocations.

Graham Sabourn replied that the Council acknowledged that people in armed forces and ex-servicemen were disadvantaged in the past in terms of housing allocation due to not being able to demonstrate local connection. However, in 2008 the Council acted to make local connection easier for ex-service personnel to achieve. The Government now is now suggesting that ex-service personnel are further

assisted by a) not needing to demonstrate local connection and b) Members of armed forces are given additional priority in housing allocations.

Members of the Panel suggested that option 4.2 in option document (Should we change the age from 8 to 10 when a child will be eligible for their own room?) should not change if the children are same sex. Graham Sabourn took that suggestion on board.

Graham Sabourn highlighted to the Panel that option 2.2. in option document (Give preference to people who make a contribution to the community?) is promoted by the Government and asked the Panel to make their view on that option.

Members of the Panel debated this option. Some Members felt that they would support this option if the families are compared on like for like basis. In general the Panel felt that it would be very difficult to decide who would be making the decision on who made what contribution to the community and that it would be discriminatory towards people with mental health issues. The Panel agreed with officers' initial recommendation that this should not take place at this point in time and ask officers to monitor this or similar issue introduced by other Councils.

Members of the Panel asked how many houses are registered as empty properties.

Graham Sabourn replied that initially there were 500+ properties empty for 6 months and more (according to initial information from different Council sources). Following the investigation it was concluded that there are now around 430 empty properties in total with around 12 them being classed as high priority for recovery action.

The Chairman asked that the final report on Housing Allocations be on Panel's agenda sometime in summer 2012.

It was **RESOLVED** to note the report and for officers to take on board comments and suggestions made by the Panel.

## 90 WORKPLAN

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

- Care Homes quarterly review – date to be confirmed
- Energy Efficiency report – date to be confirmed
- Alcohol Harm reduction Strategy – date to be confirmed
- Transition of Public Health responsibilities – date to be confirmed
- Housing Allocations report – summer 2012

The meeting ended at 1.45 pm

Chair(person) .....



Date Confirmed and Signed .....

**Prepared by Democratic Services**

This page is intentionally left blank

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

## **Wellbeing Policy Development & Scrutiny Panel – March 2012**

---

### **1. PUBLIC ISSUES**

#### **Severe Weather Assistance for Homeless People**

The Severe Weather Emergency Protocol (SWEP) was developed and agreed by the Homelessness Partnership in December 2011. The protocol states that extra measures will be put in place when temperatures fall below 0 degrees on three consecutive nights. During the cold weather in January, over a period of 14 nights, Julian House and the Reach Floating Support Service, in partnership with Genesis Open House Day Centre, implemented the protocol and extended their services to rough sleepers, ensuring that accommodation, food and support were available 24 hours a day. The extra staffing hours needed were covered by staff working overtime and/or flexible hours, but agreement was given for overtime or agency staffing, if necessary. Budgets for the coming year include a sum to cover emergency staffing costs arising from implementation of the SWEP in the coming year, to ensure that this vital element of outreach to rough sleepers can be put into place as soon as temperatures fall to critical levels.

### **2. PERFORMANCE**

#### **Temporary Accommodation**

- December 2011 saw a continued reduction in households in temporary accommodation, (twenty one), the lowest figure since May 2010. However, there was an increase in households in temporary accommodation during January and February 2012 rising from twenty four and then twenty nine households. There was also an increase in the use of bed and breakfast, as temporary accommodation. The increased use of temporary accommodation and bed and breakfast accommodation follows increased homeless applications, including a larger number of applicants being discharged from hospital. This, to some extent, reflects pressures being seen in the hospital, with increased levels of activity over the winter period, including referrals to the Social Work team based at the hospital.

#### **Energy Efficiency**

- The number of properties receiving energy efficiency measures has gone up from 114 at the end of September (red) to 522 at the end of December (green). This already exceeds the year-end target of 300.

## **Empty Properties**

- A property in South Down that has been empty for 10 years & featured in Empty Property week has now been sold due to the efforts of Housing Services, including garden clearance, in persuading the owner to dispose of the property. The owner thanked Housing Services for their support and stated that without this support he is likely to have continued to do nothing.

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

#### **Support for Rough Sleepers**

- Housing Services have been working with the Bath Homelessness Partnership to reduce the number of people sleeping rough. The rough sleeper count carried out in November 2011 found 4 rough sleepers which is an improvement on previous estimates. The service that is provided to rough sleepers is going to be enhanced through a successful bid to the Homeless Transition Fund. 190 bids were submitted and the Julian House / DHI partnership bid, supported by the Homelessness Partnership were one of only 41 successful bids. The maximum funding of £250,000 was granted for the three year project, which will develop an assertive outreach team to provide support to rough sleepers and those at risk of rough sleeping to initiate and sustain their use of crisis accommodation, whilst enabling them to make positive lifestyle changes in addressing health, addictions, offending and worklessness. The new service will target this with a focus on prevention, on-going support and the creation of sustainable pathways into independence.

#### **Alcohol Treatment**

Recurrent savings of £100,000 have been released from the substance misuse budget through the strategic shift from three to two adult treatment providers. This has enabled additional investment in alcohol treatment capacity, which is identified as a priority in the Refreshed Alcohol Harm Reduction Strategy for B&NES 2010-12 (agreed by Partnership Board for Health & Wellbeing, June 2011) and confirmed by the Joint Commissioning Board for Substance Misuse in December 2011. It is anticipated that this additional investment will increase capacity by 90 clients (from 450 to 540) a year.

**Wellbeing Policy Development and Scrutiny Panel**  
**March 16<sup>th</sup> 2012**  
**Key Issues Briefing Note**

**1 Cluster Board arrangements**

Following previous reports to the panel on the development of cluster arrangements the position on Board governance across the B&NES and Wilts cluster has now been resolved through the establishment of a Joint Board. Subject to the approval of NHS B&NES Board at its meeting on March 22<sup>nd</sup> and the Wilts Board at its later meeting, the Joint Board will be established from April 1<sup>st</sup> 2012. The joint Board will be one group of people taking responsibility for governance and assurance across the cluster incorporating both Primary Care Trusts. Both NHS B&NES and NHS Wilts will continue to exist as legal and separate entities and will come together to deliver both Board agendas at the same time under one chairman and a common team of executives and non-executives. The priorities for the board during the next year will be agreed at the first Cluster Board meeting, but will include:

- Commissioning high quality services for the population within available resources
- Leading the reform tasks with CCGs, Public Health, Commissioning Support Services, and the Foundation Trust pipeline
- Closing down the PCT

The Appointments Commission has officially appointed Tony Barron as Chairman of the Boards of NHS Bath & North East Somerset and NHS Wiltshire. Tony's appointment will run from 1 April 2012 until March 2013. Malcolm Hanney has elected to stand down from the end of March 2012.

The following people have been appointed to the joint Board as Non-Executive Directors:

David Smith, David Loosley, Christine Reid, Lis Woods, John Holden, Peter Lucas, David Stevens.

**2 NHS Cluster Management Arrangements**

A staff consultation on proposals for a management structure to ensure resilience and the effective management of operations during the transition period of the PCT has now completed. New structures are identified with no loss of staff and with the identification of some new roles across the cluster to ensure capacity. The structure will now be put in place over the next few weeks.

Inevitably, further changes in internal organisation will occur over the coming months, so as to ensure appropriate support for CCGs as they develop, and so as to support the CSS as it develops. There is clear commitment to preserving the integrity of the joint commissioning team through these changes.

**3 NHS 111**

The panel has previously been briefed on the NHS 111 service for non-urgent care. The Government has announced that it would put in place a new service from April 2013 which provides access to non-urgent care in the NHS. 111 is a single telephone number and the plan is for it to co-ordinate the existing variety of non emergency services for patients including the local Out Of Hours arrangements. The 999 emergency system will remain unchanged.

Chairs of Health Overview and Scrutiny Committees are being invited to participate and input in the procurement process currently underway for the

introduction of 111 at an event taking place in Taunton on 28 March 2012, during which presentations will be made on the proposals from the potential providers, including how service user involvement and user satisfaction issues will be addressed. Further briefings will be brought to the panel once the providers have been appointed, building up to the 'go live' date of April 2013.

#### **4 Our Healthy Conversation**

The next public meeting of the Health and Wellbeing Network under the *Our Healthy Conversation* programme will take place on April 18<sup>th</sup> from 10 am – 1pm at Fry Club in Keynsham. The event will be led by Clinical leaders and will focus on JSNA and the urgent care review. Panel members are invited to attend and participate.

#### **5 Clinical Commissioning Group Progress update**

The panel have received previous reports on the details of NHS reform as 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). In line with the reform programme arrangements to move towards the establishment of CCGs are being actively progressed in B&NES. The panel received a presentation on this at its last meeting. An update on progress and development is provided below

##### **Recent developments and issues**

In the last 2 months there has been a lot of emphasis on how best to configure CCGs in the wider local area to ensure appropriate and sensible collaboration in particular around our local hospitals, the RUH and RNHRD. It is essential that the groups responsible for commissioning services at these hospitals have a joined up approach and work in unison. This is only way to deliver the best outcomes and services for the people of Bath and North East Somerset as well as the wider population served by the hospitals. It is important to note that B&NES and Wiltshire provide approximately the same volume of work to the RUH of about 45% each.

Configuration discussions has been ongoing with Wiltshire CCGs but there is a clear decision that Bath and North East Somerset will have a separate CCG. There will be close working with the CCG covering West Wiltshire which has the greatest relevance to B&NES. Our CCG has already collaborated effectively with them and are in detailed negotiations on how to formalise this to ensure effective co-operation in the future.

##### **Progress towards Authorisation**

CCG leaders and Tracey Cox, Programme Director for Acute Commissioning at the PCT, attended a workshop day run by the SHA and received guidance on the process of Authorisation as far as it currently exists. We are well placed so far but have much work to do to complete all the requirements. There will be 4 waves of Authorisation in July, September, October and November. It is our ambition to apply as early as possible although this unlikely to be in the first wave. We do not anticipate any major problems with authorisation as we meet all the fundamentals required.

Compiled by Derek Thorne NHS B&NES Assistant Director Communications & Corporate Affairs 01225 831861