Bath & North East Somerset Council

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**Date:** 8th March 2012
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**To: All Members of the Wellbeing Policy Development and Scrutiny Panel**

Councillor Vic Pritchard
Councillor Katie Hall
Councillor Lisa Brett
Councillor Loraine Morgan-Brinkhurst MBE
Councillor Eleanor Jackson
Councillor Anthony Clarke
Councillor Bryan Organ
Councillor Kate Simmons
Councillor Sharon Ball

Chief Executive and other appropriate officers
Press and Public

Dear Member

**Wellbeing Policy Development and Scrutiny Panel: Friday, 16th March, 2012**

You are invited to attend a meeting of the **Wellbeing Policy Development and Scrutiny Panel**, to be held on **Friday, 16th March, 2012** at **10.00 am** in the **Council Chamber - Guildhall, Bath.**

The agenda is set out overleaf.

Yours sincerely

Jack Latkovic
for Chief Executive

**If you need to access this agenda or any of the supporting reports in an alternative accessible format please contact Democratic Services or the relevant report author whose details are listed at the end of each report.**

*This Agenda and all accompanying reports are printed on recycled paper*

**NOTES:**

1. **Inspection of Papers:** Any person wishing to inspect minutes, reports, or a list of the background papers relating to any item on this Agenda should contact Jack Latkovic who is available by telephoning Bath 01225 394452 or by calling at the Riverside Offices Keynsham (during normal office hours).

2. **Public Speaking at Meetings:** The Council has a scheme to encourage the public to make their views known at meetings. They may make a statement relevant to what the meeting has power to do. They may also present a petition or a deputation on behalf of a group. Advance notice is required not less than two full working days before the meeting (this means that for meetings held on Wednesdays notice must be received in Democratic Services by 4.30pm the previous Friday)

   The public may also ask a question to which a written answer will be given. Questions must be submitted in writing to Democratic Services at least two full working days in advance of the meeting (this means that for meetings held on Wednesdays, notice must be received in Democratic Services by 4.30pm the previous Friday). If an answer cannot be prepared in time for the meeting it will be sent out within five days afterwards. Further details of the scheme can be obtained by contacting Jack Latkovic as above.

3. **Details of Decisions taken at this meeting** can be found in the minutes which will be published as soon as possible after the meeting, and also circulated with the agenda for the next meeting. In the meantime details can be obtained by contacting Jack Latkovic as above.

   Appendices to reports are available for inspection as follows:-

   **Public Access points** - Riverside - Keynsham, Guildhall - Bath, Hollies - Midsomer Norton, and Bath Central, Keynsham and Midsomer Norton public libraries.

   **For Councillors and Officers** papers may be inspected via Political Group Research Assistants and Group Rooms/Members' Rooms.

4. **Attendance Register:** Members should sign the Register which will be circulated at the meeting.

5. THE APPENDED SUPPORTING DOCUMENTS ARE IDENTIFIED BY AGENDA ITEM NUMBER.

6. **Emergency Evacuation Procedure**

   When the continuous alarm sounds, you must evacuate the building by one of the designated exits and proceed to the named assembly point. The designated exits are sign-posted.

   Arrangements are in place for the safe evacuation of disabled people.

**Wellbeing Policy Development and Scrutiny Panel - Friday, 16th March, 2012**

**at 10.00 am in the Council Chamber - Guildhall, Bath**

# A G E N D A

1. WELCOME AND INTRODUCTIONS

2. EMERGENCY EVACUATION PROCEDURE

   The Chair will draw attention to the emergency evacuation procedure as set out under Note 6.

3. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

4. DECLARATIONS OF INTEREST UNDER THE LOCAL GOVERNMENT ACT 1972

   Members who have an interest to declare are asked to:

   a) State the Item Number in which they have the interest
   b) The nature of the interest
   c) Whether the interest is personal, or personal and prejudicial

   Any Member who is unsure about the above should seek advice from the Monitoring Officer prior to the meeting in order to expedite matters at the meeting itself.

5. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

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

   At the time of publication no notifications had been received.

7. MINUTES 27/01/12 (Pages 7 - 26)

   To confirm the minutes of the above meeting as a correct record.

8. CABINET MEMBER UPDATE (15 MINUTES)

The Panel will have an opportunity to ask questions to the Cabinet Member and to receive an update on any current issues.

9. NHS AND CLINICAL COMMISSIONING GROUP UPDATE (15 MINUTES)

The Panel will receive an update from the NHS and Clinical Commissioning Group (CCG) on current issues.

10. BATH AND NORTH EAST SOMERSET LOCAL INVOLVEMENT NETWORK UPDATE (15 MINUTES) (Pages 27 - 34)

The Panel are asked to consider an update from the BANES Local Involvement Network.

11. ROYAL NATIONAL HOSPITAL FOR RHEUMATIC DISEASES (RNHRD) PRESENTATION (45 MINUTES)

The Panel are asked to consider a presentation from the CEO of the Royal National Hospital for Rheumatic Diseases.

12. TRANSITION OF PUBLIC HEALTH RESPONSIBILITIES FROM NHS BANES TO THE COUNCIL - PRESENTATION (30 MINUTES)

The Panel are asked to consider the presentation from the Acting Joint Director of Public Health.

13. PERSONAL BUDGETS: REVIEW OF POLICY FRAMEWORK & RESOURCE ALLOCATION (40 MINUTES) (Pages 35 - 42)

The Wellbeing Policy Development & Scrutiny Panel is asked 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.
3. Further wide scale consultation and impact assessment of proposed changes is undertaken prior to any significant operational changes being implemented.

14. HOUSING ALLOCATIONS (20 MINUTES) (Pages 43 - 54)

Each Local Housing Authority (the Council) must have an allocation scheme which articulates how priority for social housing is determined. The Bath & North East Somerset scheme, known as the Homeseach Scheme, is operated on the principles of choice-based lettings which combine the elements of housing need, time on scheme and client choice. At present, and in accordance with the legislation current at the time of adoption, the scheme allows anyone, with a few statutory exceptions, to join the scheme. This is known as an “open scheme”.

The Localism Act 2011, supported by draft Allocations guidance, provides the Council with greater freedoms in determining local priorities. In particular the Council can now chose to exclude certain households from the scheme, such as, those households who do not have a local connection to the district or whose income is above a specific level. This is known as a “closed scheme”. The Council will need to determine how it wants to use these freedoms.

The Wellbeing Policy Development & Scrutiny Panel is asked to note and comment on the issues detailed in this briefing report.

15. WORKPLAN (Pages 55 - 60)

This report presents the latest workplan for the Panel.

The Committee Administrator for this meeting is Jack Latkovic who can be contacted on 01225 394452.

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**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.

**Annex 1**

## 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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Bath and North East Somerset

Local Involvement Network

# Report to B&NES Wellbeing Policy Development & Scrutiny Panel, 16 March 2012

## 1. LINK's Visits to Care Homes

Since we last reported on this project, LINk representatives have carried out two visits to care homes in B&NES. The first took place on 1 February, and was to *Heather House*, a private care home in Batheaston, registered for both personal and nursing care. The second visit took place on 24 February to Cleeve Court, a home in Twerton provided by the Council through a contract with *Sirona*, the new Community Interest Company that took over the provision of Community Services. Cleeve Court caters for the "frail-elderly" and for patients with dementia.

The LINk plans to visit more care homes, and will produce a report on this work when its programme is complete.

## 2. HealthWatch

Over the weekend of 3rd/4th February, three days before the House of Lords were due to consider them, the Government issued a number of significant amendments to the HealthWatch sections of the Health and Social Care Bill. At the time of writing this report, there has not been time to understand the full impact of the amendments (if they are accepted by Parliament). One of the proposals is that Local HealthWatches will not be "statutory bodies" (as they would be in the Bill as it currently stands). Instead, they will be "non-statutory corporate bodies" and social enterprises (which are defined specifically in the amendments). This would give local authorities a freer hand in the form Local HealthWatches take. Some are hailing this as the end of their independence and autonomy.

We will continue to try and understand the proposals fully, although there will no doubt be further guidance at Regional or National level.

## 3. Home Improvement Agency Commissioning

On 23 January, the LINk's Chair wrote to Malcolm Hanney regarding the LINk's concerns over the current commissioning exercise for a West of England Home Improvement Agency service. Councillor Hanney passed our comments on to Simon Allen as the Councillor leading on this, and he replied to us. This correspondence is self-explanatory, and copies of both these letters are attached to this Report.

Diana Hall Hall
**Chair, B&NES Local Involvement Network**
6 March 2012

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Local Involvement Network

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Councillor Malcolm Hanney
Chair - Partnership Board for Health & Wellbeing
NHS Bath & North East Somerset
Trust HQ,
St.Martin's Hospital,
Clara Cross Lane,
Bath,
BA2 5RP

23 January 2012

Dear Councillor Hanney

**West of England Home Improvement Agency Commissioning**

The B&NES Local Involvement Network feels that it must draw B&NES Councillors' attention to the situation regarding the commissioning of a West of England HIA service. The LINk is concerned by the risk that a jointly commissioned service for the whole Avon area may threaten the quality of the service that residents receive under the current arrangements, which the LINk feels are very good.

A related concern is that, although this service clearly sits within the health and wellbeing interests of the population, the LINk was not included as a key participant in the design and implementation of the consultation. We feel that this service provides important ways of connecting with the more vulnerable sections of our population, and that it should be recognised that the contact it has with these people gives it a place in the wider health and social care system. It's workers do, in fact, have a place in this system, and can form an important means of connecting with people who might otherwise have little contact with the wider health and social care services that can help them. We have been impressed with the way this is done by the current service provider, and are concerned that it should be an important consideration in the selection of any new provider.

Having looked into the way that the current commissioning exercise has been conducted, we feel that an important opportunity has been missed by not including the views of the LINk in the design of the specification for the service, and in the design of the consultation process.
After investigating the structure of the commission we feel that if we had been consulted we would have been able to positively change the questions asked in the engagement document to gain more pertinent information. We also feel that the current tendering exercise is being driven largely by cost-saving aims, with too little concern for the important connections with other parts of the health and social care system.

We are also particularly concerned about the lack of weight given to the concept of localism within the tendering process, and to the needs of our most vulnerable citizens who, in our view, are receiving a high quality and much-valued service from the current provider, who puts great emphasis on an appropriate social model for the service it provides.

Yours sincerely

Diana Hall Hall
**Chair**

cc Councillor Simon Allen

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Date: 7 February 2012

Dear Diana

**Re: West of England Home Improvement Agency Commissioning**

Thank you for your letter of 23 January 2012 concerning the re-commissioning of Bath & North East Somerset's Home Improvement Agency (HIA). I have agreed with Councillor Malcolm Hanney that I will respond to your letter as the provision of home improvement or "care and repair" services sits in my Cabinet portfolio.

Firstly, I would like to take this opportunity to apologise for the fact that BANES LINk was omitted from the initial list of consultees. I appreciate that whilst officers subsequently met with LINk to remedy this omission, it did delay engagement with LINk on this important issue.

Before coming to a more detailed response to the specific concerns you raise in your letter I thought it might be helpful to set out the background and broader context.

The role of the Home Improvement Agency (HIA) has developed significantly since their inception over 20 years ago. From the sector's relatively modest beginnings - often a single person in the housing department helping people complete forms – they have now become pivotal in helping older, disabled and otherwise vulnerable people to remain independent in their own homes. This is a role we truly value and fully support. Indeed the sector is continually evolving to meet the needs of changes in social care and health policies and the challenges of an ageing population.

It is within this context that the decision to work in partnership with Foundations, the Government appointed advisors on HIAs, and the other West of England authorities to ensure we develop our HIA resource to meet these demands in what is also a financially challenging environment. The result of this partnership is the joint commissioning of a single HIA provider (or possibly a partnership of providers similar to the B&NES partnership of advice service providers) to operate across the West of England.

It is believed that this approach will achieve both financial and non-financial benefits. These are documented more fully elsewhere, including in the report to the 8 February meeting of the Council's Cabinet; however, the key point is that demand is expected to increase by around 15% over the life of the commission and we want to be able to meet this demand without a loss of service or quality and within existing budgets. We believe the approach being taken offers the most effective way of achieving these twin aims, which can, on occasion compete with each other. It is also important to note that whilst the current provider is highly regarded, the Council does need to operate within legislative guidelines on procurement, contracting and competition, and as a consequence, the Council cannot simply renew the contract with the current provider without going through due process.

We fully appreciate that this is a big step and so extensive consultation was undertaken. In Bath & North East Somerset alone this included directly contacting fourteen partner organisations, 240 service users, all Ward Councillors, GP Practices and a report and presentation to the December meeting of Wellbeing Policy Development and Scrutiny Panel. Again, it is really unfortunate that LINk were not initially included in this consultation.

There is a full report on the outcomes of the consultation, which is attached as an Appendix to the report to the Cabinet on 8th February 2012 and can be accessed via the Council's website. In summary, the consultation found strong support for a sub-regional commissioning approach from stakeholders and providers. It is the case, however, that a large number of older people, disabled people and carers, the majority of whom are past or existing HIA clients, do not want the current arrangements to change. Fewer numbers of older people, disabled people and carers, although still a large number, have no concerns about the proposals as long as the service continues to deliver the current high standards. In essence clients across the region have received a good service and they want that to remain. This reflects the high value that service users place in HIA services. It therefore important that the proposed procurement process and contractual arrangements capture the qualities that service users value, select the most appropriate organisation and put in place robust mechanisms to address poor performance.

Coming specifically to your concern that a jointly commissioned service for the (ex) Avon area may compromise the quality and/or result in a loss of local focus and responsiveness, both of these issues were discussed at the Wellbeing PDS meeting in December and assurances were given that: a) the current provider can submit an expression of interest in continuing to be the provider (possibly as part of a partnership) and, indeed, is being encouraged to do so; and b) the re-commissioning process gives sufficient flexibility to enable all four Local Authorities to specify the service offer and outcomes to meet local needs and requirements. It is important to note that the current, highly regarded, provider of the B&NES service is not based in Bath & North East Somerset and this was the case at the time the current contract was let following a re-commissioning process.

I do hope this is helpful in providing reassurance to BANES LINk that there is no reason why the joint commissioning process should compromise either the quality or local focus of the home improvement service offered to residents of Bath & North East Somerset in future.

Yours sincerely

Councillor Simon Allen
Cabinet Member for Wellbeing

Copy: Malcolm Hanney, Chair – Partnership Board for Health & Wellbeing

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| Bath & North East Somerset Council | |
|---|---|
| MEETING: | Wellbeing Policy Development & Scrutiny Panel |
| MEETING DATE: | 16th March 2012 |
| TITLE: | Personal Budgets: Review of Policy Framework & Resource Allocation |
| WARD: | ALL |
| **AN OPEN PUBLIC ITEM** | |
| **List of attachments to this report:** | |

## 1 THE ISSUE

1.1 The report provides analysis and impact assessment of the Personal Budgets policy framework and resource allocation system currently used to deliver social care services in Bath & North East Somerset.

1.2 The reports sets out key changes to the current policy framework and resource allocation system which will be necessary in order to:

(1) Achieve financial sustainability and meet the Council's efficiency targets for adult social care.

(2) Achieve the central Government target to deliver Personal Budgets to 100% of all adult social care users by April 2013.

(3) Address a range of equalities issues which have been identified in the current system.

## 2 RECOMMENDATION

The Wellbeing Policy Development & Scrutiny Panel is asked to agree that:

2.1 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.

2.2 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.

2.3 Further wide scale consultation and impact assessment of proposed changes is undertaken prior to any significant operational changes being implemented.

## 3 FINANCIAL IMPLICATIONS

3.1 The Council's financial plan for adult social services sets out targets for £1.94m efficiencies (gross of any inflationary awards to providers) against the commissioning of services for older people, people with physical and sensory impairment, people with mental ill health and people with learning difficulties. On average approximately 40% of commissioning activity across all these service user groups relates to the use of Personal Budgets, or community based packages of care and support such as supported living. The remaining 60% of commissioning activity is within the residential and nursing home sector.

3.2 It is therefore assumed for the purpose of this report that up to £776k (40% of gross target) must be achieved from efficiencies in the commissioning of community packages, i.e. Personal Budgets. It is also assumed that the overall impact of policy and resource allocation changes will be cost neutral.

## 4 THE REPORT

4.1 Bath & North East Somerset Council was one of thirteen pilot local authorities that contributed to the development and subsequent mainstreaming of Personal Budgets. Personal Budgets can be used by social care service users to purchase a range of community care and support services to meet needs identified through the statutory social care assessment process. Personal Budgets are not currently made available to service users for residential or nursing home placements.

4.2 More than 60% of all adult social care services users in Bath & North East Somerset now receive a Personal Budget with which to purchase services, and whilst many express a preference to have services commissioned by the local authority (PB commissioned), a significant number choose to manage their own budget under a Direct Payment arrangement (PBDP) and a third group opt for a mixed package (PB mixed).

*4.3* The Government vision in relation to Personal Budgets is set out in *A Vision for Adult Social Care: Capable Communities and Active Citizens*[1] which states that *'Councils should: provide personal budgets for everyone eligible for on-going social care, preferably as a direct payment, by April 2013'.*

*4.4* Financial analysis shows that per head expenditure on social care packages has increased since the mainstreaming of Personal Budgets in Bath & North East Somerset. This increase appears to be over and above that which could be linked to inflationary or demand pressures though it is clear that demand for social care services continues to rise in line with the frailty and complexity of service users presenting.

*4.5* Figure 1 shows that total expenditure has risen by £7.3m since 2008/09 whilst the total number of open packages (Figure 2) has risen by 938 in the same period, although this does not necessarily equate to individual service users. Figures 3 & 4 show growth in spend on Personal Budgets (£9.4m) and a corresponding, though not equivalent decline in spend on 'old style' packages (£2.1m).

[1] Department of Health, 16th November 2010

*4.6* Figures 5 & 6 illustrate that whilst more people prefer a PB Commissioned option (961:200), the overall cost of the PBDP option is significantly higher at £10.6m as opposed to the £8.2m that is spent on PB Commissioned packages.

**Figure 1 - Total Purchased Care Expenditure**

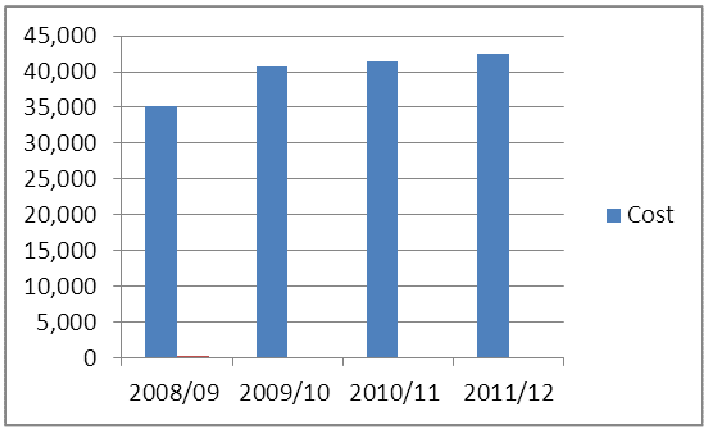



**Figure 2 – Number of Open Social Care Packages**

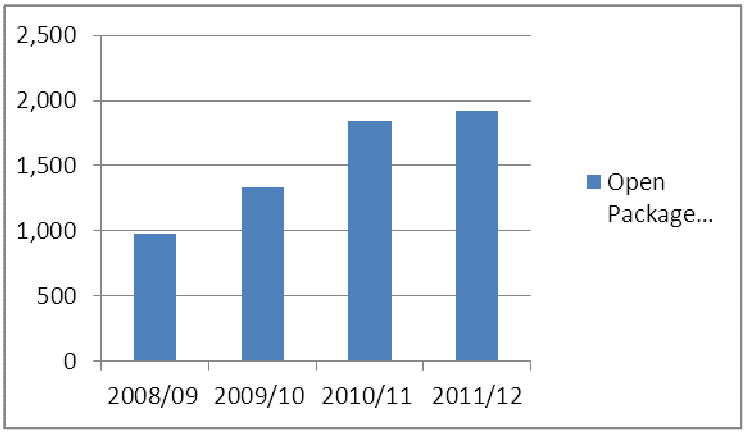



**Figure 3 – Personal Budgets Expenditure**

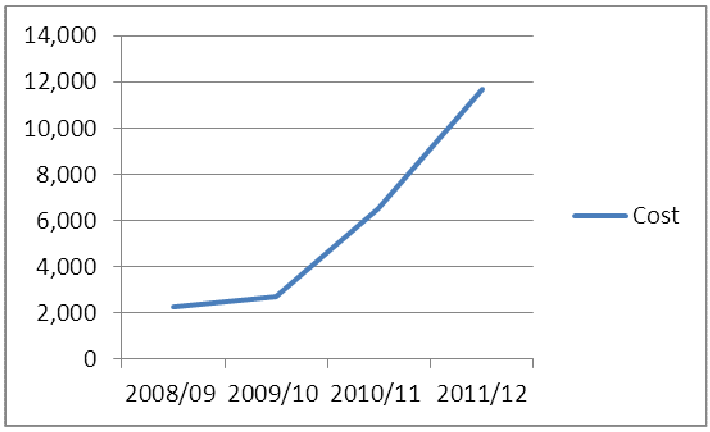


**Figure 4 – Other Packages Expenditure (old system)**

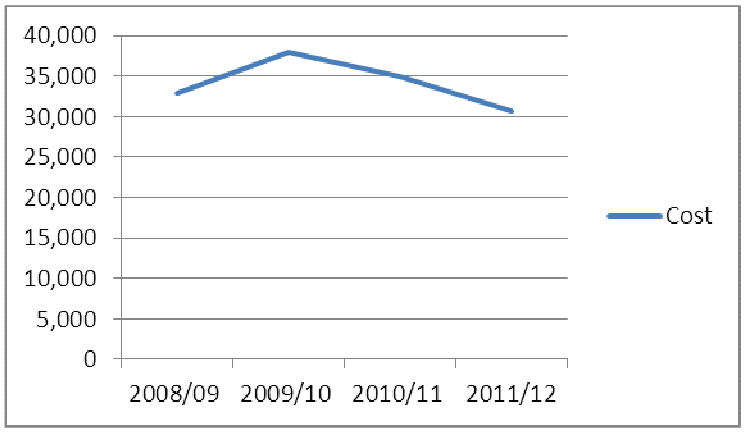



**Figure 5 – Personal Budget Types**

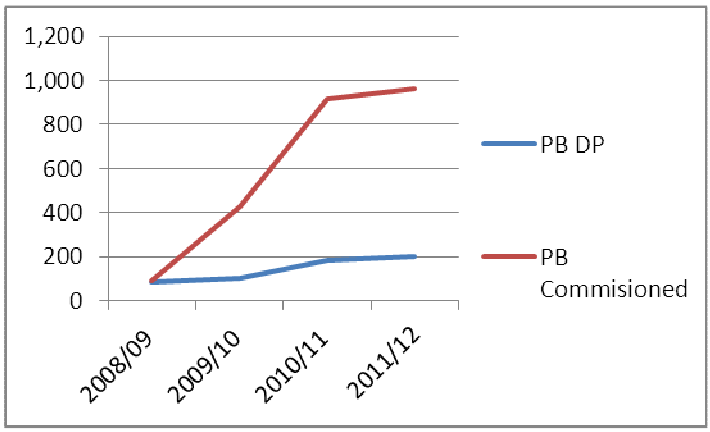
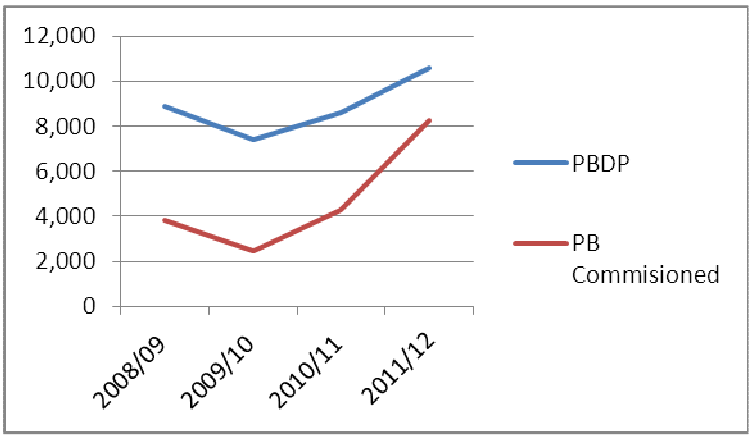



**Figure 6 – Personal Budget Costs by Type**




*4.7* Feedback from staff and service users[2] suggests that there is confusion and inconsistency in both the allocation and application of Personal Budgets across different teams and different service user groups. This is partly due to cultural differences in the way different parts of the social care system have operated historically and partly due to insufficient clarity in relation to policy framework and

[2] Workshop with Equality B&NES, 20th October 2011

practice guidance. These issues were highlighted in a recent internal audit of Personal Budgets[3] which found that the Council and Sirona had 'weak control' in a number of key policy and operational areas. An action plan is in place and being implemented in respect of the PB audit which addresses, at least on an interim/short-term basis, the areas of weak control identified.

*4.8* A Social Care Strategic Planning Group set up in October 2011 to address issues arising from the mainstreaming of Personal Budgets has pursued a number of lines of enquiry in order to corroborate anecdotal evidence of inequality and inefficiency in the system. This has included the activities set out below and, more recently, expert input from the company commissioned by central Government to develop the national Resource Allocation System for Personal Budgets.

*(1)* Analysis of the distribution and costs associated with Personal Budgets has shown that in general younger people tend to receive a higher level of resource than older people.

*(2)* Analysis of the application of Fair Access to Care Services (FACS) eligibility criteria in the process of resource allocation has revealed inconsistencies both between and within teams, and in some cases packages of care offered to service users are holistic, rather than focussed on addressing substantial or critical risks as set out within the current B&NES eligibility framework.

*(3)* Analysis of the use of Direct Payments has highlighted the need for clearer guidance for staff and service users in relation to the appropriate use of resources, again focussing on addressing critical or substantial risks rather than holistic or moderate and low needs.

*4.9* Early findings from expert analysis of the B&NES Resource Allocation System are consistent with the evidence collated by the Strategic Planning Groups and these include:

*(1)* The assessment questionnaire does not lend itself to self-assessment which is contrary to Government guidance

*(2)* The tool itself does not allocate points for need and then translate them into indicative funding levels

*(3)* The tool does not lend itself to reducing spend via the review process and in this way gaining tighter control on overall budgets

(4) The questionnaire and tool are not fit for purpose and it is recommended that the council considers switching to the use of the Common RAS consistently for all client groups, supported by a self-assessment questionnaire that measures need

## 5 RISK MANAGEMENT

5.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

[3] January 2012

## 6 EQUALITIES

6.1 A 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.

6.2 Previous sections of the report set out some of the equalities issues that have been highlighted through the process of reviewing current arrangements and these can be summarised as:

(1) Disparities in the allocation of Personal Budget resources between younger and older service users

(2) Disparity in the application of FACS criteria within and between teams

*(3)* The Personal Budgets audit report found further disparities in relation to the amounts of Disability Related Expenditure sanctioned by different teams and individuals during the financial assessment process

*(4)* Cultural differences between teams and differences in the expectations of service users in relation to budget allocations and their use

*6.3* It is therefore recommended that a full Equalities Impact Assessment of the revised policy framework and resource allocation system for Personal Budgets is completed as part of the development process so that the final product is fully informed and influenced by equalities considerations. This will help to ensure that all of the issues highlighted above 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.

## 7 CONSULTATION

7.1 *Cabinet Member; Overview & Scrutiny Panel; Staff; Other B&NES Services; Service Users; Stakeholders/Partners; Other Public Sector Bodies; Section 151 Finance Officer; Chief Executive; Monitoring Officer*

7.2 The groups and individuals highlighted in 7.1 have been informed and updated of progress since the mainstreaming of Personal Budgets in Bath & North East Somerset through a variety of means including panel and cabinet meetings, informal briefings, public and internal workshops and planning meetings.

7.3 It is proposed that the user led organisation Equality B&NES and the Care Forum, through its network of user and carer groups are engaged to facilitate widespread consultation and feedback on a revised policy framework and resource allocation system for Personal Budgets between April and June 2012.

## 8 ISSUES TO CONSIDER IN REACHING THE DECISION

*8.1 Social Inclusion; Customer Focus; Sustainability; Corporate; Impact on Staff; Other Legal Considerations*

## 9 ADVICE SOUGHT

9.1 The Council's Monitoring Officer (Divisional Director – Legal and Democratic Services) and Section 151 Officer (Divisional Director - Finance) have had the opportunity to input to this report and have cleared it for publication.

| | |
|---|---|
| **Contact person** | *Sarah Shatwell, Associate Director, Non-Acute & Social Care*<br><br>*Sarah_Shatwell@bathnes.gov.uk*<br><br>*01225 477162* |
| **Background papers** | *None* |
| **Please contact the report author if you need to access this report in an alternative format** | |

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| Bath & North East Somerset Council | |
|---|---|
| MEETING: | Wellbeing Policy Development & Scrutiny Panel |
| MEETING DATE: | 16th March 2012 |
| TITLE: | Housing Allocations |
| WARD: | ALL |
| **AN OPEN PUBLIC ITEM** | |
| **List of attachments to this report:**<br>Appendix 1- Options Document | |

## 1 THE ISSUE

1.1 Each Local Housing Authority (the Council) must have an allocation scheme which articulates how priority for social housing is determined. The Bath & North East Somerset scheme, know as the Homeseach Scheme, is operated on the principles of choice-based lettings which combine the elements of housing need, time on scheme and client choice. At present, and in accordance with the legislation current at the time of adoption, the scheme allows anyone, with a few statutory exceptions, to join the scheme. This is known as an "open scheme".

1.2 The Localism Act 2011, supported by draft Allocations guidance[1], provides the Council with greater freedoms in determining local priorities. In particular the Council can now chose to exclude certain households from the scheme, such as, those households who do not have a local connection to the district or whose income is above a specific level. This is known as a "closed scheme". The Council will need to determine how it wants to use these freedoms.

## 2 RECOMMENDATION

The Wellbeing Policy Development & Scrutiny Panel is asked to:

2.1 Note and comment on the issues detailed in this briefing report.

[1] CLG - Allocation of accommodation: guidance for local housing authorities in England. Consultation

## 3 FINANCIAL IMPLICATIONS

3.1 There are no direct financial implications arising from this report. However, should the Council decide to amend the Homesearch policy there will be financial implications. These financial implications arise from non-recurring set-up costs and any policy amendments which result in changes to the resources required to operate the scheme.

3.2 Set up costs would include the costs associated with reassessing client eligibility and priority in light of any policy changes; system redesign, particularly IT; and notifying and liaising with affected households. With nearly 12,000 households on the scheme these costs could be significant and are likely to be around £30,000.

3.3 Potential changes to on-going costs would include any change which either increases or decreases the work load on the Homesearch team. It is important to note that any scheme that restricts access on a matter that requires detailed investigation or judgement, rather than a simple fact, will be significantly more resource intensive. It should not therefore be assumed that a smaller, restrictive list is more cost effective.

## 4 THE REPORT

4.1 In November 2002 Bath & North East Somerset launched the Homeseekers Register. This was one of a number of Government funded pilots into the adoption of a “Choice Based Lettings” approach to the letting of social housing tenancies. This is an approach that balances customer choice and time on list with assessed housing needs as opposed to the traditional “needs only” based system. This provides a number of benefits including: transparency; improved customer satisfaction; reduced void times, particularly with low demand properties; and greater community stability and thus sustainability. Such was the success of the pilots that the Government of the day expressed a desire for all Councils to adopt such an approach. The current Government has reaffirmed their support for this approach.

4.2 In 2005 Housing Services commissioned an independent review of the Homeseekers Register. This review recommended a number of improvements, including a significant simplification of the scheme, marketing of all available properties and a significant investment in new IT systems. These recommendations were adopted and resulted in the introduction of the current Homesearch Policy in 2006.

4.3 The scheme operates in partnership with 16 local Registered Providers, also known as social landlords, who between them manage 95% of all the social housing stock in the district. Depending upon the landlord between 75% and 100% of their properties are allocated through the Homesearch scheme. In 2011 622 general needs and 150 sheltered properties were allocated through the scheme.

4.4 The current system operates with 4 Groups to which a household is placed, these being:

(1) Group A: This Group includes people who need affordable housing as a result of a specific statutory requirement or those who are at a serious risk to their health, safety and well-being due to their housing situation.

(2) Group B: This Group includes people who have a medium level need for housing and where there are no statutory requirements. It includes people whose: current housing situation is causing a risk to their health, safety and well-being; people who are eligible for the Assisted Move-on Scheme; a strategic management move; or are at imminent risk of becoming homeless.

(3) Group C: This Group includes people who want affordable housing and have a genuine need to live in the Bath & North East Somerset area.

(4) Group D: This Group includes people who do not meet the criteria for inclusion in Groups A, B or C and students who have moved to the area to study at one of the colleges in Bath and North East Somerset

4.5 When a property becomes vacant it is advertised on the Homesearch website, local papers and property bulletins. Households can then express an interest in any property which meets their needs. The household in the highest group expressing an interest is then nominated to that property. If two households in the same group express an interest then the household who has been in that Group for the longest time period secures the property. The system is relatively simple and transparency is enhanced by publishing the group & time on list details of the successful applicant. There are some specific conditions relating to local rural connection which applies to social housing properties in villages of less than 3,000 residents. In these cases households who can demonstrate a local connection to the village are prioritised above other applicants.

4.6 The Localism Act 2011 and current draft allocations guidance provides Councils with greater freedoms in the drafting of their allocation policies to tackle local needs. The key changes are:

(1) The Council has the power to determine what classes of people are or are not qualified to be allocated housing;

(2) New requirement for a right of review of a decision on qualification and to be informed of grounds of decision.

4.7 The requirement that certain categories of applicants are given reasonable preference remains in the legislation. These are households who are: homeless; owed a housing duty by the Council; occupying insanitary, overcrowded or unsatisfactory housing; need to move on medical or welfare grounds; or where failure to move to a particular locality in the district would cause hardship.

4.8 The draft guidance also makes a number of other proposals, comments and suggestions. Whilst many of these are technical in nature, for example, providing greater clarity on what constitutes overcrowding or welfare grounds and ensuring that prospective adopters and carers are catered for, there are some more fundamental proposals, including:

(1) Confirming that existing social tenants who are satisfactorily housed, that is, do not have a reasonable preference, do not have to be included on the allocations scheme. That said providing greater mobility within the sector can

help promote social & economic wellbeing. In addition providing existing social tenants who under-occupy with priority can make more effective use of the existing housing stock.

(2) Ensuring that former Forces personnel are not unfavourably treated on residency grounds plus a proposal that former Forces personnel are given "additional preference" within the reasonable preference ground. In effect this means that former Forces person should be given priority over non-Forces personal, despite being in similar or identical housing situations. When combined with the relaxed residency criteria this has potentially significant implications.

(3) Urging Councils to consider how they can support, in effect prioritise, households "who want to work, as well as those who – while unable to engage in paid employment – are contributing to their community in other ways, for example through voluntary work". Being in training is also generally considered to qualify. Whilst controversial in the housing profession the proposal to reward "community contribution" appears to have gained widespread political support with both the leadership of the Conservatives and Labour promoting it and some Councils actively pursing it.

4.9 Appendix 1 provides a summary of how the new freedoms could be utilised and the questions that the Council will need to address. The appendix also provides a number of other technical changes that Housing Services consider appropriate.

4.10 It should also be noted that a data cleanse of the data base has been delayed to coincide with any changes in Policy. In addition an IT upgrade now allows for periodic application renewal so in future an on-going data cleanse will take place.

## 5 RISK MANAGEMENT

5.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

## 6 EQUALITIES

6.1 The Equalities impact of the proposed changes have been considered during the development of the options and are reflected in Appendix A. In addition, specific equalities consultation has been undertaken with equalities group representatives However, when the proposed draft policy has been developed a formal Equalities Impact Assessment will be completed.

## 7 CONSULTATION

7.1 Cabinet Member; Overview & Scrutiny Panel; Other B&NES Services; Service Users; Local Residents; Stakeholders/Partners.

7.2 Preliminary consultation has been undertaken at meetings with Cabinet Member, and RP stakeholders to inform the evaluation of options being considered. In summary, registered providers generally support changes that are more effective at targeting affordable housing at people who need it most. However, it is important to them that the allocations scheme is broad enough to ensure that

affordable housing products (including low cost home ownership) are applied for. They also want the scheme to support sustainable, mixed communities and are generally opposed to applying additional preference criteria if it disadvantages equalities groups.

7.3 Preliminary consultation has also been undertaken with equalities group representatives who share the concern above about equality of access to affordable housing if additional preference criteria are applied. They were supportive of restricting access to those with a need to live in the district and limited financial resources provided that home owners living in unsuitable housing and without means to move home are able to apply.

7.4 Consultation with service users and local residents is planned and will feature on the council's consultation programme and on the Homesearch website. Customer friendly briefings with a telephone hotline for people without internet use will also be published in the Chronicle adjacent to Homesearch advertisements.

7.5 It is intended to consult and inform more widely with these groups about any changes and impacts when the revised Allocations Scheme is in draft form.

## 8 ISSUES TO CONSIDER IN REACHING THE DECISION

8.1 Social Inclusion; Customer Focus; Sustainability; Young People; Human Rights; Other Legal Considerations

## 9 ADVICE SOUGHT

9.1 The Council's Monitoring Officer (Divisional Director – Legal and Democratic Services) and Section 151 Officer (Divisional Director - Finance) have had the opportunity to input to this report and have cleared it for publication.

| | |
|---|---|
| **Contact person** | Graham Sabourn, Associate Director (Housing) 01225 477949 |
| **Background papers** | None |
| **Please contact the report author if you need to access this report in an alternative format** | |

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## 1) Who should be on the Housing Register?

Currently anyone aged over 18 can register on Homesearch regardless of whether they have a need for social housing, their income or whether they have a local connection with the area. Consequently we now have nearly 12,000 households on the register, with approximately 600 homes becoming available every year.

| Option | Reason For | Reason Against | Impact | Initial Officer Recommendation |
|---|---|---|---|---|
| 1.1 Exclude people who do not have an agreed need to live in Bath & North East Somerset? | To ensure that local social housing is targeted to those households who need to live in Bath & North East Somerset. Currently around 2% of properties are secured by households with no local need.<br><br>To reduce the size of the register. Would reduce list by around 17%.<br><br>Prevent giving false expectations | Reduces national social mobility. | Increased workload associated with dealing with challenges, however, this will be offset by reduced administration associated with smaller list. | Recommend that scheme is restricted to households who have an agreed need to live in Bath & North East Somerset. This includes: those living in the district; working in the district or who have offer of employment; have care or carer requirements in the district; or meet the armed Forces criteria. |
| 1.2 Exclude people with substantial assets/income from the Housing Register? For example Barnet use median earnings minus 10% which equates to a maximum income of £32,580 or £50,000 | To ensure social housing is targeted to those who are unable to buy their own home or afford to rent privately. | Could create less mixed and hence sustainable communities.<br><br>Could create significant administrative burden depending upon how | Impact dependent upon income threshold set and system design e.g. checked at application or allocation stage. Our limited research suggests that 90% of households on | Agree to implement an income/savings cap. More work required to determine levels & in particular the relationship with shared ownership income levels requirements, given that being on Homesearch is a requirement of |

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| savings. | | implemented.<br><br>Incomes and assets are prone to change. | the Register earn less than £30,000 or are in receipt of benefit. | access to shared ownership. |
| 1.3 Exclude home owners from the Homesearch register? | In theory households who own their own home can access the private sector. | For older people and people in financial hardship continued home ownership may not be a viable option. | Whilst the numbers of homeowners on the Register are low the resource implications in assessing whether they are in financial hardship are significant. | Restrict home-owner access to older people seeking sheltered housing or home owners facing severe financial hardship. |
| 1.4 Exclude social housing tenants from the register who have no social or medical reason to move? | Removing social housing tenants would significantly reduce the size of the register.<br><br>Social housing tenants wanting to move can do so through mutual exchange or transfer. | Would create two or more allocation systems.<br><br>Arguably social housing tenants would be at a disadvantage.<br><br>Registered providers have indicated that they would like tenants seeking transfers to be re-housed through our register. | Would reduce workload, though significant numbers of tenants would be affected. Significant risk of customer confusion. | Recommend that social housing tenants remain on register. |
| 1.5 Allow vulnerable people who are 'friends' to apply to Homesearch as a joint household to support each other? | To support vulnerable households such as those with learning difficulties or mental health problems to live together in shared households. | None, though could create additional management issues for the RPs. | Low impact with only very low numbers expected to meet the agreed criteria. | Recommend to agree change with eligibility criteria to be developed. |

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| (Currently friends cannot make a joint application). | | | | |

**2) Who should be given priority?**

People with a higher priority are more likely to be successfully housed. The law states that certain categories of people must be given priority; this is referred to as reasonable or additional preference.

| Option | Reason For | Reason Against | Impact | Initial Officer Recommendation |
|---|---|---|---|---|
| 2.1 Give priority to social tenants who are under occupying? | More effective use of limited housing stock, freeing up larger properties.<br><br>Help reduce impact of proposed benefit changes which can financially penalise under occupation. | None. | Assist in reducing overcrowding and with limited effect on resources. | Recommend to agree change, subject to the vacated properties being recycled through Homesearch.<br>. |
| 2.2 Give preference to people who make a contribution to the community? For example being in work, training or undertaking voluntary work. | Reward and encourage a positive contribution to society. | Difficult to fairly assess as some households are genuinely unable to contribute. These would need to be "teased out" which is resource intensive, open to challenge and fraught with difficulties. | Potentially very high political and resource impact. | This is a new concept and not recommended for change at this point in time. However, officers are proposing to monitor the success, or otherwise, of any such criteria introduced by other Councils. |

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| 2.3 Introduce three bands of priority, these being:<br><br>High – for those households who meet the statutory reasonable preference criteria.<br><br>Medium – for those households who have a NEED for social housing, such as, those under-occupying, are in supported housing schemes, at risk of becoming homeless or who have a social or medical need to move that does not meet the reasonable preference criteria.<br>Low – all other qualifying households that do not meet the reasonable preference criteria or have a need to move. In effect this is a DESIRE to move band. | Would meet legislative requirements whilst maintaining a simple system that clearly distinguishes between those in housing need and those who have a desire to move.<br><br>Helps create mixed and balanced communities. This is strongly supported by the RPs.<br><br>Helps with the marketing of low demand properties. | Would affect a significant number of existing households. | High initial resource impact, though in the long run no significant changes.<br><br>Combined with the changes proposed in section1, and following a data cleanse it is likely to result in a list of between 5,000 to 8,000 households. | Recommend change. |



**3) How should we advertise Homesearch properties?**

Properties are advertised weekly on the Homesearch website. Properties are allocated through a Choice Based Lettings system, where applicants express an interest in properties that meet their needs.

| Option | Reason For | Reason Against | Impact | Initial Officer Recommendation |
|---|---|---|---|---|
| 3.1 Some RPs, who retain 25% of stock for use as | Will result in a single route for people seeking | None. | Additional financial impact associated with increased | Recommend change on the basis that the additional costs |

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| transfers, have requested that we advertise this additional stock through Homesearch. | social housing, thus creating a single and transparent process. | | work load. | can be mitigated against through discussion with the RPs. |
| 3.2 Advertise sheltered properties in line with the age range of the individual RPs age policy, rather than a blanket policy of 60+ | Will open up sheltered accommodation to a wider range of households. | None | Limited workload impact. | Investigate further and agree change if there are no adverse implications to Supporting People funding.<br><br>Give registered providers some flexibility in the Homesearch Policy to specify a minimum age for people wanting sheltered properties. |



**4) What size property should people be entitled to?**

When people apply to the Homesearch Register there are advised what size property they are able to bid for.

| Option | Reason For | Reason Against | Impact | Initial Officer Recommendation |
|---|---|---|---|---|
| 4.1 Allow a limited number of properties to be under occupied in rural areas. | In some villages there are no properties of a certain size, for example 2 bedroom properties in XXX.<br><br>Will therefore help prevent households from rural communities having to move away. | Under occupying rural properties could disadvantage people in housing need who require that sized home.<br><br>Rural connection policy can be viewed as unfair. This could exasperate the issue. | Low resource impact. | Recommend to agree. |

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| 4.2 Should we change the age from 8 to 10 when a child will be eligible for their own bedroom? | Amending the age for a child to qualify for an additional bedroom will bring Homesearch in line with the Local Housing Allowance, the 1985 Housing Act and our neighbouring authorities.<br><br>Reduce pressure for 3 bed properties. | Households will need to share a smaller home for longer and will feel they have been disadvantaged by the change.<br>. | Low resource impact, though the change could be considered unpopular. It is likely to affect XXX households. | Recommend to agree change. |
| 4.3 Should we allocate a larger property to prospective adopters and foster carers to allow space for a child? | To encourage and assist the placement of vulnerable children. | Property could be under occupied if the person is unsuccessful with adopting a child or changes their mind about adopting. | Low resource impact. | Recommend to agree change. However, will need to work with Children Services to produce a working policy that assists genuine carers whilst preventing potential misuse or abuse of the system. |

| Bath & North East Somerset Council |
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| MEETING: **WELLBEING POLICY DEVELOPMENT & SCRUTINY PANEL**<br><br>MEETING DATE: **16th March 2012** |
| TITLE: **WORKPLAN FOR 2012** |
| WARD: All |
| **AN OPEN PUBLIC ITEM** |
| **List of attachments to this report:**<br><br>Appendix 1 – Panel Workplan |

## 1 THE ISSUE

1.1 This report presents the latest workplan for the Panel (Appendix 1).

1.2 The Panel is required to set out its thoughts/plans for their future workload, in order to feed into cross-Panel discussions between Chairs and Vice-chairs - to ensure there is no duplication, and to share resources appropriately where required.

## 2 RECOMMENDATION

2.1 The Panel is recommended to

(a) consider the range of items that could be part of their Workplan for 2012/13

## 3 FINANCIAL IMPLICATIONS

3.1 All workplan items, including issues identified for in-depth reviews and investigations, will be managed within the budget and resources available to the Panel (including the designated Policy Development and Scrutiny Team and Panel budgets, as well as resources provided by Cabinet Members/Directorates).

## 4 THE REPORT

4.1 The purpose of the workplan is to ensure that the Panel's work is properly focused on its agreed key areas, within the Panel's remit. It enables planning over the short-to-medium term (ie: 12 – 24 months) so there is appropriate and timely involvement of the Panel in:

a) Holding the executive (Cabinet) to account

b) Policy review

c) Policy development

d) External scrutiny.

4.2 The workplan helps the Panel

a) prioritise the wide range of possible work activities they could engage in

b) retain flexibility to respond to changing circumstances, and issues arising,

c) ensure that Councillors and officers can plan for and access appropriate resources needed to carry out the work

d) engage the public and interested organisations, helping them to find out about the Panel's activities, and encouraging their suggestions and involvement.

4.3 The Panel should take into account all suggestions for work plan items in its discussions, and assess these for inclusion into the workplan. Councillors may find it helpful to consider the following criteria to identify items for inclusion in the workplan, or for ruling out items, during their deliberations:-

(1) public interest/involvement

(2) time (deadlines and available Panel meeting time)

(3) resources (Councillor, officer and financial)

(4) regular items/"must do" requirements (eg: statutory, budget scrutiny, etc)?

(5) connection to corporate priorities, or vision or values

(6) has the work already been done/is underway elsewhere?

(7) does it need to be considered at a formal Panel meeting, or by a different approach?

The key question for the Panel to ask itself is - can we "add value", or make a difference through our involvement?

4.4 There are a wide range of people and sources of potential work plan items that Panel members can use. The Panel can also use several different ways of working to deal with the items on the workplan. Some issues may be sufficiently substantial to require a more in-depth form of investigation.

4.5 Suggestions for more in-depth types of investigations, such as a project/review or a scrutiny inquiry day, may benefit from being presented to the Panel in more detail.

4.6 When considering the workplan on a meeting-by-meeting level, Councillors should also bear in mind the management of the meetings - the issues to be addressed will partially determine the timetabling and format of the meetings, and whether, for example, any contributors or additional information is required.

## 5 RISK MANAGEMENT

5.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

## 6 EQUALITIES

6.1 Equalities will be considered during the selection of items for the workplan, and in particular, when discussing individual agenda items at future meetings.

## 7 CONSULTATION

7.1 The Workplan is reviewed and updated regularly in public at each Panel meeting. Any Councillor, or other local organisation or resident, can suggest items for the Panel to consider via the Chair (both during Panel meeting debates, or outside of Panel meetings).

## 8 ADVICE SOUGHT

8.1 The Council's Monitoring Officer (Divisional Director – Legal and Democratic Services) and Section 151 Officer (Divisional Director - Finance) have had the opportunity to input to this report and have cleared it for publication.

| | |
|---|---|
| **Contact person** | Jack Latkovic, Senior Democratic Services Officer. Tel 01225 394452 |
| **Background papers** | None |
| **Please contact the report author if you need to access this report in an alternative format** | |

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Last updated 06.02.12.

## Wellbeing Policy Development & Scrutiny Panel Workplan

| Meeting Date | Agenda Item | Director | Report Author | Format of Item | Requested By | Notes |
|---|---|---|---|---|---|---|
| | | | | | | |
| **16th Mar 12** | | | | | | |
| | RNHRD Update | | RNHRD rep | | | |
| | Transition of Public Health responsibilities from NHS BANES to the Council | | Pamela Akerman and Paul Scott | | | |
| | Personal Budgets policy framework | JS | Sarah Shatwell | | | |
| | Housing Allocation Policy | JS | Graham Sabourn | | | |
| | | | | | | |
| **18th May 12** | Update on the outcomes of Improving Access to Dental Services Review | Tracey Cox | Julia Griffith | | | |
| | Care Services Quality Assurance | JS | Jane Shayler | | | |
| | Effects of Market Shaping on contractual negotiations (working title) | | | | Cllr Vic Pritchard on 7th Feb | |
| | Psychological therapy services for adults (including the provision of counselling services in BANES) | JS | Andrea Morland | | | |
| | | | | | | |
| **27th Jul 12** | HealthWatch update | | Derek Thorne | | | |
| | Tobacco plain packaging consultation | | Pamela Akerman | | | |

Last updated 06.02.12.

| Meeting Date | Agenda Item | Director | Report Author | Format of Item | Requested By | Notes |
|---|---|---|---|---|---|---|
| | Joint Strategic Needs Assessment | | Pamela Akerman and Paul Scott | | | |
| | | | | | | |
| **21st Sep 12** | | | | | | |
| | | | | | | |
| **16th Nov 12** | Further update on Dementia | | tbc | | | |
| | | | | | | |
| **18th Jan 13** | Strategic Transition Board update | | | | | |
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| **22nd Mar 13** | | | | | | |
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| **Future items** | | | | | | |
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