

## **BATH AND NORTH EAST SOMERSET**

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

Friday, 18th May, 2012

**Present:-** Councillors Vic Pritchard (Chair), Katie Hall (Vice-Chair), Lisa Brett, Eleanor Jackson, Anthony Clarke, Kate Simmons, Gerry Curran (In place of Sharon Ball) and Michael Evans (in place of Bryan Organ)

#### **1 WELCOME AND INTRODUCTIONS**

The Chairman welcomed everyone to the meeting.

#### **2 EMERGENCY EVACUATION PROCEDURE**

The Chairman drew attention to the emergency evacuation procedure.

#### **3 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS**

Councillor Bryan Organ sent his apology. Councillor Michael Evans was his substitute for the meeting.

Councillor Sharon Ball sent her apology. Councillor Gerry Curran was her substitute for the meeting.

Councillor Loraine Morgan-Brinkhurst sent her apology (no substitute present).

Councillor Simon Allen (Cabinet Member for Wellbeing) sent his apology.

Ashley Ayre (Strategic Director for People and Communities) also sent his apology.

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

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

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

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

There was none.

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

Mr Greg Hartley-Brewer will address the Panel with his statement under item 11 on the agenda (Dental Access Update).

Mr Greg Hartley-Brewer also asked the following question to the Panel: 'Bath and North East Somerset Clinical Commissioning Group already appears to have a perception of a conflict of interest and hasn't even started its work. How are the concerns raised in the Guardian article of 27 March 2012 to be addressed?'

The Democratic Services Officer read out the answer on behalf of the Panel. 'The Panel has a specific remit which is a discharge of Health functions. Once the Clinical Commissioning Group (CCG) is formally set up and once the specific guidance on future Health Scrutiny is available, the Panel will be monitoring how the CCG operates as commissioner and provider of health care'.

## **7 MINUTES 16/03/12**

The Panel confirmed the minutes of the previous meeting as a true record and they were duly signed by the Chairman subject to the following amendment:

- Page 9, Para 7, third sentence should read: 'The Chairman commented that this may **exacerbate** problems of homelessness...'

## **8 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). In addition to the update Jane Shayler brought to the Panel some changes in governance arrangements within Avon and Wiltshire Partnership Mental Health Trust (AWP) which were covered in local news. The Chair of the AWP stepped down and was replaced with the deputy Chair whilst the Chief Executive is on a period of leave and has been replaced on interim basis by the Deputy Chief Executive. The Council will be watching the developments in the governance of the AWP.

The Panel made the following points:

The Chairman said that the commitment for the Carers Week is excellent and congratulated the Carers Week initiative. The Chairman also said that he was impressed with the quality account from the AWP which highlights the initiatives for carers and the Council should pick up on it.

Councillor Jackson expressed her concern that the cuts are already affecting respite care. Councillor Jackson asked if there was any information how widespread this is.

Jane Shayler said that initiatives for carers in AWP quality accounts are not just Wiltshire based but they are for BANES as well. In terms of the concerns on cuts in respite – the reverse is true. There has been further investment from some of the money transferred from the PCT to Local Authority under Section 256 Agreement. Some of that money was invested to support respite care, additional carer support and additional domiciliary care support. Jane Shayler confirmed that there were no cuts in respite care. What may be the case is that respite care was being accessed frequently by a relatively small number of people, meaning that some other people were not able to access respite at all. There has been additional investment and, also, a redistribution, which has helped to address a potential inequity. Jane Shayler accepted that for some people, this may mean they are not able to access respite quite as often as they have been used to.

Councillor Jackson said that this message is not getting out and it should be somewhere explaining this to clients. Councillor Jackson asked what can be done on passing this message to clients.

Jane Shayler said that she will raise this with the carers centre and Council/PCT joint carers lead so they can continue to work on raising the awareness.

The Chairman suggested that simple explanation to those clients who felt that they would be affected by cuts should be most appropriate way to do it.

Councillor Jackson said that 16,000 carers is the figure that we have and asked if that was under-estimate of how many carers we have, given the demography of Bath. Councillor Jackson also asked what we do about children carers supporting their parents.

Jane Shayler said that 16,000 carers may be an under-estimate as some people might not view themselves as carers. Jane Shayler also said that she would have to come back with an answer on how many children carers supporting their parents are in BANES and what we do are doing to support them as responsibility for supporting young carers sits with Children's Services and Jane does know sufficient detail of what is available to provide a full response to Councillor Jackson's enquiry.

Councillor Curran said that there are services in the Council to help and support young carers.

Councillor Jackson congratulated officers on working together with the Care Quality Commission in bringing two care homes which had had bad reports up to the appropriate standards.

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

## **Appendix 1**

### **9 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 had produced a draft Standard Business Conduct Policy which will incorporate conflict of interest, hospitality gifts, etc.

The Panel made the following points:

Councillor Hall said that she was very glad that the CCG will be having Standard Business Conduct Policy and asked if the document will be public once finished.

Ian Orpen replied that the Policy will be public once it is finished. The CCG will be also looking, in near future, to have their meetings in public and have the public involved in the process.

Councillor Brett suggested that the CCG should be looking in web based forums for discussion.

Ian Orpen replied that the CCG will be looking in all sort of ways to engage public (i.e. the way Council Connect does it).

Ian Orpen added that BANES CCG met with Wiltshire CCG (which is now single CCG) and the discussion was about the work with the RUH. The RUH is also keen on having single discussion with CCG. Also, on 31st May there will be a meeting between the Council, CCG, LINK, etc to look at broadly commissioning intentions and policies for the next three years. Very much linked to the Joint Strategic Needs Assessment (JSNA).

Councillor Brett asked if the CCG board will have representatives from the RUH.

Ian Orpen replied they will not be because it would be difficult to draw the line on how widespread the board could and should be. The RUH will be the essential part of the discussion though.

Ian Orpen explained that there is a process for appointment of co-opted/lay members of the board as per national guidance.

The Chairman said that it would be inappropriate to include providers in the commissioning group.

Ian Orpen added that the CCG group sent letters to all providers explaining on what is happening so they are up to speed.

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

## **Appendix 2**

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

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

Diana Hall Hall took the Panel through the update as included in the agenda and informed the Panel that is Mike Vousden's last meeting and thanked him for his work and help during the last three or so years.

The Chairman said that the Panel appreciated Mike Vousden's input and that he will be missed.

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

## **11 DENTAL ACCESS UPDATE (30 MINUTES)**

The Chairman invited Greg Hartley-Brewer to read his statement.

Greg Hartley-Brewer read out his statement where he highlighted that he had difficulty in finding an NHS dentist when he moved to Bath. He also said that he received poor treatment on number of occasions with ADP Oldfield Park Dental Practice. When he moved to another practice (1a Queen Square) he was asked to pay £35 for hygienist service which he felt he should not pay as NHS patient. Mr Hartley-Brewer acknowledged that the Panel had a review on access to dental services which did not include quality of service from the NHS dentists and asked the Panel to take an investigation into the NHS/private relationship in Bath and North East Somerset and set up a system to monitor the type and number of treatments using the General Clinical Data Set to make sure all treatments are being provided close to national averages.

*A full copy of the statement from Greg Hartley-Brewer is available on the minute book in Democratic Services.*

Members of the Panel said that although they did not agree with everything that was mentioned in the statement, they felt that Mr Hartley-Brewer highlighted some really serious and important issues in relation with the quality of service provided by the NHS dentists.

The Chairman invited Julia Griffith (NHS BANES) to introduce the report.

The Panel made the following points:

The Panel asked about over-providing the service and is that the case that some areas might be saturated with service while there is a deficit in the others.

Julia Griffith responded that when the NHS dental service was commissioned, the NHS looked at the areas of deprivation, by using health needs assessment. In the main there might be some areas where there is more demand than supply but across the whole area there are practices still with capacity to take on new patients.

The Panel commented that people do stay with their dentists, even if they become private, mainly because of the comfort that they feel with their current dentists.

Some Members of the Panel said that in their Wards, such as Keynsham Wards, there is a perception that there are no NHS dentists.

Julia Griffith took that on board and said that the NHS could use particular publications, which people read, where a number for dentists could be included.

The Panel asked about the implication from Mr Hartley-Brewer that the NHS dentistry is inferior to private care.

Julia Griffith responded that the NHS does monitor commissioning of dental care and also quality of services. Organisations like Care Quality Commission (CQC) inspect both, the NHS and private. Julia Griffith said she will write a response to the issues raised in Mr Hartley-Brewer statement.

The Panel asked about the initiatives to encourage parents to take their children to dentist regularly (as a result of junk food, etc).

Julia Griffith replied that there are a number of initiatives commissioned by the NHS. Health Promotion Team goes to schools etc and raise awareness.

The Panel suggested that the NHS should use youth clubs in raising dental awareness. Julia Griffith took that on board.

Julia Griffith explained to the Panel that the NHS asks dentists if they are accepting NHS patients, and if they say yes, their contact details are available on the NHS website.

The Panel made the final comment that they are alarmed that the quality of service might not be on the level as it should be.

It was **RESOLVED** to:

1. Request from Julia Griffith to draft a response to the issues raised in the statement from Greg Hartley-Brewer before the next meeting of the Panel. A copy of the response to be sent to the Panel.
2. Request from Julia Griffith, (and/or CQC), to produce a report on the Quality of NHS Dental Services. Report to be on the agenda for the next meeting of the Panel.

## **12 CARE SERVICES QUALITY ASSURANCE (30 MINUTES)**

The Chairman invited Jane Shayler to introduce the report.

Jane Shayler suggested presenting this and the next report (The Effects of Delivering Adult Social Care Savings Targets on the Market – item 13) at the same time as there is direct link to those two reports. The Panel agreed with this suggestion.

Jane Shayler took the Panel through both reports. Jane Shayler highlighted that the findings of the Winterbourne View case will be published in August or September this year and she advised the Panel to schedule a report on that subject following the

publication of findings and as part of that that the Panel receive an advice from Jane Shayler on how the findings could be incorporated in a further development of the Quality Assurance Framework as there is a direct link to it.

The Panel made the following points:

The Panel agreed with the suggestion from Jane Shayler to have a report on findings from Winterbourne View case.

Jane Shayler said that the CQC became much more rigorous since the Winterbourne View incident and they are paying closer attention on all care homes. CQC is now releasing very strong press releases in respect on any of findings and very proactively raising any concerns on such issues. The Strategic Health Authority is also paying very close attention. Self-assessment process for learning difficulties is very detailed. It will not only put a pressure on commissioners but also on all providers, including non-specialist providers, to complete the self-assessment and show how the needs of all patients are met.

The Panel asked about budgetary considerations, in particular about saving of £1.2m on care placements.

Jane Shayler replied that she had consistently advised that the 3 year efficiency programme (i.e. reducing the costs of placements) was just that and could not be extended to a fourth year. The 3-year programme, which ends at the end of this financial year was evidence-based, including benchmarking fee-levels with other Local Authority areas and, also asking providers for detailed cost-breakdowns, showing how fees are made up, what element is profit, what element funds “hotel” – type costs and what proportion is spent directly on care provision to negotiate efficiency savings with providers, well informed evidence based programme with the fee breakdown of costs (how the costs are made up, how much profit they are taking, how much is spent on care provision, etc). It was evidence-based, including benchmarking fee-levels with other Local Authority areas and, also asking providers for detailed cost-breakdowns, showing how fees are made up, what element is profit, what element funds “hotel” – type costs and what proportion is spent directly on care provision The 3 year programme ends this financial year. It will not be going for fourth year as a fourth year of seeking efficiency savings does run a risk of seriously compromising the quality and safety of that provision. So we would need to seek savings through other means. There is a link to commissioning capacity as there is a need to keep an eye on all service providers. We are seeing individual facilities, mainly care homes, dipping in and out of an acceptable standard of care. We also need to keep up on on-going contract review. Council also agreed to fund a team for quality assurance and safeguarding team to work alongside AWP and Sirona in terms of the adult safeguarding process, including investigations, and also to have audit and quality assurance function for individual care assessments and support plans. The commissioning capacity has been increased but is not with the wealth of resources, especially given increased level of activity and referrals.

It was **RESOLVED** that the Panel noted the report and for the Panel to receive a report on findings from Winterbourne View case once it is published.

### **13 THE EFFECTS OF DELIVERING ADULT SOCIAL CARE SAVINGS TARGETS ON THE MARKET (20 MINUTES)**

This report was covered together with the Care Services Quality Assurance report (item 12).

### **14 TALKING THERAPIES IN B&NES (20 MINUTES)**

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

The Panel made the following points:

The Panel expressed slight concern on finding out that provision will be moving away from GP practices and asked for assurance that variety will be kept. The panel also asked about the size of the team.

Andrea Morland said that she was also slightly concerned about that issue but it needs to be clear that in certain clinical conditions, such as anxiety, Cognitive Behavioural Therapy (CBT) is the most effective form of therapy. In depression it is a mix of counselling and CBT. Andrea Morland said that her aim in terms of talking therapies is to expand the choice with variety of appropriate services and absolutely not to remove provision at GP practices.

Andrea Morland also said that nobody really knew what the team, in its size, will look like. It was invested up to certain level with total investment of nearly £1m. There is a strong business case to continue the service.

The Panel asked how self-referral works.

Andrea Morland initially referrals were controlled through the GPs but now the service is more stable most people self-referred after getting a leaflet from their GP or from other community locations. There is a lot of different ways that people can get support and some people prefer not to go via GPs but straight to the relevant service.

The Panel asked if the safeguards are in place that patients are getting appropriate response to their mental health needs.

Andrea Morland replied that the service is working with other health professionals. The NHS has to spend money on services that meet NICE guidelines. Andrea Moreland said that there is a role to play to open access to variety of services. It is also important that we don't mistake talking therapy for specialist mental health care. Those with profound problems, in a need of specialist care, would go to the AWP.

The Panel expressed their concerns that some GPs suggest to people who have mental health problems to 'pull themselves together' etc. The Panel asked if there was any work with youth services.

Andrea Morland replied that her intention was to link with young people and she will be talking with Liz Price from Children Services and Youth Commissioning Team on the approach.

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

## **15 ALCOHOL HARM REDUCTION STRATEGY BRIEFING (30 MINUTES)**

The Chairman invited Cathy McMahon (Public Health Development and Commissioning Manager) to introduce the report.

The Panel made the following points:

The Chairman informed the meeting that the Panel is not in the position to note the report due to the lack of clarity on Equality Impact Assessment (EIA) for this paper. Cathy McMahon responded that the EIA had been conducted for the Strategy but not for this update.

The Panel asked whose fault is that children get alcohol at young age and how is that problem resolved.

Cathy McMahon responded that a lot of work is going on with students and young people on education in terms of alcohol and drinking, and from face to face work lots of intelligence and information is picked up.

Cathy McMahon also said that there is a big issue with young people and binge drinking. They don't drink much but they drink it quite quickly.

Some Members of the Panel highlighted the work of the Community Alcohol Partnership (CAP). Financed by supermarkets and the idea behind that partnership is to bring relevant partners (schools, Council, supermarkets, etc) to try to change drinking culture.

The Panel also expressed their concerns that people do not know how much units of alcohol is in different alcoholic drinks. The report should also say more about gender differences in consumption patterns.

Some Members of the Panel welcomed that Health Authorities will be more involved on this issue and ask for a review of licensing laws but expressed their concern that huge amount of resource will be used into work that might be duplicated with the work that police, licensing, etc. are already doing.

Cathy McMahon said that Health Authorities are very keen to engage and there would not be massive impact on resources and it wouldn't be duplication of work with police.

The Chairman summed up by saying that this is a very long term project. It would be useful to have statistics from A&E related to alcohol abuse. The big problem in Bath is 24 hour licensing laws. The enforcement opportunity had never exercised and that has to be changed. Some of the bigger off-licence chains employ youngsters who get easily intimidated by the other youngsters to supply alcohol. We will also see the impact of alcohol price increase in Scotland.

It was **RESOLVED** to:

1. Nominate Councillor Kate Simmons as Panel's representative to sit on the Alcohol Harm Reduction Steering Group; and
2. Hold an enquiry day with relevant experts and stakeholders to formulate policy on approaches to key issues such as Early Morning Restriction Orders, late night levies and health bodies' involvement in licensing decisions.

## **16 PUBLIC HEALTH TRANSITION ASSURANCE PLAN UPDATE (30 MINUTES)**

The Chairman invited Paul Scott (Assistant Director of Public Health) to introduce the report.

The Panel made the following points:

The Chairman asked about the level of finances for this matter.

Paul Scott said that the Local Authorities budgets for Public Health will be announced next year. The expectations are that budgets should be the same for each authority. The report is more flagging the potential risk.

The Panel asked about the governance structure.

Paul Scott replied that under current proposal the Director of Public Health will be one of Divisional Directors within People Directorate. The Department of Health is suggesting that the Director of Public Health should be one of the Chief Officers.

The Panel asked about the intention to work with West of England and what influence the Government would have.

Paul Scott said that collaboration with the authorities within West of England region will continue. The Government is setting the targets and it is up to Local Authority to set prioritisation on areas where they want to improve services.

The Chairman summed up by saying that on page 116 of the report (under 9.21) there was omission of homelessness. The Panel agreed with this remark.

It was **RESOLVED** to note the report and include homelessness into 9.21 (Tackling Social Exclusion) of the Assurance Plan.

## **17 HOME HEALTH AND SAFETY POLICY 2012 (20 MINUTES)**

The Chairman invited Chris Mordaunt (Housing Services manager) to introduce the report.

The Panel made the following points:

The Panel asked where the money comes from for the changes to the current policy.

Chris Mordaunt replied that money for:

- disabled facilities grant – approximately 50% from Government and other 50% from Council's revenue budget
- home improvement loans – mixture of Housing Services revenue and Health and Social Services budget
- empty properties – envisaged funding to come from two year pot money that was agreed by the current administration.

The Panel welcomed the paper and asked if the paper had been submitted to the Cabinet.

Chris Mordaunt replied that last year the revised policy had been submitted to the Cabinet who asked for the policy to be back in year time. We plan to bring the policy back to the Cabinet this summer.

Jane Shayler said that Panel is asked to comment on proposed amendments. All those comments will be submitted to the Cabinet Member who will consider those before the final report goes to the Cabinet.

The Chairman pointed to the page 191 of the report under bullet point 6 (Exceptional Cases) it should be Cabinet Member who should make a decision on exceptional cases and not Housing Service Manager. That would help the administration to be more transparent.

The Panel heard from the officers that these exceptional cases happen 2-3 times per year.

The Panel agreed with the Chairman's suggestion.

The Panel said that the Equality Impact Assessment (EIA) was very good but it underestimated the needs of those with severe mental health illness.

Chris Mordaunt replied said that in practice there is reasonable allowance for these groups. The Council also commission services from Care and Repair whose key role is to work with vulnerable people. There are some procedures to deal with those issues but there is a scope to in the EIA.

Member of the Panel asked about ethnic minorities and how they are kept informed about services.

Chris Mordaunt replied that the service had been in contact with some communities recently and there is on-going work in that area.

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

## **18 WORKPLAN**

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

- Half Day open session on Joint Strategic Needs Assessment before autumn this year.
- Report on the Quality of Dental Service with NHS registered dentists (for July meeting)
- Winterbourne View findings – September 2012 (to be confirmed)
- Talking Therapies update – date to be confirmed
- Scrutiny Inquiry Day with relevant experts and stakeholders to formulate policy on approaches to key issues such as Early Morning Restriction Orders, late night levies and health bodies' involvement in licensing decisions (subject to the agreement from policy Development and Scrutiny Chairs and Vice Chairs).

The meeting ended at 2.50 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 – May 2012

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### 1. PUBLIC ISSUES

#### **Carers Week 18<sup>th</sup> – 24<sup>th</sup> June**

To mark Carers Week, raise awareness of the challenges facing the estimated 16,000 carers in Bath and North East Somerset and to promote some of the support and services available to carers, the Carers Centre, which is jointly funded by the Council and Primary Care Trust, has organised a week of events. The full programme can be accessed on the Carers Centre website at [www.banescarerscentre.org.uk](http://www.banescarerscentre.org.uk) but the following gives a flavour of what is planned:

#### **Monday 18<sup>th</sup> - Bath Peer Support Group**

A peer support group for carers to help each other

10.45am to 12.15pm

Somer Community Room, Kingsmead Court, Kingsmead North, Bath BA1 1XB

#### **Tuesday 19<sup>th</sup> - Two's Company**

12.30pm to 3.00pm

Come along together for a scrumptious cream tea.

Saltford Hall, Wedmore Road, Saltford, BS31 3BY

#### **Wednesday 20<sup>th</sup> - Carers' Forum**

Have your voice heard on Sirona Care and Health's Services, developing carers' services for 18-30's and working carers and setting up a social enterprise for Give Us a Break.

Workshops 10-12.30pm or 6-8.30pm

Food 12.30pm to 2pm or 5-6pm

Health checks and fitness session 2-5pm

St Luke's Centre, Wellsway, Bath BA2 4SJ

#### **Thursday 21<sup>st</sup> - Golden Oldies**

With all the classic songs from the 50s, 60s and 70s, enjoy an unmissable hour of fun-filled singing, dancing and socialising for Goldies everywhere.

Somer Community Centre, Twerton, Bath BA1 2DJ

2.30pm to 3.30pm

#### **Friday 22<sup>nd</sup> - Carers for Each Other**

Trip to Weston Super Mare for carers with learning disabilities

10.00am-3.00pm

#### **Saturday 23<sup>rd</sup> - Carers' Week Family Day**

Come on your own or bring your whole family to enjoy a variety of activities including computer tuition, cookery workshops, fitness sessions, health checks, therapies and more for ages 1 to 101.

2.00pm-6.00pm  
Keynsham Baptist Church , High Street Keynsham BS31 1DS

### **Sunday 24<sup>th</sup> - Pub Quiz**

7.30pm – 10.00pm

Come and test your general knowledge and gain peer support at the same time. Prizes to be won.

Salamander 3 John Street, Bath BA1 2JL

## **2. PERFORMANCE**

There are no key performance issues to highlight.

## **3. SERVICE DEVELOPMENT UPDATES**

### **Autism Service**

Funding has been identified for two social work posts to fulfil community care responsibilities for adults with a diagnosis of Autism Spectrum Condition (ASC). This service enhancement has been commissioned from Sirona Care & Health and will be managed within the Sirona Complex Health Needs team. The post holders will care-manage all adults with ASC across the spectrum. This key development recognises the need to ensure that the assessment and care management of adults with ASC is undertaken by staff who have a good understanding and awareness of the needs of people with ASC, and an ability to commission quality services from skilled providers to meet the individual's needs. It is intended that the service will have a particular focus on supporting people to live independently in their own homes and on supporting people into employment.

### **Intensive Community Detoxification**

The first three clients have successfully completed an Intensive Community Detoxification programme at a specialist supported living scheme run by DHI in Bath. The service, commissioned by Supporting People and Communities is delivered in partnership with DHI and the Specialist Drug and Alcohol Service, (SDAS) and was set up 6 months ago when the old Stall Street Dry House project closed. As well as the detox unit, the supported living scheme provides a further 10 'Dry house Units' (3 more than Stall Street), and another 6 continue to be delivered in an established supported living scheme also run by DHI. By remodelling and integrating the supported houses fully into treatment provision, we aim to offer a sufficiently robust structured package of support to those wishing to become drug and alcohol free. More people will be given an opportunity to detoxify and experience rehabilitation and we expect this to be of particular value to offenders returning to the community homeless, and other homeless people who wish to become abstinent. A full review of the service will be carried out this Autumn when it will have been up and running for 12 months.

### **Housing Renewal Policy (Home Health and Safety Policy)**

This revised policy sets out the criteria for accessing a number of schemes which promote independent living for vulnerable households in B&NES in the community by

providing advice and assistance, including financial assistance, for adaptations, repairs and improvements. The policy also covers a scheme to encourage the owners of empty properties to bring those properties back into use. The policy has been reviewed a year after approval by Cabinet and revisions include the expansion of eligibility criteria for home improvement loans to include low income families with dependent children under 16 years of age.

The policy has 5 areas main areas:

- **Adaptations for disabled people** – to improve the housing conditions of eligible disabled people by providing Disabled Facilities Grants (DFG) to purchase adaptations that assist independent living.
- **Home safety repairs and improvements** - advice and financial support for vulnerable households in the form of loans or grants to remedy and alleviate serious health and safety hazards in their homes. It operates alongside the Housing Services Enforcement policy on the improvement of rented homes which fall below acceptable health and safety standards.
- **Home energy efficiency improvements** - advice and financial support to help vulnerable and low income households insulate their homes or make them more energy efficient. These improvements will make it more affordable for vulnerable people to stay warm.
- **Community alarm grants** - grants for community alarms that makes them safer in their homes.
- **Empty Home assistance** – to improve the availability of housing in the area by assisting owners of empty homes to bring their properties back into use by giving advice and financial assistance in the form of loans or grants.

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**Wellbeing Policy Development and Scrutiny Panel**  
**May 18<sup>th</sup> 2012**  
**Key Issues CCG/PCT Briefing Note**

### **1. Conflict of interests**

Some recent local and national media interest has focused on the role GPs will be playing in the future decision making of the NHS and a perceived problem regarding any conflict of interests. It is not unusual for GPs to have interests within health care provider organisations and a question has been raised as to how such GPs can manage the assessment and awarding of contracts where a tender may be received from a company in which the GP is involved.

B&NES CCG is confident that this issue is being properly addressed. Currently, in line with NHS governance standards all GPs within the Clinical Commissioning Group have declared their interests and these are held within a register. GPs who are part of decision making committees are asked to declare their interests at the start of the meeting and these are recorded. Should there be a material conflict of interest the individual concerned would not participate in any decision.

Some comment has been raised regarding local health care company Assura Minerva who run Bath NHS Healthcare Centre and other clinical services. All declarations of interest in Assura are registered where applicable. To demonstrate transparency and open governance, on being elected to the Interim B&NES GP Consortium Board, Dr Ian Orpen, Chair of the CCG resigned as a member of Assura Minervas Clinical Management Board. In addition all GP partner members of the consortium board have agreed to forgo any profit their practices might receive as a result of being members of partners in Assura.

Managing good governance is an essential part of the new commissioning structures. As final authorisation gets underway and the regulatory framework is fully put in place it is anticipated that national guidance will be applied that specifically address how decisions can be taken if a situation arose where a majority of local GPs are conflicted.

### **2. Summary care record**

The programme to establish a summary care record was reported to the panel at its last meeting. The summary care record is establishing a national shared record service so that clinicians can see critical information on patient's medication, allergy records and medical reactions to enable safer and more efficient emergency care treatment at any clinical location that a patient may be brought to.

Letters have now been distributed to all adults in B&NES. An information helpline is in operation and local enquiries are being dealt with through the PALs service. People have a 12 week period to respond to the offer to opt out of the system. For those who do not opt out, records will be automatically established and the system put in place over the next 10 months.

### **3. Our healthy conversation event**

On 18<sup>th</sup> April the latest 'Our Healthy Conversation' was held at the Fry club in Keynsham. The event focused on the subjects of clinical commissioning, Joint Strategic Needs Assessment and urgent care. Panel members will be aware that these events are held regularly by the PCT to provide opportunity for partners, stakeholders and members of

the public to be informed on current developments and engage with managers to influence health and social care. 60 people attended the event which was lively and well received. Feedback is currently being compiled and will be circulated to all health and wellbeing network contacts. Panel members are always invited to attend these events. The next one will take place in September.

## **4. NHS Commissioning infrastructure Developments**

### **National and Regional**

National announcements have been made regarding appointments to the NHS Commissioning support team and the development of the local structures of the NHS Commissioning Board. The Commissioning Support Team reports to National Director of Commissioning Development Dame Barbara Hakin. Four sectors have been agreed across England within the Operations Directorate being:

Richard Barker-Regional Director, North of England currently Chief Operating Officer, NHS North of England

Dr Paul Watson-Regional Director, Midlands and the East currently Chief Executive, NHS Suffolk

Dr Anne Rainsberry-Regional Director, London currently Chief Executive, NHS North West London and Deputy Chief Executive, NHS London

Andrea Young-Regional Director, South of England

currently Chief Operating Officer / Deputy Chief Executive, NHS South of England

The Regional Directors' first key task is to work with Primary Care Trusts, Strategic Health Authorities and other stakeholders to co-design a proposal for the final model of the Commissioning Board's network of Local Area Teams. There will be up to 30 Local Area Teams set up from care trust clusters replicating the current PCTs. There is no single, ideal model or geographical footprint for Local Area Teams as the design must take account of local geographies, service patterns and relationships to develop a resilient and realistic solution that will establish the definitive local presence of the NHS Commissioning Board.

## **5 Clinical Commissioning Group Update**

### **Appointments**

The B&NES Clinical Commissioning Group continues to develop its senior team and has made some senior appointments:

- Tracey Cox has been appointed as Interim Chief Operating Officer
- Sarah James has been appointed as Interim Chief Finance Officer
- Dr Simon Douglass is acting as CCG Accountable Officer Designate and is currently going through the formal national assessment process for appointment which will be confirmed by the Appointments Commission in due course.

These appointments strengthen the capacity of the CCG which is working towards taking up its full statutory responsibilities in April 2013 at the conclusion of the PCTs.

Other senior commissioners have been assigned to the CCG for the transition period as the CCG looks to retain as much senior commissioning capacity as possible.

### **Authorisation**

There are 4 waves for submission to Authorisation from July to November and B&NES CCG have settled on Wave 3 (1<sup>st</sup> October). There is a massive task to prepare to meet all 119 criteria across 6 domains. It is the intention of the CCG to be fully authorised without conditions which would be the risk of going earlier, inadequately prepared. The name of the CCG has been confirmed in line with DH guidance as:

#### NHS Bath & North East Somerset CCG

A key part of the authorisation process is the CCG constitution and we are currently working this up basing it on guidance from the DH and BMA as well as linking with the Avon Local Medical Committee and others. CCGs are a membership body and practices are the members and to this end we have a small working party of GPs and practice managers looking at the constitution as it is developed.

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