

## **BATH AND NORTH EAST SOMERSET**

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

Friday, 20th September, 2013

**Present:-** Councillors Vic Pritchard (Chair), Sharon Ball, Sarah Bevan, Lisa Brett, Eleanor Jackson, Anthony Clarke, Bryan Organ and Michael Evans (substitute for Kate Simmons)

#### **32 WELCOME AND INTRODUCTIONS**

The Chairman welcomed everyone to the meeting.

The Chairman used this opportunity to congratulate Councillor Katie Hall, previous Vice-Chair of the Panel, on the appointment as the Chair of LGA Community Wellbeing Board.

#### **33 EMERGENCY EVACUATION PROCEDURE**

The Democratic Services Officer drew attention to the emergency evacuation procedure.

#### **34 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS**

Councillors Cherry Beath and Kate Simmons had sent their apologies to the Panel. Councillor Michael Evans was substitute for Councillor Simmons.

Councillor Eleanor Jackson arrived at 10.55am (during the debate on Safeguarding Adults Annual Report 2012/13).

#### **35 DECLARATIONS OF INTEREST**

Councillor Eleanor Jackson declared an 'other' interest as a Council representative on Sirona Care and Health Community Interest Company.

Councillor Vic Pritchard declared an 'other' interest as a Council representative on Sirona Care and Health Community Interest Company.

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

There was none.

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

There were none.

**38 MINUTES**

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

The Chairman used this opportunity to highlight the couple of things from the last meeting. The Chairman expressed his disappointment with the current Administration for not acknowledging the recommendation from this Panel to reconsider their decision to close some public toilets (Minute 21, page 9). The Chairman said that although the Panel had responses from the range of other bodies and organisations (i.e. Sirona, Mineral Hospital, RUH, CCG, Secretary of State, NHS England, etc.), the Panel had no response from the current Administration.

The Chairman also highlighted the reference to the Health and Social Care Integration Pioneers application in the minutes (Minute 23, Page 9). The application was made by Sirona together with the Council and the application was not successful.

Jane Shayler commented that the application was submitted jointly by the Clinical Commissioning Group and the Council and the outcome was that the application was not successful. Jane Shayler also said that there was not a great deal of feedback on why the application was not successful though it could be that it was not considered sufficiently radical on top of the arrangements that are already in place. Locally we have quite significant levels of integration. Jane Shayler also commented that we should not be disappointed with this outcome – it is just a reflection on where we are already.

The Chairman said his understanding was that Sirona would like to pursue intentions of the pioneering project even if they were not successful.

Jane Shayler commented that it is the case that Sirona, and other partners, have said that they will be committed to take out principles of the project proposals. If that is the case then there is a need for a process of prioritising of proposals that will be relevant for the area.

**39 UPDATE ON NHS 111 SERVICE (30 MINUTES)**

The Chair invited Tracey Cox and Dr Elizabeth Hersch (Clinical Commissioning Group representatives) to introduce the report.

The Chairman asked how we are comparing nationally in terms of the progress so far and in terms of the target date deadline (for the full service commencement).

Tracey Cox replied that there is a mixed picture nationally, for example some parts of the country still don't have NHS 111 services at all. Bath and North East Somerset

are doing very well in comparison with other authorities. Full service commencement is expected to start in couple of weeks' time. Once full service commencement is in place the CCG will then start to publicise locally.

Dr Hersch added that the NHS 111 is not delivered the same in other parts of country. For example, for some areas it is simply only call handling, in some areas it is more integrated to Ambulance Service and in some to Out Of Hours service.

The Chairman said it is national concept and anybody coming to this area, or moving out of the area, and requires the NHS 111 service, would probably expect to get the same service elsewhere.

Councillor Lisa Brett asked about contingency arrangements, if they are on-going, and for how long they are anticipated.

Tracey Cox replied that contingency arrangements will run for 6 months. B&NES CCG Board and Wiltshire CCG Board made the decision that contingency arrangements should be in place for 6 months.

Councillor Lisa Brett suggested that the Panel could have an update on post-contingency arrangements in 7-8 months' time. The Panel agreed with this suggestion.

Councillor Tony Clarke asked if the other authorities in South West are on the level that this authority is in terms of the NHS 111 provision.

Tracey Cox replied that there is a little bit of mixed picture due to campaigns being run locally by local CCGs.

Councillor Clarke asked which other authorities the Harmoni are working for in South West, to get some idea about the spread of activity.

Tracey Cox replied that, from her quick recollection, the following CCGs covered by Harmoni are: B&NES, Wiltshire, Swindon, Gloucestershire, North Somerset, South Gloucestershire and Bristol.

It was **RESOLVED** to:

- 1) Note the report; and
- 2) Receive further update to consider contingency arrangements and position that Harmoni are in delivering NHS 111 for March 2014 meeting.

#### **40 SAFEGUARDING ADULTS ANNUAL REPORT 2012/13 (15 MINUTES)**

The Chairman invited Lesley Hutchinson (Head of Safeguarding Adults, Assurance and Personalisation) to introduce the report.

The Chairman informed the meeting that the Health and Wellbeing Board called for executive summary of the report. The Chairman felt that the executive summary was not necessary considering that the report had a foreword from Robin Cowen,

the Chair of the Local Safeguarding Adults Board (LSAB) which identified important points in the report.

Councillor Lisa Brett asked if service users are having the opportunity now to voice their concerns.

Lesley Hutchinson replied that there is a debate nationally what the best way of engaging and involving service users is. For a number of years different models were tested and the model used at the moment is having much better response from service users which detects their concerns early in the process. It is the area which the LSAB is looking to improve even more. The Local Government Association invited Local Authorities to take a part in the pilot (starting on 30<sup>th</sup> September) and we agreed to take part in the pilot and identified the organisations to help us look at the different areas and make changes in service delivery where needed.

Councillor Brett commented that domestic abuse towards elderly is also the area where we should communicate more with our residents considering that it is difficult for any elderly person to admit domestic abuse by their own family.

The Chairman said that, according to the study on page 38 (bullet 3.18), it is not all about having a lot of cash to rectify situation. It can be done with relatively small amount of money if managed properly.

Jane Shayler commented that it could be that the process of serious case review can cost quite a lot of money in some areas though outcomes from that serious case review don't always reflect money spent. Jane Shayler reassured the Panel that in this area a lot of the serious case review process was undertaken by staff employed by the Council, CCG or partner organisation. The cost was covered from the existing resources. We would not normally expect that the cost for a serious case review would be the £15,000 referred to in the national study.

Lesley Hutchinson added that our serious case review protocol is quite clear what the criteria are. Part of the learning done nationally is that we don't always have to undertake serious case review and gather all resources to that degree and extent.

The Chairman asked if the investigation training, designed by Sirona Care and Health in partnership with the Police, is complete.

Lesley Hutchinson confirmed that it is complete and training has been done with the South Glos Police.

The Chairman asked about the whistleblowing and asked if the policy is in place.

Lesley Hutchinson confirmed that both the Council and the CCG have policy on whistleblowing in place. The policy had not been used in relation to safeguarding to Lesley's knowledge.

Councillor Brett asked how it is communicated to other authorities if staff has concerns about care facility.

Lesley Hutchinson replied that the Care Quality Commission, or herself, might get whistle-blower's comments. Then the allegations would be looked into in accordance with the procedure and any other Local Authority that had placed people in the care home would be made aware of the allegations. In terms of self-funded people – the team or person investigating the allegations would contact any family or relatives. This is all set out in a clear procedure.

The Chairman commented that the LSAB should benefit on focusing on the following areas in the report:

- Page 54 Outcomes 4a and 4b
- Page 66, bullet 6.48 – we should not equate with national picture but be better
- Page 67, bullet 6.54 – direction of travel from last year looks good but it could be better and not to become complacent

Councillor Brett added that she would like to see criminal prosecutions up from 1%.

It was **RESOLVED** to note and accept the Annual report and Business Plan.

#### **41 REPORT FROM THE STRATEGIC TRANSITIONS BOARD (15 MINUTES)**

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

The Chairman commented that under the operational procedures, as describe in the report on page 135, it is, in his view, not having a dedicated transitions team or specific transitions social workers is a much better approach. Instead, case management can be accepted by any qualified social worker within the disability teams. It is far less likely to cause the young people anxiety as they transition to adult social care services; particularly as people develop a special bond with their social worker.

Mike MacCallam replied that the aim is to develop the expertise in all teams. Rather than having dedicated transitions workers in the teams there are people who primarily take transitions lead. A few years ago there was an attempt to have dedicated transitions workers and that didn't work well. Transitions cases are now brought to the adult teams earlier so that there can be good planning between children's services and adult services to ensure the best possible transition for each individual.

Councillor Lisa Brett asked if there are any challenges engaging mainstream secondary schools.

Mike MacCallam replied that the reviews are focused on year by year approach. At the moment the discussion with teachers and schools is a difficult one as they cannot be asked to know the range of housing options etc. Some of the information in the report has been slightly superseded by the Statement of Educational Need (SEN) reform agenda. The Council appointed Charlie Moat to be the lead officer in this field. The statement in process and transition review will be replaced by single education health and care plan.

Councillor Michael Evans asked about the pathways.

Mike MacCallam responded that the education aspect of the education health and care plan is for supporting people into employment. Locally there are number of schemes to work with and support young people.

Jane Shayler added her thanks to Mike MacCallam for his leadership of the core group and the group itself for driving the significant improvements made in transitions planning and outcomes for children and young people going through the transition into adulthood.

The Chairman welcomed the comment from Jane Shayler.

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

## **42 URGENT CARE UPDATE (30 MINUTES)**

The Chairman invited Dr Ian Orpen and Corinne Edwards (B&NES CCG) to introduce the report.

Dr Orpen and Corinne Edwards took the Panel through the report. Corinne Edwards added that planning application for the Urgent Care Centre at the RUH had been approved.

Councillor Lisa Brett asked about the timeframe for implementation of all of the schemes mentioned in the report.

Corinne Edwards responded that winter pressure proposals will run from November 2013 until March 2014 and that all proposals had been looked in terms of the deliverability.

Councillor Brett suggested that the Panel should receive a feedback/review from the CCG on how successful the implementation has been. The Panel agreed with the suggestion from Councillor Brett.

The Chairman commented that many people don't know if, when seeking an appointment with the GP, their case is urgent. The Chairman asked if there is any way of educating the public where the line between urgency and non-urgency, might be.

Corinne Edwards responded that one of the actions plans is to educate reception staff at GPs. It is crucial how to direct and signpost people to appropriate services.

Dr Orpen added that David Carson talked to GPs and GP forums about primary care and urgent care. GPs found these sessions quite stimulating because it made them think in a different way. Dr Orpen also said that one of the problems that primary care is facing at the moment is the workload on every day basis, which has significantly increased and because of that GPs did not have to think about alternative for the primary and urgent care.

Councillor Eleanor Jackson said that she was fascinated with the paragraph in the report describing the presentation delivered by David Carson and asked if it is possible to get more details about that presentation, what was said.

The Chairman suggested that the Panel would welcome David Carson's report/presentation to be sent to Members of the Panel for them to digest the ideas suggested to GPs and GP forums.

Corinne Edwards took on board this request from the Chairman.

Councillor Brett asked how many GPs were present for this presentation/s.

Dr Orpen responded that all practices were present with 60 (out of just over 110) GPs present. Some of the GP practices asked for more presentations from David Carson.

Councillor Brett asked what other resources are available to GPs from the CCG.

Dr Orpen reminded the Panel that the CCG do not commission primary care though they are expected to improve quality of primary care. There is a desire to make improvements; there are tools to support GPs though their time (to see patients etc.) is not supported.

Councillor Jackson asked if GPs considered the impact that all these new housing developments will have on primary care.

Dr Orpen said that the CCG do not commission primary care though the GPs had raised those issues in some areas (like Peasedown St John). Expansion of capacity of primary care is a real issue though there are financial challenges for provision of new services.

The Chairman added that the Health and Wellbeing Board will be working closely with the Council and partner organisations on the provision of the Placemaking Plan.

It was **RESOLVED** to:

- 1) Note the report;
- 2) Receive a further update on the Urgent Care provision which should include also an update on all the relevant Primary and Urgent Care schemes; and
- 3) Receive a document named 'Primary Care Foundation' from the CCG which will be distributed via email to Panel Members.

#### **43 DRAFT B&NES TOBACCO CONTROL STRATEGY 2013 - 2018 (15 MINUTES)**

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

The Chairman also welcomed Bruce Laurence (Director of Public Health).

The Chairman commented that information presented on page 161 should specify that the statistics presented on that page are national statistics and not for the area.

Councillor Lisa Brett asked if the Council has an approach about e-cigarette advertising.

Cathy McMahon said that the Council has no policy about advertising e-cigarettes. The Council has smoking policy which guides the staff about the use of e-cigarettes. The Public Health Team and Tobacco Action Network discussed approach to e-cigarettes with regional colleagues and they will not be promoted as they are non-regulated (as a medicine) unlicensed product. Not a part of stop smoking initiative.

Councillor Brett added that the Council should ensure that e-cigarettes don't get advertised on bus shelters and any other public displays.

Jane Shayler added that the Council has just started enabling advertising on its website with some very clear boundaries and certain products and services are explicitly excluded from advertising. Jane Shayler said that she is not sure that exclusion does cover e-cigarettes though.

Councillor Tony Clarke commented that problem with e-cigarettes is that they perpetuate the image of smoking and the main problem is the issue of children seeing this product (e-cigarettes) being used in their surroundings.

The Chairman agreed with the views from Councillors Brett and Clarke by saying that this could also be used by tobacco companies using to persuade people to try this.

The Chairman suggested that the Panel should make a recommendation that the Council don't engage with any advertising of e-cigarettes in any guise. The Panel agreed with this recommendation and requested from Public Health officers to communicate Panel's wishes to the Council.

Councillor Sarah Bevan said that those e-cigarettes might work for her (as a smoker) or other smokers as it fulfils some of the triggers that make people think they need to smoke and dismissing the advertising, especially by those who don't know how it feels to be addicted, is a bit drastic.

The Chairman said that the idea is for the Panel to make a recommendation to the Council not to engage in advertising of these products. If people choose e-cigarettes as a way of terminating smoking habits then it is their choice but it doesn't need to be advertised as it could be recommended quietly by somebody. The Chairman also said that the Council should not participate in promoting these products for general release. Effectively, it could encourage children to try these products.

Cathy McMahon said that the advertising of tobacco products is what the Public Health team is worried about, especially in how that looks to children. The Public Health team is also aware that some e-cigarettes are flavoured that makes them taste like strawberry or lemon or similar which makes people try them. So far there was no evidence that children are using these products in a way into smoking as yet (survey done by charity). But children copy adults and that is an issue.



Councillor Michael Evans commented that these products contain nicotine so in terms of the health view they are helping continuation of addiction.

Cathy McMahon agreed with Councillor Evans though added that these are lot less harmful than real cigarettes.

Bruce Laurence said that e-cigarettes can help some people to stop smoking. There is a discussion on the approach to e-cigarettes. Bruce Laurence welcomed that the Council signed the declaration at the last full Council to combat smoking.

Councillor Bevan commented that she can see that the debate is on protecting children on trying those e-cigarettes which could lead them becoming addictive to nicotine. Although, those people who are smokers, and tried everything to stop smoking, should not be ignored and these products can help them.

Councillor Clarke asked if the Public Health team thought of writing to Bath Chronicle about the picture on the 'best smoking area outside the pub' competition. Councillor Clarke added that he was appalled by Bath Chronicle actions.

Cathy McMahon took that comment and board by saying it is a good suggestion.

Councillor Eleanor Jackson commented that it is deeply depressing that there are zones in the RUH that are smoking areas, where patients are wheeled in their wheelchairs to have a cigarette. Councillor Jackson added that the report didn't mention that some people regular smokers, some smoke because they are under stress and some because they received some bad news and see smoking as escape so the report should mention these issues.

Councillor Jackson also added that people who want to stop smoking cannot get appointments in GP surgeries as walk-in so there should be faster response to people who want to give up.

Councillor Jackson said that the report did not mention traveling community and/or boat dwellers under smoking and ethnicity part of the strategy and asked the officers to include traveling community and boat dwellers in the strategy.

Councillor Jackson said that she would want to see two additional recommendations in Panel's resolution –

- a. The Panel support the amendment to the motion (passed at the Full Council meeting on 12th September 2013) about writing to local MPs requesting them to ask the Government to reinstate its proposed legislation requiring cigarettes to be marketed only in standard packages and without images provided by the tobacco companies; and
- b. The Panel ask Pension Committee to agree to divest in the tobacco industry.

Councillor Evans said that the Panel might be interfering in the business of Pensions Committee as it is outside the remit of this Panel.

Councillor Brett commented that legally Pensions Committee is not in the position to exclude any trading business from the investment.

The Chairman said that if this Panel feels strongly in not supporting the investment in tobacco industry then the Panel can make their feelings known to the Pensions Committee.

It was **RESOLVED** to:

1. Support the draft B&NES Tobacco Control Strategy;
2. Agree that the Strategy is refreshed in 2016 to update priorities and recommendations to ensure relevance to emerging local, regional and national issues;
3. Request that the Council do not engage with promotion and/or advertising of e-cigarettes on their website, public displays, media and similar;
4. Support the amendment to the motion (passed at the Full Council meeting on 12<sup>th</sup> September 2013) about writing to local MPs requesting them to ask the Government to reinstate its proposed legislation requiring cigarettes to be marketed only in standard packages and without images provided by the tobacco companies; and
5. Ask the Pensions Committee to agree to divest in the tobacco industry.

#### **44 UPDATE ON DEMENTIA (15 MINUTES)**

The Chairman invited Corinne Edwards (Senior Commissioning Manager for Unplanned Care and Long Term Conditions – CCG B&NES) to introduce the report.

The Chairman said that diagnosis rates in B&NES are below the South West average and the CCG set a target of 53.5%. The Chairman asked what happened to those people that were undiagnosed.

Corinne Edwards responded that this is quite a contentious area. There is a lot of work going around on how dementia is recorded in primary care. There is a belief that recording of dementia can be underrepresented. It is rather complex process due to different codes used and the way diagnosis is made. It is quite an ambitious target set by the CCG.

The Chairman asked how the CCG set the target of 53.5%.

Corinne Edwards responded that information comes from the primary care, GPs, registers who made formal diagnosis of dementia. The NHS England set the national target of 66% to achieve by 2015.

The Chairman said that the last administration had an intention to turn our community resource centres into accommodating those suffering from dementia. The Chairman asked what the situation is now in terms of the community resource centres use.

Corinne Edwards responded that it is not her place to answer that question though it is fair to say that the number of people with dementia who live in the community resource centres has increased.

Jane Shayler added that buildings are designed to meet the needs of people with dementia. The role of community based services is to increasingly meet the needs of elderly people. Sarah Shatwell is in discussion with the number of providers on how we can best shape and influence the market to respond to increase in dementia referrals.

It was **RESOLVED** to note the report and to receive a further update on within one year.

#### **45 SUPPORT TO AMBULANCE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE (10 MINUTES)**

The Chairman invited Jo Morrison (Democratic Services Manager) to introduce the item.

Councillor Tony Clarke said that Bristol City Council voted to support Ambulance Joint Health O&S Committee (JHOSC). Bristol City Council will be doing day to day management of the Committee. North Somerset Council withdrew because of financial issues. The advice received from the Monitoring Officer was that there would be no issues in meeting the financial, resource and constitutional issues raised by the Panel at the last meeting

Councillor Clarke recommended to the Panel to support Joint Ambulance Health O&S Committee.

It was **RESOLVED** to:

- 1) Note the advice received from the Monitoring Officer that there were no issues in meeting the financial, resource and constitutional issues raised by the Panel at the last meeting; and
- 2) Support the continuation of an Ambulance JHOSC for the former Great Western Ambulance area based on the current model of officer support.

#### **46 SPECIALIST MENTAL HEALTH SERVICES UPDATE (20 MINUTES)**

The Chairman invited Andrea Morland (Mental Health and Substance Misuse Commissioning B&NES Health, Social Care and Housing Partnership).

The Chairman asked if the service would be re-designed should there not be the need to identify savings (as on page 220 of the report).

Andrea Morland replied that re-design of services came about because they were not orientated towards a recovery focused empowered client choice model. There were a lot of dependent services where lot service users did not realise their potential; for example moving from quite residential model of services into having people in tendencies with support around them, to get people involved into community activities. The impetus for re-design has been to make services more dynamic and more focused on client's choice and their strengths. In the past our model was wrong and we didn't have right value for money.

The Chairman asked about Review the possibility of encouraging a village agent type of approach to delivering this support for the rest of the life of the Sirona contract.

Andrea Morland replied that she is quite excited about this approach. Everyone who has eligible social care need (which they will be able to get that through personal budgets) will be able to get floating support. At the moment, when services were transferred to Sirona, there is re-ablement service which people are able to access to 6-8 week support to prevent admission to hospital. The team did not know what the need will be as nobody ever done that before so the part of service kept on delivering floating support. The report says that the team could talk to Sirona on how to do that. A lot of people with mental health problems are still quite isolated and there was a need to build up communities of support across B&NES. So, if someone thinks that their neighbour is having some problems then they can go to the right person in the village, village agent, and report that.

Councillor Sarah Bevan said that someone from one of the AWP services, Paul Marshall from LIFT psychology, spoke to Councillor Bevan and she agreed to promote their services through the Council. In the report LIFT psychology was not mentioned in 'Primary Care Talking Therapy service update' part of the report and asked why not. Councillor Bevan said it would be useful if it had been mentioned as it would be helpful for people to understand what this part of the report is about.

Andrea Morland replied that LIFT psychology was not mentioned in the cover report though it was in the appendix 5 attached to the report, presentation given to the CCG. Andrea Morland also said that she was trying to keep the report brief and present the information which was presented somewhere else.

Councillor Bevan commented that Talking Therapy services are not only GP based services, like the case is with the LIFT psychology.

Andrea Morland agreed with Councillor Bevan adding that it is hugely flexible model. Majority of the work is through self-referral.

Councillor Bevan asked when it would be good time to invite the LIFT service to address the Panel on how it is going, what is the take up, etc.

Andrea Morland said that it would give 6 months for the service to run before they are ready to address the Panel.

Councillor Lisa Brett asked if Talking Therapy is all about cognitive behaviour.

Andrea Morland said that the national guidance said that Talking Therapies are not only Cognitive Behavioral Therapy (CBT) and it is not what is in the specification. It is on delivering the range of therapies, etc.

It was **RESOLVED** to:

- 1) Note -

- a. Progress in implementing more service user led, recovery focused community support services and suggested next steps.
  - b. The implementation of the new Primary Care Talking Therapy service.
  - c. The new locality management structure in AWP.
- 2) Invite Andrea Morland and the AWP to talk about the whole Pathway which will include services like LIFT Psychology for one of the future meetings (after May 2014).

**47 PANEL WORKPLAN**

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

- NHS 111 update (including contingency arrangements) – March 2014
- Update on Dementia (late 2014)
- AWP Pathway (not before May 2014)
- Briefing on Adult Social Care Reform (working title) – January 2014
- Further update on the Urgent Care provision which should include also an update on all the relevant Primary and Urgent Care schemes -

The Panel welcomed that a report on Care Home Performance will be presented at each meeting of the Panel. The Panel requested to receive reports on Home Care also on regular basis. Jane Shayler confirmed that performance on care homes and home care could be included in the same report.

The Panel expressed their wishes to have informal meeting with Bruce Laurence, Director of Public Health, and receive a presentation on the direction of travel for the next few years. The Democratic Services Officer will communicate this message with Bruce Laurence and look for the best date to set up informal meeting.

The meeting ended at 1.15 pm

Chair(person) .....

Date Confirmed and Signed .....

**Prepared by Democratic Services**