

BATH AND NORTH EAST SOMERSET

WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL

Friday, 22nd March, 2013

Present:- Councillors Vic Pritchard (Chair), Katie Hall (Vice-Chair), Lisa Brett, Eleanor Jackson, Anthony Clarke, Kate Simmons, Caroline Roberts (In place of Sharon Ball) and Douglas Nicol

88 WELCOME AND INTRODUCTIONS

The Chairman welcomed everyone to the meeting.

89 EMERGENCY EVACUATION PROCEDURE

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

90 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillor Sharon Ball sent her apology for this meeting. Councillor Caroline Roberts was a substitute for Councillor Sharon Ball.

Councillor Bryan Organ sent his apology for this meeting.

Councillor Simon Allen sent his apology for this meeting.

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

Diana Hall Hall and Jayne Pye (B&NES Local Involvement Network) sent their apologies.

91 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.

Councillor Anthony Clarke declared a 'disclosable pecuniary interest' in item 13 on the agenda 'Provision of Neuro-Rehabilitation at the Royal National Hospital for Rheumatic Diseases'. Councillor Clarke withdrew from the meeting for the duration of this item.

Councillor Caroline Roberts declared an 'other' interest in item 13 on the agenda 'Provision of Neuro-Rehabilitation at the Royal National Hospital for Rheumatic Diseases as she is married to an employee of the Royal United Hospital.

92 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

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

The Chairman invited Councillor Tony Clarke to address the Panel in his capacity as the Chairman of the Great Western Ambulance Service Joint Scrutiny Committee.

Councillor Clarke informed the Panel that the future of the Great Western Ambulance Service Joint Scrutiny Committee is in some doubt due to disappearance of the Great Western Ambulance Service last month (February). Councillor Clarke will meet with the Chief Executive Officer and Chief Medical Officer of the South West Ambulance Foundation Trust early next month to discuss future arrangements. Councillor Clarke suggested to the Panel to have a further update on this matter on the agenda for the next meeting of the Panel.

The Panel **AGREED** to have an update on future of the Great Western Ambulance Service Joint Scrutiny Committee from Councillor Clarke at the next meeting of the Panel.

Councillor Eleanor Jackson, who was Member of the Great Western Ambulance Service Joint Scrutiny Committee, paid a tribute to Councillor Clarke as the Chairman.

94 MINUTES 28TH JANUARY 2013

Following some corrections, the Panel confirmed the minutes of the previous meeting as a true record and they were duly signed by the Chairman.

The Chairman informed the meeting that the Panel still didn't receive a response from Jane Shayler on how successful was the usage of the social media and the press by Sirona during the recent cold snap. The Panel asked the Democratic Services Officer to send a reminder to Jane Shayler.

Councillor Lisa Brett informed the meeting that she is yet to meet with the officers in order to get answers to her written questions made just before the meeting on 28th January (minute 82, 1st paragraph). The Panel asked the Democratic Services Officer to send a reminder to relevant officers.

95 CABINET MEMBER UPDATE (15 MINUTES)

The Chairman informed the meeting that Councillor Simon Allen (Wellbeing Cabinet Member) and Jane Shayler (Programme Director for Non-Acute Health, Social Care and Housing) sent their apologies for this meeting and asked the Democratic Services Officer to read through the Cabinet Member update (attached as Appendix 1 to these minutes).

Councillor Eleanor Jackson said that it was extremely unfortunate that either Councillor Simon Allen or Jane Shayler could not be at the meeting today to answer the questions from the Panel. Councillor Jackson expressed her concerns that this update didn't cover that 94 elderly people were left without knowing what their future home care would be. Councillor Jackson also thought that Councillor Allen might have some thoughts about the Neuro-Rehab issue that is on Panel's agenda.

Councillor Tony Clarke commented that meetings of the Panel are scheduled long time ahead and he felt that it was inappropriate for Cabinet Member or senior officer not to be at the meeting.

The Chairman agreed with the comments above and expressed his disappointment that Councillor Simon Allen and/or Jane Shayler are not here to answer directly questions and queries from the Panel.

The Chairman asked to be minuted that the Panel should express their dissatisfaction with the lack of presence from Cabinet Member and Programme Director for Non-Acute Health, Social Care and Housing and asked for a more responsible approach from these two positions.

Appendix 1

96 HOMELESSNESS & THE USE OF TEMPORARY ACCOMMODATION (30 MINUTES)

The Chairman invited Councillor Tim Ball (Cabinet Member for Cabinet Member for Homes and Planning) and Mike Chedzoy (Housing Services Manager) to introduce the report.

Councillor Ball and Mike Chedzoy took the Panel through the report.

The Panel made the following points:

The Chairman said that personally he wanted a lot more information about 'rough sleepers' in the report. The national press reported that there was 25% increase in 'rough sleepers'. The Chairman said that the answer to his question to Councillor Tim Ball about 'rough sleepers' was a little vague. It stated that different approach was now in place – instead of counting physically the number of people sleeping rough, the approach was to make estimated guess on how many people are sleeping rough. The Chairman also said that some data in the report was not concise.

Councillor Tim Ball said that issue about 'rough sleepers' is very important issue. Councillor Ball explained that there are rules on how the count is done. To get the

actual estimate properly the Council worked with the relevant agencies. The number is high but still well below the national average. This option also excludes those people who live on boats and in caravans.

Mike Chedzoy added that Local Authority should carry out the count every year. This year the Council went to estimate on how many people sleep rough and we established we have 22 'rough sleepers'. Last year there were 4 people. Mike Chedzoy said that he led on the estimate. Mike Chedzoy explained that it is very hard to do the count in the night. Rules are that we have to know the name of the individual and not only as 'man by the river'. Those information need to be checked with Julian House as well.

The Chairman asked if we can provide adequate support now that we have more realistic figures on number of rough sleepers.

Mike Chedzoy responded that Julian House will offer the overflow for emergency accommodation. They also have link with the YMCA. On the first night they will have to sleep on the mattress but the next day they will be accommodated.

Councillor Tim Ball added that some people chose not to go to the hostel for their own reasons.

Councillor Jackson said that she was on one of the previous counts and understands how difficult is to count people. Councillor Jackson expressed her concern that three people from Radstock Ward are sleeping rough and in order to get some support they will have to travel to Bath via bus.

Mike Chedzoy responded that we have dedicated phone line for support services and people would get the immediate response wherever they are.

Councillor Tim Ball added that there is local number for Julian House and that there is also a national number released by the Government recently to assist people reporting any homeless issue.

Councillor Katie Hall asked if there are any known hotspots where 'rough sleepers' congregate over night.

Mike Chedzoy responded that this changes every year. This year a lot of people go from to the other side of the river, towards Widcombe. Mike Chedzoy also said that there is an issue if people are not from this area. The Council provides services for 28 days until it is established where these people are coming from.

Councillor Hall asked how long people wait in the temporary accommodation until they are moved to permanent dwellings.

Mike Chedzoy replied if someone place homeless application then they are placed for 31 days in the temporary accommodation until they get accepted. Some people don't go to social housing, they are housed in private sector.

Councillor Brett asked if the impact assessment was conducted for the 'right to buy' and how do we fit in the national picture regarding the accommodations for people

with learning difficulties and mental health problems. Councillor Brett also asked about the current housing stock.

Councillor Tim Ball and Mike Chedzoy replied that the impact assessment was not completed for the 'right to buy' scheme but that it needs to be done. The Council has specialised housing for the people with learning difficulties and mental health problems. More information on the impact assessment on 'right to buy', 'rough sleepers', housing stock and conditions of the accommodations for people with learning difficulties and mental health problems could be submitted to the Panel at the next meeting.

The Panel welcomed that suggestion.

Councillor Jackson asked about the accessibility of the accommodations for homeless people with wheelchairs.

Mike Chedzoy replied that we have accommodations that are more accessible than they use to be and there might be an increase in number of properties which are wheelchair friendly in near future.

The Panel debated with Councillor Tim Ball the exact number of units, and how many people are housed, in the Julian House. The Panel asked that information should be included in the report for the next meeting.

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

It was also **RESOLVED** to have a further report for one of the future meetings which will include the following information:

- 'Rough sleepers'
- Impact assessment on 'Right To Buy' scheme
- Housing stock
- Conditions of the accommodations for people with learning difficulties and mental health problems; and
- Number of units, and how many people are housed, in the Julian House

97 CLINICAL COMMISSIONING GROUP UPDATE (15 MINUTES)

The Chairman invited Dr Ian Orpen (Clinical Commissioning Group – CCG) to give an update to the Panel.

Dr Orpen updated the Panel with current key issues within BANES CCG (attached as Appendix 2 to these minutes).

Members of the Panel expressed quite a few concerns about the NHS 111 service and its 'soft' launch on 19th February this year. Due to the recent problems the full launch of the service has been delayed until 16th April 2013 to enable some of the service issues to be resolved.

Members of the Panel requested a report from the CCG on the NHS 111 for the next meeting of the Panel. The report should include contractual arrangements with

Harmoni (111 provider for the area), handling of the increase in calls to ambulance services, 111 out of hours services (quality, staff background, staff experience), link between 111 and 999 numbers, performance data, whether referrals made to GP and the RUH are appropriate referrals (what mechanism is used to capture those data, how it is shared and Harmoni's part in sharing/controlling the data).

It was **RESOLVED** to receive a report/update on the NHS 111 at the next meeting of the Panel.

Appendix 2

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

Item withdrawn from the agenda as there were no Local Involvement Network members present at the meeting.

99 HEALTHWATCH AND INDEPENDENT COMPLAINTS ADVOCACY SERVICE (ICAS) (15 MINUTES)

The Chairman invited Susan Bowen (Funding and Programme Manager) to introduce the report.

Susan Bowen took the Panel through the report.

The Chairman commented that in the 'Specification for the delivery of Healthwatch in B&NES', under first paragraph of 3.4 (Contract Monitoring Requirements) it says the following: 'Healthwatch B&NES will report on its activities and finances to the Council on at least a three-monthly basis throughout the term of the agreement and more frequently and as reasonably specified as part of a performance management review process'. The Chairman felt that this would be best achieved through the Wellbeing PDS Panel by having the regular updates from the Healthwatch at every meeting of the Panel.

It was **RESOLVED** to ask Healthwatch to provide regular updates to the Panel.

100 PROVISION OF NEURO-REHABILITATION AT THE ROYAL NATIONAL HOSPITAL FOR RHEUMATIC DISEASES (2 HOURS)

The Chairman invited Sue Davies (Acting Director, South of England Specialised Commissioning Group, South West Team), Tracey Cox (B&NES Clinical Commissioning Group Chief Operating Officer - Designate) and Kirsty Matthews (Chief Executive of the Royal National Hospital for Rheumatic Diseases) to address the Panel.

The Chairman informed the meeting that the Panel will first get presentations from Sue Davies and Tracey Cox and also a summary from Kirsty Matthews. The Panel will ask the questions afterwards and make their recommendations.

Sue Davies gave a presentation where she highlighted the following points:

- Overview
 - Outline of the proposal for re-provision
 - Outline of the Patient and Public Engagement process undertaken by the Specialised Commissioning Team
 - Feedback from engagement process
- Specialised Neuro-rehab services
- Where do people come from? (chart)
- Proposals for re-provision – Level 1 & out-patients
- Proposals for re-provision – Level 2A & out-patients
- Arrangements for current patients
- Public engagement process
- Average travel times
- Feedback from PPE events
- Summary

A full copy of the presentation from Sue Davies is available on the Minute Book in Democratic Services.

Tracey Cox gave a presentation where she highlighted the following points:

- Out-Patient Neuro-rehabilitation Services
 - Spasticity clinic
 - Physiotherapy (including Functional Electrical Stimulation)
 - Psychology
 - Counselling
 - Splinting
- Current Patient Activity
- How will patients' needs be met after April?
- What patients told us....
- Communications with patients
- Current team (picture)

A full copy of the presentation from Tracey Cox is available on the Minute Book in Democratic Services.

Kirsty Matthews explained the background for the decision to close the Neuro-rehab services at the RNHRD. It was very difficult and sad decision for the RNHRD Board to decide to close this exemplary service but the decision was made purely for financial reasons. The Board took into consideration that over the past three years there was a significant change in referral patterns, as explained in the report. This change has led to a 50% reduction in income for this service over the last two years which had critical impact on the ability of the service to continue. The service was making a loss of on average £430k per year. This means that the service was not covering its direct cost or making a contribution towards the costs of the estate and infrastructure that supports it. These immediate service losses contributed to the RNHRD's overall financial challenge where the organisation was currently losing £10k a day.

Kirsty Matthews explained that, in taking its decision to close the service, the Board took account of all financial pressures and the necessity of responding to a financial position that has resulted in the organisation being found by Monitor to be in significant breach of one of its terms of authorisation.

The RNHRD undertook an engagement exercise during November and December 2012 and comments were received from clinician's professional bodies, MPs and public. An equalities impact assessment was also completed and taken into account.

Kirsty Matthews concluded that the RNHRD worked very hard that there is minimum disruption to their patients. The RNHRD were very rigorous in their approach to their out-patients in terms of review of each out-patient on individual basis and take the decision on what their future care will be. The RNHRD sent letters to all patients. The other important challenge was work with the staff affected by the change, in assisting individuals and seeking redeployment for as many people as possible. To date the RNHRD found alternative employment for 22 out of the 64 employees placed at risk.

The Chairman thanked Sue Davies, Tracey Cox and Kirsty Matthews for their presentations and updates.

The Chairman informed the meeting that he had telephone conversation with James Scott (RUH Chief Executive) regarding the Neuro-rehabilitation service at the RNHRD and James Scott's attendance at the Wellbeing Policy Development and Scrutiny Panel meeting on 22nd March 2013 and as a result of that conversation James Scott wrote the following to the Chairman:

'It was helpful to talk to you recently about the Neuro-rehab services at the RNHRD. The RUH's Board's view on this issue is the following:
Once the RUH is authorised as an NHS Foundation Trust and subject to the necessary legislative processes, it is the agreed intention that the RUH's Board of Directors will formally assess a business case for the acquisition of the RNHRD. An acquisition is expected to provide the organisational and financial security of a larger organisation and thus a firm foundation for the future of the services that are carried forward at that time. However, until any such acquisition process is complete, the two Trusts must continue to function independently and as separate entities. As part of normal business responsibilities, it is important that the RNHRD Board is able to and continues to make its own independent decisions to improve the financial health of the organisation, including the safe closure of services it deems to be non-viable e.g. Neuro-rehab.

I will leave it to your discretion on whether you believe it would be useful for me to attend the next Panel meeting.'

The Chairman informed the meeting that after he read this letter from James Scott he felt that there was no real need for Mr Scott to be at the meeting for this item.

Service Closure

The Chairman said that he finds this to be very uncomfortable position for the Panel considering that we have an exemplary service, there were two Patient and Public Engagement (PPE) days where previous and current patients have articulated particularly well their concerns over the closure of Neuro-rehab services at the RNHRD. The Chairman also said that he finds it rather ironic that we have national reports about Mid Staffordshire, with criticism of that operation, and here we have exemplary service and we are seeking to close it. It is an even more uncomfortable situation because this Panel has been denied the opportunity to do anything about the closure of this service.

Councillor Eleanor Jackson said that she was at the PPE day at the RNHRD and that she was deeply shocked with the level of pain, from spiritual and mental view, from the patients and their carers about the situation they found themselves in. The clinical excellence of the unit is beyond the doubt remarkable though it will get closed. Councillor Jackson also said that some of the statements made at the PPE day were not included in the report. This matter should be before the Panel at January meeting as this is clearly material change of services. It seems that only now patients and carers will get the letters on the future of the Neuro-rehab services.

Councillor Jackson said that this is a material change of services and that the Secretary of State should be asked to investigate this case. Councillor Jackson put this as formal motion.

Councillor Caroline Roberts seconded the motion from Councillor Jackson.

The Chairman said that the criticism he has on this matter is on the apparent acceleration of the process. For two years it was known that the service had 50% reduction in income but suddenly there is a talk to close the service. The Chairman said he, and other Panel Members, represent the public, and as community representative he cannot understand why such an exemplary service needs to be broken up. The half of the 60+ staff will be looking for employment elsewhere, which is waste of the expertise. The Chairman said that despite the best intentions from the Specialised Commissioning Team to find alternatives, you have to suppose there will be a fall of in standard of services that patients will receive as they will not have that line of continuity. The Chairman said that he understands that it was financially driven decision but there has to be some compensation from elsewhere.

Councillor Douglas Nicol asked Kirsty Matthew why the RNHRD didn't promote their services.

Kirsty Matthews said that since last February the RNHRD seen significant change in commissioning behaviour that led to a reduction of income by 50%. What the RNHRD had to do was to look at how they could to respond to that so they spent the last 12 months looking if there are alternative patient referrals to get into their units to get the clinically and financially viable. There is a need to have a certain number of patients to be able to deliver the service. The challenge was on how to react to the changes in commissioning behaviour when patients should be treated more closely to their homes and community services. The number of patients who required much more specialist requirements significantly reduced. Taking all these into account the Board was not able to find the route to allow the RNHRD to keep the service open for financial reasons.

Councillor Nicol commented that Oxford centre seemed to find the way to run these services and now it will take those services away from the RNHRD.

Kirsty Matthews said that she doesn't know anything about the positions of the centres in Bristol and Oxford. All neuro-rehab acute in-patient services have changed. The increase in their beds is a result of the closure of services in the RNHRD.

The Chairman said there is a national deficit for places in neuro-rehab and, in that case, Bristol and Oxford are winning those places. It would be welcome that the RNHRD could be a candidate in challenging to those patients, maintain the service and carry on with the comfortable knowledge that patients will have no interruption at all. The Chairman asked why this was not challenged.

Sue Davies responded that there was reorganisation of trauma centres in the country over the last year. It will take little longer to understand where the deficits are between the different types of services. The PCT have been working in the community rehabilitation services and there was some increase in low level capacity services. Sue Davies also said that she was not aware on increase in neuro-rehab services in South West. The Specialised Commissioning Team (SCT) felt that it would be better, for the RNHRD, to try to take patients who could be there only until they are discharged by the end of March 2013 rather than transfer patients in the middle of their care.

Sue Davies also said that the SCT were notified that the service will cease so they had to try to make arrangements on what is the best pattern of care for the patients.

Sue Davies commented that all three centres (Bath, Bristol and Oxford) provide excellent services. Sue Davies added that she is sorry that Councillor Jackson felt that some statements from the PPE days are not included in the report. There is a transcript of the meeting that is available on the website.

Kirsty Matthew said that the service is very small specialist foundation trust with the small number of high income patients. There was a significant change in the level of occupancy as a result of some decisions made by the commissioners and the service had to close due to financial reasons.

Tracey Cox said that the RNHRD has been hit by the changes in commissioning behaviour, changes in national tariff system and it made it really difficult to stay viable.

The Chairman asked why the RNHRD didn't work with the Local Involvement Network in terms of the consultation on this issue.

Kirsty Matthews responded that her belief is that the Board followed the process to the best of their ability. The Board meeting was held in public and papers were available on the website. Kirsty Matthews also said the Board also went into very detailed communication and engagement during December 2012 and background papers were provided on time and in the right way.

Councillor Katie Hall said that she also attend the PPE day and heard quite moving stories from the patients and carers. In terms of the timing of the consultation on the closure it did seem that the public consultation was done after the decision was made. Councillor Hall asked why it wasn't possible to conduct the public consultation before the decision was made. Councillor Hall commented that the important stage of the democratically open decision making process was lacking here.

Kirsty Matthews responded that the Board were clear all the way through that they worked really hard as organisation to find the way to keep the service running. The decision was made due to severity of the financial position. The consultation process was held during December 2012. Kirsty Matthews agreed with concerns from Councillor Hall on consultation process taking place in December but that was the process that the Board chose.

Councillor Hall asked if the Board thought of any other decision apart from closing the unit.

Kirsty Matthews responded that the Board took the decision to close based on the information in front of them. During that period the RNHRD was incredibly open and transparent. The Board wanted to make people understand the situation. The Board took the preference to close the service and worked through December with many external and internal stakeholders. The Board also wrote to significant number of people and had some really good responses.

The Chairman asked what Governors' view on the closure of services was.

Kirsty Matthews responded that Governors were incredibly sad on such difficult decision. They had to work with us to understand the financial complexity of the organisation in order to understand the financial fragility of the organisation.

The Chairman asked how many staff works in Bristol and Oxford centres.

Sue Davies responded that around 150 staff work across both centres though not necessarily only in neuro-rehab services.

The Chairman closed the debate by saying that it is quite uncomfortable position to close services so well respected and regarded by those who use it. The Chairman said that he understands that the RNHRD Board worked with the commissioners but that they didn't engage wide enough to take away the shock element to those people, and families, who depend on these services. This came to the Panel as an ultimatum. The staff team has been broken up now and it can't be resurrected and nothing can put a stop on it because it came to this Panel far too late. There is a fault in that approach – if the Board engaged with the commissioners at an early stage then the Board should also engage also with this Panel in order to gain some lay view. The Chairman said that when he heard that all staff were given notice, he knew that it would be hopeless for the Panel to stop this. The Panel were denied the opportunity to engage with the Board and they were omitted from the proper democratic process. For those reasons the Chairman supported the motion from Councillor Jackson to send a letter to the Secretary of State asking them to conduct

the investigation on the way the Board of the Royal National Hospital for Rheumatic Disease led a process to close the neuro-rehabilitation services.

The Chairman also hoped that the SCT will meet the requirements of all patients during the re-provision of services.

It was **RESOLVED**:

- 1) To send a letter to the Secretary of State asking them to conduct the investigation on the way the Board of the Royal National Hospital for Rheumatic Disease led a process to close the neuro-rehabilitation services;
- 2) To note the report from the Specialised Commissioning Team on the proposed re-provision of specialised neuro-rehabilitation services (inpatient and outpatient) provided at the Royal National Hospital for Rheumatic Diseases (RNHRD's) from April 1st 2013;
- 3) To support the proposal for service re-provision in the proposed centres;
- 4) To note and support the proposal from the B&NES Clinical Commissioning Group on the proposed re-provision arrangements for non-specialised outpatient neuro-rehabilitation services;
- 5) To receive an update from the Specialised Commissioning Team, or equivalent services, in 4-6 months' time.

101 WORKPLAN

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

- An update from Councillor Anthony Clarke on Great Western Ambulance Service Joint Scrutiny Committee future arrangements – May 2013
- Report on Rough Sleepers – May 2013
- NHS 111 Service – May 2013
- Neuro-rehab re-provision update – September 2013

The meeting ended at 1.20 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 – March 2013

1. PUBLIC ISSUES

Learning Disability Partnership Conference

About 245 people came to all or part of this year's Partnership Conference – more than 100 people at the Conference had a learning disability. There were also more than 25 family members as well as professionals, support staff, providers and officers and staff of the Council and Sirona.

The Conference opened with local good news stories. Some were very personal to the people telling the story and some were about group or organisational achievements. These included:

- Brian and Alex shared some really exciting images of work that Action on Hearing Loss had created during a project called Transient Graffiti. This was a community arts project and working with local artists the group created images to project onto Bath Abbey at the start of the Christmas Market.
- There was a short film of Simon at Somer FM – where he is a DJ twice a week. Simon then shared with the conference his love of music and how he had always wanted to be a radio DJ. With support from Dimensions Simon now has a show twice a week on Somer FM.

In the afternoon there were ten workshops, each considering a different theme. The Workshop groups were all asked to think about the thing they all had in common and to try to agree three things which could be changed or improved in the lives of people with learning disability. Each Workshop got to feedback their ideas at the end of the day.

There is more information from the Conference on the BANES Networks website along with photos and a short film of the day www.banes-networks.co.uk

2. PERFORMANCE

Independent Living Service Wins National Award

The Independent Living Service (ILS) commissioned by the Council and provided by Curo has been named national winner of the National Housing Federation's Community Impact Awards. The judges felt Curo's passion and commitment shone through in this innovative project which has improved quality of life for more than 500 people in the Bath and North East Somerset area.

For many the Independent Living Service has been an alternative to residential care through simple adjustments that make life easier – from home adaptations and shopping deliveries to money advice. Awards' judge Claire Bailey-Jones said "The scheme has a positive impact upon family, friends and neighbours of those who use the service. It can be used as a template for housing associations across the UK to

help people stay in their own homes for longer. Absolutely fantastic and cannot be commended enough!”

3. SERVICE DEVELOPMENT UPDATES

A large group from across the BANES Networks shared with the Learning Disability Partnership Conference the exciting changes within the Networks over the last 12 months as well as the projects that will take the Networks into the future. In 2012 the Networks became a business in its own right. The Networks are called BANES Networks CIC. A CIC is a Community Interest Company and this means that the business works with and for the community – for the Networks this means it is run by people with learning disabilities for the learning disability community as well as the wider community.

The group explained that the CIC are working with Your Say to learn how to run a business. The CIC has a Project Group and everyone in the Project Group is learning new skills in how business works. The group explained that it is learning how money works and how to keep accounts of the money the CIC has and spends. As well as thinking about ways to make money.

Since becoming a CIC, the Networks have opened two new businesses. Both are food based. There is a café in Keynsham called “Saturday Kitchen” which opens on the first Saturday of the month at the Key Centre in Keynsham. The Saturday Kitchen sells homemade soup and cakes as well as art and craft. The second business is called “Bath Bistro” and this is a restaurant which is open every 6 weeks at Manvers Street Café@Centre. Both of these new businesses are creating real work opportunities for Network members as well as a service to the community.

Clinical Commissioning Group (CCG) Briefing for Wellbeing Policy Development and Scrutiny Panel, 22 March 2013

1. BaNES CCG launch

On 1 April 2013 the responsibility for buying and planning NHS care and treatment transfers to NHS BaNES Clinical Commissioning Group (CCG). The CCG, which has now received its authorisation from the Department of Health, takes the place of the former Primary Care Trust. The two organisations have been operating in parallel in the run-up to the change, to ensure a smooth transition.

The formation of the CCG marks a major change in the way NHS health care is commissioned, putting doctors, nurses and other clinicians in the driving seat. The latest addition to the governing body is Director of Nursing and Quality, Dawn Clarke, formerly Assistant Director of Patient Safety and Clinical Quality at NHS North West Strategic Health Authority.

The CCG will be governed by a board, which will meet (often in public) in a variety of locations throughout BaNES. These will be advertised in the media. A list is available on the CCG website at <http://www.bathandnortheast Somersetccg.nhs.uk/board-meetings-public>

2. Francis Report

For the new CCG, the safety of patients and the quality of care they receive is the highest priority. As such, the lessons of the Francis Report into Mid-Staffordshire NHS Trust will be woven into everything the new body does. As part of this, board members are looking at the report's recommendations and deciding which can be applied to the CCG's commissioning role. For instance, all contracts with providers will be reviewed with high-quality, compassionate treatment and care in mind.

In stating that it will not tolerate poor care, the CCG recognises that ensuring excellence requires the involvement of the whole health and social care community, including patients, their families and carers. It will be consulting widely with stakeholders on their experiences of care in BaNES and priorities for improvement in the future.

3. Urgent care and 111

The NHS 111 service is currently being put in place across Bath and North East Somerset and Wiltshire, following a 'soft' launch, on February 19. NHS 111 will be a major step forward in the way in which people access NHS care, including GP out of hours and urgent care. 111 will be the number to call in cases where medical treatment is urgently needed, but it's not a 999 emergency. It will be available free, 24 hours a day, 365 days a year.

Such a significant change means that a bedding-in period is necessary, to identify problems and rectify them before the service goes live. Unfortunately, some patients and providers have experienced problems with getting through to the service as well as delays in receiving treatment. NHS BaNES Clinical Commissioning Group apologises for this and is working very hard with the 111 provider for the area, Harmoni, to make sure that these issues are tackled and that Harmoni delivers a

service that is safe, effective and meets all of the requirements laid down in their contract.

Harmoni are also working very closely with colleagues in other parts of the local NHS, particularly the South Western Ambulance Service NHS Foundation Trust and local GP out of hours providers, to ensure patients receive high quality treatment and advice which is appropriate to their need. In line with the experience of other providers of the service, there has been an initial increase in calls to the ambulance service but this was anticipated.

Due to the recent problems experienced the full launch of the service has been delayed from the 19th March 2013 until the 16th April 2013 to enable some of the service issues to be resolved. When fully launched, NHS 111 will be a free to call service, available 24 hours a day, 365 days a year. It will act as a one stop shop for patients if their healthcare need is urgent, but not a 999 emergency.

Royal United Hospital, Bath – Application for Foundation Status

The Royal United Hospital in Bath has applied to become an NHS Foundation Trust. Foundation status will give the hospital more independence from central government and greater flexibility in how it spends its money. It will continue to provide treatment to patients, free 'at the point of delivery', like other NHS services.

Gaining foundation status is a necessary step towards the Trust's merger with the Royal National Hospital for Rheumatic Diseases (RNHRD – 'The Min'). The merger was agreed in 2012 in response to the RNHRD's financial problems.

Monitor, the new independent body set up to regulate NHS foundation trusts, is considering the RUH's application for FT status. A decision was expected on 27 February 2013, but this has now been put back until 27 March 2013. This is because on 27 February the hospital's Care Quality Commission (CQC) inspection was still going on.

The RUH hopes that its application will be approved on 27 March and it will become a Foundation Trust on 1 April. Once the RUH's application has been approved, the RNHRD will apply to the Office of Fair Trading (OFT - the government body which reviews all merger applications) to approve the merger between the two hospital trusts. At the same time, the RUH will prepare a business case for the merger for its board to approve.

From 1 April it will be the responsibility of Monitor to ensure that the RNHRD stays viable until the merger happens.