

BATH AND NORTH EAST SOMERSET

WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL

Friday, 5th July, 2013

Present:- Councillors Vic Pritchard (Chair), Katie Hall (Vice-Chair), Sarah Bevan, Lisa Brett, Eleanor Jackson, Anthony Clarke, Bryan Organ, Kate Simmons and Douglas Nicol

Also in attendance:

16 WELCOME AND INTRODUCTIONS

The Chairman welcomed everyone to the meeting.

17 EMERGENCY EVACUATION PROCEDURE

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

18 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillor Sharon Ball sent her apology to the Panel. Councillor Douglas Nicol was her substitute for this meeting.

Councillor Lisa Brett left the meeting at 11.40am (after agenda item 9).

Councillor Douglas Nicol left the meeting at 11.55am (after agenda item 10).

Councillor Bryan Organ left the meeting at 12:50pm (after agenda item 12).

19 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.

20 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

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

THIS MEETING

The Chairman informed the meeting that Ms Pat Dawson and Ms Lin Patterson will read their statements.

Ms Pat Dawson read her statement and highlighted the benefit of having Larkhall public toilets open for people who regularly shop in Larkhall and also for those people with medical conditions who cannot shop anywhere, without anxiety, unless they know there are toilets nearby.

Ms Pat Dawson also said that 'public toilets are an asset that should be maintained and not wasted. For the wellbeing, health and hygiene of us all, the Council should keep the Larkhall toilets open. They are an essential amenity with no current alternative to council support. The reversion to the original closure date of April 1st is an acknowledgement that Larkhall needs its toilets'.

A full copy of the statement from Ms Pat Dawson is available on the Minute Book in Democratic Services.

Ms Lin Patterson read her statement and highlighted 'the impact of the policy of the closure of public toilets in Bath upon both physical and mental health and wellbeing.'

Ms Lin Patterson also pointed out on statistics around people in the UK who have urinary problems (according to British Toilet Association).

Ms Lin Patterson concluded her statement by saying that (quote) 'moving the closure from August 2013 to April 2014 is not a reprieve. While it would be lovely if a bog company agreed to subsidise nearly £12k for the toilets, that hope may turn out to be unrealistic, as are all the other schemes considered. Public toilets should be just that, publicly funded through taxes, as these have been since 1907'.

A full copy of the statement from Ms Lin Patterson is available on the Minute Book in Democratic Services.

The Chairman explained that technically there is little that the Panel could do as the decision to close the toilets was part of the Budget proposals though the Panel could have a debate on this matter and, depending on the outcome of debate, make their views/recommendations.

Some Members of the Panel felt that people could use toilets in some other premises, such as pubs and community halls.

Ms Lin Patterson replied that the access to toilets in many of these premises is not user friendly for wheelchairs or for people with mobility issues. Ms Lin Patterson also said that the toilets in New Oriel Hall should not be considered as replacement for public toilets due to the nature of clubs, activities and events running in the hall.

Some other Panel Members felt that the toilets in Larkhall should remain open for the reasons highlighted by speakers.

The Chairman felt that it is Council's responsibility to provide these facilities. The Chairman also said that this Panel doesn't have any power other than make a request to the current Administration to reconsider their decision to close the toilets.

Councillor Eleanor Jackson moved the motion to request from the Administration to reconsider their decision to close the toilets.

Councillor Vic Pritchard seconded the motion.

Voting: 5 in favour and 3 against.

It was **RESOLVED** to request from the Administration to reconsider their decision to close the toilets.

22 MINUTES

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

23 CABINET MEMBER UPDATE (15 MINUTES)

The Chairman invited Councillor Simon Allen (Cabinet Member for Wellbeing) to give an update to the Panel.

The Panel made the following points:

Councillor Bryan Organ said that he didn't entirely agree what the investment, from the pooled health and social care fund, was intended for. Councillor Organ felt that people still need to explain their problems to the health and social care services more than once. Councillor Organ said that there is still a lot of work to improve intervention as 70% of people admitted to Accidents and Emergency were there because of falls. Councillor Organ welcomed the other two bullet points in the 'investment in integration' paragraph.

Councillor Allen responded that at the moment we have situation where information is coming from different sources. It is a novel idea but it seems like a positive way forward making sure that an individual is in control of that information. Councillor Allen agreed with Councillor Organ's view on intervention and falls. It is about educating people now how they are going to live into older age as well as meeting the needs of people who are at that age now. Falls prevention is within Sirona's area and they are doing fantastic job.

The Chairman asked about the Health & Social Care Integration Pioneers application and where it is coming from.

Councillor Allen replied that it is joint application between the Local Authority and BaNES Clinical Commissioning Group (CCG).

The Chairman said it is encouraging that the application is a joint one. The Chairman said that he struggled to understand what the driver for this pioneer project is as there is no financial reward, although if the reward is in the shape of accolades then they still need to persuade certain elements of the Council to engage in this project.

Councillor Eleanor Jackson asked if the Council is monitoring Sirona's system of filling in forms for home care. Councillor Jackson also said that she was having complaints about the cutbacks in BaNES for respite care and asked Councillor Allen to comment on that. Councillor Jackson said that some residents do not want to take MMR vaccines because of their culture or faith and asked Councillor Allen if anything has been done to tackle these perceptions.

Councillor Allen responded that Sirona has complex system and the Council value what they do. They have slightly different way of working but they are also part of the pioneering programme mentioned earlier. In terms of the respite care - Councillor Allen said that all social care services are offered on the basis of the assessment of need. If someone disagrees with the assessment then they can challenge that but the offer of support is based on eligibility criteria. Councillor Allen asked Councillor Jackson to let him know if there are any specific examples on that matter outside the meeting. In terms of MMR vaccines – there is no mandate for people to have vaccines. It is a personal choice though vaccination rates are good (92% of a targeted 95%).

Councillor Lisa Brett commented that it is good that voluntary and partner organisations are involved in the Health & Social Care Integration Pioneers project and asked Councillor Allen to comment on that.

Councillor Allen responded that he finds working with those organisations surprisingly positive.

The Chairman thanked Councillor Allen for the update.

24 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.

The Panel made the following points:

Councillor Katie Hall commented that she was glad that the Harmoni continue to make steady progress on delivering the improved performance. Councillor Hall asked if the improvements in the percentage of calls answered within 60 seconds had been maintained for four weeks in a row.

Dr Orpen replied that the Harmoni did not reach four weeks though the last week was well above projector dates.

Councillor Hall asked how the Harmoni is getting on with the appointment of clinicians.

Dr Orpen replied the recruitment of clinicians continues to be an issue. Harmoni will continue to update the CCG on all issues at their weekly meetings.

The Chairman said that the NHS 111 commencement is national issue and that we cannot commence in isolation. The Chairman asked what will happen if we have successful commencement here but not nationally.

Dr Orpen replied responded that it is national programme. We can launch when we are ready and we are not held back on what is happening nationally. The CCG's view is to commence the NHS 111 when we are ready.

The Chairman said that this could potentially lead to public confusion – for instance someone is here for a visit and can access the NHS 111 and not in the area where they are from.

Dr Orpen agreed with the Chairman and commented that these issues are discussed at national level.

Councillor Hall asked about the working relationship with Somerset CCG, especially during winter.

Dr Orpen responded that there is more work to be done with Somerset CCG.

Councillor Lisa Brett asked about the improvement of extended opening hours of GP surgeries.

Dr Orpen said that the CCG does not have direct involvement in GP opening hours – there is contractual arrangement between GPs and the NHS England.

Councillor Eleanor Jackson asked about the physiotherapy services.
Dr Orpen responded that physiotherapy services are provided by Sirona.

The Chairman said that the Panel will invite Sirona at one of the future meetings so there will be an opportunity for direct questions to them.

The Chairman thanked Dr Ian Orpen for the update.

25 HEALTHWATCH UPDATE (15 MINUTES)

The Chairman invited Pat Foster (The Care Forum General Manager) to introduce the update.

It was **RESOLVED** to note the update

26 SOUTH WEST AMBULANCE JOINT SCRUTINY COMMITTEE STATUS (15 MINUTES)

The Chairman invited Councillor Tony Clarke to give an update to the Panel.

Councillor Clarke updated the Panel on the current status of the Joint Ambulance Scrutiny Committee and the proposals for future arrangements.

The Panel debated this matter and, in principle, expressed their support for the new Joint Ambulance Scrutiny Committee subject to the report/update from the relevant officers in the Council on resources, financial, staffing and governance arrangements.

On a motion from Councillor Bryan Organ, seconded by Councillor Katie Hall, it was unanimously **RESOLVED** that the Panel is minded to support the new Joint Ambulance Scrutiny Committee subject to the report/update from the relevant officers in the Council on resources, financial, staffing and governance arrangements. The Panel requested that the report/update be on September 2013 agenda.

27 ROUGH SLEEPERS (20 MINUTES)

The Chairman invited Mike Chedzoy (Housing Services Manager) to introduce the report.

The Panel made the following points:

The Chairman said that the refurbishment of Manvers Street Hostel was required because it was draconian and only people who were really desperate for accommodation used it. To make individual units on that site there had to be the reduction of existing, shared, units. The Chairman also said that at the last meeting of the Panel it was suggested there had been reduction though it was compensated with the satellite provision elsewhere. The Chairman highlighted the fact in the report that five individuals, who want to engage with the programme, are turned away on nightly basis and those five individuals change each night. In a week that is a considerable number of people. The Chairman concluded by saying that appears to be considerable deficit in the provision for rough sleepers in the city with the prospect to become worse considering the difficult financial situation.

Mike Chedzoy responded that there are some people who do not want help they don't want to engage with the programme. It is their choice and they can't be persuaded to engage.

The Chairman said that we should not just accept when people turn away help from us. Those people should be persuaded to engage and get help.

Councillor Simon Allen said that the Council have accurate figures for rough sleepers - who they are and where they are, and we didn't know that before. When the

previous counts were done it was hard to find anybody. Those people are coming from most complex situations and difficulties, mixture of alcohol and/or drug abuse or other problems in life. The Council had invested in Julian House and now there are more facilities with more privacy in a more usable environment. There are 20 beds in Manvers Street and 9 satellite beds elsewhere and everybody involved are doing a great job. Homelessness is difficult and it is not good thing to have any homelessness anywhere. The report on homelessness is never going to be a good report. The Council is developing Homelessness Strategy which should be coming to the Panel in the next few months.

The Chairman said that figures presented in the report were the worst on record though at the last meeting of the Panel it was reported there were adequate facilities to house homeless people and the problem was contained.

Some Panel Members highlighted the fact that we have a number of non-English people who are homeless, without the means to go back home, and asked if anything has been done to address that situation. They also asked about the wheelchair friendly rooms in Dartmouth Avenue and what has been done to support homelessness in North East Somerset.

Mike Chedzoy responded (see response re: foreign homeless) that Dartmouth Avenue has two rooms accessible to wheelchair users. The homeless people, or rough sleepers, across Bath and North East Somerset are having access to comprehensive services by calling the dedicated hotline no matter where they are.

The Panel asked about the status of the current Homelessness Strategy.

Councillor Allen said that the current strategy will run out by the end of this year. The new strategy will feed into the Joint Health and Wellbeing Strategy.

The Panel welcomed the suggestion from Councillor Allen to have draft Homelessness Strategy at one of their future meetings.

It was **RESOLVED** to:

1. Note the report
2. Receive draft Homelessness Strategy at one of the future Panel meetings.

28 JOINT STRATEGIC NEEDS ASSESSMENT UPDATE (15 MINUTES)

The Chairman invited Jon Poole (Research and Intelligence Manager) to give the presentation.

Jon Poole highlighted the following points in his presentation:

- Domestic abuse profile
- Welfare reform
- Smoking & Healthy Lifestyle Behaviour
- Measles

- Premature deaths

The Panel made the following points:

Members of the Panel welcomed the information provided in the presentation. Some Members of the Panel wanted to debate more on Domestic Abuse subject though they were advised by the officers that Domestic Violence is part of another Scrutiny Panel remit (Economic and Community Development) and that Domestic Violence is on the agenda for the meeting on Thursday 18th July.

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

29 AN OVERVIEW OF COMMISSIONING SEXUAL HEALTH SERVICES AND INTERVENTIONS IN B&NES (30 MINUTES)

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

The Panel made the following points:

Some Members of the Panel were disappointed in some of the HIV figures presented in the report and commented that the way to overcome these figures is to test people more regularly against the HIV.

Daniel Messom responded that the Public Health team done a lot of work in educating General Practices on when is appropriate to test. Public Health will be also looking into the HIV Point-of-care rapid testing (fingerprint testing that can be used to give much quicker result). Prevention is the most important aspect in minimising the HIV risks but raising awareness and testing are also critical areas.

The Panel asked about the chlamydia testing with for teenage girls.

Daniel Messom responded that the Council is a part of the National Chlamydia Screening Programme (for 15-25 year old). The Public Health team have done significant work over the last 5 years in this area by introducing testing in the wide range of venues – from General Practices to community pharmacies, youth services, etc. However, this is very challenging thing to do and there is still a lot of work to be done as it is difficult to target specific groups.

Members of the Panel were particularly interested in the Teenage Pregnancy part of the report and felt that the Panel should receive detailed report on this matter.

The Chairman asked about the cross-charging between neighbouring authorities.

Daniel Messom responded that this authority would need to take joined up approach with neighbouring authorities in terms of the cross-charging. The Council is waiting for the sexual health tariff guidance from the government.

It was **RESOLVED** to:

1. Note the report; and
2. Receive a report on Teenage Pregnancy at one of the future meetings.

30 REPORT FROM THE STRATEGIC TRANSITIONS BOARD (20 MINUTES)

It was **RESOLVED** to defer this item for September 2013 meeting.

31 PANEL WORKPLAN

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

- Strategic Transitions Board – September 2013
- Joint Ambulance Scrutiny Committee arrangements – September 2013
- Teenage Pregnancy – date to be confirmed
- Homelessness Strategy – date to be confirmed

The meeting ended at 2.15 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services