

## **BATH AND NORTH EAST SOMERSET**

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

Friday, 21st March, 2014

**Present:-** Councillors Vic Pritchard (Chair), Cherry Beath (Vice-Chair), Sharon Ball, Sarah Bevan, Eleanor Jackson, Anthony Clarke, Bryan Organ and Kate Simmons

#### **79 WELCOME AND INTRODUCTIONS**

The Chairman welcomed everyone to the meeting.

#### **80 EMERGENCY EVACUATION PROCEDURE**

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

#### **81 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS**

Councillor Lisa Brett sent her apologies for this meeting.

#### **82 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 Cherry Beath declared an 'other' interest as her husband is an employee of the Avon and Wiltshire Mental Health Partnership NHS Trust.

Councillor Simon Allen declared an 'other' interest as an employee of the Avon and Wiltshire Mental Health Partnership NHS Trust.

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

There was none.

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

There were none.

## **85 MINUTES**

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 Panel that the Wellbeing Board of the Local Government Association challenged a reduction in the Disable facilities Grant and the original sum had been reinstated. The Chairman suggested that the Panel should send a letter to the relevant Cabinet Member (Councillor Simon Allen), asking him to establish the exact position of the Disable Facilities Grant now.

The Panel agreed with the Chairman's suggestion.

The Chairman also drew Panel's attention to debate on the Draft Advice and Information Strategy at the last meeting of the Panel. The Chairman expressed concern that the original proposed saving target, of £225k, against Advice and Information Services suggested there would be job loses, particularly within the Citizen Advice Bureau (CAB). The Chairman suggested that the Panel write to the CAB asking them to establish their position now.

The Panel agreed with the Chairman's suggestion.

## **86 CABINET MEMBER UPDATE (10 MINUTES)**

The Chairman invited Councillor Simon Allen (Cabinet Member for Wellbeing) to give an update to the Panel (attached as appendix to these minutes).

The Panel made the following points:

The Chairman asked what 'spot providers' were (within Domiciliary Care part of the update).

Councillor Allen responded that most of the domiciliary care has been provided through Domiciliary Care Strategic Partners, who worked under agreed contract. Spot providers could be used in circumstances where an individual, with personal budget, chose to have their domiciliary care serviced by another provider.

The Chairman commented that the Care Quality Commission (CQC) concerns, submitted in their inspection report, did not seem to be significant, yet the statistic as such was not complimentary and this might portray wrong picture to the public.

Jane Shayler (Deputy Director for Adult Care, Health and Housing Strategy and Commissioning) responded that the CQC had a whole set of standards that were marked in the same way. Some were administrative, like record keeping, and some were more closely related to quality and safety of care that an individual had received before the inspection took place. Mark of 72% was quite good pass mark and in line with national average. Jane Shayler suggested that it might be helpful for the Panel to invite the CQC for one of their future meetings and receive a briefing on those standards.

The Panel agreed with that suggestion from Jane Shayler.

The Chairman thanked Councillor Simon Allen for an update.

It was **RESOLVED** to invite the Care Quality Commission to present a briefing on standards of quality and safety.

## **87 CLINICAL COMMISSIONING GROUP UPDATE (10 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 to these minutes).

The Panel made the following points:

Councillor Organ suggested that future reports and updates should be written in plain English.

Dr Orpen took on board comment from Councillor Organ.

The Chairman asked about whole 5 Year Strategic Plan process and also on public response to the Plan.

Dr Orpen responded that the 5 Year Strategic Plan have had a detailed two-year Operational Plan, a Financial Plan and a Better Care Fund Plan (previously known as the Integration Transformation Fund). The first full draft of the Plan would be signed off by the Health and Wellbeing Board on the 26th March 2014 and the CCG's Governing Body and Council of Members on the 27th March 2014. The final 5 Year Strategic Plan would have to be submitted to NHS England in June.

Dr Orpen also said that the CCG presented an overview of the 5 Year Strategic Plan at a public meeting on Thursday 13th March, which had been attended by members of the public and representatives of voluntary sector groups. Further public engagement events would take place throughout April 2014.

Councillor Jackson asked how many patients had requested that GPs do not share their records.

Dr Orpen offered to provide that information at the next meeting of the Panel.

Councillor Bevan asked why the CCG had awarded the contract for vasectomy services to B&NES Emergency Medical Services (BEMS) when vasectomy was not part of emergency services.

Dr Orpen responded that the name change for the BEMS would be helpful, as it could create some confusion. Their main purpose were as GP providers in the area. The contract was worth £40,000 and the service had been previously provided by Sirona Care and Health. Dr Orpen confirmed that vasectomy had not been seen as an emergency service.

Councillor Jackson asked why there was a change in provider for vasectomy services.

Dr Orpen responded that, although he did not have details about the change of provider, it wasn't about the price.

The Chairman thanked Dr Orpen for an update.

## **88 HEALTHWATCH UPDATE (10 MINUTES)**

The Chairman invited Pat Foster and Ann Harding (Healthwatch representatives) to introduce the report, as printed in the agenda.

Councillor Bevan asked for clarification on communication figures, in particular if 70% of engagement with the public had been through social media, as suggested in the report.

Pat Foster responded that the Healthwatch has been asked, through their contract with the Council, to provide 70% of engagement with the public via social media. The majority of engagement with the public had been via website, Facebook and Twitter. Pat Foster added that people still called and/or emailed the Healthwatch with their questions and concerns. The public also used leaflets to correspond with the Healthwatch.

Councillor Bevan commented that people in receipt of the higher proportion of health services would not be within the demographic which use social media. Councillor Bevan asked Healthwatch representatives how they felt on being given directive for having 70% of engagement through social media that could exclude the very people that were likely to be using most of the services, most of the time.

Pat Foster responded that the Healthwatch would try to reach out to everyone across B&NES. If people wanted to get in touch with the Healthwatch, they would have done that, no matter what way of engagement that was.

The Chairman agreed with comments and concerns from Councillor Bevan in terms of communication with the public.

The Chairman also said that Healthwatch was meant to be a development of the Local Involvement Network (LINK). The LINK, at the time of their existence, seemed to be involved with a population that was more elderly whilst Healthwatch has a wider remit to also involve younger people. The Chairman felt there had been an overemphasis on the involvement of younger people, because of the 70% of engagement through social media.

The Chairman added this was not what the Panel wanted to hear, or read about.

The Panel wanted more proactive reports that could demonstrate the effectiveness of the Healthwatch. The Panel also did not want to read inventory of events that

took place and which events, or meetings, representatives from Healthwatch had attended.

The Chairman commented that the LINK reports, for example from care home inspections, had been comprehensive and the Panel knew everything and anything they needed to know about that inspection - whether it was good, or bad or to note.

Pat Foster responded that the Healthwatch would present reports once the community engagement work is completed. These reports would be about the work with the carers, partnership with village agents in Chew Valley and all these reports/updates would be included in the main report.

The Chairman said that the current report from Healthwatch only presents cold statistics of operations and the Panel would prefer to see a story to reflect on the merits of the Healthwatch operation.

Pat Foster suggested that future reports from the Healthwatch could be around specific themes. The Chairman welcomed that suggestion.

Councillor Beath agreed with the comments from the Chairman and Councillor Bevan. Councillor Beath said that 70% of engagement through social media would not give evidence that Healthwatch were getting through to the groups they had been set up to reach. Councillor Beath suggested that the report should also include which groups Healthwatch reached.

Councillor Jackson agreed with the Chairman and Councillors Beath and Bevan. Councillor Jackson expressed her concerns on overemphasis on social media, especially if sensitive issues would be discussed in public (i.e. personal drug problems, issues with pharmacies, etc).

Councillor Simmons commented that it would be impossible to find out, or recognise, how many people, within the 70% who engaged via social media, were actual service users. Councillor Simmons also said that Twitter and Facebook, although quite useful tools, should not be seen as main source of contact with service users.

Councillor Jackson asked about the work with Diversity Trust to reach LGBT community.

Pat Foster responded once the partnership work with the Diversity Trust develops Healthwatch would then set a forum to involve people in the discussion, to hear what they have to say about services.

Councillor Bevan asked if, given the discussion held today on the social media engagement and the Panel's view on that matter; it would be worth questioning the appropriate team in the Council responsible for establishing remit of operation by pointing out this flaw in the process.

The Chairman commented that the Healthwatch would have to discuss this with the relevant team in the Council and present concerns raised by the Panel.

It was **RESOLVED** to note the update and for Healthwatch representatives to take on board comments made by the Panel.

## **89 NHS 111 UPDATE (20 MINUTES)**

The Chairman invited Dr Ian Orpen to go through the report.

The Panel made the following points:

The Chairman invited South Western Ambulance Service (SWAS) NHS Foundation Trust representative, Francis Gillen (Executive Director of Information Management & Technology) to comment.

Francis Gillen said that the biggest pressure on ambulance service was on Saturday and Sunday mornings. Francis Gillen also said that the SWAS, as an emergency transport service, would have different criteria from non-emergency transport service, in terms of response.

Dr Orpen agreed with Francis Gillen on pressures during weekends.

Councillor Bevan asked if working conditions for clinical staff were unrealistic and the expectations from the staff were quite high.

Dr Open responded that this would be the provider's responsibility, on how they treat and train their staff. The CCG had discussions with the provider on how they could support them on this issue.

Members of the Panel felt that the NHS 111 had improved in the last few months. Councillor Jackson added that organisations in Radstock as well acknowledged an improvement in the NHS 111 services.

It was **RESOLVED** to note the latest performance of the NHS 111 service, to acknowledge that the NHS 111 service has improved and also to receive a further update in 6 months' time.

## **90 NON-EMERGENCY PATIENT SERVICES FROM ARRIVA TRANSPORT SOLUTIONS LTD (30 MINUTES)**

The Chairman invited Corinne Edwards (B&NES CCG) to give a presentation to the Panel.

Corinne Edwards highlighted the following points in her presentation called 'Non-Emergency Patient Transport Services' (available on the Minute Book in Democratic Services):

- Why did we tender PTS?
- Our service model
- Our procurement process
- Service launch
- Four months on

- Our governance arrangements
- Improvements made since service launch

The Panel made the following points:

Councillor Jackson thanked Corinne Edwards for a quite comprehensive presentation, which was very helpful in understanding in more detail how commissioner and providers understood this issue. Councillor Jackson read out comments from one of patients, who complemented the new service launch though some dialysis patients were not allowed to phone for their return journey until 1.15pm.

Corinne Edwards took those comments on board.

Councillor Jackson also asked if there was an intention to have a dialogue with patients to improve services even further.

Corinne Edwards responded that the first patient experience would be undertaken in the first quarter of 2014/15.

Councillor Beath said that she was glad to see improvements since the last meeting of the Panel. The report did not have any figures for the Panel to analyse so Councillor Beath asked for a further report/update in six months' time

Councillor Simmons expressed some concerns regarding staffing issues, in particular if the same number of staff were taking more work. Councillor Simmons was also concerned about training of the new staff members.

Corrine Edwards and Arriva Transport Solutions representatives assured the Panel that staffing arrangements had been resolved.

Councillor Bevan asked why the tender was data inaccurate, making it difficult for the provider to plan for a far greater provision than expected.

Corrine Edwards responded that there were 30 providers across the area with different contracts in place. The key providers were giving the right information though other, smaller, providers were submitting limited information. Now, with one accountable provider, there is an expectation for a more efficient system.

The Chairman concluded the debate by saying that the Non-Emergency Patient Services had to go through this exercise. The Chairman was pleased that some issues had improved though some others, such as booking times, were still unsatisfactory.

It was **RESOLVED** to note the report and presentation and to receive a further update in 6 months' time.

## 91 THE RUH PRESENTATION ON THE LATEST CARE QUALITY COMMISSION INSPECTION (20 MINUTES)

The Chairman invited James Scott (The Royal United Hospital in Bath Chief Executive) to give a presentation to the Panel on the latest Care Quality Commission inspection.

James Scott highlighted the following points in the CQC presentation about the inspection of the RUH Bath (available on the Minute Book in Democratic Services):

- Our new approach
- CQC New approach: Site visits
- Key Findings by service
- Areas of Good Practice
- Areas for improvement: Should

The Panel congratulated James Scott and the staff of the RUH Bath on a good result and good outcome of the CQC inspection.

The Chairman enquired on the current status of the Foundation Trust (FT) application.

James Scott responded that the outcome of the CQC inspection, as quality regulator, certainly would give a boost for the FT application. The Monitor (economic regulator) would have to give at least 'good' rating before the RUH could move forward with the FT application.

It was **RESOLVED** to note the presentation and to congratulate everyone at the RUH Bath on excellent results from the CQC's latest inspection.

## **92 PUBLIC HEALTH "DIRECTION OF TRAVEL" (20 MINUTES)**

The Chairman invited Bruce Laurence (Director of Public Health) to give a presentation to the Panel.

Bruce Laurence highlighted the following points in his presentation named 'The direction of travel – Public Health' (available on the Minute Book in Democratic Services):

- What is Public Health
- Obesity System map
- Public Health in 3.5 nutshells
- Public health policy: Why would we do what we do?
- Leading causes of death in perspective
- Risks leading to death in perspective
- Causes of avoidable death
- Illness: "Years Lived with Disability"
- The common long term conditions
- Burden of disease from 20 leading risk factors
- Needs assessment and issues informing commissioning intentions
- Emerging priorities for commissioning and strategy in 2014/15



- New strategy, pathways, services or programmes expected to be in place in 2014/15

Members of the Panel welcomed the presentation from Bruce Laurence.

Members of the Panel recognised the value of the Joint Strategic Needs Assessment, which identified the needs of the people in B&NES.

The Panel commented that suicide had been placed quite high on the list of leading causes of death and asked what more could be done to help people.

Bruce Laurence commented that talking therapies were designed to help people on how to deal with distressing and difficult thoughts, feelings and behaviours, though it was not Public Health who commissioned that service. Jane Shayler commented that Andrea Morland would present a report at one of the future meetings of the Panel, which would include information about talking therapies.

It was **RESOLVED** to note the presentation from Bruce Laurence.

### **93 ALCOHOL HARM REDUCTION SCRUTINY INQUIRY DAY - CABINET MEMBERS' RESPONSES (20 MINUTES)**

The Chairman invited Emma Bagley (Policy Development and Scrutiny Project Officer) to introduce the report.

The Panel made the following comments:

Recommendation 9.1 – Although this recommendation didn't naturally fall within the remit of the Wellbeing PDS Panel, Members flagged how "appropriate licensing enforcement" may not fall under the PCC, as this is a duty of the Council with onward linkages to environmental health. The Panel asked for the relevant Cabinet Member to take this on board and to re-consider the response in view of this perceived anomaly.

Recommendation 2A – Whilst the Panel were mindful that a business case was to be raised, there was no date given to when the action would be deferred. The Panel asked the relevant Cabinet Member to agree a date.

Recommendation 3.1 - The Panel would like to understand more about the alcohol liaison service at the RUH.

It was **RESOLVED** to note the report and for the relevant officers to communicate Panel's comments to relevant Cabinet Members.

### **94 PANEL WORKPLAN**

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

- Non-Emergency Patient Services update for September 2014

- Care Quality Commission briefing on standards of quality and safety – date to be confirmed
- NHS 111 update for September 2014

The meeting ended at 2.00 pm

Chair(person) .....

Date Confirmed and Signed .....

**Prepared by Democratic Services**