

## **BATH AND NORTH EAST SOMERSET**

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

Friday, 19th September, 2014

**Present:-** Councillors Vic Pritchard (Chair), Katie Hall (Vice-Chair), Sharon Ball, Sarah Bevan, Anthony Clarke, Kate Simmons, Neil Butters and Eleanor Jackson

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

The Chairman welcomed everyone to the meeting.

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

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

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

There were none.

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

Councillor Vic Pritchard declared an “other” interest as a representative of the Council on Sirona Care & Health Community Interest Company.

Councillor Eleanor Jackson declared an “other” interest as a representative of the Council on Sirona Care & Health Community Interest Company.

Councillor Katie Hall declared an “other” interest as a representative of the Council on Sirona Care & Health Community Interest Company.

Councillor Tony Clarke declared an “other” interest in agenda item ‘Royal National Hospital for Rheumatic Diseases NHS FT – Organisational update’ as a representative of the Council on the RNHRD Board.

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

The Chairman informed the Panel that NHS England has just launched a 12 week public engagement on the draft service specifications for congenital heart disease.

The Chairman said that one of the options for the Panel to contribute towards Congenital Heart Disease review is via Joint Scrutiny Committee; or the Panel could wait until the potential local impact is known from engagement exercise.

The following was **RESOLVED**:

If the Panel would contribute towards the Joint Scrutiny Committee, then the following members would represent B&NES at the Joint Scrutiny Committee – Councillors Pritchard, Hall and Jackson.

**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.

**39 CABINET MEMBER UPDATE**

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

Councillor Allen added to an update that the Better Care Fund had been submitted this morning and that funding allocated to the Council for the Care Act implementation would not be enough. Local Members of the Parliament had been on the case of getting adequate funding for the Council.

The Chairman commented that 33 people identified as rough sleepers was a considerable number of people and asked what had been done to compensate in terms of measures for helping reducing the number of rough sleepers.

Councillor Allen responded that some measures had been put in place by previous administration. The Council also continued to work with partners in terms of delivery of homelessness services. The Council had adopted Homelessness Strategy as one of the key documents to tackle this issue.

Councillor Allen also said that the numbers of rough sleepers had been more accurate than before due to more accurate way in which the count had been conducted.

Councillor Jackson asked about sofa surfers and asked if 'bedroom tax' had an impact on amount of homelessness.

Councillor Allen responded he would provide more information on this matter at the next meeting. Sofa surfing had been seen as invisible homelessness and could be an issue.

Councillor Hall asked what would be predicted shortfall as a result of Care Act implementation.

Jane Shayler (Deputy Director: Adult Care, Health and Housing Strategy and Commissioning) responded that modelling of the likely additional financial burdens of

the Care Act is currently predicting a shortfall in the region of £1m when taking into account the relatively small amount specifically identified by the Government in the Better Care Fund. A briefing on the implications is being used to raise awareness, including for all Councillors, of the issues for Bath and North East Somerset and, also to inform future years financial planning.

Councillor Bevan asked if the next count of rough sleepers, which was scheduled for November, could give false estimate on how many people were sleeping rough as they might be somewhere where is warmer.

Councillor Allen explains that this count would be more accurate for a count for winter provision for rough sleepers.

The Chairman commented that the Panel would need to get a further feedback from Councillor Allen on rough sleepers at the next Panel meeting.

The Panel agreed with this suggestion.

#### **40 CLINICAL COMMISSIONING GROUP UPDATE**

The Chairman invited Dr Ian Orpen (CCG) to give an update (attached to these minutes) to the Panel.

Councillor Hall pointed out that new continence service was due to start on the 1<sup>st</sup> October and asked for an assurance that the service would assess, diagnose and treat people with continence problems and provide ongoing support to people with long term incontinence so that they can lead as fulfilling, and independent lives as possible. And also that the service would provide post-operative support to patients who have had continence surgery, including patients who require support with intermittent self-catheterisation.

Councillor Bevan commented that people should be explained about Antibiotic Guardians and what would happen when they signed the pledge.

Councillor Clarke welcomed an update on the treatment of military veterans.

Councillor Jackson commented that the first CCG's Annual General Meeting on the 11th September in the Pump Room in Bath was good though the room was not big enough to accommodate even more public.

Councillor Butters welcomed the Antibiotic Guardians pledge and suggested that leaflets with information on the pledge could be left at GP surgeries for info.

The Chairman thanked Dr Orpen for an update.

#### **41 HEALTHWATCH UPDATE**

The Chairman invited Ann Harding (Healtwatch) to introduce the report.

The Chairman expressed his concern that the Care Quality Commission (CQC) did not respond to serious concerns raised by a member of staff, who works in a supported living site for people with learning disabilities, about welfare of people at that site (pg 17, second paragraph).

The Chairman said that he would write to the CQC, on behalf of the Panel, expressing his concerns as above.

## **42 ROYAL NATIONAL HOSPITAL FOR RHEUMATIC DISEASES NHS FT - ORGANISATIONAL UPDATE (30 MINUTES)**

The Chairman invited Kirsty Matthews (Chief Executive of the Royal National Hospital for Rheumatic Diseases) and James Scott (Chief Executive of the RUH Bath) to give a presentation.

The following points had been highlighted in the presentation:

- RNHRD financial context (the RNHRD is one of the smallest Foundation Trusts in the country)
- Why is the RNHRD in this position?
- What does this mean for the RNHRD?
- RUH - Overarching principles for acquisition
- The benefits of the proposed acquisition
- Working together to deliver acquisition
- Acquisition programme governance
- Understanding the RNHRD's services
- Next steps

*A full copy of the presentation is available on the Minute Book at Democratic Services.*

The Chairman expressed his concerns on the CQC report where one elevated risk, which related to staff turnover rate being higher than expected when compared to national date, had remained rated red. The Chairman felt that this was not justified considering current financial position of the RNHRD.

The Chairman informed the Panel that he would write to the CQC expressing his concerns as above.

James Scott informed the Panel that, although the RUH's intent has been to go ahead with acquisition, there were still four points to be considered:

- The RUH would have to be licensed as an NHS Foundation Trust to go ahead with the acquisition of the RNHRD;
- The RUH had been negotiating with the Department of Health on help around clearing the debt position picked up from the RNHRD;
- The Councils of Governors, and the Boards, from both hospitals would have to agree with the acquisition; and
- May 2015 Elections.

James Scott added that a lot of planning and preparation had happened.

Kirsty Matthews added that the staff and media had been informed on what had been happening so far, and that the RNHRD had been delivering day to day operations despite financial troubles they had.

Councillor Clarke commented that if all goes well in terms of the acquisition then there would be potentially very little change in provision of clinical services. However, if there would be significant changes of services then the RNHRD should consult with this Panel on change of services.

It was **RESOLVED** to note the report and presentation and to request a further update from Kirsty Matthews and James Scott for November 2014 meeting.

#### **43 UPDATE ON - NHS 111 SERVICE (20 MINUTES)**

The Chairman invited Cathryn Phillips (CCG Commissioning Project Officer) to introduce the report.

The Panel welcomed the report. Members of the Panel felt that NHS 111 service had improved significantly since challenging start in February 2013 and, after the development of a rectification plan, full service commencement in October 2013.

The Panel acknowledged that the NHS 111 service had continued to experience challenges around recruitment and retention of call handlers and Clinical Advisers which contributed to:

- Delays in call handling
- Higher than necessary ambulance dispatch rate
- Delays in warm transfer (i.e. directly from the original call handler to a clinical advisor) and call back.

Cathryn Phillips explained that Commissioners and Care UK had recognised the importance of having experienced and skilled staff to be able to address many of these issues. Staffing levels needed to be more accurately matched to call volume forecasting to ensure that the Key Performance Measures set within the contract had been met at all times.

Members of the Panel appreciated that, at the beginning of this year, Care UK made a decision to change staff shift patterns to better match with demand.

The Panel asked if lessons had been learned since challenging start in February 2013.

Cathryn Philips and Care UK representatives acknowledged that the start of the NHS 111 Service had not been as successful as expected, however, the CCG had been receiving daily progress reports against the targets and Appendix 2 of the report shows performance for the period April – August 2014. The graphs demonstrated many of the difficulties the service has experienced over the last five months, although evident improvements in August. These would continue to be monitored for sustained and continued improvement in performance.

The Chairman asked about handling of 14 complaints (out of 62,515 calls).

Cathryn Phillips responded that Care UK had been investigating complaints and incidents and reported the same through the monthly quality reports and discussion at the clinical governance group.

The Panel said that the service was now in much better shape than it was a year, or 18 months, ago and congratulated the CCG and Care UK on the current performance of the NHS 111 Service.

It was **RESOLVED** to note the report and receive another update on the NHS 111 Services in 6 months' time.

#### **44 UPDATE ON - NON EMERGENCY PATIENT TRANSPORT SERVICE (30 MINUTES)**

The Chairman invited Dominic Morgan (CCG) and representatives from Arriva Transport Solutions Ltd to introduce the report.

The Chairman welcomed the report by saying that he appreciated how CCG, and also Arriva, had recognised that there were still some problems to overcome, and there was still some work to be done.

Dominic Morgan agreed with the Chairman and added that some issues around the process, resources, contracts, etc. should be resolved in the next few months.

Councillor Jackson presented concerns from one of the dialysis patients, especially concerns in terms of booking a pick up time.

Dominic Morgan and Arriva representatives took on board comments from Councillor Jackson and assured that they would investigate what had happened and come back with a response to Councillor Jackson outside the meeting.

Dominic Morgan added that Arriva had invested a lot of their resources into dialysis group of patients, especially in pick up time.

The Chairman, on behalf of the Panel, congratulated Arriva and the CCG on this report, and on present results. The Chairman asked for another 6-monthly update.

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

#### **45 THE NEW PUBLIC HEALTH SYSTEM (30 MINUTES)**

The Chairman invited Bruce Laurence (Director of Public Health) and Ulrike Harrower (Public Health England) to give a presentation.

The following points had been highlighted in the presentation:

- The main areas of public health work
- The players in the system

- The roles
- How it fits together and some examples

*A full copy of the presentation is available on the Minute Book at Democratic Services.*

The Chairman commented that changes in provision of health services should be communicated to the public to gain their confidence in the new system.

Bruce Laurence responded that communication with the public has been a key in terms of transparency. The Public Health team had been actively working with the Communications and Marketing team in terms of informing the public on what had been happening.

Councillor Hall asked what the Council could do to promote health and wellbeing agenda to wider population.

Bruce Laurence responded that the Council had approved Fit For Life strategy. The other aspect would be in creating an environment which would be easier for people to improve their health, with as realistic as possible approach in mind.

Ulrike Harrower added how helpful it would be in taking everyone on the board.

Members of the Panel asked about Ebola threat and how prepared we were.

Bruce Laurence responded that Ebola had been transmitted by contact and it had not been perceived as direct health threat in this country.

The Chairman suggested that Public Health, or Health and Wellbeing, approval should be included in every report.

It was **RESOLVED** to note the report and presentation and for Democratic Services Officer to pass on Panel's wishes, to senior Council officers, to promote Public Health in all Council decisions.

#### **46 LOCAL SAFEGUARDING ADULTS BOARD ANNUAL REPORT FOR 2013-14 (20 MINUTES)**

The Chairman invited Lesley Hutchinson (Assistant Director, Safeguarding and Personalisation) to introduce the report.

The Panel congratulated Lesley Hutchinson and her team for an excellent report. The Panel also praised joint working between Lesley's team and Licensing.

It was **RESOLVED** to note the Local Safeguarding Adults Board Annual Report for 2013-14.

#### **47 PANEL WORKPLAN**

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

- Royal National Hospital for Rheumatic Diseases NHS FT update – November 2014
- NHS 111 update – March 2015
- Non-Emergency Patient Transport Services – March 2015
- Community Transport – date to be confirmed
- Loneliness and Isolation – date to be confirmed
- Mental Health update – date to be confirmed
- Care Act implications – November 2014

The meeting ended at 1.45 pm

Chair(person) .....

Date Confirmed and Signed .....

**Prepared by Democratic Services**