

BATH AND NORTH EAST SOMERSET

WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL

Friday, 28th November, 2014

Present:- Councillors Vic Pritchard (Chair), Sharon Ball, Anthony Clarke, Bryan Organ, Kate Simmons, Neil Butters and Eleanor Jackson

48 WELCOME AND INTRODUCTIONS

The Chairman welcomed everyone to the meeting.

49 EMERGENCY EVACUATION PROCEDURE

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

50 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillors Hall and Bevan had sent their apologies to the Panel.

Councillor Clarke informed Democratic Services Officer that he would miss the first thirty to forty minutes of the meeting and had sent his apologies in advance of the meeting. Councillor Clarke had arrived at 10:40am.

51 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 Tony Clarke declared an "other" interest in agenda item 'Royal National Hospital for Rheumatic Diseases Acquisition - briefing paper' as a representative of the Council on the RNHRD Board.

52 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

The Chairman said that he had not agreed to bring any item under urgent business, though he wanted to discuss an issue around CQC's quality report on the AWP.

The Chairman said at a recent South West Councils network meeting there was a proposal to form a joint working group to look at the recent CQC quality report on the AWP following an inspection earlier this year.

At the time of the inspection the CQC pointed out its immediate concerns to the AWP. Subsequently, the CQC had issued four warning notices, requiring the Trust to take urgent action to improve.

The objective for participating Local Authorities (potentially it would be Bristol, Wiltshire, Swindon, South Gloucestershire, North Somerset and B&NES) would be to gain a greater understanding at CQC's findings and be assured about AWP's current and planned response.

The Chairman also said that there may be an opportunity to influence the AWP's and the relevant Local Authorities' responses to the CQC report together with accessing the ability to judge any appropriate scrutiny and monitoring.

This could either result in a single report to include findings and/or recommendations for AWP, or individual participants could take their own recommendations away to respond as they might wish.

The Chairman concluded his statement by saying that Wiltshire Council had suggested they would host a one day, or two half days, workshops and provide an officer support. Participating Councils would need to nominate one elected Member to act as their representative.

Members of the Panel felt that this was an extremely important issue to be involved in.

The Panel **AGREED** that Councillor Eleanor Jackson should be put forward as Panel's representative on the Joint Working Group.

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

There were none.

54 MINUTES

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

The Chairman reminded the Panel that a further feedback on rough sleepers from Councillor Allen (Cabinet Member for Wellbeing) had been asked at the last meeting.

The Chairman informed the Panel that he had met with the CQC representative and discussed the issue raised by the Healthwatch at the last meeting. This issue had been reported to the CQC but it wasn't within their remit to deal with this matter, in turn, the CQC had referred this matter to the Local Authority.

55 CABINET MEMBER UPDATE (10 MINUTES)

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

Councillor Allen suggested that the Panel should receive a full report on Rough Sleepers at the next meeting (January 2015) as this month an annual count would be carried out on rough sleepers.

Councillor Organ commented that nationally there had been a lot of talk about people with mental health problems being supported to live in the community and asked if that was the case with B&NES area.

Councillor Allen responded that there had been a range of support for people with mental health problems to live in the community. In terms of people with learning disabilities – nobody from B&NES had been placed in any institutions such as Winterbourne View for quite some time.

Councillor Jackson commented that Bath Chronicle reported how amount of rough sleepers in Bath and area had been on a rise, which had concerned a lot of people.

Councillor Allen replied that he would want to bring an accurate number of the rough sleepers to the Panel in January report. In 2012 the Council changed the way rough sleepers were counted, in order to have more accurate numbers.

The Chairman said that he had attended DHI's Annual General Meeting last week where people who went through the system talked to the audience about their experience, which was quite inspirational. The Chairman said that he had spoken to one of members who was from the AWP and worked with the DHI, and who was under impression that following changes in the way substance services are delivered, they had become more Bath-centric and, in particular, there was reduced access in the Chew Valley area

Councillor Allen responded that whole range of providers had been working across the whole B&NES area. If there had been any changes in the way of working, then Councillor Allen would like to see the evidence to support that change. Jane Shayler explained that substance misuse services had been recommissioned and, as part of the recommissioning, they had been redesigned. There had been three providers as part of the adult pathway which now had been reduced to two and the pathway was not simplified and integrated across children & young people and adults. Overall, the redesign has resulted in significant improvements to access to services, with reduced waiting times and to the outcomes achieved and was getting positive feedback from service users and staff. It certainly was not the intention that the redesign would adversely affect geographical access. Jane Shayler also said that she would like to know if there had been an issue with an access to the service, anywhere in B&NES, so that this could be looked into. Councillor Pritchard said he thought the issue was in relation to the Chew Magna and Chew Stoke area and he suggested that there were a couple of possible community venues that might be used to assist with access in this area. Jane Shayler confirmed that she would ask the Substance Misuse Commissioning Manager, Carol Stanaway, to look into this, discuss with the SDAS service in AWP and with DHI and feedback to Councillor Pritchard.

Councillor Jackson asked Councillor Allen to check if measures put forward in the Youth Homelessness report had contributed to diminishment of homelessness since 2010 (when report was published), and if that has been the case then how those measures could be used for 18-25 year olds.

Councillor Allen responded that he would be looking to include any information on 18-25 year olds at the next Cabinet Member update.

The Chairman thanked Councillor Allen for an update.

56 CLINICAL COMMISSIONING GROUP UPDATE (10 MINUTES)

The Chairman invited Dr Ian Orpen to give an update (attached as Appendix to these minutes).

The Chairman, on behalf of the Panel, congratulated Tracey Cox for an appointment of Chief Officer with B&NES CCG, Corinne Edwards on being shortlisted for Innovator of the Year in the NHS South West Leadership Awards and also to the CCG who were shortlisted for a prestigious HSJ Award in the Managing Long Term Conditions category for their work with Sirona and the RUH to redesign the pathway for heart failure patients.

Councillor Butters expressed his concerns on GP recruitment when shift services become introduced.

Dr Orpen shared Councillor Butters' concerns on that matter saying that the workforce would have to be looked in a different way.

Councillor Jackson expressed her concerns in patient access to GP practices, and asked how realistic would be to expect an improvement in that area.

Dr Orpen responded that, in his view, there might not be any improvement in patient access soon.

The Chairman thanked Dr Orpen on update.

57 HEALTHWATCH UPDATE (10 MINUTES)

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

The Chairman praised the way Healthwatch had been preparing their reports lately. The Chairman said that reports had been concise with good understanding on issues highlighted in the report.

The Panel debated an issue of translator services for public whose English was not the first language.

Tracey Cox (CCG Chief Officer) said that Interpretation Services had been looked by the CCG, and that she would provide more information on this matter at one of future meetings of the Panel.

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

58 ROYAL NATIONAL HOSPITAL FOR RHEUMATIC DISEASES ACQUISITION - BRIEFING PAPER (20 MINUTES)

The Chairman invited Kirsty Matthews (RNHRD) and James Scott (RUH Chief Executive) to give the presentation to the Panel.

The following points had been highlighted in the presentation:

- Overview
- Acquisition journey
- Overarching principles
- Benefits
- Service development
- Research and development
- Environment
- Transaction process – indicative timeline
- Endoscopy location change
- Endoscopy service proposal
- Endoscopy proposal benefits to patients
- Endoscopy activity
- Endoscopy engagement process

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

Councillor Organ commented that services at the Mineral Hospital, including endoscopy, had been described by patients as ‘first class’ and he was not convinced that the same services would be provided by the RUH. Councillor Organ expressed his concerns on the loss of well-respected institution in Bath.

Kirsty Matthews responded that endoscopy service had been looked after just one consultant. The same consultant had spent some time in the RUH, over the past two years, where he received clinical supervision and support. It was believed, from clinical point of view, that it would be the best to incorporate all service onto one site. Kirsty Matthews added that equipment at the Mineral Hospital has been seen as ageing and by moving endoscopy to the RUH there would be an opportunity to use their equipment, which has been more modern.

Kirsty Matthews also said that she had had serious discussions with James Scott about ethos and culture of the Mineral Hospital. The advantage of waiting five years to get to this point had been that the RUH had been able to take their time to understand the Mineral Hospital and how they provide their services. It would be in the RUH’s and Mineral Hospital’s best interest to continue to maintain that culture, ethos and approach they have had. Both hospitals would be able to plan ahead

collaboratively, for the best interest of patients, which would also provide much better clinical and patient engagement.

The Chairman commented that both reputations (The Mineral Hospital and RUH) had to be protected. The Chairman said that changes would not be happening straight away as this is a three year acquisition process.

Councillor Clarke commented that, from clinical perspective, he had been convinced with the move of endoscopy services from the Mineral Hospital to the RUH.

Councillor Jackson also supported the move of endoscopy services from the Mineral Hospital to the RUH.

The Chairman concluded the debate by saying that he was in favour of the acquisition and supported the move of endoscopy services from the Mineral Hospital to the RUH.

It was **RESOLVED** to fully support Royal National Hospital for Rheumatic Diseases acquisition by the Royal United Hospital Bath.

59 CARE ACT 2014 - UPDATE AND OPTIONS FOR CHARGING FOR SERVICES (30 MINUTES)

The Chairman invited Jane Shayler to introduce the report.

Jane Shayler explained that the original report contained a paragraph related to draft regulation that had been amended as a consequence of issue of final regulation. The Panel had acknowledged that they had received an amended version of the report.

Jane Shayler continued by saying that the Care Act had received Royal Assent in May 2014 and draft guidance on implementation of the Care Act had been published by the Department of Health in June 2014. Following a period of public consultation, to which the Council made a detailed response, final regulations ("Final Affirmative Regulations under Part 1 of the Care Act") were published 23rd October 2014.

The Care Act has been the main response from the Government on the funding of Adult Social Care following the Wanless and Dilnott reports. These sought to re-set the balance in the funding of adult social care, particularly for older adults. The Act also brought the existing legislation relating to Adult Social Care into a consolidated Act, intending to reduce the number of legal challenges to authorities around the commissioning and delivery of care.

Jane Shayler invited the Panel to express their view on the options for charging for services summarised in paragraphs 4.7 to 4.11 and detailed in Appendix 1 of the report.

Members of the Panel debated the report and **AGREED** with the following:

- Care Management – the Panel unanimously supported application of a zero charge for managing self-funders individual contracts;
- Deferred Payment Agreements - the Panel unanimously supported application of the maximum interest rate available against the loan value and, also, a charge of £560 for setting up a Deferred Payment;
- Carers Charging – the Panel unanimously supported adoption of a local policy that enables a charge to be made to Carers for the support they are receiving but set this charge at “£0” in the first instance, subject to review after the first 12-months of implementation when the financial implications for the Council of this new duty become clearer.

It was also **RESOLVED** to note an update on the Care Act.

60 MEDIUM TERM SERVICE & RESOURCE PLAN UPDATE (45 MINUTES)

The Chairman invited Jane Shayler to introduce the report.

The Chairman said that there have been no issues to raise or scrutinise at this meeting considering that no additional savings had been identified.

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

61 ALCOHOL STRATEGY REFRESH (20 MINUTES)

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

The Chairman commented that he had attended Alcohol Harm Reduction Scrutiny Inquiry Day (SID) and that he was slightly disappointed that relevant Cabinet Members did not accept every consideration that came up from the SID. The Chairman felt encouraged that this would be revised in 2017. The Chairman also said that he was disappointed with responses from Licensing Team as they had put more effort in what could not be done rather than in what could.

The Chairman expressed his concern in reduction of ‘drink-drive’ alcohol limit. The Chairman said that he had been aware that similar practice had been exercised in Ireland and Scotland, though he felt it wasn’t a good measure to reduce drink driving. The Chairman said that people who have been drinking and have 80mg of alcohol in their blood (2 pints), could drive quite safely. The Chairman said that lowering down limits would criminalise people who had never been in conflict with the law.

Cathy McMahon responded that Licensing Team had not responded accordingly at the SID but since the SID there had been much more response from the Licensing Team on issues that were raised at the SID. The Licensing had become a lot more open and collaborative in their work.

Cathy McMahon also said that, in terms of drink-driving, she had based her opinion on the evidence based that had been put forward by the National Institute for Health and Care Excellence (NICE). NICE recommended lowering the limit because people were three times more likely to be involved in fatal car crash if they had had 50mg of alcohol in their blood, and six times more likely to be involved in fatal car crash if they had had 80mg of alcohol in their blood. Cathy McMahon added that she appreciated that perception from people could be that they were okay to drive, but the evidence showed that risk of being involved in fatality was greater with more alcohol in the system.

Councillor Jackson added that generally people had not been very good judges of their limits. Councillor Jackson expressed her concern in problematic drinking for people over 50 and 60.

Councillor Clarke commented that, similar to the Chairman, he had not believed in prohibition. Councillor Clarke suggested that there should be calorie value attached to each drink.

The Panel asked about road safety figures for European countries. Cathy McMahon responded that she could send these figures to Panel via email.

It was **RESOLVED** that:

- 1) The Wellbeing Policy Development and Scrutiny Panel supported the Alcohol Harm Reduction Strategy for Bath and North East Somerset (2014 – 2019) and agreed that it is taken forward for endorsement by B&NES Council Cabinet.
- 2) The Strategy is refreshed in 2017 to update priorities and recommendations to ensure relevance to emerging local, regional and national issues.

The Wellbeing Policy Development and Scrutiny Panel actively engage in the call for evidence based national initiatives to support local delivery such as minimum unit pricing, a reduction in blood alcohol levels for driving, a public health objective in the licensing act and restrictions on advertising and sponsorship by the alcohol industry.

62 TEENAGE PREGNANCY UPDATE (20 MINUTES)

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

The Panel welcomed that B&NES had experienced significant success in reducing, and then maintaining low level of teenage conceptions. In numbers, B&NES had reduced its level of teenage conceptions from 29 per 1,000 women aged 15-17 in 1998 to 18 per 1,000 women in 2012.

The Chairman commented that deprived areas within B&NES experienced higher level of teenage pregnancies and question whether there should be more support to those areas.

Paul Sheehan responded that the Council would be looking in other interventions in these areas, such as youth services. The key thing would be to keep an eye on data, and not become complacent.

Paul Sheehan explained that asterisk on data sheet meant that there were none or few pregnancies in those wards.

The Chairman summed up by saying that it was encouraging that B&NES teenage pregnancies figures have been lower than national.

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

63 PANEL WORKPLAN

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

- Report on rough sleepers – January 2015
- Endoscopy impact assessment – to be confirmed for January 2015

The meeting ended at 1.55 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services