

**HEALTH AND WELLBEING SELECT COMMITTEE**

**Minutes of the Meeting held**

Wednesday, 27th January, 2016, 10.00 am

**Bath and North East Somerset Councillors:** Francine Haerberling (Chair), Bryan Organ, Paul May, Eleanor Jackson, Tim Ball and Lin Patterson

**Officers :** Jane Shayler (Director, Adult Care and Health Commissioning), Emma Bagley (Policy Development & Scrutiny Project Officer) and Sue Blackman (Your Care, Your Way Project Lead)

**Attendees:** Dr Ruth Grabham (CCG), Dr Bruce Laurence (Public Health), Alex Francis (Healthwatch), Clare O' Farrell (RUH), Emma Mooney (RUH), William Bruce-Jones (AWP)

**Cabinet Members in attendance:** Councillor Vic Pritchard

**47 WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting.

**48 EMERGENCY EVACUATION PROCEDURE**

The Chair drew attention to the emergency evacuation procedure.

**49 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS**

Councillor Geoff Ward had sent his apologies to the Select Committee.

**50 DECLARATIONS OF INTEREST**

Councillor Paul May declared an other interest as he is a Sirona board member.

Councillor Eleanor Jackson declared an other interest in Agenda Item 12 (The Strategic Direction of the RUH) as she is a member of the RUH Foundation Trust.

**51 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN**

There was none.

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

Pam Richards representing Protect Our NHS Bath and North East Somerset addressed the Select Committee. She explained that the group consisted of public and patient groups and they had conducted a survey in September 2015 of all GP practices in B&NES, receiving 51 replies, a response rate of 34.5%.

A copy of the survey will be available online as an appendix to these minutes and placed on the Select Committee's Minute Book, summary is set out below.

Almost all said they had increasing workloads, with added pressures from both community and secondary care and from increasing patient demand.

92% of those who responded said they were concerned about the ability of their practice to deliver a comprehensive service, including out of hours services, on the basis of current resources. They said that net practice income is currently inadequate and/or falling, and mentioned the high and rising costs for locum and agency staff. Many said their practice was financially unsustainable, and the new funding formula was seen as hitting practices in the most deprived areas. They spoke of lack of staff and serious problems with recruitment, especially replacing senior GPs and partners who are retiring.

96% of respondents said that the government's planned funding of the NHS over the next 5 years is not adequate to deliver the government's plans for nationwide 7-day healthcare. They said the level and timing of this funding was unclear but the indications are that funding will not be enough.

Several felt that patients did not actually want 7-day GP access and pointed out that what exactly was meant by 7 day healthcare was not clear. Others were worried that routine care by practices cannot be delivered over the weekend unless weekday services are cut, and unless GPs have access to 7-day diagnostic, therapy and social care services. A substantial number said in their view this proposal had not been properly thought through.

98% of GPs who responded said their patients had experienced delayed hospital discharge due to difficulties in organising social care in the community. They said this is now a regular occurrence and is getting worse. They detailed the missing services, complex processes and lack of placements, and noted that the problem was worse for patients with complex needs, and for those funding their own care. They pointed out that insufficient provision of timely social care in the community also leads to many more patients being admitted to hospital in the first place.

When asked about their views on the increasing role of private healthcare companies in providing NHS clinical care, 91% of those who responded had a range of serious concerns. Many said that private healthcare is moving money out of the NHS and will drive up costs in healthcare. The same number saw the profit motive in private healthcare as damaging the quality of care offered to patients.

Finally, when asked if they had any concerns about the future of the NHS as a publicly resourced service, free for all at the point of delivery, 94% of respondents said they had, and these ranged from the quite worried to the seriously desperate

and disillusioned. Almost all said current funding levels were a major concern, and many mentioned the ever-increasing levels of patient needs, demands and expectations.

Councillor Lin Patterson asked if she knew the extent of GP vacancies in the area.

Pam Richards replied that she did not have that information to hand, but that it would be good to find out. She added that she was aware that some surgeries across the country had closed due to a lack of staff.

Councillor Lin Patterson asked if she had any evidence that seven day healthcare provision was required within B&NES.

Pam Richards replied that locally some surgeries were accessible on Saturday mornings and in the evenings. She added that anecdotally she had heard that it was not necessary and that there was concern that it would affect the funding of the five day service.

Councillor Paul May asked how Protect Our NHS Bath and North East Somerset were funded.

Pam Richards replied that it was a voluntary group of around 250 people that was funded by the members of the group.

Councillor Paul May commented that the relationship between the Council and the NHS was important. He added that he supported the proposal for a seven day service as he felt it would provide more opportunities for patients.

Councillor Eleanor Jackson offered her compliments on the number of responses generated by the survey, but said that she would have liked to see further information from the BS31 area. She said that the issue of delayed discharge had first come to light during the Homecare Survey carried out by the Council in 2010/11 and that this was something that would require further analysis when the review was due to take place in 2017.

She also highlighted the lack of dementia beds and her concerns over the levels of recruitment.

The Director for Adult Care and Health Commissioning reminded the Select Committee that they were due to receive a report regarding Domiciliary Care at their May meeting which would address capacity and any potential gaps in the service.

Councillor Tim Ball commented that if a similar survey was carried out in the future he would like to see a more positive line of questioning.

Pam Richards replied that the survey was designed to be short on this occasion to gain responses and that the comments received should be seen as more important as they provide a level of detail.

The Chair said that the comments raised during debate and the survey results would be taken on board during future work on this matter.

## 53 MINUTES - 25TH NOVEMBER 2015

Councillor Lin Patterson asked for an amendment to Minute 42 (Healthwatch Update) on page five of the minutes. She suggested that the word 'apprehensive' be replaced by the word 'comprehensive' so that the sentence reads.

*The Committee thanked Healthwatch officers for such a comprehensive update.*

Councillor Eleanor Jackson asked for an amendment to Minute 39 (Clinical Commissioning Group Update) on page three of the minutes. She asked that the word 'non' be inserted so that the sentence reads.

*Councillor Jackson expressed her concern on the non-appointment of young GPs in Bath and North East Somerset area.*

The Select Committee confirmed the minutes of the previous meeting with those amendments included as a true record and they were duly signed by the Chair.

## 54 CLINICAL COMMISSIONING GROUP UPDATE

Dr Ruth Grabham addressed the Select Committee, a summary of the update is set out below.

- **Update on A&E performance**

Between the months of March to December 2015, an average 89.3% of patients were seen in A&E at the Royal United Hospitals Bath NHS Foundation Trust (RUH) within four hours. In December this percentage dropped to 86.6% against a national target of 95%.

The System Resilience Group (SRG) continues to oversee implementation of a four-hour recovery plan to strengthen urgent care performance and ensure patients receive the highest quality care. The SRG brings together partners from across the local health and care system to plan urgent care services, reduce admissions via A&E (by ensuring non-life threatening emergency needs are met in or close to people's homes), improve patient flow through hospital and ensure appropriate after care and support at home or in the community.

- **Health and care partners work together to get patients 'Home for Christmas'**

'Home for Christmas' was a system-wide initiative to increase patient flow through the RUH, ensure people benefited from a timely, effective and safe discharge and ease pressure on beds over the Christmas period by creating some additional capacity. Monitor had asked the RUH to create a 20% reduction in bed occupancy (118 beds) by Christmas Eve to help the system cope with the anticipated increased demand during the rest of the month and New Year period.

The event was led by the CCG with the support of the SRG. Representatives across our different organisations met daily as part of a tactical coordinating group to assess

and put in place the right package of care for those patients who were sufficiently well to be discharged to move home or into the community. By midnight on Christmas Eve just over 30% of beds were unoccupied at the RUH.

- **Results of GP survey**

A recent patient survey has highlighted high levels of satisfaction with GP services locally. The GP Patient Survey is an England-wide survey conducted by Ipsos MORI on behalf of NHS England. 3,139 patients completed the survey in Bath and North East Somerset during spring and summer 2015. 92% rated their experience of their GP surgery as good (compared to a national average of 85%), 90% were able to get the appointment they needed (national average was 85%) and 87% said it was easy to get through to practice staff on the telephone (national average of 70%). Satisfaction with out of hours' services was lower at 73% but this was still higher than the national average of 67%. The survey results are being shared and discussed within practices to further improve patient experience.

- **New Genomic Medicine Centre planned**

A new Genomic Medicine Centre, based in Bristol, is to open by February 2016 as part of a three-year project to transform diagnosis and treatment for patients with cancer and rare diseases.

The CCG is member of a partnership called the West of England NHS Genomic Medicine Centre which includes NHS providers and commissioners, universities, patient organisations and the West of England Academic Health Science Network.

Across the UK, clinicians will be collecting and decoding 100,000 human genomes – complete sets of people's genes – that will enable scientists and doctors to understand more about specific conditions. It could allow personalisation of drugs and other treatments to specific genetic variants. Patients choosing to be involved will take part in a test which will then be processed in a lab at Southmead Hospital, before being sent nationally for sequencing.

Addressing the statement made by Pam Richards, Dr Grabham spoke of how GP vacancies were on the increase and that one of the main causes was the early retirement of older GP's. She added that the partner option at a surgery was now not so attractive. She said that she had been at her surgery for 25 years and had noticed an increase in the level of bureaucracy and administration required.

She informed them that an opportunity to investigate different ways of working was available through the Vanguard Project. The project would look at how practices can work more together.

She said that the guidance relating to seven day working was not explicit and that it was hoped they could define this locally. She added that every surgery has a Patient Participation Group and they will be consulted as part of the process.

Councillor Paul May stated that it was good to see the levels of patient positivity from the survey. He added that in his view care for the elderly would benefit from a seven day service.

Dr Grabham replied that there was already a specific service in place in addition to the out of hours service that provided continuity for elderly patients over the course of a weekend if they have just been prescribed a new course of medication.

Councillor Eleanor Jackson asked if seven day working would be more of an issue for female GP's who are more likely at some point to have care responsibilities.

Dr Grabham replied that currently most GP's that qualify are female. She said that a full time GP would work 8 sessions which was the equivalent of 4 days and that there was no expectation for a GP to work all seven days. She added that further engagement was required on the matter and that an application to the Transformation Fund was due.

Councillor Eleanor Jackson if she possibly knew why new residents in Writhlington were being asked to register with practices in Frome.

Dr Grabham said that she was unsure as to why the practise would have made that decision.

The Cabinet Member for Adult Social Care & Health, Councillor Vic Pritchard said that he was awaiting a response to the matter raised by Councillor Jackson.

Councillor Lin Patterson asked if she could explain why she felt that there were increasing levels of bureaucracy within the role of a GP.

Dr Grabham replied that alongside an increasing range of complex patient needs that there is a rise in the number of records that need to be kept, especially relating to quality of service.

Councillor Brian Organ asked if there was an increased pressure on the 111 service and if GP liaison within it could be improved.

Dr Grabham replied that a good range of services are provided through the 111 service, but reminded the Select Committee that the telephone operators are not clinically trained. She said that the questions they ask are generated electronically. She added that in the case of the young child highlighted in the media this week he had already been seen six times previously by a doctor.

She stated that there was a clinical oversight of all 111 cases locally and that additional training will now be provided for operators.

The Chair thanked her for her update on behalf of the Select Committee.

## **55 CABINET MEMBER UPDATE**

Councillor Vic Pritchard, Cabinet Member for Adult Social Care & Health addressed the Select Committee, a summary of his update is set out below.

## **Delivery of 24/7 Mental Health Liaison Service in the Royal United Hospital**

He said that he was pleased to confirm that investment from both the CCG and, also, NHS England in a “twilight” service, extending until midnight, when AWP’s Intensive Team takes over provision until 8am, the Mental Health Liaison Service will operate on a 7-day a week, 24 hour basis. This is a key service to ensure Parity of Esteem in the acute hospital and, also, the provision of 7-day services. The service also enhances partnership working between providers of health and care and other partner organisations, including the Police. This active management of the care pathway ensures that there are very low numbers of patients considered to be Delayed Transfers of Care in the RUH attributable to mental health needs.

## **Additional accommodation-based services for men and women with complex needs who are fleeing domestic abuse**

In October we submitted a partnership bid to DCLG for £100k worth of funding to set up additional accommodation based services for women and men who have complex needs and are fleeing domestic abuse. The Council will be working closely with Curo, DHI, Julian House and Next Link to set up the new service. The funding will enable the establishment of 8 additional units of accommodation in Bath and North East Somerset and the employment of two part-time support workers who will act as a lead professional to help build resilience and support recovery and to link the clients in with existing services and activities where necessary.

Between a minimum of 24 and a maximum of 32 victims and their families will be helped in the 8 new units of refuge accommodation. The service will be able to support local clients with complex needs including clients known to Connecting Families Team and other high support services as well as those with larger families.

## **Substance Misuse Services**

A new PAD (Post Alcohol Detox) service - jointly designed by Solon Housing, DHI and SDAS (Specialist Drug and Alcohol Service) to support a gap in service for complex clients facing social exclusion as a result of combined problematic alcohol and housing issues - was launched on 25<sup>th</sup> November 2015. The 5-bed service is based in Rackfield House for clients who have already under-gone an alcohol detoxification and are vulnerable. Therapeutic support is provided by DHI and SDAS to reduce the risk of relapse. This innovative initiative has been achieved at no additional cost through collaborative working. The service is already full and providers may explore the need for an additional woman-only house.

He announced the possibility of there being a 2% precept within the Council Tax to provide funding for Adult Social Care.

Councillor Tim Ball commented that the PAD service was most welcome and that he hoped that it would be a long term service.

Councillor Pritchard replied that it was very much the intention for it to be an ongoing service.

Councillor Paul May said that he felt it was important how patients with dementia or mental health issues were dealt with when returning to a service they had previously used.

The Chair thanked Councillor Pritchard for his update on behalf of the Select Committee.

## **56 PUBLIC HEALTH UPDATE**

Dr Bruce Laurence, Director of Public Health addressed the Select Committee, a summary of his update is set out below.

### **Suicide Prevention**

Our Suicide Prevention Strategy Group has now agreed the BANES Suicide Prevention Strategy for 2016- 2019. 2012-14 data shows a slight decrease in the number of deaths by suicide in BANES. Following a period when BANES had gone above the England average this means it is now the same, unlike the SW as a whole which remains higher than the England average.

### **Warm homes**

Current public health training sessions with housing colleagues aimed at frontline practitioners who come into contact with vulnerable and low income groups who are at risk from living in cold homes. 35 practitioners from a wide variety of organisations are due to attend. This is linked to the large grant we received last year to make heating and insulation improvements in people's homes who suffer with a long term condition, disability etc. referrals need to come via a health/social care practitioner.

### **National Child Measurement Programme results 2014-15**

Reception Year (4/5 year olds) – Nearly one in four are overweight or obese; and around one in nine are obese (both similar to national and regional rates).

Year 6 (10/11 year olds) – just over one in four are overweight or obese; and around one in seven are obese (both lower than national and regional rates).

No significant changes in figures since 2006/07

There have been sensitivities around this programme which we are working on. A national childhood obesity strategy is expected shortly.

### **Alcohol**

We are taking part in a new project with Alcohol Concern and Adfam to address the needs of families and carers of treatment resistant drinkers, which will begin in February 2016.

This project will work with family support and treatment providers, and families/carers themselves to survey and analyse their experiences at a local level.



New alcohol consumption guidelines have been published. They are now gender equal and have settled on the previous, and lower, women's total. The guidance and the responses demonstrate how difficult it is to encapsulate the complex interaction of human and ethanol into simple rules... but the growth of alcohol related illness demonstrates the need to provide some guidance.

### **Survey for Making Every Contact Count (MECC) continuing professional development needs**

MECC is about the principle of engaging a wider group of people as potential health champions, and Public Health England's local network is looking for interest and needs in a "second wave" of people, including Councillors following a first wave survey of the health workforce and subsequent training last year.

Councillor Tim Ball said that he was concerned over potential bullying from the results of the Child Measurement Programme and said that his own grandchildren had withdrawn from the survey as he felt that it should be led by GP's not schools.

Dr Laurence replied that information relating to the results should only be given to the parents and that children are not directly advised to lose weight but to have a better diet and take part in more exercise.

Councillor Tim Ball said that it was likely that children would talk about the matter directly after being weighed.

Councillor Lin Patterson asked if there were any records that would show that hospital admissions due to air pollution, specifically from the London Road were a concern.

Dr Laurence replied that it was nearly impossible to have data that was this detailed and that there would need to be a substantial level of cases to perform an analysis.

Councillor Eleanor Jackson wished to congratulate those associated with Mental Health Services and suicide prevention. She suggested that farmers, due to increased work pressure and isolation and cancer patients could be two groups to monitor.

Dr Laurence thanked her for her comments and said he would take them on board.

The Chair thanked him for his update on behalf of the Select Committee.

Alex Francis, Interim General Manager addressed the Select Committee, a summary of her update is set out below.

### **Partnership working**

Healthwatch is working with NHS B&NES CCG and B&NES Enhanced Medical Services (BEMS+) to host a joint public event in January. This event will provide an opportunity for interested parties to review the first year of the pilot project, Primary Care: Preparing for the Future. Two public events took place in spring 2015, prior to the pilot starting, to gather feedback on how the pilot should look and any specific considerations it should make to support the most vulnerable or 'at risk' patients.

### **Supporting quality**

Healthwatch has a volunteer representative on the NHS B&NES Clinical Commissioning Group's (CCG) Quality Committee. This committee carries out a 'deep dive' every month on a specific service in order to identify good practice and service improvements. Healthwatch has contributed two detailed reports during this quarter, sharing patient and public experiences on services provided by Avon and Wiltshire Mental Health Partnership NHS Trust and Arriva Transport Solutions – South West.

**Mental Health and Wellbeing Charter** – Work is continuing on the Charter; Healthwatch B&NES and The Care Forum's Voluntary Sector Service have been supporting New Hope and St Mungos Broadway to promote focus groups with service users and the voluntary sector to discuss the draft charter. It is hoped that the charter will provide a reference point for service users and their families/ carers to understand what support they can expect from mental health professionals and service providers. The charter will provide a tool for service users and their families to 'review' their experience against and an evaluation method for mental health professionals, service providers and commissioners to use to assess the quality of their treatment and service provision.

She informed the Select Committee that the current contract for Healthwatch was due end in March 2016 and that they were awaiting a decision on funding. She added that she hoped that they would be able to continue with all their current work.

Councillor Paul May asked who provides the funding for Healthwatch.

Alex Francis replied that it was B&NES Council.

Councillor Paul May said that he felt it currently worked exceedingly well on behalf of patients within the Council.

Councillor Lin Patterson said that she thought that they provided a valuable service.

Councillor Eleanor Jackson said that she was concerned over the lack of clarity over the contract given the close proximity of March. She stated that she would like the current contract to be continued.

Alex Francis stated that Healthwatch would still exist, but it would be a matter of who provides the service and represents them.

The Director of Adult Care and Health Commissioning said that an update should be sought from the Strategy & Performance department as to the current status of funding negotiations.

Alex Francis said the decision relating to funding was likely to be given next week.

Councillor Eleanor Jackson said that a long contract would be of benefit to provide a continuity of service.

The Chair thanked Alex Francis for her update on behalf of the Select Committee.

## **58 THE STRATEGIC DIRECTION OF THE RUH**

Clare O'Farrell, Associate Director for Integration introduced this item and gave a presentation to the Select Committee. A copy of the presentation is available online as an appendix to these minutes and on the Select Committee's Minute Book, a summary is set out below.

### **NHS Five Year Forward View – the national mandate**

- Health and wellbeing
- Care and quality
- Funding and efficiency

### **Planning for 2016/17 – 2020/21**

- Individual organisational strategies > > > Community Sustainability and Transformation Plan
- System wide engagement and alignment

### **Our vision and strategic ambitions**

- Provider of Choice
- System Leader
- Provider without walls
- To care, To innovate, To inspire

### **An estate fit for the future**

- Creating a healing environment for our patients.
- Making it easier for staff to do their job
- Improving productivity and efficiency
- Flexible designs that are 'future-proofed' and recognise changes in service
- Support for service integration eg RNHRD

### **Completed major projects**

- NICU 2011
- Path Lab 2013
- Apley House (IM&T) 2014

## **Work in progress**

- Pharmacy
- 300 space car park opens Spring 2016, consent granted to create a further 50 spaces over time

## **Therapies / RNHRD and the new Cancer Centre**

- New therapies / RNHRD Centre opens spring 2018
- Cancer Centre opens Summer 2020

Councillor Paul May said that he felt there was a lack of detail within the report and that this concerned him. He said that he also had doubts as to the success of the Cerner Millennium system.

The Chair said that she wanted the report to define the role of the RUH and asked if it saw itself as either a General or Specialist Hospital. She also asked if it saw itself in competition with Bristol.

Clare O'Farrell replied that the Cerner Millennium Project had a successful go live date and that it had enabled web access for some systems and provided a level of interoperability. She added that the RUH was not looking to compete with Bristol and wanted to be the best District General Hospital that it could be.

Dr Ruth Grabham added that the Connecting Care software allows GP's and Hospitals to see patient records. She said that further discussions were due to take place within the Transformation Group as the RUH have declined to take part.

The Director for Adult Care and Health Commissioning confirmed that the Council had agreed to take part in Connecting Care. The Committee requested an update from the RUH regarding their decision not to participate. The Committee confirmed that they would wish the RUH to reconsider their decision not to participate.

Councillor Eleanor Jackson said that she felt that the majority of residents want a local service that is provided locally. She added that it remains difficult for some residents to travel to Bristol.

Clare O'Farrell said that the RUH looks to use specialist services available at Bristol, Oxford and London when it is necessary for its patients. She added that they have web enabled access to the records held within Wiltshire via the TPP System.

Councillor Bryan Organ commented that for future working a fully integrated computer system is key.

Councillor Tim Ball said that he wanted computer systems to be able to talk to each other and said that Cloud based systems can be very secure. He added that he was pleased to hear that the RUH was not looking to compete with Bristol and asked that they focus on services that they can provide to elderly and young patients.

Clare O'Farrell replied that she would report back to colleagues that the Select Committee would like to hear more about the future of their Clinical Services.

Councillor Lin Patterson asked if some of the £3.1m investment in nursing posts over the last two years had been spent on agency staff.

Clare O'Farrell replied that as they look to recruit in totality that a number of post had been filled with agency staff. She said that over the past year there had been a reduction in the amount spent on agency staff and that in general they have a good recruitment and retention of staff.

Councillor Paul May assured the representatives present that the Select Committee wants to support the work of the RUH.

The Select Committee **RESOLVED** to note the report and asked for an update from the RUH regarding an integrated IT system.

## 59 RUH / RNHRD INTEGRATION

Clare O'Farrell, Associate Director for Integration introduced this item to the Select Committee. She stated that during the Patient and Public Engagement activities 350 past and current paediatric CFS/ME patients and 120 past and current paediatric rheumatology patients were sent a letter outlining the proposals, the rationale for change and inviting them to the service specific engagement events held in December 2015. She said that a survey was also attached with the option to complete a hard copy or online.

She said that overall the respondent's had replied positively on the service they are currently receiving, and there have been positive comments in relation to the proposed new location and the dedicated children's unit on the RUH site.

She said that subject to the Select Committee's endorsement of the proposal to relocate these two paediatric services to the RUH, the Specialist Paediatric CFS/ME service will relocate from its current location on the Mineral Water Hospital site to the dedicated children's unit at the RUH at the end of the 2015/16 financial year. The Paediatric Rheumatology service may relocate slightly later than this.

She explained that the next phase of Public and Patient Engagement activities relate to proposals to relocate the RUH Sexual Health services and the RNHRD Adult Fatigue Management services. PPE activities will commence in February 2016.

Councillor Lin Patterson asked what was meant by the term 'part year' in the table on page 29 of the agenda.

Emma Mooney, Head of Marketing & Communications replied this was around six months.

Clare O'Farrell added that they were not expecting to see a significant increase in these figures. She added that consultation relating to each service would take place and that the majority of services would not move until the new building has been completed.

Emma Mooney said that focus groups would be involved in the design of the new buildings.

The Select Committee **RESOLVED** to;

(i) Note the outcome of the impact assessments and patient and public engagement activities which confirmed that the effects of this change are considered minimal and that there are a number of positive aspects to the change.

(ii) Endorse the proposal to relocate the Paediatric Specialist CFS/ME and Paediatric Rheumatology Services from the Mineral Water Hospital to the dedicated children's unit on the RUH site.

## **60 AWP - JOINT HEALTH SCRUTINY WORKING GROUP**

The Director for Adult Care and Health Commissioning introduced this item. She explained that the cover report had a focus for B&NES whilst the Joint Scrutiny Report was attached at Annex A. She drew their attention to the eight recommendations within the cover report.

Councillor Eleanor Jackson stated that it had been nine months since Councillors had met with AWP and that they needed to make sure they were carrying out their recommendations. She proposed that if local work was still required a Task & Finish Group could be put in place.

The Director for Adult Care and Health Commissioning said that a new inspection by the CQC was due in May 2016 which is likely to result in a further action plan.

Councillor Vic Pritchard, Cabinet Member for Adult Social Care & Health said that as a member of the cross party working group that met as a result of the previous CQC report it was a good opportunity to meet the AWP management team. He added that the process was led by Wiltshire as they had the majority of concerns.

William Bruce-Jones, AWP stated that services locally have improved considerably. He said that the next inspection would report on services across AWP, not on services within each locality and it would therefore be potentially difficult to extract relevant local information.

Councillor Eleanor Jackson wished to thank Emma Bagley for her work on the joint scrutiny for B&NES and Henry Powell in Wiltshire. She said that the other Local Authorities will have to form a view on future joint working proposals.

The Director for Adult Care and Health Commissioning said that the Select Committee would still receive regular reports and briefings relating to all mental health services in B&NES including those provided by AWP and, of course, information on specific issues as and when it requests it.

Councillor Paul May thanked Councillor Pritchard & Councillor Jackson for their participation in the Working Group.

Councillor Lin Patterson asked for an explanation of a Section 136 Protocol.

William Bruce-Jones replied that this related to Police powers under the Mental Health Act to detain a person for up to 72 hours for further investigation and

assessment within a designated place of safety. He added that this was currently located within Southmead in Bristol and occasionally the custody suite in Keynsham was used.

Following a brief debate the Select Committee **RESOLVED** to approve the following recommendations from the Joint Scrutiny Panel report;

- (i) Recognises and appreciates AWP's positive and open engagement in the process.
- (ii) Recognise that improvement measures were underway prior to the CQC inspection report being published and these appear to be followed through.
- (iii) Notes the changes in leadership at both executive and board level, shortly before and after publication of the CQC report.
- (iv) That Cabinet Members and Health and Wellbeing Boards respond to
  - a) The concerns reported that Delayed Transfers of Care (DToCs) equate to a significant percentage of out-of-Trust placement bed days for older people and of out-of-Trust bed days for adults requiring acute inpatient care,
  - b) Provides information of what is being done to address this.
- (v) Recommends that CCGs assess with AWP the requirement for a common Section 136 Protocol in line with the Mental Health Act Code of Practice. At the same time, that consideration is given to realigning those places of safety with the appropriate constabularies as custody suite sites are reviewed.
- (vi) That the Cabinet Member and the Health and Wellbeing Board investigate the concerns reported by AWP regarding housing or step-down accommodation for patients with no fixed abode and the impact on Delayed Transfers of Care (DToCs) so that appropriate action can be taken if necessary.
- (vii) That CCGs and Health and Wellbeing Boards respond to concerns highlighted by the CQC report and echoed by AWP regarding:
  - Limited availability of beds being a Trust-wide issue, with intensive, acute and older people's beds always being in demand;
  - Bed pressures meaning that care has sometimes been provided away from patients' home area, making it difficult to maintain the support of loved ones.

The Select Committee decided to defer the recommendation set out below until the next inspection by the CQC had taken place.

- (viii) Invites participating health scrutiny committees to hold discussions regarding the merits of a longer term cross-authority scrutiny group to monitor the AWP improvement programme and the Trust's performance in the future.

## **61 INTRODUCTION TO NHS SPECIALISED SERVICES**

In the absence of Dr Lou Farbus this item was deferred until a future meeting of the Select Committee.

## **62 YOUR CARE, YOUR WAY UPDATE**

Sue Blackman, Project Lead for Your Care Your Way gave a presentation to the Select Committee, a brief summary is set out below.

### **Key decisions for Governing Bodies**

Consultation  
Financial Planning  
Contracting Model  
Market Testing

### **Engagement Approach**

Method: Workshops / Surveys / 1:1's  
Statistics: Over 2,000 individuals reached / In excess of 500 survey responses  
Topics: Vision / Commissioning Models / Priorities

### **Public Engagement Analysis: Top 5 Priorities**

A person, not a condition  
A single plan  
Invest in the workforce  
Focus on prevention  
Joining up of IT systems

### **Public Engagement Analysis: Models**

Preference towards Model 3 – GP Led Wellbeing Hub  
Providers also shared this preference

### **Public Engagement Analysis: Demographics**

Majority of respondents were female  
Work to do regarding respondents aged under 25 and over 75

### **Public Consultation: Key Findings**

Better communication between providers will be needed to facilitate transformation.

There will be challenges around funding the new model given the financial pressures upon NHS and Council budgets.

More resources to be invested into front line care rather than creating new management and/or bureaucratic structures.



We must build on existing strengths and relationships rather than starting from scratch.

We must join up data across providers.

### **Key funding reduction principles**

The funding envelope will be adjusted from the 2016/17 baseline to align with Council and CCG reductions in health and care funding arising from both organisations' financial planning and annual budget-setting processes.

Identified areas for cash-releasing efficiency savings or improving value will need to align to new commissioning & provider delivery models.

Demographic change pressures will need to be managed within available resources.

New investment requests will be reviewed on an individual basis and require sound quantitative and qualitative evidence of system benefits.

Commissioners and providers will continue to work in partnership to jointly identify areas of opportunity including back office efficiencies.

### **Recommended Approach**

A Prime Contract

Commissioner > Prime Contractor > Third Sector Providers

and

Dynamic Purchasing System – Commissioners directly accessing services from Third Sector Providers

The Director for Adult Care and Health Commissioning stated that the Council was not a direct provider of services and that she anticipated that a number of services will be provided by not for profit organisations.

Councillor Eleanor Jackson asked what accountability does the Council have with the sub-contractors. She added that she had some concerns over the future of Community Transport to hospitals.

Sue Blackman replied that the Commissioners hold the accountability for the sub-contractors. She added that transformation change must be managed closely and carefully and that IT systems must become aligned.

Councillor Lin Patterson asked if resources would allow for workforce investment.

Sue Blackman replied that training strategies exist across the majority of our providers.

The Chair thanked her for her presentation on behalf of the Select Committee.

The Policy Development & Scrutiny Project Officer informed the Select Committee that the RUH had advised her that they would like to bring some matters to their attention at future meetings

May: GUM (Genito-Urinary Medicine), Sexual Health Services and Adult Fatigue

Sept: Rheumatology, pain, therapies, biologics and clinical measurement

Councillor Eleanor Jackson asked that the next CQC report relating to AWP be added to the future items section of the workplan.

The Select Committee approved these proposals.

The meeting ended at 2.30 pm

Chair(person) .....

Date Confirmed and Signed .....

**Prepared by Democratic Services**