



Agenda Item No:

Bristol City Council
Minutes of the People Scrutiny Commission
1st September 2014

Members Present:-

Councillor Alexander (Chair), Councillor Clark, Councillor Kirk, Jenny Smith, Councillor Norman, Councillor Champion Smith, Rob Telford.

Officers in Attendance:-

John Readman – People Strategic Director; Karen Blong – Policy Advisor & Scrutiny; Claudette Campbell - Democratic Services Officer; Paul Jacobs – Service Director Education & Skills; Sally Jaeckle – Service Manager; Joanna Roberts - Project Manager; Jean Pollard – Service Director C&YPS; Ann James – Service Manager; Leon Goddard – Commissioning Strategy Manager

Also in Attendance:-

Cllr Massey – Assistant Mayor for People.

1 Apologies for Absence, substitutions and introductions

- Apologies received from Cllr Hickman - Cllr Milestone attended as a substitute
- Apologies from Netta Meadows -Service Director Commissioning

2 Public Forum

Two public forum items were received.

- Wendy Kneebone spoke for Bristol Unison on Item 11. Commissioning plan for short breaks and other services for disabled children and their families.
- Judith Brown's statement on Item 12. Review of Care Home Services was spoken to by Julie Boston.

A copy of the Statement will be held on public record in the Minute Book.

3 Declarations of interest

None

4 Minutes

The Commission considered the minutes of the People Scrutiny Commission meeting on the 1st July 2014.

The following was highlighted:

- Jenny Smith advised that she had yet to receive a copy of the report on Child population increase. Karen Blong confirmed that she was following up on that request **(Action)**.
- Jenny Smith also referred to the BBC article on home education that indicted 2000 children were home schooled and seeking information on the City Councils position with monitoring such children. Paul Jacobs advised that the law supported parent's rights to home school and that of the 150 children, in Bristol, that are educated that way there was monitoring in place based on statutory guidelines. Rob Telford asked for the contact details of the Officer responsible for home education. **(Action Paul Jacobs to provide)**

RESOLVED - that the Minutes of the meeting be agreed and signed by the Chair.

5 Action Sheet

- The Action sheet was noted.

6 Whipping

- It was noted that no notice had been given concerning use of the party whip for any item.

7 Chair's Business

- None.

8 Learning City and Skills Commission Update

The Scrutiny Commission were asked to consider the report which summarised the developments to date on the Learning City and the work by officers to develop the recommendations from the Mayor's Skills Commission.

Paul Jacobs, Service Director for Education & Skills presented the report and highlighted significant issues that were identified in this area that are to be developed following the July workshop. The workshop involved the Mayor with invited

educational representatives, business partners and council colleagues met to discussed the scope and ambition for a Learning City Partnership.

The workshop identified 4 key themes to develop further:

- Education Standards
- Employment and Skills
- Inclusion and equality
- Learning and development

The Constitution had been amended to grant powers to the Commission which enabled them to take decisions at formal meetings of the partnership.

The Mayoral Skills Commission were time limited and focussed primarily on young people currently in education or training. Unemployment would be the mainstream issue but the focus would be on challenges faced by all young people.

The Commission proposed two 'big ideas' that offered tools for potentially improving the current situation. The first, a Passport to Employability in Bristol, for young people to provide entitlement and enhance opportunities for them as they prepare for adult life. The second would be to create a virtual and physical Engagement Hub for Employability and Enterprise, based in the Temple Quarter Enterprise Zone (TQEZ) to promote and support enhanced partnership working between young people, businesses, education providers and other related organisations.

Officers were exploring the recommendation working with the Local Education Partnership (LEP) and others to do a test bed of the recommendation using Scrutiny to investigate. They would be looking at issues around Inequalities and formal and informal ways of learning, general learning development and organisations such as City Council becoming a learning business.

The following issues were noted during the debate:

- Negotiations were on going with secondary schools Heads to identify a school to participate in the Employability Pilot. It looked increasing likely that a school from the East side of Bristol would be involved.
- There were concerns that young people who wish to continue learning could lose benefits if they took up education. It was noted that further work should be done with the DWP on this issue.
- Young People must stay in education until 18/19 starting from Sept 2014 and must have achieved C or above in Maths and English in that time. Education included work based training 15 hours, apprenticeships and training leading to University courses.

- Concerns were raised about young people whose needs had not been identified up to 16 and who may require additional assistance, for example, Dyslexia and other inequalities that hindered learning to that point. Young people could need assistance with travel costs. It was noted that national Government funding to assist with such challenges have been reduced.
- It was noted as concerning that careers advice had been provided by family members due to limited service provision in this area. Work had taken place with Local Enterprise Partnership (LEP) and others across West of England to devise a local approach that linked with other regions and national organisations.
- The Commission report recognised that the timeframe and capacity in which it operated was limited. The focus would be on overarching issues and it was acknowledged that inequalities issues and children with disabilities were not the primary focus. Work would take place with the Local Authority and through broader development of this work.
- Officers would ensure that Equality audits were completed. .

Resolved - that the Learning City and Skills Commission Report be noted.

9 Review of Children’s Centres and Early Years Support

The report updated the Commission on the Children Centre remodelling and the wider update on Early Years support. The report set out changes made to the network of Children’s Centres in Bristol and the key role of Children’s Centres in giving every child a good start in life in Bristol through a high quality, community based offer of integrated early education, health and family support services for Children and families in the earliest years.

Sally Jaeckle Service Manager – Early Years outlined the content of the report and the attachments, explaining that:

- The re-modelling of Bristol’s Children’s Centres was now complete.
- Savings of £2.4 million were realised by the Early Years’ Service in the 2014 – 2015 budget, including £1.5 million from Children’s Centre funding.
- A strong infrastructure of integrated early education, health and family support services has been maintained through the network of 25 Children’s Centres.

- A new statutory duty to provide Early Education Provision for 40% of eligible two year olds comes into force on September 1st 2014.
- £500k was returned to the service to be used for quality improvement that each centre could bid for.

The Members considered the report and made the following points

- Clarity sought on whether those with service needs living in affluent areas could access services in the adjoining area. It was confirmed that this was in place with Children's Centres 'reach area' aligned with these areas.
- If a shortfall should occur in take up of outreach, work would take place in conjunction with the Learning City Campaign, Health Centres and via leaflet drops to encourage parents to use the service.
- Savings were achieved with the reduction in numbers of the centres but with the realignment of management of the centres with schools it ensured stronger training and leadership. There were 12 maintained nursery schools able to provide lead roles to other centres.
- Centres were requested by letter to apply for a share of the additional funds that became available.
- The service hoped to meet the new statutory demand by creating outreach opportunities in Libraries and community centres.
- The Ofsted achievement criteria covered 6 areas of inspection. Improvement targets were phased and where necessary specialist teachers were recruited.
- The Service continued to provide support to parents via a service called Family Support which had been devised to assist parents to understand children's development and behaviour and develop the skills needed to parent.
- Reassurance was sought that those children given additional assistance in the form of free schools meals were not identified.
- All buildings used met the legal requirements in respect of disability access.
- Noted that the voluntary based Henbury centre had existed for some years and that all other centres were managed by schools.

Resolved – that the update report on Children Centre remodelling and the wider update on Early Years be noted.

10 Operational Resilience and Capacity Planning Presentation

The Scrutiny Commission were given a presentation by Richard Lyle - Programme Director for Community Services at Bristol Clinical Commissioning Group (CCG) -

- NHS England required an Operational Resilience and Capacity Plan be developed by involving all key local organisations, in order to fulfil both planning requirements and ensure good systems in the future.
- Mandatory elements that need to be included:
 - a Good practice - plans need to demonstrate how organisations would implement all non-elective and elective care good practice requirements and how these would be sustained during times of significant pressure, including patient experience.
 - b Detail on how plans would contribute to maintaining or improving financial performance.
 - c Governance arrangements
 - d Building on existing work - alignment with and building upon capacity planning already being done throughout the system, including flu planning, to ensure plans contain all necessary information for assurance and triangulation.
- The Bristol Plan had been developed in conjunction with the Better Care Fund Programme and incorporated the recent recommendations by the Emergency Care Intensive Support Team (ECIST) following the Bristol system diagnostic; and the review of winter 2013-14 and further work done by the regional Intensive Support Team with the Bristol Urgent Care Working Group.
- 22nd September 2014 would be the final submission date for the plan. The plan would be refreshed in October for Winter.

Following the presentation members made the following comments:

- There were general concern about the standards of delivery of the '111' service and the quality and knowledge of the staff who operated the service. For example the number of staff on duty, whether they had medical training and how calls were referred on to medical experts to ensure the caller received the correct advice. Richard Lyle advised that

this would not fall within his remit but he agreed to provide the Commission with the contact details for this service for concerns to be raised and a visit arranged. **(Action Richard Lyle and Karen Blong)**

- Members referred to the South West Ambulance Service Trust Joint Scrutiny Committee meeting. Lead Members would attend the meeting and highlight concerns. **(Action Karen Blong to circulate meeting dates)**
- The Commission discussed budgets and access to the Community Care Budget handled by the LA. Members enquired if funds could be sourced to aid this work. Richard advised that the plan operated within different budgets and engaged in moving funds between schemes to manage underlining problems and ensure that the vision to ‘keep people out of hospital and well’ would be seen as a joint venture.
- Members sought clarification on whether the provision of services to support Stroke and Heart-attack victims over the weekend had improved. Richard Lyle explained that there had been a move to regional centres of excellence such as the Bristol Heart Unit to ensure the right assistance at the right time. Generally services would not have the same level of input over the weekend similar to week days but the issue of care 7 days a week could be complex and expensive. There would be a genuine wish to look at using resources across 7 days.
- Concerns were noted about the performance standards and the knock on effect of patients unable to see GP’s causing conditions or symptoms to worsen and be escalated to the Emergency Service. Richard Lyle confirmed that although CCG were not responsible for commissioning GP services, they were working to invest more in to GP’s service to allow them to see more high risk patients. GP appointment systems were an issue and work would take place to cover this and other issues with NHS England.
- The Plan would be preventative crisis management would be part of the broader Health & Social care plan. Information would be provided to the Commission on the responsibilities of the CCG & Public Health. **(Action Richard Lyle)**

Resolved – That the presentation was noted.

11 Commissioning plan for Short breaks and other services for disabled children and their families

The report sets out responses to questions raised by members of the Commission about the commissioning plan for short breaks and other services for disabled children and their families and the results of consultation on that draft plan. The Plan had previously been presented to Scrutiny on the 31st July 2014. The final commissioning plan would be signed off at Cabinet in October 2014.

Jean Pollard Service Director – C&YPs, Ann James – Service Manager, Joanna Roberts – Project Manager attended to answer any questions that arose from the answers given in the report.

The Scrutiny Commission were invited to ask questions and the following issues were noted as part of the discussion:

- Members expressed concerns that The Bush would not be available as a safe haven for users and as an option for new applicants. Officers noted that the Bush would still have places and New Belbrook centre would also be available for children who need short breaks.
- Officers clarified that money saved would be reinvested to allow additional children to have short breaks earlier on to avoid crisis situations. The new range of services would deliver to a wider group across the population moving away from residential short breaks.
- Members noted concerns that when the consultation took place, The Bush had been in the midst of a renovation so user numbers were down which could have affected the result. Assurances were given that this was not the case as the occupancy calculations had made allowances for times when beds were unavailable because of work to the building.
- The plan will release £250,000. If only £40k was available for reinvestment, this would allow for some limited additional services, for example more direct payments to allow for alternative provisions. Direct payments averaged at £4,000 per child.
- Children will not be at greater risk in foster placements. They are highly regulated and individual assessment would take place for each child. The existing Family Link scheme is long-established and highly valued by parents and children that use it. Often parents have built up a strong relationship with foster carers who become closely involved in the child's care.
- Members were reassured that services would be retained at The Bush and New Belbrook. The plan does not anticipate the need to re-open beds but should the need arise in the future and additional resource become available the building at the Bush would have capacity to meet this need.

- One member had heard views expressed by parents of children at Claremont School who had expressed a need for a more flexible range of services as proposed in the commissioning plan.

Resolved – That the report and clarifications be noted.

12 Review of Care Home Services

The report set out a condensed version of the Care Home Commissioning Strategy which had been shared with key stakeholders and would be subject to a 12-week consultation.

Bristol City Council proposed to change the way it commissioned care home services. The key changes were -

- Every provider would be required to submit information about the cost and quality of their services. Only those providers that meet Bristol City Council's (BCC) criteria would receive care home placements under this model.
- Every provider that meets BCC criteria would be ranked according to the quality and cost of their services.
- Every person who required a care home place would be given a shortlist of options by BCC, from which to select the home they want to live in. This shortlist would only contain the care homes that have demonstrated that the services they could deliver were suitable to the person's needs and that have the best quality/cost ranking.
- Every care home would be required to operate in a way that maximises the independence of their residents and the choice and control they have over their services and lifestyle.

All future commissioning of care homes services for individuals in Bristol would take place under the new model, and in accordance with the practice and process, that are outlined in the Care Home Commissioning Strategy.

Leon Goddard, Strategic Commissioning Manager invited the Scrutiny Commission to discuss the report and the following points were noted -

- Concerns were raised about the lack of good private care homes that were prepared to take Dementia patients and the age of carers employed by homes and services to look after patients in their own homes. It was noted that the changes to the service would bring about clarity on which homes dealt with which needs. Providers would be required to demonstrate their

standard of staff training and delivery of services before they could become a BCC provider. If they failed to meet set criteria they would not be used.

- Potential providers would need to give BCC details of staff pay and amounts paid to purchase food which would give an understanding of how a home runs.
- Homes were run differently and the needs of individuals required varying levels of activities. This would be taken into account to ensure individuals were informed and able to decide where they live.
- BCC were committed to quality check homes and this would be written into contracts. A mandatory register to monitor the quality of staff was currently being developed at a national level. Members requested details of the data set to be used. **(Action Leon Goddard)**

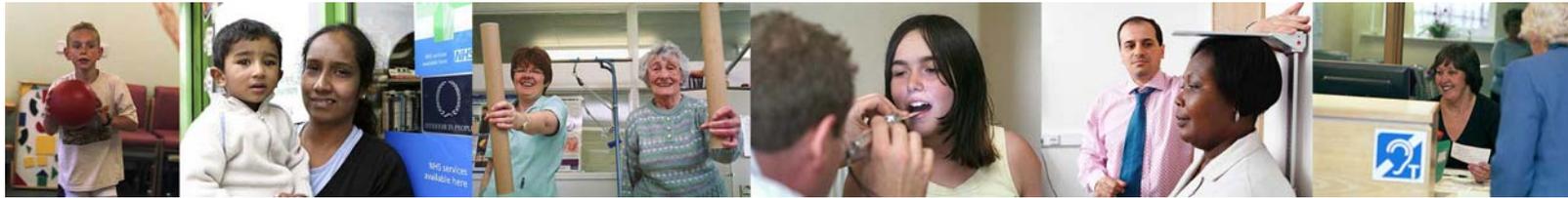
Resolved - That the report be noted.

13. Date of Next Meeting

The next meeting would take place on Monday 6th October 2014.

(The meeting ended at 12.06)

CHAIR



Operational and Capacity Planning

Richard Lyle – Programme Director,
Bristol Clinical Commissioning Group

Background

- NHS England requires that the Operational Resilience and Capacity Plan is developed by involving all key local organisations, in order to fulfil both planning requirements and ensure good system working in the future.
- Mandatory elements that need to be included:
 - Good practice - plans need to demonstrate how organisations will implement all non-elective and elective care good practice requirements and how these will be sustained during times of significant pressure, including patient experience.
 - Detail on how plans will contribute to maintaining or improving financial performance.
 - Governance arrangements
 - Building on existing work - alignment with and building upon capacity planning already being done throughout the system, including flu planning, to ensure plans contain all necessary information for assurance and triangulation.
- Bristol Plan has been developed in conjunction with the Better Care Programme and incorporates the recent recommendations by the Emergency Care Intensive Support Team (ECIST) following the Bristol system diagnostic; and the review of winter 2013-14 and further work done by the regional Intensive Support Team with the Bristol Urgent Care Working Group.
- Final submission of plan is 22nd September 2014.
- There will be a refresh of plan in October for winter.



The ORCP Process

- Pan-CCG approach
- 3 separate ORCPs reflecting different local priorities and population needs
- Significant commonality of approach
- Common elements, e.g. escalation policy refresh
- Weekly ORCP steering group with CCG directors to drive planning and delivery
- Common approach to cross-community providers e.g. SWAST, 111, GP OOH etc.



The ORCP Process

- Plans – Second revised submission, consisting of further assurance of provider operational resilience including preparedness for winter, was made to NHS England in line with the national timetable in August following the sign off by the local Urgent Care Working Group. The plan will be made publically available on the CCG's website following final submission.
- Providers Bids for available non-recurrent funding to support the ORCP were assessed to ensure these aligned with our strategic direction and with existing initiatives including the Better Care Fund to maintain the 4 hour target by supporting system flow, timely discharges, reducing admissions; and that they deliver KPI improvements.
- Strategic Resilience Group – A BNSSG wide group has been set up which has representatives from local Urgent Care Working Groups including providers and commissioners to provide oversight across the system and review implementation, success of schemes and how the investment has benefited our targets to maintain the 4 hour and RTT 18 week targets.



Our Plan

- ORCP priorities have been developed through close engagement with health, social care and voluntary sector partners, to be delivered through integrated working.
- Increased investment into out of hospital services to support:
 - Management of Long Term Conditions and Self Care
 - System Flow
 - Reducing Length of Stay (LoS)/facilitating discharge
 - Rehabilitation and Reablement
 - Minimising readmission rates and maximising independence
 - Prevention of emergency admission
 - Integrated Working
 - Frail and Complex patient care
 - Investment in Community & Primary Care
- With additional investment into UHB internal schemes linked to the rectification plan.
- This approach echoes our Better Care Programme and Primary Care Agreement (over 75's funding).
- Performance monitoring will be undertaken by the Urgent Care Working Group supported by the ORCP Clinical Interface Post using agreed metrics and professional standards across the system, which link to the Alamac system measures.
- Success will be measured by the sustained achievement of the 4 hour 95% and Referral to Treatment (RTT) 18 week targets.



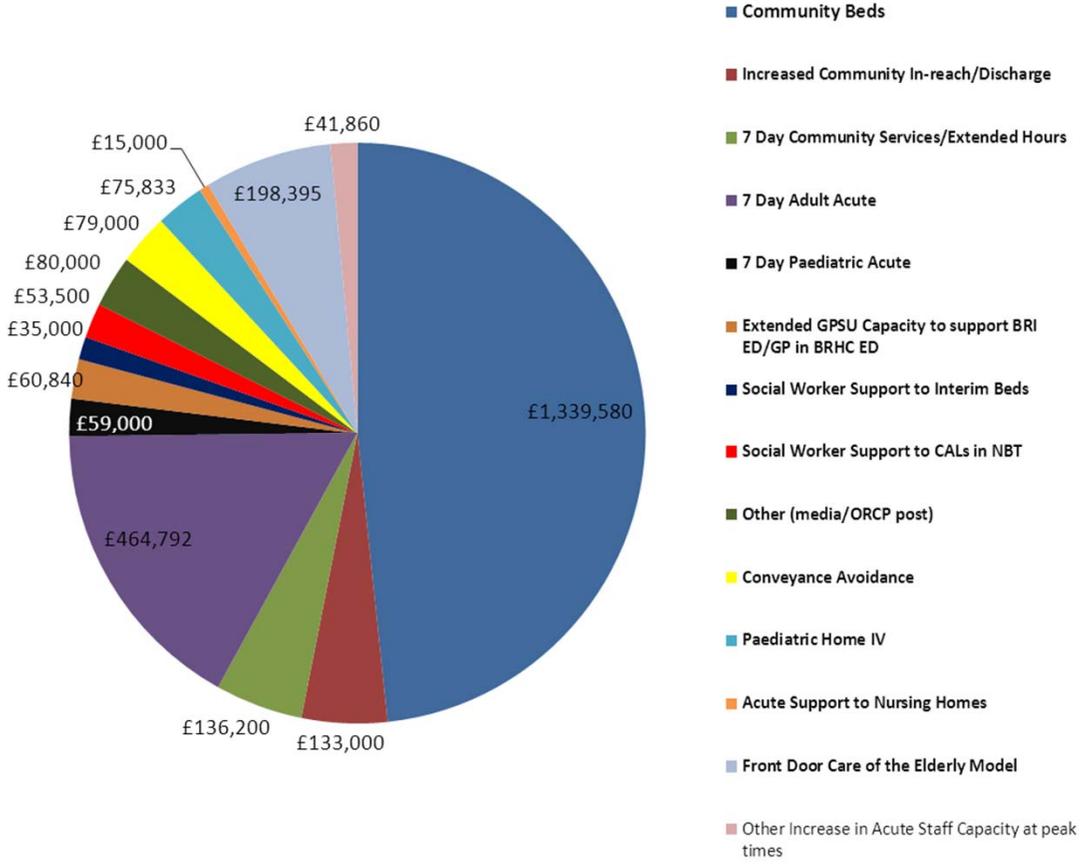
Funding Allocation

- Bristol non-recurrent ORCP Budget for 2014-15 is £2,772,000 (inc. £1.4 million national allocation)
- Funding allocated to the following priority areas

Community Beds	£1,339,580
Increased Community In-reach/Discharge	£133,000
7 Day Community Services/Extended Hours	£136,200
7 Day Adult Acute	£464,792
7 Day Paediatric Acute	£59,000
Extended GPSU Capacity to support BRI ED/GP in BRHC ED	£60,840
Social Worker Support to Interim Beds	£35,000
Social Worker Support to CALs in NBT	£53,500
Other (media/ORCP post)	£80,000
Conveyance Avoidance	£79,000
Paediatric Home IV	£75,833
Acute Support to Nursing Homes	£15,000
Front Door Care of the Elderly Model	£198,395
Other Increase in Acute Staff Capacity at peak times	£41,860



Funding Allocation cont.



Questions

Contact:

Richard Lyle

Programme Director Community, Partnerships & PPI

Richard.Lyle@bristolccg.nhs.uk

Tiina Mustonen

Urgent Care Programme Manager, SWCS

tiina.mustonen@swcsu.nhs.uk

