



Agenda Item No:04

Bristol City Council
Minutes of the People Scrutiny Commission
3rd November 2014

Members Present:-

Councillor Alexander (Chair), Councillor Clark, Councillor Kirk, Jenny Smith, Rob Telford, Councillor Hickman, Councillor Norman, Councillor Champion-Smith, Councillor Jethwa

Officers in Attendance:-

Karen Blong – Policy Advisor Scrutiny, Claudette Campbell – Democratic Services Officer, Netta Meadows Service Director Strategic Commissioning, Mike Hennessey Service Director Care, Support and Provision, Melanie Rogers Strategic Commissioning Manager,

Also in Attendance:-

Cllr Massey – Assistant Mayor for People. Judith Brown – Older People Forum.

1 Apologies for Absence, substitutions and introductions

- Apologies John Readman Strategic Director People.

2 Public Forum

There were no Public Forum questions or statements.

3 Declarations of interest

There were no declarations of interest.

4 Minutes

Resolved:

- i. That an amendment would be made to the minutes to reflect that, the Expert Witness to the Commission Judith Brown had asked 'whether we could ensure that care workers received from providers the national minimum wage for the whole of the time they are involved in care work on each shift'.
- ii. That the Minutes of the meeting be agreed, with the above amendment 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 the use of the party whip for any item.

7 Chair's Business

The following was noted:

BRI

- a. The Chair informed the meeting that she had be informed of a new ward at BRI Hospital for cancer patients aged 16 – 24. This had come about following consultation that found young adult patients were often placed in wards either with adults or very young children and neither placements were suitable. The Chair wanted the commission members to know that there is an opportunity to visit this ward.
(Action: Karen Blong KB)

Ofsted

- b. The Chair invited Netta Meadows, Service Director: Strategic Commissioning to update the Commission on the recent Ofsted Inspection. The Service Director outlined to those present that there were two inspections covering the service provision for 'child sexual exploitation' and the second on the single inspection framework for children in need of help and protection, looked after children and care leavers.
 - i. The inspectors reviewed 130 key case files and spoke to carers and officers during 115 meetings with approximately 110 people. They met with the first response team and relevant teams. The inspectors requested approximately 430 documents during the course of their visit.
 - ii. The inspection is likely to highlight some issues that the team are already aware of but the final outcome report will be available for publication around the first week of December 2014.

- iii. Information was shared on the outcomes for the other 33 local authorities who had undergone single inspection framework. Of the 33 inspected 9 were rated “good”, 18 rated as “need for improvement” and 6 inadequate. Of the 25% rated “good” none were core city authorities.
- iv. Councillor Massey, Assisted Mayor, acknowledged the hard work of all the officers involved in working with the Inspectors during their visit. Many had worked long hours to ensure documents requested were provided and meetings requested set up.

8 The Local Account for Adult Social Care

Members considered the first Local Account for Adult Social Care in Bristol and to comment on the format and content to inform development of the next year’s annual report on adult social care.

Mike Hennessey, Service Director: Care, Support and Provision (Adults), lead the members through the draft document explaining the changes to the performance indicators. The Local Account ensures that communities have an overview of the performance and development of adult social care locally. It also provides a point of reference for members, partners and the local social care market. The account must be complete and published well before March 2015. Alterations to the pictures will be made but all asked to note that most of the images used in the Local Account are of Bristol citizens. Members were also asked to note that page 7 described adult social care services in easy bullet points. The final bullet point will be amended to read, preventing adults from being abused. The diagram on page 8 gave details of spend on services for disabled adults. The report concludes with stories from service users.

Members made the following comments and observations.

- a. That the document was readable and easily understood.
- b. A request was made for any acronyms to be explained for example CCG was referenced and for a structure chart showing how services fitted within social services but the sheer size and complexity of such a chart excluded it from this type of document. References to the website could be written as a shorter link to encourage readers to go to the internet.
- c. Members noted the reference to a trial distribution of an information pack for those newly diagnosed with dementia and asked to be provided with copies. **(Action: Mike Hennessey (MH))**
- d. Confirmation provided that the three new Dementia Care Homes were spread across the city at the following sites; Brentry, Greville and New Fosseway.

- e. Members were reassured that work continues in the area of Dementia Care. There were many voluntary organisations working in this area that sought support from the City Council and received it but there were those who do not seek support. The Council commissioned Voscur to represent the smaller voluntary sector groups on the forums that take place and members were asked to direct any active groups to them.
- f. Members asked for a fuller discussion on the issue of Dementia needs at a future meeting. **(Action: KB)**
- g. Members raised concerns over the figure given of 25% increase in the number of people making enquiries to the service but the figure given for those receiving support given as 20%. Clarity was given explaining that many who made enquires had their needs met during the initial consultation provided by Senior Practitioners. Members were reassured that user thresholds for use of the service had not changed. Currently follow up conversations, for those given verbal advice, were not possible but the situation will be reviewed.
- h. A request was made for details of future funding on services for those with mental health. **(Action: MH)**
- i. Comments were made on the statistical information provided in the report in particular to the reference to services to BME (Black and Minority Ethnic) groups. Future statistical information would be noted in relation to percentage of 'x' rather than a standalone figure with no point of reference. The future reiteration of the document would avoid the mixture of numbers and percentage in the same section.
- j. Members raised concerns about elderly service provision to BME groups particularly women and those women with limited English. Cllr Hickman's Ashley, Easton and Lawrence Hill Neighbourhood Partnership would receive a presentation on the Elderly and BME community support on the 10th December 2014 the outcomes will be shared with the commission.**(Action: KB)**
- k. Members were provided with an explanation of the £10m funding awarded from the Big Lottery Fund to Bristol to create the Golden Key partnership concerned with work centred around people with mental health needs, and at risk of homelessness frequently as a consequence of misusing drug and alcohol.
- l. Judith Brown Expert Witness provided the members with an update on Bristol Ageing Better (BAB) partnership project who successfully received 6 million pound grant from the Big Lottery Funding. The intention is to use the money wisely and allow smaller organisation to participate in the decision-making on how the money should be allocated. The money cannot be allocated to fund services that should be provided by the local authority. The projects will be reviewed by a panel of older people in time for the implementation date of 1st April 2015.

- m. Further information on BAB can be found on the website (<http://www.bristolageingbetter.org.uk>). The partnership is concerned with the prevention of loneliness and isolation of older people in all parts of the community. There are up to 10,000 older people across many different communities including those aged over 85, BME communities, those caught up in drug and alcohol misuse, Lesbian, Gay, Bi-sexual and Transgender, Carers, Bereaved and older people with learning difficulties. The Mayor supported the move to have Bristol designated 'Age Friendly City' the result of which is that all policy development will be considered against this criteria. The project Building Link Age, meets with older people in communities supporting them to set up projects/activities that reflect their needs but also up-skills participants to self-manage after initial set up assistance ends. There is also the First Contact Checklist that is concerned with promoting having one point of information gathering.
- n. Members requested a briefing on BAB and the funding award. **(Action: KB)**
- o. Members were informed that 'Connecting Care' database allows for information sharing across the 19 health partners, including the authority. All residents received notification of this development and given the option to opt out.

Resolved:

- i. **That the suggestions discussed where possible be included in the Local Account document, either in this issue or the next publication. It was acknowledged that time was of the essence and to ensure the authority met the given deadline for publication, the first issue would have only minor amendments and these suggestions would form part of the future reiteration of the Account.**

9 Draft Quality Assurance Framework (QAF) for the people Directorate

The Commission considered the draft report that covers the work of adult care and Bristol Youth Links services prior to a wider consultation.

In 2013 the People Directorate held a public consultation, 'Quality is Everybody's Business', on the proposed future approach to quality assurance. As part of the recent restructure a redesign undertaken of the quality and contract monitoring functions as well as developing a proposed Quality Assurance Framework (QAF). The QAF outlines the key quality standards expected from services, the methods that will be used to assess quality and the steps to be taken when services do not meet the required standard. The QAF is applicable to all social care services commissioned for adults in Bristol and includes services commissioned through Bristol Youth Links.

Melanie Rogers, Strategic Commissioning Manager for People Directorate received questions from the members and the following comments and observation were made.

- a. Members sought clarity on the role they would play in the QAF process. They did not want to lose the ability to visit care homes where their constituents resided. More importantly wanted to feedback vital observation on the homes to the process. There is an opportunity for members to be trained so they can make informed assessments when they visit.
- b. A part of the QAF process would be the use of Lay Assessors to look at quality of issues in care homes. It was suggested that youth assessors could also be trained to provide the same feedback on Bristol Youth Links.
- c. Information will be gathered continually from a wide range of sources by Quality Assurance Officers that will enable earlier identification of potential issues and enable an opportunity for care homes to address them before they escalated.
- d. All intelligence gathering will feed into a Provider Quality Profile (PQP) for each service and would be reported on as either having; low level concern, medium level concerns, high level concerns. Appropriate action will be taken by the QAF team and where necessary Safeguarding services advised.
- e. This process did not remove anyone's right to provide comments via the corporate Fair Comment process.
- f. Members will consult with party groups about them taking up the offer of formal training so that they can undertake the role of Lay Assessors. Comments to be feedback to Melanie Rogers. **(Action All)**

Resolved:

- i. **That the report be approved.**

10 Implementation of the Care Act 2014

The Commission received a presentation on the new duties and potential impact of the Care Act for the citizens served by Bristol City Council.

Mike Hennessey, Service Director: Care, Support and Provision, delivered the presentation he highlighted the following:

- The Care Act presents the biggest change to adult social care in over 60 years. It reforms the way in which care for people with care needs is provided and paid for. It also aids reform to both social care and health to improve the way all parts of the system work together.
- New duties implemented by the Act:
 - By April 2015
 - Promoting people's wellbeing and preventing needs for care and support
 - Providing an information and advice service about care and support

- Carrying out assessments of both individuals and carers including “self-funders”.
- Facilitating a vibrant, diverse and sustainable market of care and support provision
- Meeting people’s needs if a provider of care fails
- Meeting a national minimum eligibility threshold for support
- Arranging “independent advocacy” and “independent financial advice”
- Offering a universal “deferred payment” scheme

By April 2016

- Implementation of a lifetime cap on care costs of £72k
 - Monitoring progress towards the cap via Care Accounts across a single charging policy
- The service will now take on support for those who fund their own care. With spend on care accumulated towards the cap of £72k monitored by a new software tool that can track services and cost.
 - The service will also take on the issue of self-neglect for example those who clutter their homes or/and self-neglect through drug and alcohol abuse. The review is ongoing to ascertain how this duty links with other Acts.
 - The duty to assess prisoner’s social care needs forms part of the Act.
 - There is general concern by Local Authorities about the cost of implementation.

Following the presentation the following issues were raised and clarified:

- a. An individual who self-fund their own care, that is those assessed to have capital over £23k, will in future have access to an increased range of support than under the current arrangements to obtain advice and assistance on making decision on care. Carers are given significant new entitlements under the Act.
- b. The team is presently working through what the implications of the deferred payment scheme will be. The principle is giving rise to areas of concerns such as recovery from a person’s estate. The guidance is new and councils are still working through the implications. The team will come back with further details on this and the cap on care.
- c. Concerns raised about how the changes to the Independent Living Fund whether it is reflected in the Act. The fund ceases in July 2015 with responsibility moving to Local Authorities. The decision to close the fund was taken to Judicial Review with the judgment due before the end of the year. The service will continue to use Social Workers to assess individuals support needs in liaison with the Department of Works & Pension on the basis that the Fund will cease.
- d. Members requested that the issue of the independent living fund should be further discussed and considered by the agenda planning meeting for a future meeting agenda. **(Action: KB)**

- e. Members were signposted to the task working group on this, dates of which can be provided to the Commission. **(Action: MH)**
- f. Members requested the protocol on how the Health & Wellbeing Board key decision-making and work programmed aligned with the commission.**(Action: NM)**
- g. Members asked for regular briefing sessions on the Act. **(Action KB & MH)**

Resolved:

- i. **That the commission agreed the approach and governance arrangements outlined for the Care Act Implementation Project.**
- ii. **That the commission receive regular briefings on developments from the implementation project.**

11 Bristol CCG Commissioning Intentions 2015/16

The Commission received a report and presentation on the commissioning intentions for Bristol Clinical Commissioning Group(CCG), including arrangements for patient and public involvement.

Justine Rawlings Head of Strategic Planning, NHS Bristol Clinical Commissioning Group provided the Commission with a presentation with Tony Jones, Patient & Public Involvement Programme Manager. The following were highlighted:

- The commissioning intention plan described the changes to be made during the year to support quality of service and value for money. It signals to providers any change to care and where money will be spent. Small providers are able to determine the future development areas of work.
- The CCG used varied means and ways to engage stakeholders.
 - o The website holds the 5 year plan and commissioning intentions document.
 - o Via newsletter and leaflets distributed to stakeholders via mail outs and by placing in public places.
 - o The report will be presented to the Health & Wellbeing Board
 - o The Care Forum have been engaged to run two workshops with the general public and the other specifically for community voluntary organisations.
 - o All intelligence gathered to feed into the decision-making meeting with the governing body in January 2015.
- The CCG is undertaking a three month consultation process on Mental Health.

Members raised the following issues.

- a. The CCG confirmed that constitutional changes had been made following a settlement with the Protect our NHS Group. The CCG had also revised the

procurement process and increased patient consultation. Members requested a copy of the settlement. **(Action: Tony Jones)**

- b. Clarity was given on the re-negotiation of contracts. Fixed term contracts would be re-negotiated at the end of the contract period but services with the bigger providers for acute care such as the BRI run as 'Block Contracts' on a rolling basis. The contracts are not re-negotiated but timely negotiations take place based on performance and outcomes, including the standard of care to be provided moving forward.

Resolved:

- i. **That the proposed timescale and arrangements for patient and public involvement are noted.**

12 Care Quality Commission review of North Bristol Trust

The Commission received a verbal update from Mike Hennessey about the themed inspection of North Bristol Trust – Southmead Hospital. The inspection themes are; core services, emergency, older people, critical care, services to young people, end of life care, diagnostic. General assessment of the safe effective caring of patients, patient wellbeing and assesses if the organisation is well lead. Details of the outcome when known to be shared with the Commission. **(Action: KB & MH)**

Resolved:

- i. **That this was noted.**

13. Date of Next Meeting

There will not be a meeting in December the next meeting will be Monday 19th January 2015.

The meeting ended at 12:40pm

CHAIR

NHS Bristol Clinical Commissioning Group



Bristol Clinical Commissioning Group

What is Commissioning? The Commissioning Cycle



Bristol Clinical Commissioning Group

What is commissioning?

- Working out what the people who live in Bristol need in terms of healthcare
- Deciding how to meet the need
- Finding providers to deliver the care/service
- Agreeing a contract with the providers
- Checking that the people who used the service got what they needed



NHS

Bristol Clinical Commissioning Group

Bristol CCG – our mission

“Better health and sustainable communities and places”

Aligned to the Health and Wellbeing Board’s overarching health themes



NHS

Bristol Clinical Commissioning Group

Our Strategic Priorities

- Long term conditions – care closer to home
- Earlier cancer diagnosis
- Improved vascular outcomes
- Managing demand for children's services
- Modernising mental health services
- Understand and address inequalities in health
- Integrated working across health, social care, and voluntary sector



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Commissioning intentions

- Explain the commissioning changes that have resulted from the work of our delivery groups (plan on a page)
- List the commissioning changes that improve quality of services and /or improve value for money
- Signal to providers (existing and potential new) the areas where resource will be changing or new models of care implemented



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Key focus of our plans:

- Working with our partners to support our financial challenge, transformation and integration of services
- Aligning what we do in our programmes to the work we do with partners as part of Better Care Programme
- Strengthen self care and personalisation of care
- Focus on reducing health inequalities and the needs of protected groups within our communities through meeting our public sector equality duty obligations.



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Our intentions

Better care programme and urgent care

Integrated approaches to:

- preventing admissions,
- rehabilitation and reablement,
- care of the frail elderly and complex conditions
- long term care options
- advice and information service
- extra care housing and
- carers breaks



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Our intentions

Proactive primary care and long term conditions

- Better care planning and sharing care plans
- Supporting self care
- End of life care
- Integrated diabetes care and using that to model care for other long term conditions
- Early cancer diagnosis



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Our intentions

Planned care and referrals

- Ensuring support to GPs to refer to the right place at the right time
- Improving wait times
- Look at key pathways for care where there are opportunities for improving outcomes
- Cancer survivorship programme



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Other important areas

- Mental health
- Learning disabilities
- Children’s services
- Maternity



Bristol Clinical Commissioning Group

Timetable and opportunities to comment

Appendix 1 Outline timescale

OCTOBER 2014	NOVEMBER 2014	DECEMBER	JANUARY	FEBRUARY
<p>Agree current position and refresh 14/15 delivery plans</p> <p>Agree planning timescale and delivery</p> <p>Publish and share high level commissioning intentions</p> <p>Commission and receive relevant Public health, finance, activity, performance, demand and capacity intelligence to inform plan</p>	<p>Start internal and external consultation on plans and commissioning intentions</p> <p>Ongoing review of feedback and 6 month delivery of 14/15 plans</p> <p>Contract liaison with providers</p> <p>Set provider envelope for provider negotiation</p>	<p>GP members event consultation</p> <p>First draft plans exchanged between commissioners and providers</p> <p>Governing body prioritisation to inform work programme and delivery groups</p>	<p>Draft plans shared to ensure feedback integrated</p> <p>Finalised plans</p> <p>Specifications finalised</p> <p>Heads of terms including finance and activity, quality measures, quality and information schedule</p>	<p>Contract sign off in full</p> <p>MARCH 2015 — COMMENCE ANY REQUIRED REFRESH OF 5 YEAR STRATEGY</p>



Bristol Clinical Commissioning Group