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Agenda Item No:04

Bristol City Council

Minutes of People Scrutiny Commission

Monday 2nd November 2015

Scrutiny Members Present:-

Councillors: Lesley Alexander (Chair), Dani Glazzard, Deb Joffe, Olly Mead, Bill Payne, Celia Phipps, Jenny Smith.

Members:

Assistant Mayor Massey

Also in Attendance: Judith Brown Expert Witness

Officers in Attendance:- Mike Hennessey – Service Director Care, Support & Provision, Sue Waring – Service Manager, Lindsey Winterton – Service Manager, Sheena Huggins – Service Manager, Paul Jacobs Service Director Education & Skills.

1. Apologies for Absence

Apologies were received from Cllr Kirk substitution Cllr Mead and Cllr Greaves substitution Cllr Payne. John Readman Strategic Director People, Roger White Co-optee.

2. Public Forum

None

3. Declaration of Interest

None

4. Minutes

Resolved:

That the Minutes of the meeting of the commission held on the 7th September 2015 be agreed as a correct record and signed by the Chair.

Correction Cllr Phipps gave her apologies, although listed as being in attendance.

5. Action Sheet

The Action Sheet and Information Sheet was noted.

6. Whipping

None

7. Chair's Business –

- a. Briefing Note issued by NHS England headed Personal Medical Services (PMS) Review would be shared in the Members Bulletin.

8. The Care Act 2014 – implementation update

The Commission received a report and presentation from Lindsay Winterton, Operational & Strategic Support Manager and Mike Hennessey, Service Director for Care, Support & Provision (Adults) on the Phase 1 duties of the Care Act 2014 and the work to embed the Care Act's principles of wellbeing and early intervention into delivery of care and support services for adults and those who care for them.

A summary of the Duties imposed by the Act are as follows:

To –

- provide services that prevent care needs from becoming more serious
- meet a national minimum level of eligibility
- assess carers, regardless of how much care they provide, and meet carers' needs on a similar basis to those they care for
- offer deferred payment to more people, to avoid property sales to pay for care
- provide information and advice on care and support services
- provide an independent advocate where needed
- promote a diverse and high-quality range of local services
- comply with a new legal framework for safeguarding adults
- give continuity of care to those who choose to move to another area
- assess the care and support needs of children and their carers, after they turn 18
- arrange and fund services to meet the care and support needs of adults in prison

The Care Act gives people more control over their own care and support but this in turn will result in the increase in request for assessments and services during a time of reduced budgets and increasing numbers of people in need.

The 'Three Tier Model' for all care and support services (service users, carers and reviews of support plans) will drive the new good practice customer pathway model. The proposed model:-

3-Tier Model

- Help to Help Yourself
- Help When You Need it
- Help to Live Your life

Case Studies that support the 2nd Tier aspiration 'Help When You Need it' available for Members. **Action: Lindsay Winterton.**

The following was noted from the discussion that followed.

- a. The £139.3 million is the present budget allocation from the Bristol City Council Budgets. The services cover the care home provision and supporting people in their own homes. The re-commissioning strategy promoted the saving of £28million on the budget. A further £12million is invested to promote 'supportive living services' that fall into the category of preventative services.
- b. The transformation strategy does not attract additional funding service as a consequence the service has had to support all developments from existing budgets. The Better Care pooled funding covered the cost of the work being done in improving the way Health Services and Social Care Services work together.
- c. An explanation was given on the term 'Preventative'. This relates to services provided to prevent people from relying on funded services. These amounts are classed as discretionary spend.
- d. Work continues with Bristol Community groups to identify the needs, within that community, that could be funded and support the preventative agenda. This includes the link groups working with Bristol Aging Better that have the opportunity to feed information into this process. It is acknowledged that there is a need for easy to reach locally based leisure activities to meet the needs of elderly people in their own community.
- e. The Care Act now states that Carers assessment must be offered and this duty impacts on the available resources within the service. Work is underway to scope out on the options to further resource the team to meet this additional duty.
- f. The service is aware that although it is proposing to establish supported on line self-assessment, the majority of over 70 year old potential service users do not have access to or any desire to access a computer. The operatives working on the Care Direct enquiry telephone service supply service users with information from online sources. For those not able to access online sites such as www.wellaware.org.uk are provided with information from the

site over the telephone. Request are taken for paper forms and documents to be posted out.

- g. It was noted that Bristol Ageing better are supporting the development of a 'first contact check list' to support service users minimise the need to repeat their story at every point of contact with care providers.
- h. To fulfil the duty to provide advocacy the service has commissioned the provider 'Your Say'. Performance statistics indicate that the take up to date had not been as expected but this would be continually reviewed.
- i. The service engages in outreach work to identify elderly service users who fail to engage. The service relies on information obtained from local GP practices and nurses based in the community. Members were made aware that targeted outreach work created a demand that services are not often up-resourced to manage. All outreach had to be properly co-ordinated within the service that would be impacted from the results.
- j. Service users received continued care should they relocate to the surrounding local region. There is a duty to fund and ensure that the receiving authority continues that funding.
- k. Services users with an immediate need following a traumatic and often life changing event are funded for 6 weeks Reablement irrespective of income and for those with dementia up to 9 weeks, often termed the Golden Period. An assessment identifies eligible care need but does not authorise funding. Provision of funding support for an eligible care need is decided following a separate financial assessment.
- l. New systems will now support reviewing the care packages and funding put in place following life changing event at the 10 week point. This is to avoid funding for care that is no longer required and to support proper review of care packages.
- m. The Care Act includes the requirement to provide assessment to prison inmates. The service has a prison liaison representative directing referrals to care direct. Any care service provision is provided by the Health providers with Bristol City Council funding social care needs.
- n. The service is encouraging a greater take up of the use of Direct Payments so that service users can have more control of their self-directed care and support package. However, this approach requires service users to in effect become employers and with this brings the challenge of dealing with PAYE and pension entitlement. Although there are organisations such as WECIL who can help with this, in recognition of these challenges, the service is reviewing the process and systems for setting up Direct Payments.

- o. Combining Personalisation and Community Empowerment (CPCE) is based on a) the ability of individuals to control their own budgets when assessed as requiring social support by a Local Authority, b) the rightful expectation of quality service delivery and c) a community wanting ownership of that delivery. Its benefits are:
- The provision of incentives for communities to deliver support to vulnerable people;
 - Delivering an enhanced quality of support;
 - Over time reducing the cost of providing social support which enables some savings to be reinvested by communities themselves;
 - A reduction in reliance on statutory services, both those commissioned by Local Authorities and the NHS
- p. The issue of managing care providers and the provision of services in circumstances where the provider business fails is also a statutory Care Act duty for the Council. The CQC have established the Market Oversight scheme that monitors the financial viability of care providers who meet specific criteria. Locally this is overseen by the Contract & Assurance Manager.
- q. Care providers are obligated to pay the 'living wage' to employees including an element of travel time. In addition employment contracts must have arrangements in place to provide training and continual learning of care workers as well as their managers.
- r. Technology continues to be developed to support the provision of care by care workers. Better scheduling has been introduced to ensure service users receive multiple care needs in a single visit.
- s. The Care Act phase 2 legal duties that included a cap on care need spend by individuals and the setting up of the 'citizen account' is postponed from April 2016 to 2020.

Resolved:

- i. **That the presentation and report be noted.**

9. Emergency Duty Social Work Team

The commission received an overview of the Emergency Duty Team (EDT) by Sue Waring Service Manager Social Intervention.

In summary:

- EDT operate an emergency generic social work service that operates out of office hours
- Covers South Gloucestershire, Bath & North East Somerset, Bristol and North Somerset. Total population served is in excess of 1,084,000
- Annual Budget for 2014-15 was £912,164

- Over 30,000 telephone calls and contacts were received in 2014-15
- Team members – 1 x F/T team manager, 2 x F/T assistant team manager (childcare and mental health specialist), 10 x FTE senior social workers and 2 x P/T administrative assistants. In addition to 20 Experience social workers on a seasonal basis – approved mental health practitioners who do the assessment
- Vacancies – 2.5 FTE EDT officer
- 9 FTE staff have left over the past 2 years
- EDT provide service to adults, families and Carers
- EDT provide emergency
 - o Safeguarding
 - o Accommodation for homeless adults with needs
 - o Support where a package of support breaks down
 - o Support where there is a mental health crisis
 - o Child protection investigations
 - o Accommodation for homeless & abandoned children
 - o Support for young people arrested and detained
 - o Family telephone support
 - o Looked after children in crisis
- Access to all database across the four authorities to ensure consistency of approach.

The following noted from the discussion that followed:

- a. Sue Waring welcomed questions from Members that could be discussion directly with the service provider. **Action: Sue Waring**
 1. Further details on the 3 complaints received and whether they covered the Bristol area.
 2. Statistical information on whether, if at any time the duty team staffing level of 5 went as low as 3 members of staff on duty.
 3. Further information on Staff turnover on the factors contributing to the replacement of the team over a two year period.
 4. Comparison data for the service and how it measure against other cities, any benchmarking work available.
 5. Request made for work profile of current team members.
 6. Homelessness – the figure of 22.77% indicates the percentage of the 1880 requests for accommodation that was met, what assistance was given to the unsuccessful 77%.
 7. Further details are required on the figure given for referrals to the team on 'Child Absconsion'.
- b. Members were reassured that Social Workers involvement in Mental Health assessment were actioned with the assistance of the police together with the standard requirement for Doctors and Psychiatrist to be present.
- c. The EDT have access to information held on the RIO mental health database and Liquid Logic systems. The team also use the information held across the regional offices to access information as required.

- d. Bristol is considering the issue of recruitment and retention of staff in relation to Approved Mental Health Practitioners and is considering the issue of the non-competitive salary range offered.
- e. Members questioned whether the joint commissioning of the service across of the region was the best way to deliver the service. They were reassured that this was fully considered two years ago at that time concluded that the best model was a jointly commission out of hours service that would allow for regional link across service areas.
- f. The figures given in the financial information table properly reflects that the service supports the Bristol region at a higher rate than the other regions.

Resolved:

- i. **The presentation be noted.**

10. Care Quality Commission Update

The Commission received a report from Sheena Huggins, Service Manager Regulated Services and Day Services and Mike Hennessey on the Care Quality Commission (CQC) registration and the implications for Bristol City Council in-house provision.

The CQC is the independent regulator of health and social care services in England. Legislation dictates that all services within health and social care who provide a regulated service (Eg Personal Care) must be registered with the CQC.

The services currently registered are;

- Shared Lives – Provision of longer term care, Respite and Day services
- Concord Lodge
- Redfield Lodge
- North, South and East and Central Intermediate Care Teams
- Disabled Children's Community Care Team
- North, South and Central and East Bristol Rehabilitation Centre (including out of hours and the Supporting Dementia Service)

In October 2014 CQC changed the way they rate services, moving from rating services on their 'compliance or non-compliance' , this moved to inspections being judged as : Inadequate, Requires Improvement, Good and Outstanding.

The five key Questions that inform an inspection is:

- Is it Well Led?
- Is it Safe?
- Is it Effective?
- Is it Caring?
- Is it Responsive to People's needs?

Provider information return forms the basis of the inspection. This with the inspection contributes to the final report and scoring. The rating systems works on

the basis that one score of either inadequate or requires improvement, in one for five areas to be considered, would result in the overall service receiving this score.

CQC nominated individual role is to support the quality of the service and share any learning arising from CQC reports and inspection. They give continued support to managers of regulated services and support them adhere to regulations. It is anticipated that 8 out of 10 units will be inspected in the next few months. CQC advised that they would target services that they consider the most 'risky' first.

The 'CQC Thematic review' will be underway before the end of the year. The 4 Inspectors will meet with clinicians and social care professionals along with service users and look at pathway of service users in the area of 'Fracture neck of Femur' and Stroke.

The following was noted from the discussion that took place;

- a. The Health and Wellbeing Board would be involved in the Thematic Review process and Members were invited to advise if they wish to be involved.
Action Members to contact Sheena Huggins
- b. The CQC continues their robust approach to risk encouraging services to post alerts, where there are concerns about a service. The consequence of this is that CQC will prioritise services that they consider 'risky'. This has impacted on their inspection schedule, CQC currently have a backlog of homes to inspection under the new rating system.
- c. Regulation 20 give a Duty of Candour, there is an obligation to advise the CQC of issues arising and to keep them informed of any issues, also to advise of future development and strategies to address where improvements may be required.

Resolved:

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

11. Corporate Parenting Strategy and Pledge to Children in Care and Care Leavers

The Commission received a report from Hilary Brooks, Interim Service Director Children and Family with Anne Farmer Service Manager on the launch of the Corporate Parenting Strategy and Pledge to Children in Care and Care Leavers.

The strategy developed as part of the Children Service Improvement plan following the Ofsted Inspection of Bristol's services for children. The Corporate strategy outlines the intended improvement to the support for children in care and care leavers. The Pledge is a document, written for children and young people, outlining the services and support they can expect.

The following was noted from the discussion that followed:

- a. There was a discussion about the 9 Objectives and how would they be progressed and at what pace.
- b. Members were informed that where a child needed to be placed in Foster Care in an emergency situation, the family court expectation was for the wider family to be included in any resolution planning for a child. The service aimed, in many cases, to plan for permanency.
- c. Any benchmarking exercise would take place against the statistics of larger authorities such as Birmingham, as Bristol services were not always comparable with local regional authorities. Performance Indicators are expected to be on par with the national averages and if they are not an explanation must be given with reasons.
- d. Services are in place to meet the emotional needs of children coming into care from backgrounds that would be deemed abusive and difficult. CAMHS and other in-house services support the needs of young people in care with ill-health and mental health issues.
- e. When children and young people were consulted they provided a clear message that they required a permanent social worker. To support this, the service is working on the challenging issue of recruitment and retention of staff. The Social work services have been remodelled with the objective of ensuring the retention of staff. National statistic shows that Bristol average staff turnover is far better than others.
- f. Objective 4, in the document was viewed by Members as having a wide remit. The Objectives success is dependent on all council wide services taking 'ownership' and embedding the principles in service deliver.
- g. The service is obligated to provide an explanation for all post-18 young people formerly in care. The expectations are that contact is maintained and that a young person's activities are monitored with guidance given in respect of personal development and education needs. 29 out of 53 young people remain in a foster care placement post 18. The personal education plan is the tool used to establish a pathway to support further education and employment aspiration.

Resolved:

- i. **That the report was noted**

The meeting ended at 13:02

CHAIR