Health Scrutiny Committee (sub-committee of the People Scrutiny Commission) Agenda

Date: Wednesday, 11 March 2020
Time: 2.00 pm
Venue: The Writing Room - City Hall, College Green, Bristol, BS1 5TR

Distribution:

Councillors: Harriet Clough, Eleanor Combley, Paul Goggin, Gill Kirk, Brenda Massey, Celia Phipps and Chris Windows

Issued by: Dan Berlin, Scrutiny Advisor
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Date: 3 March 2020

Agenda

1. Welcome, Introductions, and Safety Information

(Pages 4 - 5)

2. Elections of the Chair and Vice-Chair

3. Annual Business Report

(Pages 6 - 15)

4. Apologies for Absence and Substitutions

5. Declarations of Interest

6. Chair's Business

7. Public Forum

Up to 30 minutes is allowed for this item.

Any member of the public or Councillor may participate in Public Forum. The detailed arrangements for so doing are set out in the Public Information Sheet at the back of this agenda. Public Forum items should be emailed to democratic.services@bristol.gov.uk and please note that the following deadlines will apply in relation to this meeting:-

Questions - Written questions must be received 3 clear working days prior to the meeting. For this meeting, this means that your question(s) must be received in this office at the latest by **5pm on Thursday 5 March 2020.**

Petitions and Statements - Petitions and statements must be received on the working day prior to the meeting. For this meeting this means that your submission must be received in this office at the latest by **12.00 noon on Tuesday 10 March 2020.**

8. Bristol mental health services update and performance report

(Pages 16 - 44)

9. Hospital pressures

(Pages 45 - 51)

10. Bristol GP closures and new arrangements

To follow

11. Service transfer of the Adult Community Contract

To follow

12. Work programme

(Pages 52 - 53)

Public Information Sheet

Inspection of Papers - Local Government (Access to Information) Act 1985

You can find papers for all our meetings on our website at www.bristol.gov.uk.

You can also inspect papers at the City Hall Reception, College Green, Bristol, BS1 5TR.

Other formats and languages and assistance For those with hearing impairment

You can get committee papers in other formats (e.g. large print, audio tape, braille etc) or in community languages by contacting the Democratic Services Officer. Please give as much notice as possible. We cannot guarantee re-formatting or translation of papers before the date of a particular meeting.

Committee rooms are fitted with induction loops to assist people with hearing impairment. If you require any assistance with this please speak to the Democratic Services Officer.

Public Forum

Members of the public may make a written statement ask a question or present a petition to most meetings. Your statement or question will be sent to the Committee and be available in the meeting room one hour before the meeting. Please submit it to democratic.services@bristol.gov.uk or Democratic Services Section, City Hall, College Green, Bristol BS1 5UY. The following requirements apply:

- The statement is received no later than **12.00 noon on the working day before the meeting** and is about a matter which is the responsibility of the committee concerned.
- The question is received no later than **5pm three clear working days before the meeting**.

Any statement submitted should be no longer than one side of A4 paper. If the statement is longer than this, then for reasons of cost, only the first sheet will be copied and made available at the meeting. For copyright reasons, we are unable to reproduce or publish newspaper or magazine articles that may be attached to statements.

By participating in public forum business, we will assume that you have consented to your name and the details of your submission being recorded and circulated to the committee. This information will also be made available at the meeting to which it relates and placed in the official minute book as a public record (available from Democratic Services).

We will try to remove personal information such as contact details. However, because of time constraints we cannot guarantee this, and you may therefore wish to consider if your statement contains information that you would prefer not to be in the public domain. Public Forum statements will not be posted on the council's website. Other committee papers may be placed on the council's website and information in them may be searchable on the internet.

Process during the meeting:

- Public Forum is normally one of the first items on the agenda, although statements and petitions that relate to specific items on the agenda may be taken just before the item concerned.
- There will be no debate on statements or petitions.
- The Chair will call each submission in turn. When you are invited to speak, please make sure that your presentation focuses on the key issues that you would like Members to consider. This will have the greatest impact.
- Your time allocation may have to be strictly limited if there are a lot of submissions. **This may be as short as one minute.**
- If there are a large number of submissions on one matter a representative may be requested to speak on the groups behalf.
- If you do not attend or speak at the meeting at which your public forum submission is being taken your statement will be noted by Members.

For further information about procedure rules please refer to our Constitution
https://www.bristol.gov.uk/how-council-decisions-are-made/constitution

Webcasting/ Recording of meetings

Members of the public attending meetings or taking part in Public forum are advised that all Full Council and Cabinet meetings and some other committee meetings are now filmed for live or subsequent broadcast via the council's webcasting pages. The whole of the meeting is filmed (except where there are confidential or exempt items) and the footage will be available for two years. If you ask a question or make a representation, then you are likely to be filmed and will be deemed to have given your consent to this. If you do not wish to be filmed you need to make yourself known to the webcasting staff. However, the Openness of Local Government Bodies Regulations 2014 now means that persons attending meetings may take photographs, film and audio record the proceedings and report on the meeting (Oral commentary is not permitted during the meeting as it would be disruptive). Members of the public should therefore be aware that they may be filmed by others attending and that is not within the council's control.

Health Scrutiny Committee (Sub-committee of the People Scrutiny Commission) 11th March 2020

Report of: Dan Berlin, Scrutiny Advisor

Title: Health Scrutiny Committee (Sub-committee of the People Scrutiny Commission) Annual Business Report 2019/2020.

Ward: N/A

Recommendations:

1. To note the Scrutiny Committee's Terms of Reference
2. To note the membership of the Committee for the 2019/2020 municipal year
3. To confirm the 2019/2020 meeting date for the Scrutiny Committee

1. Context and Proposal

1.1 Terms of Reference of the Committee

At its meeting on 17th July 2019 the Overview & Scrutiny Management Board established this committee (sub-committee of the People Scrutiny Commission) with the following terms of reference:

Overview

The role of this Committee is to undertake the scrutiny of local Health Service provision in accordance with Section 7 of the Health and Social Care Act 2001, the Health and Social Care Act 2012 and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

Functions

1. To review and scrutinise any matter relating to the planning, provision and operation of the health service in its area.
2. To review and scrutinise any proposal for the substantial development or substantial variation of the Health Service as referred by a local NHS commissioner or provider under its statutory obligation to consult with the Council. To consider and assess impact assessments from such bodies and decide whether proposals are substantial variations or developments.
3. To require the local NHS body to provide information about the proposal under consideration and where appropriate to require the attendance of a representative of the NHS body to answer such questions as appear to it to be necessary for the discharge of its function in connection with the consultation.
4. To report to the Secretary of State in writing where it is not satisfied that consultation on any proposal referred to in paragraph 2 above has been adequate in relation to the content or time allowed.
5. To report to the Secretary of State in writing in any case where it considers that the proposal referred to in paragraph 2 above would not be in the interests of the health service in the area

6. Where a matter is referred to it by Healthwatch to consider whether to exercise any powers in relation to the matter, taking into account information supplied by Healthwatch.
7. To scrutinise matters relating to the health of the authority's population and contribute to the development of policy to improve health and reduce health inequalities.
8. To review and scrutinise the impact of the authority's own services and key partnerships on the health of its population.
9. Review and scrutinise decisions made, or other action taken in connection with the discharge of any functions which are the responsibility of the Mayor/Executive, functions which are not the responsibility of the Executive, and functions which are the responsibility of any other bodies the Council is authorised to scrutinise.
10. In relation to the above functions:
    a) To make reports and/or recommendations to the full Council, Executive of the Council, any joint committee, NHS bodies or any relevant partner authority as appropriate;
    b) To consider any matter affecting the area or its inhabitants
11. To report on an annual basis to the People Scrutiny Commission on progress against the work programme and any recommendations it makes.

1.2 Membership of the Committee:

Cllr Brenda Massey
Cllr Gill Kirk
Cllr Paul Goggin
Cllr Celia Phipps
Cllr Chris Windows
Cllr Harriet Clough
Cllr Eleanor Combley

1.3 2019-2020 Meeting Dates

Wednesday 11 March 2020

2. Public Sector Equality Duties

Before making a decision, section 149 Equality Act 2010 requires that each decision-maker considers the need to promote equality for persons with the following "protected characteristics": age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. Each decision-maker must, therefore, have due regard to the need to:

i) Eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act 2010.

ii) Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to --

- remove or minimise disadvantage suffered by persons who share a relevant protected characteristic;

- take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of people who do not share it (in relation to disabled people, this includes, in particular, steps to take account of disabled persons' disabilities);

- encourage persons who share a protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

ii) Foster good relations between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to –
- tackle prejudice; and
- promote understanding.

Appendices:
None

LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985
Background Papers:

- Overview and Scrutiny Management Board minutes 17-7-19

Bristol City Council
Minutes of the Overview and Scrutiny Management Board

17 July 2019 at 6.00 pm

Members Present:-
Councillors: Geoff Gollop, Stephen Clarke, Claire Hiscott, Paula O'Rourke, Celia Phipps, Jo Sergeant, Jeff Lovell, Mark Brain, Brenda Massey and Gary Hopkins

1. Welcome, Introductions and Safety Information

The Chair welcomed all attendees to the meeting.

2. Apologies for absence

Apologies were received from Councillor Anthony Negus who was substituted by Councillor Gary Hopkins.

3. Declarations of Interest

None received.

4. Minutes of the previous meeting

The minutes from the meeting on 6th June 2019 were approved as a correct record.

RESOLVED; that the minutes from the meeting on 6th June 2019 be approved as a correct record.

5. Chair's Business

The Chair advised that the following meetings of the Call In Sub Committee of the Overview and Scrutiny Management Board would be taking place;

Monday 22nd July 19 - Call In of the Cabinet Decision: Development of Buildings Adjacent to the Harbour
Tuesday 23rd July 19 - Call In of the Cabinet Decision: Temple Island – Update on Proposals and Disposal Arrangements

Both meetings would be webcast.

6. Public Forum

The following public forum was received and a copy placed in the minute book;

Submission	Name	Title
Question	Christina Biggs & Gavin Spittlehouse	Clean Air Plan
Statement	Bristol Clean Air Alliance	Include Private Cars In Clean Air Plans

As the question was submitted late, it was agreed that a reply would be provided following the meeting.

7. Improving Public Health - Clean Air Plan Update

The Head of Paid Service introduced the item, advising the Board that the consultation around the Clean Air proposals was underway. He acknowledged that the circumstances were not ideal since the timetable had been set by the Government which meant the consultation had commenced with some technical information not yet available, however, the course of action had been agreed based on a balance of all key risks. A further update could be provided to OMSB during or at the close of the consultation period.

Members went on to receive a presentation setting out the current situation regarding the Clean Air plan, a copy of which can be found at Appendix A. Members considered the information provided and asked for additional details in a number of areas. The following matters arose;

- Modelling of various options had found that Bristol would find it more difficult to achieve clean air compliance as quickly as other similar sized cities.
- Should congestion charges be introduced in Bristol, consideration could be given to using a sliding scale of Clean Air Zone charges based on vehicle type.
- If the option to ban diesel cars from parts of the city was implemented then this may have an impact on air quality in other areas, although to a much lesser extent and within acceptable limits. Currently diesel vehicles could only be banned for 8 hours a day, which would require a Traffic Regulation Order. A vehicle scrappage scheme could only be introduced with government support.
- The Council were planning to use Automatic Number Plate Recognition to enforce any changes that were introduced as part of the Clean Air plan.

- Air quality compliance in fleet vehicles was a particular area of concern for Members.
- The Clean Air Plan needed to be introduced alongside enhanced public transport, such as better bus services on Sundays.
- Members expressed some concern that a more proactive approach to improving clean air had not been taken.
- Members raised concerns about the legitimacy of the consultation. They were assured that there were no statutory requirements around duration and that 6 weeks was thought to be reasonable.
- The consultation had been promoted via local publications. Councillors were encouraged to help support engagement with their local residents.
- Drop in sessions regarding the consultation had been organised in key parts of the city i.e. those that would be most affected by the Clean Air proposals. Other areas could be added if necessary and Members were invited to submit suggestions.
- It was not possible to directly contact previous consultees on other topics due to GDPR restrictions.

RESOLVED; That the update be noted and a further report be brought back to the Overview and Scrutiny Management Board prior to any decisions being made by Cabinet.

8. Preparedness for EU Exit (Brexit)

The report was noted.

RESOLVED; That the report be noted.

9. The One City Thematic Boards

Members received an update from officers. The key points made were as follows;

- The Terms of Reference for each of the One City Thematic Boards and activity updates were available on the One City website. Minutes may also be published, but that was a decision for each Board.
- The Mayor had indicated (during the proceeding Mayoral Question Time) that consideration would be given regarding the suggestion that an elected Member be invited to attend Board meetings in an observational capacity.
- In January 2020 a report would be available outlining the funding arrangements for One City, including an update on developments to date, and this would be shared with OSMB.
- There were no additional costs to the council in running the Thematic Boards as three are already run by the BCC and the other three boards are clerked by the One City Partners.

- All recommendations from the One City Boards, with the exception of those relating to the Health and Wellbeing Board which was a statutory body, would be referred to Cabinet for decision therefore providing an opportunity for scrutiny.
- It was suggested the Members be invited to the One City biannual City Gathering events which brought together key stakeholders from across the public, private, third and voluntary sectors.

RESOLVED; that the update be noted and a further report setting out the One City Plan would be provided to the Board in January 20

10 Corporate Performance Report Q4 2018-19

During the introduction from officers, Members were advised that areas of improved performance included the number of care leavers in employment and apprenticeships available, as well as admissions to care homes. Areas that were not performing as well included the number of rough sleepers and invoices being paid on time.

Members went on to query the information provided and ask for additional details in a number of areas. The discussion was as follows;

- Sickness absence rates in the Council were still in need of improvement although the direction of travel was positive.
- The Council were working on ways to further improve the timely payment of invoices and the Resources Scrutiny Commission had recently received a report setting out full details.
- The outcomes for number of care leavers entering employment were welcomed.
- Revised data regarding the provision of new homes would shortly be available.
- Some of the targets could be more ambitious but in areas where previous significant gains had been made or where performance was traditionally strong maintaining the status quo was regarded as success.
- Clarity was required about why performance for journeys taken by Park and Ride buses had been reduced.
- The target for visits to museums had been reduced since it had previously been increased due to an influx of visitors who came for the Wallace and Gromit trail.

Members noted that the performance indicators had been revised following a recent workshop with Scrutiny Members and thanked officers for the clear presentation of the report.

RESOLVED; That the performance report be noted.

11 Corporate Risk Management Report and Annual Update

The update was noted.

RESOLVED; that the Corporate Risk Management Report and Annual Update be noted.

12 Temple Island - update on proposals and disposal arrangements

The Chair advised that the item would now be fully addressed at the aforementioned Call In Sub Committee of the Overview and Scrutiny Management Board that would be taking place on Tuesday 23rd July 19. It was noted that the exempt legal advice relating to the Temple Island Cabinet decision (of 2nd July 19) had not been shared with Scrutiny as stated at the Cabinet meeting. Members requested that this information be corrected at the next Cabinet meeting.

RESOLVED; that the Cabinet Member for Finance, Governance and Performance be asked to correct the statement that the exempt legal advice in relation to the Temple Island cabinet decision (of 2nd July 19) had been shared with Scrutiny.

13 Work Programme

The updated work programme was noted. The following matters were discussed;

- The scheduling of the next meeting of the Overview and Scrutiny Management Board to consider the performance of Bristol City Council's Companies was proving difficult. It was agreed that the meeting could proceed on 14th August 19 if no other suitable options were identified.
- Updates on the forthcoming Inquiry Days on Climate Adaptations, SEND (Special Educational Needs and Disability, and High Streets were noted.

RESOLVED: That the updated Work Programme be noted, and that the next meeting of the Overview and Scrutiny Management Board to review performance of the City Council's companies take place on 14th August 19 if no other suitable alternative could be found.

14 Budget Scrutiny Process Confirmation

The process for budget scrutiny during 19/20 set out in the accompany report was approved.

RESOLVED; that the budget scrutiny process for 19/20 be approved.

15 Health Sub-Committee Terms of Reference

The draft terms of reference of the Health Sub Committee of the People Scrutiny Commission were approved.

RESOLVED; That the draft terms of reference of the Health Sub Committee of the People Scrutiny Commission be approved.

16 Minutes from the WECA Overview and Scrutiny Committee (for information) - Standing Item

The minutes which were provided for information purposes were noted.

17 Mayor's Forward Plan - Standing Item

The updated Forward Plan was noted.

RESOLVED; that the Mayor's Forward Plan be noted.

Meeting ended at 20:32

CHAIR _____

Health Scrutiny Committee

11th March 2020

Report of: Rachel Clark, Director of Strategy

Title: AWP Bristol mental health services update and performance report

Ward: ALL

Officer Presenting Report: Paula May, Associate Director, BNSSG and Rachel Clark, Director of Strategy

Recommendation:

That Health Scrutiny Committee note the report and comment.

Summary

Bristol has experienced significant pressure within its inpatient bed base both within Acute and PICU (Psychiatric Intensive Care Unit) wards.
This is showing itself as an increase in the use of commissioned capacity as follows:-

- A decrease in Length of Stay
- Significant increase in the number of Out of Area bed days used
- PICU Out of Area bed days have also shown a significant increase

However, most of the KPI's (Key Performance Indicators) have improved for Bristol over the last year, achieving targets in line with the contract expectations.
The areas that have seen improvement are:-

- 3 and 7 day follow up
- Discharge summaries
- Stat man training
- Supervision
- Service users with a review (CPA)
- Records management
- Service users asked if they have a carer
- Crisis 4 hour assessments

Areas that continue to need a focus are:-

- **DToC (Delayed Transfer of Care), this has fluctuated in year, however, there continues to be really positive working relationships with Social Care, partner agencies and the CCG**
- **Service users with a review (non CPA) is currently at Amber, however, this is only 0.2% from target**

Refer to Appendix 1 for detail

Public Sector Equality Duties

Before making a decision, section 149 Equality Act 2010 requires that each decision-maker considers the need to promote equality for persons with the following "protected characteristics": age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. Each decision-maker must, therefore, have due regard to the need to:

i) Eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act 2010.

ii) Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to --

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- encourage persons who share a protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

iii) Foster good relations between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to –
- tackle prejudice; and
- promote understanding.

< Insert a note on how the public sector equality duties are relevant >

Appendices:
Appendix 1

LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985
Background Papers:
none

Summary of Bristol key issues

Bristol has experienced significant pressure within its inpatient bed base both within Acute and PICU (Psychiatric Intensive Care Unit) wards.

This is showing itself as an increase in the use of commissioned capacity as follows:-

- **A decrease in Length of Stay**
- **Significant increase in the number of Out of Area bed days used**
- **PICU Out of Area bed days have also shown a significant increase**

However, most of the KPI's (Key Performance Indicators) have improved for Bristol over the last year, achieving targets in line with the contract expectations.

The areas that have seen improvement are:-

- **3 and 7 day follow up**
- **Discharge summaries**
- **Stat man training**
- **Supervision**
- **Service users with a review (CPA)**
- **Records management**
- **Service users asked if they have a carer**
- **Crisis 4 hour assessments**

Areas that continue to need a focus are:-

- **DToC (Delayed Transfer of Care), this has fluctuated in year, however, there continues to be really positive working relationships with Social Care, partner agencies and the CCG**
- **Service users with a review (non CPA) is currently at Amber, however, this is only 0.2% from target**

1 Executive Summary (Bristol)

Summary of key issues

In M10 both adult acute and later life inpatient services have seen increased bed occupancy, increased use of commissioned capacity, a decrease in length of stay and a significant increase in the number of OOA bed days used.

Both showing levels higher than they have been in the last year. PICU OOA bed days also increased to their highest levels in M10.

Many KPIs have been maintained in Month 10 achieving target levels and above. These include, 3 & 7 day follow up completed and discharge summaries being sent, stat man training continuing to increase, and supervision returning to target.

Whilst we acknowledge these achievements we are committed to ensure this improvement is maintained and are actively identifying systems to ensure this occurs.

Safe

7 day follow up returned to GREEN in M10 after dropping in M9

3 day follow up remained GREEN above the target level

Discharge Summaries – remained GREEN and continued to increase

All other indicators for this domain remain GREEN.

Effective

Gate-Keeping remained under target for January at 89.6%

Service Users with a Review (CPA) maintained above target levels at 96% GREEN

Service Users with a Review (Non CPA) was AMBER, 94.8% in M10 0.2% from target.

Records Management remains GREEN at 77.4% in M10

Rostering dropped to RED 87.5% in January. All wards were completed on time apart from Aspen Ward this is being following up by the Inpatient Service Manager.

Caring

Friends and Family Test response rate increased and reached AMBER 11.6% this is now discussed in both Community and Inpatient Assurance Meetings.

Service Users asked if they have a Carer remains at 96% GREEN

Responsive

Crisis 4 Hour Assessments This remained GREEN at 95.5%

DTOC decreased to RED 5.2% in M10

There continues to be a positive working relationship with Social Care. The long stay patient review and report to WSOG has assisted in reviewing issues around complicated care pathways and looking at patterns emerging.

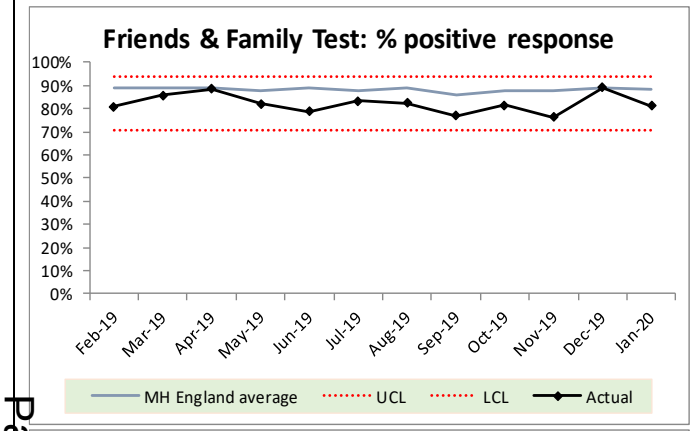
Well Led

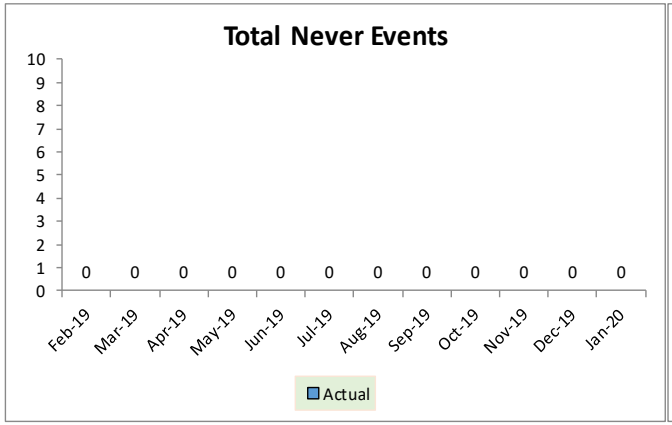
Supervision increased in M10, GREEN 87.3%

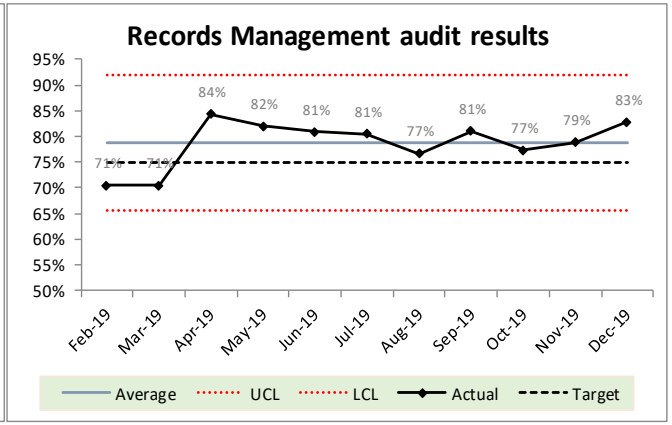
Appraisal has also increased in M10 just 0.2% from target at AMBER 94.8%.

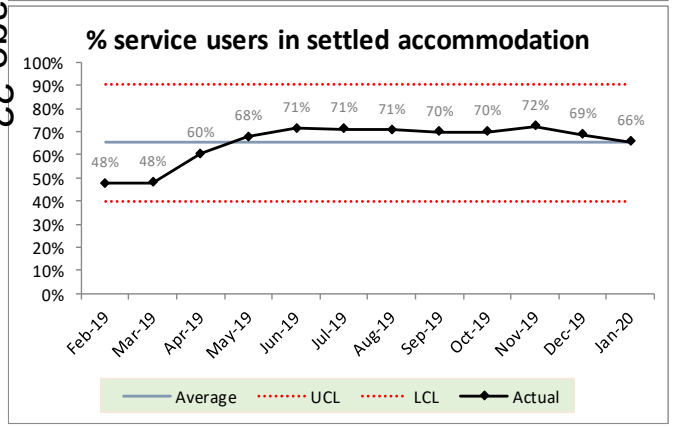
2 ALL SERVICES COMBINED (Bristol)

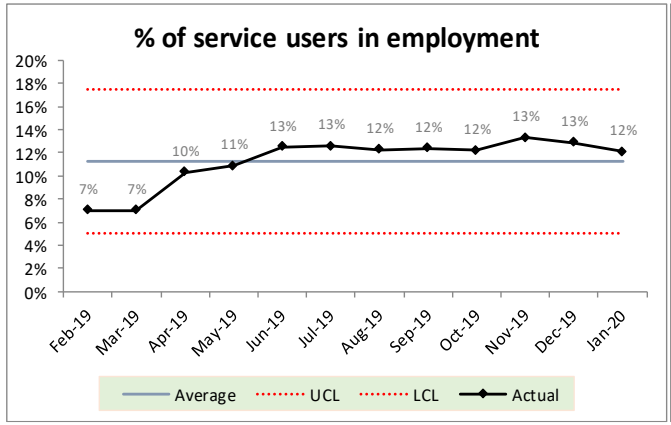
Key Performance Indicators (Records Management = one month in arrears)

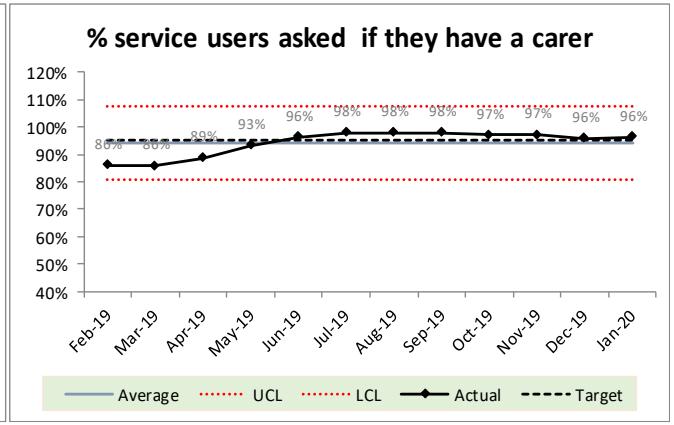


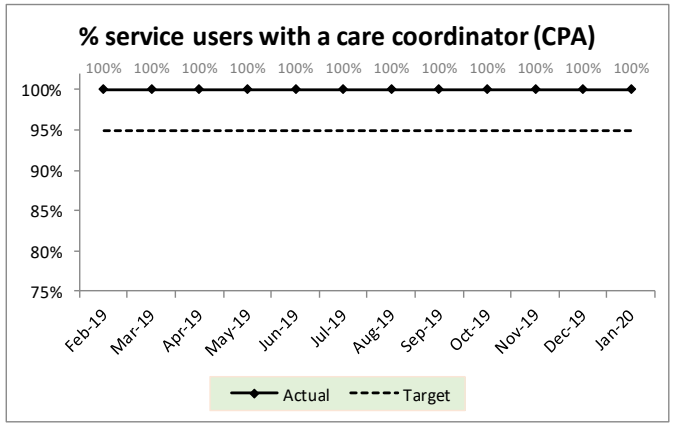


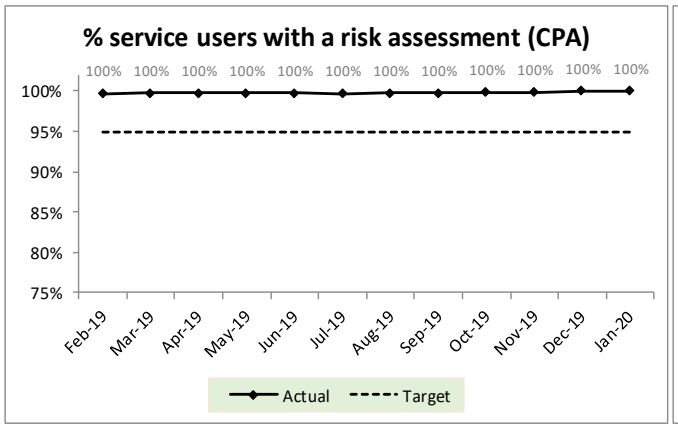


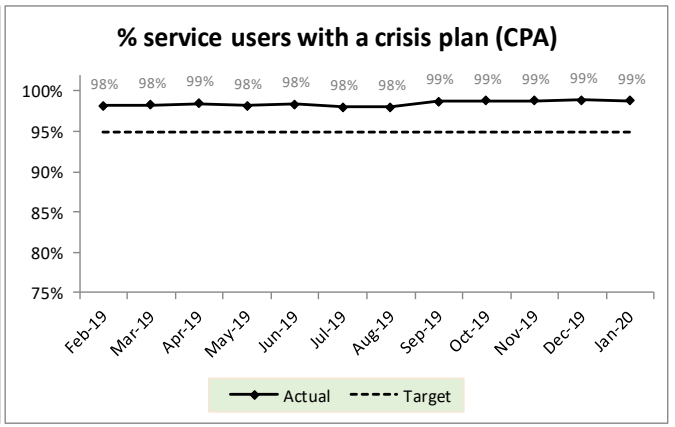












Commentary:

Records Management: The December Records Management percentage increased further over target at 83%.

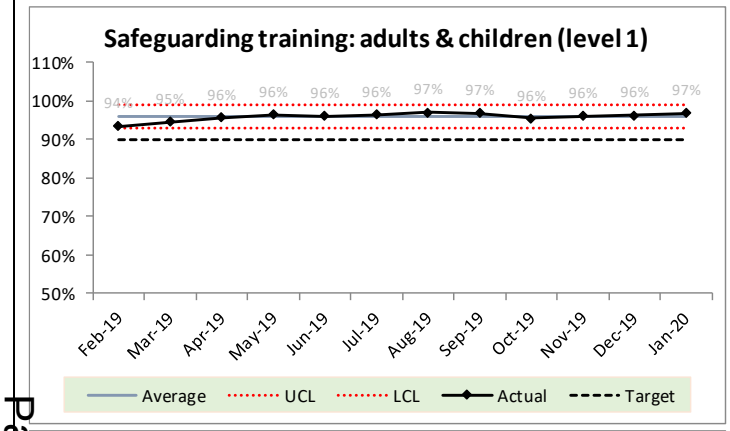
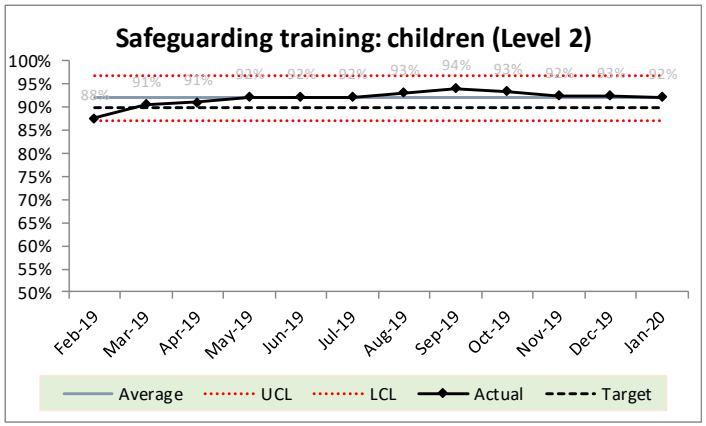
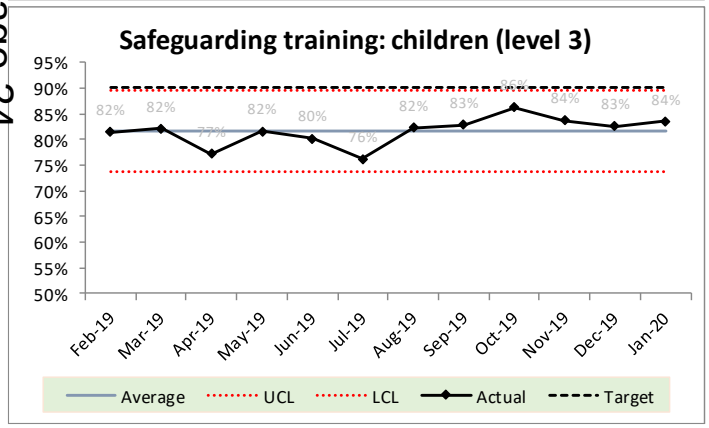
Friends and Family Test:. The number of positive responses actually increased in January after a dip in December. They continue to be monitored closely. All comments are discussed monthly at the Inpatient and Community Quality Meetings and are disseminated to all team to review and identify learning where possible. The locality will focus on those teams who require further improvement including some wards and the Crisis teams.

Settled accommodation & employment:

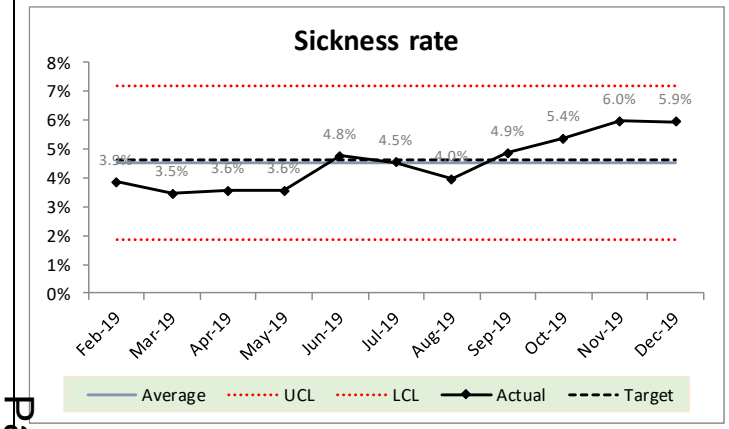
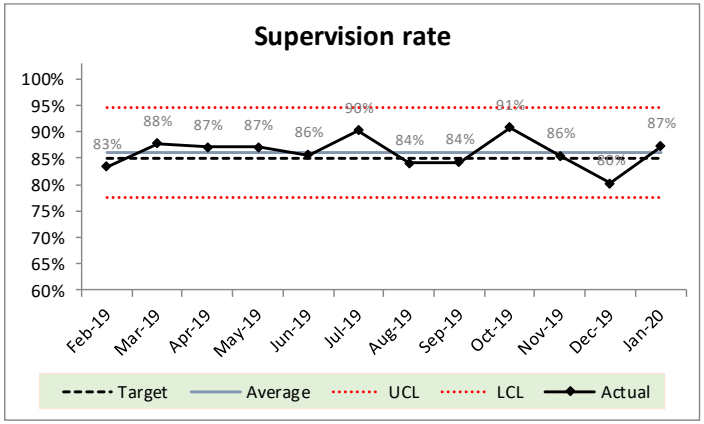
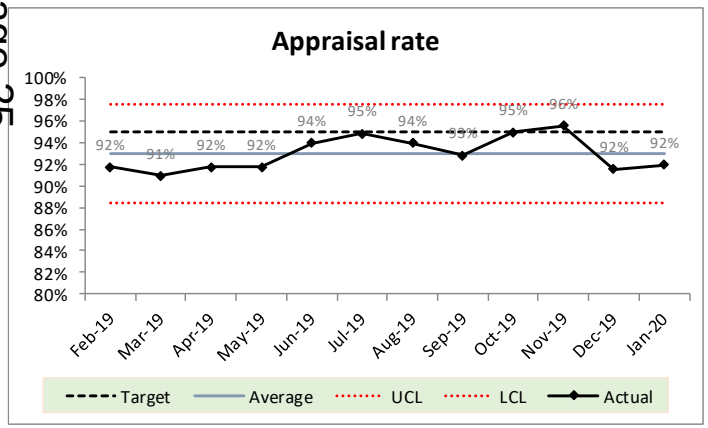
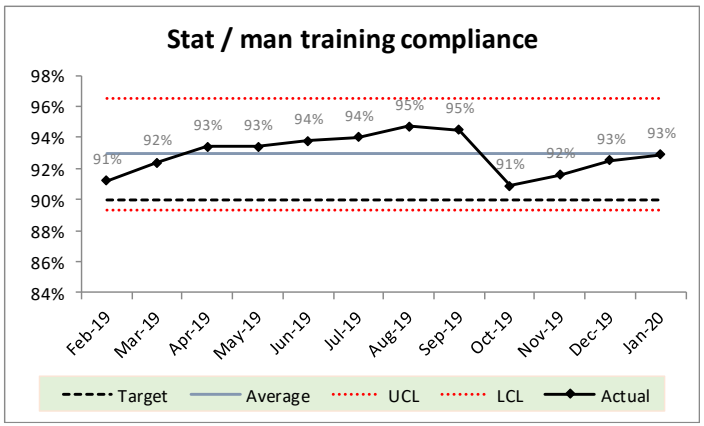
Both indicators continue to remain high and maintain the improvement they have made over the past 8 months. Both remain at or above average.

Service Users who have a Carer: This remains above target at 96%. This is due to the hard work of the Quality Administrators and teams after a focus on this and accommodation and employment was agreed in M1.

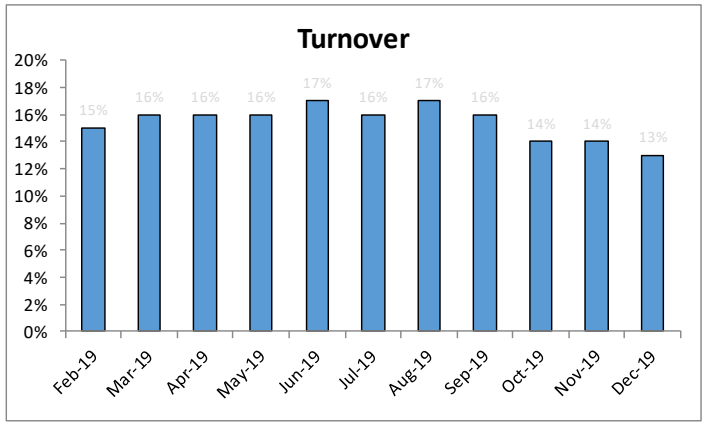
3 Safeguarding (Bristol)

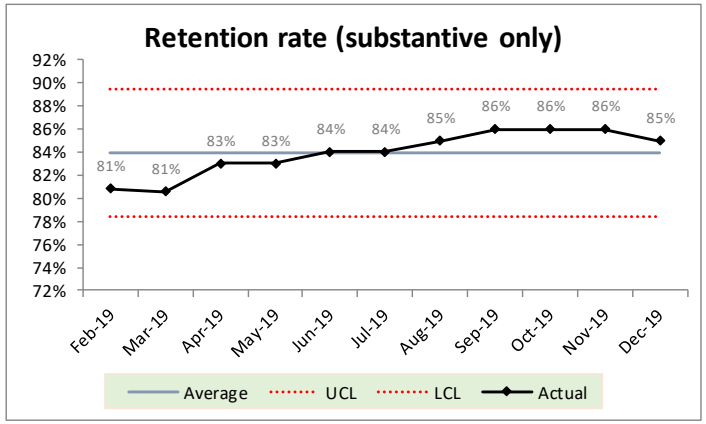
Key Performance Indicators	Commentary:
  	<u>Safeguarding Training Level 1</u> Level 1 training remains above target in M0 increasing to 97% <u>Safeguarding Level 2</u> Level 2 training is also being maintained above the target for the 11th month in a row. <u>Safeguarding Level 3</u> Safeguarding Level 3 increased by 1% in M10.

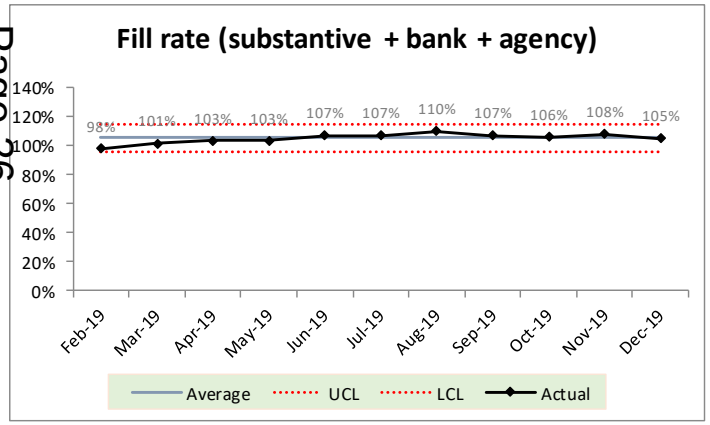
4 Workforce (Bristol)

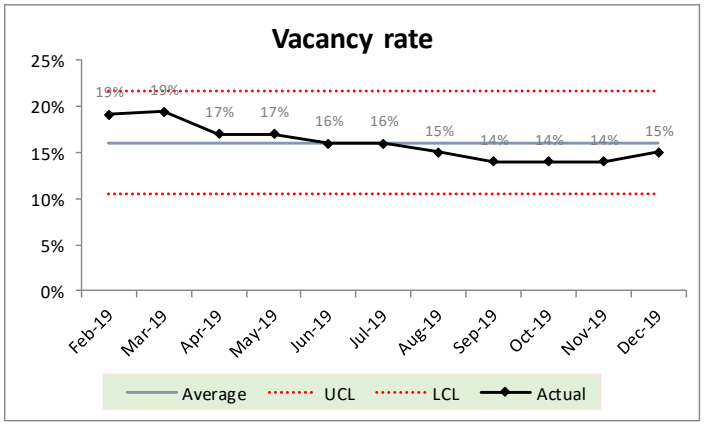
Key Performance Indicators (Sickness = one month in arrears)	Commentary:
	Sickness The level of sickness within Bristol remained fairly high in December 2019. This is a mixture of long and short-term sickness. All HR processes are in place where required. Sickness levels are reviewed in detail at the monthly Bristol Workforce Meeting.
	Supervision Supervision rates returned above target in January as expected following a dip over the Christmas period.
	Appraisals Appraisals rates also dropped in M9 due to the holiday period. These increased in January however they did not quite reach the target level. These are expected to continue to increase throughout February. This has been discussed in both the Community and Inpatient Quality Assurance Meetings.
	Stat / Man training Compliance Despite the holiday period this indicator continued to increase in M9 & 10 and is 3% above the 90% target. This is reviewed via Quality Assurance Meetings.

Key Performance Indicators (all indicators = one month in arrears)	Commentary:









Turnover

Staff turnover had remained fairly static however; it has dropped to its lowest level in December at just 13%.

Vacancy & Retention Rates

Retention rates have been on a steady increase over the last year. In conjunction with this vacancy rates have continued to drop over the same period. Levels for both have been maintained with just a 1% change in December at 85% (retention) & 15% (vacancy)

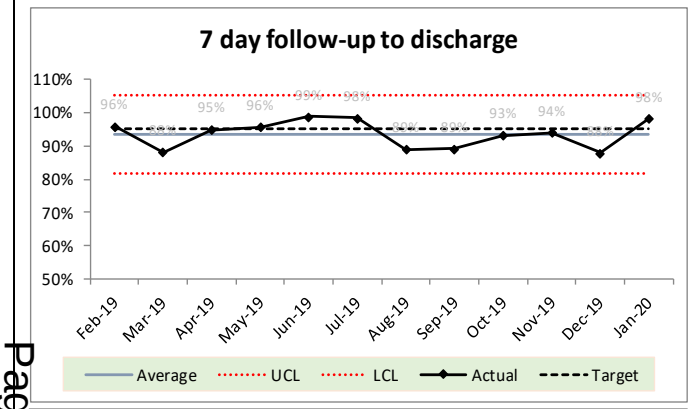
Fill rate

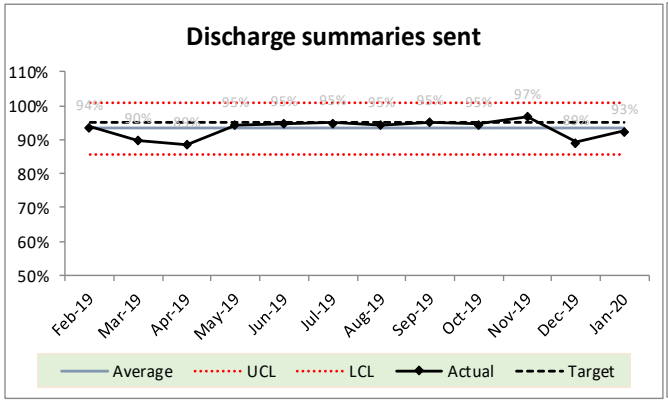
This remains above 100% for December 2019.

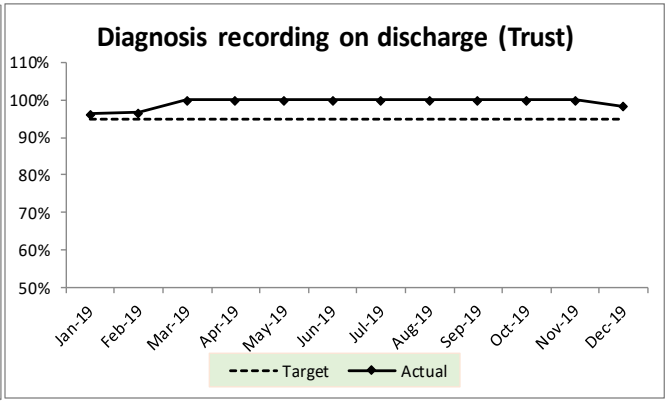
5 INPATIENT SERVICES (Bristol)

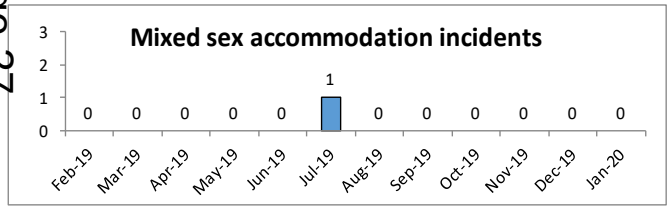
5.1 All units

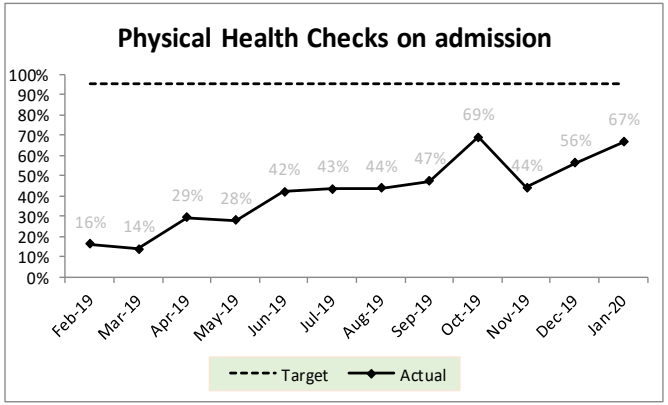
Key Performance Indicators / Activity (Diagnosis on discharge = one month in arrears)

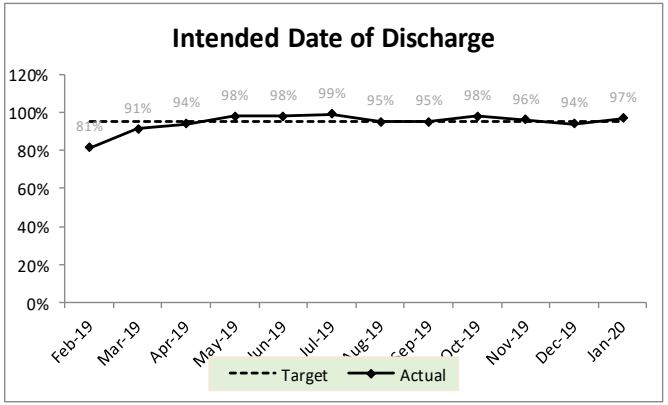


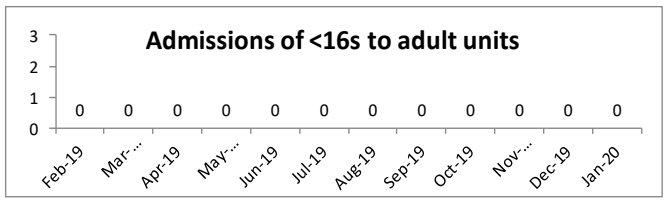












Commentary:

<u>7 day follow-up to discharge:</u>

This indicator shot back above target in January 2020. These are being actively followed up by the teams and are now monitored through the Inpatient Quality Assurance Meetings.

Discharge summaries sent:

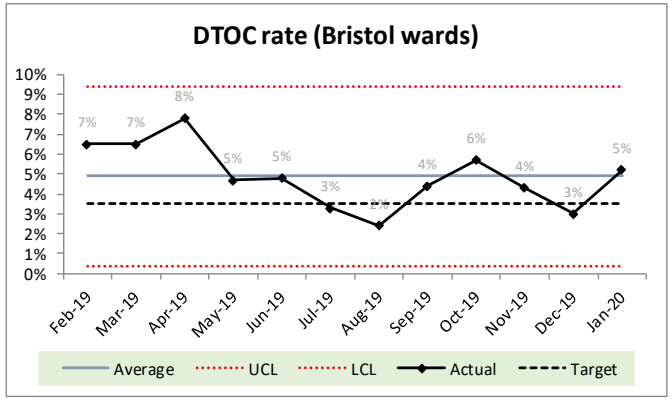
This indicator also increased in M10. These continue to be monitored regularly to ensure compliance. Breaches occurred across ECH & Silver Birch wards. This was discussed in the Quality Assurance Meetings.

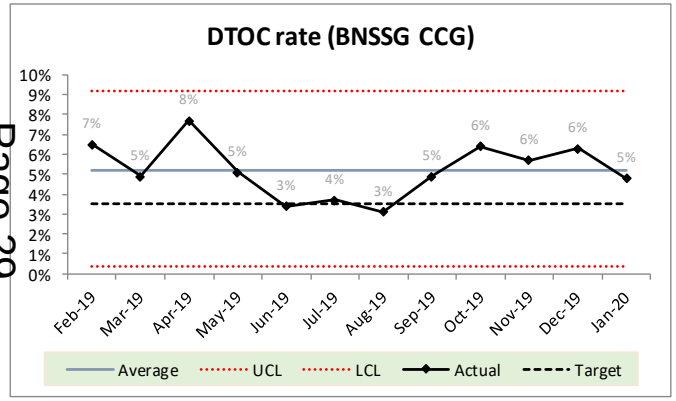
Physical Healthcare Checks:

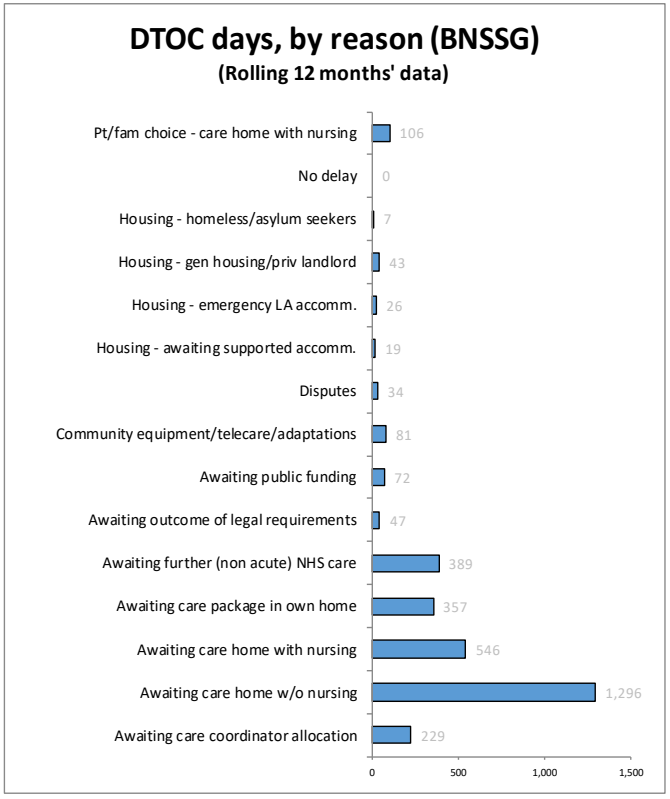
This indicator continued to increase in M10 and has demonstrated a continued upward trajectory over the last year.

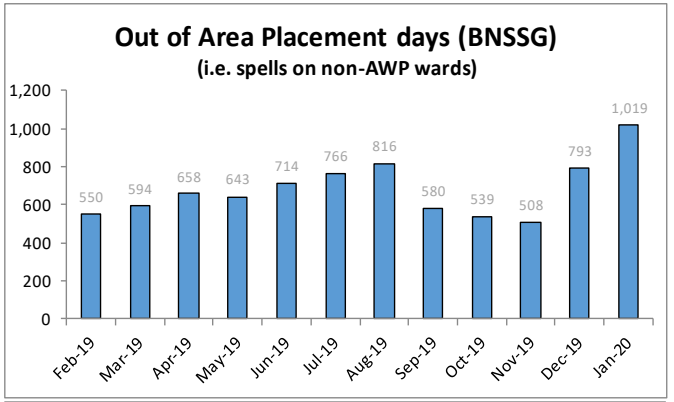
Intended Date of Discharge:

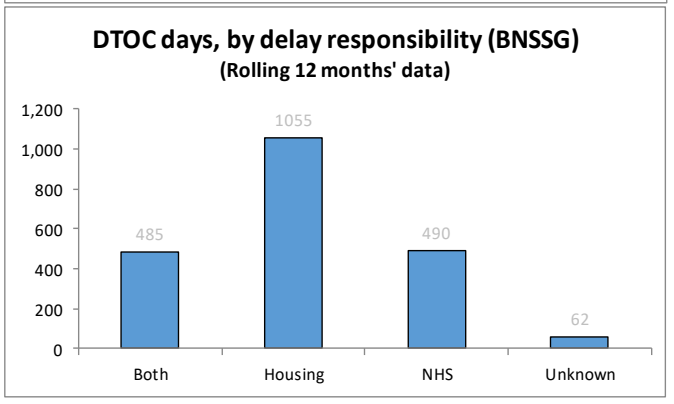
This indicator returned above target in M10 at 97%. This indicator is also reviewed fortnightly at the Inpatient Quality Assurance Meetings.











Commentary:

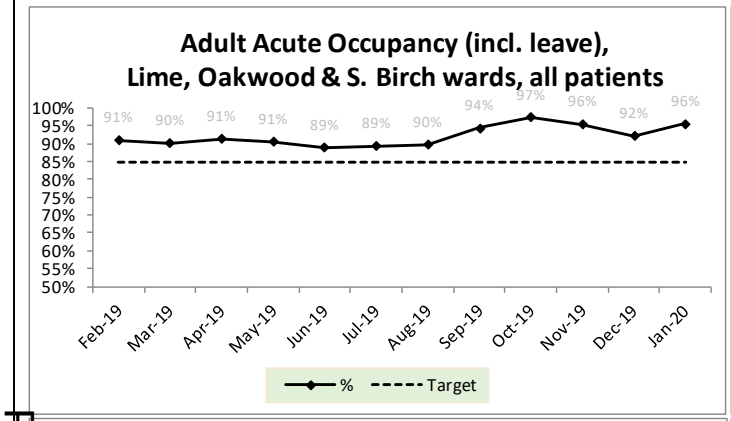
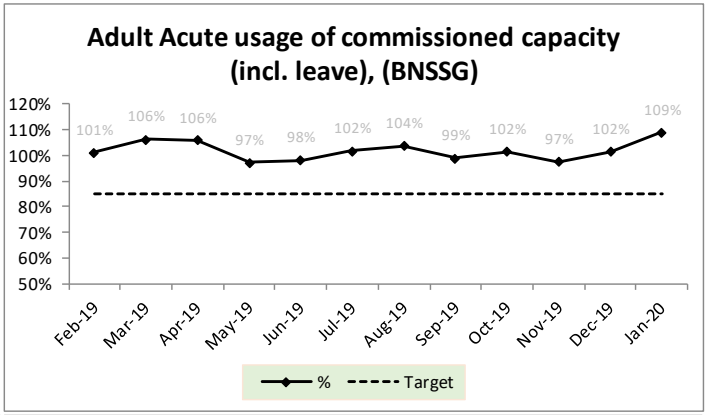
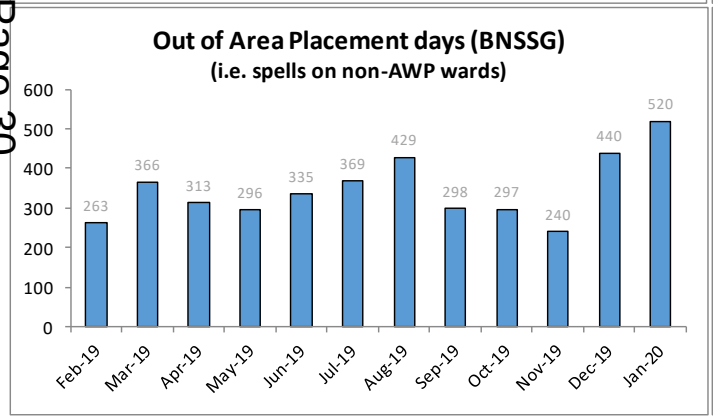
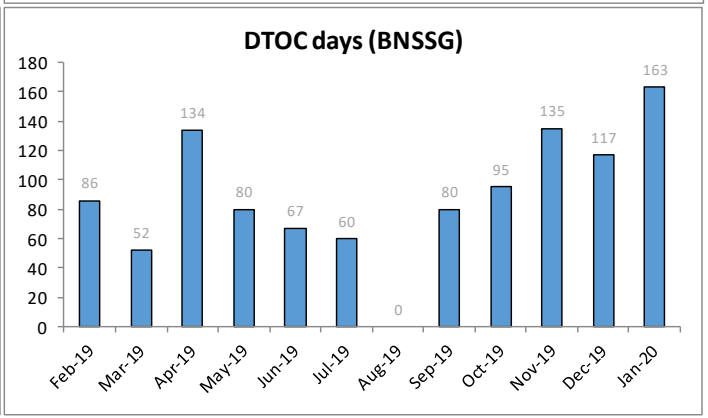
DTOC: Levels have increased by 2% in M10 to 5%. The Head of Inpatients continues to work alongside Bristol City Council to resolve complex cases. All processes as previously described continues to be in place and staff actively work on all possible DTOCs before they occur (from the point of admission).

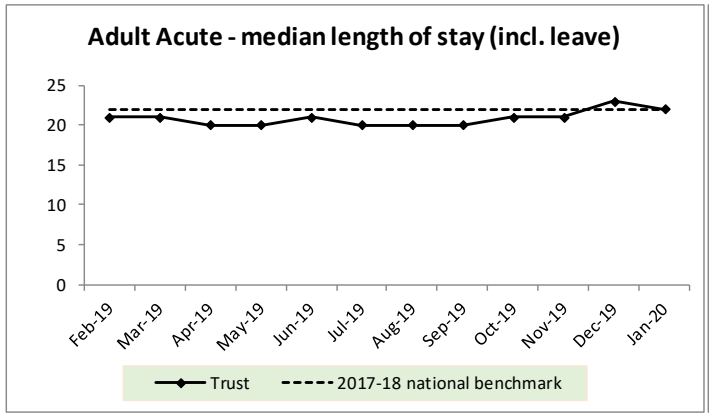
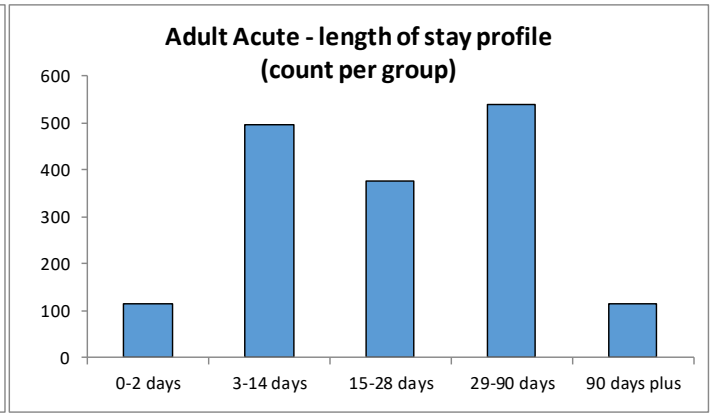
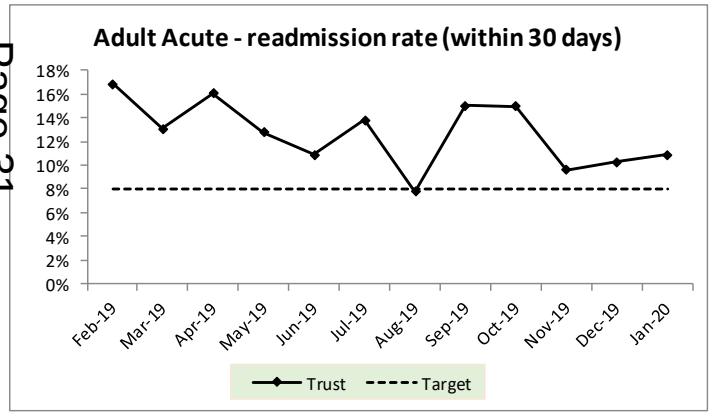
The Head of Inpatients is working with CCG colleagues to review the NHSE DTOCs and the financial implications.

OOA Placement days: These increased significantly in M10 at were over 1000 for the first time.

The Bristol Bed Team monitor this daily to ensure repatriation as soon as possible.

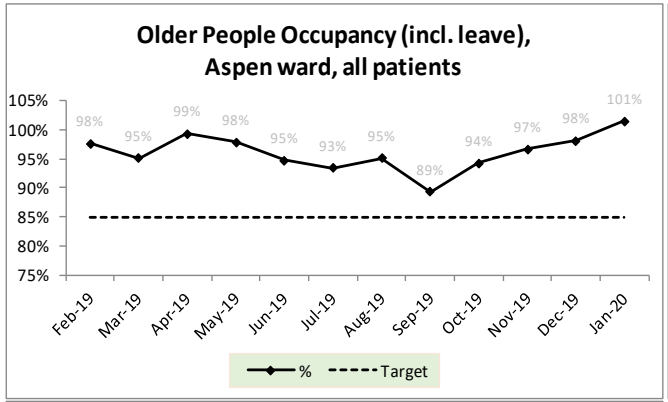
5.2 ADULT ACUTE UNITS

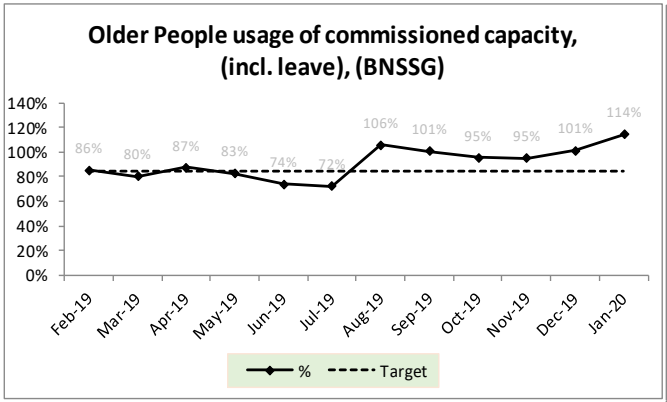
Activity	Commentary:
   	Occupancy rates remained high at 96% in M10. Usage for BNSSG also remained high at 109%. The number of out of area placement days continued to increase in M10 by an additional 80 days following and increase of 206 days in M9. The number of DTOC days for BNSSG increased to 163 in M10. This is the highest level it has been for the last year. This is due to providers delaying transfer dates to ensure adequate training is delivered to their staff before admitting service users from inpatient acute wards.

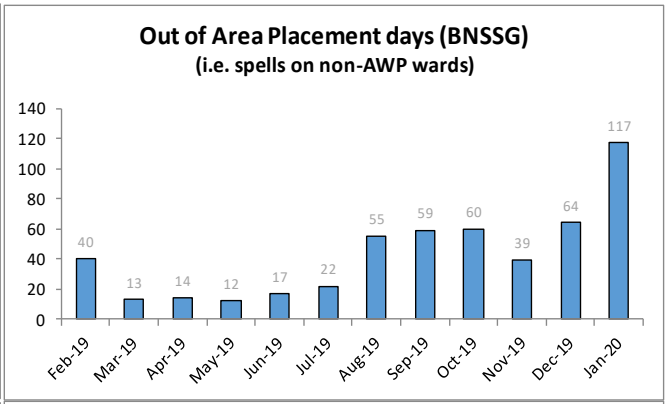
Activity	Commentary:
  	The Median Length of Stay decreased in M10 and is at the National Benchmark levels. Readmission rates increased slightly in M10, however it is only around 3% above the target level.

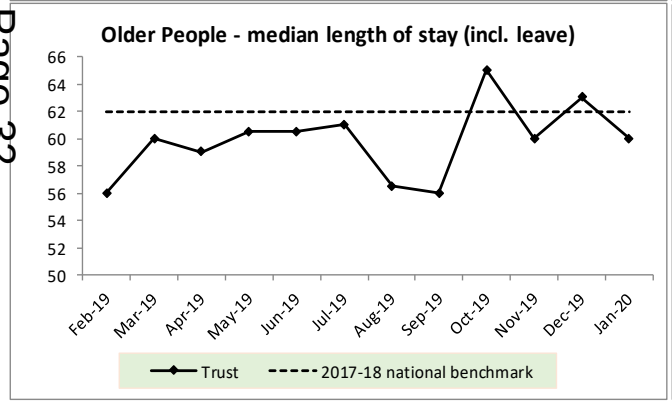
5.3 OLDER PEOPLE UNITS

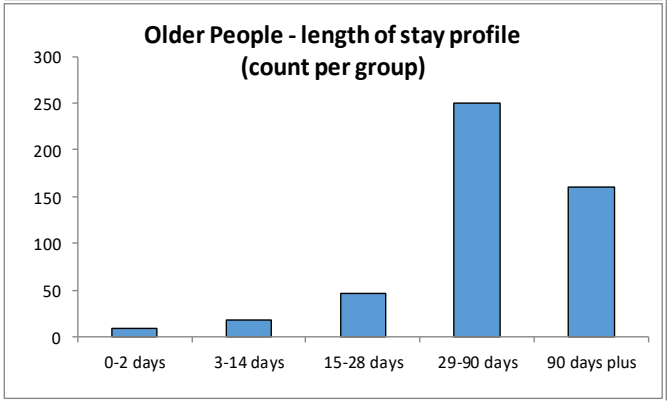
Activity

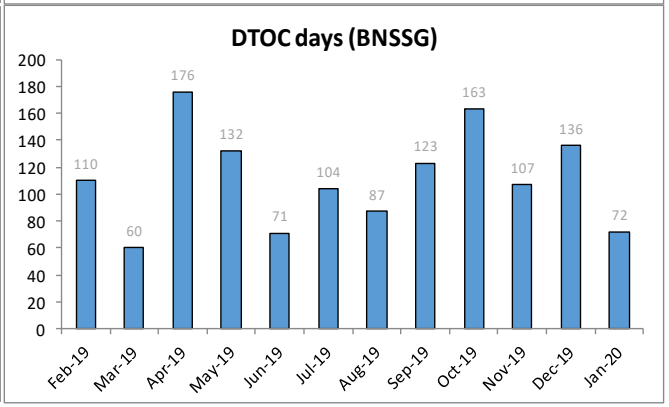


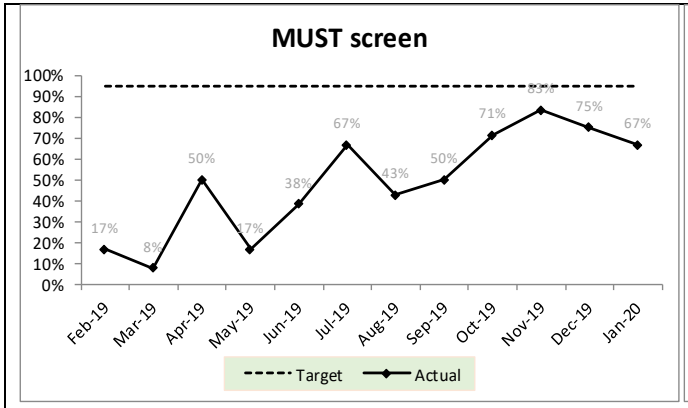


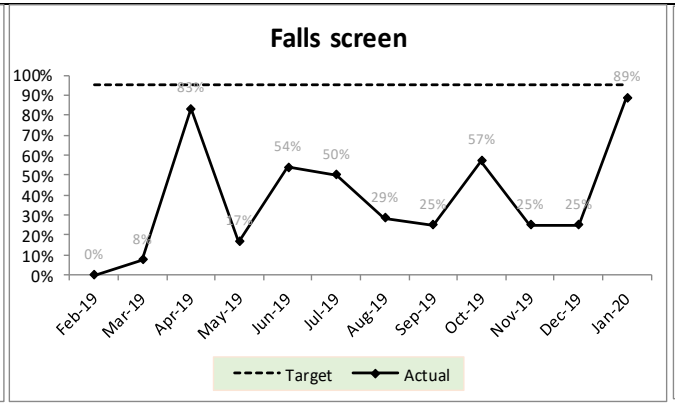


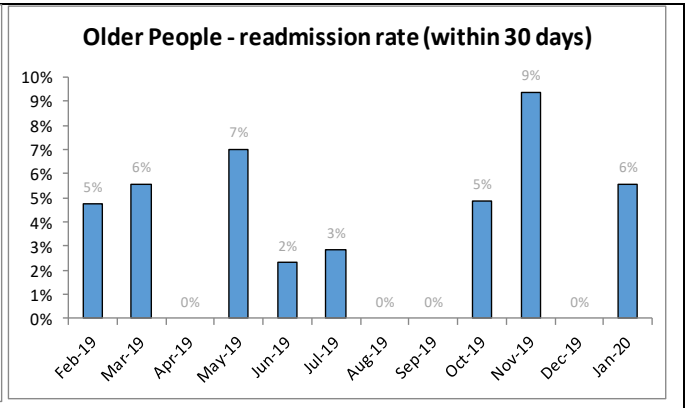












Commentary:

Occupancy on the ward increased in M10 to 101%. However, the median length of stay dropped below the national benchmark.

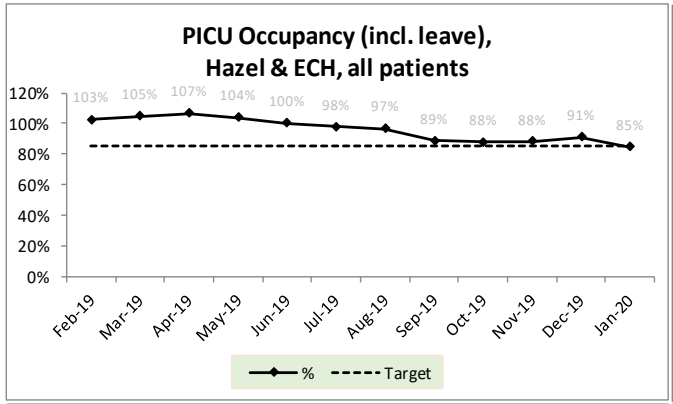
The number of DTOC days for BNSSG decreased by 64 days in M10 and the number of out of area placement days for BNSSG increased substantially by 53 days.

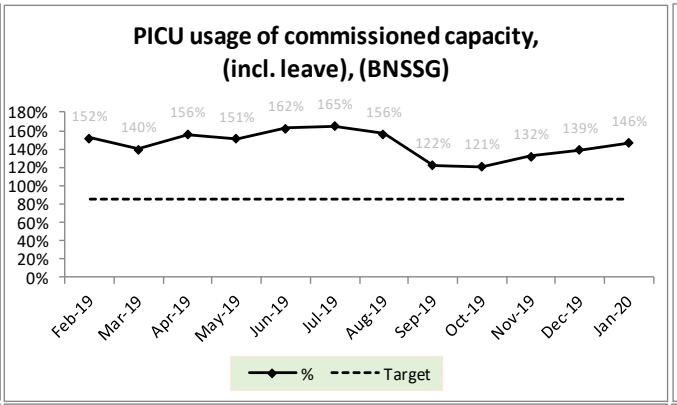
The readmission rate was 6%.

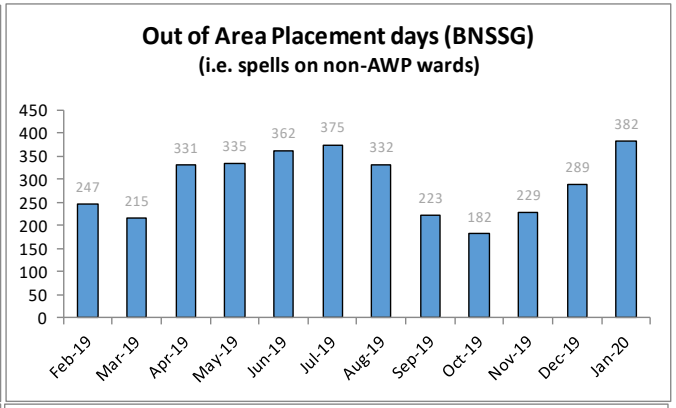
MUST screen dropped slightly but continues to show an upward trend over the past 12 months. The falls screening increased to 89% in M10, this is a huge improvement.. The Quality Assurance meetings set up every 2 weeks from January have now begun and these are now be monitored here. The ward continues to monitor these daily to improve adherence.

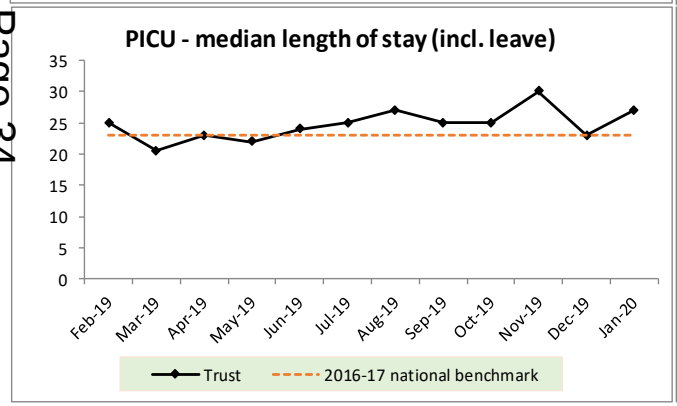
5.4 PICU UNITS

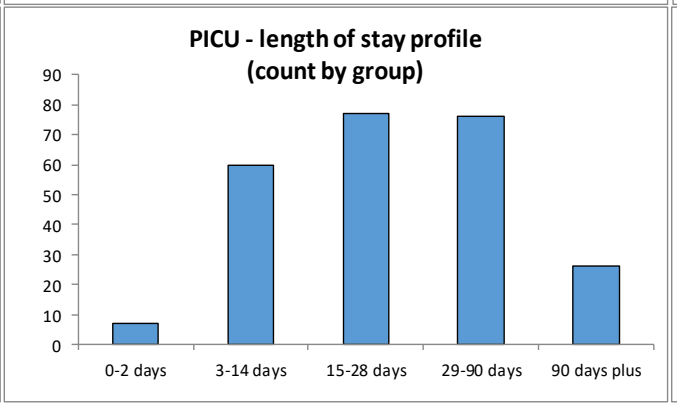
Activity

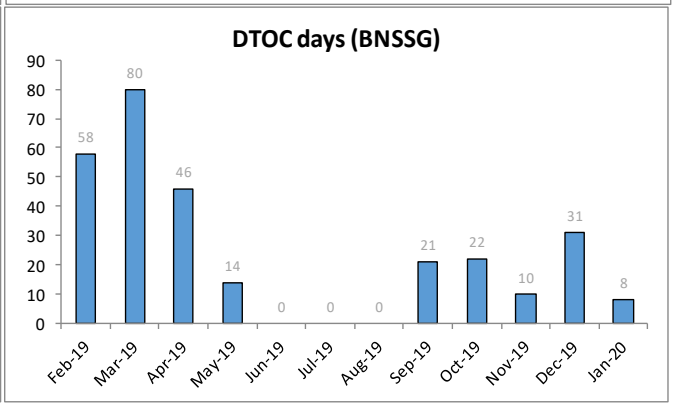








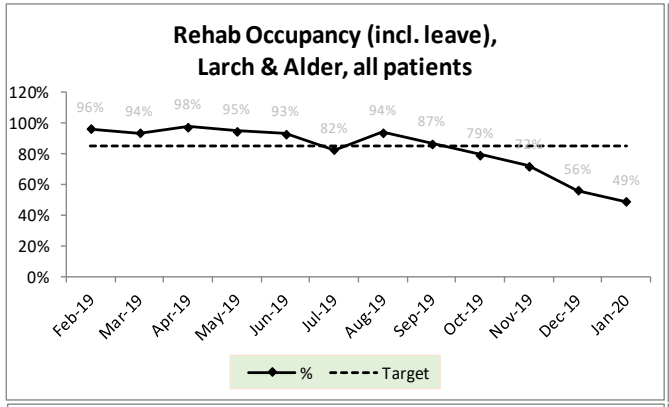


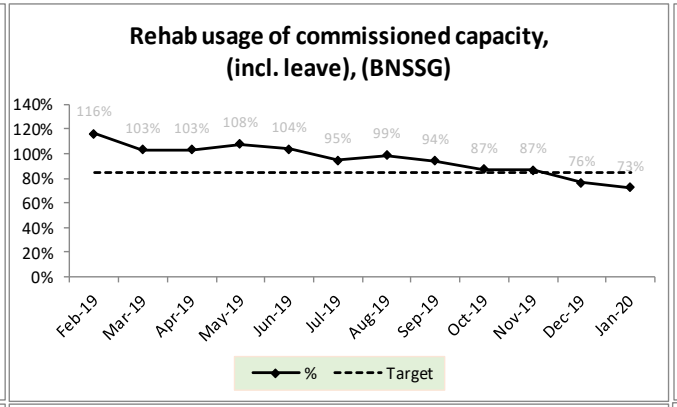


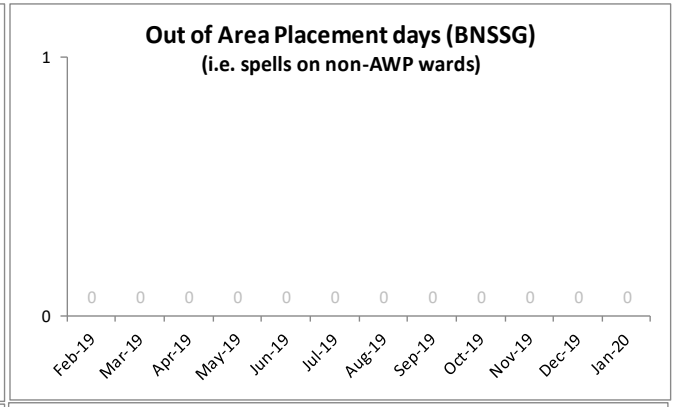
Commentary:

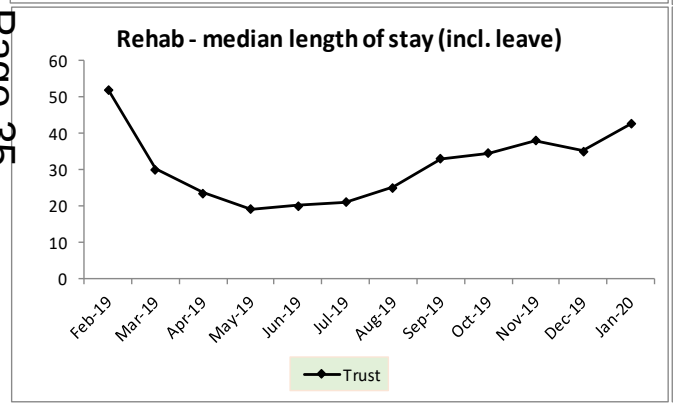
5.5 REHAB UNITS

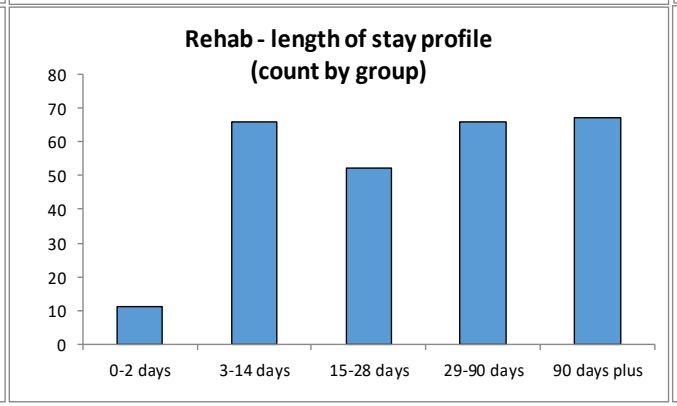
Activity

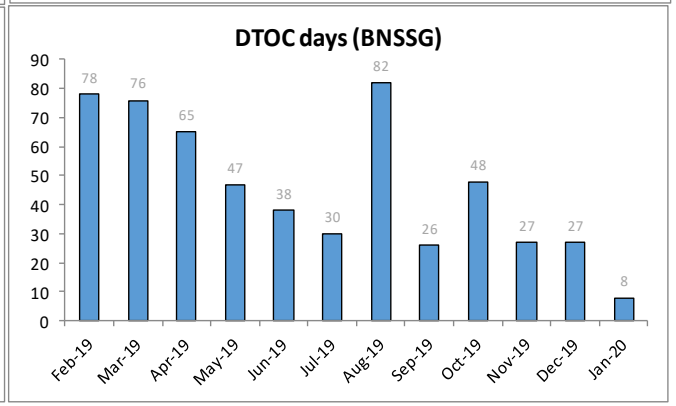










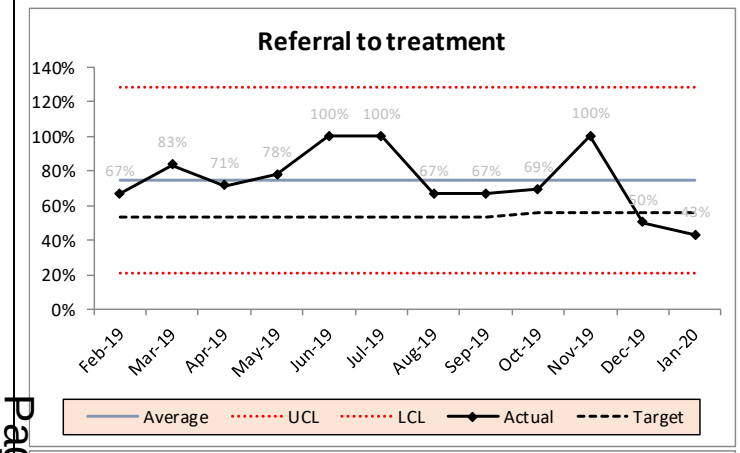


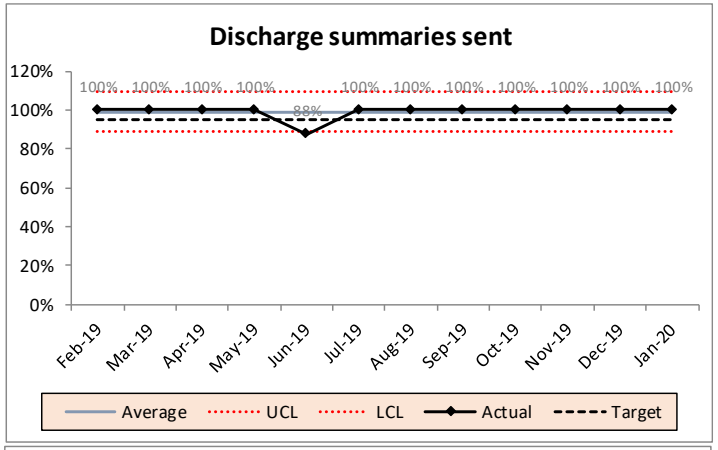
Commentary:

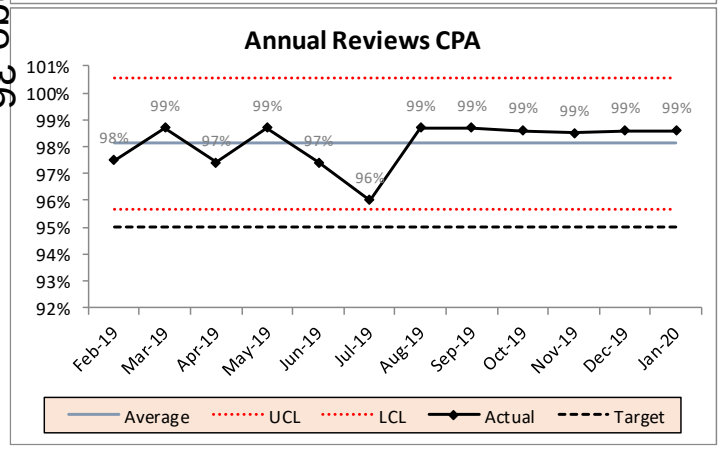
Alder Unit remains at full capacity. The median length of stay for the Trust increased slightly and the number of DTOC days in BNSSG dropped to just 8.

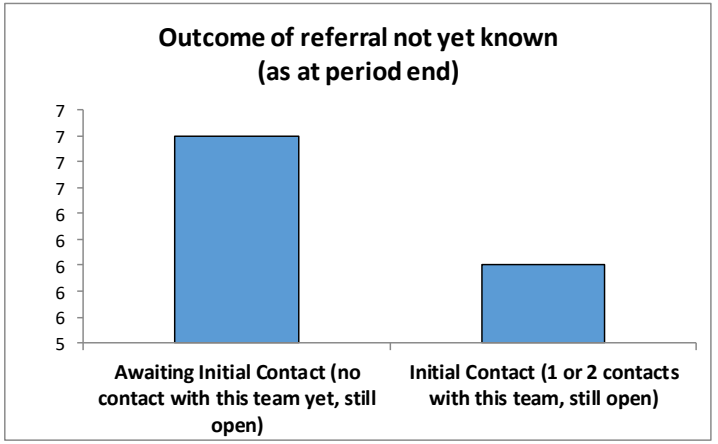
6 EARLY INTERVENTION SERVICES (Bristol)

Key Performance Indicators	Commentary:







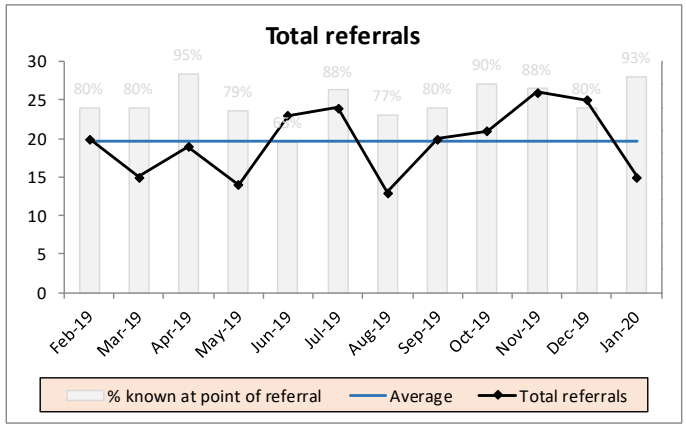


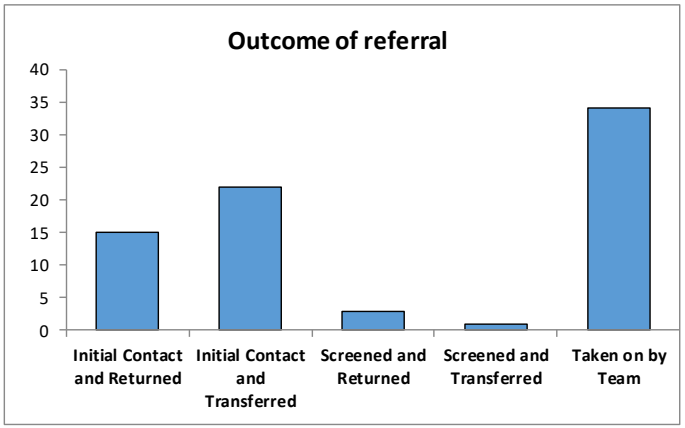
Referral to Treatment –these dropped further in M10 remaining to just under the target

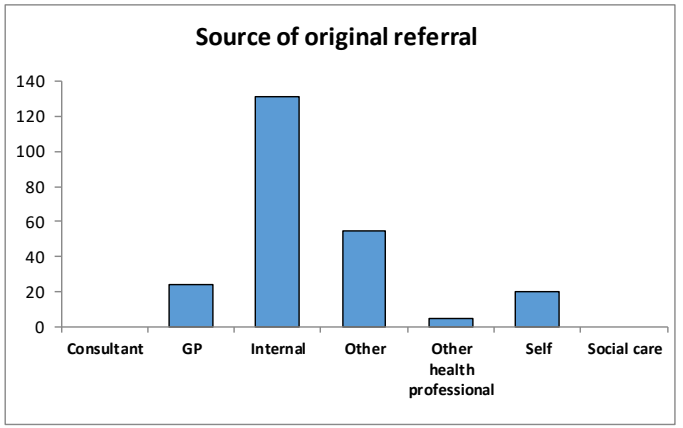
Discharge summaries – Remained at 100% in M10. This has been maintained for 7 months.

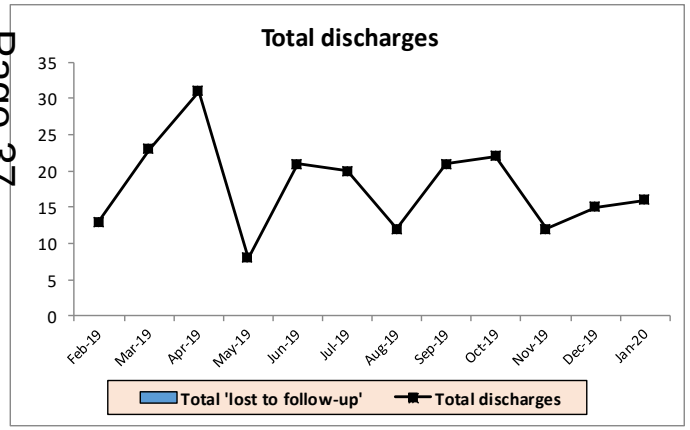
Annual Reviews of CPA – Annual CPAs continue to remain above target in M10 at 99%. The team administrator monitors this closely.

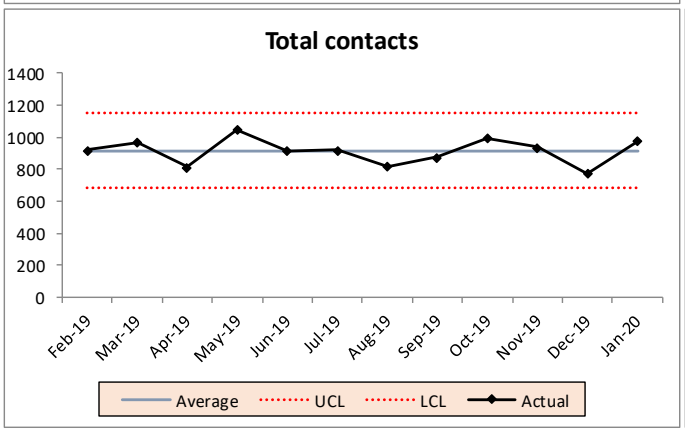
Activity

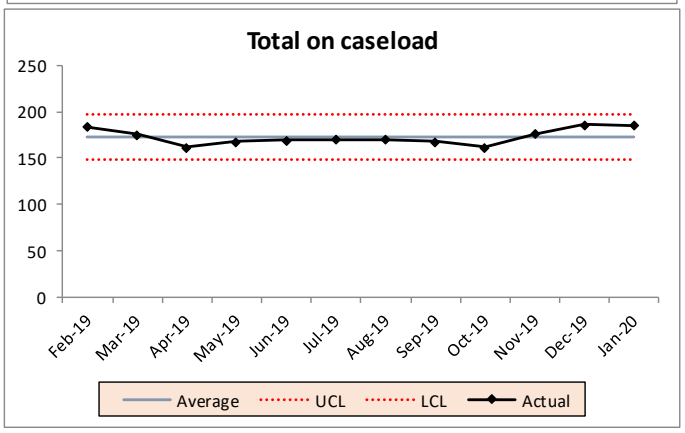












Commentary:

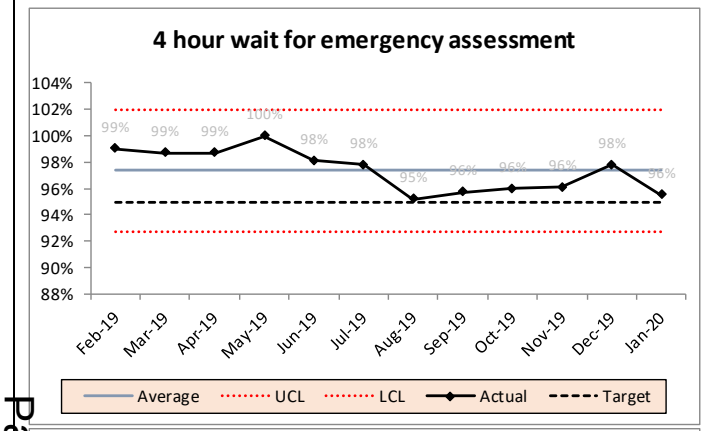
The total number of referrals decreased in M10 and there was an increase in the number pf people known at the point of referral. The number of discharges increased slightly in M10. These are all carefully monitored and planned. The total number on the caseload remained fairly static.

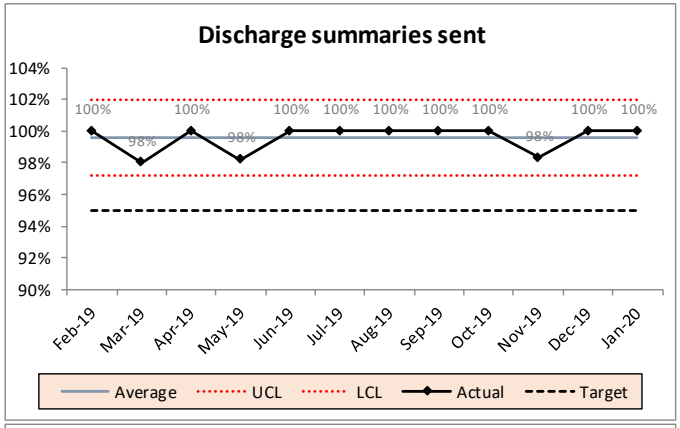
The total number of contacts increased significantly in M10 after a predicted drop in M9.

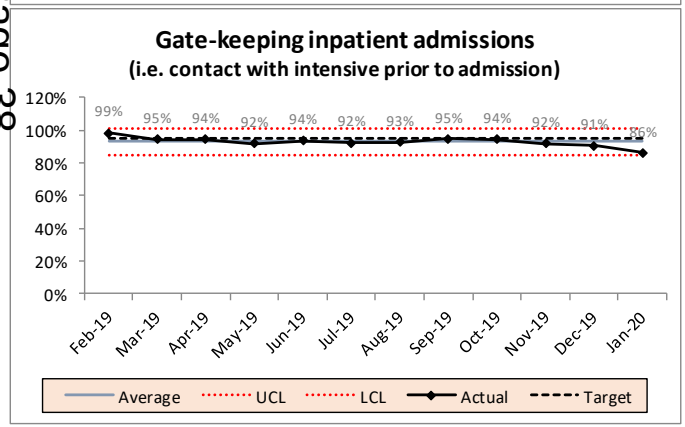
The Team Manager continues to review those who have been in the service for three years and some of these are close to the end of therapy.

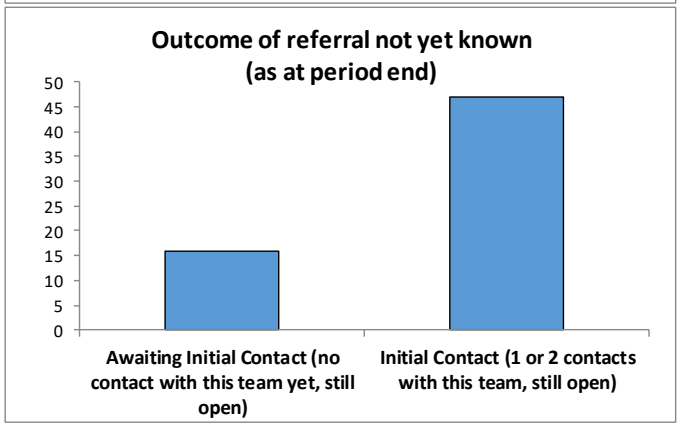
7 INTENSIVE SERVICES (Bristol)

Key Performance Indicators







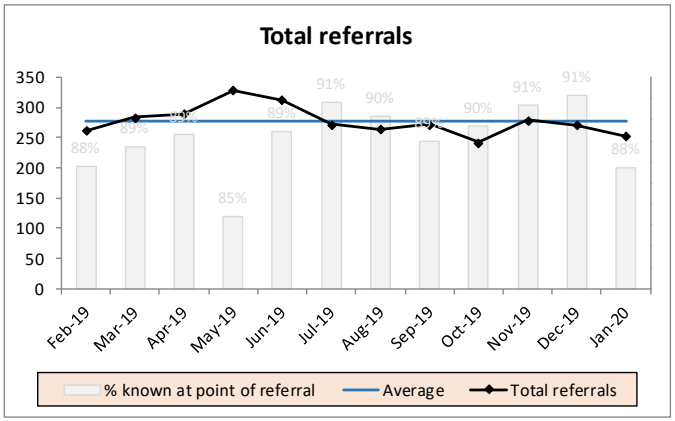


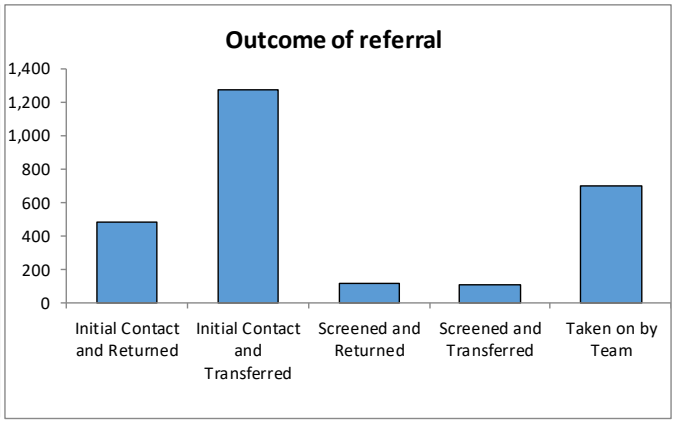
Commentary:

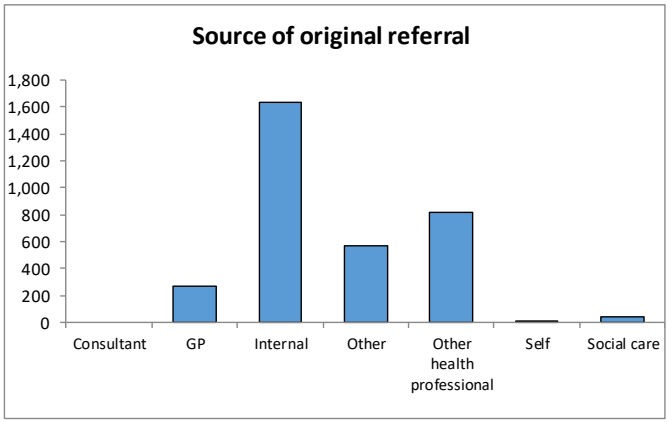
<u>4 Hour wait for assessment & Discharge Summaries</u>

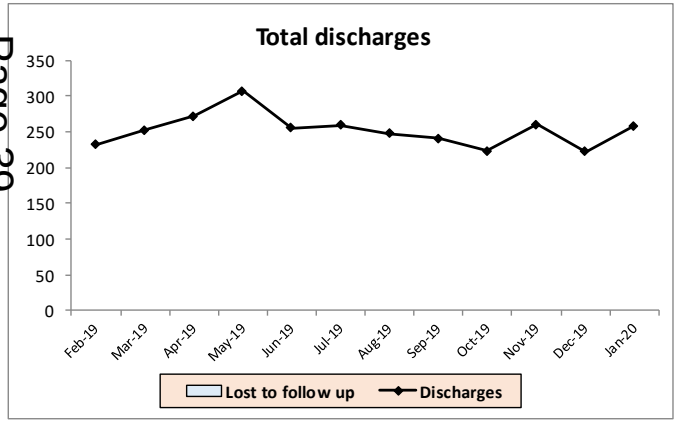
Performance for these indicators remains high, at 96% and 100% respectively. Teams continue to ensure service users are seen in a responsive way and key documentation is completed.

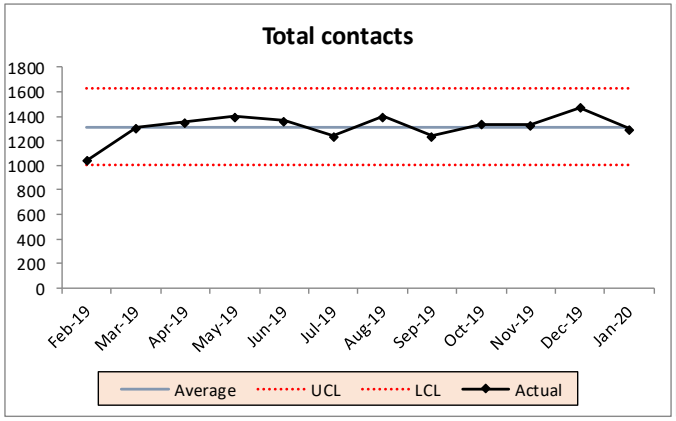
Activity

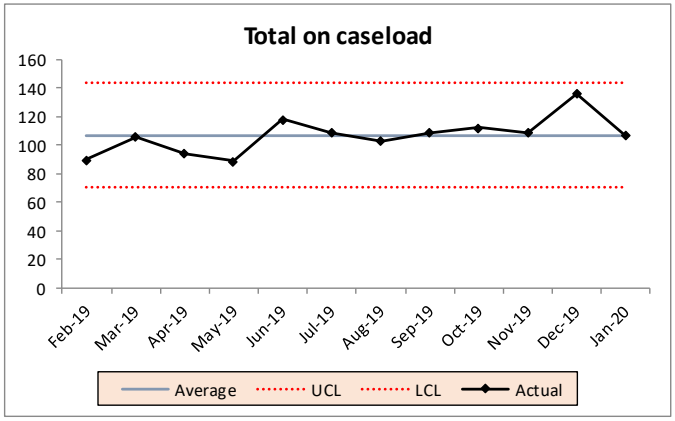












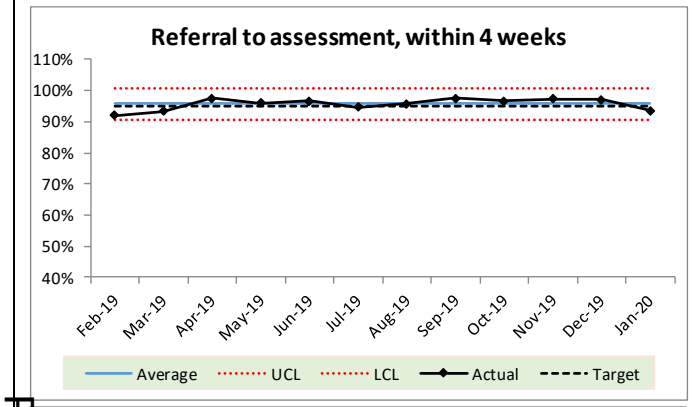
Commentary:

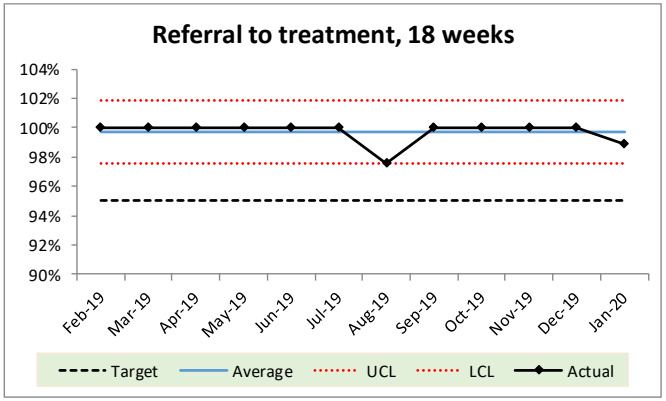
M10 has seen a slight decrease in the number of referrals however, less have been known at the point of referral. There has also been a predicted increase in discharges in M10 following a drop in M9 over the holiday period, Caseload sizes and contacts have both dropped slightly in M10 after an increase in M9.

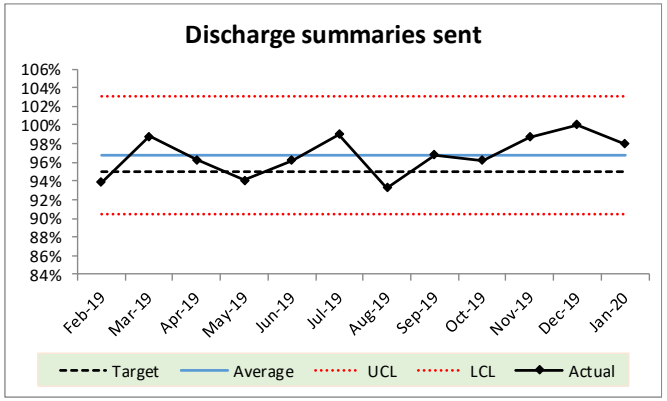
The crisis teams continue to work closely with the locality management to create inpatient capacity; this has impacted on throughput.

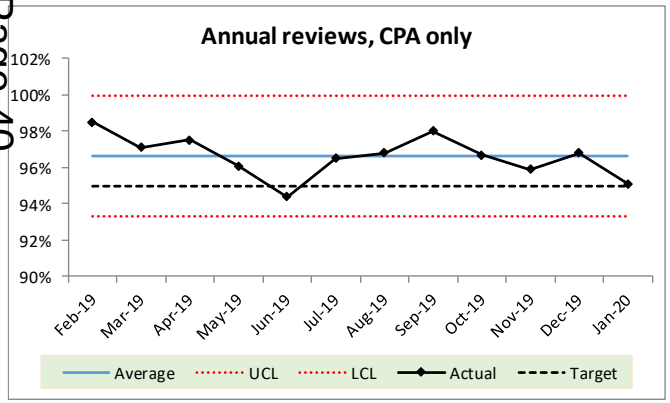
8 COMMUNITY MENTAL HEALTH SERVICES (Bristol)

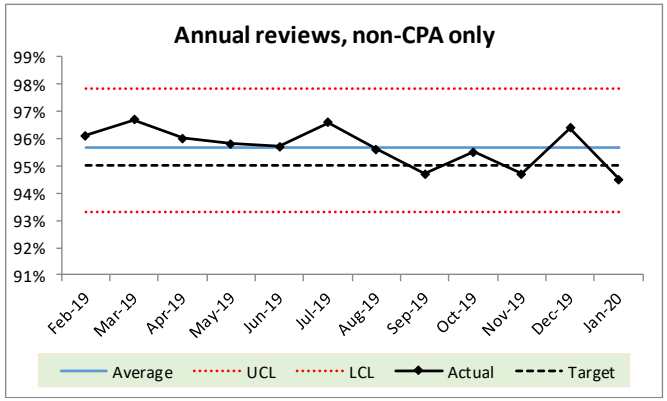
Key Performance Indicators











Commentary:

Referral to Assessment & Treatment

RTA remained around target in M10, RTT remains significantly above target level. These improvements have been made despite the substantial increase in referral activity across the city.

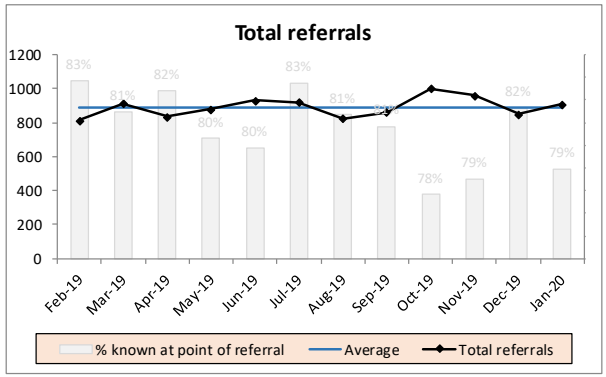
Annual CPA reviews / Annual non-CPA reviews

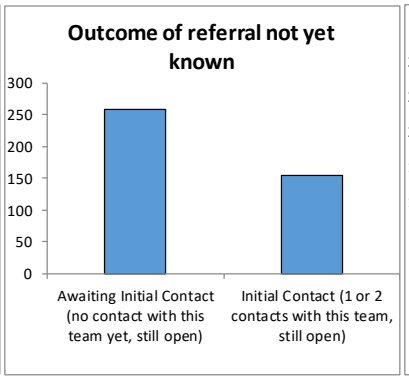
CPA reviews remain at the 95% target for M10. Non CPA reviews dropped slightly in M10 the North A&R team dropped under target in month and this has been followed up in the assurance calls.

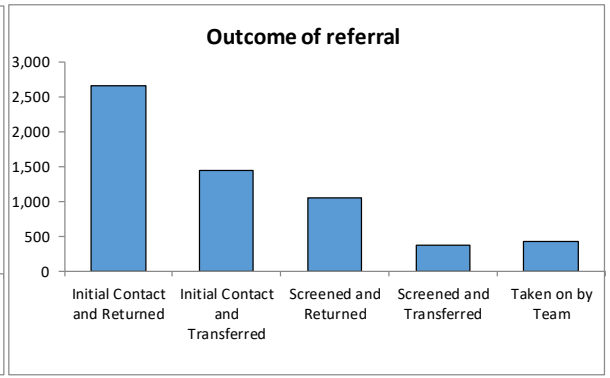
Discharge summaries

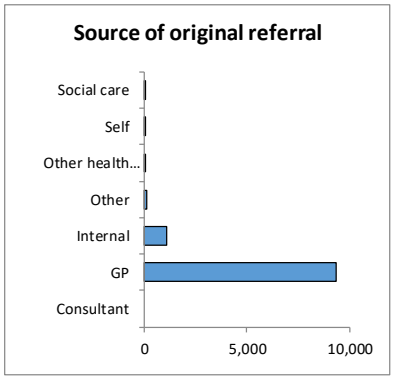
Performance remains above target for this indicator

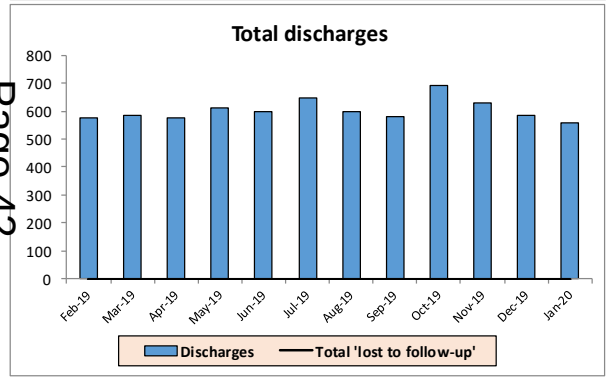
Activity

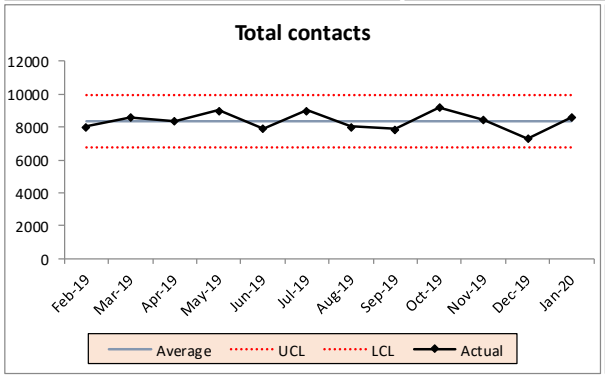


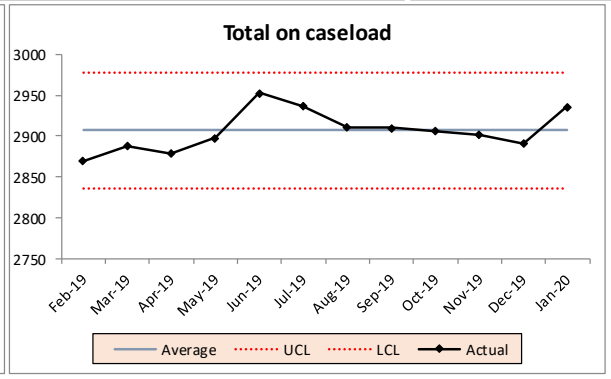










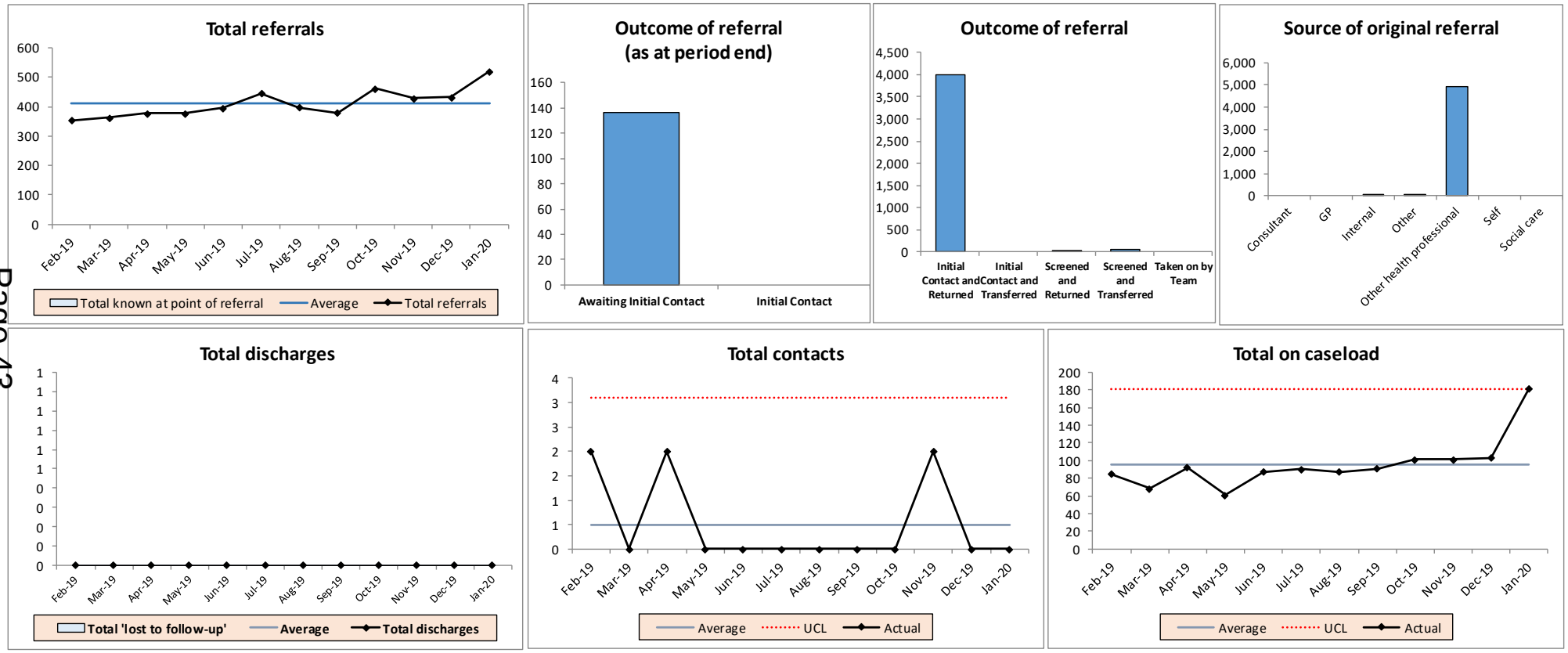


Commentary:

The number of referrals increased slightly in M10. There continues to be a considerable reduction in the number of service users known at the point of referral. The total number on the caseload also increased . The number of discharges dropped slightly in M10 however it remains high. Despite these increases the total number of contacts also increased in M10.

9 ACUTE LIAISON SERVICE (BRI A&E, BRI Later Life + NBT Liaison)

Activity

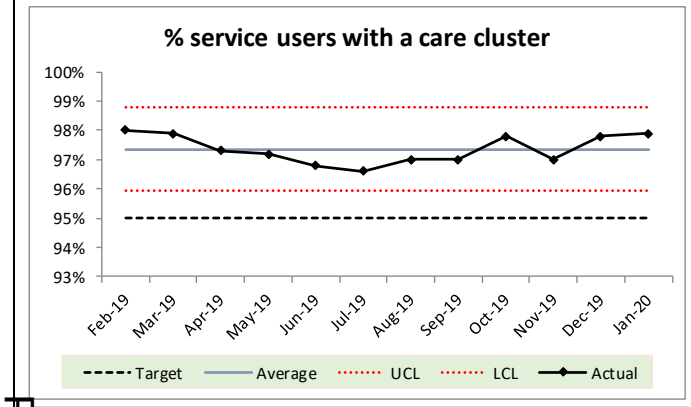


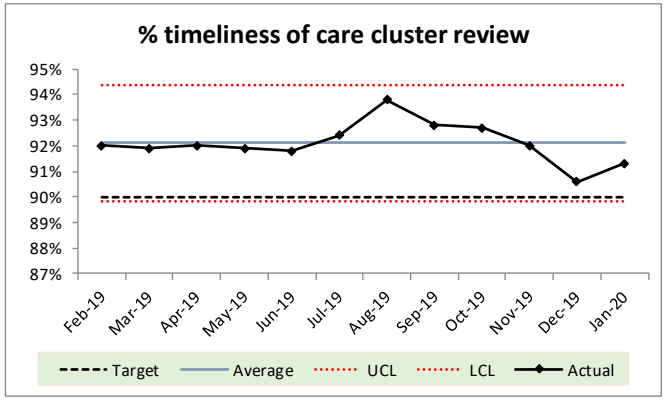
Commentary:

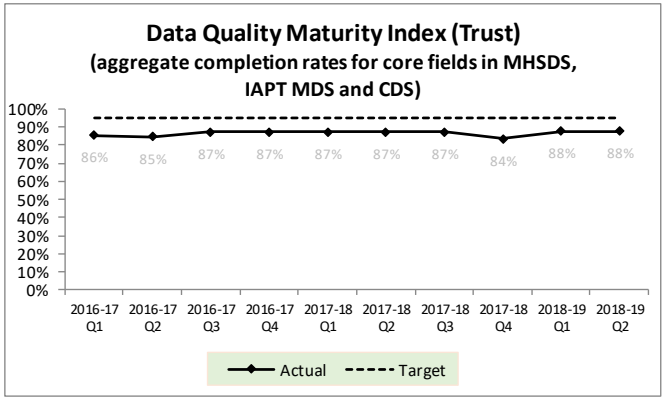
The number of referrals increased in M10, however the total number on the caseload increased significantly. The total number of contacts continues to not be recorded. This has been passed to the Service Managers and Matrons responsible for these services to investigate whether this is a reporting or recording issue.

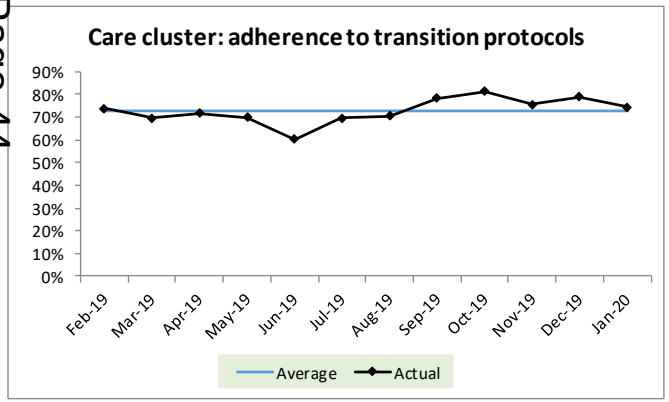
10 DATA QUALITY METRICS (Bristol)

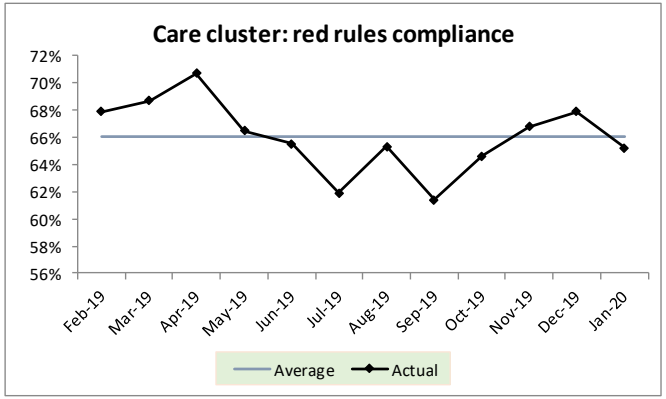
Key Performance Indicators











Commentary:

The locality has worked hard on these indicators and closely with teams to identify local solutions. Both Service Users with and timeliness of, care clusters remain well above the target for M10. Adherence to transition protocols are also above target. Clustering remains on the Quality Assurance Templates and monitored fortnightly.

Health Scrutiny Committee (Sub-committee of the People Scrutiny Commission) 11 March 2020

Report of: Adult Social Care and BNSSG CCG

Title: **Response and Proposed Actions to ongoing pressures from our Hospitals**

Ward: All

Officer Presenting Report: Ros Cox, Head of Service Hospitals, D2A, Access and Response and First Social Work area Teams

Contact Telephone Number: 07775118991

Recommendation

1) Note the exceptional actions taken so far to address the pressures at from hospital and the ongoing pressures that puts on adult social care
2) Note the level of positive partnership working demonstrated between Health and Care to address the pressures
3) Comment on and approve the actions set out below as a way of taking a strategic medium term approach to addressing the problem as opposed to continually 'fire fighting' by moving to a Discharge to Assess model for supported discharge from hospital

Summary

With the introduction of the integrated care bureau and the significant pressure that the system has seen from acute hospital providers this winter we have seen an increased demand, which is now unsustainable.

The pressures, specifically on social care, will force residents, previously unknown to social care, into emergency long term packages and placements if we do not work more closely across health and social care to deliver a jointly designed and funded 'Discharge to Assess' model of care. The solutions need to be built system wide and requires strong leadership, partnership working and permanent reallocations of our shared limited resources. By focusing on creating the right levels of community based intermediate care provision, both 'step up' and 'step down' to, first avoid a hospital admission wherever possible, and secondly to reduce the time spent in hospital when an admission is unavoidable. The report sets out actions and steps required to deliver on a Discharge to Assess model.

The significant issues in the report are:

- Addressing ongoing pressures from constant escalation at the hospitals due to high levels of attendances and admissions

1. Policy

The focus of this paper is to update on working across the health and social care to support early supported discharge from hospital. Whilst recognising the increasing pressure from the acute hospital the paper sets out future actions which align to national best practice for implementing a Discharge to Assess model of care that allows patients to be discharge as soon as medically able and have their ongoing care needs assessed for back in a community setting.

2. Consultation

N/A

3. Background

See attached paper

4. Other Options Considered

N/A

5. Risk Assessment

All actions proposed and taken in the paper attached comply with our social care responsibilities under the Care Act 2014

6. Public Sector Equality Duties

7. Legal and Resource Implications

Legal: no new legal implications

Financial

(a) Revenue: Actions have required additional resources from Adult Social Care to be committed. All additional capacity in intermediate care over winter has been fully funded by CCG £360k or by North Bristol Trust £240k. This funding has also covered some backfill into social work teams to meet the increased demand. However, there is an additional pressure on packages and placements out of the hospital which will be reviewed in March once the winter pressures period is over.

(b) Capital

Land

Personnel

Appendices: Appendix 1: Report: Response and Proposed Actions to ongoing pressures from our Hospitals

LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985

Background Papers:
The work of Bristol Adult Social Care has regard to the following policy and national guidance:

Legislation:

- The Care Act 2014
- Simple Guide to Care-Act and-DTOC
- NHS 10 year plan
- Health and Social Care Act 2012

Best Practice Guidance:

- New Developments in Adult Social Care (IPC)
- High Impact Change Model (ADASS, LGA, NHSE)
- quick guide for-promoting independence through intermediate care – NICE / SCIE
- quick guide for understanding intermediate care NICE/SCIE
- Intermediate care including reablement (NICE guideline)
- Intermediate care including reablement (NICE quality standard)
- Intermediate care (SCIE Highlights paper)

Appendix 1: Report: Response and Proposed Actions to ongoing pressures from our Hospitals

Current System Pressures

The situation locally with continuing pressures on both Southmead and Bristol Royal Infirmary hospitals is proving more challenging than at any other period in the last few years. This is partly due to increasing demand and demographic pressures, but also historical local system management and having a model which continues to manage and assess service users in an acute hospital setting. Currently the system does not have enough intermediate care capacity to provide the level of step up and step down provision Bristol residents now require to be supported home effectively and have their ongoing needs assessed back in the community.

Throughout the summer levels of activity have remained high, bringing constant pressure all year round, as opposed to a seasonal spike in winter. This year the levels usually experienced in the winter months have increased even further and the number of single referral forms produced at the hospitals requesting a supported discharge continues to grow.

Since Dec 2019 the system has been in and out of at Opel 4, the highest level of operational pressure that can be reported short of going to critical incident, which has also happened over this period. Opel 4 can mean extremely long waits in A & E (waiting times of 12 hours have been reported), as well as people treated in corridors and escalation wards opened. The numbers of people attending A&E are some of the highest ever recorded with a high percentages of those attending being admitted, when benchmarked nationally. As the wards become increasingly overwhelmed the pressures on the community and local authorities has grown with an expectation to discharge patients who have had shorter lengths of stay putting pressure on hospital social work teams, brokerage, commissioning and our local care market.

This sustained pressure has led to both the Health and Social Care senior managers working in closer collaboration to take action:

Actions taken during this period of sustained pressure

- Working in partnership we have increased the number of Home First (35 to 45 slots initially) and Intermediate Care as part of the Intermediate Care Project that Julia Ross asked Ros Cox to take a project lead on.
- Dedicated significant management time at all levels of the organisation to help resolve the pressures and to build the relationships at a senior level across the system
- Supported the commissioning of 21 extra step down P3 beds over winter (including piloting 4 ECH flats) utilising health funds through winter pressures and money redirected from acute trusts.
- Minimised the impact on the numbers admitted to residential and nursing homes by seeking alternative solutions, such as the intermediate step down pathways and We Care and Red Cross support
- Where necessary BCC have increased the number of Social Workers using agency to bolster those parts of the system where assessments are overdue – however it is recognised skilled Social Workers willing to work in this pressured environment are limited and that Social work is best done in the community and not while someone is in crisis in hospital. Funding to do this was secured from health (£75k).
- Purchase more independently provided home care from current suppliers and others who may not be on our framework: again some prices quoted are higher than the Bristol rate and work will be done to recognise these increased pressures
- Increase in-house reablement activity with further investment and recruiting up to full establishment
- Developed alongside the BNSSG Out of Hospital Delivery Group possible solutions to complex system issues for the model into 2020/21
- Where necessary, we have had to place on some occasions at higher than the Bristol rate: those costs are being monitored and will be the subject of further discussions and review with the CCG

Moving towards a less reactive and more proactive solutions focused approach

While these last few weeks have undoubtedly been unprecedented and stressful for many, the importance now is to build on some of the solutions that have been developed and mainstream them into our business as usual, finding the permanent funding contributions in partnership with health. There are more systematic shifts needed and attention from health partners is starting to focus on admissions avoidance through community health workers and rapid step up services that prevent the need for a hospital bed. This work is essential as no system can sustain the levels of growth we have witnessed at the hospital indefinitely, with days where over 500 residents attend our two A&E departments when the system is only resourced to receive around 300.

All the actions taken so far have put further pressure on community social work and adult social care budgets. It is important to note that many of these actions have been made possible using temporary funding which does not present a sustainable solution and a permanent shift of resources needs to be found and agreed between BCC and CCG.

Transformational business cases are now being developed across the BNSSG system to support a shift in resources to allow these changes to happen. It will involve a shift in resources to increase our joint intermediate care capacity.

Existing work with system partners (CCG, Sirona, NHS Trusts)

The problem is not fixable by any one organisation. Transformation work has to be looked at and undertaken in partnership with health partners if long term solutions are to be found and to apply best practice being implemented elsewhere across the country.

Alongside the work across the system on t admissions avoidance there is already work underway to support step down from hospital:

Expanding capacity in intermediate care – Home First:

BCC led on a system wide review of intermediate care capacity. It concluded the need to move to a Discharge to Assess Model of care where full Care Act assessments only happens in hospitals by exception and that no permanent packages or placements are commissioned prior to a patient receiving the appropriate step down services in the community. Together with the CCG we want to commit to creating more Home First capacity (60 slots per week out of hospital and 18 step down slots) allowing for two thirds of all supported discharges to be supported by this default supported discharge service.

There is clear evidence that the Home First service helps maximises people's independence with 85% of service users remaining in their own home after receiving initial support. Only 5% require immediate long term care following a Home First discharge. By getting people out of hospital quickly before they become too reliant on hospital care, it ensures assessments are made in their own homes and not in a state of crisis in a hospital ward. BCC and CCG jointly found £1m to help the service get started in November 2018 using funds from BCF and iBCF. A permanent budget now needs to be agreed under the BCF as a matter of urgency to put this critical service on a stable footing and to allow for effective recruitment and service development to meet the targeted capacity required.

Re-profiling capacity in intermediate care – step down/step up beds:

BCC's review of intermediate care concluded that based on the need to support up to one third of supported discharges the Bristol system requires around 100 beds. These beds (like Home First) need to be put on a sustainable budget within BCF. Conversations with the CCG, who are the lead commissioners for this provision, are taking place now. Best practice indicates that we need a few dedicated provider units offering specialist step down beds where the right wrap around services (social care, therapies) can be made available to maximise patients' chances of returning home.

Redeveloping how community services and prevention is delivered in partnership:

Sirona take on the community contract from 1st April 2020. This presents an opportunity to review how our services align and how we structure our community preventative offer to meet Better Lives objectives. How we work with their planned locality hubs, frailty pathways and rapid response will all be critical in maintaining people in the community. One example of how this might be done is the initial work of looking at *Wellbeing Teams* to work alongside Primary Care Trusts to support multiagency teams in delivering traditional domiciliary care as well as social prescribing and reablement functions.

Internal BCC actions and review

There are a number of critical things for BCC to review. Business cases are being put together to take the following actions:

Domiciliary Care - Creation of a LA trading company in home care

This has been considered for some time but the market pressures now are such that the development of a trading company seems a strong option. The supply chain of home care remains the root cause of blockages out of intermediate care which is lessening the positive impact of moving to a discharge to assess model and forcing assessments to still take place in the hospitals. While the increase in the hourly rate from £15 to 18.20 in the past few years has helped stabilise the market, which had been at risk of total collapse, recruitment and retention issues remain a challenge and more work and input needs to be done. When prices are rising to anything up to £25 per hour the Local Authority (which already has an in house reablement service) is well positioned to create a trading company that offers good terms and conditions and attracts good calibre staff. The service could cover those areas of the city where it is difficult to currently procure care and help clear reablement blockages so it can work to its full capacity. Any in house provision would effectively be a provider of last resort that can be used much more flexibly. It would allow us the ability to set a market price rather than be completely market driven as is the case now. Moreover by using the Apprenticeship levy and seeing the company as an entry into social work or nursing or OT it may be possible to attract a broader range of staff. The in house provision and be dialled up as well as down to take account of what the private dom care market can deliver locally at any particular time.

Domiciliary Care – Market Facilitation

Over the last three years great efforts have been made to increase capacity in the market: three years ago the price paid for home care was around £15 per hour: this has been raised to just over £18 per hour and while this has stabilised the market to some extent, there are still problems in procuring sufficient numbers of hours that we need in Bristol. We are now wanting to move away from 'time and task' and the strict separation of care activities like reablement, social prescribing and domiciliary care. Best practice suggests that the support offered to residents who present with unmet needs should be more holistic and take every opportunity to build resilience and personalise outcomes for service users. We therefore want to move to a commissioned hours' model that allows us to make sure that care workers in Bristol are paid the living wage and that we are supporting the Ethical Charter. Commissioned hours assists us in working differently with the market and promoting a shift to a wellbeing model of care that provides the more holistic care residents need. We are building a business case therefore that looks at the implications of buying our care on commissioned hours rather than a task and time model: this should allow providers to pay their staff on a salaried basis and hopefully improve recruitment rates and retention. The cost benefits of this approach are still being confirmed.

Maximising the opportunities of our existing in house provision:

A review of all our in-house services - Unlike many other adult social care departments Bristol has managed to retain some in house provision. This is one of the reasons Bristol remains a relatively high spender on adult social care and so it is important therefore that we ensure maximum value for money from these precious resources. Given our need to shift our services away from paternalist focused care to a more outcomes based model that strives to support people to stay as independent as possible in their community, this in-house provision provides a great opportunity to test and learn. Work is under way to review Redfield and Concord Lodge, making use of external organisations with specialist knowledge of the market. With the new Sirona contract coming into effect from April, work will also be done to ensure maximum benefit is obtained in

integrating/co-ordinating reablement and community health care. This does not necessarily imply TUPE transfers but certainly there are benefits to be gained from developing closer working.

Work programme 2019-20

Health Scrutiny Committee (Sub-committee of the People Scrutiny Commission)	**Joint Health Scrutiny Committee (Bristol, South Gloucestershire, North Somerset Councils)**
Wednesday 11 March 2020 **2pm, The Writing Room, City Hall**	**Friday 25 October 2019** **1:30pm, The Council Chamber, City Hall**
Bristol mental health services update and performance report	Healthier Together 5 Year System Plan
Hospital pressures	Adult Community Health Services Procurement
GP closures and new arrangements	Specialised Neonatal Intensive Care
Service transfer of the adult community care contract	Mental Health Services
	Healthy Weston: Future Services at Weston Hospital

Health Scrutiny Committee (Sub-committee of the People Scrutiny Commission)	Joint Health Scrutiny Committee (Bristol, South Gloucestershire, North Somerset Councils)
March / April 2020 **Venue to be confirmed**	
Quality Accounts: ▪ AWP ▪ South West Ambulance Service Trust ▪ University Hospitals Bristol ▪ North Bristol Trust	