

Bristol City Council
Minutes of the People Scrutiny Commission

20 October 2016 at 2.00 pm



Members Present:-

Councillors: Brenda Massey (Chair), Jos Clark (Vice-Chair), Lesley Alexander, Mark Brain, Eleanor Combley, Gill Kirk, Cleo Lake, Celia Phipps, Ruth Pickersgill, Liz Radford and Judith Brown Co-optee

Officers in Attendance:-

John Readman (Strategic Director - People), Michele Farmer (Service Director Early Help and Targeted Support), Hilary Brooks (Service Director, Care and Support - Children & Families), Mike Hennessey (Service Director, Care and Support - Adults), Paul Jacobs (Service Director Education & Skills), Netta Meadows (Service Director, Strategic Commissioning & Commercial Relations), Karen Blong (Policy Advisor) and Claudette Campbell (Democratic Services Officer)

1. Welcome, Introduction and Safety Information

The Chair, Councillor Massey opened the meeting and welcomed all those present.

2. Apologies for Absence and Substitutions

Apologies received from Cllr Anna Keen, Co-optee's John Swainston and Roger White.

3. Declarations of Interest

None

4. Minutes of Previous Meeting and action sheet

That the minutes of the meeting held on the 26th September 2016 be agreed as a correct record and signed by the Chair.

5. Chair's Business



None

6. Public Forum

The Commission received the following public forum:

1. Judith Brown Statement on agenda item 7 Draft Corporate Strategy
2. Julie Boston Statement on agenda item 7 Draft Corporate Strategy
3. Councillor Mark Brain – Social Value Toolkit

7. The draft Corporate Strategy 2017-22, Business Plan 2017-18 and Medium Term Financial Plan 2017-18 - 2021-22

The Cabinet Member for People and Cabinet Member for Education & Skills, led introductions of the draft Corporate Strategy 2017 – 2022.

- a. Cabinet Member for People shared that the finalisation of the Corporate Strategy was a lengthy process with the conversation with the public continuing to the 5th January 2017. The strategy covered the financial plan addressing the predicted budget gap of £38 million and the financial situation going forward.
- b. Children and Adult Social Care services equate to the largest council budget with huge pressures resulting from a changing population, increase in the number of children and those aged 85 years old plus. Additional pressures come from the ambitious challenges from government legislation that are to be met without additional funding. The service continues to strive to challenge deprivation in communities. Safeguarding obligations continues to add to the emerging pressures. The City also has its own ambitions including cementing its position as a City of Sanctuary. The service must react to the need arising from the current political instability of many countries, and the needs of those displaced.
- c. The service is unable to continue to operate in the same way this is an opportunity to formulate a good strategy, to do it well and adopt a new working model.
- d. The strategy going forward keeps in focus the Mayor's priorities for the City balancing the budget in light of all that the Council must do.
- e. Cabinet Member for Education & Skills, shared that despite the challenges the vision for the City's education outcome would not be diminished. Work continued to support young people in education. The operation of dedicated school grants supported key needs of students. Work continues to grow the benefits from trading with schools contracts that contribute to core funding to education services. The service would continue to look for ways to widen opportunities outside the local authority. Work continues to source alternative opportunities for funding from such areas as, available EU grants, resources from national government and possible links with



businesses that bring young people in education to their attention. The service continues to cement education development and good partnership working to support outcomes.

- f. Strategic Director, People, shared that the aim was to manage spend as safely as possible during the coming year in anticipation of future budget pressure. The commissioning approach for the service would be discussed at a future scrutiny meeting. The budget conversation would be updated to include the impact from the 21st November Budget.

The Chair acknowledged that questions had been received on the agenda item but an opportunity was given for additional comment from Scrutiny Members.

- g. Members were concerned that an online consultation process excluded those without the necessary skills to engage and would impact large portion of the elderly and those in care homes. **Action: The telephone number to be sourced for a request for paper copy to be requested. (0117 9222842) The information card on how to contribution to the process to be shared with Members. Karen Blong and Communication team.**

h. Question:

- How would family centres & early help services be impacted and would they continue as they are?
- The current reablement service will it remain in house or is being outsourced?
- The proposed changes to dementia care provision and that offered to carers, the question was, had user led organisation been made aware of the proposed change and the financial impact of change.

- i. Early Years & Family Centres – work is being done to support families that are in need of help with children 0-19 and 25 where necessary. The current children’s centre offer is to families with children aged 0-5yrs but the intention is to consider whether the service could support families with children up to age of 11. A consistent approach to family support would continue through partnership working up to age 19 or 25. This is not just focused on buildings, while these are an important resource there are also many possibilities to grow the service provision for families on an outreach basis.

- j. Reablement Service – the jointly commissioned service delivered, with CCG and Bristol Community Health, would continue but all options to be considered whether to continue or discontinue, the final decision would be based on the best outcome for the service.

- k. Liaison with user led-groups – Work had been undertaken with Bristol Carers Voice to share the proposals on changes and charges to services outlined in the strategy. The service would adhere to the Care Act that directs that carers must receive good support.



- l. Wider Liaison – the service would build on the good practice established following former consultations, engaging in discussion with wide range of service-users and partners. Crucially to have conversations with all before any changes are agreed and implemented.
- m. Question:
- Community Meals – when re-organised previously the information shared indicated that there would be no cost impact but the recent report attributes £300,000 cost. How has this arisen?
- n. A subsidy of £280,000 provided to maintain the service. There had been a reduction by 100 in uptake of the service. There are now alternatives in the market. The service provides a hot meal at lunch at a cost of £4.90 and sandwich tea at £2.71. Consideration to be given to providing a service to those who require a hot meal delivered and unable to help themselves, heating frozen foods. Members were assured that resources would be preserved to assist those who require help.
- o. Members were concerned that those no longer receiving a daily delivery of hot food may lose vital interaction with an individual and it may give rise to social isolation.
- p. Question:
- Welcome the need to be creative on ways to generate income but how would charging the disabled for disabled bays, assist social values and tackle inequalities.
 - Further explanation about the ethics of Commissioning services that are then provided by private companies.
- q. Members were assured that tackling inequalities underpinned all the work and although not mentioned overtly the ethics are not lost.
- r. Question:
- How are staff to be supported to understand the three tier model and similarly how is the understanding to be shared with older people? Request made for the language used to be clear and the appropriate mechanism in place to train staff.
 - How does personalised budget fit into ongoing developments?
 - The Coldharbour Lane projected to provide homes for older people and now said that the number of houses available are 40, has this number changed?
- s. The Coldharbour Lane development is not in the Bristol area with no s.106 provision to Bristol. The developers ECCT, Extra Care Charitable Trust were paid £1.425m on transfer of the land with a further £1.425m required on completion. The development would provide a number of affordable housing units 40 for Bristol residents, 41 for South Gloucestershire and 200 for sale
- t. The Chair directed the above questions would be noted in a Q&A fact sheet to avoid duplication of questions. **Action: Karen Blong for noting and the compiling of a Q&A fact sheet.**



Resolved:

- i. **To note the report**
- ii. **For the creation of Q&A fact sheet on the Corporate Strategy, Business Plan and Medium Term Financial Plan**

8. Re-commissioning Bristol Youth Links

The Scrutiny Members received a report and presentation from Rachel Beatty, Commissioning Manager.

The current contract arrangements remain in place until 2018 and important to note that work carries on with children and young people across the city under the existing BYL contract. The intention of coming to Scrutiny was to ensure that conversations were had in advance to enable as many stakeholders to feed into the future development of the service which will need to support vulnerable young people whilst balancing the need to reduce resources absorbing a possible reduction of £900k to £1.7 million in funding.

The statutory requirements the contract fulfils are around ensuring young people are in education, employment and training, and that they have access to positive activities which are advertised online via Rife and Go places to Play.

Actions of the Officers to date - an analysis of need; developing an equalities impact assessment; mapping provision across the city; engaging with providers and the youth sector to start to develop a commissioning strategy which will be formally consulted upon in January to March 2017; Development of a young commissioner's project which will be delivered in partnership with the children and young people's voice network .

Emerging model, some principles:

- Adopt principles of 3 tier model – help to help yourselves, help when you need it
- Work in a whole family way, and link work more closely with Early help and other work of VCS
- Model currently considering is 3 areas to match Early help, and continue with specialist and online services.
- Encourage a broader range of organisations in the city, and especially those organisations who can show they can engage well with their local community. Considering a model in which consortiums are compulsory, with partnerships needing to be meaningful and working together to meet the needs of their local population of CYP.
- Retain resource within the council to help support youth sector organisations to sustain, work together and work collaboratively on emerging needs.

During consultation expectations will be managed to ensure that those contributing are aware of how funding restrictions would in future impact on the service. The process would remain open and transparent. Learning from the former commissioning process, any communication plan would be outward facing, ensuring service users were aware of the final strategy and service model. With careful



consideration given to balancing the needs of staff to be made aware of changes in their roles and TUPE obligations.

Timeline shared:

Activity	Date
Pre-consultation Engagement	September 2016
Consultation	January to March 2017
Advertise tender	May 2017
Evaluate tenders	July 2017
Award contract	August 2017
Implement contract	August 2017 to February 2018

Members made a number of early comments to feed into the process, as follows.

- a. Members supported the need to include key performance indicators and measureable outcomes as part of the service level agreement, in the final contract awarded. That those KPI's cover areas such as service impact on the Mental & Physical Health of young people. Members noted a discernible lack of substantial outcomes from the current service providers. Officers assured members that this had been taken on board and any service level agreement would include measureable performance indicators and early assessment on how any work impacted on service users. Also acknowledged that it is more difficult to measure things when you are commissioning a preventative service.
- b. Members were informed of the intention for future commissioned services to be procured collaboratively with organisations in consortium, to encourage local community providers to be able to bid for contracts.
- c. Members asked how the service links to the 3 tier model. Officers stated the online provision supports the three tier model, as young people are able to help themselves, the younger generation often turn to online medium for guidance in the first instance. Young people may need to access some of the specialist services to gain access to 1:1 support for 'help when they need it'. Important to realise that this set of services is applicable to all levels of need. So even if a young person is on the edge of care, they should still be able to access provision at all three tiers of the 3 tier model.
- d. Members asked if there is a seasonal impact on the youth service. Officers stated the engagement rate remained constant throughout the year but reflected the change in service provision during the summer months when many more play schemes were in operation and open access events



took place in outside play areas. The 1-1 support to young people is a constant offering throughout the year.

- e. Members asked how the youth service supported young offenders and the impact on minimising repeat offenders, this was a question for the Youth Offending team. **Action: Rachel Beatty to contact the team for statistical information.**
- f. Members asked about the up take in service. Of the 54,000 young people in Bristol what percentage access the service 20% of young people in Bristol access Bristol Youth Links Services in 2014-15.
- g. Members were not convinced that offsetting targets to establish a balanced view in a report, where some areas met targets at the expense of those that did not was the right way forward. Officers took this feedback on board.
- h. Members commented on the (current) distribution of youth service over the 3 areas of Bristol with different providers, meaning there is more than one organisation to refer to, and a lack of clarity in knowing how to access the right service provider working in that district. Officers would note the view for further consideration during the consultation process and stated the referral pathways should be the same.
- i. Members asked how schools would be involved in the consultation process and if they access current commissioned services. Officers stated that there are examples of current services happening in schools and schools will be invited to be involved in the consultation process.
- j. Members asked if there was an impact of service users from other local authorities using the services of BYL. Officers stated that there were a small percentage of service users who access services (less than 6%). But this is offset with Bristol young people accessing services in neighbouring authorities.
- k. Members stated that the report failed to look like children and young people had fun. Officers acknowledged the end of year report is very statistical and assurances given that young people did have fun! The quarterly summary report provides a flavour of the activities children and young people engage in.

Resolved:

- i. **To note the report**

9. Models of Health and Social Care



Mike Hennessey, Service Director, Care & Support Adults, accompanied by Tim Wye, Principal Commissioning Manager, Sonia Moore, Care Act Implementation Lead, and Margaret Kemp, Acting Head of Better Care, provided a briefing on Better Care Bristol and the Three Tier conversation.

Better Care is a national requirement directed by government to deliver the integration of health and social care. The Vision:

Better Care Bristol will:

- drive the transformation of care and reduction of inequalities by establishing **integrated local services where health and social care resources are brought together in a coherent, locality model**, targeting resources where the need is greatest
- drive **prevention and self-care. Working on key priority areas, we will help people to manage their lives well, stay healthy and avoid deterioration. We will promote independence and help people and their carers to manage conditions once they are established**
- design and put in place **integrated pathways that support people in managing conditions from the earliest indications through to severe and complex needs. Through these we will deploy resources, at whatever point they are most relevant**

Better Care Bristol Governance arrangements, done through 3 Boards

- Health & Wellbeing Board
- Better Care Commissioning Board (Adults)
- Better Care Transformation Programme Board

The resources available are pooled from that of Bristol City with a contribution of £13million and the Clinical Commissioning Group providing £29million total pool £42million. The money is not new money but pooled from existing resource.

Better Care Bristol Ideas, that acknowledges that different communities have different needs.

- Community webs and social prescribing
- Integrated nursing pilot
- Multi Disciplinary Team approach
- Single Point of Access (Integrated Professional Line) and front door streaming at UHB
- Investments in Social Care to support system flow including front door and discharge
- Discharge to Assess - significant whole system approach working to reduce DTOT
- Integrated approach to reablement
- Information Advice and Guidance – whole system approach

The formal agreement for funding, known as Section 75 Agreement 2016/17 had been signed off in June with the Health & Wellbeing Board, the full reports can be accessed via

<https://bristolintranet.moderngov.co.uk/ieListDocuments.aspx?Cid=213&Mid=270&Ver=4>).

The following was noted when questions were invited.



- a. Members welcomed the presentation and explanation provided noting that it would aid understanding when performing their role. Acknowledging that integrated working brought with it better outcomes for service users.
- b. Members were concerned about the additional pressure that GP's would face particularly in areas such as the South of the City that are under pressure because of the lack of GP's. Officers explained that GP's practices could benefit from BCB as it would divert a percentage of service users to alternative areas for care that would support better health.

The Sustainability and Transformation Plan (STP) – across the Bristol, North Somerset and South Gloucestershire (BNSSG) region.

The Scrutiny Commission would receive a briefing on STP on the 1st December 2016, at City Hall, jointly with Members from regional authorities.

The STP must be signed off by the Department of Health. The key principles of the STP are there to support the delivery of the NHS 5 year plan, that had been agreed 2 years ago. The principles understood that commissioning alone would not solve the health care problems and that systems must be planned across all partners that met the varied and differing needs across the regions three health care providers.

STP 3 work areas:

- Prevention, Early Intervention & Self Care
- Integrated Primary, Community & Social Care
- Acute Care Collaboration

Questions were invited from Members.

- a. STP would work to address issues arising from residents of regional authorities remaining in hospital because social workers from that authority are not available to assess for a discharge. There could be an opportunity for Bristol social workers in situ at the hospital to support regional authorities residents by providing the service needed, to allow for an early discharge.
- b. STP allows for the better use of available funds, for example one day stay in hospital is approximately £800. The same sum spent on social care to stop that day needed in hospital could go further and if a patient is discharged to social care the money available would be used more efficiently.
- c. Workforce & Capacity remains an issue. It was acknowledged that the service had an aging workforce and that a number of factors had impacted the availability of health care professionals. With a population getting older and remaining older, the demand for support continues to escalate and a service can only be provided with health care professionals.

The Three Tier Model - Diagram added as separate document

There are a number of challenges facing the ongoing provision of service.

- More people are living longer



- Dramatic increase in over 85's (21% over 10 years)
- Care Act 2014
- Transfer of the Independent Living Fund
- Deprivation of Liberty Safeguards Supreme Court ruling in 2012
- Requirement for Integration

When the model was shared with social workers and then implemented the initial view of many were that they had been working in the way outlined but following implementation the feedback from staff was positive. The general consensus was that the model now put people at the heart of what they did, with quicker outcomes.

The following was noted from the discussion that followed:

- a. Members were concerned about the over reliance of online assessment. How would those with limited ability, due to illness and disability, access and understand online information. Assurance was given that support would be available for personal conversation when required.
- b. Social work had been redesigned resulting in more emphasis on the availability of social workers and minimal managerial roles.

CQC (Care Quality Commission) and the State of Social Care (<http://www.cqc.org.uk/content/state-of-care>)

The CQC inspected the state of personal care, for example shopping and help provided to undertake personal care. The service provides only a small percentage of this form of care. The link provided above is the pathway to the full report.

The Commission is to receive a presentation on Commissioning and Quality Assurance, the strategy on dealing with inadequate service provision by service providers

Resolved:

- i. **To note the report**

10 Better Care

Notes above with agenda item 9

a. Three Tier Model

Notes above with agenda item 9

11 Work programme



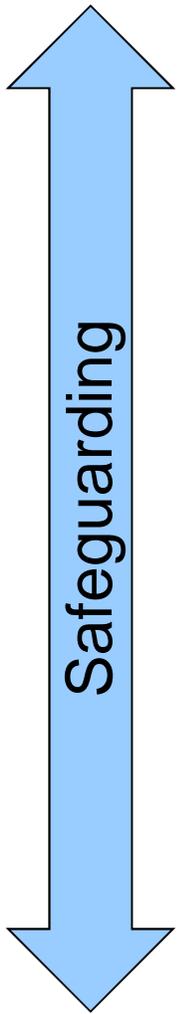
For Information.

Meeting ended at 5.00 pm

CHAIR _____



The three-tier model for care & support

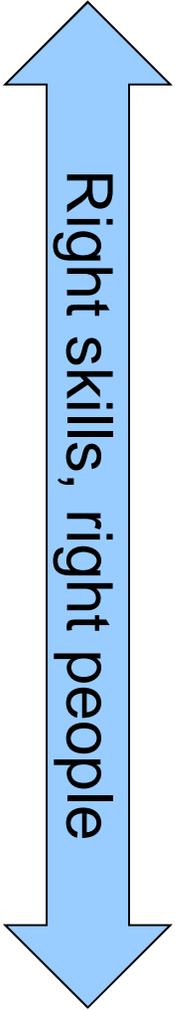


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Help to Help Yourself
Accessible, friendly, quick, information, advice, advocacy, universal services to the whole community, prevention

Help When You Need It
E.g. leaving hospital, transiting from children's to adults' services, changes to carers arrangements, intensive support to regain independence, crisis support. No presumption about long-term support, goal focussed, integrated

Help to Live Your Life
Self directed, personal budget based, choice and control, highly individualised



Minute Item 38a

People Directorate

