

North Somerset Council

REPORT TO THE COUNCIL

DATE OF MEETING: 8 JANUARY 2019

SUBJECT OF REPORT: POLICY AND SCRUTINY PANEL REPORT

TOWN OR PARISH: N/A

MEMBERS PRESENTING: COUNCILLORS REYNA KNIGHT, TERRY PORTER AND ROZ WILLIS

KEY DECISION: NO

RECOMMENDATIONS

That Councillors receive and consider the report from the Chairman of the Adult Services and Housing Policy and Scrutiny Panel (ASH), the Chairman of the Community and Corporate Organisation Policy and Scrutiny Panel (CCO), and the Chairman of the Health Overview and Scrutiny Panel (HOSP)

1. SUMMARY OF REPORT

This report provides comment from the Chairmen of Policy and Scrutiny Panels, highlighting:

- a) key areas that the Panels have focused on for the current municipal year;
- b) on-going issues progressing into the next municipal year.

2. POLICY

The Corporate Plan sets out the vision for North Somerset as: *a great place to live where people, communities and businesses flourish*, and for the organisation to provide: *modern, efficient services and a strong voice for North Somerset*.

3. DETAILS

3.1 Adult Services Policy and Scrutiny Panel

Since the last report in April the full Panel has met twice during the year. In addition to this, working groups have been formed to look at the different aspects which come under the umbrella of ASSH.

As in the past the work has been covered by co-operation by both Officers and Councillors resulting in a better understanding of the complexities of the area this Scrutiny Panel covers. My thanks to all concerned.

The Panel considered the following topics at their meetings:-

3.1.1 ASH Panel meeting on 28th July 2018

- **The Local Government Ombudsman (LGO) findings and recommendations in respect of North Somerset's enablement service and charging scheme -**

The LGO found that some people were in effect charged for intermediary care, a service that would not normally incur a charge. The Council was required to amend its charging policy and to identify all instances where this had occurred and repay the charges accordingly. The Panel will be reviewing the implications of this decision going forward and will be seeking assurances at future Panel meetings that any resulting costs to the Council are within estimate.

- **Community Meals** – Members heard that the following priorities for the service had been agreed:
 - better promote/market the service to increase the take up;
 - increase the current price to £5 per meal;
 - establish a menu service to increase the take up of the tea service; and
 - Work around utilising the utilising the vehicles more fully.

Members noted that following discussions with Bristol City Council around a potential merging of their Community Meals services, informal agreement had been reached to work towards service alignment with possible amalgamation by 2021. It was agreed that the Panel would continue to closely monitor these developments.

- **Transition between Children`s and Adult`s Social Care** - Early planning for adulthood from age 14 was essential to manage the demands and expectations of ongoing lifetime care into adulthood. A specific set of criteria would need to be developed to indicate what the point of `stability` would be. There were approximately 470 cases at any one time in the age range 14 to 25 which may require assessment, planning and care and support services from Adult social care to facilitate the transition to adulthood. Members noted that the overall picture of transition cases suggested a predominantly complex picture of needs and agreed to keep this issue under review.
- **Performance Monitoring** – Members heard that in respect of housing:
 - 100 Houses of Multiple Occupation were improved;
 - 155 affordable homes completed in 2017/18;
 - the service had intervened to remove/repair a significant hazard in 152 homes;
 - 571 adults, living independently, had made contact with secondary Mental Health; and
 - in Quarter 4, 82 households were living in temporary accommodation.

Members noted the considerable work that was being done to increase the supply of Private Rented sector homes at affordable rents. The Panel had supported the implementation of an “Area Action” approach to improving private sector housing conditions with a caveat that this be reviewed no later than 12 months after the commencement of inspections and that consideration be given to a targeted licencing scheme should the Area Action approach prove unsuccessful. Accordingly, the Panel will review the scheme at a future meeting.

3.1.2 Ash Panel meeting on 8th August 2018

- **BNSSG Domiciliary Care** - Providers across the BNSSG (Bristol, North Somerset, South Gloucester) were struggling to meet the demand. The market is fragile, nationally and locally providers are leaving the market and reporting challenge to their financial viability. Across the three Authorities there was

considerable work underway to mitigate risks. BNSSG providers were working together to identify new actions to be delivered jointly across areas including:- worker retention bonuses, working with college and universities to access the student workforce, menus of options for employers together with other initiatives.

Much of the work is underway and will be reviewed at further ASH meetings. In addition, the Panel will be undertaking a review of care worker training going forward.

- **North Somerset Annual Complaints Report 2017/18**
 - 80 Complaints (3 fewer than last year) and 70 compliments received;
 - the category receiving the highest number of complaints was "Adult Care" (33) with the remaining complaints dispersed against a range of categories including "services provided by independent providers" (17), "contracts and commissioning" (8), "learning disabilities" (8), "Avon Wiltshire Partnership and North Somerset Council" (7), etc;
 - Members noted that, of the total complaints received, 43 were made by relatives of the service user; and
 - 9 complaints were made to the Local Government Ombudsman of which two did not warrant investigation, two where no fault as found and two where faults were found. Others were still going through the process.

Members heard that the process of responding to complaints had been simplified and were pleased to note that there had been a decrease overall. Complaints against the Adult Care service will continue to be regularly monitored by the ASH Panel.

- **Housing with Support Update** – Members heard details of the Extra Care Scheme at Tamar Court including a 61unit extra care facility for older people and Wellness Centre for Dementia Day services.

At the end of Quarter 1 821 people were in permanent care home placements, 42 less than this time last year. 41 households had been housed in private rented sector accommodation during Quarter 1, compared with 17 in the same period last year. Members noted there were no red areas in the Key performance indicators.

- **Budget Monitor** - a relatively stable and sustainable budget position appeared to have been reached. The overall year forecast end position for the Adult Care Service was £0.296m underspend at that moment in time (congratulations to all those involved in this achievement)

3.2 **Community and Corporate Organisation Policy and Scrutiny Panel**

3.2.1 At the Council meeting on 24th July 2018, Members held a debate regarding policing priorities. The key elements of this discussion were:

- Concern raised about the responsiveness to domestic burglary and other crime types;
- Concern about increases in levels in some types of crime and fear of crime;
- Concern regarding recent reduction in police numbers and resources and how this was being countered.

- 3.2.2 It was resolved that *“this Council requests the Community and Corporate Organisation Policy and Scrutiny Panel investigates reports that the Avon & Somerset Constabulary will no longer deal with Household burglaries and asks the Police and Crime Commissioner and a senior police officer to explain the facts behind the statements and then report back to Council.”*
- 3.2.3 This investigation was conducted by way of a closed session held on 28th September to which all Councillors were invited. Comprehensive and informative presentations were given by John Smith, Chief Executive Officer for the Avon & Somerset Police and Crime Commissioner, and Chief Inspector Leanne Pook, North Somerset Police Commander.
- 3.2.4 Members were informed that police responded to all household burglaries. The response time for Priority 1 burglaries, crime in progress, was less than 5 minutes even during periods of peak demand. The response time for Priority 2 had now stabilised to 10.9 hours, although there had been a period in which this had peaked at 21 hours. The length of burglary investigations averaged around 10 days.
- 3.2.5 Other crimes were raised by Members of the Council, including the response to shoplifting. Chief Inspector Pook responded by confirming that repeated offences by a particular offender would be actioned. It was requested that any Councillor with a specific issue should raise it with her or the Weston Town Centre Police Sergeant directly, and contact details were provided accordingly.

3.3 **Health Overview and Scrutiny Panel**

- 3.3.1 I am bringing this report to Council in order to give all Members an opportunity to contribute their comments on Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group’s (BNSSG CCG) proposed “Healthy Weston” options for the future of health services in the Weston-super-Mare area - which will shortly be going out to public consultation.

Members will recall that the CCG briefed Members on these options before the last Council meeting on 13th November and, as an aide memoire, I have attached (at appendix 1 of this report) the presentation slides which were used in that briefing and at the subsequent HOSP meeting on 11th December.

Any comments received from you will be taken to the HOSP Panel on 31st January 2019 and incorporated into HOSP’s formal response to the proposed options. This will be HOSP’s last meeting within the Council’s current term of office, so it will be the final opportunity for Members to make formal representation within the time frame set by BNSSG CCG.

Would you please send any comments to Leo Taylor at leo.taylor@n-somerset.gov.uk.

4. **CONSULTATION**

The Panels undertake regular consultation with officers, Councillors, the Executive Members and relevant partners through working group and steering group monitoring and Panel reporting.

5. **FINANCIAL IMPLICATIONS**

None

6. LEGAL POWERS AND IMPLICATIONS

None

7. RISK MANAGEMENT

None

8. EQUALITY IMPLICATIONS

None

9. CORPORATE IMPLICATIONS

None

10. OPTIONS CONSIDERED

None

CHAIRMEN

Councillor Reyna Knight, Adult Services and Housing Policy and Scrutiny Panel
Councillor Terry Porter, Community and Corporate Organisation Policy and Scrutiny Panel
Councillor Roz Willis, Health Overview and Scrutiny Panel

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BACKGROUND PAPERS

ASH Policy and Scrutiny Panel agenda, reports and minutes 2018/19
<http://apps.n-somerset.gov.uk/cairo/committees/comidx208.asp>

CCO Policy and Scrutiny Panel agenda, reports and minutes 2018/19
<http://apps.n-somerset.gov.uk/cairo/committees/comidx219-2018.asp>

HOSP Policy and Scrutiny Panel agenda, reports and minutes 2018/19
<http://apps.n-somerset.gov.uk/cairo/committees/comidx209.asp>

Presentation to North Somerset Health Overview and Scrutiny Panel



11 December 2018

Why we need to change



1 Changing health needs

Our population is growing, getting older, living with more long term conditions and there are significant inequalities in health

2 Variations in care and access in primary and community care

There are differences in the way care is currently provided, with some patients finding access more difficult than others

3 Meeting national clinical quality standards

Some services at Weston General Hospital don't have sufficient volumes of certain cases and there is a shortage of specialist staff

4 Getting value for money

We must live within our financial means and make sure we use our available resources most effectively to meet local needs

Our Healthy Weston vision



To address the case for change we have three programmes of work

1

In progress

- GP practices and primary care services working more closely together (Pier Health)
- More consistent service for care homes
- More money for child and adolescent mental health services (CAMHS)

2

In development

- Investment in mental health services, including a new Crisis and Recovery Centre
- More liaison with mental health services for people with substance misuse problems
- Development of an Integrated Frailty Service

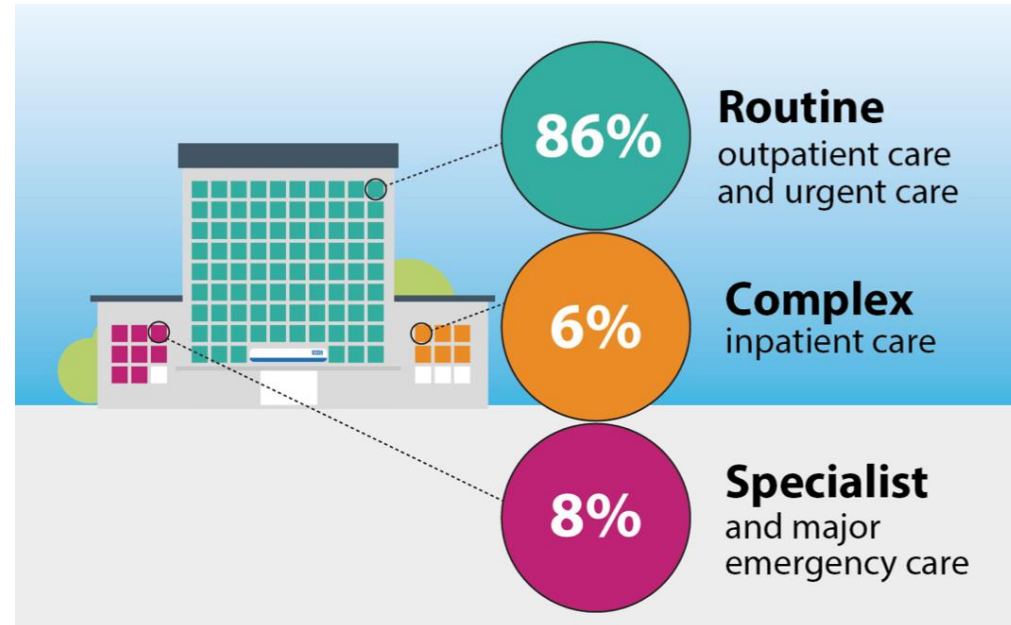
3

May require consultation

- Develop new models for delivering hospital based care in the future and then choose and implement the best one(s)
- Supported by improvements in community-based care

Hospital based care in the NHS

- 90% of patient interactions are in GP practices, primary care and community care
- However, where patients need hospital based services the vast majority is for routine outpatient and urgent care services
- A small proportion of patients need complex and emergency care
- And only a small number need the most specialist and major emergency care



Universal commitment to achieving a vibrant future role for Weston General Hospital



- Meeting the changing needs of our local population
- Addressing our workforce challenges with improved recruitment and retention of staff, and more partnership working and joined up rotas with other hospitals
- Achieving national clinical quality standards consistently
- Developing as a centre of excellence for frailty services and planned care
- Reformed A&E, emergency surgery, acute medicine and critical care
- Using latest treatments and technologies

A graphic featuring a large blue circle with a white border, containing a quote. The quote is in white text and is flanked by two white double slashes. The circle is set against a background of a larger, lighter blue circle that is partially visible.

// We want Weston to be a strong focused hospital at the centre of our community //

To achieve this vibrant future role for Weston General Hospital our local clinicians have...

- Considered national and international clinical evidence
- Reviewed best practice examples from elsewhere
- Gathered extensive feedback from local people and patients which was independently reviewed
- Described potential clinical models to deliver best practice care
- Followed a robust process to narrow down the potential options for Weston General Hospital
- Detailed analysis has used agreed evaluation criteria
- Identified six distinct models

1,627 pieces of feedback received representing 2,518 people, including staff

6 models



Each of the models would continue to provide the majority of current patients with their care at Weston General Hospital

- Diagnostic tests: e.g. MRI, CT, X-ray, blood tests
- Infections: e.g. chest, urinary, gastroenteritis, ear, eye, skin
- Joint replacements: e.g. hip and knee
- Management and monitoring of long term conditions including complications and deterioration: e.g. asthma, diabetes and COPD
- Childbirth (no complications)
- Physiotherapy and other rehabilitation
- Surgical day cases



“ Weston will continue to care for local people with a wide range of needs ”

Each of the 6 models of care would:



Have the following improvements to services

- **New integrated frailty service:** early identification and proactive care to help avoid unplanned hospital admission, rapid diagnosis, care plan management and extended support to older complex and frail patients to help them go back to their own homes/community after a hospital stay
- **Increased mental health liaison:** to improve care assessment and avoid unnecessary hospital stays
- **Continued and strengthened access to specialist outpatient service:** e.g. more chemotherapy delivered locally
- **Increased non-complex planned care services:** e.g. joint replacements and cataracts
- **Strengthened and more integrated offer for both acutely unwell children and children with complex needs**
- **Extended and strengthened GP and community based services**

Each of the 6 models of care would:



Continue to have the following services

- **Diagnostic unit:** MRI, CT, blood tests, X-ray
- **Midwife-led maternity unit:** for low risk births

Each of the 6 models of care would:

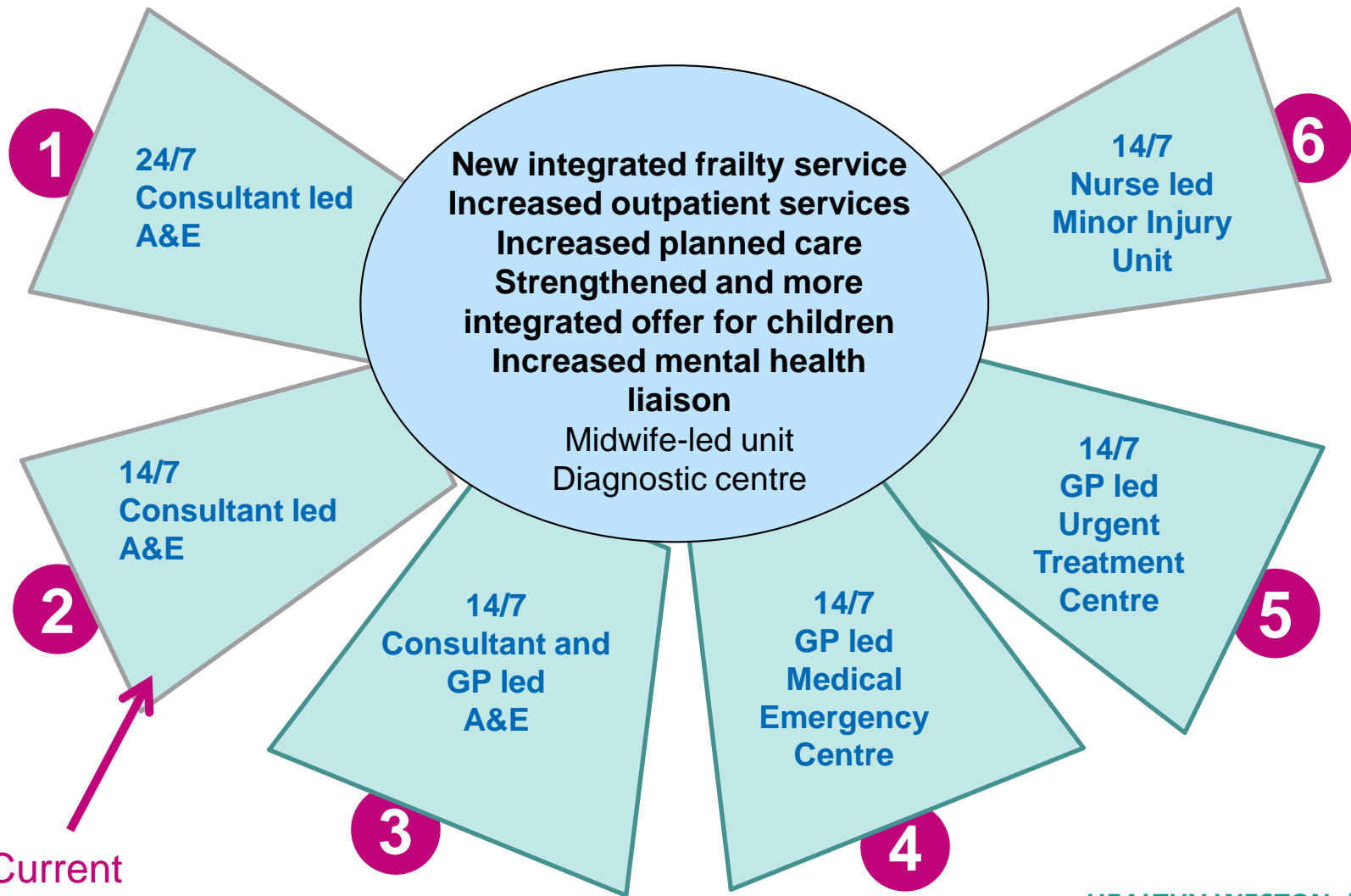


Continue to have specialist services delivered in large specialist centres in Bristol and Taunton

- Trauma and significant emergency treatment
- Treatment of specialist conditions: e.g. complex heart attacks, stroke, severe burns
- Inpatient paediatrics (overnight children's services)
- Complex pregnancies and births

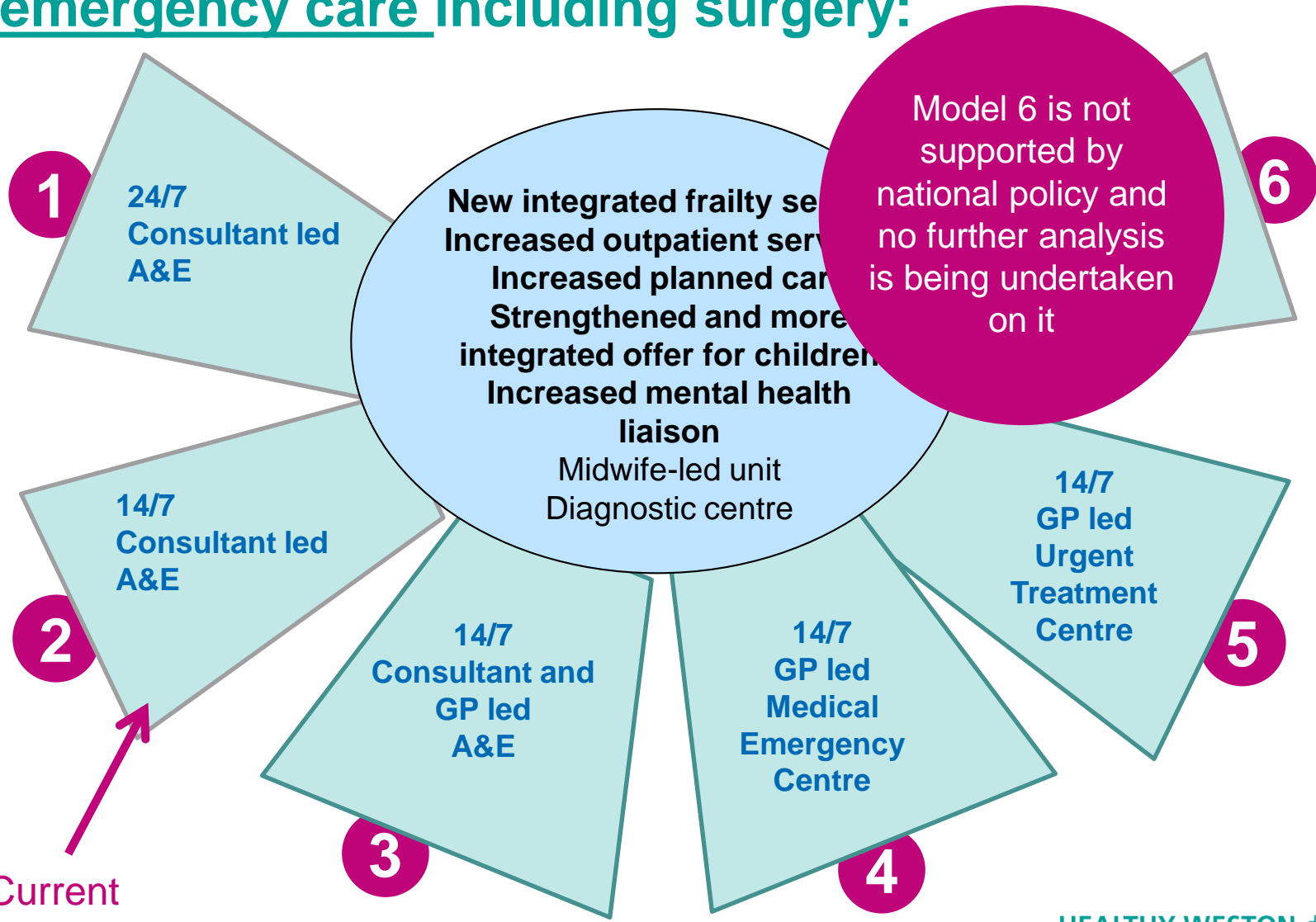
For these conditions the ambulance service would take patients to the specialist hospital, as it does now

The models of care vary principally in complex and emergency care including surgery:



Current provision

The models of care vary principally in complex and emergency care including surgery:



Current provision

MODEL 1

24/7 consultant led A&E

- Patients with serious conditions needing complex and emergency care including acute emergency surgery
- Would be treated at Weston General Hospital during the day and night
- Day and night trauma, significant emergency surgery and specialist conditions would continue to be delivered in Bristol or Taunton



Urgent and
emergency
services
including
emergency
surgery 24 hours
a day, 7 days a
week

1

MODEL 2

14/7 consultant led

A&E

- Patients with serious conditions needing complex and emergency care including acute emergency surgery
- Would be treated at Weston General Hospital during the day
- Day and night trauma, significant emergency surgery and specialist conditions would continue to be delivered in Bristol or Taunton



Urgent and
emergency
services
including surgery
14 hours a day, 7
days a week

2

MODEL 3

14/7 consultant & GP led A&E

- Patients with serious conditions needing urgent treatment and management, including acute emergency surgery that does not require an overnight stay
- Would be treated at Weston General Hospital during the day
- Less complex surgery cases than Models 1 & 2
- Patients requiring more serious and complex emergency surgery day or night would be treated at Bristol or Taunton



Urgent and
emergency
services

14 hours a day,
7 days a week.

Emergency
surgery 10 hours
a day,
5 days a week

91% of people
currently using
Weston would
continue
to do so

3

MODEL 4

14/7 GP led

Medical Emergency Centre

- Patients with serious but stable conditions needing urgent treatment and management
- Would be treated at Weston General Hospital during the day
- Patients requiring any intensive care support, such as mechanical ventilation, emergency surgery or emergency management day or night would be treated at Bristol or Taunton



Urgent and emergency services

14 hours a day, 7 days a week.
Less complex emergency 10 hours a day, 5 days a week

4

90% of people currently using Weston would continue to do so

MODEL 5

14/7 GP led Urgent Treatment Centre

- GP managed care with diagnostic support for patients needing urgent medical attention when it's not a life-threatening situation supported by acute physicians running medical assessment unit 14/7
- Consultant surgeon input to ambulatory surgical clinics
- Would be treated at Weston General Hospital during the day
- Covers many of the common ailments of patients who currently attend A&E
- Patients requiring emergency surgery or emergency management day or night would be treated at Bristol or Taunton



Urgent care services
14 hours a day,
7 days a week

88% of people currently using Weston would continue to do so

5

All the models are supported by the ambulance service who have clear protocols for where to take patients with different needs

- In most cases where a patient has a complex, severe or emergency need they would ring for an ambulance and they would be taken automatically and directly to Bristol or Taunton when appropriate



“The ambulance service will help to ensure the sickest people are in the right place”

Q & A

