

BATH AND NORTH EAST SOMERSET

CHILDREN, ADULTS, HEALTH AND WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL

Tuesday, 1st October, 2019

Present:- Councillors Vic Pritchard (Chair), Michelle O'Doherty (Vice-Chair), Jess David, Ruth Malloy, Mark Roper, Andy Wait, Paul May and Liz Hardman

Co-opted Members: Chris Batten and Kevin Burnett

Also in attendance: Mike Bowden (Corporate Director), Lesley Hutchinson (Director of Safeguarding and Quality Assurance), Bruce Laurence (Director of Public Health), Dr Ian Orpen (Clinical Chair, B&NES CCG), Sarah Hogan (Deputy Safeguarding Lead CYP & QA), Annemarie Strong (Legal Advisor/Paralegal) and Sarah Watts (Complaints & Data Protection Team Manager)

Cabinet Member for Adult Services: Councillor Rob Appleyard

Cabinet Member for Children's Services: Councillor Kevin Guy

12 WELCOME AND INTRODUCTIONS

The Chairman welcomed everyone to the meeting and Panel members introduced themselves.

13 EMERGENCY EVACUATION PROCEDURE

The Chairman drew attention to the emergency evacuation procedure.

14 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Co-opted Members Andrew Tarrant and David Williams had sent their apologies to the Panel.

15 DECLARATIONS OF INTEREST

Councillor Paul May declared an other interest as he is a non-executive Sirona board member. He said that he would leave the room during the debate of agenda item 8 (Virgin Care).

Councillor Jess David declared an other interest as her husband is a partner in the Heart of Bath group of GP practices which operates in Bath.

16 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

17 ITEMS FROM THE PUBLIC OR COUNCILLORS - TO RECEIVE DEPUTATIONS, STATEMENTS, PETITIONS OR QUESTIONS RELATING TO THE BUSINESS OF THIS MEETING

Pam Richards, Protect Our NHS BANES made a statement to the Panel on the subject of Virgin Care. A copy of the statement can be found on the Panel's Minute Book, a summary is set out below.

Protect Our NHS BANES is deeply concerned about the performance of Virgin Care in several key areas. Reports have come to us from staff, former staff, patients/service users and carers.

On 1st April 2017 1700 employees transferred to Virgin Care but by 10th September 2019 Virgin Care had only 1200 employees. We are aware of significant staff shortages and a high turnover of staff. We would like to see a detailed staffing breakdown - loss of posts through redundancies, long term vacancies, frozen posts, skill shortages number of agency and locum staff employed. Inevitably this staffing crisis will impact on the quality of the service that the public receive.

Many staff have told us that they have left because they no longer feel that they can deliver a safe and effective service. Others have said that their concerns are not listened to and management is poor. Many feel pressured and overworked because of staff shortages. Staff reviews about Virgin Care on employment agency websites are very damning. The health and social care system is a people business, the way you treat people/staff is crucial to the outcomes you achieve.

The lack of progress on achieving key transformation targets such as the introduction of the integrated care record and the creation of care co-ordination hubs calls into question much of the basis of the Virgin Care bid. The integrated record is way behind schedule and although there is work underway to create a hub at Peasedown this does not include social care.

We hear reports of a significant deficit in the Virgin Care budget. Virgin Care promised a standstill budget over 7 years based on efficiency savings. If savings are not achieved what happens next – will Virgin ask for more money or withdraw from the contract?

We feel that there is mounting evidence that Virgin Care is not delivering what they promised and the staffing crisis is a cause for grave concern. It is the role of this Scrutiny Panel to scrutinise and it is time that it did just that. We ask you to conduct (in conjunction with the Commissioners) a thorough review of the Virgin Care contract before real harm is inflicted.

Councillor Liz Hardman asked what she thought the impact of Brexit would be on staffing levels within Virgin Care.

Pam Richards replied that she believed that it would have a severe effect on all staff within health and social care.

Councillor Jess David asked how many members of staff she had met to discuss their morale.

Pam Richards replied that she had met 10 members of staff within the last few months and said that she was aware that some have left Virgin Care due to stress and concern over their professional standards.

The Chairman thanked Pam Richards for her statement on behalf of the Panel.

18 MINUTES - 23RD JULY 2019

The Chairman referred to page 8 of the minutes and asked if the Terms of Reference and membership of the Autism Partnership Board had been shared with the Panel.

Councillor Rob Appleyard, Cabinet Member for Adult Services replied that this was still a work in progress and that he was due to attend a meeting regarding later in the month.

The Chairman asked for the following paragraph to be amended as the next meeting has actually taken place in October.

The Chair replied that following correspondence with Pam Richards, Protect Our NHS BANES he had agreed that this item would be discussed by the Panel in ~~September~~ October.

Councillor Andrew Wait commented that he had not had a response to the point he raised on page 5 relating to the costs raised through the RUH car park.

The Chairman said that a response will be chased on behalf of the Panel.

Kevin Burnett asked if a response has been received from the Secretary of State regarding the funding pressure in the education system.

Councillor Kevin Guy, Cabinet Member for Children's Services replied that the Council had received a generic response and were seeking further information.

With these comments and amendments in mind the Panel confirmed the minutes of the previous meeting as a true record and they were duly signed by the Chairman.

19 VIRGIN CARE - PERFORMANCE UPDATE

Kirsty Matthews, Managing Director – Bath and North East Somerset, Virgin Care Services Limited introduced this report to the Panel and highlighted the following areas from within it.

She stated that she had been in her role for two years and said that she was proud of all her colleagues within Virgin Care who work very hard.

She explained that the Bath and North East Somerset Community Health and Care Services, provided by Virgin Care, went live on 1 April 2017. The contract brings together community health and care services to deliver the objectives of Your Care, Your Way (YCYW), a document which was compiled by the Council and NHS Bath

and North East Somerset Clinical Commissioning Group (CCG) over the previous two years through consultation with local people.

Under the contract, Virgin Care is responsible for the direct delivery and sub-contracted delivery for approximately 200 community services.

She said that overall, the service is performing well against both local contractual and national indicators, with significant performance improvements noted in a number of areas. Performance of the service is monitored at both local and national level, as well as by commissioners at the Council and CCG.

She informed the Panel that there have been a number of significant improvements in service performance since the transfer in April 2017, including:

- The average length of stay on rehabilitation wards at Paulton and St Martin's Hospital has reduced from 36 days at point of transfer to 28 in 19/20, despite increased complexity of the patients admitted. This length of stay is now in line with the national average for these types of services and brings significant benefits for patients by enabling them to return home, with support, and live as independently as possible.
- Safeguarding performance has significantly improved. Decisions taken within 4 days has increased from 48% in 17/18 to 88% in 18/19. Planning meetings being held within 10 days has increased from 32% in 17/18 to 77% in 18/19
- Continuing Health Care assessments completed within 28 days has risen from an average of 23% completion in 2017 when Virgin Care took on the contract to an average of 73% this year, and 100% in August 2019.
- Virgin Care has worked with Royal United Hospitals, Wiltshire Health and Care and Somerset Partnership Foundation Trust and commissioners to deliver the Home First pathway. This was recognised with a Parliamentary award for Excellence in Urgent and Emergency Care in 2018.
- A new service was developed with the Royal United Hospitals and South West Ambulance Service, a 'falls pick up service' which provides an early response to people who have had a fall within their own home and avoids them having to go to hospital. Initial outcomes from this service show that 70% of people who were supported in this service were able to be instead managed in an outpatient setting
- Bath and North East Somerset is now among the top performers for delivery of the Healthy Child Programme. This has improved from 82% compliance with national standards for 14-day visits at the point of transfer, to 94% in 19/20.
- As of August 2019 the overall staff sickness rate is 2.76% which compares well to the average NHS staff sickness rate of 4.51% (February 2019 data).
- Our staff turnover data is 12.68% on a monthly average rolling year to date basis, this figure includes retirees

She stated that IT services are essential to the ongoing positive performance of health and social care services. Virgin Care mobilised a new network and equipment following the transfer of services from Sirona and while the fast rollout of the system caused widely reported issues these were resolved during the first year of the contract (17-18).

There are number of areas of the transformation programme that technology continues to support to meet the Your Care Your Way objectives of joining up the information and these include; a new referral management solution, the deployment of an integrated care record and the provision of mobile working.

She said that Children's Services delivered as part of the contract are consistently high performing, both against national benchmarks and the Key Performance Indicators set by the Council and NHS.

Virgin Care, through its learning and development arm, The Learning Enterprise – an Ofsted registered apprenticeship provider with the Skills for Health Quality Mark – will launch four new Social Work apprenticeship roles in October. These degree-level programmes will allow Bath and North East Somerset to “grow its own”, provide career development opportunities, helping to secure the future of a stable adult social work service into the future.

The performance of the service is significantly improved since it transferred to Virgin Care in 2017 and continues to be on a trajectory of further improvement. At the time of transfer, 72 needs assessments per month were taking longer than 28 days. At the time of writing, just 3 per month take longer than 28 days.

Virgin Care provides a number of services to support health and wellbeing in Bath and North East Somerset. This is both by directly providing the services and through sub-commissioning with a large number of third sector providers across Bath and North East Somerset.

She explained that with the introduction of Primary Care Networks, Virgin Care are working with primary care, with Developing Health and Independence (DHI) and Village Agents, amongst many others, to develop the local offer for social prescribing. This will be launched this winter and will form part of Wellbeing Bath and North East Somerset. It supports a key principle for Your Care Your Way of living and staying well and delivering care closer to the community.

Virgin Care are proactive partners with the third sector in Bath and North East Somerset. This has enabled volunteering services to continue and which is now being directly provided. Virgin Care work closely with Third Sector Groups, 3SG, partners and is supporting Bath Mind to develop a Safe Haven for Mental Health services locally.

She said that recruitment remains a key issue across all services leading to high agency usage in some areas. This is reflected in the national position for all providers of healthcare services. During the summer, Virgin Care held two recruitment open days and these were popular, leading to the recruitment of both new colleagues and additional members of the bank.

She informed the Panel that the Supported Living Services teams in Bath and North East Somerset were inspected by the CQC in 2018, after the transfer to Virgin Care Services Limited. The CQC awarded a “good” rating to the services following this inspection.

No quality performance notices have been served on Virgin Care in the past 12 months. The quality of services has remained of a high standard, and this is reflected in the quality indicators including:

- Maintaining the proportion of service users receiving ‘harm free’ care as measured by the national Safety Thermometer audit (94.2% in 2018/19 compared to 94.2% in 2016/17)
- No MRSA Bacteraemia infections in Community Hospitals since 2014
- An ongoing reduction in the number of acquired pressure ulcers from 281 in 2017/18 to 187 in 2018/19.
- The number of falls reported in community hospital wards is reducing over time, as a result of proactive work to reduce risk. The reduction has been from 104 between April – August 2018 to 88 between April – August 2019.

Virgin Care established its Citizens’ Panel engagement network during its first year of the contract and has continued to engage with local people through this panel, while also seeking to grow membership which, at time of writing, stands at just over 100 active members. This group of users engages with service change programmes and supports Virgin Care to ensure proposals for change work to the advantage of service users and meet local people’s needs.

2019-20 is year 3 of the contract, and as such the transformation programmes have gathered pace and are now substantially progressed.

Care co-ordination (CCC) – The delivery of a care co-ordination centre which works across Bath and North East Somerset, and conducts many of the administrative functions previously carried out within each individual service, is an essential enabler of providing joined-up and resilient services. The service is now in phase 2 of its deployment with wellbeing services co-located alongside some social care colleagues and adults health professionals as well as administrative support.

Mobile working – Alongside the care co-ordination centre, mobile working allows us to maximise the time teams have to be with service users directly by cutting down on travel and duplicated note-taking. Virgin Care has deployed over 400 devices to enable colleagues to work closer to people’s homes and spend as much time face to face with people as possible. In some teams this has resulted in an increase of over 20% time spent with the people they support.

Virgin Care is working with key partners across Bath and North East Somerset to introduce an Integrated Care Record (ICR) within the area and more widely.

The ICR will collate information on an individual’s health and care record into a single view, enabling appropriate sharing of information across organisations to support decisions regarding care and serve to ensure that people do not have to repeat their story and history to each care provider they see.

The ICR will be used to share information between Royal United Hospitals Bath NHS Foundation Trust, Bath and North East Somerset Council, Avon & Wiltshire Mental Health Partnership NHS Trust, Virgin Care's Bath and North East Somerset Community Health and Care Services, Dorothy House Hospice and up to 30 GPs. Each organisation will have access to a single record that can be viewed independently or from within an existing system.

The programme to integrate records from various systems is well established and the technical implementation has been successful both for community health records and social care. The programme is working towards full systems implementation by the end of the calendar year.

Access to the system will be released in October and the first teams to access will be the colleagues who support frailty within Virgin Care and RUH Emergency Department.

Colleague engagement and morale is always impacted by significant change and, following the transfer of employer in 2017, the significant, lengthy and ongoing change programmes have reduced engagement and morale across some services. Virgin Care has, and is, committed to taking steps to improve. This is measured through the annual Have Your Say staff survey, which mirrors some questions from the NHS National Staff Survey.

During 19/20, Virgin Care is also reviewing its staff engagement programmes. The Partnership Forum will be repurposed, increasing its effectiveness as a colleague consultation forum; managers will continue to be supported and trained to ensure they are as effective as possible. Kirsty Matthews and the Senior Leadership Team will hold a series of listening groups across the service, to hear from the frontline. Virgin Care will also focus on improving the quality of conversations at appraisals.

Virgin Care increased recruitment activity during 18-19 and continues to do so during the current year. This work is focused on reducing the use of agency staffing in wards, which not only increases cost but can also reduce the overall quality of services, and on increasing staffing of the "bank" of flexible workers.

She explained that the contract between the Council and NHS CCG with Virgin Care Services Limited runs over the course of seven years with the option to extend to a maximum of ten years. The contract requires a 9% cash saving over the course of the 7-year contract, and the provider's income is partially dependent on the satisfactory performance of the service.

In 2018/19 after the direct costs of delivery, such as the wages of colleagues and premises, payment of sub-contractors for services commissioned by Virgin Care and a £600,000 contribution towards the costs of centrally provided services (shared back office functions such as payroll and IT), the contract generated an overall loss of £1.4m for Virgin Care.

While transformation is ongoing, in 2019-20 the services are making good progress towards financial sustainability as the benefits of investments made in future years begin to materialise. These investments include the development of the care co-

ordination centre, remote working by community teams and other programmes which have supported efficiencies and increased productivity.

Councillor Liz Hardman asked if the recruitment open days that were held were successful and what impact does the use of agency staff have on costs.

Kirsty Matthews replied that the open days were held at St Martins and Paulton for potential staff to visit and see the facilities available within the wards. She added that the conversion rate from those that attended to gaining employment was good. She said that they also actively recruit through NHS Jobs and adverts in professional journals.

Councillor Liz Hardman asked what impact staff morale is having on the recruitment and retention of staff.

Kirsty Matthews replied that change has been the major factor in morale amongst staff with many having been in their role for a number of years. She said that she always enjoyed receiving direct feedback from staff. She added that a lot of changes have taken place, with some still ongoing and that after Year 3 there would be more of a focus on service delivery.

Councillor Liz Hardman asked what is the expected impact of Brexit on recruitment.

Kirsty Matthews replied that she believed that Brexit will affect health care staff both nationally and locally. She said that Virgin Care has a robust plan in place and that a risk register has been produced as part of the plan. She added that an Emergency Planning Lead Officer has been appointed to oversee this work.

The Chairman commented that there were encouraging aspects within the report and that he was pleased to see the profile of Social Workers to be increased. He asked how confident she was on delivering the 9% savings agreed when the contract was awarded given that in Year 2 there was a deficit of £1.4m.

Kirsty Matthews replied that the deficit was due to initial delays in the transformation programme, but said that the delivery of a care co-ordination centre, enhancements in mobile working and staff co-location would lead to savings and that she was confident they could deliver the savings as agreed.

Councillor Jess David asked when the transformation programme was due to be complete.

Kirsty Matthews replied that it is scheduled for the end of Year 3 of the contract.

Dr Ian Orpen, Clinical Chair, BaNES CCG commented that the morale, wellbeing and recruitment of staff within the NHS is a high priority. He added that when in place the Integrated Care Record (ICR) will be a great benefit to both professionals and the public.

Councillor Andrew Wait asked if Virgin Care would be able to achieve a balanced budget for this financial year.

Kirsty Matthews replied that she believed they would.

Councillor Mark Roper asked what were the figures for the previous year in relation to the Have Your Say survey given that this year it is rated at 64%.

Kirsty Matthews replied that the figure the previous year had been 60%.

The Chairman thanked her on behalf of the Panel and said that she could expect to be invited back in 12 months' time to give a further progress update.

20 CLINICAL COMMISSIONING GROUP UPDATE

Dr Ian Orpen, addressed the Panel. He apologised for not being able to attend their July meeting and said that he had met with the majority of members since to brief them regarding the Bath and North East Somerset, Swindon and Wiltshire (BSW) CCGs Merger Consultation.

A copy of the update can be found on their Minute Book and as an online appendix to these minutes, a summary of the update is set out below.

Bath and North East Somerset, Swindon and Wiltshire (BSW) CCGs Merger Consultation

During June and July 2019, the Governing Bodies of the three CCGs each met in public and approved plans to apply to NHS England and NHS Improvement to establish one single commissioning organisation for BSW.

GPs across BSW were consulted with to seek their feedback and to consider and respond to points raised. The LMC ran a formal vote on our behalf, which closed on 17 September 2019, to ensure that member practice support is demonstrated in line with each CCG's Constitution.

Following the GP vote, on 25 September 2019, the Governing Bodies of the three CCGs met in common to sign off our application submission. We will now submit a formal application to merge our CCGs to NHS England and NHS Improvement and we anticipate confirmation of their decision in October.

Winter Planning Update

BaNES CCG is part of the *BSW Seasonal Influenza Task and Finish Group*, who are coordinating the flu campaign across BSW. The BSW flu vaccination campaign 2019/20 aims to promote flu vaccination uptake amongst the following three groups:

1. Under 65s at risk (those with long term health conditions, those who are pregnant etc.)
2. Carers
3. Social care providers.

CCG and B&NES council staff based at St Martin's hospital have again been offered their free flu jab, in line with our objective to ensure as many staff as possible are vaccinated.

He urged those who are eligible and in need to receive the vaccination and stated that it was not possible to catch the flu from the vaccination.

EU Exit Update

The effect of a no-deal EU exit has been spelt out in an open letter to MPs by The King's Fund, The Health Foundation and Nuffield Trust. The letter summarises the four major areas where the impact of a no deal EU exit could be felt most sharply in health and care: a risk of intensifying the staffing crisis, shortages and price rises for vital supplies, the need to care for returning emigrants, and funding shortfalls at a time when health and care need it most.

Councillor Liz Richardson asked how confident he was with regard to Brexit and the impact that will have on staff and supplies.

Dr Orpen replied that a great deal of time and effort has been put in place on this matter to minimise the impact. He added that of course he was not in a position to give a direct guarantee, but urged people not to stockpile the medicines they receive.

Councillor Paul May asked if under the proposed new model of CCGs B&NES residents could retain the same standards.

Dr Orpen replied that patients should not see a difference in the standards and services they receive. He said that it was more about an ethos of learning from each other and working collaboratively.

Councillor Jess David asked if it was known who had voted against the merger.

Dr Orpen replied that the vote was taken in private. He added that the figure of 89% was a clear majority to proceed.

Kevin Burnett asked if there were good reasons for the merge to take place.

Dr Orpen replied that there was, in particular the collaboration of knowledge and expertise across the three areas.

Councillor Paul May commented that he was pleased to see the recent appointments to the BSW executive team.

The Chairman thanked Dr Orpen for the update on behalf of the Panel.

21 CABINET MEMBER UPDATE

Councillor Kevin Guy, Cabinet Member for Children's Services addressed the Panel. A copy of the update can be found on their Minute Book and as an online appendix to these minutes, a summary of the update is set out below.

The Chairman commented that for future meetings the Panel would appreciate seeing the update in advance of the meeting.

Community Resource centres

Panel members may be aware that Sirona Care and Health has given 12 months' notice on the contract to run community resource centres and extra care facilities in Bath and North East Somerset. The Council is looking at options for how these services will be managed in the longer term, but there is no direct impact on residents or tenants who receive support through these services, nor does it impact on the security of the jobs of staff employed in these services, though they will have a change of employer. We will keep the Panel informed as future plans are developed.

National funding settlement and Brexit

An early indication of a one year settlement that continues existing levels of grant funding for local authorities is welcome as a short term measure, but leaves a substantial level of uncertainty about how the underlying pressures and challenges might be addressed in the longer term. Local services are continuously updating their risk assessments and plans to respond as and when final details of EU Exit are confirmed. Clearly there continue to be a lot of unknowns.

The Chairman asked if it would be an option to bring the Community Resource Centres back 'in house'.

Councillor Kevin Guy and the Corporate Director replied that was an option that was being considered.

Councillor Liz Hardman asked if there had been some specific funding allocated in relation to Brexit.

The Corporate Director replied that there has been a small amount of funding which has led to a Brexit officer being appointed to oversee the plans for the Council.

The Chairman thanked Councillor Guy for his update on behalf of the Panel.

22 LSCB & LSAB ANNUAL REPORT 2018/19

The Director for Safeguarding & Quality Assurance and the Director of Public Health (former Chair of the LSCB) introduced these reports to the Panel.

The Director for Safeguarding & Quality Assurance acknowledged the depth of content within both reports and said that executive summaries were available for both. She explained next year would see a report that consisted of six months of activity from both Boards and six months of the new Community Safety & Safeguarding Partnership. She added that the plan will be to produce a more focussed report in future years.

The Director of Public Health said that it had been a privilege to hold the role of LSCB Chairman and to work within an environment that works incredibly hard for such an important cohort within B&NES. He commended the work of the Director for Safeguarding & Quality Assurance and the Safeguarding Children & Adults Boards Business Support Manager.

The Chairman asked if the figures in section 3.1.2 of the report represented the same children with multiple support needs.

The Director for Safeguarding & Quality Assurance replied that these were explicit categories.

The Corporate Director said that it was possible to give snapshots of the numbers of Children in Care / Children in Need at any one time.

Councillor Paul May commented that given the Council's lesser role in the day to day running of schools how can it be assured that if a safeguarding issue is raised through an Ofsted inspection that it goes through the proper process.

The Director for Safeguarding & Quality Assurance replied that the Council tries its best to triangulate local data that it receives and if appropriate it will take steps to go into the identified setting. She added that schools also complete a Section 175 Safeguarding Self-Assessment and that the Council receives a 100% return on these. She stated that two Child Protection Forums are held a year and schools are encouraged to contact the Council if issues arise.

Councillor Liz Hardman asked who are assurances being sought from about the increase in children excluded and those home schooled that they are achieving good outcomes and that they are not at risk of harm and are the six monthly progress reports coming to this Panel now.

The Corporate Director replied that this referred to the LSCB challenging the Health & Wellbeing Board on these issues.

Councillor Hardman asked if the reports could be shared with the Panel.

The Corporate Director replied that they could.

Councillor Hardman asked if more resources were needed in relation to Early Help.

The Director for Safeguarding & Quality Assurance replied that it is a real challenge and not just a problem that this Council were facing. She added that capacity levels would be reviewed as part of the arrangements for the new Community Safety & Safeguarding Partnership.

Councillor Hardman asked in relation to County Lines if we have an update on our Problem Profile to highlight particular hot-spots.

The Director for Safeguarding & Quality Assurance replied that the Problem Profile has not been provided to the Council yet and that she would need to check if it would be able to be shared with Councillors.

Councillor Hardman asked why the Joint LSCB and LSAB County Lines Task and Finish Group were not meeting more often.

The Director for Safeguarding & Quality Assurance replied that Council officers attend monthly meetings with the Police on this matter and that within the

Community Safety & Safeguarding Partnership the Exploitation Group will take the lead role. She added that Youth @ Risk Strategy had just been launched and that it will be underpinned by six individual protocols addressing in greater detail the following broad areas of exploitation:

- Child Sexual Exploitation
- Radicalisation
- Child Criminal Exploitation, including involvement in county lines, gangs, human trafficking, modern slavery and labour exploitation
- Serious Youth Violence
- (Going) Missing from Home, Care or School
- Harmful Sexual Behaviour

Councillor Andrew Wait asked if the Serious Case Review (SCR) Action Plan was robust.

The Director for Safeguarding & Quality Assurance replied that a really robust plan is in place. She said that the incident reported was historical, but that it was right for the review to be carried out. She added that the individual agencies concerned also have their own action plans.

Kevin Burnett commented on the importance of communications with the CEOs of the local Multi-Academy Trusts with regard to training, especially Child Protection courses. He stated that he felt a message should be sent to Government that more training days are required for academies / schools.

The Panel **RESOLVED** to note the Annual Report 2018/19 and Executive Summary for both the LSCB and LSAB.

23 INDEPENDENT REVIEWING OFFICER (IRO) ANNUAL REPORT 2018/19

The Deputy Lead for Safeguarding and Quality Assurance: Children and Young People introduced this item to the Panel. She informed them that the annual report provided information on;

- The profile of the Local Authorities Looked After Children,
- The IRO Service structure and development,
- The inclusion and participation of children, young people and their parents
- The review and monitoring of individual care plans for Looked After Children,
- Area's for development over the course of 2019-2020.

She said that the IRO is often the most consistent relationship (after a child's primary carer) for a child and young person who is looked after. The IRO role for children and young people is so valuable as it can prevent the needs of children being overlooked, decisions being forgotten and the journey of children and young people being lost.

She explained that whilst there has been an increase in the child in care population it has been possible to reduce the average caseload for the IRO's as a result of the Independent Chair role.

She stated that the IRO Handbook suggests that for a full-time IRO it would be good practice for their caseload to consist of 50-70 looked after children. The current average caseload within B&NES is 47 per IRO.

She said that within the reporting period the IRO Service has chaired a total of 454 review child in care meetings for children and young people and that this is only a 1.5% increase on the previous financial year. She added that given that there has been a 14% increase in the number of children and young people becoming looked after this year, this small increase could therefore be related to;

- Children and young people facing less disruption and therefore not requiring additional review meetings, and
- Sibling groups remaining together reducing the number of reviews required.

She informed the Panel that the gender breakdown remains stable in relation to previous years and reflects the national picture and that at the end of this reporting period, there were 87 (45%) females and 105 (55%) males accommodated by the Local Authority.

She said that with regard to ethnicity the data shows that whilst the majority of children and young people looked after by the Local Authority are largely White British (73.4% (141)), there are 41 children and young people from Black Minority Ethnic Groups. She added that it is important that the cultural needs of the children and young people looked after are taken into consideration when identifying placements and the services on offer.

She stated that to ensure children and young people in the care of the local authority remain connected to their local community, family and friends, and to limit the level of disruption in a child/young person's life, local authorities should always first try to place a child or young person in care within the geographical area of their family home. She added that the challenge however is ensuring that the identified carers have the appropriate skills to meet the child and young person's needs and that any risks of being within relative proximity to their family can be managed.

She said that in Bath and North East Somerset a large percentage of looked after children are placed within the boundary of the local authority or within a 20 mile radius.

She informed the Panel that Bath and North East Somerset continues to have a small cohort of young people (6) who have arrived in this country unaccompanied and seeking asylum or who have been trafficked.

She explained that all children and young people should be able to speak with their social worker ahead of their child in care review to talk about who they would like to attend their meeting and where they would like for the meeting to be held. All IRO's promote the participation of children and young people in their review and consider how best meetings can be held to facilitate children and young people's attendance.

She stated that within the current reporting period out of 454 reviews, 358 included participation of the child / young person. She added that as the data demonstrates

this does not always involve the child being physically present at the review and verbally contributing but includes participation through the attendance of an advocate and other persons within the child / young person's network.

She said that one of the key functions of the IRO is to resolve problems arising out of the care planning process and whilst IRO's are expected to establish positive working relationships with social workers of the children for whom they are responsible this should not prevent the IRO from addressing any concerns they may identify for a child in respect of their placement, care plan, resources available and poor performance.

She added that currently there is no data report available that can collate how many informal and formal issues are raised by an IRO in any given year, however all IRO's are expected to inform their Manager in supervision of any issues that have required the use of the informal and formal stages of the dispute and resolutions Protocol. She said that this has identified this as being one of the key areas for development in the coming year (2019/20) and will be working with the Business Intelligence Manager within the Council and the Service Designer for the Liquidlogic Children's System (LCS) so this data can be captured.

She said that she was proud to work with so many committed members of staff who act with compassion and are always looking to improve.

Councillor Paul May asked how colleagues respond to queries raised by her.

The Deputy Lead for Safeguarding and Quality Assurance: Children and Young People said she felt able to have the sometimes difficult conversations and had no concerns with escalating an issue if not satisfied.

Councillor Andrew Wait asked if any further comment could be made on the percentage of Children and Young people having 3 or more placement moves within a 12 month period.

The Deputy Lead for Safeguarding and Quality Assurance: Children and Young People replied that the matching of children is crucial and that it is not always possible for them to be placed in long term care in the first instance. She added that placements must meet the needs of the child and that unfortunately some relationships do break down.

The Panel **RESOLVED** to;

- i) Note the increase in numbers of children and young people placed in the care of the Local Authority and the performance of the Independent Reviewing Service in reviewing the quality of the care planning for these children.
- ii) Recognise the complexity of the work that is required with children and young people and continue to support the IRO Service in ensuring that the Local Authority fulfils its statutory responsibilities to the children and young people in care

- iii) Support the need for additional data reporting to be made available so that there can be greater understanding of the use of the Issues Resolution Protocol and whether there are any themes as to the concerns identified by the IRO Service for the children and young people in the care of the Local Authority.
- iv) Promote the IRO Services key areas for development for 2019-2020 with colleagues in the Council's Children's Services.

24 CHILDREN SERVICES REPRESENTATIONS, COMPLIMENTS AND COMPLAINTS REPORT 2018/19

The Complaints & Data Protection Team Manager introduced this item to the Panel. She explained that the report considers compliments, complaints and representations received between 1st April 2018 and 31st March 2019 and also provides an analysis of outcomes, trends and learning from complaints which can be used by the service for planning and improved service delivery.

She said that complaints against schools are governed by different legislation and each school is required to have its own complaints procedure and complaints about schools are not therefore included in this report.

She stated that during the year a total of 106 complaints were processed under the Children's Social Care statutory complaints procedure or the Council's Corporate Complaints Procedure. She added that the report explains how the complaints were resolved under the procedures.

She said there were four referrals to complaints to the Local Government and Social Care Ombudsman.

She said that during the period of the report that 36 compliments were recorded.

Councillor Liz Hardman asked if there are lessons to be learnt from the number of Stage 1 complaints that are upheld (23%).

The Complaints & Data Protection Team Manager replied that action plans are devised following the end of the process. She added that the majority of complaints were due to a lack of good communication between parties.

Kevin Burnett asked if all the figures in the report were in relation to B&NES employees.

The Complaints & Data Protection Team Manager replied that they were.

The Panel **RESOLVED** to note the report.

25 CARE AND SUPPORT CHARGING AND FINANCIAL ASSESSMENT FRAMEWORK

The Legal Advisor introduced this report to the Panel. She explained that the following areas of the Framework will be subject to consultation as all other areas included are not discretionary within the statutory obligations:

- Individuals will be required to respond within two weeks of being contacted by a Care Finance Officer to arrange a meeting to discuss the financial assessment. If no contact is made within this period, they will be deemed as self-funding.
- The Council will take into account Pension Guaranteed Credit and Employment and Support Allowance benefit that a service user would have an automatic entitlement to, if an application were made.
- A new third party 'Top Up Agreement' will be implemented for families /friends/ organisations who wish to make a top up payment on behalf of an individual. Example a larger room in a care home.
- There will be an improved procedure for setting up a Deferred Payment Agreement (DPA) and an increase in the fees charged for setting up a DPA.
- A new Interim Funding Policy (dependent upon criteria) is proposed for those people who have unregistered properties and for those who are waiting to obtain deputyship to allow them to act on the individual's behalf.
- The Council are reviewing the amounts that are applied to Disability Related Expenditure and some expenditure will not be allowed. Please refer to the Disability Related Expenditure Factsheet for more information.
- Transport and education costs will be allowed if this is set out in the individuals Care and Support Plan and the individual is not in receipt of Disability Living Allowance or any Disability Living Allowance component of Personal Independence Payment (PIP).
- The standing charge for gas, electricity, water and sewerage will be allowed as part of the financial assessment. Those individuals who have other heating systems such as oil heating, delivery costs will be allowed.
- A new one off administration charge will be applied to self-funders where an individual has asked the Council to arrange for the care and support.
- The Council has updated its Direct Payments Policy to provide clearer guidance and information.

She said that the consultation will run from the 24th September until 3rd December 2019 and that a series of consultation events for individuals, family members, care and support staff and agencies will be held. She added that a presentation by council

officers will be given at the start of the session and there will be an opportunity to ask questions.

The Chairman asked her to confirm that this was not simply a cost cutting exercise.

The Legal Advisor replied that it was not and that the process will bring the Council in line with other local authorities and the National Association of Financial Assessment Officers (NAFAO) based guidance.

Councillor Liz Hardman asked if changes would be made if comments were received during the consultation.

The Director for Safeguarding & Quality Assurance replied that they were open to changes being following the consultation.

Councillor Hardman commented that she felt that the initial two week timescale should be extended.

Councillor Ruth Malloy agreed as she said that two weeks was quite a short timescale.

The Panel **RESOLVED** to;

- i) Note the report
- ii) Receive a further report on the Framework following the end of the consultation process.

26 PEOPLE AND COMMUNITIES STRATEGIC DIRECTOR'S BRIEFING

The Corporate Director (People) addressed the Panel. He wished to inform them that the Youth @ Risk Strategy had recently been launched and that Sian Walker had been appointed as Chair of the new Community Safety & Safeguarding Partnership.

27 PANEL WORKPLAN

Kevin Burnett asked if the briefing to show how the various Boards and organisations fit together had taken place.

The Chairman replied that it had and that he would ask for that information to be forwarded to him.

Councillor Jess David commented that as highlighted within the IRO report she would like the Panel to receive further information to gain a level of understanding and knowledge of the use of unregulated placements.

The meeting ended at 12.45 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services

Report for the Children, Health and Wellbeing Policy Development and Scrutiny Panel on Tuesday 1 October 2019

1. Bath and North East Somerset, Swindon and Wiltshire (BSW) CCGs Merger Consultation

During June and July 2019, the Governing Bodies of the three CCGs each met in public and approved plans to apply to NHS England and NHS Improvement to establish one single commissioning organisation for BSW.

GPs across BSW were consulted with to seek their feedback and to consider and respond to points raised. The LMC ran a formal vote on our behalf, which closed on 17 September 2019, to ensure that member practice support is demonstrated in line with each CCG's Constitution.

	Turnout	Yes (to merge)	No (not to merge)
B&NES	18/24 (75%)	16 (89%)	2 (11%)
Swindon	16/23 (70%)	14 (88%)	2 (12%)
Wiltshire	39/47 (83%)	26 (67%)	13 (33%)

Following the GP vote, on 25 September 2019, the Governing Bodies of the three CCGs met in common to sign off our application submission. We will now submit a formal application to merge our CCGs to NHS England and NHS Improvement and we anticipate confirmation of their decision in October.

Following approval of our application, we will follow a mobilisation programme to formally become NHS Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group on 1 April 2020. The move is in line with similar mergers across the NHS and follows national guidance for health and care services to work more closely together to give everyone the best start in life, world-class care for major health problems and help to age well.

2. BSW CCG Executive Team Appointments

Tracey Cox has been making further appointments to the BSW executive team. Sheridan Flavin and Alison Kingscott have taken up the role of Interim OD and Workforce Director on a job share basis. In addition, Ted Wilson will be taking up the role of Interim Locality Director for Wiltshire CCG from 1st October. Appointment to the locality director roles for Wiltshire and Swindon are a priority for the CCGs.

The consultation for the joint structure below the executive team has been concluded and staff are moving into new roles from 1st October.

3. Sustainability Transformation Partnership

Recent priorities for the STP have included the development of the BSW Health and Care strategy and the preparation of the STP's five year plan in response to the NHS Long Term Plan published earlier this year. A draft version of the BSW LTP will be submitted on the 27th September and a final version of the plan is required by the 15 November 2019.

4. Public engagement on the future of health and care

Between 13 June and 31 July 2019, health and care leaders across BSW invited local residents to share what they need to live healthier and happier lives.

We received 1,462 survey responses and engaged with 1,062 people face-to-face. The top three issues that people raised in their survey responses relate to:

1. Improving access to, and continuity of, primary care services;
2. The role of digital technology/e-health to improve health and care information and services; and
3. Perceived impact of lifestyle choices, behaviours and family history on physical and mental health.

In addition to being used to develop the five year plan for BSW, which is due to be published by December and will ensure that everyone gets the health and care support they need in line with the priorities set out in the NHS in its Long Term Plan, the findings will be shared widely with colleagues in health and care organisations across BSW in October 2019.

5. Six Primary Care Networks established in Bath and North East Somerset (B&NES)

There are now six Primary Care Networks working across B&NES. The 24 GP practices in B&NES will work together in these groups to ensure more proactive, personalised and coordinated care for the local communities they serve and address the challenges faced by general practice:

Primary Care Network	Population size	GP Practices	Geographical area
Bath Independents	26,000	Batheaston, Fairfield Park, Widcombe,	Bath City
Minerva	35,000	Combe Down, Grosvenor, Newbridge, Rush Hill and Weston, St Michael's Partnership	Bath City
Heart of Bath	27,000	Merged practices of: St James', Oldfield, Number 18, Catherine Cottage	Bath City
Three Valleys	67,000	Hope House, Westfield, St Chad's and Chilcompton, Somerton, St	Somer Valley & Chew

		Mary's, Hillcrest, Elm Hayes, Harptree, Chew Medical	
Unity Medical Group	30,000	University Medical Centre, Pulteney, Monmouth	Bath City
Keynsham	25,000	St Augustine's, Temple House, Westview	Keynsham

For more information, visit www.banescCG.nhs.uk

6. Relocation of services to the Royal United Hospital (RUH), Bath

The RUH acquired the RNHRD back in 2015. As part of the acquisition process, it was proposed that services would eventually relocate onto the RUH site. A phased programme of relocation began on 31 August 2019 and will continue until mid-November. Further information can be found [here](#).

7. Winter Planning Update

Building on our cross system approach last year, this winter we will be working closely with BSW STP to bring together and coordinate an approach with our partners. This plan also draws on and includes feedback from winter plans from local councils and other providers. A joint approach will ensure we are communicating consistently with a strong and unified voice while meeting the needs of our diverse populations on a local level.

BaNES CCG is part of the *BSW Seasonal Influenza Task and Finish Group*, who are coordinating the flu campaign across BSW. The BSW flu vaccination campaign 2019/20 aims to promote flu vaccination uptake amongst the following three groups:

1. Under 65s at risk (those with long term health conditions, those who are pregnant etc.)
2. Carers
3. Social care providers.

CCG and B&NES council staff based at St Martin's hospital have again been offered their free flu jab, in line with our objective to ensure as many staff as possible are vaccinated.

8. EU Exit Update

The effect of a no-deal EU exit has been spelt out in an open letter to MPs by The King's Fund, The Health Foundation and Nuffield Trust. The letter summarises the four major areas where the impact of a no deal EU exit could be felt most sharply in health and care: a risk of intensifying the staffing crisis, shortages and price rises for vital supplies, the need to care for returning emigrants, and funding shortfalls at a time when health and care need it most.

The information for patients on nhs.uk around continuity of medicines supply if there is a no-deal EU exit has been updated: <https://www.nhs.uk/conditions/medicines-information/getting-your-medicines-if-theres-no-deal-eu-exit/>

In addition, the FAQs for clinicians on the NHS England website have also been updated: <https://www.england.nhs.uk/eu-exit/medicines/medicines-faq/>

These updates explain the government's multi-layered approach to ensure that medicines continue to be available if there is a no-deal EU exit.

9. Innovation Greenhouse for Integrated Care Systems

Integrated care systems are to have easier access to the latest technology under NHS England's plans to refresh its flagship purchasing vehicle, which is used by trusts to buy technology services. The ambition is to create an "innovation greenhouse" which will provide faster routes for ICSs to "tried and tested innovations for patients, populations and NHS staff", and NHSE hopes to achieve this by adding a new lot to its Health Systems Support Framework, which was set up last year as a "one stop shop" for sustainability and transformation partnerships and ICSs looking to buy consultancy and technology services.

The framework's scope includes population health management, electronic patient records, local health and care records, analytics, and a range of support services for demand management, capacity planning and medicines optimisation.

Children, Health and Wellbeing Policy Development & Scrutiny Committee

1st October 2019

Cabinet Members' Briefing

Connecting Families

The Council's Connecting Families Service continues its great work supporting families with multiple and complex needs. The service has exceeded its target to engage with 700 families, and is on track to be able to claim payment by results for outcomes for 700 by December – 3 months ahead of plan. The team received positive feedback from the National Audit Office following a spot check visit and continues to rank in first place in the South West performance figures, whilst rising to 3rd place nationally. MHCLG has confirmed continuation of funding for the programme nationally as part of the one year spending round, although no details have yet been received for specific local allocations or conditions attached to the funding.

Schools building projects

The Council has recently completed a number of primary expansion projects to provide additional school places, which are needed due to housing development and general population growth. For Climate Emergency, the ability for parents and children to walk, cycle or use public transport wherever possible to reduce car journeys is a key element to reducing carbon emissions. A total £7.5m of grant funding was invested by Bath & North East Somerset Council to expand Castle Primary School in Keynsham from 210 places to 420 places, to expand Whitchurch Primary by 105 places, and construction of a new teaching block at St Nicholas Primary School, which completes the project to expand the school from 280 places to 420 places.

Community Resource centres

Panel members may be aware that Sirona Care and Health has given 12 months notice on the contract to run community resource centres and extra care facilities in Bath and North East Somerset. The Council is looking at options for how these services will be managed in the longer term, but there is no direct impact on residents or tenants who receive support through these services, nor does it impact on the security of the jobs of staff employed in these services, though they will have a change of employer. We will keep the panel informed as future plans are developed.

Delayed Transfers of Care

The LGA recently led a peer review of the local system across the RUH, Bath and North East Somerset and West Wiltshire, examining how we are working to tackle delays for patients ready to leave hospital. They explored with a wide range of stakeholders the initiatives that are underway to try to ensure that the

system flows smoothly and that people are enabled to return home to independence or move on to alternative forms of care and support as appropriate. We await formal feedback and will develop an action plan with partners to pick up the learning from the review.

National funding settlement and Brexit

An early indication of a one year settlement that continues existing levels of grant funding for local authorities is welcome as a short term measure, but leaves a substantial level of uncertainty about how the underlying pressures and challenges might be addressed in the longer term. Local services are continuously updating their risk assessments and plans to respond as and when final details of EU Exit are confirmed. Clearly there continue to be a lot of unknowns.