

BATH AND NORTH EAST SOMERSET

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

Tuesday, 15th September, 2020

Present:- Councillors Vic Pritchard (Chair), Michelle O'Doherty (Vice-Chair), Jess David, Ruth Malloy, Lucy Hodge (in place of Bharat Pankhania), Mark Roper, Andy Wait and Liz Hardman

Co-opted Members: Kevin Burnett and Chris Batten

Also in attendance: Dr Bryn Bird (B&NES Locality Clinical Chair), Lesley Hutchinson (Director of Adult Social Care, Complex and Specialist Commissioning), Bruce Laurence (Director of Public Health), Claire Thorogood (Head of Contracting & Performance), Joss Foster (RUH Director of Strategy) and Simon Cook (RUH HIP2 Programme Director)

Councillor Rob Appleyard, Cabinet Member for Adult Services
Councillor Kevin Guy, Cabinet Member for Children's Services

15 WELCOME AND INTRODUCTIONS

The Chairman welcomed everyone to the meeting.

16 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillor Paul May, Councillor Bharat Pankhania and David Williams (Co-opted Member) had sent their apologies to the Panel.

Councillor Lucy Hodge was present for the duration of the meeting as a substitute for Councillor Pankhania.

17 DECLARATIONS OF INTEREST

There were none.

18 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

The Chairman asked for nominations from the Panel to become a non-executive member of the Adoption West Joint Scrutiny Panel. He said that he sits on the Panel through his role as Chairman of this Panel.

Councillor Michelle O'Doherty said that she was willing to take up this position on behalf of the Panel.

Councillor Liz Hardman seconded her nomination.

The Panel **RESOLVED** that Councillor Michelle O'Doherty should become a non-executive member of the Adoption West Joint Scrutiny Panel.

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

There were none.

20 MINUTES - 14TH JULY 2020

The Panel confirmed the minutes of the previous meeting as a true record.

Kevin Burnett referred to a previous question and asked if any further information was yet available from the Secretary of State on the issue of funding pressures in the education system and with regard to additional cleaning / protection measures that have been brought in because of Covid-19. He asked the Cabinet Member or officers for an updated response.

Kevin Burnett asked if confirmation of the list of Commissioned Services that the St John's Foundation could support was available.

The Chairman asked for the Panel to be updated with regard to pupils from Radstock that attend Kilmersdon School in Mendip following the comments made by Councillor Jackson at the July meeting relating to receiving adequate education whilst lockdown was in place.

Councillor Andrew Wait said that he had still not received Annex A of the Children's Service Improvement Plan that he had requested at the July meeting.

21 CABINET MEMBER UPDATE

Councillor Kevin Guy, Cabinet Member for Children's Services addressed the Panel, a summary of the update is set out below.

All schools have opened for all pupils in B&NES. Schools have completed necessary risk assessments and are working through new ways of delivering education to minimise COVID 19 infections.

Attendance rates are looking very positive, with schools seeing pupils return as expected. Maintained schools are seeing attendance rates between 94-98%. The LA will be analysing data for all schools across the authority later this week.

He wished to thank all parties involved for their work on the re-opening of schools.

The LA has been producing a newsletter for all schools with relevant information on government guidance and how to access services to support vulnerable children. Additionally, the LA has provided schools with a Transition document designed to support children's wellbeing and mental health.

Children's Social Care has set up a dedicated helpline for schools to enable them to access advice & support from a social worker during the period of 12.30-1.30 every day. They have provided a "Business Card" detailing contact information together with a poster. This has been in place since 07/09.

The LA believes it has resolved most issues for the transportation of children to school. This also includes replacing public bus routes for some schools to deliver dedicated transport. Schools are being encouraged to ask parents to encourage walking and cycling to school where possible.

Public Health England SW have delivered a rolling programme of webinars for schools on managing an outbreak based on PHE's notification pathway for education and childcare settings which have been widely promoted to all schools. This will include a large exercise later this month with local schools to go through scenarios on how to manage an outbreak

Children's Social Care have considered the revised Ofsted Guidance and have increased preparation for a possible Ofsted visit in the period September to December 2020

The Youth Offending Service have also increased their preparation for YOS Inspection as 2 local neighbouring LA's - North Somerset and South Gloucestershire are being inspected in September 2020.

Councillor Liz Hardman asked if there were protocols in place for schools should they have confirmed Covid-19 cases.

The Director of Education, Inclusion and Children's Safeguarding replied that all schools have received advice and a flow chart has been devised should cases occur. He said that actions may be dependant on which school year the cases are within. He added that in general terms the school should inform the Health Protection Team, Children's Services and all relevant parents.

He informed the Panel that a meeting of Operation Buzzard was planned for 25th September where schools across the area were due to meet to discuss the current measures / guidance in place.

Kevin Burnett asked if any schools were having to share transport facilities at the present time.

Councillor Guy replied that the Local Authority is only responsible for a small number pupils in this regard and that a number of schools have been responsible for organising their own transport. He added that a letter was to be distributed soon to remind pupils not to congregate either on the way to or from school and to wear face masks where required.

Kevin Burnett commented that he was concerned at the lack of testing available for school staff and asked how much input the Council has on this process.

Councillor Guy offered to reply with more detail in writing, but said that he did obviously feel sorry for any members of staff that were waiting to be tested.

Councillor Jess David asked what Councillors can do to support the work behind active travel to schools.

Councillor Guy replied that he had heard that a number of schools were not allowing bicycles to be brought to school. He said that he would address them on this matter. He added that he was willing to contact WECA if any funding was required to help find a positive solution.

Councillor Rob Appleyard, Cabinet Member for Adult Services addressed the Panel, a summary of the update is set out below.

He explained that the Director of Public Health would be addressing them later to give them an update on Covid-19. He said that there had recently been a slight rise in the number of tests carried out within Care Homes and that this was in line with a rise generally in the South West. He added that as a result of this visits had been stopped for a number of weeks.

He stated that mobile testing units were in place at Paulton Football Club and Odd Down Park & Ride and that the Council was awaiting sign off from Government for a central walk-in centre to carry out tests.

He congratulated everybody who has been involved in the work of the Compassionate Communities Hub as it has been such a successful initiative that has seen local communities work together on many projects, especially in North East Somerset. He said that the Hub had enabled food parcels and frozen meals to be delivered across the area and had also seen medicine pick ups carried out as well as the distribution of hearing aid batteries.

He acknowledged that Mike Bowden, former Corporate Director, had left the Council and thanked him for his many years of service. He informed the Panel that Lesley Hutchinson was now the Director of Adult Social Care, Complex and Specialist Commissioning.

He explained to the Panel that Kirsty Matthews would be leaving Virgin Care on 18th November 2020 and thanked her for her honesty throughout the time with the organisation.

The Chairman commented that local communities had excelled in the past few months. He added that he was confident in the guidance that Lesley Hutchinson would provide in her role. He said that he respected the role Kirsty Matthews has played in delivering not only transformational change through 'your care, your way' but improvement in all of our services.

Councillor Liz Hardman commented that despite local mobile testing units in place she had been told by residents that they are still being sent further away to be tested. She asked if there were sufficient resources at the sites and whether results were being returned in a timely manner.

Councillor Appleyard replied that unfortunately B&NES was not alone in these problems and that there appeared to be a specific problem in receiving a QR code. With regard to results he said that he believed there was an issue relating to the chemicals required for this part of the process.

He urged members of the public to only be tested if they have symptoms and not just to have one for peace of mind.

The Chairman thanked both Cabinet Members for their updates on behalf of the Panel.

22 BSW CCG UPDATE

Dr Bryn Bird, B&NES Locality Clinical Chair 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.

Restarting cancer services as part of the third phase of the NHS response to COVID-19

On 31 July, NHS England and NHS Improvement (NHSEI) Chief Executive Sir Simon Stevens and Chief Operating Officer Amanda Pritchard wrote to NHS organisations to outline the third phase of the response to COVID-19 and the NHS's priorities. The focus for this phase is on restoring and recovering services and preparing for winter pressure demands.

Cancer services are one priority area for BSW and plans are in place to restart services through

- Managing down waiting times and continuing to focus on the 62 day pathway and 31 day treatment pathway
- Restarting cancer screening
- Launch of communications campaign to encourage patients to see GP if they have worrying symptoms

Outpatient transformation development

Although there is work in progress across BSW to transform outpatient services, in B&NES we have developed groups in common to discuss managing patient care sooner during a patient's journey out of the hospital setting. To help with this, we have established groups led by the CCG and B&NES Enhanced Medical Service (BEMS) looking to support services outside of the Royal United Hospital with the specialist knowledge and resources required to deliver high quality care.

Early attention is being given to the referral support service, advice and guidance measures to the community, and how the system can support community care in delivering work that was previously managed in hospitals.

Longer term goals revolve around supporting and upskilling clinicians working out of hospital as well as outreach services where specialities are working more closely in the community.

There has been a focus on six specialities where there are pathways of work that can be supported to help manage the flow into the RUH and ensure earlier care for the patient. The specialities include cardiology, Ear Nose and Throat, gastroenterology, gynaecology, rheumatology and dermatology.

Joint meeting between Council and CCG on integrated working to improve population health and wellbeing

Members of the Council's Cabinet and senior officers together with senior executives and clinical leaders of the BSW CCG, met recently to discuss a number of issues including current operational and financial challenges.

They also reflected on the recent merger of Bath and North East Somerset, Swindon and Wiltshire CCGs and the national NHS drive to create Integrated Care Systems (ICSs) across larger population areas and Integrated Care Alliances (ICAs) at place level, i.e. co-terminus with local authority boundaries.

The group discussed that whilst there is no 'right answer' to how we should work together, there was a strong commitment to continue to work closely together and to ensure that we don't lose the benefits that our unique style of close partnership working has brought for local people over many years.

The ICA development may lead us to a different model of integrated working, but it would still have at its heart the shared aim of improving the health, wellbeing and care of the population of Bath and North East Somerset.

Councillor Jess David asked how flu vaccinations have / are going to be delivered, particularly to people who are shielding.

Dr Bird replied that it has been predominantly delivered through Primary Care, Pharmacies and Schools. He said that shielded patients might be able to attend surgeries if they have been made safe, with green zones established and one-way systems in place. He added that some home visits may be possible.

Councillor Liz Hardman commented that it was good to see Paulton Minor Injuries Unit open again. She asked over what time period the figure of 75% decline in use had been gathered as she was worried that this may lead to further talks about closure of the site. She also asked has it been publicised that the unit has been reopened.

Dr Bird said that he was aware that some information had been distributed regarding the reopening. He said that at the present time he was unable to give any further information on the 75% decline in use figure. He said though that he was not aware of any discussions relating to the closure of the site. He added that the figure could be a response to a change in patient behaviour given the current circumstances.

Councillor Ruth Malloy asked if it was a Government or local decision to offer the flu vaccination to Year 7 pupils as well as all Primary pupils and what level of uptake had there been.

Dr Bird replied that the decision follows guidance from central Government with the vaccinations taking place in school. He said that he did not have current figures to hand but that traditionally there was a good take up locally.

Councillor Mark Roper asked whilst acknowledging the Think 111 first programme, were there any plans to increase capacity of the Accident & Emergency service at the RUH.

Dr Bird replied that there was no funding directly available to increase capacity. He added that there were also plans to upskill staff and to develop community base services for non-urgent cases.

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

23 RUH HEALTH INFRASTRUCTURE PROGRAMME 2

Joss Foster, RUH Director of Strategy and Simon Cook, RUH HIP2 Programme Director gave a presentation to the Panel, a summary is set out below.

Health Infrastructure Plan 2 (HIP2)

Second phase announced in October 2019 (HIP2) – a rolling five-year programme of investment in health infrastructure, encompassing:

- capital to build new hospitals,
- modernise our primary care estate,
- invest in new diagnostics and technology, and
- help eradicate critical safety issues in the NHS estate

RUH is one of 21 schemes selected as part of the HIP2 programme nationally.

This is a once in a generation investment (£450m) and an opportunity we are excited to seize.

Our approach

- The RUH is part of a wider healthcare system – we will work with our system partners to ensure that the plans we develop are fit for the future of health and care in the community
- The need for pace – we need to submit a Strategic Outline Case by December 2021 and are keen to go faster if possible to secure the funding
- We are building an engagement plan with our staff, the local community, our patients, partners and other local and national stakeholders

Next steps

- Work with system partners to develop the clinical model and vision
- Developing strategic options for our estates solution
- Commencing drafting of the Strategic Outline Case

Kevin Burnett asked how autonomous the project to the RUH was given that it is now part of the BSW system.

Joss Foster replied that the investment would enable delivery against what the system wants with a focus on backlog maintenance at the RUH.

Councillor Liz Hardman asked why had the RUH been selected and what were the priorities of the programme.

Joss Foster replied that the majority of the 21 selected locally have a history of backlog maintenance to be addressed. She added that investment was required across the estate and that they working on priorities currently with colleagues and partners.

Councillor Andrew Wait asked if the Circle Bath Hospital, Peasedown could become a partner to the RUH as it was currently on the market to be sold.

Joss Foster replied that she couldn't comment on that at this stage, but said that she was willing to look at options.

Councillor Mark Roper asked how the £450m was to be divided across the schemes.

Joss Foster replied that the £450m was potentially available solely to the RUH.

The Chairman said that this was a great opportunity and asked for periodic updates to be brought to the Panel.

Joss Foster said that they could report to the Panel again in November on the early engagement work and outline future milestones.

The Panel **RESOLVED** to note the contents of the report and confirmed that it wishes to be updated regularly on the development of the scheme.

24 PUBLIC HEALTH UPDATE

Dr Bruce Laurence, Director of Public Health addressed the Panel, a summary is set out below.

Covid-19

Most services within Public Health working well post lockdown, with adaptations in place.

B&NES has the 6th lowest overall number of cases within the UK. We had one small outbreak within the Somer Valley recently where the right thing to do was to close some of the Care Homes.

The low figures should be seen as a real credit to the work we have carried out locally.

A second wave of increased cases is highly likely due to schools and universities returning as planned and with the seasonal time of the year.

There is a worry with regard to generational spread of the virus.

We don't necessarily know how cases will translate to severe illnesses and deaths, and whether it will happen as in the first wave, so we must differentiate them and follow all indicators closely.

Prevention is obviously still key – Social distancing, washing of hands regularly and wearing of face masks.

Vaccine not likely until the middle of next year.

Demand for testing is great. If you do not have recognised symptoms you really shouldn't go for a test. If you do have symptoms and can't get a test you should self-isolate.

The NHS is busy again with normal activity.

Important to vaccinate against flu – there will be an assumption that people have Covid-19 over the flu and showing signs of a fever.

Councillor Liz Hardman asked if there were sufficient resources and testing sites locally and were timely results being given for those that have been tested.

Dr Laurence replied that not all sites were being used to capacity due to the problems with securing an appointment. He said that a walk-in site may be available in the near future. He added that there should now be a cap of 75 miles in place for being sent for a test. With regard to results he said that he was aware that labs locally are short staffed.

Kevin Burnett asked what scope he has in his role to take additional actions, if required locally.

Dr Laurence replied that he has a small amount of extra capacity available that can provide Care Homes with additional testing and send Environmental Health Officers to inspect local businesses if necessary.

Councillor Andrew Wait asked if it was possible that the virus could be mutating as the increase in cases recently was not resulting in the equivalent number of deaths.

Dr Laurence replied that the increase in cases was mainly in the age groups of 20-30 years old, 30-40 years old and teens and that they were in most cases more able to combat the virus. He said that there was a slight possibility that the virus was becoming less dangerous per case.

Councillor Ruth Malloy asked what measures are in place to make sure that restaurants, pubs and cafes are taking the contact details of customers to make sure that effective tracing can take place.

Dr Laurence replied that Environmental Health Officers have been visiting premises to check they have appropriate processes in place. He added that if officers feel there is a risk there are powers that can be used. He said that the tracing system was complex but felt that it was working well within Public Health England. He stated that the system also relies on people doing the right thing when contacted.

Kevin Burnett asked if School Leaders should lobby the Government with regard to available testing for teachers and school staff.

Dr Laurence replied that they could do so through him or directly and said that in relation to schools it would be important to be specific about what requests are being made.

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

25 VIRGIN CARE - INDEPENDENT COMMISSIONERS PERFORMANCE REPORT - 6 MONTH UPDATE

The Director of Adult Social Care, Complex and Specialist Commissioning and the Head of Contracting & Performance introduced this report to the Panel, a summary is set out below.

The report seeks to address the issues raised at the previous Panel meeting and provides additional information on Delayed Transfers of Care, Recruitment and Retention and Virgin Care's staff appraisal system.

Contract Update

We are in year four of the seven year term with the option to extend for a further three years (2024/2025, 2025/2026 and 2026/2027). If a decision were taken to exercise the option to extend the contract term the Co-ordinating Commissioner must give written notice to Virgin Care no later than 24 months prior to the original expiry date (end of year 5 2021/2022 – March 2022 being the latest date).

COVID-19 has resulted in year four contracting being approached differently, by BaNES, Swindon and Wiltshire Clinical Commissioning (BSWCCG) Group and the Council as joint commissioner. In the first instance the finance and reporting schedules have been prioritised for inclusion in 2020/21 contract with remaining schedules to be agreed and incorporated into the contract by end October 2020 through a local variation.

Governance of the Contract – changes relating to COVID-19

Due to the impact of COVID-19 the decision was taken to suspend some contract governance meetings in April and May 2020 to enable Virgin Care as the prime provider for health care and social care in Bath and North East Somerset to concentrate resources to respond to the public health emergency.

The contract governance meetings continued after April 2020 for Council statutory functions adult social care. In June 2020 the Contract, Quality and Performance Meeting (CQPM), Finance Information Group (FIG) and Quality Sub-Group (QSG) meetings resumed. It was also agreed with Virgin Care to recommence service level performance meetings (SLPM) from this time, recognising that some services were being delivered differently or had ceased in line with national guidance. During the initial part of the outbreak lockdown commissioners and service providers including Virgin Care held daily virtual meetings to ensure safe delivery of services.

Virgin Care Role and Response During COVID-19

Virgin Care have provided a prompt and responsive approach to the COVID-19 pandemic and have fully contributed to both Bath and North East Somerset locality and B&NES, Swindon and Wiltshire system activity. Some key activity has included:

- Implemented at speed the new Discharge to Assess Model in response to the DHSC Discharge Guidance published on 19th March 2020 (updated 21st August 2020). Service users and patients have benefited from an integrated health and social care response as the service was able to respond quickly to the challenge. The new guidance was implemented from 1st September 2020
- All Business Continuity Plans updated in line with available COVID-19 information
- Critical services list and service priorities identified linked to business continuity were put in place and routinely updated and shared
- Colleagues were redeployed from services that were no longer being provided or were working at a reduced level undertook training and induction into their new work area. Virgin Care introduced a training passport which then indicated what training has been completed should colleagues be required to redeploy in future (200 colleagues were redeployed to critical services).
- Collaboration with the Council, Clinical Commissioning Group and third sector to establish the Compassionate Community Hub

Adult Social Care

Adult Social Care teams responded quickly and effectively during COVID-19.

- The Virgin Care Principal Social Worker undertook risk assessments of the service areas to ensure that risks to service delivery from COVID-19 restrictions were mitigated. Professional practice guidance for home visits

during COVID-19 was produced using the British Association of Social Work guidance and shared widely across social care teams. This was to ensure consistency across teams when undertaking home visits and aimed to keep colleagues and individuals we support safe

- Learning Disability and Autism Teams pro-actively conducted 'welfare checks' on people who were known to the service
- Supporting people with a Direct Payment - a small team contacted the individuals (prioritised according to risk) to update their contingency plans to reflect COVID-19 and the potential challenges they may face as well as offering practical advice, such as how to order PPE. The team also conducted 'welfare phone calls' to check in on Direct Payments users and responded to any questions or concerns that they had in relation to their care or responsibilities as an employer.
- Maintained safeguarding arrangements - despite the challenges, excellent performance was maintained by the Adult Safeguarding Team throughout the period. 100% of all decisions during the COVID-19 period were made within the expected timescales. This exceeded the performance target of 95%. Safeguarding meetings (virtually) and community visits continued throughout lockdown to ensure that the most vulnerable were safeguarded from abuse and neglect.

Adult Health Services

As with adult social care, health specific services responded quickly some of the highlights include:

- Setting up a community swabbing team in response to initial request from Public Health England (PHE), this then developed into a drive through testing facility at St Martins in the early stages of the pandemic
- Continuing Health Care service supported infection control training in Care homes as new CHC assessments ceased in line with the guidance

Children's Health Services

- Children's Health Services have maintained strong performance throughout this period
- Colleagues redeployed from services that were no longer being provided or were working at a reduced level undertook training and induction into their new work area. In Children's Services this primarily affected the Children's Speech and Language Therapy Service
- Community Children's Nurses have been extremely helpful and supportive to Personal Health Budget holders providing extra support where required and have often gone above and beyond the commissioned service to support children and young people and their families

Compassionate Community Hub (CCH)

Virgin Care have been instrumental in leading the development and operation of the Compassionate Community Hub, alongside colleagues from 3SG, their members, BSW CCG and the Council. The Hub has provided a single point of access for community response and provides the most appropriate, joined-up intervention for anyone seeking support or guidance on COVID-19. Response teams include; food support, welfare support, mental wellbeing, housing support and physical wellbeing advice. Since 20th March to 28th August 2020 the service has supported over 7,500 calls, the coordination of over 1,500 volunteer tasks, delivered over 330 food parcels and over 17,000 frozen meals.

The Hub was set up in response to COVID-19 but its effectiveness has meant that it will now develop into an ongoing service for joined-up community response to support the wellbeing of residents into the long term.

Performance and Activity

Adult Social Care Outcomes Framework (ASCOF) – annual results

B&NES' ASCOF performance is derived from a statutory submission of key activity data, the Short and Long Term (SALT) return and responses from service users and carers to annual and biennial surveys respectively. Reporting is at a total local-authority level, so national results are not filtered by provider.

For the majority of measures calculated from the SALT return, the estimated outputs for 2019/20 indicate that B&NES continues to perform in line with national or regional averages from 2018/19. The areas of concern remain in line with those reported in the previous scrutiny report:

- Data quality is impacting on reporting for two key measures: the outcome of short term services and long term needs met by admission to residential and nursing care. Virgin Care is working with commissioners to align recording with the requirements of SALT, so the expectation is that data quality will improve for 2020/21.
- Numbers of people in receipt of direct payments: as noted in the last report, an urgent review of service users with direct payments (DP) in 2018 led to a significant drop in the rate. Subsequently, the focus has remained on offering DPs only where it is appropriate to do so. Training has continued to support service users to improve their confidence in managing DPs themselves. 2019/20 was the first full year after the review, so results were expected to be lower than 2018/19.
- Delayed Transfers of Care per day per 100,000 population - national reporting on delays was ceased in March 2020 by NHS Digital. Before reporting ceased there had been an increase in the delays during Quarter 4.

The main reason for delays in community hospitals delivered by Virgin Care was for people awaiting home care or reablement, accounting for 57% of delays in this

setting. Before the pandemic, the launch of the Independence At Home Framework was expected to help improve the timeliness of arranging home care packages and therefore reduce delays for this reason.

However, the onset of the COVID-19 Discharge to Assess procedures means that its direct impact can't be identified. Delays for people awaiting care home placements were also a significant factor, with 28% of community hospital delayed days attributed to this reason. The framework for Care Homes was also expected to have some impact on the time to hospital discharge but, again, (setting aside the challenges that care homes have faced over the period since March) the significantly different discharge arrangements in place from March mean that any effect could not be identified in practice.

Local reporting for Key Adult Social Care measures

- Social Care Assessments: the overall improvement in the waiting list since contract commencement noted in the last report still remains lower than January 2020 position and B&NES continues to seek assurance through Adult Social Care and Safeguarding SLPM that there is a robust risk management and prioritisation process in place for those awaiting assessment. All assessments requests continue to be reviewed against the risk stratification process Virgin Care have in place to ensure that if someone's needs increase they are seen more urgently.
- Annual Social Care Reviews: the methodology for calculating the proportion of Virgin Care service users with up-to-date reviews has been revised following discussion between Council and Virgin Care Business Intelligence teams. Firstly, it has not been possible to review people in care settings and those shielding at home have also declined reviews. People have been offered telephone reviews and reviews using virtual platforms and these have been taken up by some people. Secondly, a number of colleagues from the review team were asked to support the reablement teams for a number of weeks to support the hospital discharge process. These impacts were monitored through weekly and now monthly performance discussions between Virgin Care and the Council.
- Occupational Therapist Health Assessments: the month-end waiting list for people requiring an Occupational Therapist (OT) assessment continues to be low for people in the highest priority category (priority 1). The waiting list for people at priority 2 has remained high but remains lower than its peak in July 2019. A Recovery Action Plan is in place to improve the position, and it is monitored on a monthly basis by the commissioner. It remains the case that those people in the highest category of need are assessed promptly.

Virgin Care Performance for Key NHS Constitution and Quality Standards

Virgin Care contributes positively to a number of national targets for health services.

- Referral to Treatment Time - As with all RTT services nationally, COVID-19 restrictions have significantly impacted on RTT performance. While the overall

rate for Virgin Care is 66.2% in July 2020 against a 92% target, it is better than the latest national rate of 52.0%. At service level, Community Paediatrics has remained on target in spite of the challenges of operating during the pandemic.

Quality Assurance

The number of social care complaints received by Virgin Care remains consistent: 12 in 2018/19 and 11 in 2019/20. During 2019/20 one complaint was escalated to the Council for review under the supervision of the Principal Social Worker compared with 3 the previous year. This complaint was referred to the Ombudsman with an outcome of 'Upheld'.

Pressure Ulcers are a trend in serious incident reporting across BSW, particularly learning linked to personalised care planning and escalation when condition/skin condition changes. This trend mainly affects community providers; however, it is a system wide theme. Providers have quality improvement plans in place which are discussed with Quality Leads. A system wide work stream is being scoped to support quality improvement in this area and Virgin Care is actively engaged in this having recently completed their own thematic review of category three pressure ulcers.

Workforce

Headcount - Over the last four months there has been a decrease in 12 WTE's (Whole Time Equivalent), this in line with transformational change and creating efficiencies whilst ensuring quality of service is maintained.

There has been an improvement in staff retention. Virgin Care colleague retention comparator:

April – July 2019: 54 staff left

April – July 2020: 48 staff left

Sickness - both long term sickness (LTS) and short term sickness (STS) since April 2020 - Virgin Care sickness rates have been low during COVID-19. Work has been done to support all colleagues during the pandemic especially around health and wellbeing and working from home. In addition to this, Virgin Care have also put in place additional support for Black, Asian and Minority Ethnic (BAME) colleagues to ensure they maintain their safety whilst working.

Appraisal and How Are You (HAY) conversations

In 2019/20 Virgin Care increased focus on conducting effective appraisals for all colleagues. This included workshops and training for managers on how to carry out appraisals at both mid-year and end of year. Completion rates were high, with over 80% of colleagues receiving a mid-year and end of year appraisal, even through the pandemic.

Virgin Care also introduced a "how are you" (HAY) conversation, which is still a structured conversation about the colleague's performance but doesn't need to be as

detailed as the full appraisal. Virgin Care worked with the managers of all services to give the option to conduct either a full appraisal or the new HAY conversation.

Colleague satisfaction

Virgin Care have continued to work to improve colleague satisfaction within the service. Initiatives that have been introduced include; listening events, a regular partnership forum, increased training opportunities, a service specific newsletter, a regular weekly manager's briefing and local awards. These sit alongside our annual colleague survey which this year will be conducted in September.

Have Your Say Survey

The 'have your say' colleague survey for this year will commence on the 28th September 2020 and close on the 16th October 2020, like last year it will be delivered by Fabric. This is the same company that delivered the survey last year which was conducted well. The aim is to have all results of the colleague survey by middle of November.

Social Work/Care 'Health Check' Survey

The Social Work/Care Health Check survey is undertaken annually in October/November. The survey is overseen by the Virgin Care Principal Social Worker and focuses on Social Care workforce wellbeing and development.

Recruitment since April 2020

In the last four months Virgin Care have posted 96 adverts for which they have had 435 applicants. Due to the high number of applicants Virgin Care have made 63 offers, 29 of these have already started whilst the remainder are going through 'on boarding'. The key successes have been in Community Nursing, Community Hospitals and Estates.

Transformation and Service Development Improvement Plan (SDIP)

The contract requires the SDIP to be agreed, monitored and delivered annually. Updates on progress are provided at the CQPM meetings. The 2019/20 SDIP has been reviewed on a quarterly basis to monitor the transformation progress in year three of the Virgin Care contract.

Overall in 2019/20 69% of the milestones have been achieved, 17% partially achieved with 14% not achieved.

The three milestones reported as not achieved in Q4 are in relation to the Integrated Care Record Project. However, the ICR project has moved forward significantly over the last year, successfully delivering a live integrated care record in-year. The project now has all BaNES Community data, adults social care data, GP SystemOne data (23 out of 24 practices) and Royal United Hospital Data. This integration has allowed practitioners to start to have appropriate visibility over an individual's care record in order to make the best decisions about their care.

The ICR project has also in-year been developing the technical ability to provide risk stratification and population health analytics. This is important in the prevention agenda to provide essential information about identifying people who may need support now or in the future.

The SDIP for 2020/21 has not yet been agreed with Virgin Care. The delay in the production and agreement of the SDIP for year four of the contract is in relation to the impact of COVID-19 and this will be included as a schedule via local variation later in the year.

Financial Position

Virgin Care's original bid planned for losses in the early years of the contract as a result of investment in transformation to allow ongoing investment into the services, increasing demand and the annual efficiency requirement for services of c1%.

In 2018/2019 the contract was £1.4 million overspend and in 2019/2020 £0.7million. It is anticipated that in March 2021 a balanced position will be achieved, however, we remain early in the financial year to confirm this will be the case.

Next Steps

The Panel are asked to note the content of the report and to identify any areas of focus for the next report which will be provided in six months.

The Chairman commented that he felt that a particular focus on reablement and finance would suit the next scheduled report.

Kevin Burnett commented that the Virgin contract seemed to be going well overall and asked were there any areas of particular concern.

The Director of Adult Social Care, Complex and Specialist Commissioning replied that it was good overall and acknowledged that some performance levels were not being achieved and that they were working with Virgin Care on those areas. She added that she would supply a written answer to confirm which areas still need targeting.

Kevin Burnett asked how the recovery was going in terms of the Children's Audiology service as the report had shown that it had been hit hard by capacity levels due to Covid19.

The Director of Adult Social Care, Complex and Specialist Commissioning replied that she would need to supply a written answer to this question.

In relation to Covid-19, Councillor Ruth Malloy asked for further information regarding the additional support for Black, Asian and Minority Ethnic (BAME) colleagues to ensure they maintain their safety whilst working.

The Head of Contracting & Performance said that she would reply in writing with further information.

Councillor Liz Hardman asked how Virgin Care were going to achieve a balanced budget for the coming year. She added that the reply could come in writing.

Kevin Burnett asked how / if the responses of service users are gathered.

The Director of Adult Social Care, Complex and Specialist Commissioning replied that a number of mechanisms are in place and could provide more detail in writing.

Councillor Andrew Wait asked what impact will the new arrangements have on the delayed transfers of care.

The Director of Adult Social Care, Complex and Specialist Commissioning replied that from September 1st the reporting system changed nationally. She added that reporting is to move away from the current bed-based delays to reporting on the flow through the reablement and assessment process. She said that the changes mean that any comparisons of pre- and post-COVID periods will not be made on a like-for-like basis.

The Panel **RESOLVED** to note the content of the report and requested a focus on Reablement and Finance for the next update report.

- At this point in the meeting the Panel discussed deferring their remaining agenda items to an interim meeting as a number of them had indicated that they would be unable to carry on past 1.00pm
- The Panel agreed to adjourn the meeting and asked the Democratic Services Officer to arrange an interim meeting.

26 CHILDREN'S SERVICES ANNUAL COMPLAINTS & FEEDBACK REPORT

27 MUSIC HUB

28 B&NES COMMUNITY SAFETY & SAFEGUARDING PARTNERSHIP ANNUAL REPORT

29 DIRECTOR'S BRIEFING

30 PANEL WORKPLAN

The meeting ended at 12.56 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 15 September 2020

1. Restarting cancer services as part of the third phase of the NHS response to COVID-19

On 31 July, NHS England and NHS Improvement (NHSEI) Chief Executive Sir Simon Stevens and Chief Operating Officer Amanda Pritchard wrote to NHS organisations to outline the third phase of the response to COVID-19 and the NHS's priorities. The focus for this phase is on restoring and recovering services and preparing for winter pressure demands.

Cancer services are one priority area for BSW and plans are in place to restart services through

- Managing down waiting times and continuing to focus on the 62 day pathway and 31 day treatment pathway
- Restarting cancer screening
- Launch of communications campaign to encourage patients to see GP if they have worrying symptoms

2. Reset and recovery of services

As the first wave of infections eased across BSW during May, we began developing and implementing plans for restarting services. We have continued this work building on the lessons learned about the value of joint working across all partners and via a shared commitment to working in an integrated way.

It is important to stress that due to maintaining safe practices aimed at limiting the spread of Covid-19, all health services are running with reduced capacity. This helps us to support social distancing, to ensure sufficient time for cleaning clinical areas after each consultation and for donning/doffing PPE.

As part of continued efforts to increase activity, NHS England /NHS Improvement (NHS E/I) have recently published a letter describing additional actions now required of health services in the nationally-defined Phase 3 response to the Covid-19 pandemic. A full partnership response is encouraged and we are working together with partners to submit final plans to NHS E/I by the end of September 2020.

3. Outpatient transformation development

Although there is work in progress across BSW to transform outpatient services, in B&NES we have developed groups in common to discuss managing patient care sooner during a patient's journey out of the hospital setting. To help with this, we have established groups led by the CCG and B&NES Enhanced Medical Service

(BEMS) looking to support services outside of the Royal United Hospital with the specialist knowledge and resources required to deliver high quality care.

The BSW team will enable the transformation of outpatient services with support around performance analysis, benchmarking and creating efficiencies by sharing resources across the area.

Early attention is being given to the referral support service, advice and guidance measures to the community, and how the system can support community care in delivering work that was previously managed in hospitals.

Longer term goals revolve around supporting and upskilling clinicians working out of hospital as well as outreach services where specialities are working more closely in the community.

There has been a focus on six specialities where there are pathways of work that can be supported to help manage the flow into the RUH and ensure earlier care for the patient. The specialities include cardiology, Ear Nose and Throat, gastroenterology, gynaecology, rheumatology and dermatology.

4. Joint meeting between council and CCG on integrated working to improve population health and wellbeing

Members of the Council's cabinet and senior officers together with senior executives and clinical leaders of the BSW CCG, met recently to discuss a number of issues including current operational and financial challenges.

They also reflected on the recent merger of Bath and North East Somerset, Swindon and Wiltshire CCGs and the national NHS drive to create Integrated Care Systems (ICSs) across larger population areas and Integrated Care Alliances (ICAs) at place level, i.e. co-terminus with local authority boundaries. The group felt it was important to establish what this would mean for the long-standing integrated commissioning arrangements in B&NES between the Council and CCG and to ensure they are fit for purpose going forward.

The group discussed that whilst there is no 'right answer' to how we should work together, there was a strong commitment to continue to work closely together and to ensure that we don't lose the benefits that our unique style of close partnership working has brought for local people over many years.

The ICA development may lead us to a different model of integrated working, but it would still have at its heart the shared aim of improving the health, wellbeing and care of the population of Bath and North East Somerset.

5. NHS111 First plans

A BSW group has been established to look at how to implement a Think 111 first programme across the area.

Think 111 First is part of a national integrated programme to improve outcomes and experience of urgent and emergency care. To keep patients safe and allow them to maintain social distancing we are asking them to call NHS 111 before they visit an Emergency Department. NHS 111 will then book them into a time slot at the emergency department, or at the most appropriate local service for the patient.

Think 111 First will benefit local people by:

- Empowering patients to access the full range of services available to meet their needs in the fastest and most convenient way possible
- Improving patient outcomes and safety by ensuring people access the service which matches their needs
- Improving patient experience and safety by reducing crowding within A&E departments and other urgent care facilities.

The group is currently considering how to implement Think 111 First across BSW.

6. Paulton Minor Injuries Unit update

Paulton Minor Injuries unit temporarily closed on April 8th as part of an overall response to Covid so staff could be redeployed to help provide additional capacity in other areas of the local health and care system. The MIU in Paulton had also experienced a 75 percent decline in attendance. At the time, BSW CCG and Virgin Care were at pains to highlight that the closure would be reviewed on an ongoing basis and would be reopened as soon as possible.

Following a period of ongoing assessment, the Minor Injuries Unit at Paulton is now offering a seven day a week service between 10 and 6pm which is accessible to everyone via a telephone triage system. A partial Radiology service will restart from mid-September.

While there is still no walk in facility; ways of working are constantly evolving in order to provide a safe and appropriate service for our community.

7. 2020/21 Flu vaccination programme

Due to the impact of Covid-19, flu planning for 2020/21 started earlier than usual, to prepare for the potential co-circulation of Influenza and Covid-19 and to reduce the potential risk of health services being overwhelmed by outbreaks.

In the light of health inequalities highlighted by the impact of Covid-19, this year's flu planning aims to reduce the risk of further disadvantaging the most vulnerable groups and maximise coverage.

The 2020/21 flu immunisation programme has expanded the groups of people who will be eligible for a vaccination and set high expectations for vaccination uptake figures across all those eligible groups.

In addition to previous eligible groups – adults aged over 65 years, pregnant women, all primary school aged children, children aged 2 and 3 years, carers, health and social care staff and individuals at clinical risk – this year's vaccination programme will also include:

- children in Year 7
- people on the shielded list and their household
- people aged 50 to 64 years, who will be invited later in the vaccination programme – Nov/Dec – as part of a 'phased approach'.

8. Don't wait and worry cancer and mental health radio campaign

BSW CCG has launched a new communications campaign to encourage people to get help early if they have worrying symptoms and have been put off visiting their doctor because of coronavirus.

The campaign is designed to address a concerning decline in cancer referrals from primary care, and low uptake of screening appointments in secondary care due to a change in behaviour from patients as a result of concerns related to Covid 19.

The *Don't wait and worry – we're here for you campaign* focuses on cancer and mental health as part of a bigger campaign to inform the public that services are open and safe.

The campaign launched at the end of August and makes use of radio advertising as a way of reaching a wide audience and targeting groups who do not have good access to the internet or regularly use social media.

The campaign has also been widely reported in local newspapers and featured on BBC TV's Points West programme.