
HEALTH AND WELLBEING BOARD

Minutes of the Meeting held

Tuesday, 23rd June, 2020, 10.30 am

Councillor Rob Appleyard (Chair)	Bath and North East Somerset Council
Dr Bryn Bird	Clinical Commissioning Group
Corinne Edwards	Clinical Commissioning Group
Sara Gallagher	Bath Spa University
Councillor Kevin Guy	Bath and North East Somerset Council
Will Godfrey	Bath & North East Somerset Council
Paul Harris	Curo
Lesley Hutchinson	Safeguarding and Quality Assurance (B&NES Council)
Steve Kendall	Avon and Somerset Police
Bruce Laurence	Bath & North East Somerset Council
Stuart Matthews	Avon Fire and Rescue Service
Professor Bernie Morley	University of Bath
Kate Morton	Bath Mind
Joanna Scammell (in place of Kirsty Matthews)	Virgin Care
Vanessa Scott	Healthwatch
Dr Andrew Smith	BEMS+ (Primary Care)
Libby Walters	Royal United Hospital
Observer: Councillor Robin Moss	Bath & North East Somerset Council

1 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting. He explained that the virtual meeting was being held under the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020.

2 APOLOGIES FOR ABSENCE

Apologies for absence were received from:

Mike Bowden – Bath & North East Somerset Council
Nicola Hazle – Avon and Wiltshire Mental Health Partnership
Kirsty Matthews – Virgin Care (substitute Jo Scammell)
Laurel Penrose – Bath College

3 DECLARATIONS OF INTEREST

There were no declarations of interest.

4 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

There was no urgent business.

5 PUBLIC QUESTIONS/COMMENTS

Two public questions had been received from Margaret Preddy and Debbie Clifton. The Democratic Services Officer read out the questions and the Chair stated that a written response would be sent to the questioners within five days of the meeting. *(A copy of the questions and responses is attached as Appendix 1 to these minutes)*

6 MINUTES OF PREVIOUS MEETING - 21 JANUARY 2020

The minutes of the previous meeting were approved as a correct record and signed by the Chair.

7 UPDATE FROM CHILDREN AND YOUNG PEOPLE SUB-GROUP

The Board considered a report which set out the progress made during year two of the Children and Young People Plan 2018-2021. The report also gave details of the activities and areas of focus for members of the In-Care Councils and Youth Forum.

Lesley Hutchinson, Director for Adult Social Care, Complex and Specialist Commissioning introduced the report and explained that officers are currently working on the development of a strategy for the years 2021/24. More detail has now been included regarding trends, performance and outcomes as suggested at the last meeting. She explained that the Plan was closely aligned to the Health and

Wellbeing Strategy.

Sarah McCluskey, Strategic Commissioning Officer, sought feedback from the Board regarding the template used for the report and whether any further information was required.

Kate Morton queried whether the financial envelope had shifted. It was confirmed that nothing had changed for the year two report.

Paul Harris stated that it would be helpful if high level “RAG” metrics were included in the report.

Cllr Kevin Guy thanked all the staff that had worked on the production of this comprehensive report in these difficult circumstances.

Bryn Bird welcomed the work that was being carried out to mitigate difficulties encountered by children and young people. He highlighted the duty and responsibility of healthcare services to address health inequalities.

Lesley Hutchinson stated that officers would make the template more accessible and would also look at the structure of the Plan so that it would not be as narrative based in future and to make it easier to digest.

Will Godfrey suggested that, to improve accessibility, it would be helpful to pull out the key headlines contained in the report as an executive summary.

The terms of reference for the Children and Young People Sub-Committee, including membership details, are attached as *Appendix 1* to these minutes.

RESOLVED:

- (1) To note and approve the Year 2 Progress Report on the actions identified in the Plan for 2019/20.
- (2) To note the Year 1 Progress Report on the actions identified in the Plan for 2018/19.

8 **AUTISM UPDATE**

The Board received a report which gave an update on:

- The re-establishment of a B&NES wide, all-age (children’s and adults) Autism Partnership and progress made since the last update to the Board.
- Work taking place at a locality level in B&NES to review and update the B&NES Autism Strategy and to improve local provision.
- The work planned across the B&NES, Swindon and Wiltshire CCG footprint through the Learning Disability and Autism Transformation Board.

Rebecca Potter, Commissioning Manager, gave a presentation which covered the following issues:

- How the recommendations in the report contribute to the aims of the B&NES Corporate Strategy.
- Legislation and Statutory Guidance.
- The 2019 NHS Long Term Plan contains a commitment to do more across the NHS “to ensure that all people with a learning disability, autism, or both can live happier, healthier, longer lives”
- The vision is that everyone with autism, whether living, working or visiting B&NES will have the opportunity to ‘choose’ the life they want to live. B&NES will support this by building an inclusive community that understands.
- Values and principles.
- Progress made on the reduction of waiting times, engagement, promotion of reasonable adjustments, the ambassadors for autism scheme and the clarification of mental health pathways for autistic adults.
- The priorities of the B&NES, Swindon and Wiltshire Operating Plan.
- Needs profile and trends.
- Services available for children, young people and adults with autism.
- Priority 1 – Joined up commissioning and delivery.
- Priority 2 – Improving access to diagnosis and post-diagnosis support.
- Priority 3 – Getting the right support at the right time.
- Priority 4 – Increasing awareness and understanding of autism across the whole community.
- Next steps.

It was noted that virtual services, which have been provided during the Covid-19 pandemic, have worked very well for some people with autism. However, for others the change in routine has been difficult. It will be important to capture the positive innovations that have been used during this time as some service users have appreciated the opportunity to meet virtually.

The numbers of people referred for diagnosis is increasing. In 2018 294 people were referred and in 2019 this rose to 351.

Cllr Rob Appleyard thanked officers for all the work that has gone into this report and for the hard work that is being carried out in this service area.

It was noted that the terms of reference for the group gave details of its membership.

Sara Gallagher stated that there had been a 30% increase in the amount of Bath Spa University students who were on the autistic spectrum. She would welcome the opportunity for someone from the University to contribute to this work. Rebecca Potter agreed to follow up this request.

In response to a query from Cllr Rob Appleyard regarding the length of time taken to carry out assessments, Rebecca Potter explained that the process involved a multi-agency approach. There were some capacity issues but the provision of a diagnosis is a complex piece of work which takes time. She confirmed that the process is reviewed regularly but that this must adhere to the guidelines prescribed by NICE. (National Institute for Health and Care Excellence).

A copy of the presentation slides is attached as *Appendix 2* to these minutes.

RESOLVED:

- (1) To note the content of the report and progress made in many areas since the last report to the Board in January 2019.
- (2) To agree the proposal to adopt the Ambassadors for Autism Scheme in B&NES.

9 COVID-19 UPDATE REPORT AND POSITION STATEMENT

David Trethewey, Director, Partnership and Corporate Services, reported that the Council had responded very quickly and effectively to the Covid-19 outbreak. It had been necessary to adapt very quickly and to adopt new innovations and solutions. The Compassionate Communities hub has been very successful and is an excellent example of partnership working. Business grants have been administered very quickly. The pandemic has had a profound effect on the Council's finances and a recovery plan will be considered by the Cabinet in July. There is currently a deficit of £42m which will have a large impact going forward.

Louise Cadle, from the CCG gave a brief presentation which covered:

- Summary of timeline. We are currently at week 21 of a major incident response. The NHS is now on Alert Level 4.
- Revised B&NES, Swindon and Wiltshire response arrangements.
- Key priorities
 - PPE (Personal Protective Equipment.
 - Testing – there are mobile testing centres at Bristol Airport, Swindon and Salisbury.
 - Anti-body testing – around 29,000 NHS staff will be tested for anti-bodies.
 - Health and wellbeing
 - Care homes

Corinne Edwards, Chief Operating Officer, gave a presentation regarding the CCG response to the Covid-19 pandemic which covered the following issues:

- Overview of how to re-start the system
 - Adopt a common set of design criteria across B&NES, Swindon and Wiltshire.
 - Co-ordinate plans at B&NES, Swindon and Wiltshire level where appropriate.
 - Build on the energy and joint working in each locality.
- Key areas of work e.g. restarting referrals.
- Key challenges
- Progress being made
- B&NES locality hub and working
- Role and purpose of community hub – this has been very successful
 - ensure we remain prepared for COVID and;
 - ensure the re-start and restoration of services

- How health and care partners in the area have responded so far

The following issues were then discussed:

- It was important to be prepared in case of a second spike of infections.
- A helpful mutual aid arrangement for PPE has now been put in place with links across the South West region. It is not ideal to work with a “just in time” arrangement.
- Will Godfrey stated that this was a very helpful presentation. He queried how many people in the area had been discharged from hospital to a care home from April onwards. He felt that it was important to ensure the correct balance between regional structures and maintaining a strong focus on individual localities.
- Corinne Edwards confirmed that the Health Protection Board retained a focus on each locality.
- Cllr Appleyard asked what action was being taken to prevent domestic abuse at this time and to provide support for those experiencing both abuse and isolation. He also acknowledged the support provided to care homes by both B&NES Council and the CCG. Corinne Edwards stated that the CCG is very mindful of the possibility of an increase in domestic abuse cases.
- Lesley Hutchinson confirmed that the Community Safety and Safeguarding Partnership are considering issues relating to domestic abuse both at national and local level. Some areas have seen an increase in cases since the start of the pandemic.
- Bryn Bird stated that in a virtual setting, clinicians could lose some of the personal aspect which is present in a face to face meeting. He informed the Board that some guidance relating to domestic abuse and safeguarding issues will soon be launched by the healthcare sector in B&NES, Swindon and Wiltshire.

The presentation slides are attached as *Appendix 4* to these minutes.

RESOLVED: To note the update report and position statement.

10 **LOCAL OUTBREAK MANAGEMENT PLAN**

(Note: At this point Dr Andrew Smith left the meeting).

The Board considered a report which set out details of the B&NES Covid-19 Local Outbreak Management Plan.

Bruce Laurence, Director of Public Health, presented the report highlighting the following issues:

- There has been a huge decline in air traffic at local airports showing the huge impact that the Covid-19 outbreak has had.
- The Plan provides a framework for managing local outbreaks. However, there is still a lot that is unknown about this disease and it will be important to adapt. B&NES has a strong history of planning and partnerships and so is in a good position to deal with an outbreak. The Plan has been prepared under

a short timeframe and is likely to evolve over time as more information and data become available.

- There have been 330 cases of Covid-19 in the B&NES area and 89 deaths, 50 of which occurred in care homes. The area has the seventh lowest rate in England out of 150 local authority areas. About 95% of the population still have no immunity to the disease and little is currently known about immunity or how long it lasts. There are inequalities both in cases and outcomes.
- There is no certainty about future outbreaks. It is important not to become complacent as the lockdown is slowly released.
- Nationally about 1 in 1,700 people currently have Covid-19 but this figure is likely to be lower in the B&NES area.

Will Godfrey thanked Bruce Laurence and his team for preparing this report. He noted that the messages around Covid-19 are complex narratives and that it will be very important to avoid complacency over the next few weeks.

Kate Morton stressed the importance of not losing sight of the long-term consequences of the pandemic and to be prepared for the work and services that would be required to deal with this.

Bernie Morley stated that the report was very helpful and that he would share it among his colleagues at Bath University. He asked whether a mobile testing facility could be made available at the University when all the students return in the autumn.

Cllr Rob Appleyard thanked officers for producing this complex document in such a short period of time.

A copy of the presentation slides is attached as *Appendix 5* to these minutes.

RESOLVED:

- (1) To endorse the Covid-19 Local Outbreak Management Plan as a framework plan for B&NES and to recommend it for approval by Cabinet.
- (2) To support further work on developing detailed planning that will underpin this outline plan.
- (3) To endorse the roles of the Covid-19 Health Protection and Local Outbreak Engagement boards and agree to receive updates from these boards as required.
- (4) To agree that members of the Board use their influence to further the aims of the plan in their different organisations.
- (5) To support, in general, the use of appropriate resources to enable the effective implantation of the plan (but to note that endorsing this framework does not commit to any specific expenditure).

11 **DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2019/20**

The Board considered the Director of Public Health Annual Report 2019/20.

Bruce Laurence, Director of Public Health, stated that he would welcome any comments regarding the report which could be sent to him following the meeting.

RESOLVED: To endorse the Director of Public Health Annual Report 2019/20.

12 **DATE OF NEXT MEETING**

It was noted that the next meeting will take place on Tuesday 29 September 2020.

13 **CLOSING REMARKS**

The Chair thanked everyone for attending and closed the meeting.

The meeting ended at 12.40 pm

Chair

Date Confirmed and Signed

Prepared by Democratic Services

HEALTH AND WELLBEING BOARD – 23 JUNE 2020

PUBLIC QUESTIONS

(1) **Margaret Preddy**

In light of the current pandemic, slow release of lockdown measures, social distancing recommendations, increasing numbers of day visitors and the closure of many toilet facilities within shops and cafes; what pro-active steps are being taken to ensure that additional toilets with hand sanitation and or washing facilities are provided in the UNESCO World heritage site that is the city centre of Bath in order to reduce transmission of COVID 19?

The precedent has already been established for additional toilet facilities to be brought in during the annual Christmas Market.

Reference:

BANES Health and Wellbeing Strategy 2015 - 2019

Theme 1: Preventing ill health by helping people to stay healthy.

Priority 4 - Creating healthy and sustainable places.

Visit Bath

Bath Tourism

Response

The Council has kept its public toilets within the centre of Bath open and available to use by key workers throughout the pandemic. We are working closely with our contractor Healthmatic who operate and maintain these facilities on our behalf. Social distancing and public health advice about hand washing is being installed on signage within and around the facilities. The toilets are being monitored and cleaned much more regularly. For reference, a map of all publicly available toilets within Bath can be found on our website - https://www.bathnes.gov.uk/sites/default/files/siteimages/bd12754_wc_map_-_web_version_050220.pdf.

(2) **Debbie Clifton**

- (a) I agreed with most of the Covid-19 Outbreak Management Plan but what about testing available for black and the minority groups as it has been proved that this group are a high risk for Covid 19?

Response

The interrelation between ethnicity and covid risk is neither simple nor the same for all ethnic groups. Many of the causes of increased risk relate to wider questions of the living and working conditions, and

economic status of ethnic minority individuals in the UK, and the consequences of these conditions on long term health. So it is not a straightforward matter.

Banes has identified the vulnerability of black and minority ethnic group residents in its plan. The theme lead for vulnerable communities is engaged in further planning to manage this risk and has been asked to focus on BAME groups as a priority. There are several elements to this work including ensuring that employers take ethnicity into account in assessing risk to workers, and reaching out to representative bodies for these communities so that all BAME residents are aware of this risk, and the need to be vigilant, to seek testing early if necessary and comply with requests to self-isolate if appropriate.

Information about ethnicity is often not routinely collected by health and other services and efforts are also being made to give fuller information in data collected by the NHS and by the testing and tracing system.

- (b) What plans are going to be in place for the winter months? How is the medical profession going to sort out between Covid 19, flu and pneumonia? As giving the wrong advice will probably lead to deaths as medical intervention is needed early especially with pneumonia.

Response

As in previous years the health and care system work together to develop our plans for winter given the impact of seasonal flu and other gastrointestinal viruses. However, this year we are planning on the basis of living with COVID-19 and needing to respond to any outbreaks or peaks as well as the normal winter pressures.

We are giving support to practices to help them fulfil their flu and pneumococcal vaccine administration to at risks groups, an especially high priority this year. Furthermore, early testing for patients with Covid symptoms will help us distinguish between this and other pathogens and therefore the safety measures that are put in place following diagnosis.

Healthcare professionals will have a responsibility, as always, to assess and manage patients appropriately with infective symptoms based on the severity of these symptoms, regardless of the underlying cause. They would then take the safest course of action to minimise the risk of harm to a patient. In terms of isolation measures we will adhere to the national guidance that exists during the winter months.

- (c) As far as I am concerned there is no reason why the people in care homes etc should be denied health care as it has been proved that old people can survive this with medical treatment. Your statement gives me the impression that they will be denied medical treatment if it is needed.

Response

Please be assured no-one in a care home is denied access to health care or medical treatment. In B&NES, our GP practices are commissioned to provide a specific service to care homes, which includes weekly ward rounds, access to advice and support for the staff and ensuring appropriate care plans are in place, agreed jointly with the resident and/or their family.

If a resident needs to be admitted to hospital for medical treatment then that is arranged, but we also aim to ensure that frail and elderly residents are able to be cared for in the care home, particularly at end of life so they don't have to go into hospital unnecessarily which might not be their place of choice.

Clinicians would discuss with the patient and their family if an admission to hospital is in their best interests, considering the risks that exist in hospital and the types of treatment that are available. However, admission would always be an option for patients in care homes if it is an appropriate course of treatment.

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B&NES HEALTH AND WELLBEING BOARD

CHILDREN AND YOUNG PEOPLE SUB COMMITTEE **TERMS OF REFERENCE**

1. Name

- 1.1 The B&NES Health and Wellbeing Board Children and Young People Sub Committee.

2. Statement of purpose

- 2.1 The Health and Wellbeing Board (H&WBB) are responsible for the development and delivery of the Children and Young People's Plan (CYPP) or equivalent strategies. The H&WBB will, more broadly, act as the key strategic forum through which children's health and wellbeing will be improved, so ensuring the best outcomes for all children and young people in B&NES.
- 2.2 This group will operate as a subcommittee of the HWBB and will support the H&WBB in delivering these responsibilities.

3. Roles and responsibilities

- 3.1 The subcommittee will be responsible for:
- Development, delivery and monitoring of the Children and Young People's Plan, or equivalent strategies (as a service delivery plan for the H&WBB)
 - Ensuring that the activity of relevant strategy groups directly inputs into the CYPP, taking decisions on what information needs to be escalated to the H&WBB, to include but not limited to SEND Strategy, CAMHS Transformation Plan, etc.
 - Providing an update report to the H&WBB annually as a minimum
 - Where appropriate, feeding into strategic H&WBB discussions, with a perspective relating to children & young people from B&NES.
 - Considering the delivery and review of Joint Health and Wellbeing Strategy priorities with a perspective relating to children & young people from B&NES.
 - Promoting a Think Family Approach between adults and children's services.
 - Input to JSNA as appropriate
 - Ensuring equality of access to services, so reducing inequalities in outcomes

3.2 Responsibility for holding the B&NES Community Safety and Safeguarding Partnership (B&NES CSSP) and Independent Chair to account for safeguarding and promoting the welfare of children. The Children and Young People Sub Committee will participate in appropriate mutual challenge with the B&NES CSSP and progress will be monitored on a six-monthly basis (June and December of each year)

4. Membership

4.1 Core members of the subgroup shall consist of the following:

- Health and Wellbeing Board member (Chair)
- Head of Education, Inclusion Service
- Senior School and Improvement, Achievement Advisor
- Director of Children and Young People's Service
- Chair of the Emotional Health and Wellbeing group
- Chair of the Early Help and Interventions sub group of BCSSP
- Senior Commissioning Manager – Children's Public Health and Early Help Public Health Department
- Third Sector representative
- Clinical Commissioning Group Safeguarding Lead
- Strategic Commissioning Officer- Participation
- Senior Commissioning Manager- Complex Care and Targeted Support

(Other organisations/individuals may be invited to attend, depending on the meeting agenda).

4.2 The Strategic Commissioning Officer Participation will attend in a coordination and advisory capacity.

4.3 Sub committee members should nominate a named substitute from an appropriate member of their organisation or service.

4.4 The Member of Youth Parliament (or Deputy Member) will be allocated a slot at the meetings to either attend in person, in which case, meetings should be scheduled in school holidays or after 4.30pm or provide a question on behalf of the B&NES Youth Forum for discussion by the subcommittee.

5. Reporting and operating arrangements

5.1 The subcommittee will be chaired by an Officer member of the H&WBB

5.2 It is anticipated that the subcommittee will meet at least six times a year, with additional meetings planned as required. The agenda for these meetings will be circulated a week in advance. Outside of these meetings, discussions will be supported through virtual mechanisms (e.g. email/skype/teleconference).

5.3 The sub committee will be declared quorate when six of its core members are in attendance. However, the six members must not all be from the same agency.

- 5.4 Agendas will focus primarily on contributing to the development of the H&WBB Strategy and the relevant children and young people strategies

Agendas can be developed by:

- Discussion amongst members of the sub committee
- Requests from young people
- Learning from practice reviews and surveys
- Following recommendations by the Health and Wellbeing Board

- 5.5 The B&NES H&WB Children and Young People sub committee will feedback, on a regular basis (through a range of mechanisms including reports and presentations to the H&WBB and H&WBB Agenda Setting Group, as required).

Signed off at H&WB December 2016

Reviewed January 2020

Signed off by CYP Sub Committee – May 2020

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Autism Update Health & Wellbeing Board

23rd June 2020

(postponed from March 2020)

Rebecca Potter, Commissioning Manager, Specialist Commissioning
Olwyn Donnelly, Prof lead for Children's SALT/SEND development Manager

Bath and North East Somerset – *The place to live, work and visit*

This paper updates members of the Health and Wellbeing Board on:

- » Autism Partnership and progress made since the last update to the Board.
- » Work taking place at a locality level in B&NES to review and update the B&NES Autism Strategy and improve local provision.
- » Highlight the work planned across the B&NES, Swindon and Wiltshire CCG footprint

The Board is asked to:

- » Note the content of this paper and progress made in many areas since the last report to the Board in January 2019
- » Make any recommendations to further the development of the B&NES Autism Strategy and its implementation
- » Consider the proposal to adopt the Ambassadors for Autism Scheme in B&NES

The recommendations of this report contribute to the following aims:

- » Improve support for families with complex needs
- » Improve support for people with long term conditions
- » Promote mental wellbeing and support recovery
- » Improve skills and employment
- » Take action on loneliness

Legislation & Statutory Guidance

- » Autism Act – 2009
- » 'Fulfilling and Rewarding Lives – 2010
- » Think Autism Strategy – 2014
- » The Children & Families Act (2014)
- » Statutory Guidance – 2015
- » Review of the Autism Strategy – 2019
- » NHS Longterm Plan - 2019

NHS Longterm Plan 2

- » The 2019 NHS Long Term Plan contains a commitment to do more across the NHS “to ensure that all people with a learning disability, autism, or both can live happier, healthier, longer lives”
 - » Tackling the causes of morbidity and preventable deaths
 - » Improving understanding in the NHS of the needs of people with learning disabilities and autism, and working together to improve their health and wellbeing
 - » Working to reduce waiting times for specialist services
 - » Moving more care to the community and supporting local systems to take greater control over how budgets are managed
 - » The Long Term Plan commits to halving inpatient provision for people with a learning disability and/or autism by 2023/24, compared to 2015 levels

Progress since January 2019

- » Relaunch of Autism Partnership Group
- » **Our vision** is that everyone with autism, whether living, working or visiting B&NES will have the opportunity to 'choose' the life they want to live. B&NES will support this by building an inclusive community that understands.

Values and Principles

- » Autistic people will be involved at all stages of decision making about the things that affect them. People will be empowered to have a voice giving them choice and control in all aspects of their lives
- » Guidance, information and support will be made available and accessible, using a person centred approach to make reasonable adjustments.
- » Through working alongside and listening to those with autism and those who support them, we will be flexible and responsive to changing needs, respecting people's individual views.
- » Autistic people can access what they need when they need it. They will have access to an inclusive community including health, social care and mental health services education and training, employment, transport and housing.

Progress since January 2019 II

- » Reducing waiting times
- » Engagement
- » Promoting reasonable adjustments
 - » Ambassadors for Autism Scheme
- » Clarification of mental health pathways for autistic adults

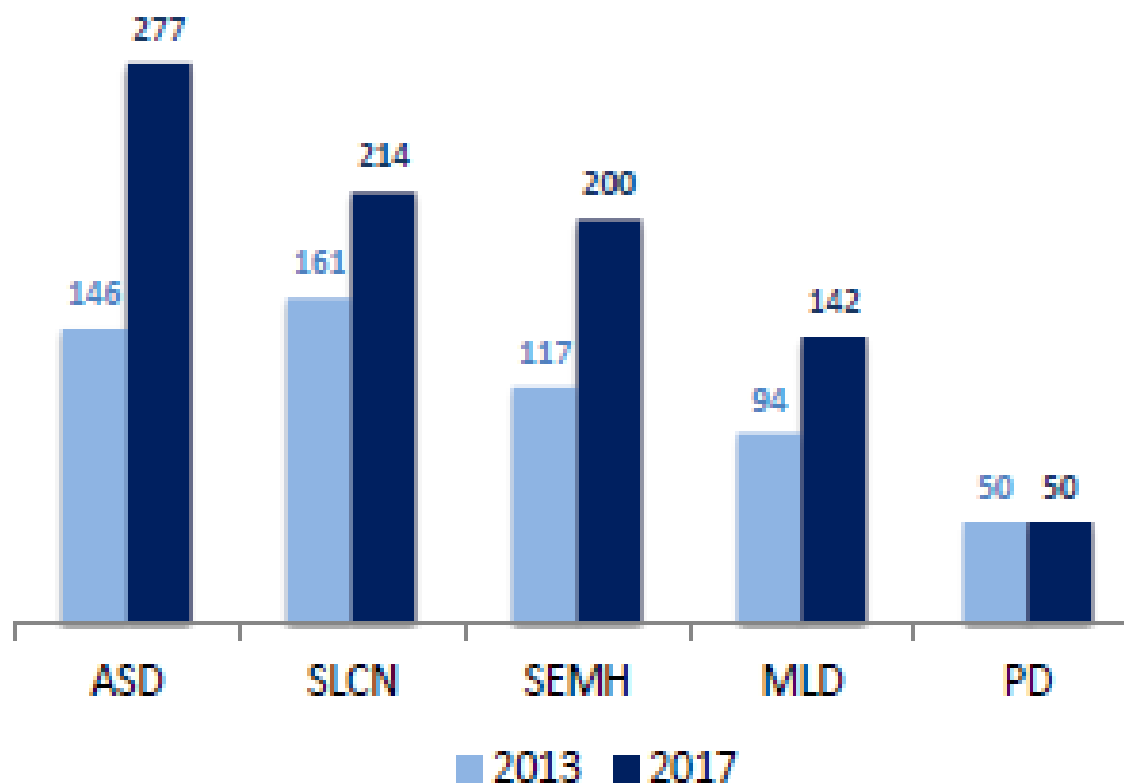
BaNES Wiltshire Swindon (BSW) Operating Plan

- » Our vision is to improve the quality of life for individuals with a learning disability and/or Autism and their families. To have equitable provision across BSW, which delivers effective holistic care as close to home as possible from early life through to end of life and receiving access to the same services as any without a learning disability. We are committed to co co-create improved pathways to support people and families in crisis by providing early intervention and support and reduce preventable out of area admissions

Needs profile and trends – Children and young people

- » Between January 2013 and January 2017 there has been a 90 per cent increase in the number of children and young people with a Statement or EHC Plan maintained by B&NES who have a primary need diagnosis of ASD
- » about 1 in 4 of our children with an Education, Health and Care Plan have a primary diagnosis of autism, 4 out of 5 of this cohort are male, although there is a growing body of academic research indicating that girls are not being identified early enough

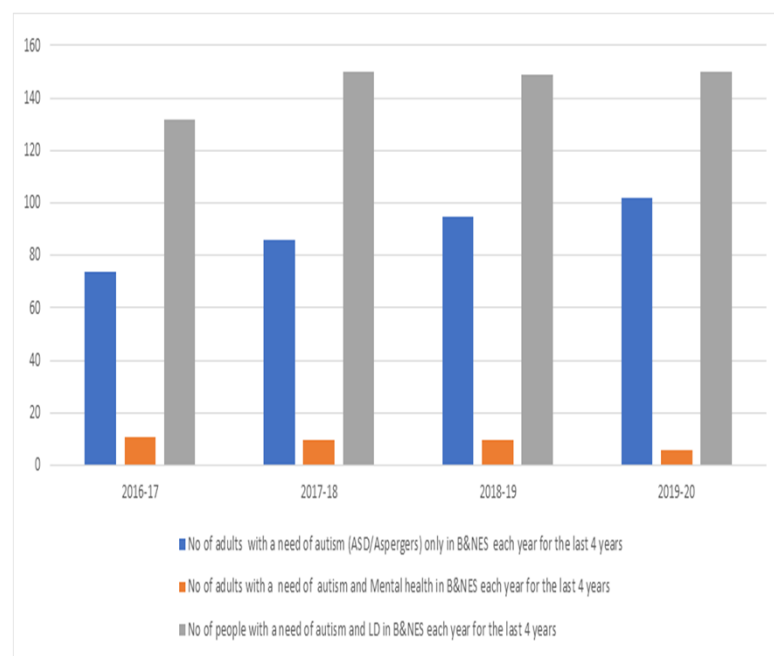
B&NES LA Maintained Statemented/EHCP cohort, top five
primary need types, Jan 2013 and Jan 2017



Needs profile and trends - Adults

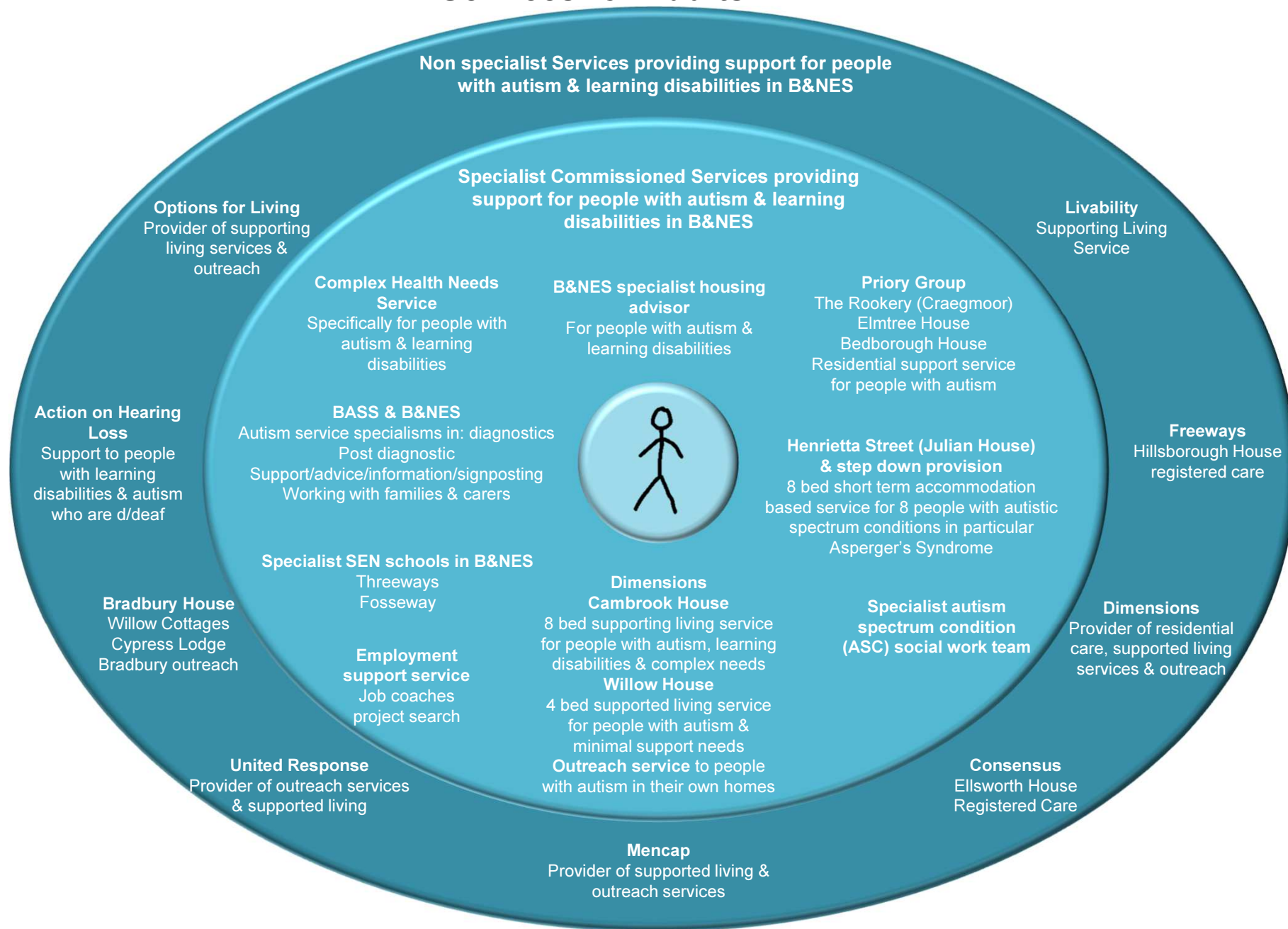
- » National prevalence of autism is estimated to be around 116 per 10,000 of population. This suggests that there are 1635 people living in B&NES with an autistic spectrum condition. (18-64 years)
source - PANSI and POPPI
- » We expect to see these numbers increasing by 8% by 2030. Source - PANSI and POPPI (18-64 years)

No. of adults with autism only/autism & MH/ autism & LD



» Data from Liquid Logic shows a small but steady growth over last 4 years in the number of autistic adults in receipt of social or health care (74 in 2016/17 compared with 103 in 2019/20) and autism and LD (from 132 in 2016/17 to 150 in 2019/20).

Services for Adults



Services for children and young people

- » Children's Centres – Action for Children & First Steps
- » Bath Opportunity Playgroup
- » Area SENCOs
- » Brighter Futures
- » BANES Educational Psychologists
- » Virgin Care - Paediatricians, Speech and Language Therapists, School Nursing and Sensory Support
- » RUH – OT & Physiotherapists
- » ASD Support Service
- » CAMHS
- » Short Breaks
- » Children's Therapies at the RUH – Physiotherapy & Occupational Therapy
- » Sensory Support
- » Student and Family Support Services

Priority 1

Joined up commissioning and delivery

- » Health, education and social care working better together to deliver more effective, joined up care
- » Children and Adult services working better together to deliver more effective, (all age) joined up care and better planned and supported transitions.
- » A better understanding of current and future needs
- » Better health and wellbeing
- » Meaningful engagement and consultation in the commissioning process

Priority 2

Improving access to diagnosis and post diagnosis support

- » Diagnostic and post diagnostic pathways for children and adults are clear, accessible and easy to understand
- » People are able to access diagnostic services within timescales required under the NICE guidelines
- » Diagnoses are delivered in a timely way
- » A range of information, advice and support services is available and easily accessible for people with autism, their families and carers in B&NES
- » Improved access to mental health and therapeutic services

Priority 3 – Getting the right support at the right time

- » Education, learning, employment, volunteering, and training
- » Relationships
- » Housing including supported living
- » Life transitions
- » Support for carers

Priority 4 - Increasing awareness and understanding of autism across the whole community

- » Community acceptance and awareness of autism leading to enhanced social inclusion
- » Being safe in the community
- » Awareness and training in services, for professionals and the community
- » Information, signposting, advice, advocacy and training

Next steps

- Draft All-age Autism Strategy and Action Plan to go out to consultation in October 2020
- Final draft to be presented for sign off in December 2020
- The Action Plan will be a dynamic document – progress will be reported to and monitored by the Autism Partnership

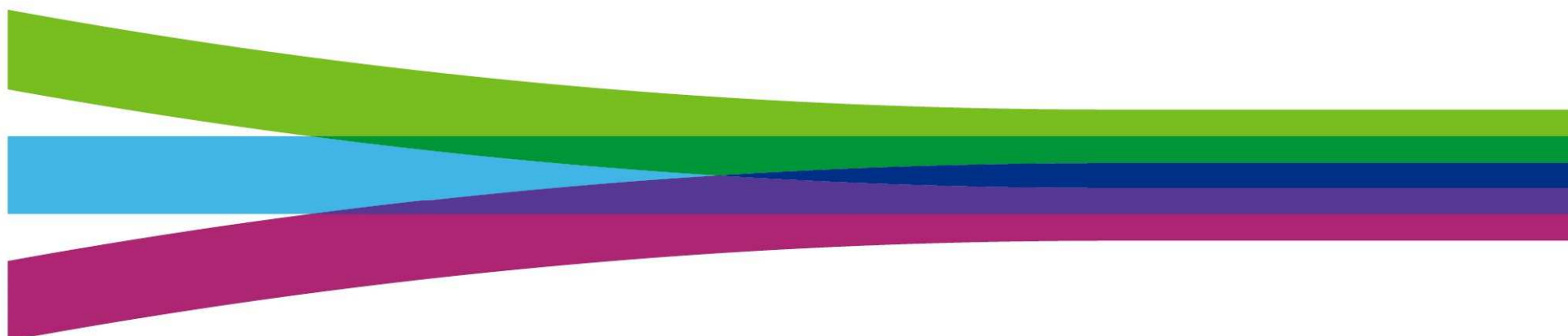
ANY QUESTIONS?

THANK YOU!

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BSW CCG response & ongoing response to COVID-19

B&NES Health & Wellbeing Board – 23rd June 2020

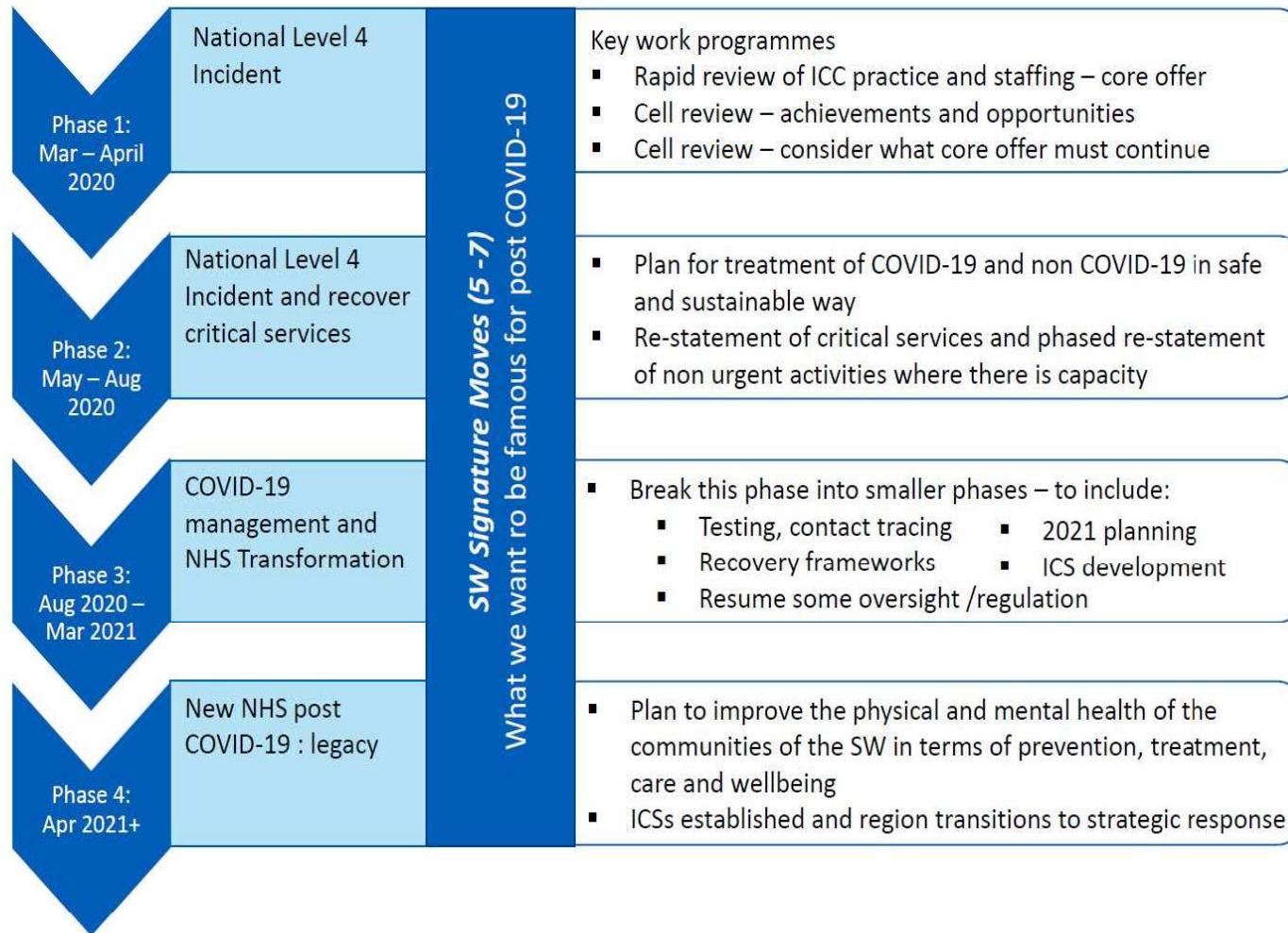


Outline of presentation

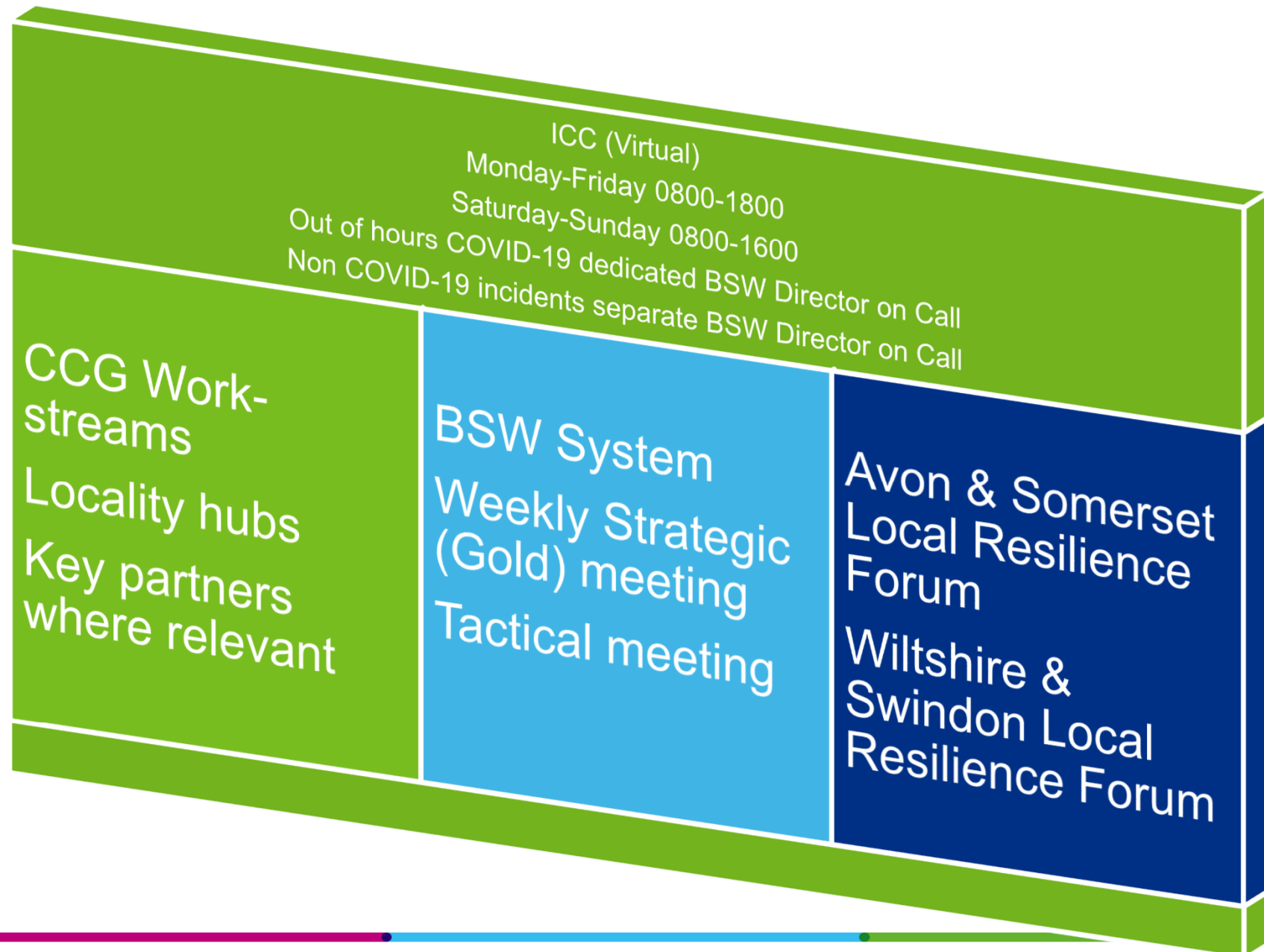
- Summary of timeline
- Revised incident co-ordination arrangements
- Key priorities at present
 - Personal Protective Equipment (PPE)
 - Testing
 - Health and wellbeing
 - Supporting Care Homes
 - Re-start
- Role & purpose of B&NES locality & community hub
- Statistics

Timeline

Timeline



Revised BSW Response Arrangements



Key priorities - PPE

- PPE work-stream
 - Push model for PPE *'just in time'*
 - Limited stock supplies – many providers < 72 hours
 - Mutual aid arrangements
 - Monitoring of stock levels across system
 - Procurement of PPE by BSW CCG
 - Liaison with Local Resilience Forum for 'LRF PPE' drops (quantities insufficient to meet demand for the number of organisations eligible to access these stocks)



Key priorities – testing

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Pillar One	Pillar Two	Regional Testing Units	Care Home Testing	GP Pilot
<ul style="list-style-type: none"> • Acutes • Inpatients • Patients urgent and planned • Some NHS staff 	<ul style="list-style-type: none"> • Anybody who is symptomatic • Online booking portal • Online booking portal for employers • Options for testing include – Regional Testing Units, Mobile Testing Units or postal 	<ul style="list-style-type: none"> • Managed by Department of Health & Social Care • Fixed, large 'drive thru' • Bristol Airport, Salisbury and Swindon <p>Mobile Testing Unit</p> <ul style="list-style-type: none"> • Continue to support local areas or outbreaks 	<ul style="list-style-type: none"> • Access to Pillar Two • MOD supported delivery of swab kits to all care homes 	<ul style="list-style-type: none"> • Completed 20/05/20 • 200 GPs across 20 Practices • Asymptomatic • All results negative

Key priorities – anti-body testing

- Rollout for NHS Staff and patients including social care (unclear at this stage whether repeat testing will take place)
- Provide evidence of prevalence of COVID-19
- No evidence to suggest immunity, whatever the result all staff **must** follow PPE and infection prevention & control guidance
- Test 85% between now and mid July

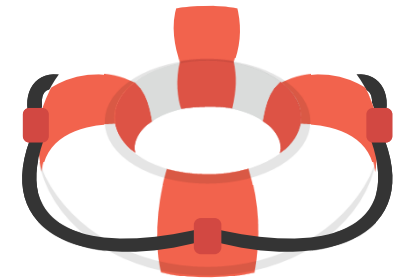
Key priorities – health & wellbeing

Mental Health Work-Stream

- Leading on the consequences & impacts of COVID-19, including physical impacts, psychological impacts, community isolation, death & bereavement
- Launch of CCG's online directory of resources of mental health & wellbeing services during mental health awareness week (18th May)
- Bereavement menu of support for staff and communities across BSW <https://bswccg.nhs.uk/docs-reports/hidden/838-bsw-available-support-menu/file>

Health & wellbeing cont'd

- Wellbeing menu under development (end of June)
 - Advice and tips on coping
 - Mental health first (MHFA) training
 - Mental health awareness training
 - Peer support networks and MHFA champions
 - Suicide prevention training
 - Enhanced psychological support offer for all system staff – referral pathways and access (linked to national offer)

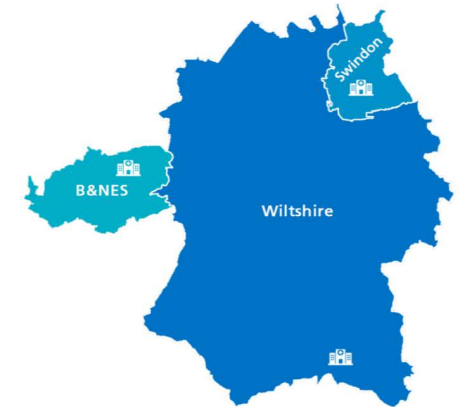


Key priorities – care homes

- 287 across BSW – 58 CQC registered in B&NES
- BSW CCG care home oversight group chaired by the director of nursing & quality
- Local support includes:
 - Infection, prevention & control (IP&C) response framework, including a weekly multi-disciplinary team meeting offering a coordinated assessment & support to homes on IP&C procedures & good practice
 - IP&C officers – repurposed & trained a team of officers on a temporary basis to support PPE training
 - Biweekly webinars led by Dorothy House Hospice
- Response to Ministry of Housing, Communities & Local Government can be found at: <https://beta.bathnes.gov.uk/support-care-homes-bath-north-east-somerset>

Restart - BSW approach to resetting the system - Overview

1. **Adopt a common set of design criteria across BSW.**
2. **Coordinate plans at BSW level where appropriate**
 - Surge capacity and flow management within BSW
 - Demand and capacity modelling
 - Options for Independent Sector capacity use in support of local needs
 - Digital support programmes
 - Future contracting approach
 - Relationship with the Nightingale Hospital
 - BSW clinical and professional oversight
 - Workforce planning and distribution
3. **Build on the energy and joint working in each locality**
 - Local clinical, professional and public engagement
 - Focus on disadvantaged members of our population
 - Adopt a holistic approach (health & social care, physical and mental health)
 - Co-develop local primary, community and acute reset plans and care model approach
 - Future role of Locality Hubs
 - Decide how resources are best used to meet needs



Design criteria/ principle
We work as one system
Prevention first, and recognition of the Wider determinants of health
Care designed around individuals
Home is Best/Home first
Digital by default
Flexible workforce
7-day provision

Key areas of work

- Restarting referrals
- Encouraging people to access health services
- Restarting activity & embedding new approaches, eg virtual out-patients
- Communicating what services have restarted & how differently they will be delivered
- Networking independent sector capacity with acute providers to target clinical need on waiting lists collectively
- Managing patient transport for both COVID-19 and non-COVID-19 patients

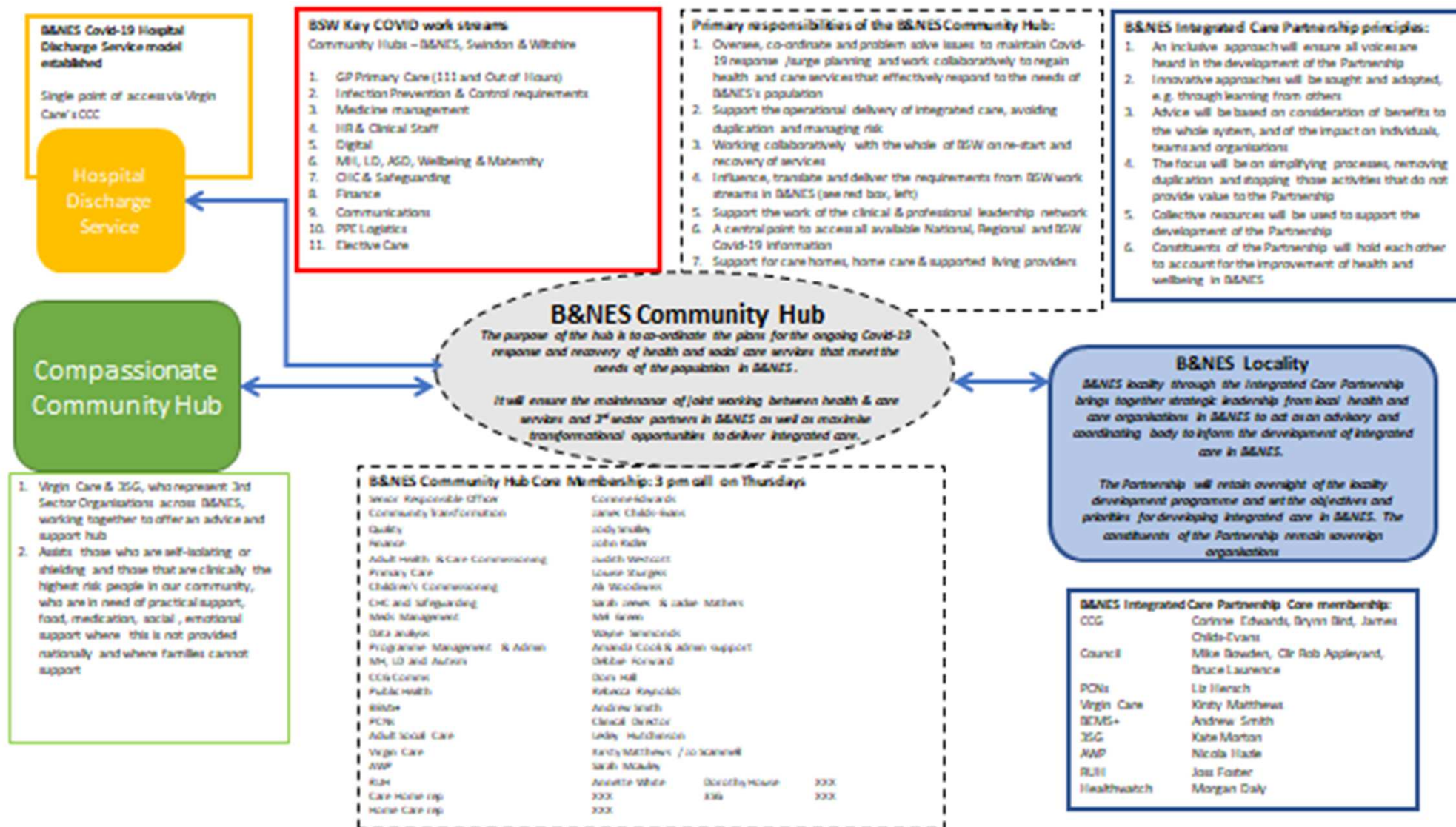
Key challenges

- Confidence in supply of PPE & drugs
- Confidence in consumable supplies for ICU equipment
- Managing sites with COVID-19 & non-COVID-19 areas, incl. reduced capacity to maintain safe distancing measures
- Household self-isolation & testing before treatment
- Built up waiting list & knowing just working through it won't be enough
- Patients presenting later & needing greater intervention
- Impact on inequalities

Progress being made

- Developing a whole system service directory of service availability
- Process for patient transport agreed across South West
- Virtual out-patients and advice & guidance significantly increased
- Primary, community & secondary care clinicians working together on new service delivery models
- Moving to either a BSW single waiting list or at least locality waiting lists across acute & independent sector
- Community alternatives to acute care starting to re-open

B&NES locality hub & working



Role & purpose of community hub

- Twofold;
 - ensure we remain prepared for COVID and;
 - ensure the re-start and restoration of services
- Key priorities:
 - support the control and management of outbreaks in any part of our health and care services as we did for our care homes continue to support shielded and vulnerable people, particularly as we head towards winter
 - maintain patient flow out of hospital settings and supporting people as much as possible in the community given reduced bedded capacity as a result of social distancing measures – COVID and winter surge capacity planning will be essential & is starting now
 - ensure services are able to re-start in a safe way so that we minimise the risk of harm to patients and widening the inequalities gap in B&NES
 - continue to take forward service transformation at a local level in line with the BSW long term plan priorities – ageing well, mental health, LD and autism

How health and care partners across Bath and North East Somerset, Swindon and Wiltshire have responded so far...

15,300

calls to community
hub helplines



6,242

calls to Consultant Connect
– a service which instantly
links GPs with specialists for
treatment advice and helps
keep patients out of hospital



175

extra beds made
available through
independent providers



15,812

hours of domiciliary
(home) care provided



11,028

PPE Items donated after
a cross BSW appeal



1

new Nightingale
Hospital built to help
support our local
response



20,000

video appointments
by GPs



7,131

outpatient appointments
carried out by video



7,729

welfare visits and calls to
extremely vulnerable people
via the compassionate and
communities hubs



10

hot hubs set up in GP surgeries so patients with coronavirus symptoms can be seen face-to-face



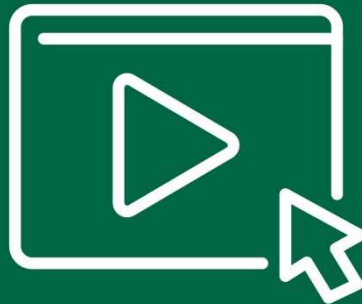
3

hubs set up by health and care partners and third sector organisations to support vulnerable people in the community



17

weekly webinars for GPs to share information and ideas to support their response to coronavirus



2,110

volunteers offering support via our community hubs



Any Questions

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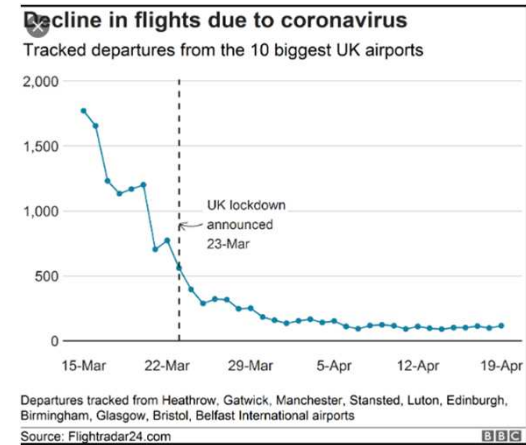


Covid-19

Local Outbreak Management Plan

Bruce Laurence and the Covid-19 health Protection Board

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A framework plan



“No plan survives contact with the enemy”

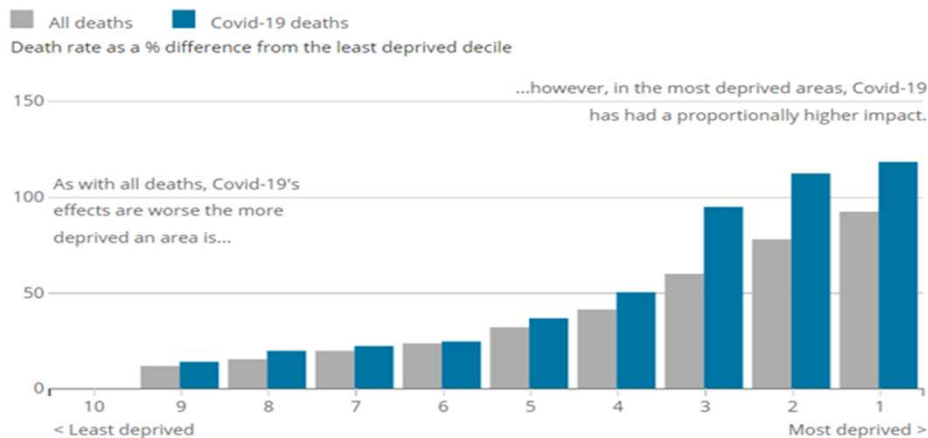
“The planning, not the plan.”

Very rapid: LOMPrehensive \neq COMPrehensive

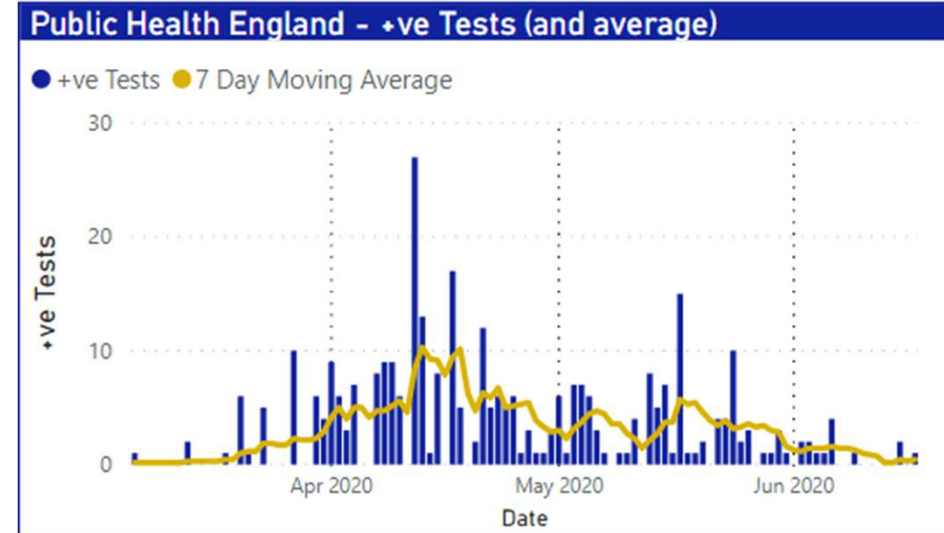
Covid-19 in BaNES

- 330 confirmed cases and 89 deaths in total, of which 50 in care homes
- 7th lowest rate in England out of c150 LAs
- Inequalities in cases and outcomes

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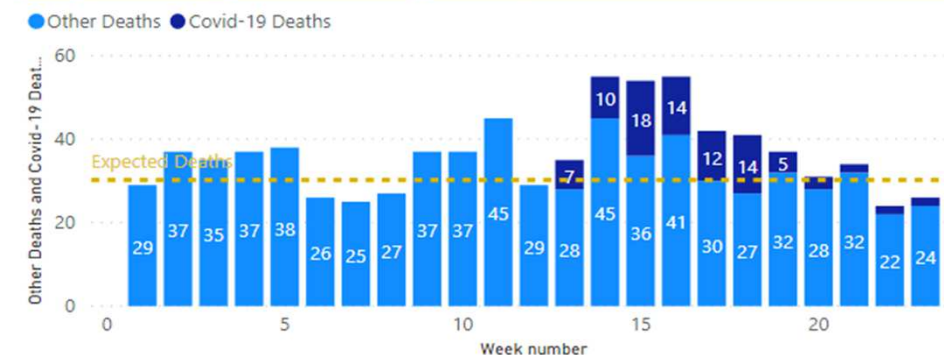


Source: Office for National Statistics – Deaths involving COVID-19



Covid-19 - Bath and North East Somerset Excess Deaths

ONS Deaths - Recorded deaths (by date of death) - including 5 year 'expected' comparison - (Up to week ending 05 June)

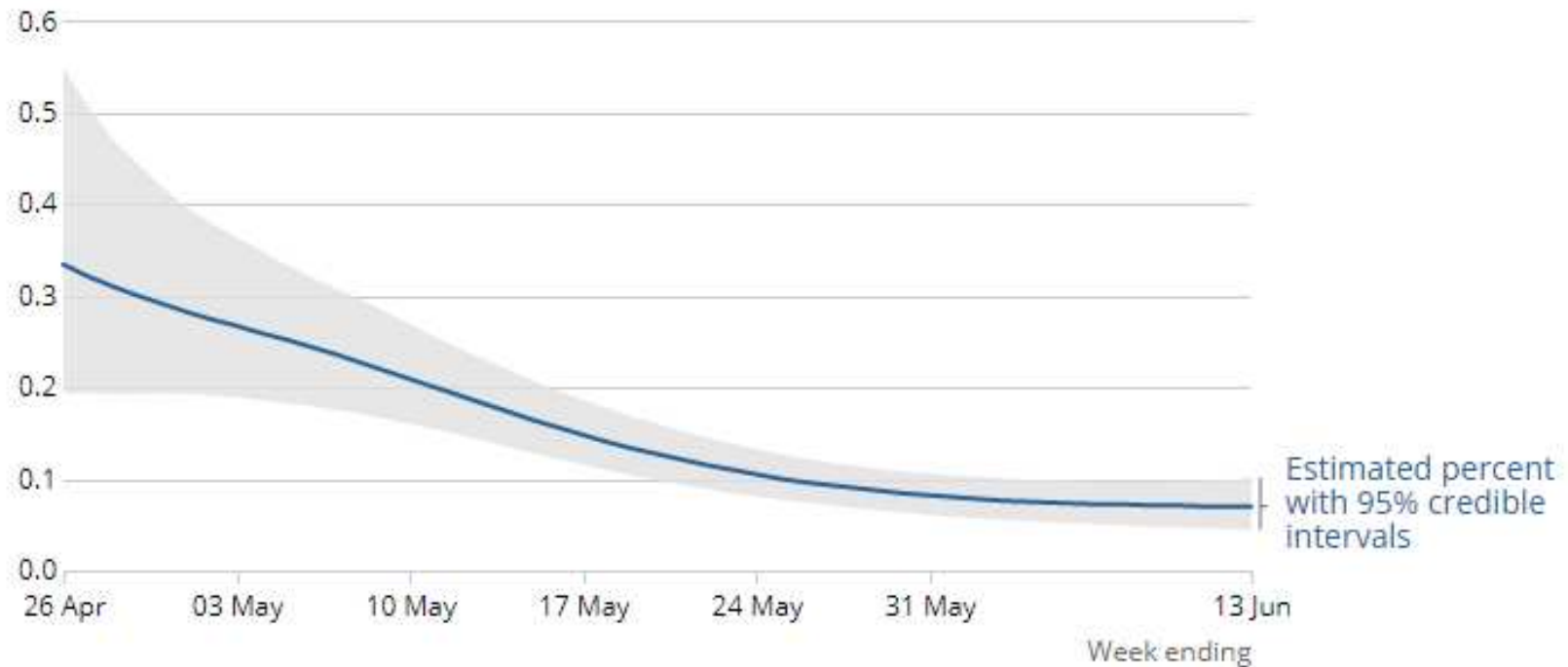


The future

- No certainty about future of outbreak
 - Virus and seasonality,
 - Immunity,
 - Policies
 - Individual and collective behaviours
 - Systems (and the app),
 - Treatments
 - Vaccines
- Twin pillars of success
 - How people act, influenced by policies
 - How we respond to outbreaks

ONS Coronavirus (COVID-19) Infection Survey pilot Coronavirus (COVID-19) Infection Survey pilot: 18 June 2020

Estimated % testing positive for COVID-19



Source: Office for National Statistics - COVID-19 Infection Survey

On average of 1 in 1,700 individuals within the community population in England had COVID-19 at any given time between 31 May and 13 June 2020

Principles of LOMP

- Build on existing plans and networks
- Focusing national and local efforts
- Speed of response especially in most vulnerable
- Clear governance
- Evidence based
- Partnership: local, PHE, NHS, LRF, Regional

Themes

- Response to outbreaks in highest risk settings: care homes + schools
- Identification of high risk groups and settings
- Understanding and coordination of testing system
- and contact tracing system
- Protect and support vulnerable residents including those in isolation
- Data integration
- Governance and role of stakeholder engagement board etc.

The ask

- Endorsement of plan
- Work in partnership to control Covid-19
 - Specific roles
 - Opening up services, businesses and lives while minimising risk
 - Workplace safety
 - Messaging