

BATH AND NORTH EAST SOMERSET

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

Tuesday, 9th March, 2021

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

Co-opted Members: Kevin Burnett and Chris Batten

Also in attendance: Lesley Hutchinson (Director of Adult Social Care, Complex and Specialist Commissioning), Claire Thorogood (Head of Contracting & Performance), Christopher Wilford (Director of Education, Inclusion and Children's Safeguarding), Paul Scott (Assistant Director/ Public Health Consultant), Dr Bryn Bird (B&NES Locality Clinical Chair), Judith Westcott (Senior Commissioning Manager - Community Health & Care Services) and Simon Cook (New Hospital Programme Director)

Cabinet Member for Adult Services: Councillor Rob Appleyard

Cabinet Member for Children's Services: Councillor Kevin Guy

69 WELCOME AND INTRODUCTIONS

The Chairman welcomed everyone to the meeting.

70 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

David Williams (Co-opted Member) had sent his apologies to the Panel.

71 DECLARATIONS OF INTEREST

Councillor Paul May declared an other interest as he is a non-executive Sirona board member.

Councillor Alison Born declared an other interest as she is a board member of B&NES Carers Centre.

72 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

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

There were none.

74 MINUTES - 19TH JANUARY 2021

The Chair asked if Councillor Ruth Malloy had received any further information relating to the 'Got Ya Back' river safety campaign and the #NeverOK Campaign mentioned in a previous meeting.

Councillor Malloy replied that she was aware that the request for the information had been followed up by the Director of Adult Social Care, Complex and Specialist Commissioning via email, but had not yet received anything directly regarding the campaigns.

The Director of Education, Inclusion and Children's Safeguarding said that neither he nor the Inclusive Communities Manager were aware of the campaigns mentioned.

The Director of Adult Social Care, Complex and Specialist Commissioning replied that she would follow up the matter with Sian Walker-McAllister, B&NES CSSP Independent Chair directly.

The Chair asked if the Panel could be updated in respect of the Inclusion Expert.

The Director of Education, Inclusion and Children's Safeguarding replied that due to the ongoing Covid-19 restrictions they were not able to return to work in schools. He said that there would be some remaining days that schools could use once restrictions begin to ease. He added that a report on their work will be received by the Council at some point in the future.

Kevin Burnett asked if an update could be provided on the Escalation Protocol.

The Director of Adult Social Care, Complex and Specialist Commissioning replied that the Protocol was currently in draft form and due to be implemented in April.

The Chair asked if the Covid-19 vaccination programme had continued to progress well locally, particularly in terms of residents within Care Homes.

Councillor Rob Appleyard replied that it had.

Referring to Mental Health Services, the Chair asked if allocation date for the additional £10.3m from NHSE had been announced.

The Director of Adult Social Care, Complex and Specialist Commissioning replied that a prioritisation process was ongoing after a substantial number of bids had been received.

Dr Bryn Bird, B&NES Locality Clinical Chair added that over 100 requests had been received.

The Chair asked for clarification on how work will be delivered in Early Years SEND when the vacant post is deleted.

The Director of Education, Inclusion and Children's Safeguarding replied that a different model has been devised for this work area over the past 18 months by

giving training to empower schools which has led to there being no need to fill the vacant post.

Kevin Burnett asked if any update could be given regarding SEND Advocacy.

The Director of Education, Inclusion and Children's Safeguarding replied that a contract for the service was yet to be agreed.

With those matters raised in mind, the Panel confirmed the minutes of the previous meeting as a true record.

75 CABINET MEMBER UPDATE

Councillor Rob Appleyard, Cabinet Member for Adult Services addressed the Panel and said that he was happy to take questions on the submission he had provided to them.

Councillor Liz Hardman commented that the Community Resource Centres and Extra Care Services had transferred on 1 October 2020 from Sirona to the Council and that the focus is now on reviewing staff salaries and terms and conditions. She asked if it was anticipated that there will be any job losses.

Councillor Appleyard replied that he was not aware that there were to be any job losses and said that he felt that the move enhances the position of the staff.

Kevin Burnett asked how people were identified to the Community Wellbeing Hub to receive emergency food parcels

Councillor Appleyard replied that it was a very complicated piece of work and that the Council were supplied with a list of residents who were considered to be vulnerable. He added that nearly 12,000 calls to the Hub had been received since last March and that everyone associated with its work should be immensely proud.

Councillor Jess David asked if the emergency food parcels would be a continuing service that could be provided.

Councillor Appleyard replied that if requests are received we will do all we can to help and that it was ongoing as far as he was concerned.

The Chair asked how this was to be funded.

Councillor Appleyard replied that it would be funded through the Hub and supplies from food banks which are currently well stocked by the people of B&NES.

He said that he was immensely grateful to the work and support of Lesley Hutchinson, Director of Adult Social Care, Complex and Specialist Commissioning who was to leave the Council at the end of the week. He added that he would like to welcome Alison Elliott who will take over the role on an interim basis.

Councillor Kevin Guy, Cabinet Member for Children's Services addressed the Panel and said that he echoed the comments made by Councillor Appleyard and was happy to take questions on the submission he had provided to them.

Councillor Paul May commented that he supported the work identified with regard to the former Culverhay site to explore how post 16 vocational provision can be accommodated. He stated that he would like consideration to be given to the possibility of a separate Policy Development & Scrutiny Panel for Children's Services to be setup.

Councillor Guy replied that he would prefer it if a separate Panel could be arranged in the future.

Councillor Alison Born commented that she was also pleased to see the ongoing work in relation to Culverhay and asked if it was likely to return to be used as a school.

Councillor Guy replied that there were no plans for that, but he was pleased with the work surrounding the Alternative Learning Provision for children and young people in B&NES who have been excluded from school or are at risk of being excluded from school.

Councillor Liz Hardman commented that 77 pupils had not been offered a place at any of their preferred Secondary Schools and have instead been offered a place at their next nearest school with a place available, which is known as a referral. She asked if the Panel could have a breakdown of these pupils and whether they are they from any particular primary schools or do they relate to any particular secondary schools. She also asked if most applicants were using all of their preferences or are those not being offered a preferred school choosing to identify a very limited number of schools.

Councillor Guy replied that the Admissions team do a great job to enable the majority of pupils to attend a school of their choice. He said that the families of pupils who have not received a place at their preferred school should consider making an appeal and that there is a recognised process for this to take place. He added that he would seek a response for the Panel on the figures requested.

Councillor Hardman asked what information the Council has about the provision of Free School Meals during the Easter holidays.

Councillor Guy replied that the Covid-19 Winter Grant had almost ran out and that they were seeking Government support for Free School Meals over Easter.

The Director of Education, Inclusion and Children's Safeguarding added that he had discussed the matter with Education Business Manager and that they think that any surplus funds can be rolled into April.

Councillor Hardman commented that a recent report in the Guardian newspaper found that one in five UK schools has set up a foodbank and many more are giving ad hoc emergency food support to pupils and their families. She said that clearly this is unsustainable and a mark of the extreme poverty many families are facing. She

asked if it was known whether any schools in B&NES are offering this type of provision.

The Director of Education, Inclusion and Children's Safeguarding replied that he was not aware that any schools within B&NES had set up a Food Bank directly. He added that schools do support families on this issue and do signpost them to other agencies.

Kevin Burnett asked if they were aware of a potential issue relating to consent of flu vaccinations administered in schools by Virgin Care.

The Director of Education, Inclusion and Children's Safeguarding replied that he had followed up this issue with Virgin Care.

Councillor Paul May asked if any process was taking place to assure that our young people get fair exam results this year. He added that he would welcome a report on inclusion / attainment for the Panel.

The Director of Education, Inclusion and Children's Safeguarding replied that teachers would be deciding directly on exam results this year following an announcement by the Government. He added that they were awaiting a decision from the DfE, but would be surprised if this year there was not a request for data to be collected.

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

76 BSW CCG UPDATE

Dr Bryn Bird, B&NES Locality Clinical Chair addressed the Panel. A copy of the update can be found as an online appendix to these minutes, a summary of the update is set out below.

Covid-19 mass vaccination programme

Our Covid-19 vaccination programme has been making solid progress since we started offering the vaccine to the first priority groups at the end of last year.

As of 25 February, almost 265,000 vaccines have been given across Bath and North East Somerset, Swindon and Wiltshire, which is the equivalent of vaccinating the entire population of Swindon and the surrounding areas.

We are currently around halfway through the process of vaccinating people in priority groups five and six (people aged over 65 and anyone aged between 16 and 64 with an underlying health condition) and this puts us on track to meet recent government targets.

People who were among some of the first to have the vaccine will begin receiving their second dose from the beginning of March. Health and social care workers will also begin to receive their second dose, and we are working closely with all provider organisation to ensure this happens as smoothly as possible.

The rate for people testing positive locally currently stands at 30 / 100,000.

Twenty cases were still present within the RUH but no new diagnosis had been admitted within the last 48 hours.

BSW Partnership Integrated Care System development

In February the government set out new proposals covering the development of Integrated Care Systems (ICSs) which will have implications for the BSW Partnership Integrated Care System (ICS).

The proposals have been outlined in a new white paper entitled *Integration and innovation: working together to improve health and social care for all*.

Proposals in the white paper include:

- The creation of an ICS NHS statutory body and an ICS Health and Care Partnership which will place a duty to collaborate on organisations which are part of the Partnership
- Proposed reform to the procurement of NHS services in order to give commissioners greater flexibility in how they arrange services
- Place-based arrangements between local authorities, the NHS and between providers of health and care services will be at the core of integration. Legislation will not prescribe how these arrangements are put in place or what they need to involve – that will be left to local organisations to arrange.
- Legislation introduced to help address inequalities in public health outcomes and the need for government to act to help level up health across the country.

The BSW Partnership board is now looking at the implications of the proposals on how partners will work together over the coming months.

There has also been a concerted partnership approach to caring for a spike in the number of people receiving treatment in hospitals in Bath, Swindon and Wiltshire for Covid-19 during January and February. Partners did this by pooling resources and re-allocating staff so they could provide help where it was needed most.

Long Covid Service update

Over 128 patients across BSW have now been referred to a new service for people suffering from the effects of Long Covid.

The innovative new pilot service is available thanks to joint working by a number of health and care teams across BSW including physiotherapists, occupational therapists and respiratory nurses.

The service is designed to help people who still have symptoms related to a Covid infection after 12 weeks. The aim of the clinic is to identify what symptoms a person is experiencing and how this is affecting them on a day to day basis.

The service helps them find resources and treatments to manage these symptoms effectively. This new service has involved support from multiple partners and health and care teams from across BSW and will provide much needed help and support to a number of people.

Councillor Jess David asked if any further comment could be given regarding the ICS and giving commissioners greater flexibility of their services.

Dr Bird replied that the white paper would be elaborated over the coming year, but that the flexibility relates to where care can be delivered.

Councillor David asked if the Long Covid Service had a physical base.

Dr Bird replied that it was being led by Wiltshire Health & Care through a virtual hub.

Councillor Liz Hardman asked in respect of the ICS and the proposals in the White Paper if an explanation be given about place-based arrangements.

Dr Bird replied that he had no direct detail at this stage and would update the Panel as and when they are announced.

Councillor Paul May commented that a degree of care should be exercised moving forward with regard to the ICS, the contract that is in place currently with Virgin Care and any future possible statutory changes.

Dr Bird replied that Virgin Care are a very present part of these conversations and will need to evolve as we do. He added that integrated care will need to include mental health alongside physical health and that to understand the delivery of these services, discussions will be needed with both Primary & Secondary Care, the Voluntary Sector and the Community Sector.

Kevin Burnett asked if costs would be among the key benefits of the ICS.

Dr Bird replied that providing high cost services reactively in hospitals is not fit for purpose moving forward with the demographic changes that are likely over the next twenty years. He added that he expected the quality of care and quality of patient outcomes to be addressed as part of the new system, including increased opportunities for early intervention.

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

77 VIRGIN CARE COMMISSIONER - SIX MONTH UPDATE REPORT

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

COVID-19 Impact

COVID-19 has had a significant impact on the Reablement Service and the delivery of reablement within B&NES. Following the release of the Hospital Discharge Guidance by the Department of Health and Social Care, all health and care systems were required to deliver the ambitions of Discharge to Assess (D2A) to ensure the safe and timely discharge of people who no longer needed to stay in hospital.

In response to the D2A requirements, it was agreed in B&NES that the Integrated Reablement Service would be the service that would support individuals being discharged on Pathway 1 (home with additional support).

This meant the Service would support all individuals who needed a new or increased package of care on discharge to be supported and assessed by the Service, prior to their long-term care needs being determined and arranged. In addition, the Service would be responsible for the case management of such individuals, including the administrative processes associated with this.

Due to this change, people who would have traditionally been discharged from hospital directly into a local authority/self-funded long-term package of care now have an assessment and support offer from Reablement for up to six weeks.

Performance

Performance and activity for the Reablement Service has been significantly impacted by COVID-19.

After an initial fall in referrals in April 2020, as services and services users were adapting to the national lockdown, the trend since then has been a significant increase. In the year to date to the end of January 2021, average monthly referrals are 7.9% higher than the 2019/20 average. In parallel, the number of discharges from the Service has seen an increase over the past year since January 2020.

While the number of people receiving a service per month has dropped compared to the 2019/20 average by 6.4%, the number of contacts has risen significantly, with 20.4% more contacts on average per month than the 2019/20 average. As a consequence, length of stay in the Service has increased above average levels for the three years prior to April 2020. While the monthly average in 2020/21 is 4.0% above the 2019/20 average, the shorter length of stay in the first quarter of 2020/21 is offsetting the high levels seen currently. To put this in context, the latest value for January 2021 is 24.2% above the 2019/20 average.

The peak caseload in November 2020, at 662 people, is 37.1% higher than the 2019/20 peak of 483 (January 2020). The latest data shows that the caseload is reducing but it remains high relative to previous years.

Despite the pressures on the Service, performance for the ASCOF measure (which reviews whether people remain in their usual place of residence 91 days after discharge into reablement from hospital) remains close (82.1%) to the targeted level of 85%.

Reablement Next Steps

For the Integrated Reablement Service there are a number of key milestones and priorities over the coming financial year (2021/22):

(Q1/Q2)

- Continue to support the COVID-19 response and recovery, with a review of long term D2A requirements as they become clear nationally

(Q1/Q2/Q3)

- Deliver the new reablement model and the transformation requirements for the service, with specific reference to Length of Stay and two-week review points

(Q3/Q4)

- Support the delivery of the Councils financial savings programme and aim of increasing independence and minimising the number of people needing long term funded care

(Q4)

- Support the delivery of the NHS Long Term Plan requirements regarding access timelines for crisis response and reablement

Finance

During 2020-21, Virgin Care received a total income of approximately £56 million from the Council and BSWCCG for the delivery of the health care and social care services specified in the contract.

It should be noted that for Council funded services the contract does not permit for increases linked with inflation as this is a flat cash funding profile.

In 2018/2019 (year 2 of the contract term) the contract was £1.4 million overspent and in 2019/2020 (year 3 of the contract term) the overspend was £0.7million. The forecast for 2020/21 is an overspend of £0.3million, which demonstrates an improving trend for Virgin Care.

Both the Council and BSWCCG have supported the initial financing of the physical building housing the Community Wellbeing Hub and ongoing funding for 18 months has been identified from within existing Virgin Care and Council resources along with additional third-party funding.

Virgin Care have responded to the Council's financial position, as a result of COVID-19, through pro-active engagement on ways to appropriately reduce spend within the Council's purchasing budgets for 2020/21 and beyond. To date £1.2m has been identified as cost savings and/or cost avoidance from care and support packages or placements. Additionally, a business case to expand Virgin Care's Supported Living Service has been supported by the Council which will reduce out of area placements bring individuals back to B&NES and reducing expenditure in 2021-22.

Performance and Service Overview, Impact of COVID-19

Performance for the percentage of people waiting over six weeks for Diagnostic testing has been significantly challenged since the first wave of COVID-19, prior to which the 1% target was being achieved by Virgin Care. While performance saw some recovery as services reopened in summer 2020, since November 2020 the rate has been rising away from the national standard.

The main area of challenge over the winter has been Audiology performance (for both Adults and Children) but the Heart Failure service has returned 0% breaches during the past four months.

Innovation for Outpatients as a Result of COVID-19

Early work on a long term COVID-19 pathway by some allied Health Professionals in the Service, enabled BSW CCG to commence their services to support people with long COVID-19 as soon as this was identified.

Parkinson's Disease Nurse Feedback groups with service users have ran virtually.

Speech and Language Therapy are using video calls successfully to treat individuals especially in Nursing Homes.

Falls clinic are trialling video exercise classes with elderly people.

Children's Health Services

All services are operating within waiting time targets excepting Paediatric Audiology and Autism Assessments. Business continuity plans are in place, but have not yet been called upon, to maintain provision of priority services such as Children's Continuing Care. Children's Immunisation programme (non COVID-19) is continuing to be delivered with the support of schools – adolescent immunisations catch up programme in place.

Adult Social Care Services

- Social Care Assessments: Since the last report, the number of people waiting for assessment has increased over the second wave of the COVID-19 pandemic, albeit there has been a reduction in January 2021. As previously reported, assessments have taken longer to complete during the pandemic,

with challenges such as social distancing requirements affecting the completion time. Where possible, assessments have been carried out virtually to mitigate this as far as possible.

- 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 Priority 2 cases remains high although it is on an improving trend since June 2020 but has again been impacted by people's COVID-19 concerns.
- Annual Social Care Reviews: Since October 2020, the trend in performance has started to improve gradually. The Council has agreed a prioritisation for reviews, priority 1. focus on those living out of the area and on level of need and priority 2. people with a "stable" care and support plan.
- Timeliness of Hospital Discharges: The focus of reporting on the timeliness of discharges has changed to the "criteria to reside". These criteria establish whether care in the acute setting is necessary; if the criteria are not met, the patient should be discharged to a less acute setting.

Contract Extension

The Virgin Care contract is a seven-year contract from 2017/18 to 2023/2024 with the option for the Council and BSW CCG to extend the contract term by three years, taking the contract term to 2026/2027. Virgin Care would need to be notified of the decision to extend or not to extend the contract by no later than March 2022. It is recognised that it is important to ensure that Virgin Care are notified of the final decision well in advance of the contractual deadline of March 2022.

The Panel is asked to note the contract extension is under consideration and will be notified when the Cabinet and BSW CCG have informed Virgin Care of their decision regarding this.

Conclusion

The report has focused on the areas Panel requested from its last update in September 2020. The next report will be in six months time and will give a detailed update on the workforce and service user feedback.

Kevin Burnett commented that he would welcome an updated statement on any key focus areas or areas of concern regarding the Virgin Care contract.

Councillor Liz Hardman asked which care homes were identified for additional Care Home Support Reablement Workers and how they were chosen.

The Director of Adult Social Care, Complex and Specialist Commissioning replied that ten care homes had been identified but did not feel it was right to name them publicly. She added that they were chosen through staff availability and capability.

The Senior Commissioning Manager for Community Health & Care Services added that there are ongoing meetings with homes to assess capacity to meet needs going forward.

Councillor Alison Born asked if there was confidence in the new model to deliver savings.

The Director of Adult Social Care, Complex and Specialist Commissioning replied that a steering group has been put in place to monitor this and that it will be covered in the next update report.

Councillor Alison Born asked if the waiting time targets for Paediatric Audiology and Autism Assessments could be given to the Panel.

The Director of Adult Social Care, Complex and Specialist Commissioning replied that she would ask for a response to be circulated to them.

Referring to section 4.1 of the report Councillor Jess David asked if stress was also a factor to consider alongside staff pressures and sickness.

The Director of Adult Social Care, Complex and Specialist Commissioning replied that this would be picked up in more detail in the workforce report that was due to be submitted to the Panel in September 2021.

Jo Scammell, Virgin Care added that they do track staff absences due to Covid-19 and that this peaked in September 2020.

Councillor Andy Wait commented that with the 5th year of the contract approaching the balance was currently -£2.4m and asked if after 7 years a balanced scenario was expected. He also asked for more information on the proposed £1.2m of cost savings from care and support packages or placements.

The Director of Adult Social Care, Complex and Specialist Commissioning replied that information on the proposed savings could be sent to the Panel. She added that a business case to expand Virgin Care's Supported Living Service has been supported by the Council which will reduce out of area placements, bring individuals back to B&NES and reducing expenditure in 2021-22.

Councillor Ruth Malloy asked if the next update report could include information on how to ensure consistency of practice and processes between the Locality Reablement Teams (Bath, Midsomer Norton and Keynsham).

Councillor Paul May asked if it was known whether Virgin Care wish to take up the offer to extend the contract.

The Director of Adult Social Care, Complex and Specialist Commissioning replied that there has been no indication that they do not want to continue to provide their services.

Councillor May wished to acknowledge and thank Virgin Care for all of their work during the pandemic.

The Panel **RESOLVED** to note the content of the report and identified the following areas of focus for the next update report.

- Workforce – particularly interested in sickness / morale
- Service user feedback
- Reablement – general update but also detail on monitoring the transformation; wanting to know what is happening in each of the different locations (MSN, Keynsham and Bath) and what the difference in practice is and how is this being unified.
- Finances – general and also more information on the £1.2 million gap and how this was managed.
- Case examples on service changes and how these have not impacted adversely on the service users and families whilst managing within the contract value bearing in mind council flat cash but not for CCG
- Performance section to focus on:
 - Criteria to reside if available, RTT, 6 week diagnostics, ASC reviews, OT assessments, care act assessments.

78 CARE HOME COMMISSIONING

The Senior Commissioning Manager for Community Health & Care Services introduced this report to the Panel, a summary is set out below.

The pressure of the Covid-19 pandemic has particularly dominated the work of the Integrated Adults Commissioning Team as we aim to provide and maintain services and support for some of the most vulnerable older people in our community.

Since June 2020 the team have been developing two Market Engagement Strategies. These strategies are designed to articulate and set a plan around the way the Integrated Commissioning team engages with the care market.

These Market Engagement Strategies will sit within a broader Commissioning Strategy which will encompass the work of all teams engaged in adult commissioning which will be developed as part of the wider teams that report to the Director for Adult Social Care and Commissioning.

Within the Market Engagement Strategies are commitments to take forward an annual market position statement.

Market Engagement Strategies

The two Market Engagement Strategies focus on home care and on care homes.

Both Strategies are working to three overarching aims:

- We have a clear joint strategy about how home care and care homes contractual and commissioning practice is to be developed in B&NES

- There is evidence of improved outcomes for people receiving home care and residents of homes
- The average price and the overall spend on home care and care homes are reduced

The Chair referred to section 4.3.6 of the report where it said that currently information on care packages held on Liquid Logic is not consistently recorded and asked what steps could be taken to rectify this.

The Senior Commissioning Manager for Community Health & Care Services replied that where possible only one point of data entry will be used moving forward to ensure the data set is consistent.

Councillor Alison Born commented that there appeared to be a focus on costs within the Home Care Engagement Strategy and asked if quality of care would also be considered.

The Senior Commissioning Manager for Community Health & Care Services replied that the aim of the strategy will be to make sure that we can deliver on quality, process and costs.

Councillor Born asked what types of Assistive Technology were being considered with regard to home care.

The Senior Commissioning Manager for Community Health & Care Services replied that it was currently an open agenda on this matter. She added that there had been a 24% increase in use within the last year and that the strategy would seek to enable those that can use it to do so.

Councillor Liz Hardman asked if it could be explained how B&NES is in the bottom quartile of the continuing healthcare league table for the way we undertake assessments and in the top quartile of the Funding Nursing Care table.

The Senior Commissioning Manager for Community Health & Care Services replied that B&NES is an outlier in terms of the number of people who benefit from CHC funding and as part of a review we will look at why that is. She added that the review will also seek to make sure that the right provision is delivered in the right way to the right people and costed the right way.

Councillor Hardman asked if further explanation could be given as to why this demonstrates a significant potential in looking at the way we carry out CHC assessments to ensure that our services are funded from the right budget sources.

The Senior Commissioning Manager for Community Health & Care Services replied that people can be funded through a number of sources, they can be self-funded, funded through health (inc CHC) and they can be funded by the Council following an assessment. She added that the criteria of funding can also be subject to change depending on the circumstances of the individual concerned.

Councillor Hardman asked in respect of the two market engagement strategies, how will we achieve much improved outcomes with reduced costs.

The Senior Commissioning Manager for Community Health & Care Services replied that they will look to build on the partnership working to develop the services offered.

Kevin Burnett asked for any further comment on the monitoring of Care Home contracts.

The Senior Commissioning Manager for Community Health & Care Services replied that in a positive move they will look to develop the voice of service users in their monitoring.

Kevin Burnett asked if this will include hearing from their relatives.

The Senior Commissioning Manager for Community Health & Care Services replied that it would and that the Council will work alongside the third sector to achieve this.

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

79 SUICIDE PREVENTION WORK

The Associate Director of Public Health introduced this item to the Panel, a summary is set out below.

There are evidence-based actions we can take to reduce the risk of suicide across our communities, for example amongst young people, men, people who self-harm and people known to mental health services.

The purpose of the action plan is to deliver co-ordinated suicide prevention action within B&NES. The plan will be used as a framework to guide strategic direction and priorities for the period of 2020-2023. This is a living document and will be overseen and reviewed by the Suicide Prevention Group, a multiagency group chaired by Public Health B&NES. It will be accountable to the Health and Wellbeing Board and will report progress to the B&NES Community Safety and Safeguarding Partnership (BCSSP) through the Practice Review Group.

Involving those with lived experience and supporting providers is critical when bringing about collective change in suicide prevention, highlighting key gaps and establishing new ways of working. Therefore, one of the key principles of this action plan is to collaborate and engage with people with lived experience over the duration of this action plan.

The scope of this action plan has been informed through consultation with stakeholders, local need, reviewing national and local evidence based recommendations. The plan considers a life course approach and ensures communities of all ages and backgrounds are reflected in the actions.

The action plan and its impact will be monitored by the Suicide Prevention Group on a quarterly basis. Organisations and working groups who have provided actions will be encouraged to consider how they monitor and evaluate their own progress. An annual event will be held each year to showcase learning, provide an update on the progress of the action plan implementation and evolve further thinking.

Councillor Michelle O'Doherty asked if it was known why local self-harm hospital admission rates are higher than the England average.

The Associate Director of Public Health replied that this data needs further analysis and possibly on a national level.

Councillor Michelle O'Doherty asked how much effect it was felt that Covid-19 will impact on people's mental health.

The Associate Director of Public Health replied that it is likely to directly impact people's feelings relating to isolation and anxiety and that in the longer term issues such as job loss, relationship breakdown and bereavement could be factors to consider.

Councillor Jess David asked if in recent years if the suicide rates in B&NES had increased. She also asked if the local universities were involved with the work of the Action Plan.

The Associate Director of Public Health replied that the figures for the two previous years had been almost identical and had not seen an increase. He added that both universities were part of the Suicide Prevention Governance Group.

Kevin Burnett asked how could the information that three quarters of people who died were not in touch with secondary NHS mental health services, but many were in touch with their GP or another kind of health and care service in the months before their death be used going forward.

The Associate Director of Public Health replied that additional training will be carried out to help GP's to try to reduce the stigma patients may have on discussing their mental health.

Councillor Alison Born commented on how important it is for people to have support at the time they need it and therefore hoped the helplines setup during the pandemic could continue.

Councillor Liz Hardman referred to section 2.4 of the table where it says 'Ensure B&NES partners are aware of financial well-being as a risk factor for suicide and facilitate appropriate linkages between partners'. She added that in section 2.8 it says 'Raise awareness of advice available on issues including debt, benefits, employment, housing, family and relationships etc' but this is only offered by Citizens Advice. In both cases she asked could more be done.

The Associate Director of Public Health replied that Citizens Advice were highlighted in the plan as the lead agency and as such they have coordinating role.

Councillor Paul May commented that the plan possibly needed more of a Children & Young People focus and that organisations such as DHI (Developing Health & Independence), Mentoring Plus, Off The Record and BAPP (Bath Area Play Project) could be involved.

The Associate Director of Public Health replied that he would take that proposal away and assess it with colleagues.

Councillor Mark Roper asked if enough resources were available to carry out the work in the Action Plan.

The Associate Director of Public Health replied that it is a strategic piece of work that is part of the business as usual for the team. He added that some additional resources are received through the year from NHS England.

Councillor Ruth Malloy called for more of a focus on preventative work given the fact that 10-24-year olds have more than double the rates of self-harm compared to older adults.

The Panel **RESOLVED** to note the contents of the refreshed B&NES Suicide Prevention Action Plan.

80 HEALTH INFRASTRUCTURE PROGRAMME 2 (HIP2) UPDATE

Simon Cook, Programme Director introduced this item to the Panel, a summary is set out below.

The project has had a change of name nationally and is now known as the New Hospital Programme rather than HIP2.

Progress since January

- Engagement plan ready for the Panel's comment today
- Clinical leaders appointed to lead the development with patients and the public
- Analysis underway of implications of new care model
- Met with Chair and Vice Chair for informal briefing

Strategic approach: proactive campaigns; three key phases in 2021

Phase 1: Launch and overarching broadcast comms

Phase 2: Purposeful engagement to develop new care model

Phase 3: Launch new care model and next stage of ongoing engagement

The Chair commented on the importance of the engagement programme and demonstrating that service users are on board with proposals.

Simon Cook replied that public engagement is a very important part of the programme. He added that where possible they will look to accelerate projects identified to take place between 2021-25.

Kevin Burnett asked if mental health was included within the Clinical Vision of the programme.

Simon Cook replied that it was.

Councillor Alison Born commented that the engagement programme would be a challenge to those that do not use technology and asked if that following this current lockdown some actual face to face meetings could be arranged. She added that she felt that more involvement from the public would be likely if the information supplied was light on jargon.

David Rose replied that they would be willing to attend Ward / Residents' meetings and that they intend to work with Age Concern on any paper based information that is produced.

The Chair asked when the engagement programme would physically start.

Simon Cook replied that it would commence next week, which is only two weeks prior to the pre-election period when it would cease until May 10th through to July for the main area of engagement.

The Panel **RESOLVED** to note and approve the proposed engagement plan.

81 **DIRECTOR BRIEFINGS - ADULT SOCIAL CARE & CHILDREN & YOUNG PEOPLE**

The Director of Adult Social Care, Complex and Specialist Commissioning addressed the Panel, a summary of her briefing is set out below and will be attached as an online appendix to these minutes.

Out of Hospital Discharge to Assess Arrangements

As of the 31st of March the national funding for the D2A (Discharge to Assess) process ceases. People who are discharged up to and on the 31st of March will continue to be supported for no longer than six weeks. However, those discharged on the 1st April will not and there is no indication of funding being available beyond that date. In the recent policy paper: *Integration and Innovation: working together to improve health and social care for all* the government states that there will be a legal framework developed for a 'Discharge to Assess' model to replace the existing legal requirement for all assessments to take place prior to discharge. There is, however, no indication of whether there will be any funding provided to support these duties. The Council are, therefore, discussing with the CCG how this work can be progressed within current resources.

Specialist Mental Health Care and Support – proposed whole system procurement

The Specialist Commissioning Team have developed a revised strategic commissioning approach for specialist services for adults with complex mental ill health. The team have recommended a phased approach to procurement whereby they identify a partner (or more than 1) to work with to develop a consortium approach. The formation of a consortium is aspirational and will take longer than

other procurement methods such as block contracts and Frameworks on a sector-by-sector basis. However, this approach will mean the council will have a co-produced, flexible, adaptable and meaningful pathway of support for people and partners alike.

This procurement delivers on our statutory responsibilities which include the promotion of quality in the provision of services; is a key action in our draft strategic commissioning intentions; will ensure alignment with the transformation of community mental health services; and is a Council Commissioning Intention.

Mental Health White Paper – January 2021

In January 2021 the Government published the Mental Health White Paper - a set of proposals around changes to the Mental Health Act; it is intended to be a consultation document despite its 'White Paper' title.

The Mental Health Act was changed from the 1959 Mental Health Act in 1983 and despite some minor amendments in 2007 the White Paper is considered to be one of the most far reaching reforms of an Act that could be accused of not having kept up with the changing times particularly in regard to a person's rights and wishes. The principles of 1983 Act are acknowledged to be based on a paternalistic approach to the care and support of people with mental health needs. The White Paper is therefore an important step forward.

Consultation is due to end on the 14th April 2021 and Local Authorities, Mental Health Trusts and the Third Sector are currently working to formally respond. Parliamentary time has not been set aside to debate the proposals and the responses and the White Paper is not expected to become law until 2023/2024.

Consultation on Changes to Direct Payments

Direct Payments (DPs), are "monetary payments made to individuals who request to receive one to meet some or all of their eligible care and support needs." (Care Act 2014). These payments can be used to pay a Personal Assistant (PA), to support the DP recipient. PAs support DP service users to meet their unmet needs identified in their Care and Support Plan. Direct Payments provided by Children's Services are done so under The Carers and Disabled Children Act 2000. On 22/02/21, there were 266 adults using DPs in B&NES.

The intention is to have standardised hourly rates and a new on-cost model across Children and Adult services. As this will constitute a change in policy and practice for B&NES, we will conduct a full 12 week public consultation. At the same time, we will consult on the introduction of pre-paid cards for DP users which is another initiative to improve the management and oversight of DPs. The timing of the consultation will depend on when the project management resource for introducing prepaid cards is in place – likely to be within the next 2 months.

Introduction of Operational Pressures Escalation Level (OPEL) System for Adult Social Care

The Directorate have developed and implemented an Operational Pressures Escalation Level (OPEL) status tool which helps us to review and identify the level of risk and pressure across adult social care. This has supported conversations with systems partners and enabled us to prepare for levels of escalation. The OPEL status framework is one that health partners use routinely.

The broad descriptions are shown in the box below. Each service within the Directorate updates their OPEL status weekly based on agreed criteria. We review our position on a weekly basis and across the Directorate we are currently declaring OPEL 2 and we report this into the Council and to the CCG to be shared on system partnership meetings.

OPEL Two – adult social care

The local adult social care system is starting to show signs of pressure. The local authority will need to take focused actions in support to organisations showing pressure to mitigate the need for further escalation. Enhanced co-ordination and communication will alert the whole system to take appropriate and timely actions to reduce the level of pressure as quickly as possible. The Adult social Care teams will proactively keep BSW, regional and national colleagues and partners informed of any pressures, with detail and frequency to be agreed with these organisations. Any additional support requirements should be agreed with SLT and would expect to stay within budget or met within available resources and reserves.

The Director of Adult Social Care, Complex and Specialist Commissioning confirmed that she is to leave the Council and introduced Alison Elliott to the Panel who has taken on the role Interim Director of Adult Social Care.

The Director of Education, Inclusion and Children’s Safeguarding addressed the Panel on behalf of the Director for Children & Young People, a summary of her briefing is set out below and will be attached as an online appendix to these minutes.

Practice week

Children’s Services held their first practice week the week beginning 25/01/2021 where we focussed on our work with Care Leavers. We were able to observe some really fantastic and inspiring practice with care experienced young people. Our Lead Member and Chief Executive took part.

Lockdown

During this lockdown, B&NES staff from social care and education have ensured that vulnerable children (Children with a social worker or EHCP) had access to an education placement if considered in their best interests. As a result, B&NES has had one of the highest school attendance rates of vulnerable children in the South West. This work has been complemented by our continued expansion of our Virtual School, which now supports children in need and children on a child protection plan.

All Children’s Services colleagues continue to work hard to see all of children young people within statutory timescales despite the challenges of being in a third lockdown. We are working hard with other agencies to support schools re-opening next week.

Safeguarding outcomes

Children Social Care re-designed the safeguarding outcomes part of the service in June 2020. The service is currently finalising its evaluation report to consider the positives that this has brought to practice and outcomes for children and families.

Covid-19 – Return to school

As children now return to school, B&NES Children’s Services and Public Health teams will continue to offer advice to support schools to manage Covid-19 and allay parental fears and anxieties about returning their children to school. The Education Psychology service will continue to provide on-line training and bespoke sessions on supporting children and staff’s mental health.

The Chair thanked both Directors for their briefings on behalf of the Panel, welcomed Alison Elliott to the Council and wished Lesley Hutchinson the best of luck in her new role.

82 PANEL WORKPLAN

The Panel approved their workplan as printed.

The meeting ended at 1.50 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services

This page is intentionally left blank

Portfolio Holder Cabinet Member Report for Scrutiny March 2021

1. Update on Community Wellbeing Hub

Activity

Since 20th March 2020 to 19th February 2021 the service has supported over 11, 700 calls into Triage and 69% of calls are resolved at this stage. In partnership with 3SG the Hub has co-ordinated over 3542 volunteer tasks since March 2020 up until 19th February 2021, including 2905 for food, 515 for medication and 122 other activities i.e. electricity top up. To date 3SG volunteers have completed £78, 693.22 worth of shopping to support B&NES residents. 3SG have access to approx. 2126 volunteers who are supporting on average 174 B&NES residents at either weekly or two weekly intervals.

Council Logistics Pod

The Council Logistics Pod at the Hub has completed the following activity since March 2020:

- Total of 639 emergency food parcels delivered in B&NES which has supported 803 individuals. 25% of the boxes delivered were repeats.
- Emergency food boxes continue to be supplemented with frozen meals supplied by the Bath Masonic Hall Trust, Square Meals project. The Trust has raised further funds to continue the project until the end of April 2021.
- Frozen meals have also been supplied to local charities and organisations. Since April 2020 over 38,000 meals have been distributed - 6,000 children's meals supplied by the Ivy Restaurant and 32,000 provided by the Square Meals project.

Supporting Clinically Extremely Vulnerable (CEV)

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.

During the third national lockdown the Hub is again leading on behalf of the Council, the implementation and co-ordinated delivery of the COVID-19 Guidance to local authorities on support for Clinically Extremely Vulnerable (CEV) individuals advised to shield. At the start of the winter lockdown 6,500 CEV individuals in B&NE have been contacted to signpost them to the CWH for support with those registering a support need on the National Shielding Service System receiving a welfare check call and referral to a CWH pod for their required support outcome. To date the CWH has followed up 128 CEV individuals to ensure their basic needs are being met.

Following the recent announcement by the Department of Health and Social Care and the NHS to explain new research that identifies people who may be at increased risk of becoming seriously unwell from coronavirus, the Government has extended the criteria for people who are at higher risk and therefore been added to the CEV list. This is estimated to be an additional 2032 CEV individuals in B&NES shielding until 31 March 2021. The council will write to these newly added CEV individuals offering support from the CWH and offer a webinar to individuals shielding as they are CEV for ongoing advice and support which is planned for 9th March 2021.

As part of the CWH ongoing engagement plan a series of webinars have been developed, the first was held on 19th February 2021 on the vaccination programme. Due to the success of the vaccination programme webinar, which engaged over 50 delegates, dates will now be planned for future webinars which will focus on:

1. Shielding for Clinically Extremely Vulnerable (booked for 4th March)
2. Mental Health
3. Power of collaboration
4. Building back together – volunteering

2. B&NES Council Community Resource Centres and Extra Care Services

Following the successful transfer on the 1st October 2020 of the 3 CRCS and 5 Extra Care Services from Sirona Care and Health to the Council a brief update on progress made during the first five months.

The main area of focus has been on transitional support and embedding processes across all services; staff have been learning the Council processes and we have been ensuring that this has not impacted on the care and support of residents and tenants. This period has not been without challenges but we are working together through these.

During the next few months, the focus will be upon reviewing staff salaries and terms and conditions which we agreed to do as part of the TUPE process. The review will be taken forward during the spring with changes made in July/August for staff if appropriate. At the same time we are progressing a whole service review which is happening in parallel to the terms and conditions review. Other areas of work being progressed include:

- Creating an internal Bank provision
- Developing recruitment, rostering and an on-call system
- Setting out and implementing robust governance
- Preparing for a first CQC inspection which is imminent
- Setting out an implementing a training and appraisal schedule
- Setting out a self-funders policy
- Securing a long-term agreement with the social landlords Curo and Guinness
- Improving the IT provision including WiFi at all sites

3. Covid response - Key points

We are moving to a new phase where the roll-out of vaccination means that we can hope to get out of the past years cycles of lockdowns and relaxations. The new road map is expected to lead to a much more sustainable normalisation. The road map is in cautious stages so that the impact of each relaxation can be measured before going on to the next stage. During this period we are asking people to maintain the rules of social distancing other than where they are specifically noted at each stage.

Levels of Covid and related deaths in BaNES over the course of the whole pandemic have benchmarked relatively low, with all indicators putting us in the “best” tenth of English upper tier authorities, but we have had just under 300 deaths in total with Covid on the death certificate, about half of which have been in care home residents. And, of course many BaNES residents will have struggled socially, economically and educationally during this most difficult year and we will be dealing with consequences of that for a long time to come.

In BaNES we are well on target to vaccinate the top 9 cohorts and then move on to the rest of the adult population, and are not seeing worrying signs of vaccine hesitancy on a significant scale so far. The top 9 cohorts, which include everyone above 50, care home residents, health and social care workers and people with relevant long term conditions, accounted for 99% of the deaths from Covid to date and the great majority of severe cases needing hospitalisation. So assuming that vaccines are as effective as shown in trials, and that new variants don't emerge that greatly change the picture, it should be safe to follow the road map through to the summer when most rules will be removed although even at the end of that there is not yet full normalisation of large scale events.

However, there are things that nationally, and to some extent locally, could impact on this generally optimistic scenario. One is that coverage of vaccine is insufficient and unequal so that some vulnerable groups remain insufficiently protected. This is unlikely to be a major issue locally but we are making efforts to reach all vulnerable groups. Another potential problem is that new variants of the virus emerge, whether homegrown or imported, that are more infectious, more dangerous or less well covered by the vaccine. If this were to happen then BaNES could be as affected as anywhere else.

In order to maximise the safety of coming out of lockdown there is much emphasis on regular testing of a wide range of people who are asymptomatic, but will be mixing with others whether in work, school or other situations. There are also border controls being put in place to minimise chances of importing Covid from abroad and these controls are likely to remain in place for a long time. Capacity is being maintained nationally to manage outbreaks whether caused by existing or emerging strains of the virus, and there will be ongoing surveillance of circulating strains to detect the emergence of variants that may have dangerous characteristics.

To take account of all these issues Local authorities are currently updating their local outbreak management plans (LOMPS) and we are in process of doing that this month.

Other public health activities are going on as usual but the panel should note that on April 1st Rebecca Reynolds, who has worked as a consultant in public health here since 2013, takes over as DPH from Bruce Laurence who is retiring.

This page is intentionally left blank

**Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel,
Tuesday, 9th March, 2021, 10.00 am**

Lead Member PDS Report

Culverhay Site

This remains a site with a lot of potential and the cabinet is committed to ensuring that future use accommodates education priorities.

Short Term

The site is already accommodating the LA's Alternative Learning Provision (ALP). ALP is an education provision for children and young people in B&NES who have been excluded from school or are at risk of being excluded from school. This is a long term commitment for the site.

Other options that are currently being explored include:

- Heritage Services for archive and record storage purposes
- Bath College – potential temporary teaching accommodation
- B&NES Music Service – Requirement for immediate accommodation.
- Bath Film Office – three specific dates required for filming two days in February 2021, 2 days in June and two days in July.
- Bath Hindu Temple – Longer temporary requirement to be identified.
- Bath Artists – No expression of interest has been received, but this was identified as a potential temporary end user.

Planning for the future

Following the work carried out by Avison Young, some progress has been made on the site's future use. The work identified through consultation with stakeholders and Members that alternative education provision and vocational education provision were the site's priorities.

To ensure the Alternative Provision has the best provision it can offer and can expand to include a wider age range, we plan to move this provision to the West side of the site to a building previously occupied by Bath University. Before any moves occur, these buildings will be renovated. We will ensure that we make these buildings fit for purpose and as energy-efficient as possible, in line with our carbon neutral priorities. This will also free up the bulk of the site's central buildings to explore additional development opportunities.

Alongside this, we continue to hold discussions with Bath College to explore how post 16 vocational provision can be accommodated on the site. These are on-going and are a cabinet priority.

Numerous future long term opportunities are presented to any additional space free after education priorities have been considered. To manage this, the LA is seeking to put in place dedicated project management support.

Schools Returning

Primary

All primary schools should now be open. In terms of their preparations, they will be running similar routines to what they were doing between Sept-Dec 2020, carrying out a risk assessment and implementing safe environments for the management of CV 19. The only addition to primary schools is staff testing, carried out at home and not on site. Primary children will not be tested for CV 19 at school or at home. They will only be asked to seek a test when symptoms are present.

Secondary schools

All our Secondary Schools will be open. They have the significant challenge of testing all pupils when they return. The DFE has allowed them, therefore, to stagger their starts to do this. Next week's overall picture for secondary schools will be that children will only be attending school for testing and then returning home. Some schools will have all children back in at the end of the week (Hayesfield, St Gregory's, St Marys). Some of the larger schools (Norton Hill, Beechen Cliff) won't have all children back until March 15th. This approach is permissible under the DFE guidance. During the onsite testing in the first week, pupils will be shown how to test themselves; they will then be expected to test themselves at home twice a week. Testing, however, remains voluntary.

Parents

Some comms have already gone out from our teams regarding returning to school and how testing will work. Many families will welcome the return to school, and I expect attendance levels across the area to be as high as usual. All schools will have some parents who have on-going anxieties about returning and CMES/PH's teams will support them where possible. This happened in September, but most families eventually returned children to school as the term moved on.

All our maintained schools are prepared and ready for the return

Report for the Children, Health and Wellbeing Policy Development and Scrutiny Panel on Tuesday 9 March 2021

1. Covid mass vaccination programme

Our Covid-19 vaccination programme has been making solid progress since we started offering the vaccine to the first priority groups at the end of last year.

As of 25 February, almost 265,000 vaccines have been given across bath and North east Somerset, Swindon and Wiltshire, which is the equivalent of vaccinating the entire population of Swindon and the surrounding areas.

We are currently around halfway through the process of vaccinating people in priority groups five and six (people aged over 65 and anyone aged between 16 and 64 with an underlying health condition) and this puts us on track to meet recent government targets.

People who were among some of the first to have the vaccine will begin receiving their second dose from the beginning of March

Health and social care workers will also begin to receive their second dose, and we are working closely with all provider organisation to ensure this happens as smoothly as possible

Unpaid carers who are in receipt of a carers allowance, or who are registered as a carer with their GP, can now beginning to book their vaccine appointments using the online or telephone national booking system

We know that the number of people being vaccinated will increase in the coming weeks as the invitation list is widened. In response, we have carried out an audit of our 27 existing vaccination sites and are confident that we will be able to safely manage this rise in demand, however we will continually review this and will add other sites and models of delivery when necessary

In light of the government's announcement regarding the reopening of different parts of the economy, work is under way to explore how long our current venues can be used for vaccination purposes.

2. Reopening of Paulton Minor Injuries Unit

Our Minor Injuries Unit based at Paulton Memorial Hospital has now reopened.

The unit, along with the MIU in Trowbridge, was closed in mid-January as staff were redeployed to provide vital additional capacity elsewhere in the local area.

Paulton MIU currently provides an appointment only service. This is accessed via telephone triage between the hours of 8 am and 8 pm everyday including weekends, or via the 24 hour 111 service.

3. Roving flu vaccine for boating community investigated

An initiative to increase the uptake of flu vaccinations for the boating community across BaNES, Swindon and Wiltshire has seen an innovative pilot tested with a roving vaccine programme being offered to the boating community.

Currently, homeless men and women are offered flu vaccinations through Homeless Healthcare delivered by Heart of Bath Medical Partnership but little is known about the need or uptake of flu vaccinations in the boater and traveller communities.

A working group consisting of Julian House, Virgin Care and Public Health B&NES was set up in order to scope the issue and work together to find a solution. As this group evolved, Heart of Bath Medical Partnership, BSW CCG and Public Health teams across BSW became involved.

During December, outreach and engagement was undertaken at Dundas Basin during which first aid packs were distributed. In total 16 packs were given out during the engagement work. There was a very positive response to the concept of flu clinics at Dundas Basin.

Following the success of these clinics, a number of recommendations have been made including advocating for access within the existing systems including working with GP practices to ensure the rights of seldom heard from groups are maintained.

4. Online event targeting BAME communities to encourage uptake of Covid vaccine

Members of black, Asian and minority ethnic communities in BSW were given the chance to ask questions about Covid-19 vaccinations at a virtual event held on Thursday 4th March.

The online event - *Opening Doors: a conversation about Covid-19 vaccination* – was hosted by an expert panel answering questions and giving an overview of the progress of the vaccine roll out programme.

Dr Nima Satish, Clinical Lead for Diabetes at BSW CCG, Gill May, Executive Director of Nursing & Quality at BSW CCG and Steve Maddern, Director of Public Health for Swindon helped to answer questions.

The online session is part of ongoing work on behalf of BSW CCG to ensure people in all our communities are able to get the vaccine when their time to do so arrives.

5. BSW Partnership Integrated Care System development

In February the government set out new proposals covering the development of Integrated Care Systems (ICSs) which will have implications for the BSW Partnership Integrated Care System (ICS).

The proposals have been outlined in a new white paper entitled *Integration and innovation: working together to improve health and social care for all*.

An ICS is a way of working across health and care organisations that allows them to work closer together to take collective responsibility for managing resources, delivering care and improving the health and wellbeing of the population they serve.

Proposals including in the white paper include:

- The creation of an ICS NHS statutory body and an ICS Health and Care Partnership which will place a duty to collaborate on organisations which are part of the Partnership
- Proposed reform to the procurement of NHS services in order to give commissioners greater flexibility in how they arrange services
- Place-based arrangements between local authorities, the NHS and between providers of health and care services will be at the core of integration. Legislation will not prescribe how these arrangements are put in place or what they need to involve – that will be left to local organisations to arrange.
- Legislation introduced to help address inequalities in public health outcomes and the need for government to act to help level up health across the country.

The BSW Partnership board is now looking at the implications of the proposals on how partners will work together over the coming months.

The BSW Partnership has continued to work together to join up health and care services across Bath and North East Somerset, Swindon and Wiltshire.

Over recent weeks BSW Partnership has worked together to deliver the mass Covid vaccination programme, which has involved multiple partners including hospitals, BSW CCG, local authorities and private providers

There has also been a concerted partnership approach to caring for a spike in the number of people receiving treatment in hospitals in Bath, Swindon and Wiltshire for Covid-19 during January and February. Partners did this by pooling resources and re-allocating staff so they could provide help where it was needed most.

6. Long Covid service update

Over 128 patients across BSW have now been referred to a new service for people suffering from the effects of Long Covid.

The innovative new pilot service is available thanks to joint working by a number of health and care teams across BSW including physiotherapists, occupational therapists and respiratory nurses.

The service is designed to help people who still have symptoms related to a Covid infection after 12 weeks.

The aim of the clinic is to identify what symptoms a person is experiencing and how this is affecting them on a day to day basis.

The service helps them find resources and treatments to manage these symptoms effectively.

This new service has involved support from multiple partners and health and care teams from across BSW and will provide much needed help and support to a number of people.

This approach to partnership working has been demonstrated in the efficient use of a weekly Virtual Multi-disciplinary panel of experts from all three BSW localities lead by allied health professionals including GPs, respiratory and cardiac consultants, clinical psychologist, commissioners, specialist fatigue therapists and occupational health physicians.

Director of Adult Social Care, Complex and Specialist Commissioning Update Report for Scrutiny March 2021

1. Out of Hospital Discharge to Assess Arrangements

Since April 2020 hospital discharge arrangements have been undertaken through a Discharge to Assess (D2A) approach. This means that no assessments (Care Act assessments and Continuing Health Assessments) should be undertaken in a hospital. Instead people have been discharged home or into a care setting, depending on their needs, whilst further rehabilitation / reablement is undertaken and assessments completed. People can be in receipt of this support for up to six weeks. Funding was provided nationally through the Clinical Commissioning Groups for the D2A period.

As of the 31st of March the national funding for the D2A process ceases. People who are discharged up to and on the 31st of March will continue to be supported for no longer than six weeks. However those discharged on the 1st April will not and there is no indication of funding being available beyond that date. In the recent policy paper: *Integration and Innovation: working together to improve health and social care for all* the government states that there will be a legal framework developed for a 'Discharge to Assess' model to replace the existing legal requirement for all assessments to take place prior to discharge. There is, however, no indication of whether there will be any funding provided to support these duties. The Council are, therefore, discussing with the CCG how this work can be progressed within current resources.

2. Specialist Mental Health Care and Support – proposed whole system procurement

The Panel has recently received an update on progress with mental health services, this further briefing sets out commissioning changes primarily for the council commissioned services and a small number of CCG funded services included.

The Specialist Commissioning Team have developed a revised strategic commissioning approach for specialist services for adults with complex mental ill health. The team have recommended a phased approach to procurement whereby they identify a partner (or more than 1) to work with to develop a consortium approach. The formation of a consortium is aspirational and will take longer than other procurement methods such as block contracts and Frameworks on a sector-by-sector basis. However, this approach will mean the council will have a co-produced, flexible, adaptable and meaningful pathway of support for people and partners alike.

This procurement delivers on our statutory responsibilities which include the promotion of quality in the provision of services; is a key action in our draft strategic commissioning intentions; will ensure alignment with the

transformation of community mental health services; and is a Council Commissioning Intention.

The following packages of care and support are in scope:

- Specialist independence at home (homecare, outreach, floating support)
- Supported living (accommodation-based care and support)
- Specialist residential care homes

The proposed procurement is about commissioning strategically using revenue funding which we already spend on packages. This is not new or additional funding.

3. Mental Health White Paper – January 2021

In January 2021 the Government published the Mental Health White Paper - a set of proposals around changes to the Mental Health Act; it is intended to be a consultation document despite its 'White Paper' title.

The Mental Health Act was changed from the 1959 Mental Health Act in 1983 and despite some minor amendments in 2007 the White Paper is considered to be one of the most far reaching reforms of an Act that could be accused of not having kept up with the changing times particularly in regard to a person's rights and wishes. The principles of 1983 Act are acknowledged to be based on a paternalistic approach to the care and support of people with mental health needs. The White Paper is therefore an important step forward.

The White Paper is based on the recommendations that came out of the review of the MHA by Sir Simon Wessely. It took a year to complete and was consulted on nationally with Approved Mental Health Professional (AMHP) services (professionals who assess whether a person needs to be detained in hospital), Mental Health Trusts and a large number of groups of people with lived experience and carer organisations. There is concern that the recommendations do not address issues such as Section 117 aftercare provision.

Consultation is due to end on the 14th April 2021 and Local Authorities, Mental Health Trusts and the Third Sector are currently working to formally respond. Parliamentary time has not been set aside to debate the proposals and the responses and it the White Paper is not expected to become law until 2023/2024.

The reason for raising the profile of it at this stage is twofold; to ensure that the Panel is aware of the existence of the White Paper. The council will consider the recommendations and the Impact Statement that accompanies the White Paper outlining the potential for significant funding implications if the proposals progress to law, these are not detailed in this briefing but can be provided for interest.

4. Consultation on Changes to Direct Payments

Direct Payments (DPs), are “monetary payments made to individuals who request to receive one to meet some or all of their eligible care and support needs.” (Care Act 2014). These payments can be used to pay a Personal Assistant (PA), to support the DP recipient. PAs support DP service users to meet their unmet needs identified in their Care and Support Plan. Direct Payments provided by Children’s Services are done so under The Carers and Disabled Children Act 2000. On 22/02/21, there were 266 adults using DPs in B&NES.

We do not have a standard PA hourly rate in use in adult social care in B&NES unlike many other LAs, we had one historically however this was not renewed and we are now in the process of revisiting this. The intention is to have standardised hourly rates and a new on-cost model across Children and Adult services. As this will constitute a change in policy and practice for B&NES, we will conduct a full 12 week public consultation. At the same time, we will consult on the introduction of pre-paid cards for DP users which is another initiative to improve the management and oversight of DPs. The timing of the consultation will depend on when the project management resource for introducing prepaid cards is in place – likely to be within the next 2 months.

We have put forward 2 different on-cost models for consultation this does take into account that for pre-existing terms and conditions of employment the new hourly rates will apply to new DPs only but the on-cost model can be applied retrospectively at annual review.

5. Introduction of Operational Pressures Escalation Level (OPEL) System for Adult Social Care

The Directorate have developed and implemented an Operational Pressures Escalation Level (OPEL) status tool which helps us to review and identify the level of risk and pressure across adult social care. This has supported conversations with systems partners and enabled us to prepare for levels of escalation. The OPEL status framework is one that health partners use routinely.

The broad descriptions are shown in the box below. Each service within the Directorate updates their OPEL status weekly based on agreed criteria. WE review our position on a weekly basis and across the Directorate we are currently declaring OPEL 2 and we report this into the Council and to the CCG to be shared on system partnership meetings.

OPEL Descriptions

OPEL One – adult social care

The local adult social care system capacity is such that the local authority and it’s providers are able to meet need for adults needing social care within Bath

and North East Somerset and are able to meet anticipated demand within available resources and provision and support the wider health and social care system with current capacity. Additional support is not anticipated.

OPEL Two – adult social care

The local adult social care system is starting to show signs of pressure. The local authority will be need to take focused actions in support to organisations showing pressure to mitigate the need for further escalation. Enhanced co-ordination and communication will alert the whole system to take appropriate and timely actions to reduce the level of pressure as quickly as possible. The Adult social Care teams will proactively keep BSW, regional and national colleagues and partners informed of any pressures, with detail and frequency to be agreed with these organisations. Any additional support requirements should be agreed with SLT and would expect to stay within budget or met within available resources and reserves.

OPEL Three – adult social care

The local adult social care system is experiencing major pressures compromising system flow and continues to increase. Provider organisations and our own services may need to take action to change or stop non-urgent work and targets to meet timescales may not always be met in these areas of non-urgent work. Actions taken in OPEL Two have not succeeded in returning the system to OPEL One. Further urgent actions are now required across parts of the system and increased some external support may be required. BSW, regional and national colleagues and partners will be made aware of rising system pressure, potentially asking for additional support as deemed appropriate and agreed locally. Any additional support requirements should be agreed with SLT but may have a significant impact on budgets and resource/support is likely to be needed from other directorates within the Local Authority and partners.

OPEL Four – adult social care

Pressure in the local adult social care system continues to escalate leaving the social care system for adults unable to deliver comprehensive care in all cases. There is increased potential for the care and safety of residents within B&NES to be compromised. Decisive action must be taken by the local A&E Delivery Board to recover capacity and ensure patient safety. significant local escalation actions will be taken including external extensive support and intervention as required. Consideration will be given as to whether Care Act easements are required to support safety. BSW, regional and national colleagues and partners will be aware of rising system pressure, providing additional support as deemed appropriate and agreed locally, and the social care teams will be actively involved in conversations with the system. Where multiple organisations in different parts of the BSW system are declaring OPEL Four for sustained periods of time and there is an impact across local and regional boundaries, an OPEL Five status may be required. At this level budgets may need significant review and on-going work may be compromised in other areas of the local Authorities responsibilities.

6. Health and Social Care White Paper

The government published the White Paper [Integration and innovation: working together to improve health and social care for all \(HTML version\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all) in February 2020. Below is a very short overview from an adult social care perspective only. A further paper will need to be shared with the Panel.

Adult Social care

The White Paper acknowledges the importance of social care and references the need for long term reform it is however very light on timescales and concrete proposals for reform of adult social care and doesn't set out plans for a long term strategy with financial settlement for the sector, it also doesn't highlight the need for an adult social care workforce strategy which is imperative.

The White Paper does focus on acute care and hospital discharge.

There is a focus on prevention and addressing health inequalities and health issues such as dementia, diabetes and obesity.

Adult Social Care Assurance and data

The White Paper focuses on what the need for greater assurance by the department of Health and Social care of adult social care and proposes new data requirements for social care to provide greater transparency, information on demand and risk.

The Local Government have responded to the document and stated:

"We understand Government's desire for greater transparency in social care. Councils need to be an equal partner in the design of any national oversight... Any assurance process has the potential to highlight shortfalls in services and delivery of the intentions of the Care Act due to resource constraints. Any assessment of a council's adult social care services would need to be contextualised in terms of available resources.

The assurance process must be developed in partnership with local government and the CQC; we would favour a review-driven approach looking at whole systems, based on a shared agreement of what good looks like – in particular, the importance of person-centred and locally flexible care and support"

Integrated care System ICS Board and Health and Care Partnerships

The White Paper focuses on 'place' at the Local Authority footprint and states that local government will be an active partner in the establishment and governance of Integrated Care Systems. Local Authorities will be represented on both the Integrated Care NHS Boards as well as the new proposed Health and Care Partnership Boards. There is also reference to the Health and

Wellbeing Boards and align this to the ICS. Having the focus at the local level will enable all partners to work together to tackle health inequalities and improve the health and wellbeing of the population.

Joint Commissioning, Joint Committees

The White Paper refers to the opportunities of joint commissioning, joint committees and joint appointments across health services and across health and social care. In B&NES we have a Local Commissioning Group – a commission arrangement between the CCG and Council (replacing the former Joint Commissioning Committee). The White Paper proposes to establish the Better Carer Fund as a standalone fund and decoupling it from the annual NHS financial settlement.

**Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel,
Tuesday, 9th March, 2021, 10.00 am**

Corporate Director PDS Report

Children's Services held their first practice week the week beginning 25/01/2021 where we focussed on our work with Care Leavers. We were able to observe some really fantastic and inspiring practice with care experienced young people. Our Lead Member and Chief Executive took part.

All Children's Services colleagues continue to work hard to see all of children young people within statutory timescales despite the challenges of being in a third lockdown. We are working hard with other agencies to support schools re-opening next week.

Children Social Care re-designed the safeguarding outcomes part of the service in June 2020. The service is currently finalising its evaluation report to consider the positives that this has brought to practice and outcomes for children and families.

Ofsted have now resumed their assurance visits for both Children Social Care and Schools.

During this lockdown, B&NES staff from social care and education have ensured that vulnerable children (Children with a social worker or EHCP) had access to an education placement if considered in their best interests. As a result, B&NES has had one of the highest school attendance rates of vulnerable children in the South West. This work has been complemented by our continued expansion of our Virtual School, which now supports children in need and children on a child protection plan.

As children now return to school, B&NES children's services and public health teams will continue to offer advice to support schools to manage covid 19 and allay parental fears and anxieties about returning their children to school. The Education Psychology service will continue to provide on-line training and bespoke sessions on supporting children and staff's mental health.

This page is intentionally left blank