

Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel

Date: Tuesday, 9th March, 2021

Time: 10.00 am

**Venue: Virtual Meeting - Zoom - Public Access via
YouTube**

<https://www.youtube.com/bathnescouncil>

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

Co-opted Voting Members: David Williams

Co-opted Non-Voting Members: Chris Batten and Kevin Burnett

The Panel will have a pre-meeting at 9.30am



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NOTES:

1. Inspection of Papers: Papers are available for inspection as follows:

Council's website: <https://democracy.bathnes.gov.uk/ieDocHome.aspx?bcr=1>

2. Details of decisions taken at this meeting can be found in the minutes which will be circulated with the agenda for the next meeting. In the meantime, details can be obtained by contacting as above.

3. Broadcasting of Meetings

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Advance notice is required not less than two working days before the meeting.

Further details of the scheme can be found at:

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

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A G E N D A

1. WELCOME AND INTRODUCTIONS
2. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS
3. DECLARATIONS OF INTEREST

At this point in the meeting declarations of interest are received from Members in any of the agenda items under consideration at the meeting. Members are asked to indicate:

(a) The agenda item number in which they have an interest to declare.

(b) The nature of their interest.

(c) Whether their interest is a **disclosable pecuniary interest** or an **other interest**,
(as defined in Part 2, A and B of the Code of Conduct and Rules for Registration of Interests)

Any Member who needs to clarify any matters relating to the declaration of interests is recommended to seek advice from the Council's Monitoring Officer or a member of his staff before the meeting to expedite dealing with the item during the meeting.

4. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN
5. ITEMS FROM THE PUBLIC OR COUNCILLORS - TO RECEIVE DEPUTATIONS, STATEMENTS, PETITIONS OR QUESTIONS RELATING TO THE BUSINESS OF THIS MEETING

At the time of publication no notifications had been received.

6. 10.05AM MINUTES - 19TH JANUARY 2021 (Pages 7 - 30)
7. 10.15AM CABINET MEMBER UPDATE

The Cabinet Member(s) will update the Panel on any relevant issues. Panel members may ask questions on the update provided.

8. 10.35AM BSW CCG UPDATE

The Panel will receive an update from the B&NES, Swindon & Wiltshire Clinical Commissioning Group (BSW CCG) on current issues.

9. 11.00AM VIRGIN CARE COMMISSIONER - SIX MONTH UPDATE REPORT (Pages 31 - 48)

Following on from the previous report to Panel in September 2020, attached is an update report on Virgin Care. The report has focussed on the Integrated Reablement Service and the financial performance of the contract in year 4 of the 7 year term as requested by the Panel.

10. 11.30AM CARE HOME COMMISSIONING (Pages 49 - 60)

This report provides an update to Scrutiny Panel on the development of commissioning approaches for services for older people in B&NES in respect of home care and care homes.

11. 12.00PM SUICIDE PREVENTION WORK (Pages 61 - 78)

The existing B&NES 2016-19 Suicide Prevention Strategy was refreshed at the start of 2020. In autumn of 2020 we developed a draft action plan and would like to share this with the Children, Adults, Health & Wellbeing Panel before progressing to implementation.

12. 12.30PM HEALTH INFRASTRUCTURE PROGRAMME 2 (HIP2) UPDATE (Pages 79 - 90)

This is a follow up presentation from the one in January 2021. The RUH has been developing an engagement plan with system partners to enable the development of a new care model for the future.

13. 1.00PM DIRECTOR BRIEFINGS - ADULT SOCIAL CARE & CHILDREN & YOUNG PEOPLE

The Panel will receive an update on this item from the Directors of Adult Social Care & Children & Young People.

14. 1.10PM PANEL WORKPLAN (Pages 91 - 94)

This report presents the latest workplan for the Panel. Any suggestions for further items or amendments to the current programme will be logged and scheduled in consultation with the Panel's Chair and supporting officers.

The Committee Administrator for this meeting is Mark Durnford who can be contacted on mark_durnford@bathnes.gov.uk, 01225 394458.

BATH AND NORTH EAST SOMERSET

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

Tuesday, 19th January, 2021

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

Co-opted Members: Kevin Burnett and Chris Batten

Also in attendance: Dr Bryn Bird (B&NES Locality Clinical Chair), Lesley Hutchinson (Director of Adult Social Care, Complex and Specialist Commissioning), Corinne Edwards (NHS BSW CCG Chief Operating Officer), Mary Kearney-Knowles (Director of Children & Young People), Christopher Wilford (Director of Education, Inclusion and Children's Safeguarding), Mandy Bishop (Chief Operating Officer), Sally Churchyard (Head of Young People's Prevention Services), Deborah Forward (Senior Commissioning Manager - Preventative Services), Lucy Kitchener (Commissioning Manager for Mental Health), Neil Manson (Commissioning Manager for Mental Health) and Simon Cook (HIP2 Programme Director)

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

55 WELCOME AND INTRODUCTIONS

The Chairman welcomed everyone to the meeting.

56 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillor Jess David, Councillor Mark Roper and David Williams (Co-opted Member) had sent their apologies to the Panel.

Councillor Yukteshwar Kumar was present for the duration of the meeting as a substitute for Councillor David.

57 DECLARATIONS OF INTEREST

Councillor Paul May declared an other interest in respect of agenda item 12 (Corporate & Budget Planning 2021/22) as he is a non-executive Sirona board member.

58 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

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

There were none.

60 MINUTES: 23RD OCTOBER 2020 & 3RD NOVEMBER 2020

Kevin Burnett referred to page 40 of the 23rd October 2020 minutes and asked if the Escalation Protocol review remained ongoing.

The Director of Adult Social Care, Complex and Specialist Commissioning replied that she was aware that further meetings had been held regarding the Protocol, but it had not yet been finalised. She said it could be circulated when complete.

Kevin Burnett referred to a referred to a previous question and asked if any further information was yet available from the Secretary of State on the issue of funding pressures in the education system.

Councillor Kevin Guy replied that there was not.

Kevin Burnett referred to page 44 of the 23rd October 2020 minutes and asked if the second A P Benson report was now available.

The Director of Education, Inclusion and Children's Safeguarding replied that it had been received just before Christmas and a feedback process was now taking place with staff and the steering group before it could be shared on a wider basis.

Kevin Burnett referred to page 46 of the 23rd October 2020 minutes and asked if an update could be given on two elements of the Winter Plan – Care Act / Lived Experiences.

The Director of Adult Social Care, Complex and Specialist Commissioning replied that Lived Experiences had been raised at the Virgin Care Citizen's Panel and that she was also in contact with AWP on the same issue.

She added that in terms of the Care Act, in particular easements, that these had been raised at forums for both Care Homes and Homecare and that work was ongoing. She said that none were in place apart from social distancing.

Councillor Ruth Malloy referred to page 41 of the 23rd October 2020 minutes and asked if Sian Walker-McAllister could send further information on the 'Got Ya Back' river safety campaign and the #NeverOK Campaign as mentioned.

The Director of Adult Social Care, Complex and Specialist Commissioning replied that she would pursue that and forward anything she receives.

Kevin Burnett referred to page 56 of the 3rd November 2020 minutes and asked if an update could be given on the Schools Standard Board (SSB) Sub-Group and the Inclusion Expert.

The Director of Education, Inclusion and Children's Safeguarding replied that the Sub-Group had met before Christmas to discuss best practice and that work with the St John's Foundation was underway, but was unable to give a specific update on the Inclusion Expert.

With those matters raised in mind, the Panel confirmed the minutes of the meetings on 23rd October 2020 and 3rd November 2020 as a true record.

61 CABINET MEMBER UPDATE

The Cabinet Member for Children's Services, Councillor Kevin Guy addressed the Panel, a copy of his briefing can be found online as an appendix to the minutes.

Kevin Burnett asked if the Council or schools would be co-ordinating the next round of Free School Meal provision during the February half term.

Councillor Guy replied that schools would be delivering the next package of provision directly. He added that at this stage there was no confirmation from the Government on provision for the Easter holidays. He stated that the Council were carrying out preliminary work on possible scenarios for those holidays.

Kevin Burnett asked if enough IT equipment was available through schools for those families that need it in this current lockdown period to access learning from home.

The Director of Education, Inclusion and Children's Safeguarding replied that the DFE has committed to ensuring that families have adequate access to IT. He added that schools have been assessing what additional need there is for IT devices and are ordering accordingly. He said that secondary schools have received equipment already and primaries will have started receiving laptops last week. He stated that the LA remains committed to supporting those most in need, but is assured that schools are advising that they can access the IT that their pupils need. The LA is appraising options to act as a contact for those families who cannot access a school device.

Councillor Liz Hardman commented that she believed that the Early Years Foundation Stage (EYFS) were not able to access digital help funds despite primary schools now teaching remotely.

The Director of Education, Inclusion and Children's Safeguarding replied that the Council are trying to work with those that need it and that he would be happy to be informed of any particular issues.

Councillor Paul May said that he would like to acknowledge the work of all Children's Services staff over the last year.

Councillor Alison Born commented that she felt that there was a good service within B&NES for people diagnosed with having Autism Spectrum Disorder (ASD). She asked how would the 'Waiting List Plus' initiative that had recently received funding for work across B&NES, Swindon & Wiltshire (BSW) would interface with the current service.

The Director of Adult Social Care, Complex and Specialist Commissioning replied that this work would be carried out in addition to provide support to the services already in place.

Councillor Alison Born said that she would like to commend the work of the local Public Health team over the past year.

Councillor Rob Appleyard replied that they really are a highly functioning group that provide so much support work across the Council and to the universities and other partners. He added that he would like to thank the Director of Adult Social Care, Complex and Specialist Commissioning and all staff within Adult Services for their work over the past year.

Councillor Paul May asked how the Covid-19 vaccination programme was progressing locally, particularly in terms of residents within Care Homes.

Councillor Appleyard replied that he believed it was going well and that a more accurate report could be given by the end of the week.

Dr Bryn Bird, B&NES Locality Clinical Chair added that the programme is on course to have vaccinated all Care Home residents by the end of January.

Councillor Liz Hardman asked if the new legislation relating to Breathing Space, that will allow individuals who are in 'crisis' and in debt to ask for a pause on that debt for 90 days, will be available to new entrants or just apply to all current Universal Credit recipients.

Councillor Appleyard replied that the guidance was still being worked on. He added that he had discussed the issue with the Chief Executive of the local Citizens Advice Bureau.

The Director of Adult Social Care, Complex and Specialist Commissioning said that guidance would be shared when it had been published.

Kevin Burnett asked if any further information could be given regarding the commissioning work on early help services for children.

The Director for Children & Young People said that she could provide feedback on this matter in writing.

Kevin Burnett asked if an update could be provided on Operation Encompass and the Escalation Protocol following discussion at the Child Protection Forum.

The Director of Adult Social Care, Complex and Specialist Commissioning replied that she would make enquiries on those matters for the Panel.

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

62 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

December saw the start of the roll out of the coronavirus vaccination programme in Bath and North East Somerset, Swindon and Wiltshire. Initially a local vaccination centre was set up in Sulis Manor Road Surgery in Coombe Down with vaccinations coordinated by GP Federation BEMS.

Vaccinations have been under way in our area since before Christmas and, to date, more than 35,000 people across Bath and North East Somerset have received the lifesaving vaccine thanks to the hard work and dedication of colleagues working across the area.

During the week commencing 4th of January, additional sites began to offer the vaccine at Batheaston Medical Centre and the Somer Centre in Midsomer Norton.

A central vaccination centre was opened at the Bath Pavilion on 12th of January and a further site at West View Surgery in Keynsham on the 14th January.

We would very much value your support in helping to reassure any concerned residents who are worried about potentially being missed off the vaccine list, that as soon as it is their turn to be vaccinated, they will receive details of their appointment either by phone or letter.

Should you or any resident have a specific vaccine-related question, please feel free to get in touch via our new dedicated vaccine mailbox, which can be reached by sending an email to bswccg.vaccinequery@nhs.net.

Temporary closure of Paulton Minor Injuries Unit and wider system pressures

The health and care system across Bath and North east Somerset, Swindon and Wiltshire is experiencing extreme pressure as a result of the rapidly rising number of patients needing treatment for Covid-19, in addition to the usual pressures connected to more general winter related illnesses and high levels of staff sickness.

As a result of this, the Minor Injury Units (MIUs) at Paulton Hospital and Trowbridge Community Hospital will be closed on a temporary basis so staff can be redeployed to provide vital additional capacity elsewhere in the local area.

Similar plans were put in place during the first national lockdown with MIUs closing in April, before a gradual reopening for appointments only from August onwards. It is important to highlight that the closure of these MIU is a temporary measure and the decision will be reviewed on an ongoing basis with a view to reopening the units as soon as it is feasible and sustainable to do so.

Home oximetry monitoring service

Bath and North East Somerset, Swindon and Wiltshire CCG has launched a new service across the area designed to enable clinically vulnerable patients with Covid-19 who are isolating at home to measure their own oxygen levels and send data into local hospitals.

If clinicians spot any early warning signs in terms of low blood oxygen levels – which can lead to complications and poor outcomes – the patient can then be admitted to hospital where they can receive treatment.

The new approach will allow clinicians to identify patients at home who are likely to deteriorate and quickly treat them and is potentially lifesaving.

Long Covid service

GP Surgeries, hospitals and community health and care provider Medvivo have been working together to create a dedicated service for people affected by a condition known as Long Covid.

The condition, which is thought to affect more than 60,000 people in the UK, can cause continuing fatigue, 'brain fog', breathlessness and pain.

The service, which was launched on 1 December, includes a virtual assessment clinic, diagnostics and an onward referral pathway.

The service will also provide self-help options with input from the third sector and from those who have been affected by the condition.

Integrated Care System Designation

An Integrated Care System (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.

The ICSs will integrate:

- primary and specialist care
- physical and mental health services
- health and social care.

Across BSW, hospitals, GP surgeries, community care providers, local authorities, a mental health trust, an ambulance trust and voluntary sector organisations have been working together since 2016 as part of the BSW Sustainability and Transformation Partnership (STP).

Working together as the new BSW Partnership, health and care partners will prioritise issues that matter to local communities as well as managing health and care provision during the ongoing Covid-19 pandemic.

Councillor Paul May asked if he felt there would be any implications on the CCG and current services, including those provided by Virgin Care, as a result of the introduction of the Integrated Care System.

Dr Bird replied that implementation of the legislation was due to take place in April 2022 which in the long-term would see the integration of community services into primary and secondary services. He added that there are no short-term plans to make changes to the Virgin Care contract.

Councillor Liz Hardman asked for local residents to be assured that the closure of Paulton Minor Injuries Unit will just be a temporary measure.

Dr Bird replied that there are no plans for a long-term closure of the site and that the decision had been taken so that staff could help in other areas across the service.

Councillor Andy Wait asked if there had been any problems with distribution of the vaccine.

Dr Bird replied that there had been initial teething problems relating to its delivery, but they were not anticipating any pinch points with the current flow of delivery.

The Chair asked if residents of B&NES would be asked to attend the site at Ashton Gate, Bristol to be vaccinated.

Dr Bird replied that depending on locality some residents could be invited to be vaccinated at the Ashton Gate site.

Councillor Rob Appleyard added that residents would be given the option to contact their GP for a more local venue.

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

63 HEALTH INFRASTRUCTURE PLAN 2 (HIP2) UPDATE

Simon Cook, RUH HIP2 Programme Director introduced this item to the Panel, a summary is set out below.

Health Infrastructure Plan 2 (HIP2)

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

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

Invited to bid for up to £450m – A once in a generation opportunity.

Programme Plan Overview

Strategic Outline Case to be submitted by December 2021 following development work on the Strategic Case, Commercial Case, Economic Case, Financial Case and Management Case during the year. We are keen to submit the case sooner if possible to improve the chance of securing the funding for the local system.

A Once in a Generation Opportunity

We are working with our system partners to ensure that the plans we develop will be fit for the future of health and care for our population.

- HIP2 will introduce the much needed capital investment (up to £450m) to the local economy
- HIP2 is a catalyst for change across the local health and care system - we are challenged and excited by the need to consider what the future model of care will look like
- HIP2 is not simply about buildings – it demands an integrated approach to future service delivery

Our HIP2 ambition:

“Achieving better outcomes and experiences for patients and families through flexible integrated care using innovations that work, and supporting ageing well”

Clinical Vision and Model of Care

The following has been developed with input from partners including the BaNES Integrated Care Alliance:

- Proactive, preventative care that plans to maintain health and wellbeing, continuously improve clinical outcomes, and reduces healthcare inequalities for our population at all stages of life, supported by the right infrastructure at a health and wellbeing campus
- A population health approach – supported by data and analytics in a transformed digital and IT infrastructure – to intervene early and prevent deterioration, with patient held data and interaction through apps as the default, improving the experience of healthcare for our population
- Full integration across the system (primary care, social care) to meet the breadth of needs, based on a stratified model of population health

Investment Objectives

Underpin achievement of our clinical transformation objectives, and hence improve patient outcomes & experience: providing care closer to home through integrated

local models of care, reducing health inequalities, contributing to delivery of the Trust Strategy, BSW Strategy and NHS Long-Term Plan commitments by 2030 or earlier.

Provide a feasible solution for resolving operational challenges.

Develop a sustainable estate solution: providing flexible capacity to serve our population for the next 25 years and beyond, adapting to future changes in service delivery; building a Net Carbon Zero estates footprint by 2030.

Critical Success Factors

Enable delivery of excellent patient care incl. care closer to home & reduced health inequalities through integrated local models of care, realising the BSW Strategy and NHS Long-Term Plan commitments.

Maximise broader economic benefit for Bath and North East Somerset.

Demonstrate affordability against the £450m capital allocation, releasing additional funding where possible (e.g. through sale/ development of excess land).

Develop a sustainable estate solution with flexible capacity to serve population into the future and adapt to future changes in service delivery.

Cancer Centre – first HIP2 deliverable

The Cancer Centre will be the first phase of the RUH HIP2 programme:

- £51m (£42m of HIP2 funding)
- Subject to final approval, construction mobilisation due to commence in February 2021 – Opening due 2023
- 7,000m2 of new build providing high quality cancer services, improving the experience for both patients and staff
- Subject to agreement from the national programme, the intention is also to fund an Alongside Midwifery Unit via HIP2

Plans for further engagement

We are working in conjunction with local system comms and engagement teams, developing our plans together and we plan to co-host a lot of the meetings and engagements going forward – this plan is for the system, not just about hospitals.

We are planning a series of online ‘workshops’ for patients and other key stakeholders to discuss different aspects of the proposals. For example, the treatment of long-term conditions, emergency care pathways or the use of new technology. We would welcome Select Committee members involvement in these.

Next steps

- Deliver a comprehensive engagement plan for local people and stakeholders
- Work with system partners to further develop the clinical model and vision
- Develop strategic options for our estates solution

- Meet with yourselves and other local authorities formally and informally to share more details as they develop and work together to ensure effective engagement with the local population and enable a swift submission of the Strategic Outline Case

The Chair asked for further information as to how the £450m would be allocated following submission and assessment of the Strategic Outline Case.

Simon Cook replied that in order to attempt to gain the maximum amount of funding the Strategic Outline Case will be based on a robust clinical model that is right for the local population and tackles the needs of the estate. He added that to some degree it is a competition and that the case needs to be both compelling and timely.

The Chair commented on the possibility of capturing and reusing anaesthetic gas on site at hospitals asked if the RUH were considering this and were they working with the Council with regard to tackling the Climate Emergency whilst working towards their target of a Net Carbon Zero Estate by 2030.

Simon Cook replied that he was aware of the work surrounding anaesthetic gas. He added that it is an aspiration to achieve Net Carbon Zero across the RUH site, but any new buildings will have that as a requirement when constructed. He said that they were also looking at a potential change in energy supply to the site from steam to electricity.

He stated that work was also ongoing to minimise journeys to the site for appointments that can be delivered at another locality or via a different mechanism.

Councillor Alison Born asked if all of the other HIP2 Trusts within the South West were bidding for the same allocation of £450m.

Simon Cook replied that they were not and that each Trust will have been allocated its own potential amount of funding.

Councillor Alison Born when would the health priorities of the case be identified and what the process behind that would be.

Simon Cook replied that the RUH would not look to determine these in isolation as they are something that would be developed alongside system partners. He added that their work will look to align with the BSW Long Term Plan.

Councillor Alison Born asked if allocation of bed spaces was a factor being considered as part of the Strategic Outline Case.

Simon Cook replied that from a capacity point of view it was about the numbers of staff that are available not just the number of beds that are in place. He said that they will need to consider the issue as part of putting together the business case.

Kevin Burnett asked how much of the potential £450m would be used on backlog maintenance and how much would be for new projects.

Simon Cook replied that a survey was near completion on this matter and that the figure is looking around £50m for backlog maintenance. He added that if a building is deemed not fit for purpose it could be replaced rather than repaired if there were to be financial and clinical benefits.

Kevin Burnett asked how education facilities were to be involved in preventative work.

Simon Cook replied that they are looking to provide education in schools with regards to health and wellbeing.

Kevin Burnett asked for further information relating to the Health & Wellbeing Campus.

Simon Cook replied that there was not a strategic solution in place for this yet. He added that this proposal was a key element for staff to participate in as well as patients as the site could provide them with a space to rest and recover.

Councillor Paul May proposed that the Panel supports fully the investment into the RUH via the Health Infrastructure Plan 2 and their forthcoming Strategic Outline Case.

Councillor Andy Wait seconded the proposal.

The Chair also asked that the Panel receive regular updates via their meetings as to the progress of the Strategic Outline Case until any funding has been secured.

The Panel **RESOLVED** to agree with the proposals made by both Councillor May and the Chair.

64 MENTAL HEALTH STRATEGY FOR B&NES, SWINDON & WILTSHIRE (RESPONSE TO COVID)

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

The B&NES Mental Health Review ran from 2017 to 2019, culminating in a formal public consultation, then a full business case approved by the Care and Health Board in March 2019.

The key recommendations of the Review included:

- Improving access and care coordination.
- Delivering a more integrated, preventative and personalised approaches that people asked for.
- Developing a stepped approach to crisis avoidance with the creation of a B&NES Place of Calm (a comfortable and calm setting which delivers practical and emotional support) and a Wellbeing House to provide preventative support for people with low to moderate mental health needs.

- Adopting the Thrive model for the delivery of mental health services

An All-age Mental Health Transformation Strategy was created by commissioners, partners and people with lived experience for B&NES, Swindon and Wiltshire (BSW) in 2018/2019. The Strategy is based on the Thrive model of delivery.

The Strategy and Thrive model are delivered locally through the B&NES Mental Health Collaborative. This is the delivery group for embedding joint working across a wide range of organisations.

A Place of Calm (called Breathing Space in B&NES) was set up by Bath Mind in early 2020. Due to Covid19 and issues securing suitable premises, the service initially opened virtually, offering telephone support to those who were at risk of escalating into mental health crisis. From January 2021 the service will move to a mixed model of delivery, working from new premises.

A Wellbeing House was set up by Curo operating 5 days a week. However, additional short term funding (BSW Winter Pressures and Covid19) has enabled both Bath Mind and Curo to work together to increase staffing, extend the opening hours and to operate the Wellbeing House as a step up /step down model catering for people with more complex needs during the pandemic. This has been very successful and a model we are keen to maintain in B&NES.

Covid19 has had a huge impact on individuals, their families and services alike and has led to new emerging demands on services. A BSW 'Heart of the Crisis' virtual listening event was held in October with people with lived experience and frontline staff, to sense check how people were experiencing services during the pandemic.

During the pandemic, staff in mental health services across the statutory and voluntary sector have regularly reported significant increases in the acuity and severity of mental health presentations for both young people and adults. There is evidence to show that individuals being detained to inpatient settings are needing to remain there for a longer period due to the acuity on admission. Services are also seeing an increase for individuals who may have not been receiving secondary mental health services prior to detention or referral.

Locally commissioned services have reported increasing activity as children and young people have returned to school with increased levels of anxiety. Supporting data is not available for the report but is being confirmed. In response the B&NES Emotional Health and Wellbeing (EHWB) sub-group has made available one-off funding to support the development of 'preventative and 'targeted' mental health support for children and young people who are anxious because of Covid19. As a result, proposals from Off the Record and the Youth Connect are being funded to provide additional support and a range of interventions to those young people disproportionately affected by COVID19 to prevent their need escalating further requiring specialist support.

24/7 helplines have been established across the BSW footprint to support people at risk of going into crisis. This includes two urgent helplines, one for adults and one for

young people delivered by AWP and OHFT and a mental health line delivered by the third sector which includes Bath Mind in B&NES. This line had taken over 1,400 calls as at mid-December. These helplines will become part of the longer-term alternative to crisis model of delivery from April 2021.

A new Home Treatment and Crisis Resolution Service for children and young people is being funded and piloted from January this year as part of CAMHs to support the treatment of young people at home in the community and prevent admission. Additional funding is also being made available to for the Children and Young People Eating Disorder Services (TEDS) to meet the growing demand.

All schools and colleges offered a comprehensive package of resources to help them support the mental health and wellbeing of students and children as they continue their education during the pandemic.

Virgin Care have been instrumental in leading the development and operation of the Community Wellbeing Hub, alongside colleagues from 3SG, their members, BSWCCG and the Council. The Hub has provided a single point of access for community response and provides the most appropriate, joined-up intervention for anyone seeking support or guidance on COVID-19.

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 will again lead 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.

The Commissioning Manager for Mental Health (LK) addressed the Panel in relation to the Community Mental Health Framework, a summary is set out below.

The NHS issued the new Community Mental Health Framework in early November 2020 and required local areas to work collaboratively to develop proposals to strengthen the local integration and coordination of community health services.

The implementation of the new model builds on the B&NES Mental Health Review which recognised the need for much stronger integration to enable all levels of mental health need to be met. It provides a national driver and funding to bring about this structural change.

The development of the model is co-ordinated by BSW using a co-production approach with which includes people with lived experience, locality commissioners, and representatives from the local authority and from third sector organisations.

Implementation will be supported by a three-year funding allocation for new staff and contracts with the voluntary and community sector through a non-competitive process.

Councillor Liz Hardman commented that she would ask for the priority to be early intervention to avoid crisis and hospitalisation as all too often it seems that the thresholds for intervention are too high. She added that the main risks seem to be insufficient resources alongside a rapid increase in demand which will add to the pressure at a time when the new model is being implemented.

The Senior Commissioning Manager for Specialist Services replied that the Thrive model has a stronger focus on early interventions and that some of the current thresholds are to be removed. She said that she thought the B&NES Mental Health Collaborative would be a good group to find the solutions required.

The Commissioning Manager for Mental Health (LK) added that there is an emphasis on partnerships within the new framework.

The Commissioning Manager for Mental Health (NM) said that the framework would support hospital / patient flow and that he felt that collaborative working has made a huge difference.

Councillor Alison Born asked if the timescales were known regarding the additional £10.3m from NHSE.

The Commissioning Manager for Mental Health replied that the deadline for submissions was the end of February, but the allocation date was unknown at this stage.

Councillor Andy Wait commented that he felt that the methodology behind the framework was sound. He asked how much time do the CAMHS Thrive Practitioners get to work in the 12 Secondary Schools mentioned in the report and how much time will each secondary school that isn't a CAMHS Thrive school have for CAMHS work.

The Senior Commissioning Manager for Specialist Services replied that the take-up of the offer varies enormously between schools – some take everything offered, some only one aspect for instance when they have a particular issue in the school. The current CAMHS **offer** is:

- a. Access to a 1.5 hour consultation each school term (6 a year up to 9 hours)
- b. Three day/half day training (staff/pupils/parents) visits per year (max 12 hours over 3 visits, 2 members of CAMHS staff)
- c. Ad hoc consultation by phone to discuss mental health concerns - as required, no limit.
- d. Three school based group sessions (1.5 hours) for pupils with particular issues e.g. exam stress, anxiety, per year (max 4.5 hours, 2 members of staff).

She added that this is in addition to the CAMHS Mental Health Support Team which is available in targeted schools (primary and secondary) in B&NES.

The Chair asked if B&NES was disadvantaged at all by this work coming under the STP (Sustainability and Transformation Partnership).

The Senior Commissioning Manager for Specialist Services replied that there are challenges to influence what we need locally, but more of an advantage in the expertise that can be shared across the area.

The NHS BSW CCG Chief Operating Officer added that the priorities for the locality are clear.

Kevin Burnett asked who had developed the agreed outcomes following the Mental Health Review.

The Senior Commissioning Manager for Specialist Services replied that the local outcomes had been developed alongside Virgin Care.

The Commissioning Manager for Mental Health (LK) added that the Mental Health Outcomes Framework was widely used across our services.

Kevin Burnett commented that prevention work should be recognised as a priority within Primary Schools as issues are on the increase in those settings.

The Senior Commissioning Manager for Specialist Services replied that a focus on prevention work has been recognised and that equity should be sought on how physical health and mental health are addressed within schools.

The Director of Children's Services added that schools in B&NES were consulted as part of the development of the Thrive model.

Councillor Alison Born commented that early intervention is crucial and that the problem of waiting times for assessments needs to be addressed.

The Senior Commissioning Manager for Specialist Services replied that this was an issue that she could take away and discuss further with BSW colleagues.

The Commissioning Manager for Mental Health (NM) said that locally work is carried out with partners to provide assurance of safety of an individual whilst they are waiting to be assessed.

The Panel **RESOLVED** to:

- i) Note the huge amount of partnership work and activity taking place to respond to Covid19; the increasing levels of engagement with adults and young people with lived experience; and the collaborative work to improve and develop services both at BSW and in B&NES.
- ii) Consider opportunities to further promote positive mental health and wellbeing and improve mental health outcomes for all ages in B&NES.
- iii) Acknowledge the role and work of front-line services and staff during the pandemic.

65 VIOLENCE REDUCTION UNIT

The Head of Young People's Prevention Services introduced this report to the Panel, a summary is set out below.

There is no universally adopted definition of serious violence. The national serious violence strategy (2018) focused on knife and gun crime and homicide and included drug dealing and robbery. A broader Avon and Somerset definition, developed in response to stakeholder feedback, added serious domestic abuse, serious sexual assault and rape. Locally, the focus to date has been on domestic abuse, youth violence, including knife crime and violence associated with the street community.

Bath and North East Somerset initially bid for funding to establish a Violence Reduction Unit in 2019 as part of the wider Avon and Somerset Police and Crime Commissioner's bid to the Home Office. The 'hub and spoke' model adopted, with a central strategic group and the five Local Authorities each developing their own approaches and receiving a proportion of the grant funding is particular to Avon and Somerset.

The Violence Reduction Unit is a virtual team made up of Local Authority and Police staff with directly relevant roles. It benefits from a proportion of a dedicated Home Office grant of £1.6m for Avon and Somerset, with Bath and North East Somerset receiving £114,884 representing 10% of the overall allocation, based on population and level of reported serious violence.

Local governance arrangements support a joined-up approach, with a multi-agency steering group overseeing delivery of the work plan and reporting principally to the Exploitation Sub Group of the Community Safety and Safeguarding Partnership but also to the Youth Offending Service Management Board, the Domestic Abuse Partnership and the Early Help and Intervention Sub Group. This is fitting as its ambition that children and adults lead lives free of serious violence at home and in their communities is a crosscutting agenda.

The core requirements in the first year of operation were to complete an all-age serious violence problem profile with a focus on under 25s and a response plan that in turn contributed to the wider Avon and Somerset submission to the Home Office. The problem profile was undertaken by Crest, drawing on publicly available and local data from a range of partners, together with qualitative information from young people and professionals, facilitated by Youth Connect South West and Lemon Gazelle respectively.

It concluded that although Bath and North East Somerset has a low overall rate of recorded violence relative to its population size, certain serious violence offences had increased significantly in the last five years.

The profile also highlighted that the demand for drugs is comparatively high in Bath and North East Somerset and that county lines are in operation, with their known links to exploitation and serious violence.

The response plan for 2020-21 identified key strategic and operational actions to address the risk of serious violence.

Work is underway to produce a logic model and/or pathway framework to identify the services available to address the risk of serious violence against known risk factors and to identify gaps. This will include consideration of early years' needs and build on the Early Help pathway.

A key development has been the establishment of a multi-agency Serious Violence Operational Group to identify individuals, networks and places of concern. The Police Serious Violence App is used to identify individuals at high risk of involvement in serious violence as victims or perpetrators (and often, both) and direct notifications can also be received from any agency.

Councillor Paul May said that he welcomed the work to help young people at the earliest possible opportunity. He added that the report heightened to him the importance of the work carried out by the Voluntary Sector. He suggested that the Panel receive a report in the future that demonstrates how the Council interacts with these organisations.

The Head of Young People's Prevention Services agreed that there is a fantastic local Voluntary Sector and that the Council seeks to work with them to maximise benefits where possible.

The Director of Children's Services agreed and said that there is a tremendous level of commitment from all our partner organisations.

Councillor Michelle O'Doherty referred to the issue of County Lines and asked how successful we were locally of breaking them up.

The Head of Young People's Prevention Services replied that there had been a pattern, pre-pandemic, of bringing in young people from outside of B&NES but that this was now changing. She added that work was ongoing in the Exploitation Sub-Group on this matter, that it is complex and very much relies on a partnership approach.

Councillor Liz Hardman asked how pupils and schools will be identified for the workshops relating to Knife Awareness and Stand Against Violence.

The Head of Young People's Prevention Services replied that DHI have been commissioned to deliver these workshops and that at the present time they will be held virtually, possibly through PSHE lessons to share a universal level of information.

Councillor Liz Hardman asked if there is enough safe accommodation to support those harmed from Domestic Abuse and their children.

The Head of Young People's Prevention Services replied that preliminary work on this matter is being undertaken by a task and finish group of the Domestic Abuse Partnership.

Councillor Yukteshwar Kumar asked how incidents of racism are dealt with within schools.

The Head of Young People's Prevention Services replied that if incidents occur work is carried out with both the young people who have received the abuse and those that have inflicted it. She added that the Council was also contributing to work raised within the David Lammy report.

The Director of Education, Inclusion and Children's Safeguarding added that pieces of work were ongoing to highlight the need to report incidents of racism within schools and that a Race Equality Task Force has been set up.

Councillor Yukteshwar Kumar asked how high achieving young people are supported in schools.

The Director of Education, Inclusion and Children's Safeguarding replied that every school should have a strategy in place to support their talented pupils.

Kevin Burnett asked how the views of young people will be accessed in the future, would it be through the SHEU survey.

The Head of Young People's Prevention Services replied that it would, and that Crest Advisory had been appointed to carry it out.

The Panel **RESOLVED** to:

- i) Note the progress made to date in establishing a local Violence Reduction Unit with its ambition that children and adults lead lives free of serious violence at home and in their communities;
- ii) Note that this work will continue to be a priority within the Community Safety and Safeguarding Partnership in readiness for meeting the obligations of a new 'serious violence duty.'

66 CORPORATE & BUDGET PLANNING 2021/22

The Chief Operating Officer introduced this item to the Panel and gave a presentation, a summary of which is set out below and will be attached as an online appendix to these minutes.

Budget 2021/22 Headlines

Revenue operating cost changes

- Council growth requirement of **£19.1m**, driven by:
 - Material rebasing of income budgets due to Covid
 - Funding new demand pressures, Children's and Adults Social Care
 - Contract Inflation
- Council Savings requirement of **£8.33m** across all portfolios
- Covid risk / contingency reserve of **£5m** proposed

Budget funding changes

- Reserve funding requirement of **£10m**, to be repaid in future years
- Council tax increase **1.99%** & Adult Social Care precept **3%** proposed

New 2021/22 budget pressures / Covid impacts

Emerging MTFS pressures £15.24m

- Commercial Estate £5m
- Parking £4m
- Heritage Services £4.24m
- Other pressures £2m

Strategic Financial Planning Themes

Stabilise – Short term

- Reduce reliance on commercial income.

Transition – Medium term

- Reset business plans looking at new delivery models
- Revise the Council's operating structure
- Maximise opportunity through IT and smarter working

Change – Long term

- Implement new strategies for:
 - Social Care delivery
 - Resident focussed service delivery model

Areas of strategic priority and focus over the next two years

- Continued investment to support the **most vulnerable** people in our communities.
- Continued commitment to secure action to address the **climate and ecological emergency**.
- Focus on supporting the **local economy** to recover from the impact of the pandemic.
- Support the **“Preparing for the Future”** programme to modernise the council with a focus on improved asset management and flexible working.

Adult Social Care Growth

Adult Social Care	2021/22 (£'000)
Pay Inflation	166
Demography	951
Contractual Inflation	1,216

Budget Pressures	0
Total	2,333

Adult Social Care Savings Proposals

Specialist and complex commissioning – contract and procurement review: £537,000. Strategically commission and procure a range of care and support services sufficient to meet identified needs and address gaps in B&NES and provide better value for money for people with complex and specialist needs.

Community – Review of care package delivery: £1,988,000. Review of existing packages to identify efficiencies

Public Health Savings Proposals

Services to be delivered in a different way: £153,000. Following the previous uplift to the Public Health Grant, and the securing of the Integrated Sexual Health Service into a fixed payment 5 year term, funds will be reallocated to cover Public Health services delivered elsewhere within the Council.

Reduction of Post: £112,000. Part time post removed, reduction in Senior Leadership posts to be actioned, alternative grant funding will cover the Senior Leadership requirement during the continued pandemic with the removal of the post being actioned once we are through it.

Children's & Education Services Growth

Children's Services	2021/22 (£'000)
Pay Inflation	120
Demography	2,173
Contractual Inflation	252
Budget Pressures	0
Total	2,545

Children's & Education Savings Proposals

Children's Centres: £43,000. Service efficiencies, provision is maintained, delivered in an alternative way.

School Improvement: £87,000. School Improvement to be funded fully from grant. This is a decrease in financial provision but due to reduced number of LA maintained schools, there is still sufficient resource to support these schools. Should support needed increase, there is a contingent plan in place to enable alternative internal resource to be reallocated.

Early Years SEND: £53,000. Delete Vacant Post (approx. 1 yr vacant). No change to current provision, which already delivers the same outcomes from this reduced financial envelope.

Councillor Paul May asked if the proposed Adult Social Care precept increase of 3% would be ringfenced.

The Chief Operating Officer replied that it was likely to come in as one pot and be used towards the growth element of the service.

Councillor Alison Born asked what effect the proposed £603,000 saving would have on the Reablement Service.

The Director of Adult Social Care, Complex and Specialist Commissioning replied that the figure would not be coming out of the reablement budget, it is a reduction in the packages and purchasing budget. She added that the intention is to provide support to reduce the long-term needs / provision of services to patients.

Councillor Alison Born asked how confident were officers that the savings can be achieved.

The Director of Adult Social Care, Complex and Specialist Commissioning replied that a lot of work has been carried out so far on projections and forecasting, but acknowledged that there would be more to do to deliver these measures.

Councillor Paul May commented that the standard of our services regarding care package delivery should not be lowered.

The Director of Adult Social Care, Complex and Specialist Commissioning replied that it may be possible to achieve funding from another source on this matter and insisted the importance of making sure that eligible needs are met.

Kevin Burnett asked 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 proactive enabling work is ongoing to make sure that children continue to have a voice within this work area.

Councillor Liz Hardman commented that she was concerned at the proposed significant £43,000 saving relating to Children's Centres.

The Director of Children's Services replied that as part of the proposal we are aligning our early years support to St Martins akin to our support to other children's centres and early years settings. She added that savings in rent from St Martins is about delivering from a different location and reducing building costs, not a reduction in services.

The Panel **RESOLVED** to accept the proposals made within the presentation on the basis they were given whilst awaiting clarification of how the Adult Social Care precept increase of 3% would be used.

67 **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.

Covid19 and Support to Individuals and Providers

We have continued to see an increasing rise in the number of people with care and support needs and staff supporting these people with Covid19. We are working closely with providers to support them alongside our colleagues in Public Health and across the wider Partnership.

We have had confirmation that PPE will remain free until the beginning of June extending this from the end of March.

We are working closely with providers and are supporting as much as possible the roll out of the vaccination programme which is underway across B&NES.

Update from Safeguarding Adults and the Quality Assurance Team

The Council have been participating in work undertaken by the LGA on the impact of Covid-19 on Adult Safeguarding.

Monthly reporting was provided on a voluntary basis by 92 Local Authorities who hold adult social care responsibility. The national data closely aligned with our experience in B&NES - safeguarding concerns dropped markedly during the initial weeks of the COVID-19 lockdown period, only to return to and then exceed normal levels in June 2020.

The report noted a slight increase in concerns relating to domestic abuse, self-neglect and psychological abuse. Locally we did not see an increase in domestic abuse safeguarding concerns but did experience an increase in self-neglect issues.

BCSSP Strategic Plan

The BCSSP is developing its strategic plan for 2021-2024. To do this, the current strategic plan is being reviewed and reflected on to ensure learning is captured and where necessary, actions progressed.

The work from the first 12 months of the BCSSP is being utilised to identify priorities for the partnership and a development day is being scheduled for March to consult with partners on those priorities and transcribe them into (SMART) actions for the BCSSP subgroups. This will be shared with the Panel.

The Director of Children & Young People addressed the Panel, a summary of her briefing is set out below and will be attached as an online appendix to these minutes.

Thanks to Staff

Thanks to all our staff across Children's Services, our schools and colleges and our commissioned services for their hard work and commitment to supporting all children and young people across B&NES. Our offer has remained in place as the responsibility has not lessened during lockdown.

Social Care

Children Social Care are actively supporting all families open to Social Care, so it is very much business as usual. We are continuing with face to face visiting for all children and young people unless risk assessment indicates this is not appropriate. The Local Authority Children Centres remain open and our Youth Offending Service continue to provide direct interventions for our young people at risk of offending in Broad Street. Connecting Families continues to deliver a comprehensive programme of support.

Young Ambassador

I am delighted to say that our first Young Ambassador has started in post and we are currently recruiting a 2nd Ambassador. Following a successful event in November 2020, our next Children in Care Celebration Event will be Thursday 3rd June 2021.

Kevin Burnett asked if during the pandemic any backlogs had occurred with regard to Children in Need or Child Protection.

The Director of Children & Young People replied no and said that the service has continued to deliver Children in Need reviews and Child Protection Conferences, the latter are generally being held virtually.

On behalf of the Panel the Chair thanked both Directors for their briefings and for the work carried out by them and their respective teams in these difficult times.

68 PANEL WORKPLAN

The Chair introduced this item to the Panel.

He reminded them that during the course of the meeting today they had agreed to receive a future report on the work of the Voluntary Sector and how it interacts with the Council.

The meeting ended at 2.20 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services

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Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	
MEETING/ DECISION DATE:	9 th March 2021	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	Virgin Care Commissioner Update Report	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
Attachment 1: Commissioning Performance Report Update for Virgin Care		

1 THE ISSUE

- 1.1. Following on from the previous report to Panel in September 2020, attached is an update report on Virgin Care. The report has focussed on the Integrated Reablement Service and the financial performance of the contract in year 4 of the 7 year term as requested by the Panel.
- 1.2. In addition, the report provides an overview of the work Virgin Care have undertaken in response to the COVID-19 crisis both as a direct deliverer of services and also their role as a prime provider. Virgin Care have continued to respond quickly and flexibly to support the health care and social care system in Bath and North East Somerset.

2 RECOMMENDATION

The Panel is asked to;

- 2.1 Proposal 1:** Note the content of the report and identify any areas of focus for the next update report.

3 THE REPORT

- 3.1** The March 2020 report to the Panel set out the legacy information on Your Care Your Way and the contract detail and the governance arrangements for the Virgin Care contract held with the Council and Bath and North East Somerset

Clinical Commissioning Group (BSWCCG). This report does not repeat this information as the detail has not changed however if required it can be found in the link below:

<https://democracy.bathnes.gov.uk/documents/g5544/Public%20reports%20pack%2010th-Mar-2020%2010.00%20Children%20Adults%20Health%20and%20Wellbeing%20Policy%20Development%20.pdf?T=10>

- 3.2** The report contains a detailed update on the impact of COVID-19 on the work of Virgin Care and how they have responded as a provider. Details of innovative practice responding to the pandemic are included as is an update on the Community Wellbeing Hub.
- 3.3** The Panel should note that during the COVID-19 period there has been no easement on delivery of social care in the same way that has been required for health care services and Care Act assessments and reviews have continued.
- 3.4** As requested by the Panel additional information has been provided by commissioners on Reablement. The report contains a detailed overview of the delivery of Reablement in B&NES and transformation of the Integrated Reablement Service.
- 3.5** Finally, the report informs the Panel on the decision making arrangement for the Council and BSW CCG regarding the extension of the Virgin Care contract for the additional 3 year term.

4 STATUTORY CONSIDERATIONS

- 4.1** Delegated functions carried out by Virgin Care are specified in the report which came to Panel in March 2020; there has been no change to these, and statutory considerations remain the same. There were changes brought about by COVID-19 and the changes the Department for Health and Social Care put in place as a result of this. Virgin Care have adapted and complied with these as required and have been in constant dialogue with the Council and BSW CCG regarding this.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

- 5.1** The report outlines Virgin Care's forecast financial position for year end 2020/21. This is an improved position as the deficit position has significantly reduced in year 4 of the contract.

6 RISK MANAGEMENT

- 6.1** During the Contract, Quality and Performance Management Meeting (CQPM) with Virgin Care there is a routine item on risk assessments. Risk management has been a key issue during the COVID-19 period and there have been risk assessments for all service users as well as risk assessments for each Service in place. Those for the Service have been shared with commissioners and the ones for the person have been managed by the Service.

7. EQUALITIES

- 7.1** As with all contracts Virgin Care are monitored in terms of their compliance with equalities requirements. Further details can be provided if required.

8. CLIMATE CHANGE

8.1 The Council has declared a climate emergency and has resolved to enable carbon neutrality in B&NES by 2030. Virgin Care as part of the transformation of the service are putting in place mechanisms to reduce the impact of climate change such as mobile working, the integrated care record, multi-disciplinary teams and also multi-agency hubs (previously reported to the Panel); the Compassionate Communities Hub is a clear example of this.

9. OTHER OPTIONS CONSIDERED

9.1 N/A

10. CONSULTATION

10.1 There has been no consultation for this report; as stated in the previous report to Panel Your Care Your Way and the priorities agreed were developed from extensive consultation with the community. This report has been written with information provided from Virgin Care via the outlined governance arrangements outlined in the March 2020 report.

Contact person	Claire Thorogood or Lesley Hutchinson
Background papers	None
Please contact the report author if you need to access this report in an alternative format	

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Virgin Care Commissioning Update Report for Scrutiny March 2021

1. Introduction

This is the third commissioning update report to the Children, Adult Health and Wellbeing Policy and Development Scrutiny Panel regarding the performance and activity of the Virgin Care contract. Previous reports were received in March 2020 and September 2020.

In September 2020 the Panel requested more detailed information to be presented in this update report on reablement and the financial position of Virgin Care at the end of year 4 of the contract. In addition, commissioners have provided an update on the role that Virgin Care has undertaken to respond to the pressures of COVID-19 since March 2020 as a health care and social care provider and highlighted specific areas of performance activity.

2. Reablement

2.1 What is Reablement

Reablement is a short term assessment and support service which takes place in an individual's own home / usual place of residence and usually lasts up to six. Reablement aims to support and encourage individuals with specific daily living activities e.g. showering or movement around the house. The aim is to support them to regain skills and confidence that they may have lost, ultimately helping them to live more independently.

Reablement services promote fast recovery from illness and hospital admission; prevent unnecessary acute hospital admission and avoid premature admission to long term residential care.

2.2 Reablement Delivery in B&NES

The Reablement Service within B&NES has been a long standing service which brought together Council reablement provision and NHS intermediate care provision into a single Integrated Reablement Service. The integration of such services aimed to deliver a more seamless, responsive and effective provision. Additionally, it aimed to reduce duplication and align with the national direction of travel of the integration of reablement/intermediate care services.

The B&NES Integrated Reablement Service, which is currently delivered by Virgin Care, supports 3 key referral streams:

- Admission Avoidance (Crisis Response) - This provision aims to reduce hospital admissions and readmissions by providing rapid

multidisciplinary support to stabilise people in their own home or usual place of residence

- Home First (Discharge to Assess) - This service supports people to return home following an elective or non-elective hospital admission (including acute and/or community hospital admissions) and aims to assess longer term care requirements in a more appropriate environment.
- Planned (Core Reablement) - This service provides a core reablement offer to individuals who would benefit from reablement input in a planned manner but who are not requiring Admission Avoidance or discharge from hospital through Home First.

The Integrated Reablement Service in B&NES is delivered by a range of professionals including Occupational Therapists, Physiotherapists and Reablement Support Workers. In total the Service has an establishment of around 88 full time equivalent staff members and annual funding of £4.36 million. This funding is pooled Council and CCG monies which sit within the Better Care Fund (BCF).

2.3 Transformation of the Integrated Reablement Service

Reviewing reablement has been a longstanding priority for B&NES and was included as a specific transformation programme in the Service Development and Improvement Plan (SDIP) within the original Virgin Care contract. The aim of this transformation was widening access to reablement, so that more people could access and benefit from the Service. This in turn would support an increased number of individuals to maintain or regain their independence and ultimately reduce their potential need for long term formal care. This transformation linked with the Council's strength-based approach and wider system plans for care coordination and navigation.

Following decision at the former B&NES Joint Commissioning Committee (JCC) in November 2019, a new reablement model was agreed within the existing contract envelope, to deliver the above aims and deliver the following key transformation priorities:

- Have a more open eligibility criteria, allowing more people to access the service
- Deliver a robust two week assessment/checkpoint to ascertain an individual's ongoing reablement requirements
- Ensure consistency of practice and processes between the Locality teams (Bath, Midsomer Norton and Keynsham)
- Facilitate more effective service user outcome measure recording and reporting

- Reduce Length of Stay (LOS) within the service, supporting more people to move through the Service
- Support the delivery of the NHS Long Term Plan (LTP) requirements of the two hour crisis response and two day reablement response

Additionally, the new service model aimed to bring together the Virgin Care Reablement Service and reablement support worker capacity which sat within three strategic home care providers (Somerset Care, Care South and Care Watch) which had been contracted by the Council since 2008. This aimed to remove inefficiencies within the provision and provide a more robust and flexible workforce model, with the TUPE of staff from the three home care providers into Virgin Care concluded in December 2020.

A Reablement Steering Group has been in place since October 2018 to oversee the delivery of this transformation; since February 2020 it has sat monthly and has a new commissioner chair. Additionally, a fixed term Project Manager has been brought into Virgin Care to engage with the Reablement Teams, supporting them in driving forward the ambitions of the new service specification, within the existing financial envelope.

Based upon the above transformation a contract variation was agreed between the Council, CCG and Virgin Care to deliver the proposed new model, which included an updated service specification and key performance indicators, with this new model due to go live on 1st April 2021. The contract variation was agreed at the Virgin Care contract review meeting in August 2020 and has been signed by all partners.

Whilst specific progress has been made with this transformation since August 2020, it is noted that COVID-19 has had a pronounced impact on the Service. This has understandably prevented full focus on the transformation plans at this time. This COVID-19 impact is explored further in the section below.

2.4 COVID-19 Impact

As noted above, 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. The impact of this has been an increase in activity (i.e. contacts – the number of times an individual needed to be seen by a member of the Reablement team) of around 20%, alongside increased case management burden, putting significant pressure on the Reablement team. This has also coincided at times with staff sickness (COVID-19 and non-COVID-19 related). It is suggested that such activity increases are primarily associated with a more complex caseload, with the team supporting individuals with higher care needs than was done so prior to the D2A requirements.

2.5 Actions Taken to Help Manage Demand








Since December 2020, to manage such demands, the CCG has funded additional short term reablement capacity in the following settings until the end of March 2021:

- D2A Homecare – additional Reablement Support Worker capacity from a number of home care providers (block contracts totalling 450 hours per week)
- Interim Reablement Beds (3R Beds) – flexible spot capacity in two local care homes to support individuals on a short-term basis whilst they wait for Reablement at home
- Care Home Support Reablement Workers – funding was identified to recruit additional therapy resource to in-reach into care homes, with specific reference to the D2A Beds (Pathway 2). However, unfortunately to date it has not been possible to recruit additional Occupational Therapists or Physiotherapist capacity, with a shortage of qualified therapists being noted nationally.

2.6 Performance

As noted previously performance and activity for the Reablement Service has been significantly impacted by COVID-19. The table below shows trends for key measures of service performance and activity:

Reablement performance and activity

Measure	Latest data	Latest value	KPI Status	Target	Trend
Reablement: proportion of people (65+) still at home 91 days after discharge into service (ASCOF 2B(1)) (▲)	Dec 2020	82.1%	◆	85%	
Referrals into reablement (-)	Jan 2021	352			
Caseload	Jan 2021	550			
Discharges from reablement	Jan 2021	359			
Length of stay: referral to discharge (days)	Jan 2021	37.00			
Reablement: contacts	Jan 2021	4,609			
Reablement: service provided	Jan 2021	239			

Caseload, discharges, contacts, service provided and length of stay trends are monthly averages for the last 13 months. The Adult Social Care Outcome Framework (ASCOF 2B) trend covers April 2018 onwards. Referrals trend is a monthly average for April 2017 onwards.

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.

In addition, the 2020/21 year-to-date monthly average caseload (to the end of January 2021) is 18.1% higher than the 2019/20 average. However, the sudden fall in the caseload at the beginning of the national lockdown means that the monthly average caseload doesn't evidence the full extent of the increases seen in 2020/21. 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 to the targeted level of 85%.

2.7 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

3. Finance

The information below builds on the information provided in the previous two reports.

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.

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

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.

The year has been dominated by dealing with the COVID-19 pandemic with additional financial support from the NHS to support ongoing services, both directly provided and through sub-contracted partners. 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.

4. Performance and Service Overview, Impact of COVID-19

4.1 Community Health Services

Since the last report the impact of wave two of the pandemic has been significant. Following a short period of reduced pressure during December the impact on the system locally in terms of admissions, bed occupancy, ITU bed occupancy, and discharge pathways surged dramatically during January 2021 to exceed the Spring peak by more than two times. Infection rates and demand for health capacity has since fallen but there remains significant demand on some services including adult social care.

In addition to the Integrated Reablement Service noted above, community wards and district nursing have been under considerable pressure, due to additional demand, increased complexity of individuals, the need to support


discharge from hospital and the extra pressures of sickness, absence due to COVID-19 exposure or other reasons. Virgin Care have reported that at different times individual teams have been very short staffed and from time to time have had to consider, and in some cases invoke, business continuity plans to focus on essential and urgent cases only for a short period. It has been difficult across the whole social care and health system to secure agency and bank staff to make up staff shortfalls. Staffing pressures in certain teams have been exacerbated in some of the health provision in more recent weeks by the demands of the vaccine programme which also requires trained staff.

Whilst redeployment of staff was extensive in wave 1 this has not been as possible in wave 2; all services have been kept open with the exception of a short closure of the Paulton MIU as agreed by the BSW CCG 'Gold' command to release staff for redeployment on wards and into District Nursing.

A further impact has been that whilst additional beds were secured to enable opening of surge capacity in the community wards however Virgin Care were not able to open these to new admissions due to fragile staffing. Shift patterns and rotas have had to be changed on a daily basis to ensure that sufficient substantive staff have been on shift at any one time, particularly overnight, to avoid over-reliance on agency staff. Nurse managers have switched to predominantly clinical work to support staffing.

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.

While the table below shows that Virgin Care's latest rate is higher than the latest available national average, the values cover different periods; the latest national data is for December 2020 whereas local contract reporting is from January 2021. Comparing December data shows that Virgin Care performance was better than the national and CCG rates at 15.0%. Given the pressure on health services nationally and with the possibility that patients will not deem their appointments for tests as essential during a national lockdown, the national rate may well see an increase away from the target in January, so the latest contract performance should be considered in that context.

Measure description	Direction to improve	Standard 2019/20	VC for B&NES 2020/21 actuals ¹	Latest period	England 2020/21 ²	BSW CCG ³	Trend
Diagnostics: percentage of people waiting over 6 weeks for diagnostic tests at month end	▼	1%	34.0%	Jan-21	29.2%	33.7%	

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.

4.1.1 Innovation for Outpatients as a Result of COVID-19

1. 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
2. Planned therapy pilot: using the Musculoskeletal Physio and Bank Occupational Therapists and a small amount of Falls Rehabilitation Support Worker's, Virgin Care have been calling or video calling patients, giving advice, exercises, arranged equipment over the phone, referring onto the 3rd sector then discharging. Face to face contacts has occurred where clinically necessary; this pilot has managed to reduce waiting lists. Virgin Care have collected data to evidence that individuals identified goals have been achieved
3. Parkinson's Disease Nurse Feedback groups with service users have ran virtually
4. Parkinson's Disease nurses now offer an advice line, no appointment necessary, to resolve service user issues
5. Speech and Language Therapy are using video calls successfully to treat individuals especially in Nursing Homes
6. Osteo Arthritis exercise classes delivered by the Physiotherapists have moved from a face to face class to being virtual
7. Physio Musculoskeletal (MSK) and Orthopaedic Interface Service (OIS) are mainly using new way of working (NWOW) to assess and treat patients, however OIS have ascertained it is more efficient with some diagnosis to see face to face rather than have two appointments. Feedback has been collated as to service user experience. In December 2020 the feedback showed 49% OIS treated virtually. There was a 93.78% satisfaction rate; 4.3% were not satisfied, the remaining 1.91% were neutral
8. Falls clinic are trialling video exercise classes with elderly people
9. Podiatry staff are taking some wound dressings from District Nurses to help with demands on service

The above innovations will be kept under review going forward.

4.2 Children's Health Services

Virgin Care have not seen significant numbers of children and young people (CYP) requiring medical treatment for COVID-19 related symptoms, but instead have needed to work alongside colleagues in education and social care to mitigate the risks of:

- Delays in parent carers seeking medical advice for non-COVID-19 but potentially urgent conditions or symptoms
- Reduced visibility of potentially vulnerable CYP to services as a result of lockdown
- Family or placement breakdown due to the pressures of caring for CYP with complex needs at home with reduced respite, or escalating behaviours that challenge as a result of changes to routines and increased anxiety
- Inability to access education due to being clinically extremely vulnerable
- Increased anxiety and deteriorating mental health of CYP

Children's Community Health Services are operating as business as usual, with a default virtual provision unless clinically required face to face meetings are needed, such as:

- New birth visits from health visitor and six-week universal contacts
- Children and families with safeguarding concerns
- Any child requiring a physical examination
- Looked After Children's Initial Health Assessments





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. Virtual school drop ins and groups are being offered.

4.3 Adult Social Care Services

4.3.1 Waiting lists for Adult Social Care

A summary of key waiting list measures for Adult Social Care is shown in the table below.

Assessments and reviews

Measure	Latest data	Latest value	KPI Status	Target	Trend
Total number of people waiting for a social care assessment	Jan 2021	61			
Total number of people waiting for an OT assessment (priority 1)	Jan 2021	0			
Total number of people waiting for an OT assessment (priority 2)	Jan 2021	94			
% of reviews up to date	Jan 2021	51%	■	80%	

The latest performance updates for these measures are as follows:

- 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 shown in the table above. 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.

The risks to those waiting for an assessment are reviewed daily and there is no one waiting for support as short term arrangements have been put in place. Weekly meetings are being held between the Council and Virgin care to review the situation.

- 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

The methodology for calculating the proportion of Virgin Care service users with up-to-date reviews was revised following discussion between Council and Virgin Care Business Intelligence (BI) teams.

Since October 2020, the trend in performance has started to improve gradually as shown in the table above. 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

Previous reports included summaries of performance for the national measure of delayed discharges, delayed transfers of care (DTC). Reporting against this measure ceased at the outset of the initial COVID-19 response and is not expected to resume. 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.

Currently there is no replacement for the ASCOF measure of DTC but the next round of Better Care Fund planning guidance may set out a national measure. In the interim, local reporting on patients still in acute hospitals who do not meet the criteria to reside is in place, but this focuses on Trust-level reporting and is not specific to B&NES. There is no measure related to criteria

to reside for community hospitals (which Virgin Care operate in B&NES) currently, however this is now in development.

5. Community Wellbeing Hub

5.1 Activity

Since 20th March 2020 to 19th February 2021 the Service has supported over 11,700 calls into Triage with 69% of calls being resolved at this stage. In partnership with 3SG the Hub has co-ordinated over 3,542 volunteer tasks including 2,905 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. 2,126 volunteers who are supporting on average 174 B&NES residents at either weekly or two weekly intervals.

5.2 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.

5.3 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&NES have been contacted to signpost them to the Hub for support with those registering a support need on the National Shielding Service System receiving a welfare check call and referral to a Hub pod for their required support outcome. To date the Hub 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 2,032 CEV individuals in B&NES shielding until 31 March 2021. The Council has written to these newly added CEV individuals offering support from the Hub 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 Hubs ongoing engagement plan a series of webinars have been developed with the first being 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:

- I. Shielding for Clinically Extremely Vulnerable (booked for 4th March)
- II. Mental Health
- III. Power of collaboration
- IV. Building back together – volunteering

6. 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.

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.

7. 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.

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Bath & North East Somerset Council		
MEETING	Cllr Rob Appleyard, Cabinet Member for Adult Service Children, Adults, Health and Wellbeing Policy Development Scrutiny Panel	
MEETING/ DECISION DATE:	9 th March 2021	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	Care Home and Home Care Commissioning	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report: None		

1 THE ISSUE

- 1.1 This report provides an update to Scrutiny Panel on the development of commissioning approaches for services for older people in B&NES in respect of home care and care homes. The report does not detail information of support to carers or day provision.

2 RECOMMENDATION

- 2.1 No decision is required it is for information for the Panel.

3 THE REPORT

3.1 Background

- 3.2 This has been a very different year for B&NES across all services, but 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.
- 3.3 In addition to this there have been significant changes within the team with a new Senior Commissioning Manager, Commissioning Manager, Project Manager, CRC and Extra Care Transformation Manager and Service Manager for the Community Resource Centres and Extra Care Schemes. In addition, the team now report to the Director for Adult Social Care and Specialist and Complex Commissioning rather than the Deputy Chief Operating Officer in Banes Locality of BSW CCG.
- 3.4 This is against a backdrop of significant financial pressures some resulting from the Covid-19 pandemic and some which have built up over many years leading to concerns about the cost of care for older people in B&NES. However, the out turn for Older People's care will evidence significant savings in 2020/21 which have largely been achieved through the Discharge to Assess (D2A) funding through central health funds. Sadly, this has also been reached due to higher than average deaths amongst older people in B&NES, particularly those in care homes, leading to B&NES funding fewer residents this year.

4 STATUTORY CONSIDERATIONS

4.1 The Development of Frameworks into Strategies

- 4.1.1 The Scrutiny Panel last met with members of the team in early January 2020 and asked that a further report came back to them to discuss the development of a Framework to shape and manage the market.
- 4.1.2 As many matters have changed since then, we are submitting a wider report about the work undertaken to secure strong foundations for future commissioning work within our duties under the Care Act 2014¹, of which the Framework is one part.
- 4.1.3 Since June 2020 the team have been developing two Market Engagement Strategies.
- 4.1.4 These strategies are designed to articulate and set a plan around the way the Integrated Commissioning team engages with the care market.
- 4.1.5 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.
- 4.1.6 Within the Market Engagement Strategies are commitments to take forward an annual market position statement.
- 4.1.7 These strategies have different audiences and are therefore developed in different ways.

¹ <https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted> Page 48

	Overarching Commissioning Strategy	Commissioning Market Engagement Strategy	Market position statement
Purpose	<ul style="list-style-type: none"> To set out the role, approach, scope of the commissioning function in B&NES To set out the structure of the teams To identify the wider set of data and context for B&NES commissioning To establish a clear relationship between the B&NES Corporate Strategy and the work of commissioning teams 	<ul style="list-style-type: none"> To specifically set out the key actions that will be part of the commissioning contractual experience To identify the methods for achieving: <ul style="list-style-type: none"> Savings Quality Outcomes 	<ul style="list-style-type: none"> Providing key data, information and commissioning intentions that enable the care market to work with us to create the provision required by B&NES residents
Engagement	<ul style="list-style-type: none"> Councillors, SLT all Commissioning staff CCG and strategic partners The wider community Lived experience from people using our services 	<ul style="list-style-type: none"> Providers Commissioning team Strategic Partners 	<ul style="list-style-type: none"> Providers Commissioning team Strategic Partners Housing and planning teams
Frequency of updates	5 year cycle	3 – 5 year cycle	Annual
Financial impact	Clear acknowledgement of input and output for the team	Targeted savings and outcomes	Clear guidance and expectation of cost
Risk management	Overarching plan to manage risk at a strategic level linked to the B&NES corporate plan	Specific management of daily risks and those needing to be managed as part of the strategies action plan	Reduces risks for providers as they will know where to invest.

4.2 The Two Market Engagement Strategies

4.2.1 The two Market Engagement Strategies focus on home care and on care homes. The Panel is encouraged to read the whole documents when they are ready for consultation.

4.2.2 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

4.2.3 Each Strategy will have:

- An introduction with key metrics
- A set of key actions
- A set of key performance indicators
- A commitment to a fair price of care
- An action plan with a timeline and responsible officers

- A commitment to engagement with residents and recipients of care

4.2.4 A summary of key actions is presented below.

4.3 Home Care Engagement Strategy

4.3.1 Secure a defined engagement approach with Independence At Home (IAH) Framework Providers.

We will establish a segmented engagement approach to how we will manage this process with each provider to ensure providers are appropriately engaged and to develop and embed partnership working and collaboration.

Providers will be identified with three types of engagement categories which will influence the types of discussions with providers, with the categories being lower price point providers, median price point providers and, high price point providers. The segmented approach will aim to encourage:

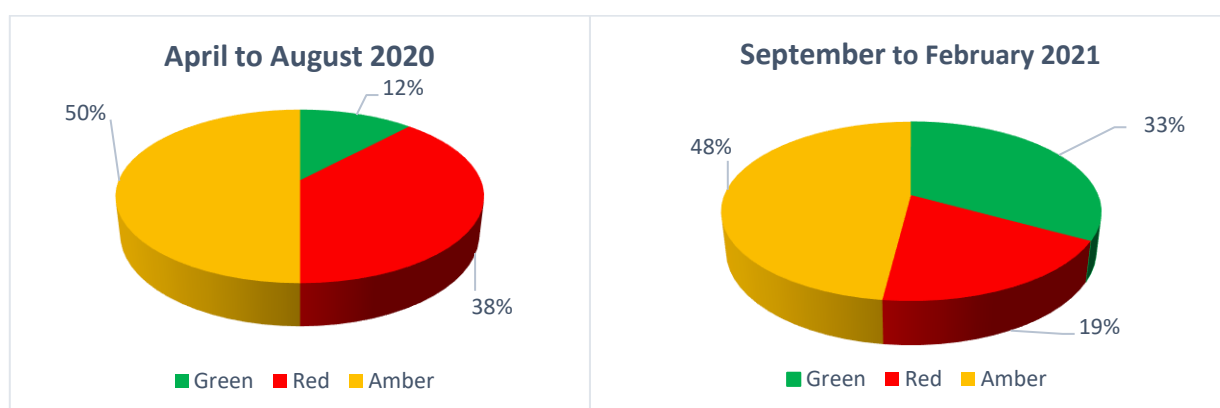
- low price providers to increase capacity and work within B&NES
- median price providers to look at lowering rates and increase capacity
- high price providers to reduce costs as they will be unlikely to receive as many packages due to the high costs they are charging

Providers have been RAG rated as below²:

Red	£25.19 per hour and above
Amber	£23.34 per hour - £25.18 per hour
Green	£22.33 per hour and below

We acknowledge that different groups may need support and help in different ways

Between April 2020 and August 2020, and then with the developing oversight September to February 2021 care packages were purchased with Red, Amber and Green providers as shown in the graphics below:



An example of how this is being developed with greater detail is shown in [appendix 1](#)

² Rates for 2021/22

4.3.2 Reopen the IAH Framework

This will increase competition levels and encourage providers to reduce their price per hour to gain further business from B&NES. The framework reopened in August 2020 and six providers were added, taking the total to 24 providers. Within the next six months, and every six months following on an ongoing basis, the framework will be reopened. Providers working with the Council and CCG who are not currently on the framework will be encouraged to join.

4.3.3 Commit to a Timetable of Regular Provider Forum Meetings

This forum approach will further facilitate engagement with providers and ensure provider priorities and strategic direction is discussed. Additionally, this will allow the sharing of best practice and collaboration between providers. All providers, whether contracted or not, will be invited. Initially forums are being set up virtually on a monthly basis and will also involve place-based forums to support shared care arrangements between providers.

4.3.4 Discharge to Assess (D2A)

Create spot and block arrangements to support discharge to assess to improve flow from hospitals and support reablement, utilising D2A funding provided through health, BSW CCG

4.3.5 Seek Opportunities to Reduce the Amount of Care we Purchase

Commissioners will explore with providers the opportunities to reduce the amount of care purchased where care needs/requirements indicate. Included within this is the 10 hours or less project, where an Occupational Therapist is assessing 266 care packages to identify if alternative provision can be used to replace formalised care.

4.3.6 Cleansing of Data Held by B&NES.

Currently information on care packages held on Liquid Logic is not consistently recorded, which gives inaccurate data and can also lead to some providers not receiving an annual uplift, impacting on relationships and ongoing engagement. Commissioners will work with the data and social work colleagues to develop a more consistent approach to data recording.

4.3.7 Working Effectively with Brokerage and the Panel Which Oversees Care and Support Packages

We will develop a simple dashboard with Brokerage to understand how the provision is moving towards more effective and efficient sourcing of care. Once this service is brought in-house, B&NES will be able to further develop relationships with providers and encourage work with those looking to provide value for money and quality care provision.

Commissioning Team Officers will represent older people's services at the Panel which oversees care and support arrangements for individual. This will ensure that proposed care packages are in line with contractual standards and are as cost effective as possible.

4.3.8 Explore Links with Reablement and Develop the Integrated Reablement Service

We will explore the link with Reablement and other services which are impacted with changes in home care but can also influence the utilisation of care. With the new Reablement model in B&NES due to commence in 2021/22, commissioners will ensure there is a developed link between Home Care and Reablement, including exploring how some providers may move to a more 'reabling' ethos of Home Care.

4.3.9 Create an Annual Market Position Statement with and for providers

An Annual Market Position Statement will be created and published on B&NES Council website. This will be influenced by feedback from various stakeholders, namely health, providers and service users.

4.3.10 Develop and Enact a Provider Quality Assurance Plan

Historically in B&NES, limited quality assurances processes had been in place. A quality assurance plan has been created to ensure that all providers will receive a quality assurance visit from the Commissioning and Contracts Officer on a regular basis. Each visit will include an in-depth audit of the providers office, with an action plan developed which will be monitored regularly until completion. The new process was due to start in March 2020, however this has been postponed due to COVID-19 and social distancing measures. Once these have been relaxed and the market returns to something similar to 'Business as Usual', the plan will recommence. To date, one visit has occurred. Providers are prioritised for a visit based upon their risk rating (which is based on several indicators e.g. number of complaints, change in manager, CQC rating etc).

4.3.11 Effective Use of Assistive Technology

The aim of this scheme is to increase the independence levels of service users and ensure care packages are as efficient as possible through the use of assisted technology in home care packages. Studies and pilots have shown that the use of assisted technology in home care can increase independence at home, reduce the admissions to hospital (reduce pressure on NHS) and delay admissions to care homes. Increasing the use of assisted technology in home care has been shown to generate savings and cost avoidance.

It is being proposed that B&NES initiate a pilot study with a named provider. A desktop review would be the first step where the provider would review home care packages with the appropriate social workers to identify potential cases where assisted technology would be beneficial to the service user. Following on from the desktop study, the provider would implement the chosen technology for the agreed upon cases.

Similar projects, for example in Worcestershire, have resulted in savings of around 100% of the initial investment, and cost avoidance of around 750% of the initial investment. The B&NES model would be based on the work that Worcestershire has undertaken.

4.3.12 Develop Contractual Management to Expand the Voice of the Recipients of Care

This will include an expectation that all providers will create an annual report with feedback from recipients of care and working with Healthwatch (or similar third sector organisation) to develop an independent report of the lived experience of care and support in B&NES.

4.4 Care Home Engagement Strategy

4.5 Effective Commissioning and Contract Practices

4.5.1 Producing an Adult Social Care Commissioning Strategy.

Care home services for adults over 65 are commissioned by the Integrated Adult Care Commissioning Team and the Complex and Specialist Commissioning Team. While this approach has worked well through specialisation by the relevant Teams, this could be strengthened further through effective communication and sharing of data and resources. The Teams will work together to produce a joint Commissioning Strategy that will set out a common approach to the way the council will procure services for the over 65s in B&NES.

4.5.2 Increasing the Number of Providers on the Care Home Framework

Last year, the Council produced a Flexible Framework Agreement for the procurement of care home services from providers. The Framework provides us with an effective way of purchasing spot and block beds from providers that enables us to place residents in care homes at competitive rates. We currently have 16 providers on the Framework. We will work with and encourage more providers to join the Framework to increase competition and drive down costs.

4.5.3 Updating the Market Position Statement for 2021/22

The current Adult Social Care Market Position Statement expires in 2020/21. The document highlights the support and care services that people will need in the future and the gaps in service provision. In addition, it enables adult social care to know what future care and support needs will look like and how it will be funded and purchased. We will review the current MPS and set out future service requirements to help providers in planning how they can work with the Council to provide the services required.

4.5.4 Monitoring of Care Home Contracts

Following the introduction of the Care Home Framework Contract Commissioners have been reviewing and monitoring care homes using a policy negotiated with care homes. The monitoring and frequency of review will be proportionate to the level of risk associated with the care provider.

We will monitor our care home contracts to ensure that services purchased from providers are effectively meeting the needs of service users, complying with contract requirements and providing value for money. To achieve this, we will undertake an annual review of our contract monitoring practices, benchmarking with our neighbouring councils to ensure that we establish a process that provides assurance on the cost and quality of service provided by our care homes.

Increasing placement within the community. With the use of assistive technology and reablement, we will increase the number of people diverted from care home to home care, extra care or supported living to help reduce the amount spent on care home placements.

However, it is important to note that contract monitoring during the pandemic has been very challenging as officers are unable to carry out site visits and meet with care home managers, staff and residents. Most of our interactions has been virtual and this makes it difficult for officers to acquire reliable information. To help us overcome some of these challenges, we will develop new and innovative ways of monitoring aided by technology and online tools to enable us to better manage our care home contracts.

4.6 Developing a Quality Service

4.6.1 Developing a Quality Data Presentation System

We will develop our information system to provide us with an insight into the data we hold and to highlight any gaps in data collection. Our current system is paper-based and we are working with the Council Performance Intelligence Team to develop an improved version to improve data quality and monitoring.

4.6.2 Managing the Delivery of Infection Prevention and Control Fund (IP&C)

Since March 2020, the Covid-19 pandemic has changed the way we work with our care home providers with the focus shifting more to infection prevention and control. To assist with the process, DHSC allocated £2,189,197 to B&NES for infection prevention and control in May 2020. In October 2020, DHSC allocated a further £1,870,447 to support infection prevention and control measure in B&NES over the winter months. The Directorate for Adult Social Care, Complex and Specialist Commissioning is responsible for the administering these funds and reporting back to central government.

4.6.3 Shaping the Quality of our Service Through Service User Involvement

The voices of service users, carers and providers are an important part of the process of identifying and addressing needs. The Directorate will work closely with them to enable us to co-produce and jointly deliver social care services. We will work with our partners including our local Healthwatch and advocacy services to carry out engagement events and service user surveys to identify and address any issues of concern in our care homes. We will organise regular events with our providers and Business Managers to discuss and find common solutions to issues affecting the service.

4.7 Delivering Value for Money

4.7.1 Implementing the Outcome of the Fair Price of Care Review

Last February the Council commissioned Valuing Care to carry out a review of the cost of care in B&NES following the last review in 2016. The draft report received indicates that the price of care in B&NES has increased since the last review. Commissioners met with care home Business Managers in January 2021 to discuss the outcome of the review and agree a way forward. Following the meeting, we now have a benchmark figure for cost of care homes in B&NES to support future fee uplifts and to negotiate future cost of care placements with providers.

4.7.2 Actively Participate in the Older People's Single Panel meetings.

The Older People's Single Panel has started sitting again following a brief suspension during the early days of the Covid-19 pandemic. The role of the Panel is to support health and social care professionals to ensure good practice is evidenced in relation to the co-ordination of placements, packages of care and management of budgets. In addition to ensuring that the Panel make decisions that addresses the needs of the service user, the Commissioning Officer on the Panel will also ensure that placements are made taking into consideration all issues including the cost of the placement.

4.7.3 Developing our Continuing Health Care (CHC) Assessment Process.

We will work with the CCG and Virgin Care to develop our Continuing Health Care (CHC) assessment process to continue to improve the way we undertake CHC assessments. Nationally, B&NES is one of the Council's in the bottom quartile of the CHC league table and top quartile of the Funded Nursing Care (FNC) table. Our positions on these 'league tables' demonstrates a significant potential in looking at the way we carry out CHC assessment to ensure that our services are funded from the right budget sources. We will work with Virgin care, the CCG and Adult Social Care colleagues to review high cost packages and the CHC assessment process to ensure that the cost of care is paid by the appropriate organisation.

We will also work with our partners to develop a process for reviewing and predicting self-funders financial position and providing the information, support and guidance prior to their capital dropping below the financial threshold.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

- 5.1 The two strategies will be delivered by the commissioning teams with support from wider council, BSW CCG and strategic partners, in particular Virgin Care. However the team acknowledge that progress has not been as swift as would be desired considering the financial pressures. Covid work has taken priority this year and the team have regularly been working evenings and weekends to keep up with demand. To ensure the strategies are fully implemented additional resources (invest to save) will be required.

6 Risk management

- 6.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance. Risks identified are:

Risk	Mitigation
6.1.1 The market is unable to respond positively due to the on-going pandemic	We hope that the roll out of vaccines and Lateral Flow testing will enable care providers to respond positively
6.1.2 The costs of the pandemic lead to increased costs (e.g. higher insurance)	Providers have been supported by IPC funds from central government however indications are that insurance costs may increase.
6.1.3 The commissioning team are unable to take forward the strategy due to continuing Covid pressures	It is proposed that two additional staff are brought into the commissioning team to support the implementation of the strategy. Some of these costs should be offset by savings and potentially the Better Care Fund (BCF)

- 6.2 The Strategies themselves will explore these risks further and work with care providers to enable the achievement of goals.

7 Summary

- 7.1 The unprecedented challenges associated with the Covid-19 pandemic forced organisations to devise new approaches to delivering services to the community, and adult social care was no exception. Our staff have shown a high level of resilience over the past year to maintain the high quality of service to both care home and home care service users and carers.
- 7.2 Producing two Market Engagement Strategies under these conditions while delivering business as usual has been a rewarding experience for officers. As we navigate the changes associated with Covid-19, bedding in of new staff, assimilating the new Integrated Care System arrangements and our relationship with our partners, we will ensure that the proposed overarching Adult Social Care Commissioning Strategy is co-produced, consulted upon and has the buy-in of all our partners, supporting the two Strategies as set out here.

8 EQUALITIES

- 8.1 An Equalities Impact Assessment will be developed as part of each of the strategies, however the approach is to ensure that residents of B&NES benefit from quality care at appropriate costs.

9 CLIMATE CHANGE

- 9.1 This approach has no direct impact on climate change, although use of web based communication and forums will be encouraged.

10 OTHER OPTIONS CONSIDERED

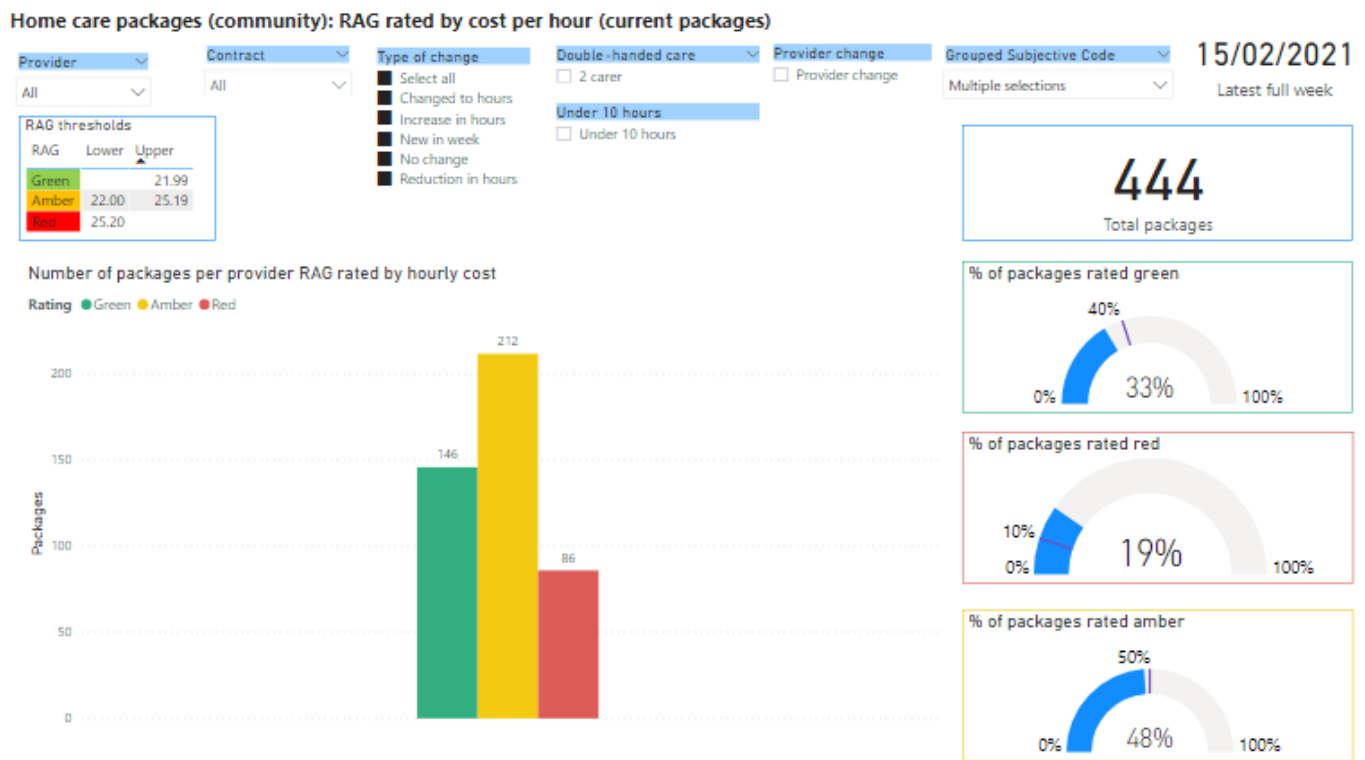
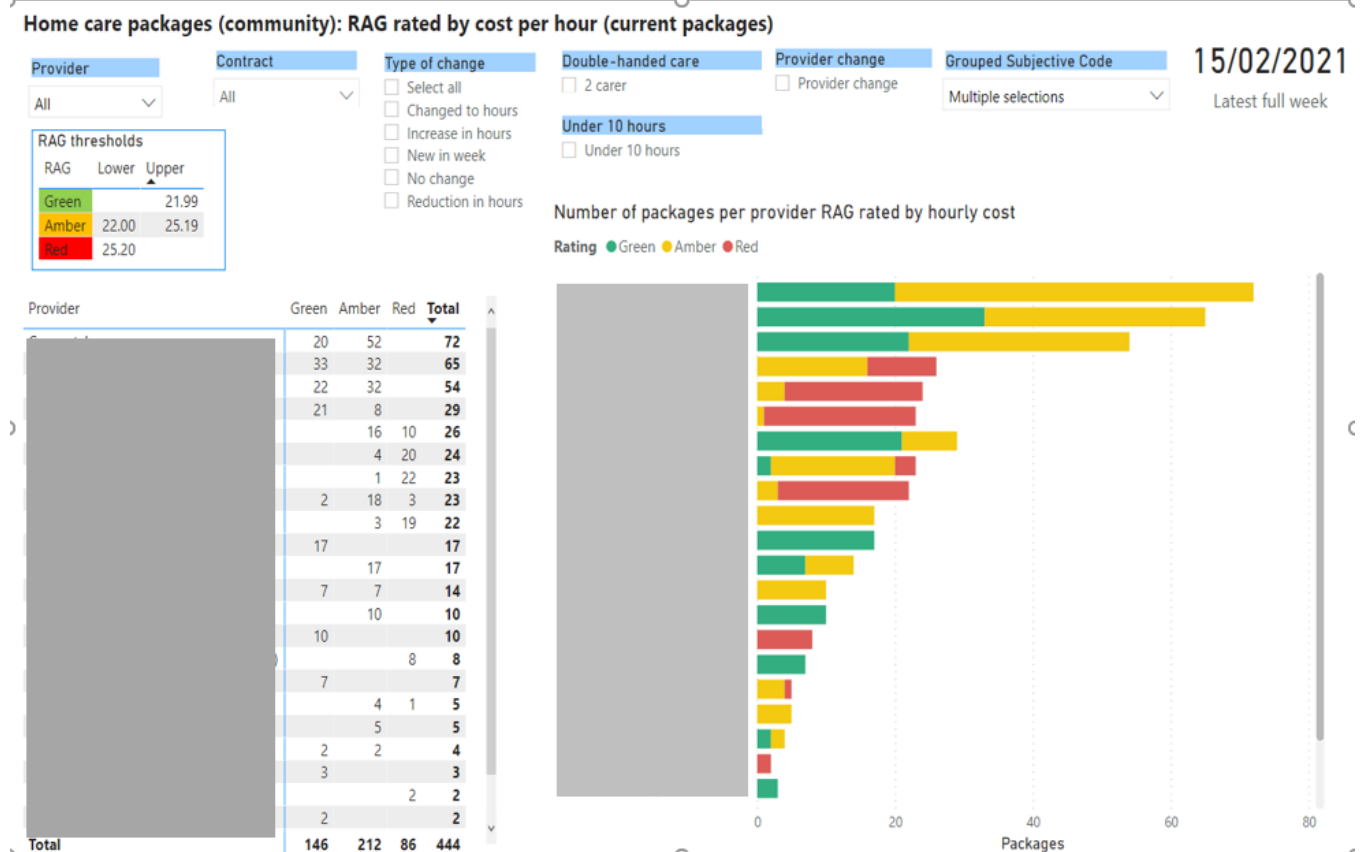
- 10.1 There are of course a number of ways to develop strategic intent, however a transparent approach that can be understood by ourselves, the CCG and our strategic partners seems a good way to agree a set of actions that can improve contractual practice, quality and cost.

11 Consultation

- 11.1 The Strategies will be widely consulted within the council, CCG and our strategic partners, This report forms part of this engagement.

Contact person	Judith Westcott, Senior Commissioning Manager - Health and Social Care for Older People (CCG and Council)
Background papers	
Please contact the report author if you need to access this report in an alternative format	

Appendix One: Example of how we are developing data oversight and RAG ratings



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Bath & North East Somerset Council		
MEETING	Children, Adults, Health & Wellbeing Panel	
MEETING	09 March 2021	EXECUTIVE FORWARD PLAN REFERENCE:
		E 9999
TITLE:	Action Plan for B&NES Suicide Prevention Strategy	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
Action Plan for B&NES Suicide Prevention Strategy 2020-2023		

1 THE ISSUE

- 1.1 About 17 people take their own life each year in Bath & North East Somerset and approximately 500 residents are admitted to local hospital each year following an episode of self-harm.
- 1.2 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.
- 1.3 Creating a local plan helps to align local work around nationally recommended priorities and to make the most of local resources and opportunities.
- 1.4 This has been set out in a refreshed B&NES Suicide Prevention Action Plan.

2 RECOMMENDATION

The Panel is asked to;

- 2.1 Note the contents of the refreshed B&NES Suicide Prevention Action Plan.
- 2.2 Suggest any comments or amendments to the Action Plan.

3 THE REPORT

- 3.1 The existing B&NES 2016-19 Suicide Prevention Strategy was refreshed at the start of 2020. This strategy aligned with similar strategies of our neighbouring authorities in Swindon and Wiltshire to join up our work where possible across the CCG area.
- 3.2 This was followed by a stakeholder event in February 2020 to build engagement across the local third sector and statutory partners and learn from each other. A key aim was to develop an action plan based on people's proposals.
- 3.3 The emergence of the COVID-19 pandemic meant this work had to pause for several months during the most acute parts of the local response. However, in autumn of 2020 we developed a draft action plan and would like to share this with the Children, Adults, Health & Wellbeing Panel before progressing to implementation.

4 STATUTORY CONSIDERATIONS

- 4.1 The need to develop local suicide prevention strategies and action plans is set out as a key recommendation in the government's national strategy for England, *Preventing suicide in England: a cross-government outcomes strategy to save lives* and the Mental Health Taskforce's report to NHS England, *The five year forward view for mental health*.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

- 5.1 There are no new resource requirements to implement this strategy beyond the existing relatively small sums within the Public Health budget allocated for several projects such as workforce training and monitoring of deaths with the Avon Coroner.

6 RISK MANAGEMENT

- 6.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision-making risk management guidance.

7 EQUALITIES

- 7.1 Every suicide death is a tragedy and impacts on friends, family, support services, health care professionals and society. However, suicides are not inevitable and there are many ways in which services, communities, individuals and society can prevent suicides.
- 7.2 The action plan has considered all protected characteristics and has taken a life course approach ensuring communities of all ages and backgrounds are reflected in the priority areas and actions.

8 CLIMATE CHANGE

8.1 The Suicide Prevention Action Plan doesn't fit into this area however the wider Public Mental Health programme aligns well with the Council priorities for addressing climate emergency and rebuilding the economy in a way that is sustainable. Some of the alignments include;

- Ensuring organisations and communities promote physical activity and active travel as way to improve mental health and healthy working routine.
- Promote accessibility and availability of green spaces and the environment to increase mental health and wellbeing.
- Consider how mental health can support carbon reduction plans and strategies including transport policy, air quality, food procurement etc.

9 OTHER OPTIONS CONSIDERED

9.1 There are no other options needed to implement this strategy and action plan.

10 CONSULTATION

10.1 The action plan has been developed in consultation with a wide range of local internal and external stakeholders:

- 66 people attended the stakeholder event in February 2020.
- 11 individual organisations have provided further comment around their actions and have shared information about what they are doing on suicide prevention.
- 12 external stakeholders have their actions / pledges featured in the main action plan.

10.2 Over 13 individuals will be on the Suicide Prevention Governance Group who will oversee the delivery and implementation of the action plan.

Contact person	Paul Scott 01225 394060
Background papers	<i>Action Plan</i>
Please contact the report author if you need to access this report in an alternative format	

Suicide Prevention Action Plan

For Bath and North East Somerset 2020 – 2023

Background

Around 4,500 lives are lost to suicide every year in England (ONS 2018). On average 12 people a day in England get to the point where they feel they have no other choice but to take their own life. Suicide is complex and multifaceted issue which stems from an accumulation of adverse life experiences at childhood or during adulthood such as trauma, bereavement, financial loss, relationship breakdown.

Vision

The Zero Suicide Alliance states that potentially every suicide is preventable, and this sentiment underpins our vision for B&NES. This in no way reflects on those who have lost loved ones, patients and clients and those many individuals who strive daily to keep those who are feeling suicidal safe.

Partners across B&NES are committed to:

- Reducing suicide and self-harm.
- Ensuring that no resident will think that suicide is their only option
- Tackling the stigma associated with suicide and developing community conversations about suicide
- Building community resilience
- Supporting those who are affected by suicide

The full strategy can be found [here](#).

Appendix 1 covers key points and trends of suicide data in B&NES.

Purpose

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. A full list of the governance group membership can be found in **Appendix 2**.

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. Experts by experience are also members of the governance group.

Scope

The Suicide Prevention Action Plan for B&NES sits within the wider context of our Public Health Mental Health programme of work which includes longer term, upstream interventions. These are outside of the scope of this more targeted plan and so are not discussed here.

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.

Momentum

There is lots of good work carried out every day within public, private and third sectors and communities in B&NES to prevent the escalation and admission of suicide and address associated causes and risk factors. There are numerous local examples across the system such as those below, though please note this list is for example and not intended to be exhaustive.

Bluebell

Any parents at risk of harm or suicide flagged and joined up care provided by health visiting teams, midwives, GPs and specialist perinatal mental health teams.

School Nursing

School nurses work with children and young people to discuss emotional health and wellbeing difficulties including self – harming and suicidal thinking.

DHI

Drug and alcohol services have integrated suicide prevention through triage and assessment processes and promoting wellbeing options such as the 5 ways to wellbeing.

Schools

Schools have been accessing the Coping with Suicide for educational settings 2018 resource.

Adult support services

Homeless and domestic abuse services receive training and good practice sharing on suicide prevention.

Voluntary and community sector

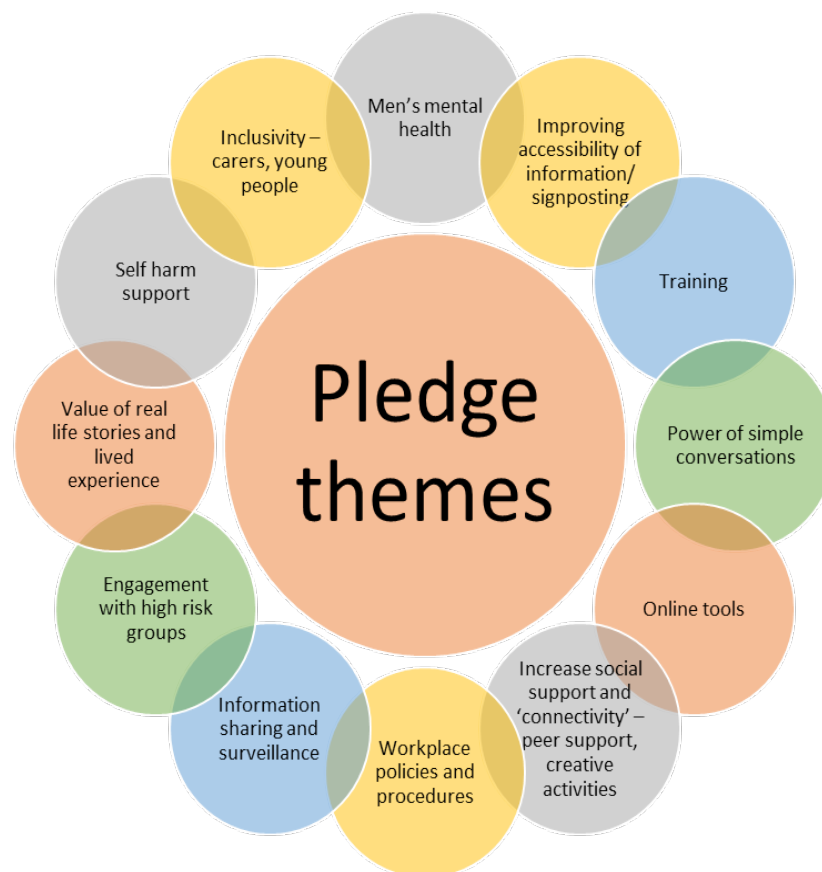
Continues to deliver projects where people feel connected to their community including work that supports people in complex or crisis situations.

Together, we will be building on this momentum of existing work and seek to capitalise on these assets to strengthen suicide prevention efforts in the community, support joined – up approaches and maximise the best use of limited resources.

Action Plan Development

The production of this action plan has been overseen by Public Health. Its development has been informed by the Public Health England guidance, a stakeholder event held in February 2020 and virtual discussions during early 2021.

More than 60 people representing various organisations and communities attended a stakeholder event in February 2020 at the Bath Guildhall. The aim of the event was to inform the development of the strategy and action plan and understand how the system is working towards reducing the national target of reducing suicides by 10% by 2021 with an aspiration of having zero suicides in B&NES. The visual below was developed to demonstrate some of the key themes from the 27 organisation pledges made at the event. These themes have influenced the content and been key drivers of this action plan as well as reviewing national and local evidence.



Action Plan and the impact of COVID – 19

The impact of mental health and COVID-19 pandemic has been significant across the population and there is limited evidence currently to understand the true impact on suicides. Gunnell et al (2020) states “a wide-ranging interdisciplinary response that recognises how the pandemic might heighten risk and applies knowledge about effective suicide prevention approaches is key.”¹ National surveys have demonstrated worsening of mental health amongst some groups, particularly those affected by socioeconomic inequalities, and by the end of June 2020, one in ten people in the UK reported having had suicidal thoughts or feelings in the past two weeks². Poor mental health has also been shown amongst staff in hospital intensive care units during 2020, with high rates of depression and PTSD and 13% of respondents (particularly nurses) reporting frequent thoughts of being better off dead, or of hurting themselves in the past 2 weeks³. When writing this action plan, we have been mindful to take this into consideration for proposals now and beyond the acute phase of the COVID – 19 pandemic.

¹ Gunnell, D., Appleby, L., Arensman, E., Hawton, K., John, A., Kapur, N., Khan, M., O'Connor, RC., Pirkis, J and the COVID-19 Suicide Prevention Research Collaboration Unit (2020) Suicide risk and prevention during the COVID -19 pandemic. *Lancet Psychiatry* 7 (6): pp.468-471.

² Mental Health Foundation (2020) [Coronavirus: The divergence of mental health experiences during the pandemic.](#)

³ Greenberg, N et al. (2021) Mental health of staff working in intensive care during COVID-19. *Occupational Medicine*, <https://doi.org/10.1093/occmed/kqaa220>

The Plan

There are seven sections within the plan, some of the areas include specific actions /pledges that have been put forward by key stakeholders.

1. Keep up to date with current guidance and research, local trends and intelligence				
	Action	Lead organisation	Contributing partners	Measures of success
1.1	Collect available intelligence and real time data to inform local need.	B&NES Council - Public Health		<ul style="list-style-type: none"> Annual reports published and actions identified.
1.2	Review and update Council's JSNA facts and figures webpage - Suicide and Mortality of Undetermined Intent.	B&NES Council - Public Health		<ul style="list-style-type: none"> JSNA page updated with most recent data.
1.3	Work in partnership with Bristol, North Somerset and South Gloucestershire Councils to commission a Real Time Surveillance function from the Avon Coroner's Office.	B&NES Council - Public Health	Celia/Paul	<ul style="list-style-type: none"> Notification and surveillance data on suspected deaths from suicide shared with B&NES Council in a timely manner. Participation in Avon-wide meetings to review trends arising from surveillance.
1.4	Hold quarterly meetings with stakeholders to review recent deaths from suicide and implement learning.	B&NES Council - Public Health	All partners as appropriate	<ul style="list-style-type: none"> Quarterly meetings held and data fed into action plan.
1.5	Establish and implement a mechanism for sharing information, research and local action with stakeholders through a quarterly newsletter. The following areas will be covered in the newsletter: <ul style="list-style-type: none"> Frontline health/social care staff working during COVID-19 pandemic Loneliness in the community (e.g. students and older people) Children and Young people Families/individuals experiencing financial hardship 	B&NES Council - Public Health	All partners as appropriate	<ul style="list-style-type: none"> Reach and engagement with quarterly newsletter including number of visits to webpage.
1.6	Hold an annual event to share good practice from partners, hear from people with lived experience etc.	B&NES Council - Public Health	All partners as appropriate	<ul style="list-style-type: none"> Number of attendees at annual event. Breadth of stakeholder attendance. Number of attendees that valued the event. Comparison to feedback from

				2020 annual event.
1.7	Work in partnership with police and other stakeholders to audit B&NES suicide hot spots.	RTS Post/ Public Health/ Coroner		<ul style="list-style-type: none"> • Fewer deaths in hot spots areas • Ensure partners are kept informed of hotspots. • Proactive leadership in responding to suicides.

2. Integrate suicide prevention into a broader framework for promoting population mental health and wellbeing				
	Action	Lead organisation	Contributing partners	Measures of success
2.1	Promote annual campaigns to raise awareness of mental health issues, to reduce the stigma and aid people navigate the support system available.	B&NES Council - Public Health and 3SG		<ul style="list-style-type: none"> • Social media analytics. • Increase awareness and understanding of population wellbeing. • Promotion of annual campaigns such as Every Mind Matters, Mental Health Awareness Week, World Mental Health Day, Suicide Prevention Day and Time to Change.
2.2	Identify suicide prevention measures when reviewing Council's policies and strategies such as planning applications and transport.	B&NES Council Directorates		<ul style="list-style-type: none"> • Identification of opportunities to raise awareness of suicide prevention. • Close working with colleagues to ensure suicide prevention content reflects key messages.
2.3	Mapping existing training provision for organisations and communities on suicide prevention and mental health (including but not limited to self- harm) and produce evidence-based recommendations.	B&NES Council - Public Health		<ul style="list-style-type: none"> • Creation of a shared dashboard to support workplaces and communities to access suicide prevention training. • Launch and distribution of dashboard to wider partners. • Engagement with dashboard. • Training available for all staff supporting individuals with mental health issues. •

2.4	Ensure B&NES partners are aware of financial wellbeing as a risk factor for suicide and facilitate appropriate linkages between partners.	B&NES Council - Public Health	Social prescribing Citizens advice Council tax team Job Centre Plus Economic Development Team	<ul style="list-style-type: none"> Use and distribution of local and national resources. Newsletter.
2.5.1	<i>Children & Young People</i> Development and implementation of CYP Emotional Health and Wellbeing subgroup workplan.	Children & Young People's Emotional Health & Wellbeing Subgroup		<ul style="list-style-type: none"> Plan implemented and monitored through CYP EHWP Subgroup.
2.5.2	<i>Children & Young People</i> Provide a range of resources that support the delivery of a whole school or setting approach to mental health & wellbeing through the Public Health in Schools & Early Years Programmes including links to partners and early help services. To include COVID-19 recovery support through Wellbeing Education Return programme in schools.	B&NES Council - Public Health	School Improvement Education Psychology Service EYFS	<ul style="list-style-type: none"> Public Health in Schools and Early Years Programmes used extensively by settings as source of best practice guidance.
2.6	Continue to implement recommendations for workplace settings as set out by the Thrive at Work West of England Initiative.	Workplace settings Economic development team	Thrive at West of England Partnership Economic Development Team	<ul style="list-style-type: none"> Number of B&NES employers that have accessed the initiative.
2.7	All employers in B&NES encouraged to access the Thrive at Work West of England Growth Hub which includes accessing mental health and suicide bereavement resources, signing up to the Mental Health at Work Commitment pledge and participating in the Zero Suicide Alliance – eLearning.	Workplace settings Economic development team	Thrive at West of England Partnership	<ul style="list-style-type: none"> Number of employers that access the hub.
2.8	Raise awareness of advice available on issues including debt, benefits, employment, housing, family & relationships, discrimination, immigration, and consumer rights with a focus on financial advice for those with financial issues due to COVID-19 in all population including minority groups	Citizens Advice		<ul style="list-style-type: none"> Awareness in the B&NES population including minority groups of the advice they can seek.
2.9.1	Distressed individuals to be referred to Breathing Space – either the current open access phone line, or referral to the face to face service when COVID restrictions allow.	Bath Mind Breathing Space		<ul style="list-style-type: none"> Distressed clients of mental health charities and individuals to be made aware of Breathing Space service.

2.9.2	Increase awareness of Wellbeing House retreat for those in emotional distress who want to enhance their mental health and wellbeing, stabilise themselves, prevent a deterioration in their mental health and wellbeing and/or crisis onset.	Wellbeing House-CURO		<ul style="list-style-type: none"> Awareness in the B&NES population of this wellbeing service.
2.	Promote and improve the visibility and accessibility of our Mental Health & Wellbeing service & Wellbeing College to the public, health professionals & other professionals who can benefit from these services.	Virgin Care (Justin Wride)		<ul style="list-style-type: none"> Awareness in the B&NES population. Promoting and offering robust services that are flexible, adaptable and responsive to people's needs as we have done during the COVID-19 pandemic.

3. Tailor approaches to improve mental health in specific groups / reduce risk of suicide in key high-risk groups				
	Action	Lead organisation	Contributing partners	Measures of success
3.1	Explore working collaboratively to integrate suicide prevention into: <ul style="list-style-type: none"> Gambling Criminal justice system Veterans 	B&NES Council - Public Health	Other organisations as required	<ul style="list-style-type: none"> Ensure good links between public health and all key partners, and that key actions have been taken.
3.2	Continue to work with organisations who support those with a history of self-harm	B&NES Council - Public Health Oxford Health (CAMHS) AWP RUH ED School nursing	Other organisations as required	<ul style="list-style-type: none"> Ensure good links between public health and self-harm support services. Ensure clients are referred into the care pathways and responsive to people who self – harm. Use and distribution of local and national resources.
3.3	<i>Perinatal</i> Provide perinatal support services and resources for pregnant and post-natal mothers and their partners to support anxiety, trauma and isolation including home visits, support care package for those at risk of harm or suicide.	Bluebell AWP	Health visiting teams, midwives, GPs and specialist perinatal mental health teams/champions	<ul style="list-style-type: none"> Support promoted to all expectant and new parents and encouragement to ask for help early. Any parents at risk of harm or suicide flagged and joined up care provided by health visiting teams, midwives, GPs and specialist perinatal mental health teams.

3.4	<i>Children and young people</i> Develop a CAMHS protocol that will strengthen joint working with CAMHS and Project 28.	Project 28 CAMHS		
3.5.1	<i>Male</i> Increase awareness of Boys in Mind resources by working with schools and other organisations to promote positive mental health, challenge stigma and prevent suicide with a focus on boys and young men.	Boys in Mind		<ul style="list-style-type: none"> Resources promoted to all B&NES schools.
3.5.2	<i>Male</i> Target mental health and suicide prevention messaging through social media and physical venues that are used and attractive to middle aged men.	Jess Brodrick		
3.6	<i>Mental health users</i> Continue offering support to patients discharged from mental health wards to provide them with the tools they need to manage their own mental health and wellbeing with less support, to support them transitioning back into the community and to prevent further hospitalisation.	Wellbeing House- CURO		<ul style="list-style-type: none"> Patients discharged from mental health wards feel supported.
3.7.1	<i>Adults with complex needs</i> Ensure assessments for homelessness and drug and alcohol services include questions on suicide ideation and suicide safety plans are in place.	Ann Robbins Celia Lasheras Virgin Care DHI Julian House		
3.7.2	<i>Adults with complex needs</i> Explore dual diagnosis provision to meet the needs of the population with substance misuse and mental health issues and develop a plan of action with the mental health collaborative group.	Virgin Care Lucy Kitchener Public Health		
3.7.3	<i>Care staff most directly affected by COVID-19</i> Work with the BSW CCG and local health and care providers to share good practice in supporting staff wellbeing and ensuring targeted support available to those with highest needs.	Public Health BSW CCG		<ul style="list-style-type: none"> Staff in local health and care organisations aware of sources of universal wellbeing support Staff know how to access additional specialist support

4. Reduce access to means of suicide				
	Action	Lead organisation	Contributing partners	Measures of success
4.1	Audit suicide hotspots in B&NES.	RTS Post/		<ul style="list-style-type: none"> Reduction in the number of

		Public Health/ Coroner		hotspots through proactive response to audit. <ul style="list-style-type: none"> Fewer deaths in hot spots areas.
4.2	Reduce risk of suicide on the railway.	British Transport Police	Network Rail Samaritans	<ul style="list-style-type: none"> Ensure all railway staff and police are trained in suicide prevention. Ensure local higher risk locations are reviewed and any actions to reduce risk are implemented.
4.3	Reduce risk of suicide on the road network through Samaritans 24-hour crisis signage, suicide intervention training for staff and construction workers in the South West.	Highways England	Samaritans	<ul style="list-style-type: none"> Samaritans 24-hour crisis signage installed on high risk structures across the South West region. Suicide prevention intervention training offered to all staff and construction workers in the South West.

5. Support those bereaved by suicide				
	Action	Lead organisation	Contributing partners	Measures of success
5.1	Co-produce a B&NES postvention pathway and tools for those that have been affected by suicide.	B&NES Council - Public Health	Bath SOBS Partners, police and communications.	<ul style="list-style-type: none"> Postintervention support is in the place across organisations and communities in B&NES. Ensure materials available in a variety of accessible formats.
5.1.1	<i>Children & Young People</i> Review and update <i>Coping with Suicide</i> <i>A summary of support for educational settings 2018</i>	Children & Young People's Emotional Health & Wellbeing Strategy Group		<ul style="list-style-type: none"> Resources promoted to all B&NES schools and young people settings
5.1.2	<i>Children & Young People</i> Produce a guide (including review of relevant resources) for use by schools and early years settings to support them when a child is bereaved including by suicide	B&NES Council - Public Health		<ul style="list-style-type: none"> Resources promoted to all B&NES schools and young people settings
5.2	Promote existing suicide bereavement support currently available within B&NES (Bath Survivors of Suicide (SOBS), Cruse) and continue to support virtually during COVID-19 pandemic	Bath Survivors of Bereavement by Suicide (SOBS)		<ul style="list-style-type: none"> Ensure those who are bereaved by suicide/concerned about someone who is have access to support and know who to contact
5.3	Explore the use of available support materials (for		Police	<ul style="list-style-type: none"> Appropriate and accessible

	example Help is at Hand) by the police and emergency teams / departments and make recommendations for action			support material is being used by the police when responding to a suicide
5.4	Integrate suicide prevention into the existing B&NEs Council compassionate leave policy.	B&NES Council-HR	Public Health	<ul style="list-style-type: none"> Policy has been updated.

6. Support the media in delivering sensible and sensitive approaches to suicide and suicidal behaviour

	Action	Lead organisation	Contributing partners	Measures of success
6.1	To continue to promote responsive and sensitive reporting on all media platforms of suicide and suicidal behaviour, using the Samaritans Guidance for Reporting Suicide.	Communications	Public Health	<ul style="list-style-type: none"> Media campaign delivered. Evidence of sensitive reporting of suicides in the media by staff who use media guidelines. Auditing content on suicides in B&NES.
6.2	Work with local and regional media outlets to ensure sources of support and signposting information is provided when reporting suicide and suicidal behaviour.	Communications		<ul style="list-style-type: none"> Appropriate resources shared. Sensitive reporting locally and use of Samaritans Guidance for Reporting.

7. Reduce rates of self-harm as a key indicator of suicide risk

	Action	Lead organisation	Contributing partners	Measures of success
7.1	Support colleagues working with children and young people and vulnerable adults to understand issues relating to self-harm through the delivery of training.	CYP and Adults Workforce Development Strategy Group		<ul style="list-style-type: none"> Number of colleagues receiving training.
7.2	Upskill frontline staff on how to best to support those who self – harm with an emphasis on those in high risk communities.	Public Health		

Monitoring and evaluation

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. The terms of reference of the Suicide Prevention Group will be reviewed annually to reflect the current work of the action plan.

Plan on a page

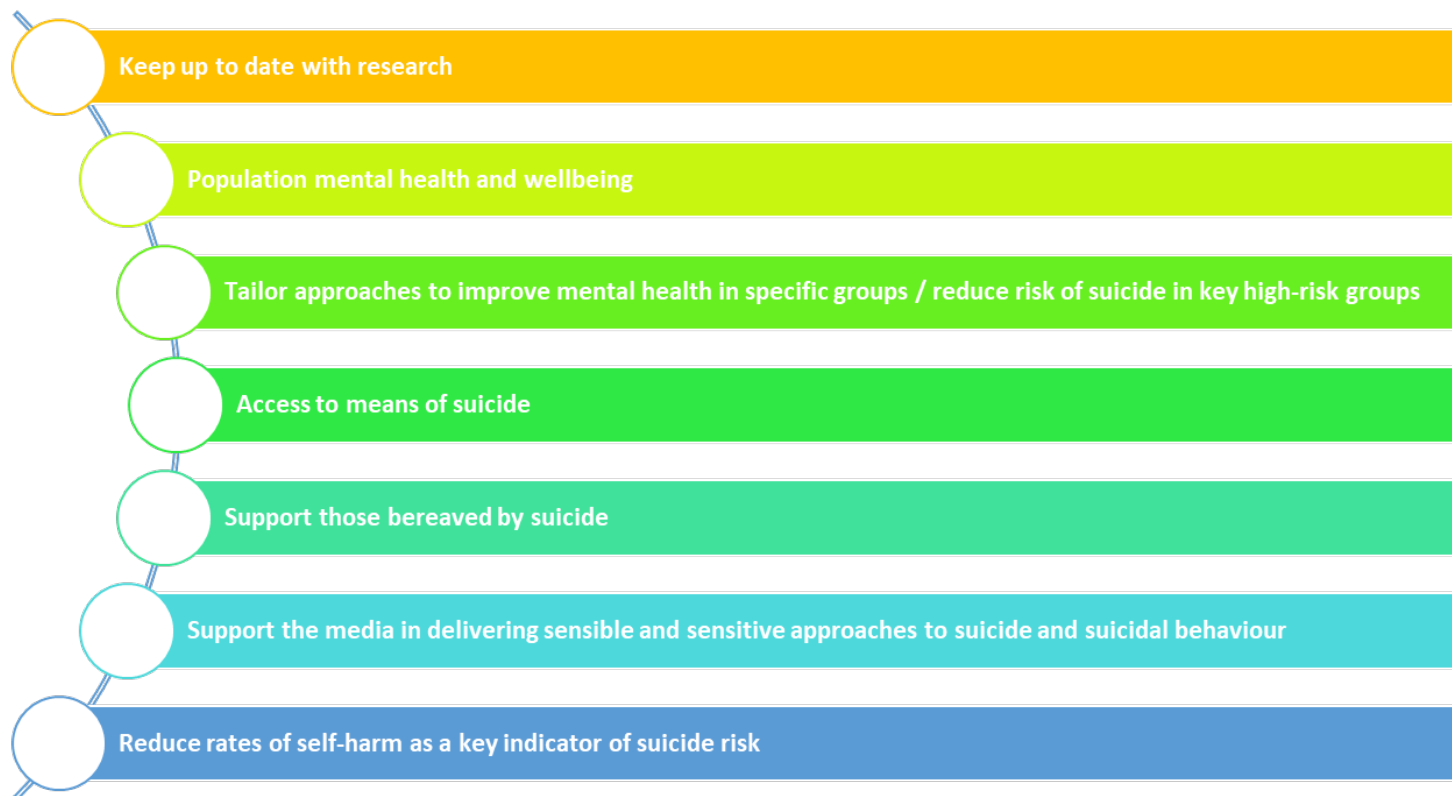
Vision

In B&NES we are all committed to reduce suicide and self-harm, ensure that no resident will think that suicide is their only option, tackle the stigma associated with suicide by developing community conversations about suicide, building community resilience and supporting those affected by suicide.

In order to achieve this, we will:

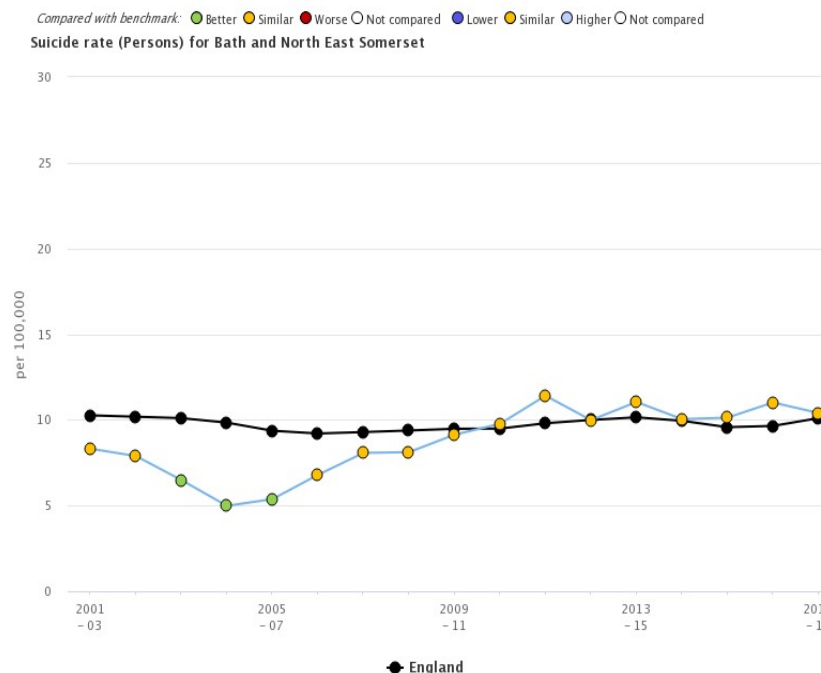
- Build capacity and capability within organisations and communities to talk openly and routinely about suicide.
- Support those who have been affected or impacted by suicide and aim to remove shame and blame from the process.
- Work in partnership recognising each suicide is different.
- Collaborate with those from lived experience to inspire others to drive change in the suicide prevention agenda.

Objectives



Appendix 1 – Summary of findings presented at the stakeholder event in 2020

- B&NES has a slightly higher suicide rate than the England average
- For each death amongst women, there were 4 deaths amongst men.
- 45-59-year olds had the highest rates.
- 40% of people who died by suicide had a history of some form of self-harm. For females this was 47%.
- Self-harm hospital admissions rates are higher than the England average.
- Females in B&NES have double the hospital admission rates for self-harm than males
- 10-24-year olds have more than double the rates compared to older adults
- About one in four people (25%) who died from suicide had been in contact with secondary mental health services in the last 12 months. This is similar to national figures. However, only about 2% of people in the local population would have been in contact with secondary mental health services during that time.
- 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



References:

1. Public Health England Outcomes Framework
2. Royal College of Psychiatrists. Self-harm.
3. McManus et al 2019 Prevalence of non-suicidal self-harm and service contact in England, 2000–14: repeated cross-sectional surveys of the general population
4. ONS (2019) Suicides in the UK: 2018 registrations
5. Public Health England (PHE) • Work with the Avon Coroner's Office • Hospital admissions data for self-harm • B&NES Community Mental Health Services Review

Appendix 2 – Governance Group Membership

The membership comprises of identified individuals across key agencies within the city. Membership will include the following:

- Chair: Public Health
- Mental Health Services Commissioner
- Experts by experience
- Bath and North East Somerset, Swindon and Wiltshire CCG
- CAMHS
- Virgin Care Mental Health Services
- Avon Wiltshire Partnership Trust
- 3SG
- Bath Mind
- Bath Spa University
- University of Bath
- Suicide Bereavement Services
- Public Health England

Other members / partners shall be co-opted as required including

- Primary Care
- Safeguarding
- Police and BTP
- Network Rail
- South West Ambulance Service
- Avon Fire and Rescue
- DWP. Employment / workplace representatives
- Housing services
- Criminal justice services

Bath & North East Somerset Council		
MEETING:	Children, Adults, Health & Wellbeing Policy Development & Scrutiny Panel	
MEETING DATE:	9 March 2021	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	New Hospitals Programme (HIP2) Update	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
Presentation Slides - Developing our Care Model Together		

1 THE ISSUE

- 1.1 This is a follow up presentation from the one in January 2021. The RUH has been developing an engagement plan with system partners to enable the development of a new care model for the future.

2 RECOMMENDATION

The Panel is asked to;

2.1 Proposal 1

Provide comment on the proposed engagement plan to ensure that it is fit for purpose.

3 THE REPORT

- 3.1 See attached slides.

4 STATUTORY CONSIDERATIONS

- 4.1 These will be considered as the model of care is developed.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

5.1 To be confirmed when the model of care has been developed.

6 RISK MANAGEMENT

6.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

7 EQUALITIES

7.1 These will be considered as the model of care is developed.

8 CLIMATE CHANGE

8.1 Reducing dependence on carbon is one of the aims of the Trust's programme.

9 OTHER OPTIONS CONSIDERED

9.1 These will be considered as the model of care is developed.

10 CONSULTATION

Contact person	Simon Cook
Background papers	Previous papers to this panel
Please contact the report author if you need to access this report in an alternative format	

DRAFT

BaNES Children, Adults Health and Wellbeing Panel

Developing our Care Model Together

9th March 2021



Royal United Hospitals Bath
NHS Foundation Trust

Everyone
Matters
Working
Together
Making a
Difference

Simon Cook, Programme Director

Contents

- Reminder of Clinical Vision
- Progress since January
- Our proposed engagement plan
- Next steps

Clinical Vision

- 1 Proactive, preventative care that plans to maintain health and wellbeing, continuously improve clinical outcomes, and reduces healthcare inequalities for our population at all stages of life, supported by the right infrastructure at a health and wellbeing campus
- 2 A population health approach – supported by data and analytics in a transformed digital and IT infrastructure – to intervene early and prevent deterioration, with patient-held data and interaction through apps as the default, improving the experience of healthcare for our population
- 3 Full integration across the system (primary care, social care) to meet the breadth of needs, based on a stratified model of population health
- 4 These principles start from the beginning of each person's life, evident in maternity and children's services equally, to drive optimal outcomes and ideal experience in interacting with the Trust
- 5 An optimized urgent/responsive service for individuals who are 'off plan' – hot clinics, frailty ambulatory pathways – and a modern emergency department when needed that delivers the safest care in a crisis
- 6 Be a great place to work, with teams focused on working and learning together as “one team”, ensuring we develop a workforce with the skills needed now and in the future



Progress since January

When we presented in January we said that we would do the following next steps:

- Prepare a comprehensive engagement plan for local people and stakeholders
- Work with system partners to further develop the clinical model and vision
- Develop strategic options for our estates solution
- Meet with yourselves and other local authorities formally and informally to share more details as they develop

What have we done?

- 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 briefing and meeting with the Panel today

Strategic approach: proactive campaigns; three key phases in 2021

Phase 1: Launch and overarching broadcast comms

•What:

- Vision
- Why we need to change, at RUH and population health level
- Clinical Vision +
- Aims: are these right six priorities?
- New brand surfaced

Timing: 2-3 weeks

Phase 2: Purposeful engagement to develop new care model

Stage 1

What:

- Results of initial responses
- Ask big, positive questions: What could improve in your area of work/interest? How can we do it? How can you
- Effective, creative, easy-to-access ways to co-develop new care models – public, partners/external stakeholders, patients, staff,
- Comms campaign including patient + staff stories, emerging areas, highlight involvement opportunities

Timing: Two months

Stage 2

What:

- Initial plans for new care model unveiled
- Feedback loop – your input shaped this + next steps explained

Timing: One month

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

oWhat:

- o- Launch full proposed new care model, inc feedback loop / 'you said' from past 3.5 months
- o- Launch Action Plan to deliver transformation (new care model)
- o- Ongoing involvement by staff and external stakeholders, public in new care models projects

Timing: launch and involvement focus on delivering parts of new care models is ongoing into 2022

Comms and Engagement approaches – Public (all)

RUH-led

RUH website: new section including:

- Surveys – inc specifically-designed for CYP (relevant content)
- Always-open feedback/input channels: email (and telephone) contact
- FAQs updated weekly
- News updates inc Phase launches
- Patient and staff stories
- Blogs – lead clinicians on the challenges/why, plans and ideas etc

Direct patient communications

- Patient letters: awareness and link to website/surveys
- Appointment reminder text: awareness/link to
- Posters in all hospital buildings' public areas
- Printed info leaflet, surveys: public seating areas eg OP clinics, catering

RUH Social media channels – all (with feedback/input mechanisms) inc:

- Videos of clinicians, workshop participants; infographics
- Survey links, updates
- Shared: partner channels
- Earned: create interesting content for interested individuals, community and third sector organisations to share include involvement mechanisms

Open Public meetings

- General online public meetings to outline plans x 2 pcm
- Post-Covid restrictions options for public meetings tbc
- Co-design - specific workshop events as outlined on slide 4

Trust Patient Experience Team: direct / ongoing liaison and comms

Partner Communications to reach residents

Local Authorities

- Content for digital channels: website, social media
- Print for public venues: posters, info
- Content for staff comms channels
- Joint-hosted webinars offer for staff
- Direct liaison with social care for involvement in workshops

Primary Care (GPs)

- Print for surgery waiting areas: posters, info leaflets and surveys
- Briefing/info/offers to GPs / staff to ensure informed
- Content and links for websites

Elected representatives-led engagement

- Offer to attend ward / resident meetings (online)
- Tailored content for use in cllrs' and MPs' comms (newsletters, websites)
- Trust External Stakeholder enewsletters inc briefing/updates
- Print 'on demand' – info leaflet and surveys

Voluntary Community Social Enterprise (VCSE)

- Content for their printed and digital comms channels
- Print for public venues and 'on demand': posters, info leaflet, surveys
- Trust External stakeholder enewsletter

Comms and Engagement approaches – Public (all)

RUH-led

Media relations

- Local and regional media activity including news stories
- Offers of joint-hosted online public events
- Feedback/surveys in newspapers and online (sponsored content)

'Meet the Medics' series of webinars inc Q&As for residents

- Short, public-friendly 'lecturers' by doctors and nurses
- Interesting short, current health topics, general Q&As
- Section on new care models, ideas for change, transformation plans including interactive questions for answering in chat/via surveys etc
- Highlight opportunities to get further involved

Co-design workshops

- Online events for each phase (evening and weekends) inc:
- Phase 1: Vision and priorities - explanation and feedback
- Phase 2: The Big Opportunities: what do you want to improve? General big questions and discussion about services, healthcare
- Phase 2: Clinical workstream-specific for areas of interest
- Phase 2 (stage 2): New Care Models proposed – explained, feedback
- Phase 3: Launch of Action Plan – explaining plans and how to get involved with delivery

Online launch events

- Live events on Facebook, YouTube etc – short 'broadcasts'

Insight Magazine: available widely and online

Clinical Workstreams: specific meetings, co-design research and development work and ongoing liaison etc by Clinical Leads

Partner Communications to reach residents

Healthwatch (BaNEs, Swindon, Wiltshire)

- Digital and print content as above
- Offer of joint-hosted webinars and workshops
- Offer presentations/briefings to formal sessions/events/meetings

NHS Provider Trusts (within BSW)

- Content for digital and offline channels: website, social media, intranet and offer of posters, info leaflets etc

Education providers (to reach Children and Young People – CYP)

- Social media and digital / partner comms to reach CYP in education
- Tailored messaging to be accessible and interesting and content featuring CYP in social media etc
- Tailored survey to ensure services reflect CYP Input
- CYP-specific webinars
- Offer of provider-specific webinar events to HEIs, FE colleges etc

Comms and Engagement approaches – Key Partners and Stakeholders

Audience	Channel/product
Local Authorities (BaNES, Wiltshire, Swindon) Leaders and relevant cabinet members Lead Scrutiny Committees All members CEOs DASC, DCSC, DPH Democratic Services Comms Leads	<ul style="list-style-type: none"> Letter from CEO inc offer of meeting; stakeholder e newsletters, offer of all-member briefing session/presentation Direct engagement and regular attendance at committees, e newsletters E newsletters, briefing pack for use with residents inc content for newsletters, info leaflet. offer of printed materials for public, attend ward/resident meetings, Insight magazine Letter from CEO inc offer of formal briefing meetings with senior team(s) Letter from CEO, offer of formal briefing meeting, request for involvement in co-design Ongoing liaison via BSW comms group, direct contact, content for internal and resident channels, offer of tailored content and engagement, eg webinars
Primary Care All local GPs BSW ICS/CCG; BaNES Integrated Care Alliance Primary Care Network Leads; Wessex LMC (via CEO and central team)	<ul style="list-style-type: none"> Trust newsletter – GP Matters, direct mail: printed posters, leaflets ICS channels inc direct email, governance meetings, cascade via GP Leads, offer to attend regular meeting and host GP-specific briefings, request for involvement in co-design Direct email from Trust including offers of information, print, to attend meetings, host specific joint meetings, involvement opportunities etc Ongoing liaison and inclusion in all comms by Trust GP Lead Ongoing direct engagement by Clinical Workstream Lead for Primary Care
NHS Ambulance, Acute, Community, MH Trusts (within BSW) CEOs, Medical Directors, DoNs, Strategy Directors Comms Leads	<ul style="list-style-type: none"> BSW, Integrated Care Alliance, other collaborative/partnership/projects – governance mtgs Direct email to CEOs inc update, request for involvement in co-design BSW comms working group, direct liaison to provide content for their staff, patient, public channels, and tailored content and offers of events etc as required

Comms and Engagement approaches – Key Partners and Stakeholders ctd

Audience	Channel/product
VCSE, Healthwatch (x3) across all BSW	<ul style="list-style-type: none"> Trust stakeholder enewsletter Offer of printed collateral and information for public-facing areas Offer to host member/service user webinars or join existing meetings
NHSE/I – Region and central	<ul style="list-style-type: none"> Trust stakeholder enewsletter Direct briefings and engagement by Programme Team and BSW colleagues
Wider Health and Social Care sector including private providers	<ul style="list-style-type: none"> Public channels and campaign (see slides 4,5) Trust stakeholder enewsletter BaNES Integrated Care Alliance governance meetings and cascade from sector leads
Other public services, community/business/education bodies (eg HE, FE colleges, business groups)	<ul style="list-style-type: none"> Trust stakeholder enewsletter: offer of specific events, content for members Public channels and campaign (see slides 4 5) Direct contact where appropriate
All	<ul style="list-style-type: none"> Public channels and content (see slides 4,5)

Comms and Engagement approaches - Patients/service users, families/carers

Audience	Channel/product
Current patients / families/carers	<ul style="list-style-type: none"> Posters, info leaflets in hospital: outpatient clinics, public areas etc Content in patient letters to be considered Content in patient appointment reminder texts to be considered All public comms channels Direct engagement with those already involved in Clinical Workstream Groups Awareness/info/survey options in waiting areas etc (reception staff, volunteers) post Covid Ongoing work and direct contact by Trust Patient and Carer Experience Team, PALS
Previous patients / families and carers	<ul style="list-style-type: none"> All public comms channels inc VCSE, Healthwatch and GPs Analysis and use of insight, data (eg complaints) and research already undertaken FFT data Ongoing work and direct contact by Trust Patient and Carer Experience Team, PALS

Next steps

- Adapt our engagement plan in light of your feedback
- Confirm a timescale for delivery of our engagement plan

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

This Forward Plan lists all the items coming to the Panel over the next few months.

Inevitably, some of the published information may change; Government guidance recognises that the plan is a best assessment, at the time of publication, of anticipated decision making. The online Forward Plan is updated regularly and can be seen on the Council's website at:

<http://democracy.bathnes.gov.uk/mgPlansHome.aspx?bcr=1>

The Forward Plan demonstrates the Council's commitment to openness and participation in decision making. It assists the Panel in planning their input to policy formulation and development, and in reviewing the work of the Cabinet.

Should you wish to make representations, please contact the report author or, Democratic Services (). A formal agenda will be issued 5 clear working days before the meeting.

Agenda papers can be inspected on the Council's website.

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
9TH MARCH 2021				
9 Mar 2021	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Virgin Care Commissioner - Six Month Update Report	Claire Thorogood, Lesley Hutchinson Tel: 01225 477272, Tel: 01225 396339	Director of Safeguarding & Quality Assurance
9 Mar 2021	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Care Home Commissioning	Karen E Green, John Turkson Tel: 01225 396441,	Director of Adult Social Care, Complex and Specialist Commissioning
9 Mar 2021	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Suicide Prevention Work	Paul Scott Tel: 01225 394060	Director of Adult Social Care, Complex and Specialist Commissioning, Director Children & Young People
9 Mar 2021	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Health Infrastructure Programme 2 (HIP2) Update	Simon Cook	
18TH MAY 2021				

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
18 May 2021	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Food Poverty	Sarah Heathcote Tel: 01225 394455	Director of Public Health
18 May 2021	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Child Exploitation	Rachael Ward Tel: 01225 477914	Director Children & Young People
18 May 2021	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Corporate Parenting	Mary Kearney-Knowles Tel: 01225 394412	Director Children & Young People
13TH JULY 2021				
13 Jul 2021	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Complaints and Feedback Annual Report for Adult Social Care 2020 - 21	Sarah Watts Tel: 01225 477931	Director of Adult Social Care, Complex and Specialist Commissioning

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
13 Jul 2021	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Complaints and Feedback Annual Report for Children's Services 2020 - 21	Sarah Watts Tel: 01225 477931	Director Children & Young People
The Forward Plan is administered by DEMOCRATIC SERVICES: Democratic_Services@bathnes.gov.uk				