

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

**Date: Tuesday, 14th September, 2021**

**Time: 10.00 am**

**Venue: Council Chamber - Guildhall, Bath**

**Councillors:** Vic Pritchard, Michelle O'Doherty, Ruth Malloy, Mark Roper, Andy Wait, Paul May, Liz Hardman, Gerry Curran and Rob Appleyard

**Co-opted Voting Members:** Gill Stobart

**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. **Recording at Meetings:-**

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Further details of the scheme can be found at:

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**Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel -  
Tuesday, 14th September, 2021**

**at 10.00 am in the Council Chamber - Guildhall, Bath**

**A G E N D A**

1. WELCOME AND INTRODUCTIONS
2. EMERGENCY EVACUATION PROCEDURE

The Chair will draw attention to the emergency evacuation procedure as set out under Note 6.

3. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS
4. 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.

5. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN
6. 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.

7. 10.05AM MINUTES: 13TH JULY 2021 (Pages 7 - 20)
8. 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.

9. 10.45AM BSW CCG UPDATE

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

10. 11.05AM COMPLAINTS AND FEEDBACK ANNUAL REPORT FOR CHILDREN'S SERVICES 2020 - 21 (TO FOLLOW)

This report is expected to be published later in the week.

11. 11.30AM ADVERSE EFFECTS OF THE IMPACT OF COVID-19 ON WOMEN (Pages 21 - 30)

This report is being published and circulated as a 'For Information' document at this stage. Officers associated with the report are not able to be present at the meeting, but comments and questions from the Panel can be made and will be passed on in due course.

12. 11.50AM 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.

13. 12.10PM PANEL WORKPLAN (Pages 31 - 34)

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](mailto:mark_durnford@bathnes.gov.uk) 01225 394458.

**BATH AND NORTH EAST SOMERSET**

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

Tuesday, 13th July, 2021

**Present:-** Councillors Vic Pritchard (Chair), Michelle O'Doherty (Vice-Chair), Ruth Malloy, Mark Roper, Andy Wait, Liz Hardman, Gerry Curran and Rob Appleyard

**Co-opted Members:** Kevin Burnett and Gill Stobart

**Also in attendance:** Alison Elliott (Interim Director of Adult Social Care), Simon Cook (New Hospital Programme Director), Mary Kearney-Knowles (Director of Children and Education), Christopher Wilford (Education and Safeguarding Director) and Sarah Watts (Complaints & Data Protection Team Manager)

**17 WELCOME AND INTRODUCTIONS**

The Chairman welcomed everyone to the meeting.

**18 EMERGENCY EVACUATION PROCEDURE**

The Chairman drew attention to the emergency evacuation procedure.

**19 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS**

Councillor Paul May and Chris Batten (Co-opted Member) had both sent apologies to the Panel

Apologies were also received from Councillor Alison Born (Cabinet Member for Adults and Council House Building) and Dr Bryn Bird (B&NES Locality Clinical Chair, BSW CCG).

**20 DECLARATIONS OF INTEREST**

Councillor Gerry Curran declared an other interest as he is employed by Virgin Care.

**21 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN**

The Chairman raised the subject of the Serious Violence in B&NES Scrutiny Inquiry (Half day) and asked for nominations from members of the Panel to be part of the working group for developing and preparing for this meeting.

The following Councillors agreed to take part - Liz Hardman, Michelle O'Doherty, Rob Appleyard and Andy Wait.

**22 ITEMS FROM THE PUBLIC OR COUNCILLORS - TO RECEIVE DEPUTATIONS, STATEMENTS, PETITIONS OR QUESTIONS RELATING TO THE BUSINESS OF**

## **THIS MEETING**

There were none.

### **23 MINUTES: 15TH JUNE 2021**

Kevin Burnett referred to page 6 of the agenda and asked if there was an update on the Escalation Protocol.

The Director of Children's Services & Education replied that she believed that this was to be signed off by the B&NES Community Safety and Safeguarding Partnership by the end of July.

Kevin Burnett referred to page 6 of the agenda and asked how the £1.2m savings from Virgin Care had been delivered.

The Interim Director of Adult Social Care replied that Virgin Care, in conjunction with the Council, carried out a Quality Assurance exercise to assess how placements / services were received and to provide alternatives to funded services.

Kevin Burnett referred to page 7 of the agenda and asked to be updated on the procedure that detailed public accountability for how MATs (Multi Academy Trusts) are run.

The Director of Education & Safeguarding replied that he has requested that the Regional Schools Commissioner (RSC) provide an update at a future PDS Panel, that they have replied positively to this and that a future date will need to be agreed.

Kevin Burnett referred to page 7 of the agenda and asked if the expansion of the early help offer into schools and colleges through Mental Health Support Teams was a national or local initiative.

The Cabinet Member for Children and Young People, Communities and Culture replied that she believed that it was a national initiative.

The Director of Education & Safeguarding added that a pilot project on Mental Health in schools had now expanded and that Public Health England had delivered training to all staff within schools in B&NES.

Councillor Andy Wait referred to page 21 of the agenda and his proposal that a Corporate Parenting report should be received by a future meeting of Full Council.

The Chairman replied that he would enquire as to whether this would be possible for the 16<sup>th</sup> September 2021 meeting.

The Panel confirmed the minutes of the previous meeting as a true record and they were duly signed by the Chairman.

### **24 CABINET MEMBER UPDATE**

Councillor Dine Romero, Cabinet Member for Children and Young People, Communities and Culture 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.

### **Free School Meals (FSM)**

I have been lobbying for FSM vouchers to continue over the summer holidays and I am pleased to announce that the central government has now provided grant funding to do this. The amount received for summer holiday FSM is less than hoped for. She added that she would be looking at what measures can be taken to resolve any shortfall in the funding.

These vouchers will now be distributed in the same manner as previously, enabling a high uptake by eligible parents. Alongside this, we will be promoting the Holiday Activity Fund (HAF) to FSM children and families.

### **Mental Health**

The Mental Health Audit in schools has been completed and a review and update of mental health resources is taking place and will be available via the Hub. She added that she felt that Mental Health in general was such an important issue for the Council that she was looking to bring together a body of agencies to collaborate on specific areas of work.

Councillor Liz Hardman commented that the head of OFSTED, Amanda Spielman, recently said that at least 100,000 children are being home-schooled and that this will seriously derail efforts to catch up on children's missed education. She asked if the Council has figures for the number of children in B&NES currently being home-schooled and are we making any extra provision for them to catch up on their missed education.

The Director of Education & Safeguarding replied that the Inclusion Service makes contact with all parents that choose to home-school their children and that they are encouraged to join a parental network. He added that there had been a rise in numbers during the pandemic and that the DfE do monitor these figures.

He added that the Council would help with appropriate resources where possible and that some funding had been received through the Covid-19 fund. He said that there were around 120 children in B&NES currently being home-schooled.

Councillor Michelle O'Doherty referred to the written update supplied by Councillor Alison Born, Cabinet Member for Adults and Council House Building and said that she supported the proposal to form a Transformation of Adult Care Services Working Group.

The Chairman said that he felt that the Group should comprise of members of this Panel to have an element of governance and that it may be possible to extend the membership at a later point.

Gill Stobart asked how children were referred to take part in the Holiday Activity Food (HAF) Programme and how would the work be evaluated.

The Director of Education & Safeguarding said that the Programme is led by Public Health and Bath Rugby Foundation and that referrals were made direct from school. He added information would be supplied to those families in receipt of FSM vouchers and that he could also pass this onto the Panel. He said that the Programme would be evaluated by Public Health.

Councillor Rob Appleyard asked if any comment could be given on the relationship between the three local (BSW) Health & Wellbeing Boards and Integrated Care Partnership.

The Interim Director of Adult Social Care replied that each of the Boards remain autonomous, but that they are seen as drivers for the Integrated Care Partnership. She added that the work of the three Boards needs to be aligned.

Councillor Appleyard asked if any collaboration had taken place across the Boards currently.

The Interim Director of Adult Social Care said that there was nothing formal in place but that initial conversations had been held.

Kevin Burnett asked if the findings of a second report into the Music Service were available yet.

The Director of Education & Safeguarding replied that a draft of the report had been received, that officers have had the opportunity to comment upon it and that they were awaiting the final version. He said that the draft was broadly positive of the Service's use of funding and that work was ongoing in terms of the Improvement Plan. He offered to bring a report on this matter to the Autumn meeting of the Panel.

Kevin Burnett asked if Quest Prime Assessment completed at Bath Sport and Leisure Centre would be carried out at other local centres and whether Paulton was included in the Tennis in Parks project.

Councillor Dine Romero replied that she did not have that information to hand and would need to reply in due course.

Kevin Burnett asked if any recent discussions have been held with the Ofsted Regional Schools Director as to what they now intend to inspect against.

The Director of Education & Safeguarding replied that they were seeking to arrange an Autumn meeting with the Ofsted Regional Schools Director.

The Chairman thanked Councillor Romero for her update on behalf of the Panel and reminded them that written reports had also been received from Councillor Alison Born and Dr Bryn Bird (BSW CCG).

### **Cabinet Member Briefing (Cllr Romero) July 2021**

## **25 SHAPING A HEALTHIER FUTURE (FORMERLY NEW HOSPITAL PROGRAMME)**



Simon Cook, SaHF Programme Director and Geoff Underwood, Programme Director, SCW CSU introduced this item to the Panel and highlighted the following areas from the report.

### Overview

- RUH working with partners and the public across its catchment to develop a vision and support model for the population to deliver excellence
- The new model of how we deliver support and care will inform our investment needs for the future and underpin any business case that bids for infrastructure investment
- We want to do this with the local population for the local population so your support in this is vital

### Progress

- 2019-20 Clinical strategy principles developed
- March 2021 Trust launch of high-level clinical vision
- April 2021 Workshops held with staff and members
- April 2021 Development of patient champions group
- July 2021 Preparation for wider public involvement

### Context - national and local drivers

- A more complex population - The over 75 population in B&NES is anticipated to rise by 36% by 2029; comparable rises will be seen in Wiltshire and Somerset
- Changing workforce - Expectations and needs of our staff are changing, reflecting generational shifts and the impact of Covid-19. What we need from our staff is also changing.
- Digital innovation - Offers new ways to provide services, share information and communicate with patients and families
- Mental health/vulnerable people - Parity and integration with physical health, for service planning and delivery

### Key local challenges

- 26% children with unhealthy weight Increases risk of developing a range of chronic diseases such as heart disease and diabetes
- 18% of local population in B&NES experiencing mental health condition
- 43% Expected increase in numbers of men with dementia by 2025

### Design principles

Creating a new future of outstanding healthcare with prevention and intervention when and where it is needed, working together to help our communities enjoy healthier lives.

- Provide holistic and flexible care seamlessly as one system with embedded innovation and continual improvement
- Provide person centred care and empowerment to put the person in control of their health and wellbeing, and ensuring that each interaction adds value to the person
- Provide care at home or in the community wherever appropriate, coordinated through strong primary care networks and multidisciplinary teams, and supported by sufficient emergency and specialist capacity in hospitals
- Deliver an efficient way of working to ensure financial sustainability of the system and value for money of services

#### Summary model – Work in progress

- Single point of access
  - Preventative and proactive population health management
  - Enhanced out of hospital care and co-ordination
  - Community based care and escalation
  - Hospital of the future and specialist care

#### Engagement – RUH workstreams and BSW health & care model work

- RUH Staff - 23 staff are actively involved in clinical working groups
- 14 members of the public are actively involved in health and care model working groups (Patient Champions)
- System Partners / 3<sup>rd</sup> Sector / Subject Specialists

#### Staff & Public feedback on vision and aims

- *'It promises a great deal but to implement it will need creative thinking and user-friendly pathways'*
- *'Exhausted. It's a great vision, but are we physically and mentally able to take this on?'*
- *'Inspired to deliver a 1st class healthcare service to everyone when and where they need it'*

#### Next steps

- Prepare for wider public involvement
- Development of service user 'personas' to bring it alive
- Commence wider public involvement August

Kevin Burnett commented that preventative patient centric care should be in place as you make your way through life.

Geoff Underwood replied that there is an intention to join up data across all services with regard to population health management and to use that data to understand and tailor services. He added that events and data should be shared with a Care Co-ordinator.

Kevin Burnett commented that there can be significant time gaps outside of regular health checks for a number of members of the public and that there might not be as much patient knowledge as people don't always see the same GP.

Geoff Underwood replied that there does need to be a continuity of care and that this is a challenge that will be assessed as we move forward. He added that record management will be important.

Councillor Rob Appleyard asked how residents can be informed of the best way to access the system / services, now and in the future.

Simon Cook replied that education on how to find services and making them easier to access would be key. He added that it is a challenge to ensure that resources are used appropriately to deliver the models of care required.

He said that as the public involvement increases over August – October that there will be some face to face meetings and roadshows as well the continuation of online surveys.

Councillor Liz Hardman asked how have the public have been selected for the consultation and how will wider public consultation in August will be organised.

Simon Cook said that members of the RUH Foundation Trust were invited to express areas of interest to comment on. He added that plans were now being worked on for the wider public engagement. He said that they will try to express the information to the public in a simpler form.

Councillor Hardman commented that earlier in the year, when these proposals were first brought to the Panel, we were anticipating significant investment in buildings. She asked if this is it still the case that we are expecting money to follow as a result of this work.

Simon Cook replied that this is part of a national programme and that there are no guarantees for capital being received. He added that the bid will need show a compelling case for the programme / vision and embrace digital opportunities and preventative health management.

Kevin Burnett asked if education settings would be involved in the consultation and encouraged engagement to be made with the Youth Forum.

Simon Cook replied that they do have that appreciation in mind and would welcome contact details for the Youth Forum.

The Director of Children's Services & Education replied that she would provide this information to them.

The Chairman asked if updates would be required at every meeting of the Panel as the programme progresses.

Simon Cook replied that he thought that would be advisable as the public engagement commences and the business case seeks approval.

The Chairman thanked Simon and Geoff for their report and attendance on behalf of the Panel.

## **26 COMPLAINTS AND FEEDBACK ANNUAL REPORT FOR ADULT SOCIAL CARE 2020-21**

The Complaints & Data Protection Team Manager introduced this report to the Panel and highlighted the following areas.

- A total of 65 complaints were received; 16 of these complaints were referred to Virgin Care for investigation; and 1 enquiry was received from the Local Government and Social Care Ombudsman.
- The number of complaints has increased compared with the previous two years, but the increase is not significant. It was anticipated that the impact of Covid-19 and the lockdowns that have happened during the year would have an impact on the volume of complaints, but this did not materialise.
- Any learning identified is captured by the Complaints and Data Protection Team when the complaint is closed and shared with the Service. The service is asked for feedback about the actions taken and evidence of this.
- The average response time for complaints in 2020 – 21 was 17 working days and 80% of complaints received a response within the 15 working day time scale. Although this does not meet the target of 90% it is a significant improvement from the previous year when only 24% were responded to within 15 working days. This was also despite the challenges to the service caused by the pandemic.

Referring to the section of the report on Advocacy Support, the Chairman asked if POhWER, who currently provide this service, were used by any other Councils.

The Complaints & Data Protection Team Manager replied that they work across a number of Local Authorities and that B&NES has a contract with them under The Care Act.

Councillor Rob Appleyard commented that with the many interactions that take place across the Council the report shows how well our services are run overall.

Councillor Liz Hardman asked if it was felt that the Council were happy that there is sufficient awareness about how to make a complaint or was there more that could be done locally.

The Complaints & Data Protection Team Manager replied that she would discuss the matter with other members of the service and staff working within the Community Resource Centres. She added that it was hoped that closer work with the Advocacy Service would help.

Gill Stobart asked if any signposting is done through the Citizen's Advice Bureau.

The Complaints & Data Protection Team Manager replied that the Council does do some work with them and will signpost to them where appropriate.

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

## **27 COMMUNITY MENTAL HEALTH SERVICES FRAMEWORK**

The Interim Director of Adult Social Care introduced the report to the Panel and highlighted the following areas.

- In the NHS Long Term Plan mental health services are a key priority and this framework is focused transforming the model for community mental health services for people aged 16+.
- The framework implementation is being led by BSW (Bath and North East Somerset, Swindon and Wiltshire) Clinical Commissioning Group and will create a very different way of working. It is an exciting opportunity to transform the way community mental health services are delivered, creating a new model of mental health care in our communities with joined-up services and an approach which is focussed on the needs of the whole population and which supports the development of Primary Care Networks (PCN) and personalised care.
- There is a recognition nationally and across BSWCCG on the need to improve mental health services. There is a need to improve early access and make getting support easier for people. The experience of the pandemic and the subsequent lockdowns has increased demand for mental health services.
- To meet the transformation challenge there is £10m new money across BSW over the next three years and the system response has been to bring partners and localities together to co-design the response to the National Community Mental Health Services Framework to meet the needs of local people and support them in their local communities.
- There are three system priorities for 2021/22.
  - The first is to build a new workforce by the implementation of the named wellbeing coordinator roles across Primary Care Networks, investment into Clinical Associate Psychologist trainee posts and investment in key leadership structures.
  - The second priority is to pilot the new model from Quarter 1 and key to this is building trust and confidence in the Primary Care Network (PCN)

and provider relationships. There are seven PCNs across BSW who will work more closely with the BSWCCG to pilot the new model and in Bath and North East Somerset the two PCNs involved are Heart of Bath and Bath Independents. The focus will be improving the advice and guidance pathway and understanding the impact of existing practices in relation to mental health formulary and shared care prescribing.

- The third priority is the development of the Personality Disorder, Eating Disorder, 16-25 and older adult pathways
- This is a provider led transformation, the Council can influence but is not able to determine where monies are allocated.

The Chairman asked how the £10m will be allocated.

The Interim Director of Adult Social Care replied that we have asked for clarification on our allocation but said that as the transformation is provider led most of the allocation will go to Oxford Health and AWP.

The Chairman asked if there was a need to recruit further staff for this work.

The Interim Director of Adult Social Care replied that this is a significant area of priority and that a focus will be put upon Recruit, Sustain & Retain.

Councillor Liz Hardman asked what the Mental Health Collaborative is identified in paragraph 3.12.

The Interim Director of Adult Social Care replied that this is a group of 3<sup>rd</sup> sector groups that will come together to look at services within Mental Health to ensure that the Framework meets the needs of the community.

Councillor Liz Hardman asked what was meant by a co-production event in paragraph 3.13.

The Interim Director of Adult Social Care replied that this would see Healthwatch Wiltshire and Wiltshire Centre for Independent Living working with individuals to deliver events across BSW in June & July.

The Panel **RESOLVED** to note the progress on the implementation of the Community Mental Health Services Framework across BSW and locally within Bath and North East Somerset.

## **28 DIRECTOR BRIEFINGS - ADULT SOCIAL CARE & CHILDREN & YOUNG PEOPLE**

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

### Care Review

Josh McCallister, Chair Independent Review of Social Care has now published The Case for Change. B&NES are actively involved in the Care Review.

### Virtual School

Our virtual school for looked after children has been part of a national pilot to support children in care and children on child protection plans. We have been pleased to be able to offer this support and it has been invaluable during school lockdowns and has enabled us to provide additional support to some of our most vulnerable young people. In late June, we were notified that the DFE would be funding all LA's across the country to expand their Virtual Schools. This is positive news and we like to consider that our work on the pilot locally (1 of 3 in the country) has influenced this national rollout.

### Children's Social Care Covid-19 Regional Recovery and Building Back Better Fund

Children and Families Minister Vicky Ford announced in her Association of Directors of Children Services (ADCS) Conference speech on 8 July 2021, the Children's Social Care Covid-19 Regional Recovery and Building Back Better Fund. Each Regional Improvement and Innovation Alliance is invited to submit a single response on behalf of the region, with each Local Authority, including B&NES, contributing to the regional recovery plan.

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

### Virgin Care Contract Extension

BSWCCG Governing Body and B&NES Council, as joint commissioners, have requested a report setting out an options appraisal to help to decide whether it wishes to extend the Virgin Care contract. This is a seven-year contract from 2017/18 to 2023/2024 with the option for BSWCCG and B&NES Council 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 end of March 2022. The aim is for the options appraisal report to proceed through the decision-making governance for both BSWCCG and the Council by September 2021, but we recognise that this is an ambitious timescale and the decision-making process may require longer.

### Specialist Social Prescribing Service

One of the strategic priorities for both the B&NES locality and across BSW CCG is to ensure that people can access NICE compliant Autism Diagnostic Assessments in a timely way. Unfortunately, as a result of the pandemic local diagnostic services delivered by BASS were suspended because clinical staff were redeployed. The waiting list for assessments has now grown. Some people have been waiting more than a year and referral rates for assessments are rising, as we return to 'business as usual'.

To help mitigate the risks associated with long waits for diagnostic assessments we have commissioned the Specialist Social Prescribing Service from Developing Health and Independence (DHI) which will run as a 12-month pilot from May 2021. People waiting for their Autism Diagnostic Assessment will be offered up to 4 appointments with the new service. Social prescribing is designed to support people with a wide range of social, emotional or practical needs, and there is a growing body of evidence that it can lead to a range of positive health and wellbeing outcomes.

### Transformation

The Directorate has 7 main areas for transformation. The first Board meeting will be in July and all projects are in the process of developing project plans and Business Cases. The projects are focused on delivering improved outcomes for residents and providing value for money. They are focused on prevention and early help across a range of services.

Councillor Liz Hardman referred to the Specialist Social Prescribing Service commissioned from Developing Health and Independence in partnership with BASS Autism Support Service. She said though that she had been made aware that some colleagues at BASS have no knowledge of this service and asked for further information.

The Interim Director of Adult Social Care supplied the following answer after the meeting.

The service deployment began on 1<sup>st</sup> May 2021 and the Social Prescribing Practitioner has been in post with DHI since the beginning of June. The new service has so far contacted 35 people who are waiting for their full autism assessment with BASS and 6 of these people have been in touch to take up this offer.

The service will focus on those awaiting their Autism diagnostic assessment, so as to identify and mitigate any risks – however, it is a pilot and should we find that the service has additional capacity, we will broaden the offer to those already diagnosed although we do already have a small post-diagnostic service (mainly via groups), in place delivered by BASS.

I have suggested some comms go out to the wider BASS team to raise awareness of the new service and I'll liaise with DHI and my contacts in BASS to ensure that this happens.

Kevin Burnett asked if any mitigating actions were being taken given that the pressures across the health and social care system remain significant. He also asked whether Adult Social Care reported its Opel Status.

The Interim Director of Adult Social Care replied that providers report to the Council on a daily basis and the Council reports weekly. She added that it was known that complexities are increasing and that the transformation will look at how services can be provided better, but with less spend.

The Chairman thanked both of the Directors for their reports on behalf of the Panel.



## Childrens Services Director Report 13.07.21

### 29 PANEL WORKPLAN

The Chairman acknowledged that the six-monthly Virgin Care update report was due in September and that at that meeting it was likely that the Panel would receive a further report on the Shaping a Healthier Future programme.

The Panel approved the workplan as printed.

The meeting ended at 12.55 pm

Chair(person) .....

Date Confirmed and Signed .....

**Prepared by Democratic Services**

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## The Impact of Covid-19 on Women

**B&NES Children, Adults, Health & Wellbeing Panel - 14 September 2021**

### Background

On 11 March 2020, The World Health Organization (WHO) declared the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) outbreak a **global pandemic**.<sup>i</sup> On 23 March 2020, the UK government implemented the first national 'lockdown', ordering people to '*stay at home*' (i.e., where people were only allowed to leave home under certain circumstances).<sup>ii</sup> A second national 'lockdown' began on 5 November 2020<sup>iii</sup>, and national 'lockdown' restrictions were reintroduced for a third time on 6 January 2021.<sup>iv</sup>

At the time of drafting this paper some 133,000 **deaths** had been registered in England where Covid-19 was mentioned on the death certificate.<sup>v</sup> In Bath and North East Somerset (B&NES) this figure stood at around 300 residents.<sup>vi</sup> Excess deaths – a measure of the number of deaths that occurred during the pandemic from all causes over and above what would be expected in a normal period – was higher than registered deaths with Covid-19 on the death certificate during the first peak(/wave) in England<sup>1</sup> and B&NES.<sup>2vii</sup> This is due to several factors, for example, deaths that may not have been registered with Covid-19 on the death certificate (i.e., when testing was much lower and certifying medical professionals may have been more reluctant to put Covid-19 on a death certificate), as well as deaths from other causes due to disruption of healthcare services and/or reluctance of people to seek medical assistance.

### Introduction

At a meeting of B&NES's Council on 25 March<sup>viii</sup> Councillor Jess David presented a statement on the impact of the Covid-19 pandemic on women and requested the establishment of "*...a scrutiny process that will bring together an evidence base for Bath and NE Somerset on these issues and provide an opportunity for us to make recommendations for action – both in our economic renewal work and wider service provision.*" This paper provides a summary of the national evidence. It also draws on some international evidence, particularly where the national evidence is sparse.

### Methodology

This evidence paper was researched and written by the Insight Team (Business Intelligence) in B&NES. It draws upon evidence that has already been synthesised in published reports from a range of organisations, for example, Public Health England (PHE), The Health Foundation, Institute for Fiscal Studies (IFS), Office of National Statistics (ONS), London School of Economics (LSE) and OECD. This paper focuses on differences in the impact of the pandemic based on gender. However, it is important to note that gender alone will not explain all the differential impacts of the Covid-19 pandemic. The following quote from a European Parliament Think Tank report illustrates this point:

*"Women are not a homogenous group, and nor will they all experience these impacts in the same way. Race, location, religion, sexual orientation, ethnicity, socio-economic group (and beyond) will further affect women's experience of*

<sup>1</sup> In England during the period w/e 27 March 2020 and w/e 12 June 2020 there were 158,922 registered deaths. Expected deaths during this period in England (based on the average for the period 2015 to 2019) were 103,789. Thus, there were 53,133 excess deaths during this period in England. However, there were 45,030 deaths registered with Covid-19 on the death certificate during this period in England.

<sup>2</sup> In B&NES during the period w/e 27 March 2020 and w/e 12 June 2020 there were 500 registered deaths. Expected deaths during this period in B&NES (based on the average for the period 2015 to 2019) were 363. Thus, there were 137 excess deaths during this period in B&NES. However, there were 90 deaths registered with Covid-19 on the death certificate during this period in B&NES.

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*COVID-19. When considering policy development and scrutiny, the downstream effects of policy must recognise the real-world of those experiencing the outbreak and seek to mitigate against further harms amongst the most vulnerable.*<sup>xix</sup>

#### Mortality and Morbidity

Between March 2020 to February 2021 just over half of **Covid-19 deaths** in England and Wales were among men (68,889|126,851, 54%<sup>3</sup>).<sup>x</sup> Men were at higher risk of severe symptoms and worse outcomes, at least in part due to having a higher prevalence of certain comorbidities that are known risk factors (e.g., cardiovascular disease<sup>xi</sup> and diabetes<sup>xii</sup>).<sup>xiii</sup> There is also *emerging evidence* to suggest 'female' oestrogen can enhance the immune system's response to pathogens, while 'male' testosterone can suppress this response.<sup>xiv</sup>

In contrast to mortality, women were generally more likely to have received a positive recorded PCR test result for Covid-19 locally [Figure 1]. However, since women are more likely to work in the health and care sectors, they are more likely to be subject to regular testing (and evidence shows that more women than men had a PCR test for Covid-19<sup>xv</sup>), and thus, may have been more likely to have been detected as having Covid-19 compared to men.

'**Long Covid**', defined as ongoing symptoms persisting for more than four weeks after infection, is impacting people's ability to return to daily life.<sup>xvi</sup> On 4 July 2021, an estimated 945,000 people in the UK self-reported being affected by 'Long Covid' - representing 1.46% of the population.<sup>xvii</sup> As a proportion of the UK population, prevalence of self-reported 'Long Covid' was greatest in people aged 35 to 69 years, females, people living in the most deprived areas, those working in health or social care, and those with another activity-limiting health condition or disability.<sup>xviii</sup>

#### Mental Health and Economic Impact

Despite the increased mortality among males, women's **mental health and wellbeing** appears to have been more negatively affected than men's - **often due to the differing lockdown experiences**.<sup>xix, xx, xxi</sup> Women were more likely to be furloughed, to spend significantly less time working from home, and spend more time on unpaid household work and childcare.<sup>xxii</sup> The IFS estimated that women, particularly younger women, were a third more likely to be employed in sectors that were 'shut down' over the first 'lockdown' [Figure 2], and thus particularly at risk of job loss.<sup>xxiii xxiv</sup> Rates of women on furlough remained consistently higher to December 2020 [Figure 3]. Women reported worse **symptoms** and a larger deterioration in **mental health** after the onset of the pandemic than men.<sup>xxv</sup> Self-reported declines in mental wellbeing were higher for women than men during the first 'lockdown'.<sup>xxvi xxvii</sup> During the first 'lockdown' the ONS found that parents reported splitting home schooling equally between them, but by January 2021 (the start of the third 'lockdown'), a significantly greater proportion of women (67%) than men (52%) home-schooled a school-age child.<sup>xxviii</sup> This coincided with a high prevalence of poor mental health among mothers reported in January 2021.<sup>xxix</sup>

Several studies have found that those in insecure work, including those on zero-hours contracts and in temporary employment suffered greater falls in **earnings and hours worked** over the pandemic than those on more secure contracts.<sup>xxx</sup> Workers on less secure contracts who were eligible for the Coronavirus Job Retention Scheme (CJRS) faced

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<sup>3</sup> Registered deaths cover the period week ending 20 March 2020 to week ending 12 February 2021 by date of occurrence covering England & Wales where Covid-19 is mentioned on the death certificate.

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different experiences while furloughed. Furloughed workers on less secure contracts were not as likely to have had their wages topped-up by their employer beyond the 80% subsidy provided by the government.<sup>xxxvi</sup> As previously noted, women increased the number of hours devoted to care by more than men, thus putting an additional burden on working mothers. Research found that mothers found it harder to work productively from home during the pandemic.<sup>xxxvii</sup> Mothers were more likely than fathers to ask to be furloughed, while there was a much smaller gender gap among those without children.<sup>xxxviii</sup>

**Single parent families**, the vast majority being **lone mother families** (90%) rather than lone father families (10%),<sup>xxxix</sup> experienced greater difficulties during the pandemic compared to couple parent families. Research by Women's Budget Group, The Fawcett Society, London School of Economics and Queen Mary's University London highlighted some of the experiences of parents at the height of the first 'lockdown' (from a survey of 1,424 parents of under-11s conducted in mid-April 2020).<sup>xl</sup> For example, single mothers were more likely to say they expect to find it difficult to make ends meet, with 54% of single mothers agreeing compared with 46% of couple mothers agreeing, and 45% of single mothers saying their household has nearly run out of money compared with 33% of mothers and 31% of fathers in couple households.

With the recent 'unlocking' of restrictions, and the government appearing to at times advocate a return to the workplace, a recent survey of 2,132 UK workers (including a minimum of 250 who work for SMEs and 250 who are self-employed) has highlighted the pressures **employees** feel to disguise their **mental health** concerns.<sup>xli</sup> Fifty-one percent of respondents felt under pressure to put on a brave face at work, while 40% said they felt less resilient than before the pandemic.<sup>xlii</sup> More women report feeling under pressure to put on a brave face in front of colleagues (56% of women vs. 45% of men), and younger women are feeling under pressure the most (this figure rising to 61% for young women aged 16-24).<sup>xliii</sup> Women are also more likely to feel the consequences of low resilience – 41% reporting problems with sleeping and 29% shutting themselves off from people, compared to 27% and 21% of men respectively.<sup>xliiii</sup> Only 16% felt their mental health is very well supported at work, but 81% want their employers to provide support for mental wellbeing.<sup>xliii</sup>

The pandemic has accelerated the shift to remote homeworking. A House of Commons Women and Equalities Committee report suggests this brings opportunities for gender equality in the labour market.<sup>xliii</sup> The Committee recommend employers should take the opportunity to capitalise on some of the cultural changes seen to make it easier for people balancing family and career to work from home, to make it more flexible and to challenge the culture of presenteeism.<sup>xliii</sup> However, it is noted that working from home could create challenges for career progression where permanent home workers may be left out of the career ladder.<sup>xliiii</sup> The Health Foundation also suggest that with home working set to become normalised post-pandemic, employers would be wise to put efforts into ensuring that female employees are supported in juggling multiple pressures.<sup>xliiii</sup>

### **Domestic Abuse, sexual exploitation and sex-based violence**

Having looked at the evidence base, the Health Foundation recently concluded that having to stay at home during 'lockdowns' increased the risk of experiencing **domestic abuse**.<sup>xliiii</sup> Analysis of domestic abuse crimes held by the Metropolitan Police between 23 March to 14 June 2020 showed that while the overall level of domestic abuse crimes remains stable there was a considerable shift in the type of abuse.<sup>xliiii</sup> Abuse by current partners and family members increased by 8.5% and 16.4% respectively, while abuse by ex-partners declined by 9.4%.<sup>xliiii</sup> Calls for help remained high during both peaks (/waves).<sup>xliiii</sup> Refuge reported an

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average 60% increase in monthly calls to their helpline between April 2020 and February 2021 compared with the start of 2020, with 72% of calls from women directly experiencing domestic abuse.<sup>xlix</sup> It is well established that pregnancy triggers, and frequently accelerates domestic abuse.<sup>i</sup> The increase in remote on-line and telephone appointments for **pregnant women** also led to concern by healthcare professionals that domestic abuse is being masked during the pandemic.<sup>li</sup>

There is also evidence of an increased risk of **sexual exploitation and sex-based violence** since the start of the pandemic. An unpublished report referred to by The Health Foundation Reports suggests an increase in the number of women using sex work to survive during the pandemic.<sup>lii</sup> Between March and July 2020, the national charity, Changing Lives, saw an 83% increase in women accessing its specialist support for people selling sex – driven by the need for food and rent, and to provide for children.<sup>liii</sup> It also saw a 62% rise in women saying they had experienced sexual violence during the same period.<sup>liv</sup> With social distancing measures in place, much sex work moved away from the street and into private homes making it more dangerous as the women are out of sight of services, harder to access and often alone.<sup>lv</sup>

#### Impacts during pregnancy

With the increased pressure on the NHS since the start of the pandemic, women were adversely affected by **disruptions to perinatal and antenatal care**. An on-line questionnaire responded to by 1,451 respondents found that scans became less frequent at the beginning of the pandemic, and women reported difficulties discussing sensitive issues virtually, as well as being compounded by fears of further burdening the health system.<sup>lvi</sup> Initial restrictions meant many women gave birth without a birthing partner, and even once this changed there were still limitations on how long they could stay to support mothers.<sup>lvii</sup>

A systematic review has found that **pregnant and recently pregnant women** with Covid-19 attending or admitted to the hospitals for any reason are less likely to manifest symptoms such as fever, dyspnoea, and myalgia, and are more likely to be admitted to the intensive care unit or needing invasive ventilation than non-pregnant women of reproductive age.<sup>lviii</sup> Their babies are more likely to be admitted to the neonatal unit.<sup>lix</sup> The ethical dilemmas around including pregnant and breast-feeding mothers in clinical trials is a long-standing issue. Their absence in the initial clinical trials for Covid-19 vaccines has likely led to greater safety concerns among pregnant women and lower vaccine uptake. The UK government have recently announced a new government funded clinical trial to investigate the best vaccine dose interval for pregnant women (the Preg-CoV study).<sup>lx</sup> Pfizer also announced in February 2021 they were conducting a trial to evaluate their Covid-19 vaccine in pregnant women.<sup>lxi</sup> Following 130,000 pregnant women being vaccinated in the US, and no safety concerns being raised, the Pfizer/BioNTech and Moderna vaccines were recommended by the independent experts at the Joint Committee on Vaccination and Immunisation (JCVI) for pregnant women in the UK.<sup>lxii</sup> Almost 52,000 pregnant women in England have been vaccinated (reported in early August 2021) – similarly, with no safety concerns reported.<sup>lxiii</sup>

#### Drinking Habits

There is evidence emerging that during the Covid-19 pandemic people have significantly **changed drinking habits**, shifting places of consumption from bars and restaurants to home. The OECD found that most people did not change how much they drank, but among those who did, a larger proportion of people drank more.<sup>lxiv</sup> The long-term impacts of Covid-19 on alcohol consumption are uncertain. During the Covid-19 'lockdowns' women, parents of young children, people with higher income and those with anxiety and depressive

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symptoms reported the highest increase in alcohol consumption across several countries.<sup>lxv</sup> Given that excessive alcohol consumption is common after traumatic events, as a response to high stress levels, there is a risk that Covid-19 will cause an increase in problematic drinking in the medium term.<sup>lxvi</sup>

#### **Summary**

This paper presents findings across a wide spectrum of topic areas in which women have experienced differential impacts during the pandemic when compared to men. However, and as already noted, other factors such as ethnicity, income, caring responsibilities, etc. need to be carefully considered when drawing conclusions. As the body of research evidence on the impacts of the pandemic grows other medium- and long-term impacts will come to light.

#### **Insight Team**

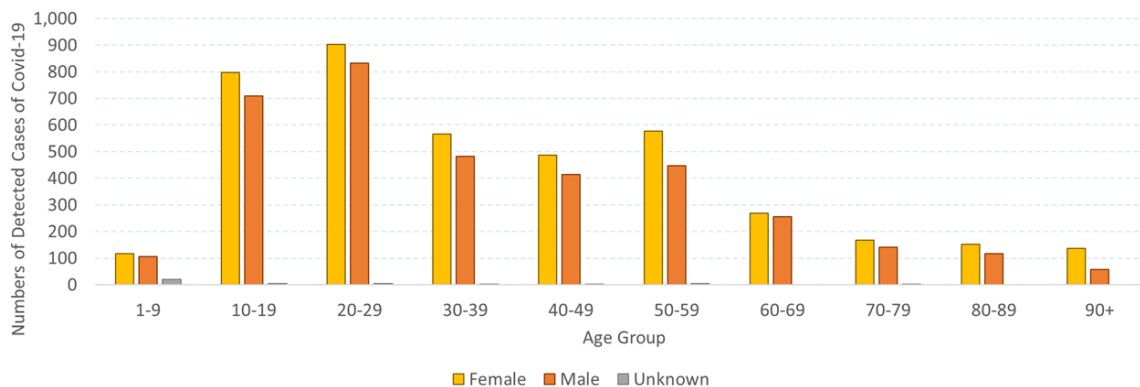
Business Intelligence & Performance  
Bath and North East Somerset Council  
27 August 2021

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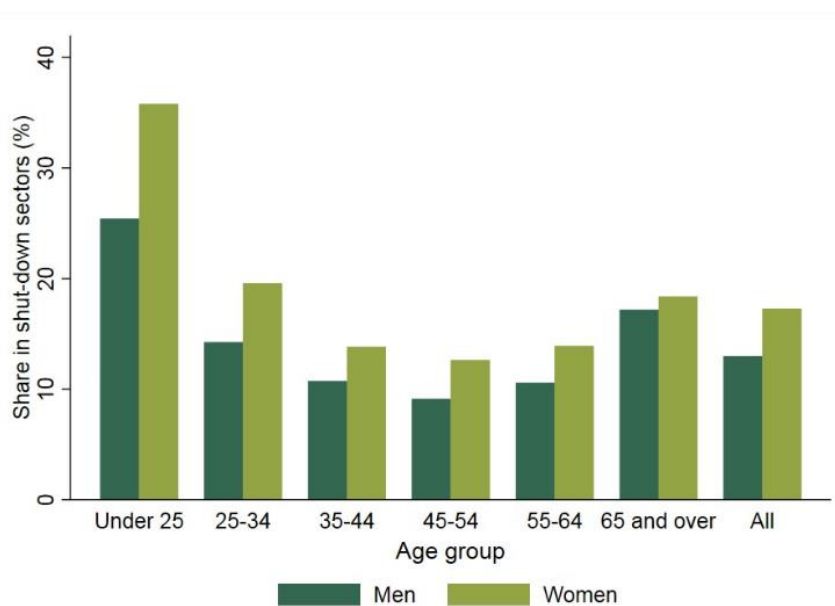
**Figure 1: Detected cases by gender per 1,000 population during the 2<sup>nd</sup> peak(/wave) of UK's epidemic of Covid-19, decile age band (excluding age below 1), B&NES, week 36 (2020) to week 18 (2021)**



**Source:** B&NES internal analysis of Cases Line List data.

**Note:** Sample date period covers w/e 4 September 2020 to w/e 7 May 2021.

**Figure 2: Share of employees in shut-down sectors, by gender and age (April 2020)**



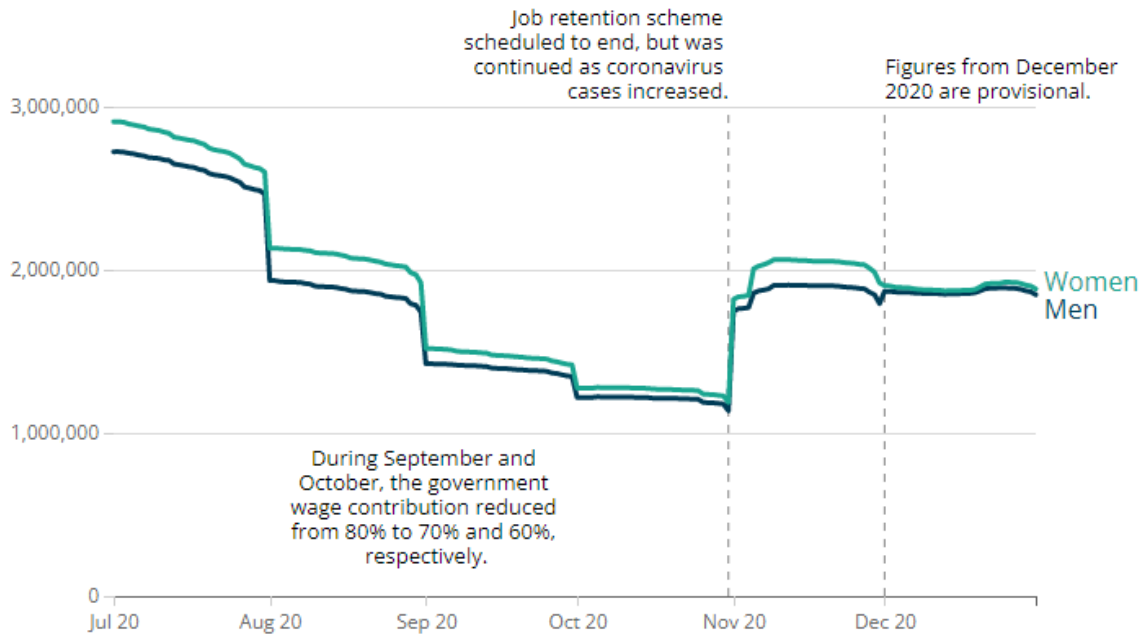
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**Figure 3: Daily number of people furloughed, UK, between 1 July and 31 Dec 2020**



**Source:** ONS (2021), *Coronavirus (Covid-19) and the different effects on men and women in the UK*, March 2020 to February 2021, available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronaviruscovid19andthedifferenteffectsonmenandwomenintheukmarch2020tofebruary2021/2021-03-10> [accessed 3 August 2021]

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- <sup>lviii</sup> Allotey, J. et. al. (2020), Clinical manifestations, risk factors, and maternal and perinatal outcomes of coronavirus disease 2019 in pregnancy: living systematic review and meta-analysis, *BMJ*, **370**:m3320, accessed from: <https://www.bmj.com/content/370/bmj.m3320> [10 August 2021]
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- <sup>lx</sup> Department for Health and Social Care (2021), *New study into COVID-19 vaccine dose interval for pregnant women*, Press Release, available from: <https://www.gov.uk/government/news/new-study-into-covid-19-vaccine-dose-interval-for-pregnant-women> [accessed 10 August 2021]
- <sup>lxi</sup> Pfizer (2021), *Pfizer and Biontech Commence Global Clinical Trial to Evaluate Covid-19 Vaccine in Pregnant Women*, press release, 18 February 2021, available from: <https://www.pfizer.com/news/press-release/press-release-detail/pfizer-and-biontech-commence-global-clinical-trial-evaluate> [accessed 10 August 2021]
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- <sup>lxiii</sup> Department for Health and Social Care (2021), *New study into COVID-19 vaccine dose interval for pregnant women*, op. cit.
- <sup>lxiv</sup> OECD (2021), *The effect of Covid-19 on alcohol consumption, and policy responses to prevent harmful alcohol consumption*, available from: <https://www.oecd.org/coronavirus/policy-responses/the-effect-of-covid-19-on-alcohol-consumption-and-policy-responses-to-prevent-harmful-alcohol-consumption-53890024/> [accessed 4 August 2021]
- <sup>lxv</sup> *Ibid.*
- <sup>lxvi</sup> *Ibid.*

## 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
<b>14TH SEPTEMBER 2021</b>				
14 Sep 2021	<b>Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel</b>	<b>Complaints and Feedback Annual Report for Children's Services 2020 - 21</b>	Sarah Watts Tel: 01225 477931	Director of Children and Education
14 Sep 2021	<b>Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel</b>	<b>Adverse effects of the impact of COVID-19 on women</b>	Jon Poole, Joe Prince, Cherry Bennett Tel: 01225 47 7203	Director of Adult Social Care
<b>15TH OCTOBER 2021</b>				
15 Oct 2021	<b>Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel</b>	<b>Virgin Care Update</b>	Claire Thorogood, Suzanne Westhead Tel: 01225 477272,	Director of Adult Social Care
15 Oct 2021	<b>Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel</b>	<b>The Health &amp; Social Care Bill</b>	Corinne Edwards Tel: 01225831868	Director of Adult Social Care

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
15 Oct 2021	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Shaping a Healthier Future Programme (Update)	Simon Cook	
<b>9TH NOVEMBER 2021</b>				
9 Nov 2021	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Independent Reviewing Officer (IRO) Annual Report	Sarah Hogan Tel: 01225 39 6810	Director of Children and Education
The Forward Plan is administered by <b>DEMOCRATIC SERVICES:</b> Democratic_Services@bathnes.gov.uk				

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