

BATH AND NORTH EAST SOMERSET

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

Friday, 15th October, 2021

Present:- Councillors Vic Pritchard (Chair), Michelle O'Doherty (Vice-Chair), Mark Roper, Andy Wait, Paul May, Liz Hardman and Rob Appleyard

Co-opted Voting Member: Gill Stobart

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

Also in attendance: Suzanne Westhead (Director of Adult Social Care), Mary Kearney-Knowles (Director of Children and Education), Claire Thorogood (Head of Contracting & Performance), Corinne Edwards (BSW CCG Chief Operating Officer), Richard Smale, BSW CCG Director of Strategy and Transformation) and Simon Cook (Shaping a Healthier Future Programme Director)

43 WELCOME AND INTRODUCTIONS

The Chairman welcomed everyone to the meeting.

44 EMERGENCY EVACUATION PROCEDURE

The Chairman drew attention to the emergency evacuation procedure.

45 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillor Ruth Malloy and Councillor Gerry Curran had both sent their apologies to the Panel.

46 DECLARATIONS OF INTEREST

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

47 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

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

Councillor Paul May addressed the Panel. He said that in light of this being the second additional meeting in recent months he would like to propose that the Panel seeks to request the Council to consider reallocating their remit to two separate Panels, one for Adults Health & Wellbeing and one for Children & Young People Health & Wellbeing to allow for more focussed meetings.

Councillor Michelle O'Doherty said that she would second the proposal. She said that the Panel has a high workload currently and felt that as it was people's lives being considered that more time should be given to each group. She acknowledged that some issues may require an integrated discussion.

Councillor Liz Hardman commented that she would support the proposal as both aspects were so important.

Councillor Rob Appleyard said that he didn't feel that they were giving either portfolio justice and that officers were owed a certain level of support from the Panel.

Chris Batten commented that if a separation of remits were to happen there should be a way for joint reports to be presented to both Panels at the same time.

Kevin Burnett stated that he would support the proposal as it would give members an opportunity to look at issues in more detail.

The Panel **RESOLVED** to request the Council to consider reallocating their remit to two separate Panels, one for Adults Health & Wellbeing and one for Children & Young People Health & Wellbeing to allow for more focussed meetings.

One member of the Panel abstained from voting.

49 MINUTES: 14TH SEPTEMBER 2021

Kevin Burnett asked if there was an update on the Escalation Protocol.

The Director of Children's Services & Education replied that she will prompt the BCSSP Business Manager for an update.

Kevin Burnett thanked officers for supplying him with the minutes of the Child Protection Forum meeting but asked if there had been any recent feedback from schools on frontline services or if not when was any last undertaken.

The Director of Children's Services & Education replied that she would have to take that matter away and discuss colleagues.

The Chairman commented that he had received a response to his query regarding the local Bladder and Bowel Service and asked the Democratic Services Officer to circulate it to the Panel.

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

50 BSW CCG UPDATE

Corinne Edwards, B&NES CCG, Chief Operating Officer addressed the Panel and highlighted the key topics covered within the update report.

Flu vaccine delays

While this year's programme of winter flu vaccination clinics across B&NES is set to begin over the coming weeks, vaccine provider Seqirus has advised that due to unforeseen road freight challenges, there will be a delay to scheduled deliveries of around one to two weeks. This change means that practices will inevitably have to reschedule clinics.

As a result, Seqirus has pledged to keep practices informed through various delivery updates and practices across B&NES are keeping patients informed.

Supporting GPs and parents of children with Respiratory Syncytial Virus (RSV)

BSW CCG has put measures in place to help address a rise in the number of children affected by Respiratory Syncytial Virus (RSV). RSV is a potentially serious respiratory illness which children often pick up during the colder months of the year which health officials have been reporting in increasing numbers over the past few months.

The CCG has supported by supplying a range of RSV-related materials for GP practices and other health settings including display posters and leaflets and organising education sessions for GPs on how to manage cases, as well as when to refer onwards to hospitals.

Awareness of the rise has been made to primary care colleagues to help manage children whose families may otherwise be putting unnecessary pressure on hospitals. There have also been communications with the public on guidance of when to contact primary care regarding the illness and when it is safe to monitor children.

Kevin Burnett asked what plans were being put in place locally to ease pressure on GPs.

Corinne Edwards replied that a detailed letter from the Government had been received this week regarding extra support. She added that colleagues have met and discussed initial thoughts and added that a plan suggesting solutions / investment needs to be submitted by October 28th.

Councillor Andy Wait asked if any further update could be given regarding flu vaccinations.

Corinne Edwards replied that she was aware that appointments were now being arranged to be vaccinated and that she would seek an update on behalf of the Panel.

Councillor Paul May commented that he hoped that there would be a mechanism in place for Integrated Care System (ICS) updates when the Clinical Commissioning Group (CCG) ceases to exist.

Corinne Edwards replied that it has been noted that this is an area of work that needs to be continued following the transition next year.

Councillor Liz Hardman asked how ready we were locally for these changes.

Richard Smale, B&NES CCG, Director of Strategy and Transformation replied that he felt that they were not in a bad place in terms of preparation and that meetings had been held this week with colleagues to further discuss the process.

The Chairman commented that he was concerned to hear that B&NES had recorded a higher number of more recent Covid-19 cases than Bristol.

The Director of Adult Social Care replied that she would ask the Director of Public Health to circulate a report that officers had received this week containing the latest data.

Richard Smale added that it should be noted that the link between cases and hospital admissions is currently lower.

The Chairman said that he hoped that people would not become too casual as the effect Long Covid was still somewhat unknown.

Kevin Burnett commented that he was aware that several small schools have been disrupted recently by an increase in cases and that he felt communications could be improved to assist them.

The Chairman thanked the CCG for the update on behalf of the Panel.

51 VIRGIN CARE UPDATE

The Director of Adult Social Care introduced this report to the Panel. She began by thanking all staff within Virgin Care for their hard work throughout the pandemic.

She explained that at the request of Panel this update report concentrates on the key themes of service user/patient experience and workforce planning.

She said that on a monthly basis, Virgin Care hold an internal quality and safety meeting which is also attended by a member of the CCG Quality Team. There is currently also a bi-monthly quality group meeting which is chaired by the Associate Director of Patient Safety and Quality (CCG) and this meeting provides assurance on the quality data and escalates any concerns or issues to the Contract, Quality and Performance Meeting (CQPM).

She referred to the service user and patient experience section of the report which detailed Virgin Care's performance across a range of safety indicators, these include, serious incidents, pressure ulcers, falls, never events and safeguarding. She said that the report also details feedback from service users and patients through surveys and customer feedback. She added that adult social care and safeguarding performance and assurance is also included in this section of the report.

She stated that the section for workforce planning gives detail of Virgin Care's priorities for 2021/22 and the focused activity to deliver the priorities. There is also detailed information and data on appraisal, communication, staff engagement, reward and recognition, staffing – starters/leavers/vacancies, staffing absence, training and wellbeing. She informed the Panel the report also gives an overview of current workforce pressures and challenges.

She updated the Panel with regard to the Contract Performance Notice (CPN) that was issued to Virgin Care in May 2021 following the closure of Sulis Ward (St Martin's Community Hospital) due to staffing capacity. She said that they had now been assured that St Martin's has enough stable staffing in place.

Referring to page 36 of the agenda pack the Chairman asked which venue had been identified as closer than Keynsham to allow easier access for Health Visitor clinics for people in the Chew Valley.

The Head of Contracting & Performance replied that she would follow up that point on behalf of the Panel.

Councillor Liz Hardman said, as the ward councillor for Paulton, she was concerned to read about the score for Privacy, Dignity and Wellbeing at Paulton Hospital (para 2.7, p40) and asked how the figure of 77.98% compares with the previous year and are there any plans in place to improve this.

The Director of Adult Social Care replied that figures within the report were not correct as should have been as follows.

2018: St Martins 79%	Paulton 71%
2019: St Martins 89%	Paulton 87%

She added that figures for 2020 were not available due to Covi-19 and that following dedicated support through a Quality Lead from Virgin Care she expected figures to improve again when collected for 2021.

Councillor Hardman asked how to more service user engagement would be enabled.

The Director of Adult Social Care replied that this is seen as an important issue by Virgin Care and that following a review, a new engagement strategy had been compiled. She added that a series of public forums would be held throughout 2022.

Referring to paragraph 2.10.1 of the report (Adult Social Care and Safeguarding) Councillor Hardman asked why it was felt that cultural change be undertaken at pace.

The Director of Adult Social Care replied that there had been an issue regarding the approach to strength-based assessments and stated the importance of making sure that the person's voice needs to be heard. She said that this approach was well supported by Virgin Care and acknowledged that further work was required.

Kevin Burnett commented that the report overall seems to be good, he asked if the Council was happy with its content.

The Director of Adult Social Care replied that she was really pleased to present the report to the Panel and felt that it was very balanced. She said that all parties had worked well together to maintain services as much as possible over the past 18 months.

Kevin Burnett asked if there was any comparative benchmarking data in relation to the Friends and Family Test.

The Head of Contracting & Performance replied that she was not aware of any direct comparison, but was prepared to carry out some research on behalf of the Panel.

Kevin Burnett asked for an explanation of Transitional Monitoring Assessments.

The Director of Adult Social Care replied that these had been put in place to capture data as full CQC Assessments had not been possible during the pandemic. She added that it was felt a full assessment was likely to take place within the next six months.

Kevin Burnett asked if the workforce were happy to be working with Virgin Care.

The Head of Contracting & Performance replied that the staff survey was due to close soon with the findings expected around December.

The Chairman said that he would be interested to see the outcomes of the survey.

The Head of Contracting & Performance said that the results of the survey could be shared with the Panel.

Corinne Edwards said that she echoed the comments made by the Director of Adult Social Care regarding the work of Virgin Care and acknowledged that they have delivered services and worked with partners greatly over the course of the pandemic. She added that the arrangements that had been put in place were because of their collaboration work.

Councillor Andy Wait referred to the statistics on page 31 of the agenda pack and asked how this data was collected – is everybody asked or is it voluntary?

The Director of Adult Social Care replied that data is collected through Liquid Logic, the Council's social care case management system.

The Head of Contracting & Performance added that further information could be provided and that the Quality Group meets regularly to analyse scorecards and data.

Val Scrase, Managing Director, B&NES Virgin Care said that all service users are asked to complete the Friends and Family Test, but that this is voluntary. She added that it is always interesting to receive the feedback and to then respond accordingly.

Councillor Andy Wait asked if the actual number of responses could be shared with the Panel and could they be sent a blank copy of the test.

Val Scrase replied that she would ask for that information on behalf of the Panel and send through a copy of the test.

Councillor Andy Wait asked if there was any further information regarding staff recruitment and incentives such as the Golden Hello.

The Director of Adult Social Care replied that the Council is part of the Proud to Care campaign that seeks to support people looking for a career in social care. She added that work was also planned to take place locally with the universities. She said that there was a need to bring new people into the service and to make roles more accessible / interesting and to be part of a career path.

The Chairman commented that he welcomed this focus and asked if agency staff choose to have that role rather than a permanent position as it is more lucrative for them.

The Director of Adult Social Care replied that she felt that it was more about the individual having flexibility in when / where they work and that this needs to be considered more in future roles.

Val Scrase said that the Golden Hello is used to support and retain staff who are committed to working within B&NES. She added that the amount of money involved can vary from person to person.

Councillor Paul May commented that there was little reference within the report to Children's Services / Health and that he would welcome a section being included in future versions.

The Director of Children's Services & Education supported greater focus on children's' community health services being included in future reports, but was able to assure the Panel that Virgin Care deliver high quality services for children and young people in B&NES.

The Panel **RESOLVED** to note the content of the report and identified that Children's Health could be the focus for the next update report due to Panel in March 2022.

52 THE HEALTH & SOCIAL CARE BILL - ICS UPDATE

Richard Smale, BSW CCG Director of Strategy and Transformation addressed the Panel, a summary of the presentation is set out below.

BSW Integrated Care System (ICS) Development and Transition

Statutory components of an Integrated Care System

Following the abolition of the CCG two new bodies will be created.

- Integrated Care Board (ICB)
- Integrated Care Partnership (ICP)

Time has been set aside to discuss with relevant parties how this will work.

All stakeholders will need to play a key role and equality should be given to all views.

Integrated Care Board

The Integrated Care Board is a statutory NHS body / organisation that will:

- Bring partner organisations together in a new collaborative way with common purpose;
- Bring the NHS together locally to improve population health and establish shared strategic priorities within the NHS, connecting to partnership arrangements at system and place.

Subject to the legislation,

- Expect most CCG statutory functions will be conferred on the Integrated Care Board in April 2022 (including commissioning responsibilities and contracts).

Integrated Care Partnership

The ICP is a statutory committee established locally and jointly by the ICB and the Local Authorities in the ICB's area.

The ICP will work on the principle of statutorily equal partnership between the NHS and local government to work with and for their partners and communities.

Responsibility to develop an 'integrated care strategy' for the area's whole population, covering health and social care, and addressing health inequalities and the wider determinants which drive these inequalities. A key body for developing the overarching vision and strategy for health and care in B&NES, Swindon and Wiltshire.

Wide range of partners and organisations – local authorities, the VCSE sector, the NHS, anchor institutions, education, housing, police, etc.

Can only be set up once the ICB is formally established.

Working in partnership

- Emphasis on working with people and communities; and partnerships with voluntary, community and social enterprise sector.
- BSW secured £25k to establish a VCSE Alliance at Integrated Care System level and to support involvement within the Integrated Care Board and Integrated Care Partnership.
- Engagement strategy for 2022/23

Action required

- Develop a system-wide strategy for engaging with people and communities by April 2022
- ICBs work with partners to develop arrangements for ensuring that integrated care partnerships and place-based partnerships have representation from local people and communities in priority-setting and decision-making forums.
- By April 2022, ICBs are expected to have developed a formal agreement for engaging and embedding the VCSE sector in system-level governance and decision-making arrangements, ideally by working through a VCSE alliance to reflect the diversity of the sector.

Transition arrangements

- Integrated Care System (ICS) Chief Executive interviews 12/13th October
- First assessment against the Readiness to Operate Statement due 29th October 2021
- Integrated Care Board (ICB) draft constitution to be submitted 17 December 2021, final version by 31 December

B&NES Integrated Care Alliance Development

Corinne Edwards, B&NES Chief Operating Officer, BSW CCG addressed the Panel, a summary of the presentation is set out below.

What do we have in place currently at place-level?

- B&NES Integrated Care Alliance (ICA) established in 2018 as a subgroup of the Health & Wellbeing Board
- Informal partnership arrangements in B&NES, built on a long history of working together. Rapidly developed as a result of needing to work together more to respond to the COVID-19 pandemic (meeting daily to begin with)

Alliance Strategic Group:

- Meets monthly as an executive forum
- Members from CCG (Locality Clinical Chair, Chief Operating Officer & deputy), B&NES Council (Director of Adults Social Services, Director of

Children's Services, Director of Public Health), RUH, Virgin Care, AWP, GPs, 3SG, BEMS+ and HealthWatch B&NES

Alliance Operational Delivery Group:

- Meets fortnightly
- Tactical group of the alliance
- Operational overview of locality pressures, inc supporting patient flow, monitoring Covid surge, recovering from the pandemic
- Develops plans, oversees the work plan and provides a partnership response

Place-based governance options

- Option 1 – A consultative forum
- Option 2 – Individual executives or members of staff of a relevant statutory body
- Option 3 – A committee of the Integrated Care Board
- Option 4 – A joint committee established between partner organisations
- Option 5 – A lead provider manages resources and delivery at place-level

Considered by ICA members with agreement to progress Option 4 - A committee established between statutory organisations (Integrated Care Board, LAs, NHS providers) enabling joint decisions so greater sense of ownership and partnership feel – builds on what we already have.

Next steps – Transition to ICS

- ICA away days 13th & 14th October to consider ways of working, behaviours, decision-making, membership etc – outputs to inform development of a memorandum of understanding between partners and terms of reference for the joint committee
- ICA to consider the financial governance framework for place on 28th October
- Place-based leadership arrangements – draft proposals being considered by ICS and 3 ICAs during October. Include:
 - a 'partnership convener' as an elected chair of the joint committee and would be a member of the ICS NHS Board
 - To be supported by an Executive lead with formal responsibility for statutory functions delegated to each of the ICAs. The Executive lead would be a joint appointment between the providers, the Local Authority and ICS NHS Board

The Chairman commented that all parties in this process should be considered equal. He added that previously some members had been concerned about access to services, particularly in Bristol.

Richard Smale replied that boundaries have to be considered as porous and that patients should still be able to access the services they need whether that be in Bristol, Oxford, Southampton etc. He added that this work should be seen as a way to strengthen within the community and to add value to work within family units.

Councillor Rob Appleyard said that he hoped there would be a focus on Mental Health within the new arrangements and said that the presentation highlighted the complexities of the work ahead.

Councillor Paul May stated that he was worried that an additional tier would disrupt the democratic process and hoped that a locality focus would be retained where possible.

Richard Smale replied that B&NES, Swindon and Wiltshire all have a unique demographic and that he felt that all would succeed if success was achieved locally. He added that they will also need to come together collectively when needed as they have done during the pandemic.

Councillor Liz Hardman asked how will private company contracts be scrutinised by the ICS.

Richard Smale replied that local democracy can be built into this process and said that Swindon and Wiltshire shared a similar view.

Corinne Edwards added that local accountability is important and that when the new arrangements are in place they will need to be clear about the roles of all parties. She said that it will be a significant change for all partners.

She explained that having an Integrated Care Alliance was not a statutory requirement, but that B&NES had decided to have this function to allow place-based arrangements.

Councillor Paul May asked how the services provided by Virgin Care would be affected.

Corinne Edwards replied that commissioning functions would transfer into the ICS. She added that some contractors do already work across the BSW footprint.

The Chairman thanked Corinne and Richard for their presentation on behalf of the Panel.

53 SHAPING A HEALTHIER FUTURE PROGRAMME

Richard Smale, BSW CCG Director of Strategy and Transformation addressed the Panel, a summary of the presentation is set out below.

BSW Health and Care Model

- Community Focus & Wellbeing
- Workshops have been held with comparative work being carried out in Swindon & Wiltshire
- Start the public conversation and listen to the local population - Work together to empower people to lead their best life

Five parts of the model

- Personalised care
- Healthier communities
- Joined-up local teams
- Local specialist services
- Specialist centres

Simon Cook, Shaping a Healthier Future Programme Director addressed the Panel, a summary of the presentation is set out below.

Engagement

- Launch on 2nd November 2021 – Engagement across November & December
- Aim:
 - To raise awareness of the BSW model and what it means for local communities
 - Two way dialogue with stakeholders about key principles of model in order to understand the barriers to access and the impact of these - especially for those affected by health inequalities
 - To provide details to the public of how they can keep involved going forward
- Approach:
 - Blended approach - mostly digital though with some off-line engagement opportunities.
 - Pragmatic – given resource and time constraints - and so targeted at communities experiencing health inequalities.
 - Collaborative with partners to maximise messaging
 - Using storytelling to explain engagement so far and highlight what new ways of working will mean for people in practice.
 - Engaging on the system-wide model but with options for localised additional engagement.
- How we will engage:
 - Surveys with localised questions – on websites and via press release
 - Posters and leaflets
 - Workshops with community, 3rd sector and patient groups
 - Interviews with key stakeholders

He said that following the engagement activities he would like to update the Panel in January 2022.

He informed them that 127 expressions of interest for the available funding had been submitted and that only 8 will go onto the next stage of the process.

Councillor Rob Appleyard commented that within the surveys it would be helpful if information could be provided to residents about how the provision of services might change so that they are well prepared.

Kevin Burnett said that there would still need to be somebody that held the role of a care co-ordinator, whether that be a GP or other health professional.

Richard Smale replied that care planning will need to be in place and individuals will be assessed on where that needs to begin. He said that this could be from the GP or the team around them. He added that it was important to make sure the governance of the process was correct.

Simon Cook added that data analysis will be key so the right technology will need to be in place.

Councillor Liz Hardman asked if enough staff / resources will be available for the model that we want to achieve.

Simon Cook replied that work will be carried out to make careers more attractive and progressive.

Richard Smale added that workforce numbers remain an issue, but that they would work together as much as possible to provide the required resources.

Corinne Edwards commented that there was a need to take the public with us on this journey and to try not to become fixated on buildings and beds. She added that this was not solely an adults issue and it is seen as an all age encompassing approach.

Councillor Alison Born, Cabinet Member for Adults and Council House Building offered her congratulations on the work carried out so far and said she hoped that solutions would be found for all service recipients.

The Chairman cited the recent transfer of services of the Mineral Hospital to the RUH as an example how to keep the public informed and show that services would remain available despite a change in location.

He added that he felt that a note of caution should be given regarding technology and app use as that could depend on access to a reliable phone signal and that some areas of the Council are not so well covered.

He stated that he supported the intentions of the project and urged the engagement of the public so that nobody is left behind.

Richard Smale said it was likely to take many years to achieve the goals stated and this initial consultation was just the start of the process.

The Chairman asked if the programme was working the Council outside the forum of the Panel.

The Director of Adult Social Care replied that it was and that it was seen as a long term journey that we need to support as much as possible to make sure the right services are in place for the public.

The Director of Children's Services & Education commented that she felt that Children & Young People needed to be referenced more within the programme, but welcomed the changes to the model that now reflect "Starting Well".

The Chairman thanked Richard Smale and Simon Cook for their presentation on behalf of the Panel.

54 PANEL WORKPLAN

The Panel approved the workplan as printed.

The meeting ended at 1.05 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services