

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

Date: Friday, 15th October, 2021

Time: 10.00am

Venue: Brunswick Room - 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:-**

The Openness of Local Government Bodies Regulations 2014 now allows filming and recording by anyone attending a meeting. This is not within the Council's control.

Some of our meetings are webcast. At the start of the meeting, the Chair will confirm if all or part of the meeting is to be filmed. If you would prefer not to be filmed for the webcast, please make yourself known to the camera operators.

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4. **Public Speaking at Meetings**

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Advance notice is required not less than two full working days before the meeting. This means that for meetings held on Thursdays notice must be received in Democratic Services by 5.00pm the previous Monday.

Further details of the scheme can be found at:

<https://democracy.bathnes.gov.uk/ecCatDisplay.aspx?sch=doc&cat=12942>

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**Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel - Friday,
15th October, 2021**

at 10.00am in the Brunswick Room - 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: 14TH SEPTEMBER 2021 (Pages 7 - 22)
8. 10.15AM BSW CCG UPDATE (Pages 23 - 26)

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

9. 10.35AM VIRGIN CARE UPDATE (Pages 27 - 56)

This is the fourth report submitted to the Panel as a commissioning update on Virgin Care Services Limited's delivery as the prime provider for integrated health and social care services for the B&NES locality. At the request of the Panel this update report will concentrate on the key themes of service user/patient experience and workforce planning.

10. 11.20AM THE HEALTH & SOCIAL CARE BILL - TO FOLLOW

The Panel will receive a presentation regarding this item from Corinne Edwards, B&NES Chief Operating Officer and Richard Smale, Director of Strategy and Transformation.

11. 11.50AM SHAPING A HEALTHIER FUTURE PROGRAMME (Pages 57 - 76)

The Panel will receive a presentation from Simon Cook (Shaping a Healthier Future Programme Director) and Geoff Underwood (Programme Director, SCW CSU).

12. 12.20PM PANEL WORKPLAN (Pages 77 - 80)

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, 14th September, 2021

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

Also in attendance: Suzanne Westhead (Director of Adult Social Care), Mary Kearney-Knowles (Director of Children's Services and Education), Christopher Wilford (Education and Safeguarding Director) and Sarah Watts (Complaints & Data Protection Team Manager)

30 WELCOME AND INTRODUCTIONS

The Chairman welcomed everyone to the meeting.

31 EMERGENCY EVACUATION PROCEDURE

The Chairman drew attention to the emergency evacuation procedure.

32 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillor Paul May, Councillor Mark Roper, Chris Batten (Co-opted Member) and Gill Stobart (Co-opted Member) had sent apologies to the Panel.

Apologies were also received from Councillor Dine Romero (Cabinet Member for Children and Young People, Communities and Culture) and Dr Bryn Bird (B&NES Locality Clinical Chair, BSW CCG).

33 DECLARATIONS OF INTEREST

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

34 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

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

There were none.

36 MINUTES: 13TH JULY 2021

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

The Director of Children's Services & Education replied that sign off had been delayed slightly and was hopeful that it would be ready by the next meeting of the Panel.

Kevin Burnett asked to be updated on whether the Regional Schools Commissioner (RSC) had agreed to attend a future Panel meeting to explain the procedure regarding public accountability for how MATs (Multi Academy Trusts) are run.

The Director of Education & Safeguarding replied that following his request the Regional Schools Commissioner (RSC) had agreed to attend the November 9th Panel meeting.

Councillor Andy Wait reminded the Chairman of his proposal that a Corporate Parenting report should be received by a future meeting of Full Council.

The Chairman apologised and said that he would enquire as to whether this would be possible for the 18th November 2021 meeting.

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

37 CABINET MEMBER UPDATE

Councillor Alison Born, Cabinet Member for Adults and Council House Building 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.

The health and social care system remains under pressure across B&NES, as it is across the country, with increased demand for services and staff shortages. This is continuing to have a significant impact on our Reablement Service provided by Virgin Care and on mental health services provided by AWP and Oxford Health.

Social Care Plan

The Prime Minister has announced the Government's reform package for social care, and increased funding for the NHS from 2022-23:

<https://www.gov.uk/government/publications/build-back-better-our-plan-for-health-and-social-care>

National Insurance Contributions (NICs) for employees and employers will increase by 1.25%. This new "Health and Social Care Levy" will be "hypothecated in law" and will have to be spent on frontline services. The increase in employer's national insurance will cost B&NES £750k next year.

Changes will be introduced from October 2023 and will have an impact on the income that local authorities receive from social care clients. Lost income is

estimated by the Government at £5.4bn and local government will receive funding for these losses. However, the methodology for distributing the funding will need to be determined. The White Paper says that, “The Government will consult on its proposals for funding distribution and keep this distribution under review”. Clearly there is a risk for local authorities that the funding is insufficient to offset the lost income.

Additional funding raised from the tax increases will be used for the NHS (£25bn over 3 years in England) and to fund the costs of social care reform (£5.4bn over 3 years). Although the Prime Minister said, “you can’t fix the NHS without fixing social care”, there will be very little additional funding for social care to either close the funding gap or to improve care standards. Within the £5.4bn for social care, there will be £500m over 3 years to support the social care workforce.

Virgin Care Contract

B&NES, Swindon & Wiltshire Clinical Commissioning Group (BSWCCG) Governing Body and B&NES Council, as joint commissioners, have requested a report setting out an options appraisal to help decide whether or not to extend the Virgin Care contract.

This is a seven-year contract from 2017/18 to 2023/2024 with the option to extend the contract term by three years, taking its term to 2026/2027. The option to extend the contract in this way can only be taken once. Virgin Care will need to be notified of the decision to extend or not by no later than the end of March 2022.

Initial dialogue with Virgin Care has identified their commitment to securing the 3-year extension term and their intention (at this stage) not to renegotiate the financial terms of the funding from BSWCCG and B&NES Council for the 3-year term.

The next Virgin Care commissioning report is due to this panel in October and will concentrate on the key themes of workforce and service user experience.

Update on Transformation Process

Community health and social care services continue to see increased demand and staff continue to work hard to meet the demand. To ensure that services are sustainable in the future, Adult Social Care are embarking on a significant Transformation Programme focused on delaying the demand for statutory services, ensuring quality service provision, improving outcomes for individuals and reducing spend.

The Adult Social Care Internal Transformation Group (ASCITG) commenced in July 2021 and is chaired by Claire Thorogood - Head of Contracting and Performance. This meeting is held monthly and reports into the Social Care Transformation Board (SCTB) which also commenced in July 2021. The monthly Board Meeting is chaired by Amanda George – Director of Business Change and Customer Services.

The Chairman asked if she had received responses from enough Councillors to take part in the Transformation of Adult Care Services Working Group.

Councillor Born replied that she would check and would look to ensure that the group has a political balance.

The Chairman asked if the process was about saving £2m or improving services.

Councillor Born replied that the process was primarily about improving services as some were perceived as being old fashioned. She added that savings should also be made as part of the process.

The Chairman asked if the transformation would mean a degree of technological changes for staff and service users.

Councillor Born replied that the plan is to provide the public with better information to enable them to navigate through our services easier and to make better use of the data available to plan for the future needs of patients.

Councillor Liz Hardman asked how the Council will attempt to delay the demand for statutory services.

Councillor Born replied that they will seek to increase awareness of available preventative services as a better use of resources.

Kevin Burnett welcomed her work for keeping the pressure on Jacob Rees-Mogg over the state of Social Care. He asked if all Social Care Services in the South West doing the same thing.

Councillor Born replied that she was not aware of any other colleagues taking similar action but said she was due to meet with other Adult Social Care leads in the South West on Friday. She added that some colleagues within the South West also have MPs who are members of the government so may have a similar view.

Kevin Burnett asked what her views were on the Government's Social Care Reform proposals and did the Government consult Local Authorities (LA's) prior to announcing them.

Councillor Born replied that she found it hard to believe that the Government would have come up with the proposals it did if it had consulted LA's but she may be wrong.

She said that she thought that there were a number of problems with the proposals which include:

- The package should be funded from general taxation, not NI as NI disproportionately affects those on lower incomes, is an additional cost to employers, many of whom are struggling due to Covid and the NI payments will further reduce the take home pay of care staff who are already paid less than they should be. The Employers NI requirement also puts significant further pressure on council budgets so it may hinder rather than help.
- The proposals are targeted at older adults, the majority of our ASC funding goes on LD, PD and MH with LD having about 50% of funding for about 25% of the caseload, reflecting the complexity of need for this group. The

government's proposals do not impact significantly on these other client groups but change is needed.

- Whilst the plan to stop self-funders from paying more than council funded clients is welcome, it will require significant investment in council budgets, including in brokerage services and could risk destabilising the care home market.
- The plan does nothing to address the immediate crisis in home care services and the NI implications may make recruitment even more difficult.
- The proposals offer very little to unpaid carers who desperately need more support.
- The proposals do not appear to do enough to address the need for training and career development within care settings. This is essential to addressing the staffing crisis.

She added that whilst the financial proposals will cap care costs for individuals the cap is quite high, particularly as accommodation costs are not included so is unlikely to meet expectations. However, significant additional costs will still fall to local authorities which will need to be funded.

Kevin Burnett asked if the Government has made any comments about the new tax effects (National Insurance) on the Local Authority – which in our case is £750,000. He added that unlike private companies, the LA can't just pass on these costs to the public.

Councillor Born replied that the Council were yet to receive guidance on this.

Kevin Burnett referred to the Virgin Care Contract and asked when a report on whether to extend the contract or not would reach Panel. He also asked why some services might be removed from the contract if an extension is approved.

Councillor Born replied that an update on the Virgin Care contract performance would be presented to the Panel on the 15th October 2021. She added that a report identifying the options for extending the contract or not was due to go to the Cabinet meeting on the 11th November 2021.

She said that discussions are ongoing with Virgin Care about whether any services may be better provided by the Council and the CCG.

The Chairman asked if members of the Panel had any questions for Councillor Romero based on the written update that she had submitted. A copy of the update can be found as an online appendix to these minutes.

Councillor Liz Hardman said that she welcomed Councillor Romero's update as she is targeting all the areas I would have asked about, including poverty proofing schools, additional money for those entitled to FSMs during the summer holidays, a new approach to mental health support for schools and also information about the Primary Empowerment Project.

She asked if any thought had been given to support for those entitled to FSMs during the October half term, this is especially important at a time when the Universal Credit £20 uplift is about to be cut.

The Director of Education & Safeguarding read out a response on behalf of Councillor Romero. He said that she will campaign as hard as possible to have some measures in place for October and that this was partly why she is attending the LGA CYP Board today to make sure it's on all parties' agendas.

Councillor Hardman commented that later on the agenda the Panel will be considering a report on complaints and feedback on Children's Services. She said that in paragraphs 3.8 and 3.9 of that report, we see that complaints relating to SEN have increased significantly, covering issues such as lack of special school places, the content of the EHC Plan and the delivery of provision by the school. She added that we know that behind every complaint is a desperate family and I welcome the additional support that has been provided to the service to increase capacity. She asked to what extent is SEN a political priority for the administration.

The Director of Education & Safeguarding read out a response on behalf of Councillor Romero. He said that all children's matters matter to her, none more so than SEND. She has been raising her concerns on funding widely with Cabinet colleagues as she, and those within Children's Services are acutely aware the Council is likely to have to meet a shortfall in this funding of around £5million unless government commits to new funding. She added it was quite likely she would bring this up at the LGA meeting today.

Kevin Burnett asked whether with the new changes this term and focus on Ofsted with peer on peer abuse – and the issues raised with the Everyone's Invited website – is the Council itself seeking ways to change the social culture of dignity and respect for women and will the sexual health training mentioned in the report reflect these 'cultural issues'.

The Director of Education & Safeguarding replied that Councillor Romero was chairing a workstream in the Council about this issue.

Kevin Burnett asked if the Bath Community Safety and Safeguarding Partnership was carrying out work in this area.

The Director of Education & Safeguarding replied that the Police are the national leads for responding to 'Everyone's Invited' and have been issuing advice on this matter to the BCSSP. He added that The BCSSP has sent a letter to all schools in B&NES with links to advice and support on how schools should review internal Safeguarding policies and where they can seek additional advice and support. He said that the BCSSP will also look at the OFSTED review into peer on peer abuse and consider how the learning from this review can be shaped locally.

Kevin Burnett asked for some examples of the activities supported by the Covid Outbreak Management Fund.

The Director of Children's Services & Education replied on behalf of Councillor Romero and said that in line with grant conditions, examples of proposals approved

for funding include: contact tracing posts; staff to take forward universal and targeted testing, vaccination, communications and outbreak management work programmes; communication campaigns on testing and vaccination; Early Years summer holiday childcare sufficiency support fund; continuation of a city centre Covid-19 symptomatic testing site; projects to support populations significantly impacted by covid such as Children and Young People with Special Education Needs; and Covid Marshals.

Kevin Burnett asked if the 'tone of advice' provided nationally to schools on their return this term was 'too reckless' and would she prefer a more cautious climate to have been created and was she and our B&NES Public Health Teams sending out such a message.

The Director of Education & Safeguarding read out a response on behalf of Councillor Romero. He said that our schools and colleges continue to work extremely hard to make sure their settings remain as safe as possible, and we thank them for all of their dedication and support to our children and families.

He added that in order to prevent Covid-19 circulating as far as possible, schools will continue to encourage regular handwashing, cleaning regimes, and keeping spaces well ventilated. All secondary school pupils have also been asked to take two lateral-flow tests at school at the beginning of term and are encouraged to participate in twice weekly testing going forward. He said that B&NES Council supports use of these public health measures and has been providing advice to schools and colleges as needed.

He stated that through our joint communications with the NHS, we also encourage all those eligible to take up the vaccine offer as soon as possible. This includes young people aged 16 and 17, and children aged 12 to 15 with specific underlying health conditions, or who live with a person who is immunosuppressed.

He said that it was likely that there will be some increase in cases in schools over the coming weeks, either reflecting higher rates in the wider community, or transmission within schools. Should an increase happen, it's useful to remember three things:

- For most children and young people, coronavirus infection has no or very mild symptoms.
- There are higher levels of protection in the wider community as by mid-September all adults, including school staff, will have had the opportunity to be double-jabbed.
- Schools will be alert and ready to reintroduce social distancing and other measures to reduce the risk of spread of the virus if that's needed, in collaboration with public health.

Kevin Burnett said it was exciting to know that finally the Primary Empowerment Project is underway and recalled that the Panel was advised in the Autumn of 2020 that the School Standards Board (SSB) had established a task & finish group re: school performance / narrowing the gap. He said the Panel was advised that this sub-group had met / would meet just before Christmas 2020 and was working with

CEOs on how to collect necessary data around the EEF family of schools information. He said that their work had been 'paused' given the need for new 'testing in schools' etc. He asked if there was any more information on whether this sub-group is now up and running and when they are likely to report back to the SSB / Panel.

The Director of Education & Safeguarding read out a response on behalf of Councillor Romero. He said that the sub-group had held two meetings and has suggested that a strategic approach across B&NES on what works for PP strategies needs to be developed first. He added that officers are meeting with the St Johns Foundation, the RSC and the new Teaching Hub to consider how this project can be moved on to the next stage.

Kevin Burnett asked if the work of the Inclusion Expert had concluded.

The Director of Education & Safeguarding replied that this work had finished and said that the schools involved had welcomed the input that had been provided.

Councillor Andrew Wait commented that he was pleased to see the Council's involvement in the resettlement of Afghan families.

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

38 BSW CCG UPDATE

The Chairman stated that in the absence of a representative from the CCG any questions regarding the update should be held over until the next Panel meeting on 15th October.

39 COMPLAINTS AND FEEDBACK ANNUAL REPORT FOR CHILDREN'S SERVICES 2020 - 21

The Complaints and Data Protection Team Manager introduced the report to the Panel.

She informed them that the total number of complaints received across Children's Services was higher than the previous year; however, the number is broadly in line with the numbers received in the past 5 years. She added that this is despite all services being under pressure throughout 2020 – 21 and particularly during the first lockdown. She said that it was anticipated this would have a significant impact on the number of complaints received but this did not materialise.

She explained that the most significant change was in the number of complainants who were dissatisfied with the initial response to their complaint and escalated their complaint to Stage 2. This resulted in 13 requests for a Stage 2 investigation compared to 5 in the previous year. Although 6 of these complaints did not progress to a full investigation either because the complainant withdrew the complaint (4

complaints) or because the Stage 1 review under the Corporate Procedure found further investigation was not required.

She said that an exercise has been carried out to compare the number of complaints received by Bath and North East Somerset with the 10 comparator authorities to establish whether the number of complaints is in line with these authorities. Unfortunately, insufficient data has been published by other authorities and the information provided the Ombudsman no longer gives sufficient detail to make a comparison.

She informed the Panel that the number of complaints in most service areas remains consistent except for the statutory SEN service. The complaints covered issues such as lack of special school places, the content of the EHC Plan and delivery of provision by the school. She said that the rise in SEND complaints had coincided with the national Covid 19 pandemic. During this time, the requests for new assessment had grown significantly, both locally and nationally. She explained that in this calendar year, there have been 77 more requests for assessment (260) than at this time in the previous year (183) and this has had a significant impact on the team's ability to process work and adhere to timescales.

She stated that additional support has now been provided to the service, capacity has improved, and demand is being managed. She added that while the increase in complaints is a concern, each complaint has been carefully responded to and no requests for a stage 2 complaint have been received.

She said that colleagues in Children's Services and Education welcome complaints and will always strive to use all types of feedback to improve practice and service delivery.

She said that they plan to review the information available to the public to ensure it is accurate and accessible for children, young people, their parents and carers.

The Chairman referred to section 4.11 of the report and asked how a complaint is deemed 'out of time'.

The Complaints and Data Protection Team Manager replied that they normally have to be received within 12 months of the particular issue taking place. She added that in certain circumstances they can be accepted.

The Chairman asked if the Council ever receives complaints relating to historic abuse cases.

The Complaints and Data Protection Team Manager replied that occasionally they do and then discussions are held with the LADO.

Councillor Liz Hardman asked if in relation to the growing number of complaints relating to SEN (paras 3.8 and 3.9), are the actions that are being taken, sufficient to address the issue and will we see an increased number of special school places.

The Director of Education & Safeguarding replied that referrals relating to SEN have increased largely within the last couple of years and that it was acknowledged that there is a shortage of Special School places locally. He added that work was ongoing to attempt to achieve additional places at current sites in the coming year.

Councillor Hardman referred to advocacy (paras 7.4 - 7.7) and said that the report mentions that it is not available to parents in the same way as it is available to children. She said that it would be useful to understand this a bit more and also asked what role does the B&NES IASS (SEND Partnership) play in advocating on behalf of parents.

The Complaints and Data Protection Team Manager replied that advocacy is made available for children in need and looked after children through Off The Record. She added that B&NES historically has been proactive in supporting parents. She said that POhWER were now assessing requests on a case by case basis and added that the Parent Partnership do provide support.

Councillor Hardman commented that she was pleased to see that paras 7.9 and 9.2 of the report highlight that improved equalities information is an area for development.

Councillor Andrew Wait asked if any further comment could be made regarding Data Protection and Information Sharing requests.

The Complaints and Data Protection Team Manager replied that since the awareness of GDPR was made the number of Subject Access Requests had risen over the past 5 years whereas the number of requests from the police and other agencies had fallen sharply. She added that they were seeing an increase in requests for information to be removed.

Kevin Burnett asked if the increase in complaints to the Family Support Teams has been addressed.

The Complaints and Data Protection Team Manager replied that she believed that they have and that in the main they related to assessments and some parents feeling that they are not being represented fairly if living apart.

The Director of Children's Services & Education said that the Council welcomes conversations with families to discuss their situations and will try to help to find the best solutions for the people involved.

The Chairman thanked the Complaints and Data Protection Team Manager for the report on behalf of the Panel and said that it was an important matter for them to be aware of.

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

40 **ADVERSE EFFECTS OF THE IMPACT OF COVID-19 ON WOMEN**

The Chairman introduced the report and asked the Panel to consider what should be the next steps in the process having received this information.

Councillor Liz Hardman asked if the report will inform the way in which the Council provides services and on the way in which it acts as an employer.

Councillor Michelle O'Doherty recommended that report is picked up and looked at in more detail by the Members Women's Working Group who can then report back to the Panel before any recommendations are made to Cabinet.

The Panel **RESOLVED** to approve the recommendation made by Councillor O'Doherty.

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

The 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.

Health and Social Care pressures

The Health and Social Care system remain under significant pressure. South West Ambulance Service NHS Foundation Trust (SWASFT) declared a critical incident on Tuesday 7th September due to the high volume of calls. The Royal United Hospital Trust Bath NHS Foundation Trust (RUH) continues to see increased demand in A&E. Both the Wiltshire and Swindon systems are in a similar position.

The number of Covid patients in RUH remains low but is increasing and this is putting even greater pressure on a system that is already challenged.

Mental Health Services have seen an increase in the referral rates, and this, combined by an inability to recruit into key positions such as, social workers and health staff, is leading to a system that is severely under strain. This is a picture that is being reported across the whole of BSW and indeed nationally.

The Council and Virgin Care continue to work to support RUH and Avon & Wiltshire Mental Health Partnership NHS Trust (AWP) and where appropriate, diverting people to the community who do not require an admission and discharging people from hospital in a timely way. Staff in hospitals and the community are continuing to work hard to meet increased demand.

Internal Care Homes and Extra Care Service Consultation

The consultation of Care Homes and Extra Care (CRE) staff pay has now closed. The agreement is that all staff who transferred from Sirona will go onto council pay and conditions. They will retain their enhancement, plus an additional increment for

staff with 5 years plus service. The new salaries will be paid to staff in the September payroll.

Safeguarding Activity

During 20/21 the Council received 1,115 safeguarding concerns, relating to 838 adults considered to be at risk of abuse or neglect. Despite national concerns at the start of the year that the reporting of safeguarding issues would decrease due to the lack of access to care settings or visits by family or friends to people's homes, the B&NES referral level only decreased by 27 in comparison with last year.

There has however been a significant increase in the number of referrals received from General Practitioners and other Primary Care staff. Of those who were supported through the safeguarding enquiry process, 67% said that their identified outcome had been fully met, 30% said they were partly met and 2% said their outcomes were not met. The outcomes that remained unmet mostly related to wanting the alleged person sacked or prosecuted, but the employer or police did not feel this was warranted following an investigation.

Councillor Andy Wait asked if the transfer of staff from Sirona had resulted in a financial hit to the Council.

The Director of Adult Social Care replied that the process was carried out within the budget of Adult Social Care.

Councillor Liz Hardman asked if staff working within safeguarding were able to deal with the seriousness of the cases presented to them.

The Director of Adult Social Care replied that all the Social Workers are trained to a level to deal with the cases within their workload. She added that data on this matter is reviewed on a regular basis.

Kevin Burnett asked what appear to be the reasons for continued increase in demand at A&E and are these being addressed.

The Director of Adult Social Care replied that the reasons for demand and related performance at A&E are complex. The numbers of attendance in A&E are showing an upward trend in the numbers of people in A&E over the last 90 days. Age, acuity, complexity, seasonal and structural factors linked to access to other services all play a part in driving up demand in A&E

The Council understanding is that people have delayed or stayed away from primary care over the pandemic and are now becoming unwell or are more seriously unwell due to later diagnosis and missed early care. For example, people have not been able to attend for physiotherapy or remained mobile while staying indoors, as a result they are at higher risk of falls.

The RUH is not back up to full bedded capacity due to covid and the numbers of covid patients continue to increase putting greater pressure on the system.

Workforce remains an issue across the system and due to the lack of skilled staff the pace and flow of discharges is slower than previously. In addition, as these are now more complex cases the size of packages and amount of help needed is continually increasing.

Kevin Burnett asked what the current OPEL level was.

The Director of Adult Social Care replied that the current OPEL level for Bath & North East Somerset was OPEL 4. She added that the levels range from OPEL 1 which is the system is working well up to OPEL 4 which describes when the system is under the greatest strain and has little or no capacity.

Kevin Burnett asked if there was any further news from July's comment around rationalising care home provision and seeing if care homes can help provide care in the community services.

The Director of Adult Social Care replied that currently care homes are not choosing to diversify as between July and now occupancy has risen sharply, and recruitment for Domiciliary Care Providers has become difficult so they are simply struggling to keep their day-to-day business running.

Kevin Burnett asked for an update on Discharge to Assess funding.

The Director of Adult Social Care replied that funding is expected to continue to the end of this financial year; however, we don't yet know on what scale. She added that further information and guidance was expected shortly.

Kevin Burnett asked if there was any update on the Mental Health White Paper and the impact it will have on B&NES, mentioned in March 21 meeting.

The Director of Adult Social Care replied that the Government have published a paper with the responses to the consultation and that it is on the DHSC website.

Kevin Burnett asked has the Government guidance come through on the Debt Crisis Plan (Breathing Space).

The Director of Adult Social Care replied that the Debt Respite Scheme (sometimes referred to as Breathing Space) guidance has been published and referrals have started to come into the AMHP service under this new act.

The Chairman asked if she was able to comment on the Bladder & Bowel Service provided by Virgin Care as he had been made aware that a number of staff were due to leave and wanted to know whether a restructure would be required and if any interruptions to the service were likely.

The Director of Adult Social Care replied that she would need to take that matter away and discuss with colleagues.

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.

SEND

As noted in the Lead Member report, SEND continues to be an increased area of need and demand for services remain high. Whilst our services are responding positively, we are awaiting a long overdue Government review into SEND and the systems, law and practice that local authorities and CCG's have to adhere to.

Children's Services

Children's Services continues to work hard to effectively discharge all Local Authority statutory responsibilities. Demand is high across all services. The workforce continues to work diligently to best support the needs of our local communities.

Children's Social Care continue to facilitate monthly multi agency meetings, all attendees find this valuable, as it offers an opportunity to understand and address challenges across the system.

Virtual School

As the panel has been previously advised, our virtual school for looked after children had been part of a national pilot to support children in care and children on child protection plans, following DFE funding this extended offer will continue for another 12 months.

Children's Transformation Programme

A significant Fostering Campaign will be launched across B&NES in September aiming to attract foster carers to B&NES. B&NES now has a dedicated Recruitment Officer for fostering, a marketing apprentice, and have commissioned the services of a marketing agency to support this work- please look out for posters on buses.

Kevin Burnett commented that he was going to ask what the key areas and outcomes are planned for the 'transformation of Children's Services', but then noticed from his previous notes that paper might come to a future Panel. He asked has a date been agreed for doing this.

The Director of Children's Services & Education replied that a date had not been set yet, but she would be very happy to discuss and agree at the next agenda setting and could take a paper in November 2021.

Kevin Burnett asked what the areas of focus and planned outcomes in the Service Improvement Plan are.

The Director of Children's Services & Education replied with the following points.

- Pre- proceedings

- Retain a skilled and stable workforce
- Participation of parents/carers/ children and young people
- Data and performance
- Exploitation
- More young people are in Education, Employment, and training
- Disabled Children's Team

She said that these areas will lead to improved outcomes for Children, Young People and Families.

Kevin Burnett asked if officers had been able to track down the Child Protection Forum's report which had feedback from schools on frontline services which Lesley Hutchinson was trying to find back in October 2020.

The Director of Children's Services & Education replied that they are trying to source it and will aim to provide it in the near future.

Kevin Burnett asked if she could confirm whether Avon & Somerset Police are now fully implementing 'Operation Encompass'.

The Director of Children's Services & Education replied that Avon & Somerset Police are not currently signed up formally to Operation Encompass, however they do follow the principles. She said that across all areas, they share the DA notifications with the LA, either via school safeguarding in education teams, or via children's social care, dependent on the local arrangements. She added that the LA then check school roll information and share with the appropriate school/college.

She stated that Avon & Somerset Police are looking at ways that we can automate this process and that we should know shortly whether we have been successful with the joint bid for the Data Acceleration Fund, which B&NES have been a part of. She said that if this is the case, we will be combining LA and Police datasets to send information to schools straightaway. She added that the intention will be to work in two pilot sites initially – Bridgwater in Somerset, and an area of South Bristol to test the system, but this will be rolled out force wide as soon as possible.

The Chairman commented that he had been pleased to hear that the Council would be involved in bringing Afghan refugee families to live in the area and asked if it was known how many it would be.

The Director of Children's Services & Education replied that it was due to be five families that were to be located in the area. She added that the support from local schools has been welcomed.

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

42 PANEL WORKPLAN

The Chairman introduced this item to the Panel. He asked for any proposals for the workplan.

Councillor Liz Hardman asked if the Panel could hear about the work of the School Standards Board.

The meeting ended at 12.17 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services

Report for the Children, Health and Wellbeing Policy Development and Scrutiny Panel on Tuesday 14 September 2021

1. National clinical shortage of blood bottles

A global supply issue is affecting the availability of the blood tubes used for blood tests and this is having an impact on the number of tests that are being carried out.

The shortage means surgeries and other healthcare settings across BaNES are having to restrict the number of blood tests they can carry out and reduce non-clinically urgent testing.

However, patients have been reassured that blood tests will only be deferred where it is clinically safe to do so.

The supply position of the equipment remains constrained and is forecast to become even more constrained over the coming weeks.

While it is anticipated that the position will improve from the middle of September, overall supply is likely to remain challenging for a significant period.

Communications have been sent out to clinical colleagues on guidance of when it is appropriate to take bloods currently, giving scope for clinical judgement. So far the reduction in blood tests has fallen in line with the requested target from NHSE.

In the meantime, patients have been kept informed by their surgeries and through information on the BSW CCG website that those needing test for urgent health problems will still get one but, where a clinician recommends that it's safe to do so, they may be asked to come back for a test at a later date, or their appointment may be rescheduled.

2. Flu vaccine delays

While this year's programme of winter flu vaccination clinics across BaNES 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 BaNES are keeping patients informed.

3. 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.

Plans are being developed across the system for surge planning should a worse-case scenario occur and hospital and community colleagues are unable to effectively manage the rise in demand.

4. BSW ICS Partnership Integrated Care System update

Following the appointment of Stephanie Elsy as Chair-designate in July, NHS England and Improvement have started the recruitment process for BSW Partnership's Chief Executive-designate. The recruitment is part of a nationwide process.

Recruitment to a key leadership position has also taken place within the BSW Academy with Dr Sarah Green being announced as BSW Academy Director. Sarah will lead a brand new academy for BSW, creating a place where leadership, learning, innovation, improvement and inclusion are at the heart of the way we work together for the benefit of our local communities and our workforce.

As the Health and Care Bill continues its passage through Parliament and the April 2022 date when the Bill is anticipated to become law and create 42 statutory Integrated Care Systems approaches, our Board and partner organisations have been reading and assessing a number of new guidance documents that have been published during August. The overarching BSW ICS Development Programme plan has been updated to reflect the new guidance.

Guidance published during August includes [Interim guidance on the functions and governance of the integrated care board](#), [HR guidance](#) and [guidance on provider collaboratives](#) to cover closer working between hospitals.

There are also events taking place this month with contributions from clinical colleagues to discuss how we can best add value from clinical leadership and how it is appropriately distributed in the governance of the ICS

5. Covid mass vaccination programme

Our Covid vaccination programme continues to make strong progress with vaccinating our populations in BaNES, Swindon and Wiltshire.

- In BaNES, 92 per cent of all people in the top nine most at-risk age groups have been fully vaccinated against coronavirus
- So far, more than 1.3 million vaccines have been given out across Bath and North East Somerset, Swindon and Wiltshire
- More than 94 per cent of all people in the top nine most at-risk age groups have been fully vaccinated against coronavirus. Approximately 70 per cent of all adults aged between 18 and 29 have now had a first vaccine, with around 20 per cent having had both doses.
- Focus is now on vaccinating 16 and 17 year-olds across BSW with 27 per cent having had their first vaccination and 6% having had both doses. Bath Racecourse and Salisbury City Hall, as well as smaller sites in Melksham and Devizes are now offering the vaccine to younger people.
- We have also begun to vaccinate younger children aged between 12 and 15 years old who have a specific underlying health condition or are living in a household where someone has a weakened immune system.
- We remain on track to deliver booster vaccinations throughout September and the autumn, and this will coincide with the annual winter flu programme.
- All vaccination centres, including those that offering walk-ins, are now listed on NHS England's national [Find My Nearest Walk-in Vaccination](#) service
- Those using the online tool will be able to see a list of the vaccination centres closest to them by entering their postcode in the search box

6. RUH 2021 AGM

A year in review presentation from Chief Executive Cara Charles-Barks and a discussion around the future of cancer services will be among the topics on the agenda when the Royal United Hospitals Bath NHS Foundation Trust holds its AGM on Wednesday 22 September.

The online event will take place from 2pm – 4pm and be available for everyone to view on the Microsoft Teams video platform. Join in at www.ruh.nhs.uk/AGMlive

The AGM will also include presentations from staff about the hospital's culture and people, as well as reports on the Trust's operational and financial performance, the annual report of the Council of Governors and an update about the Trust's progress on its priorities for 2020/21.

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Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Children, Adults, Health and Wellbeing Policy Development & Scrutiny Panel	
MEETING/ DECISION DATE:	15 October 2021	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	Virgin Care Commissioning Report – October 2021	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
Attachment 1: Commissioning Performance Report Update for Virgin Care October 2021		

1 THE ISSUE

- 1.1 This is the fourth report submitted to panel as a commissioning update on Virgin Care Services Limited’s delivery as the prime provider for integrated health and social care services for the B&NES locality.
- 1.2 At the request of Panel this update report will concentrate on the key themes of service user/patient experience and workforce planning.
- 1.3 Previous reports to the Panel set out the legacy information on Your Care Your Way, 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>

2 RECOMMENDATION

Panel is asked to;

- 2.1 Note the content of the report and identify any areas of focus for the next update report due to Panel in March 2022.

3 THE REPORT

- 3.1 The report contains a detailed update on service user and patient experience as well as workforce strategy and planning.
- 3.2 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 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). Adult social care quality assurance is also included in the quality meeting and attended by the B&NES Council principal social worker for safeguarding and quality assurance.
- 3.2 In the section for service user and patient experience the report details Virgin Care's performance across a range of safety indicators, these include, serious incidents, pressure ulcers, falls, never events and safeguarding. The report also details feedback from service users and patients through surveys and customer feedback. Adult social care and safeguarding performance and assurance is also included in this section of the report.
- 3.3 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. the report also gives an overview of current workforce pressures and challenges.

4 STATUTORY CONSIDERATIONS

- 4.1 Council statutory services included in the Virgin Care contract are Adult Social Care (PD1). The BSWCCG statutory services included in the contract are; Continuing Health Care (PD2) and designated roles within Children's Health Services (PD3). These services are delivered in a co-ordinated way with both the Council and BSWCCG holding budget authorisation. These three services are referred to as delegated functions which must be delivered by Virgin Care and cannot be subcontracted. Adult social care and safeguarding (PD1) performance and assurance is included in section 2.9 of the report.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

- 5.1 The report outlines Virgin Cares current workforce planning alongside vacancies and staff absence. The report gives detailed information on the continued pressure and demand for skilled staff in the health and social care sector.

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, including local and corporate risks. Risk management has been a key issue during the COVID-19 period and there have been risk assessments for all service user 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; 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 reports 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 governance arrangements outlined in the previous report.

Contact person	Claire Thorogood (Head of Contracting & Performance) & Suzanne Westhead (Director Adult Social Services)
Background papers	Virgin Care Commissioning Reports submitted for March 2020, September 2020 and March 2021
Please contact the report author if you need to access this report in an alternative format	

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Children and Adult Health, Wellbeing and Policy Development Scrutiny Panel

15th October 2021

Virgin Care Commissioning Report



COVID-19 Immunisation in the Community

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Infographic – key activity

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- 3.2 Identified Priorities**
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- 3.15 Quality and Safety Training**
- 3.16 Employee Wellbeing**
- 3.17 How Virgin Care Colleagues Can Speak Up**
- 3.18 Workforce Challenges**



40,268
people supported



1. Introduction

This is the fourth report submitted to panel as a commissioning update on Virgin Care Services Limited's delivery as the prime provider for integrated health and social care services for the B&NES locality.

At the request of panel this update report will concentrate on the key themes of service user/patient experience and workforce plan.

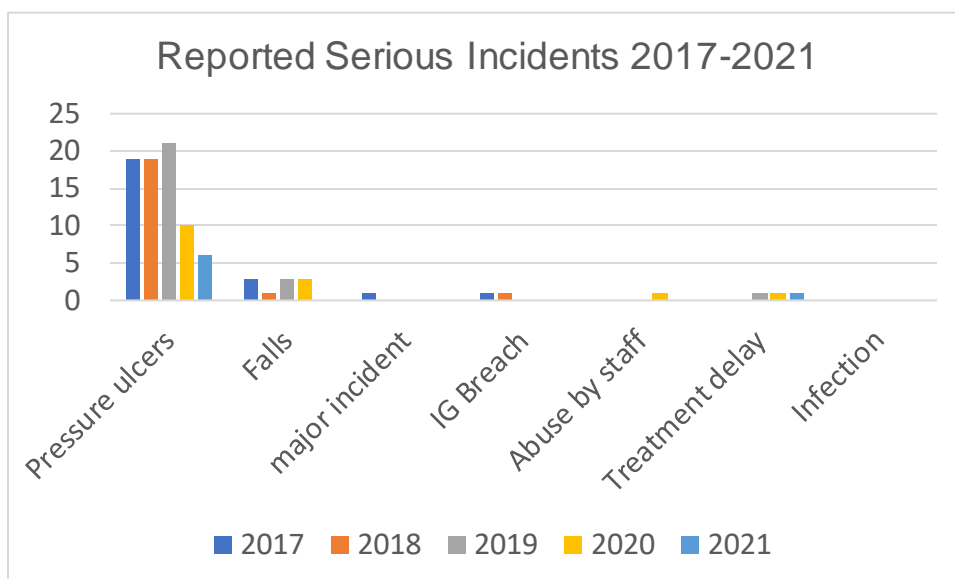
On a monthly basis, Virgin Care hold an internal quality and safety meeting which is also attended by a member of the CCG Quality Team. There is currently a bi-monthly Quality Group meeting which is chaired by the Associate Director of Patient Safety and Quality (CCG) and this meeting provides assurance on the quality data and escalates any concerns or issues to the Contract, Quality and Performance Meeting (CQPM). Adult Social Care quality assurance is also included in the Quality meeting and attended by the B&NES Council Principal Social Worker for Safeguarding and Quality Assurance.

2 Service User Experience

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 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). Adult Social Care quality assurance is also included in the Quality meeting and attended by the B&NES Council Principal Social Worker for Safeguarding and Quality Assurance.

2.1 Safety

The table below shows the number and type of Serious Incidents (SIs) that have been reported by Virgin Care (Adults) since May 2017.



There has been a clear reduction in serious incidents since the start of the contract. Virgin Care has processes in place to investigate and undertake root cause analysis on all their serious incidents and they have been working closely with commissioners to ensure that there are clear procedures in place for these investigations and that the focus is on service improvements and learning that evidence improved outcomes for service users.

Virgin Care request the CCG Quality Team to be part of their serious incident review meetings to provide further assurance and to support as a 'critical friend'.

2.1.1 Pressure Ulcers

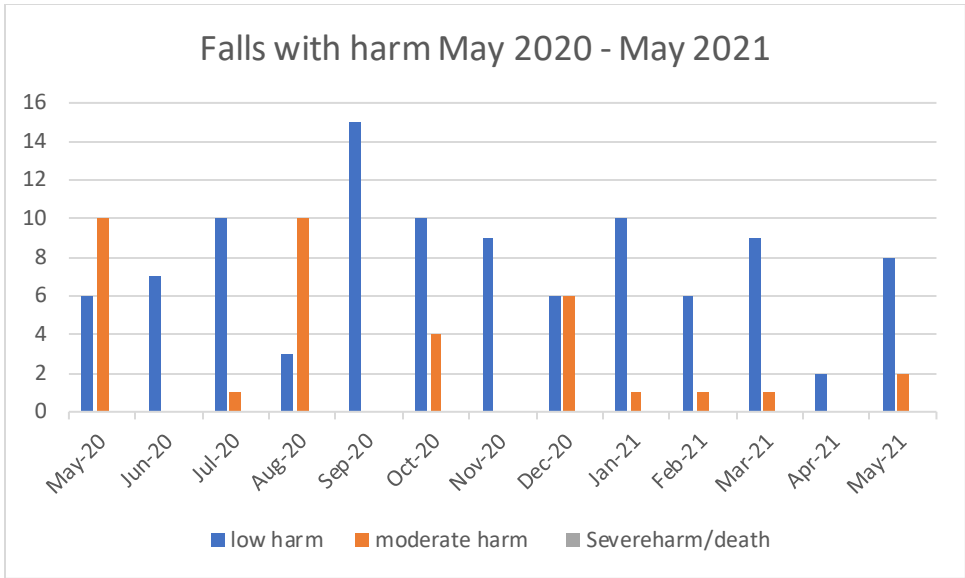
Pressure ulcers (Category 3 and 4) are the main incidents reported as a Serious Incident.

This year Virgin Care has instigated a workplan to address the risk of people developing category 3 and 4 pressure ulcers whilst under their care. This includes audits, teaching workshops, review of Pressure Ulcer Prevention Policy, review of pressure relieving equipment, new pressure ulcer care plan, updating pressure ulcer documentation and development of "top tips" guides.

In their Quality Account 2020/21, Virgin Care has identified a target of reducing these types of pressure ulcers by 25%.

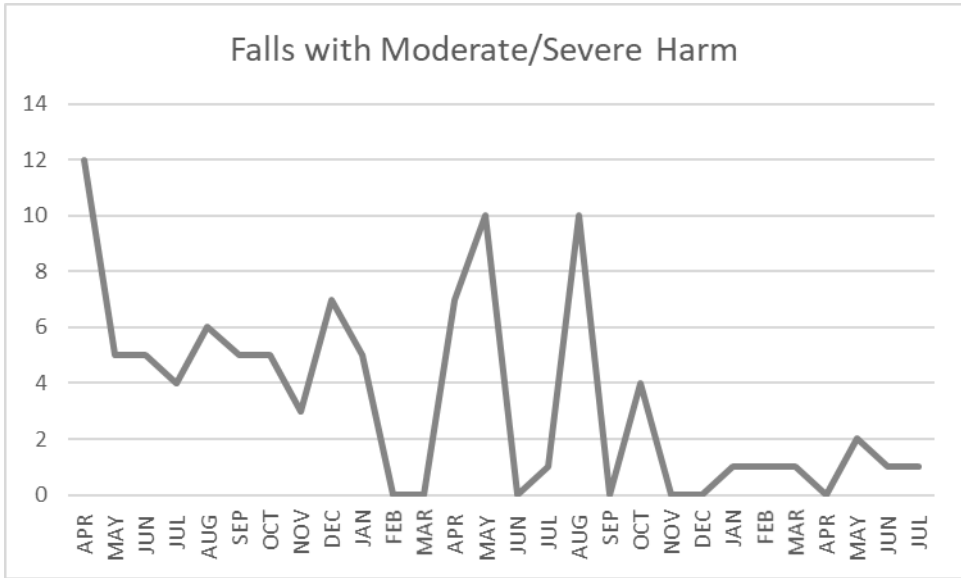
2.1.2 Falls

The next highest reason for serious incident is falls. Although, there have only been 10 falls reported as serious incidents between 2017 and 2021, there have been several falls which have resulted in low or moderate harm. The chart below shows the number and type of falls between May 2020 and May 2021.



In the Patient Safety Report (April 2019) Virgin Care explained that one of their key objectives is to maintain patient mobility and reduce falls. The provider has comprehensive risk assessments for patients and undertake mobility assessments. From these assessments a personalised plan can be instigated for patients including therapy input. Virgin Care has access to specialist equipment and telecare to help reduce the risk of falls.

Patient falls resulting in harm is an issue for providers of health care. Other local acute and community providers also have falls as one of their main risks to patient safety. The number of falls is comparable to other local community service providers. The table below shows the number of falls with Moderate/severe harm from April 2017 to July 2021.



2.2 Never events

Virgin Care has had no reported never events in B&NES. Never Events are patient safety incidents that are wholly preventable where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and have been implemented by healthcare providers (NHS England definition)

2.3 Safeguarding

Virgin Care's Safeguarding Leads at national and local level work closely with B&NES Council and BSW CCG to undertake safeguarding investigations. Virgin Care produces a quarterly safeguarding report for both adults and children, which are shared with joint commissioners.

Between April 2017 and November 2017, Virgin Care had 3 serious case reviews (SARs) all relating to self-neglect. Following this the provider developed an action plan around self-neglect which included the development of a risk register of people who were at risk of self-neglect, and the appointment of self-neglect champions. A Self Neglect Champion acts as a point of contact within the service to discuss self-neglect and safeguarding issues. He/she ensures robust safeguarding governance arrangements are in place and liaises with the manager and service clinical governance teams regarding self-neglect issues, when appropriate seeing further advice and or escalation.

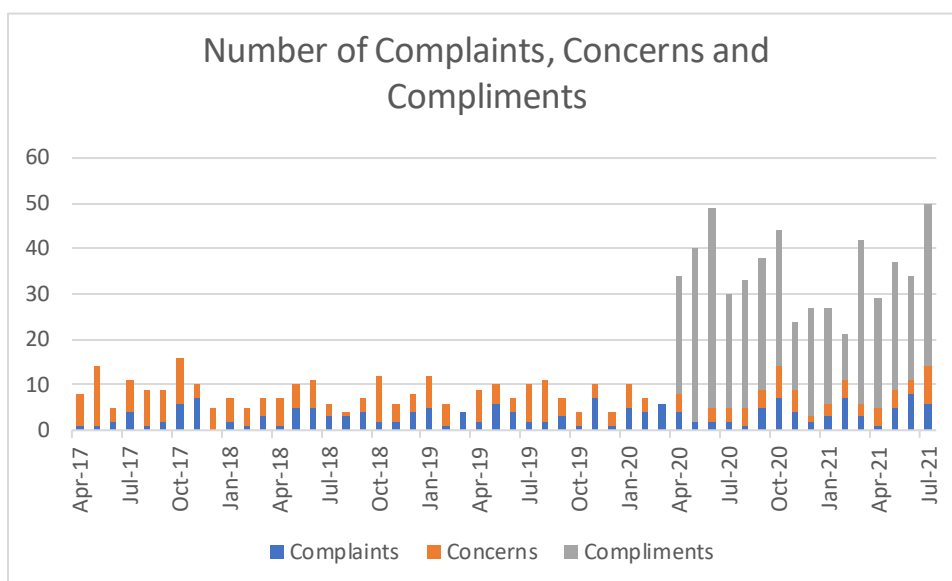
Safeguarding children training is mandatory and, at the end of Q1, 2021, compliance for level 1 training was 98%, level 2 was 88% and level 3 was 92%.

2.4 Patient and service user Feedback - Complaints, Concerns and Compliments

The number of complaints received each month ranges between 1 and 8. The key themes are clinical issues, communication, systems and processes, staff attitude and unwelcome decisions. The complaints are across both health care and social care. Since April 2017, records show that Virgin Care have responded to the majority of the complaints within the 30-day deadline but some have required a longer period usually due to the complexity of the case and the investigation required. During the first wave of the pandemic, complaint response timelines were lifted but we maintained performance.

Within their 2020/21 Quality Account, Virgin Care has stated that one of the priorities for 2021/2022 will be to reduce the number of complaints where communication is identified as an issue by 50%.

The graph below shows the number of complaints, concerns and compliments which have been received by Virgin Care since April 2017.



Since April 2017, Virgin Care has had two complaints which were referred to the Ombudsman. Both complaints were reviewed by the Ombudsman and not upheld.

Virgin Care has systems in place to learn from complaints and customer feedback. One of these systems is “You said we did”. Examples of actions taken following feedback are included in the Quarterly Complaints, Concerns and Compliments reports.

2.4.1 Examples of some of these responses to customer feedback are listed below.

Service	You Said	We did
Health Visiting	Clients from Chew Valley would like a clinic closer than Keynsham	A venue has been identified and booked, allowing easier access for clinics in the Chew Valley.
Connections Day Service	Service users said they would like to use the accessible bikes	The car park will be closed one day per week to allow the safe use of bikes
Children’s Audiology	Parents wanted advice on how to ensure that their baby kept their hearing aids on	We purchased a doll and obtained some customised caps to demonstrate how these could be used to help hearing aid retention
Rehabilitation Services	You wanted to go home from hospital	Our Physiotherapist arranged a home visit and she then personally collected equipment from different locations and took

		it to the person's house to enable the visit to go ahead quickly
Community Hospital wards	More information was requested about the wards	An information folder was devised and implemented at each patient bedside

2.4.2 Examples of compliments received by Virgin Care are listed below.

Team	Compliment
Supported Living Team	Thank you all So much for your care of my brother in the past difficult year – your kindness, caring and support has certainly made life better for him and your support to me is very much appreciated. A billion thank you's.
Midsomer Norton Reablement Team	The Reablement team made so much difference to me, not simply by helping me achieve e.g. the ability to get upstairs and in and out of my front door and have a shower, but also their cheerfulness. They truly lifted my spirits.
Paulton Minor Injuries Unit	Thank you for your kindness shown after my recent falls, your warmth and friendly personalities are a credit to Paulton Hospital. Thank you.
Learning Disabilities (LD) Complex Needs Service	Thank you for your help, especially this year. I think your input with LD patients for practices and the clinicians who do this work is very important. Reviews are about enhancing lives and giving opportunities.
Community IV Service	A patient commented that since the team had been involved in her care, she feels her condition is being managed much more safely. She can access timely blood tests and treatments without delay. She said our involvement is priceless and has made the world of difference to her.

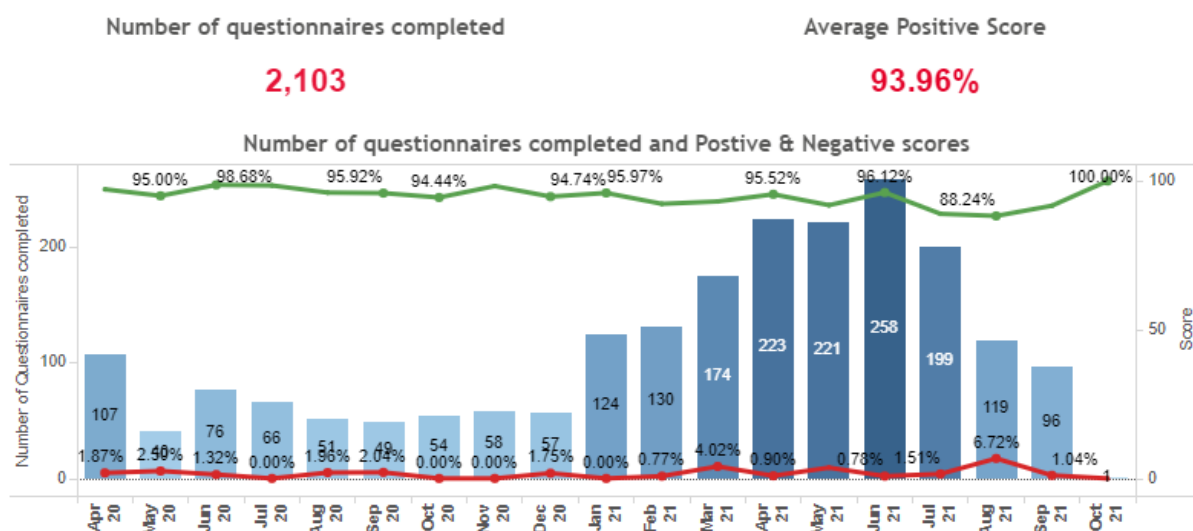
2.5 NHS Friends and Family Test

Like all NHS providers, Virgin Care ask people who use services to feed back on their experience of using the NHS Friends and Family Test. In 2020-2021, 907 people rated Virgin Care services in B&NES and 95.35% said they would recommend the service if someone needed similar services. FFT responses are reported monthly to commissioners.

Virgin Care has adopted both electronic and paper methods of data collection, although they are trying to promote use of electronic reporting to support compliance to infection prevention guidance 71.5% of all friends and Family responses were received through digital submission in 2020- 2021 The majority of services operated by Virgin Care in B&NES are collecting feedback via FFT.

From March 2020 to January 2021, NHS England paused FFT as part of its measures in response to the COVID-19 Pandemic.

The graph below shows the number of people who responded saying that they would recommend the service they received from Virgin Care through FFT.



The percentage of people who responded saying that they would not recommend the service they received from Virgin Care varies between 0% and 2.1% The main issues raised in the FFT feedback are:

- Parking
- Signage
- Ineffective treatment
- Difficult to receive an appointment
- Long waiting times
- Lack of a reception in some areas
- Lack of a receptionist in some areas

2.5.1 Some examples of feedback received from the Friends and Family Test is captured below covering a range of community services delivered by Virgin Care.

Bladder and Bowel Service

The information I was given was very helpful, the nurse I saw was very kind and made me feel completely at ease.

Wellbeing Service at the Compassionate Community Hub

My care was great, listened to my needs, friendly and discrete. Thank you so much.

Reablement

The staff could not have been more helpful and caring. They quickly assessed my needs and helped me deal with any problems I had, providing me with items which I found invaluable. I am very grateful to them!

Looked After Children

Nice and easy conversation really helpful.

Heart Failure

I had a lady this morning, she was very good and friendly and was very excellent.

Complex Health Needs Service

A plan was set and then carefully worked through with so far excellent results.

Children's Learning Disabilities Team

Friendly knowledgeable about Pathological Demand Avoidance (PDA) and sympathetic, information packs came quickly and were relevant to our phone conversations.

Family Nurse Partnership

Help support and advice, non-judgemental. Helped me make decisions personal service. Made me more confident.

Paulton Minor Injuries Unit (MIU)

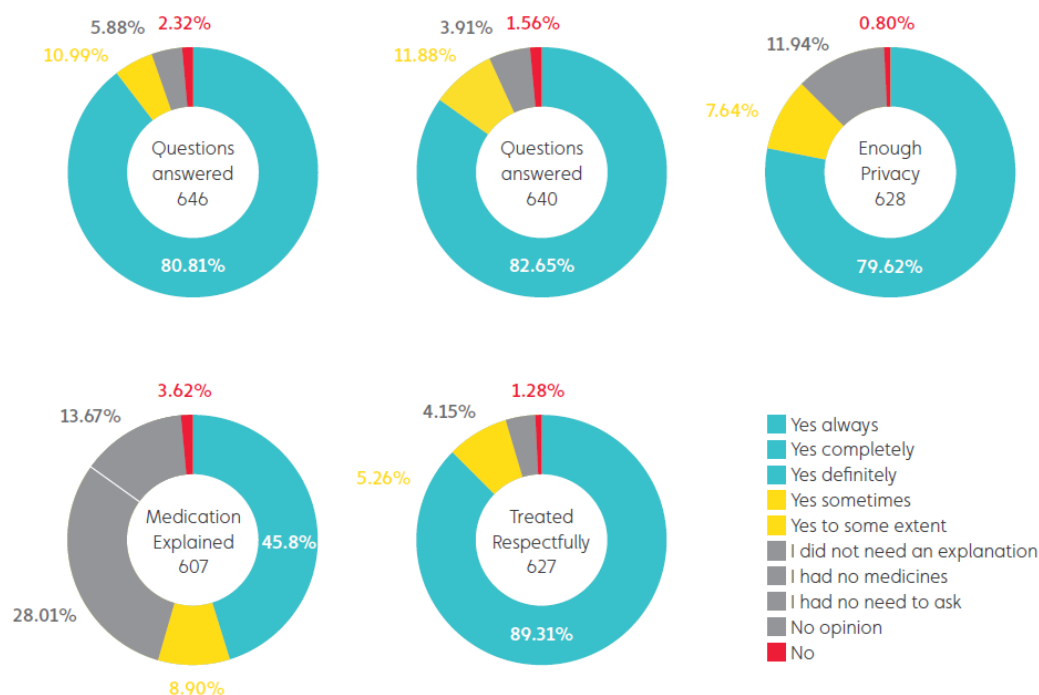
The staff were lovely and really helpful the team do an amazing job, thank you.

Smoking Cessation

Responsive service and good support from a friendly experienced advisor.

2.6 Patient Reported Experience Measures (PREMs) are part of the Friends and Family Test, allowing individuals to provide additional feedback based on five categories. These are optional for completion, and the diagram below shows the results. The additional information obtained through the PREM responses provides services with additional information on how services can be improved. Any "NO" responses are addressed immediately, the "Yes, sometimes and Yes, to some Extent" are reviewed at team meetings where local action is taken to update information given to people who use the service, review standard operating procedures or policies to ensure people are fully informed and involved with their care.

2.6.1 Patient Reported Experience Measures results are displayed on the next page.



2.7 Community Hospital PLACE reviews

Patient-led assessments of the care environment (PLACE) put the views of people who use Virgin Care services at the centre of the assessment process, helping to highlight how well a hospital is performing in certain areas. These areas include privacy and dignity, cleanliness, food and general building maintenance. The reviews focus on the care environment and do not cover the clinical care provision or staff behaviours.

Due to the Covid-19 Pandemic there have not been any PLACE assessments completed during 2020-2021 so the results provided are from the last PLACE inspection that took place in October 2019. The overall score was good, with no fails and maintained the positive scores from the previous year, other than ward food which received slightly lower scores compared to last year at St Martins. Action plans have been developed to address areas identified as falling short of requirements.

Hospital	Cleanliness	Food	Privacy, Dignity & Wellbeing	Condition, Appearance & Maintenance	Dementia	Disability
St Martins	100%	90.37%	89.36%	100%	87.5%	86.81%
Paulton	99.61%	93.70%	77.98%	94.94%	84.37%	90.86%

This section of the commissioning report to panel has been largely informed by the Quality Account for the B&NES services produced by Virgin Care Services Limited for 2020/21.

2.8 Infection Control

Since February 2020, Virgin Care has put systems and processes in place to manage the COVID-19 pandemic. These have been in line with National Guidance and Virgin Care complete a Safe Return Risk Assessment in order to reinstate service delivery.

From April 2020 to June 2021, there has been 6 episodes of Clostridium Difficile within the community hospitals but no other outbreaks of any reportable infections.

Virgin Care has an Infection Control Nurse and links closely with the Infection Control lead in the CCG.

2.9 Engagement

Virgin Care have a Citizens' Panel which currently has approximately 80 members. This Panel helps to decide how the "Feel the Difference" fund is utilised and is involved in consultation for service changes. Recent consultations have included the End-of-Life Strategy, Home First and Community Equipment.

Quarterly reports on engagement are completed and reviewed by the Virgin Care Internal Quality and Safety Meeting and then shared with commissioners.

Virgin Care also undertake surveys with their patients. Examples of some of the surveys are:

- Children's Speech and Language Therapy
- Active Aging Mobile Working
- Relative and Patient Discharge summaries from Sulis Ward
- Reablement Discharge Survey
- Parkinson's Disease Clinic Survey

Virgin Care also participate in National Surveys such as the national stroke audit (Sentinel Stroke National Audit Programme SSNAP) and the Local Authority Adult Social Care and carers survey.

One of the quality improvements for 2021/2022 identified and listed in the organisation's Quality Account for B&NES services, is to enable more service user engagement.

2.10 Adult Social Care and Safeguarding

2.10.1 In July 2020 the Council shared with Virgin the outcome of the Council's yearly case audit for social care. 120 cases were audited and the findings of the audit aligned with the internal audits completed by Virgin Care's Principal Social Worker. The key outcome was that Virgin Care needed to establish a clear overarching and strategic vision for cultural change to be undertaken at pace, with an accompanying operational plan giving management and staff a clear direction

about expectations and their engagement in that change. Virgin Care and the Council have agreed the areas of change required, the implementation plan and are co-leading the projects.

2.10.2 Over the last 19 months the health and social care system pressures caused by Covid 19 led to social care operational staff being reallocated from Review and Community Teams to support the Discharge to Assess process and manage the change in support required during the lockdown periods. It was recognised by the Council that this would lead to a reduction in performance on the review and assessment measures. The current performance on annual reviews is 61.7%. In June 2020 the Council undertook an audit of people waiting in the community for assessment, following concerns being raised by both Virgin Care and Council staff that the level of risk being held was too high. The audit confirmed that urgent action was needed to ensure that people in the community were supported alongside those being discharged from hospital. The implemented actions have led to the number of people waiting over 21 days decreasing from 39 at the end of May 2021 to 19 at the end of August 2021. Performance on the completion of social care assessment in the discharge to assess period remains good. The one of area of continuing challenge is the waiting list for those requiring an Occupational Therapy Assessment for larger items of equipment or adaptations. Recruiting Occupational Therapists (OTs) is a regional challenge across the health and care system and although Virgin Care are offering a range of employment incentives recruitment is challenging. A review of this area of work forms part of the transformation work being undertaken by the Council and Virgin Care.

2.10.3 Safeguarding Performance against the Board's measures is extremely good, with 100% of all decisions and planning meetings in 20/21 being held within timescales. The change to online meetings has worked well for most people, but there has been face to face meetings when needed. The Safeguarding Audits undertaken by both the Council and Virgin Care show evidence of very good practice but there are always areas that can be improved. The Council Team also oversees a service user feedback process where people or their representatives share their views of the safeguarding process. This feedback for this year is once again positive with people saying that their views and wishes were listened to and met by the Virgin Care and Council Safeguarding Teams. A recent Safeguarding Adults Review identified that there may be some reported safeguarding concerns that are not managed in line with the Council's expectations. An audit of these referrals is currently being undertaken by the Council team and the preliminary findings have been shared with Virgin Care together with recommendations regarding the actions required.

2.11 Care Quality Commission (CQC)

Virgin Care Services Ltd is registered with CQC and are currently rated as Good with no conditions attached to their registration. This was based on an inspection of Virgin Care Services Limited's community services and central supporting functions across England in 2017.

CQC has not yet undertaken a full inspection of all the services Virgin Care provide in B&NES but have undertaken full reviews on some specific services that are within the contract in B&NES. These are as follows:

- Bath Supported Living Service rated as good based on the inspection in 2018.
- NES Supported Living Service (Frome Road) rated as Good in July 2018

Virgin Care have continued to have regular relationship meetings (face to face or virtually) with CQC over the past year. Discussions have been had about workforce challenges on the wards and recruitment and retention strategies.

During COVID-19 CQC introduced Transitional Monitoring Assessments. CQC completed a Transitional Monitoring Assessment with Virgin Care B&NES on 25/02/21 and advised that there were no significant risks.

Virgin Care's Registered Managers attend the yearly mandatory update training event.

Virgin Care's services in B&NES take part in the organisation's Internal Service Review (ISR) programme every 6 months, which mirrors the CQC's framework and provides the organisation – and commissioners – with assurance of the quality of its services.

An action plan for improvement is always put in place following the ISR, ensuring a process of continual improvement.

This is a self-assessment, but also makes use of peer reviews to verify findings. Virgin Care report that the ISR programme has a strong track record of mirroring CQC findings on subsequent inspections.

2.12 Restoration of Services Post Pandemic

Virgin Care have identified the following priorities in 2021-22 with the main aim of restoring services to pre pandemic levels where possible but also to address areas where information indicated improvement is required:

- **Engagement**
 - All services that collect Friends and Family Test (FFT) including PREMS (Patient Reported Experience Measures) information, (through digital, paper or texting) will improve data collection over the next 6 months (April-September) with the outcome that response rate will be restored to, or exceed, pre COVID levels.
 - All services will be able to demonstrate by the end of February 2022 a minimum of 2 areas where service users have been included in discussions relating to the Service, this could include use of the Citizens' Panel, input into service changes / design, service user involvement in interviews.

- **Safety**

- A reduction of 25% (against baseline of 2020-2021 data) in the number of Category 3 and 4 Pressure Ulcers by the end of February 2022. A return to 2019 -2020 (pre-COVID) number of pressure ulcers reported as Serious Incidents.
- Reduce the number of complaints where communication is identified as an issue by the complainant by 50% in the next 12 months.
- Evidence that good Mental Capacity Act (MCA) practice is in place by ensuring good practice.
- All services which use waiting lists will have in place the following:
 - An escalation and reviewing process so service users whose condition deteriorates whilst waiting can be seen.
 - Ability to demonstrate on a quarterly basis the number of service users whose condition deteriorated due to increased wait times.

- **Effectiveness**

- Ambulatory care will formalise Patient Initiated Follow-Up (PIFU) into a process that can be shared more widely across other services to ensure consistent practice by September 2021. PIFU outcomes will be developed to monitor effectiveness (aligned to the BSW CCG work stream).
- All teams to have documented the frequency that colleague 1:1 meetings occur.
- Documentation of 1:1 meetings includes a How Are You (HAY) section preferably at the start of the documentation. All colleagues have a How Are You (HAY) conversation with their Managers on a regular basis but as a minimum at every 1:1 meeting.

3. Workforce

3.1 Virgin Care has developed a workforce plan which details their priorities for 2021-22 with the aim of creating an environment that changes lives by enabling its people to be their best potential everyday. The identified priorities include:

- Leaders who lead – ensuring effective leadership skills at all levels of the organisation and enabling colleagues to reach their full potential.
- Great people in the right place at the right time – colleagues that are responsive and have the skills to provide the highest quality of care.
- Best services – services that are delivered to the highest standards and care and quality.
- Happy people – colleagues are enthusiastic, enjoy coming to work and feel valued.
- Future ready – forward thinking.

3.2 These identified priorities will be focused on the following activity:

- A workforce fit for the future
- Organisational design and operating model review

- New ways of working – flexible, agile workforce (including e roster and bank proposition), new career pathways and role design
- Grow your own workforce and community recruitment – apprenticeship maximisation and social value outcomes
- Digital literacy upskilling programme

3.3 Virgin Care are focus on workforce wellbeing through the following activity:

- Wellness strategy Phase 2 – COVID-19 recovery, resilience, health and wellbeing
- Diversity and inclusion
- Talent and succession planning
- Colleague engagement
- Retention project

3.4 Virgin Care ‘Feel the Difference’ is focussed on the following activity:

- Values and purpose relaunch
- Leadership development – leading the VC Way: compassion, empowerment and autonomy
- Raising the bar – improving the people service offering, data policy, system integration and support
- Redesigned colleague induction programme – setting colleagues up for success
- Informed, empowered and engaged workforce through effective communication

3.5 Appraisal

Virgin Care complete colleague appraisals on an annual basis with a 6 month review. Over the last 3 years, the appraisal completion rate has seen an improving trend although the reduction in 2020 reflects the pressures of the Covid pandemic.

In 2020, in recognition of the pressures on colleagues as a result of the pandemic response, but also the value of a structured conversation, the provider introduced a “How are you” conversation. These are structured conversations about the colleague’s performance, but reduce the time needed to complete and remove some of the detail included within the full appraisal.

The table below shows the % completion rates for appraisals over the last 3 years.

Year	% Virgin Care Appraisal Completion
2019	91%
2020	80%
2021	95%

3.6 Communications Plan

Virgin Care recognises the importance of communications and employs a professional communications team which works across all of the company's business units with a lead Communications Manager appointed for each business unit. In April 2021, a new model was put into place reflecting the needs of the business following the pandemic and creating financial efficiencies while delivering essential communications.

Communications are primarily through an Intranet site accessible through work and personal computers and devices to all colleagues, and this is supported by two core weekly newsletter emails sent to colleagues' work email addresses: a manager's briefing on Monday and an all colleague "What you need to know" newsletter on Wednesdays.

These reach a significant proportion of the business, and Manager's Brief supports managers with sharing organisational updates with their teams who do not access email or the Intranet.

Each month across the business, there is a focus through Internal Communications on a specific topic. For example, during July the organisation's Internal Communications was focused around the organisation's Green Plan. This campaign provided an opportunity for colleagues to engage with the national plan and objectives, the local delivery plan and more broadly with the green agenda through interactive games for team meetings and online discussion boards.

As part of this, the Managing Director and Communications Manager are working together to:

- Hold communication workshops throughout August and early September to audit existing communications and locate opportunities and gaps.
- Completing an internal communication audit
- Use the findings of those workshops to inform a communications strategy and stakeholder communications plan
- Strengthening the voice of the partnership forum
- Greater emphasis on the sharing of good news stories using multiple formats to ensure maximum internal reach
- Focusing on building colleague's resilience and promoting health and wellbeing

3.7 Staff Engagement

The Have Your Say colleague survey is Virgin Care's annual, confidential colleague survey, which is run on Virgin Care's behalf by independent market research company and loyalty specialists Motif.

Virgin Care continues to work through the recommendations from last year's survey, but some of these have been harder to do during the COVID-19 pandemic.

The latest 'Have Your Say survey' is launching in September 2021, later than usual as the business made a decision to delay the survey after feedback from colleagues about the pressures of the pandemic response. The majority of the survey questions remain the same from year to year to allow tracking of results, but this year NHS survey questions have been added to meet commissioner requirements and provide easier benchmarking against other NHS providers. An action plan will be produced once the results for September 2021 are released in October 2021, including an aligned local communications plan; input from the partnership forums will be considered as part of this approach.

The previous HYS response rate in 2020 was 57% and engagement score was 73% and in 2019 the HYS response rate was 59% and engagement score 64%.

This survey showed that:

- 76% Felt able to make suggestions to improve the work of my team/department [NHS]
- 68% Thought appraisals helped their job
- 80% Felt their physical and mental health and wellbeing were cared about
- 87% Feel like part of a team committed to doing quality work
- 84% Are enthusiastic about their work
- 70% Feel they have the tools and equipment they need to do their job well

Having listened to their colleagues, taken into account the continued improvement in scores, recognised the unique circumstances of the last year and the pressures this placed upon them, Virgin Care did not require teams to compile action plans this year. However, feedback from the survey has informed their People Strategy for 2021-22 which, while also reflecting the NHS People Plan, is focused on supporting and improving colleague wellbeing and on living our purpose and values.

3.8 Social Work/Care 'Health Check' Survey

The Social Work/Care Health Check survey is undertaken annually in October/November. The survey is overseen by Virgin Care's Principal Social Worker and focuses on Social Care workforce wellbeing and development. The Health Check is intended to help support and deliver effective social work. It is a key element of the Standards for Employers of social workers (Standard 1).

Virgin Care last completed this survey in 2019, and the decision was taken due to not complete the survey in 2020 due to COVID-19 pressures. For this year Virgin

Care have confirmed that based on the analysis of Hay Your Say survey responses (Autumn 2021 HYS Survey) then decide if a specific follow up survey is required for social workers.

3.9 Reward and Recognition

Virgin Care offers a comprehensive reward and recognition package to their staff which includes CEO Recognition Award, Feel the Difference Award and Clinical Excellence Award. There are a range of incentives such as a Golden Hello joining bonus, Virgin Tribe discount site, Wellbeing Hub and Cycle to Work. Virgin Care have been extra conscious to support and reward colleagues for managing through difficult times this last year. Some of the projects that have been run to focus on staff engagement include Just Eat vouchers, £20 team celebration party, Love your Lunch, Little Big Thanks, hand cream sent to every colleague, easter eggs and R&R days. In a recently ran a competition to win a 'staycation' aboard a Virgin Voyages ship and a lucky colleague from B&NES was one of the winners that the Chief People Officer randomly selected in a live draw.

3.10 Starters, Leavers and Turnover

The table below shows the staff turnover (number of people leaving) and new (permanent) starters from April to August 2021 (contract year 5).

2021	April Q1	May Q1	June Q1	July Q2	Aug Q2	Total
No. of leavers	16	14	7	18	21	76
No. of starters	17	16	12	6	12	63

In 2020 Virgin Care had a total of 63 leavers from April to August and for 2019 a total of 66 leavers from April to August period. Therefore, Virgin Care have experienced more leavers for the same reporting period in 2021, section 3.11 gives a detailed breakdown of the reasons for staff leaving the organisation and section 3.18 details the current workforce pressures being experienced.

3.11 Leavers Reason

Virgin Care undertake analysis of the reasons for staff leaving the organisation and this has been captured in the table below for the period from April to August 2021. The Q2 workforce report (June, July & August 2021) will be submitted to Contract Quality and Performance Monitoring meeting in October 2021.

Reason for Leaving	April Q1	May Q1	June Q1	July Q2	Aug Q2
Resignation (promotion)	2	2		1	4

Resignation (relocation)	1			2	1
Resignation (work-life balance)	5	2		1	1
Resignation (career change)	1	3		6	2
Resignation (lack of opportunities)	1	1		1	
Resignation (better reward package)	1			1	1
Retirement	4	3	3	2	2
Resignation (health)		1	1		
Resignation (Carer responsibilities)				1	
Resignation (Role not as advertised/expected)				1	
Resignation (Experience-relationship with line manager)					1
Resignation (Experience Location challenges)					1
End of fixed term contract		1		1	1
Dismissal Conduct					1
Dismissal absence LTS		1		1	
TUPE Transfer					2
Bank assignment not worked					1
Not Known			3		

3.12 Retention

Virgin Care are currently undertaking a deep dive into retention exploring any patterns, themes and exit interview feedback to develop a robust retention plan for 21-22, which is expected to be completed by end of October 2021.

Successful recruitment recently has included:

- Nurses (substantive and Bank)

- Head of Community and Specialist Nursing
- Head of Therapies and Reablement
- People Business Partner

Successful new starter recently has included:

- Head of Community Hospitals
- Regional People Business Partner
- Head of Quality and Leadership
- Head of District Nursing
- Social Work Team Leader

3.13 Vacancy Rate

Overall vacancy rate for Virgin Care in B&NES = 11.5% in Q1 2021/22. Current vacancy rate for Virgin Care in B&NES at end of August is 13.8%. This rate is in line with other local health and care providers in the area.

Virgin Care are currently working with 9 agencies (mix of national and local recruitment agencies) with specialisms in nursing and social care. Multiple adverts for both permanent and bank vacancies are live and have all been completely re-worked to reflect team dynamic, reward offering and job role so as each one is specifically different to attract different audiences. Virgin Care are promoting a 'Golden Hello' on adverts and internally which is a referral incentive offering up to £2000.

Due to the continued pressure and demand for skilled staff in the health and social care sector Virgin Care are investing in an extensive marketing drive which includes advertising roles as premium jobs, creating content for an internal social media campaign and 360 now live which is a full marketing campaign including paid social care posts across Facebook and Instagram. In addition to this Virgin Care are piloting two different approaches to bank staffing. A dedicated bank manager/coordinator has been appointed who will use Healthroster technology to drive greater bank usage and actively take responsibility to recruit to grow bank capacity. In addition to this a bank financial incentive scheme to reward multiple shifts worked has also been introduced to make working 'bank' more appealing.

3.14 Staff Absence, Sickness and Wellbeing

The organisational target for sickness is 4% and B&NES performs favourably against this target for the period from April to August 2021 as outlined in the table below.

Sickness	April Q1	May Q1	June Q1	July Q2	Aug Q2
Short Term	1.63%	1.12%	1.34%	1.73%	2.09%
Long Term	2.29%	2.11%	1.34%	2.18%	1.59%
Overall Rate	3.92%	3.23%	3.13	3.91%	3.69%

In this reporting period the top 3 reasons for short term sickness absence are:

- Sickness & Diarrhoea
- Covid-19 Confirmed
- Headache and migraine

In this reporting period the top 3 reasons for long term sickness absence are:

- Stress/Depression/Anxiety (Personal/Unknown)
- Surgery Related (Planned)
- Musculoskeletal and Joint Pains

3.14.1 Covid-19 Absence

Between April, May and June there was 1 confirmed case of Covid-19 and 14 colleagues were required to self-isolate.

Between July, August and September there were 19 confirmed cases of Covid-19 and 19 colleagues were required to self-isolate.

The rates overall for Covid-19 have remained low and this reflects the robust infection control mechanisms that Virgin Care have in place, and the agile working arrangements to support minimising colleague access to offices.

3.15 Quality and Safety Training

Virgin Care's in-house training company The Learning Enterprise (TLE), delivers on-line and face to face training for Virgin Care in B&NES. There have been difficulties delivering face to face training over the past 12 months due to COVID-19, and this has been especially noticeable in Basic Life Support and Manual Handling training. However we have delivered BLS theory training virtually and have set up COVID Secure assessment centres allowing scheduled assessments in the locality.

Data for statutory/mandatory training has been collected monthly since April 2020. The percentage of staff who have completed their statutory/mandatory training ranges between 74% and 95% for this period. However, in 2018 the percentage of staff who had completed their statutory/mandatory training was 81% (Quarter 3), in 2019 it was 91% (Quarter 4), 82% in 2020 and at the end of July 21 was 84%. Therefore, the percentage of staff who have completed their statutory/mandatory training has remained consistent during the contract period and is slightly below the target of 87%.

3.16 Employee Wellbeing

Virgin Care has made wellbeing a key component of this year's people strategy and associated people plan.

As such, the organisation's Reward team led a review of the organisation's offering including benchmarking against the offer of other health and care providers and the broader private and public sectors.

This review found some areas for improvement, all of which were acted on during the first wave of the pandemic, and a number of areas of best practice. This included the establishment of the Wellbeing Centre where managers and colleagues can access support including:

- A 24/7 Employee Assistance Programme (EAP) – proactive, confidential service offering expert advice, practical information and emotional support on both work and personal issues
- Culture of kindness – working with EHCAP to provide online support and video coaching for all colleagues who have a COVID-19 diagnosis
- Mind Coach Sessions – ran using Teams
- Mental Health Awareness Courses – ran using Teams
- Mental Health First Aiders – have been trained throughout Virgin Care
- Wagestream – launched a financial wellbeing platform providing access to a set of financial wellbeing tools which help build financial resilience

In addition, Virgin Care introduced a Mental Health First Aider programme allowing colleagues to access peer support. This programme included training for 14 colleagues in different roles across the organisation, including colleagues working in and supporting B&NES.

3.17 How Virgin Care colleagues can speak up

The Freedom to Speak Up policy sets out how colleagues can raise concerns at a number of levels either anonymously or by being identified. Recognising the importance of giving colleagues platforms to raise any concerns is vital to Virgin Care to improve services and the working environment.

The policy reflects the recommendations of the review by Sir Robert Francis into whistleblowing in the NHS, and Virgin Care have fully adopted the policy produced by NHS England and NHS Improvement.

With the Covid-19 Pandemic placing additional pressure on colleagues this year, Virgin Care have regularly promoted this policy to colleagues through a number of mechanisms including newsletters, meetings and partnership forums.

Through Freedom to Speak Up, Virgin Care colleagues can raise concerns in the following ways:

- With their line manager, or another manager in their service
- With a lead clinician or tutor
- With any member of the senior leadership team
- With Freedom to Speak Up Guardians
- Through anonymous online reporting system SpeakInConfidence
- With one of three nominated members of the executive team
- With the organisations independent chairman, David Bennett

Colleagues can also directly contact the senior leadership team and executive team at anytime, whether they are raising a formal concern or an informal query.

3.18 Workforce Challenges

Workforce is an area where Virgin Care have experienced some difficulties and have been under increased scrutiny by commissioners. In May 2021, a Contract Performance Notice (CPN) was issued to Virgin Care following the closure of Sulis Ward (St Martin's Community Hospital) due to staffing capacity. The community hospital wards have had ongoing recruitment issues over several years which has resulted in staff vacancies. This reached critical level in March 2021, when staffing vacancies and sickness resulted in closure of the Sulis Ward at short notice, and the risks relating to staffing within the community hospitals led to the CPN being issued to Virgin Care and the CPN was closed on 6th August 2021.

The main area of concern is the number of vacancies in critical roles, especially in professionally qualified health and social care roles. Virgin Care are experiencing difficulty recruiting registered nurses, therapists and social workers, however, this is a BSW system and national issue and not just related to Virgin Care as a provider and employer. Virgin Care currently have a recruitment action plan in place and have secured staff from an agency to cover vacancies within the community hospital wards. As of June 2021, the percentage of clinical roles covered by agency staff was 5.9%. This increased in August to 8.9% which reflects the management of the holiday season. The key services that are affected by staff vacancies are community nursing, community hospital wards, reablement and social work.

Virgin Care have been advised that they need to provide more granularity to the data to establish exactly where the risks are. Virgin Care have agreed to provide more detailed information within future workforce reports and the first of the new quarterly workforce reports was submitted to the Contract Quality and Performance Meeting in August 2021 and covers Q1 and has been used to inform this report to panel.

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Bath and North East Somerset,
Swindon and Wiltshire Partnership
Working together for your health and care

Shaping a Healthier Future

BSW Health and Care Model

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15th October 2021

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

Bath and North East Somerset

Contact: Geoff Underwood g.underwood@nhs.net

Agenda Item 11



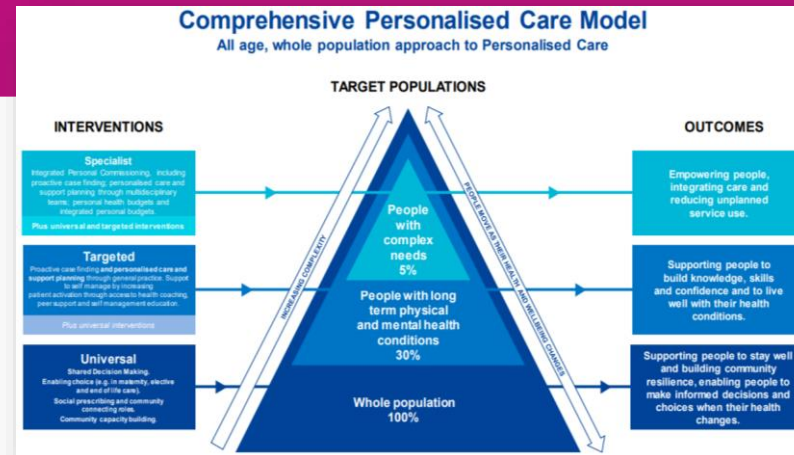
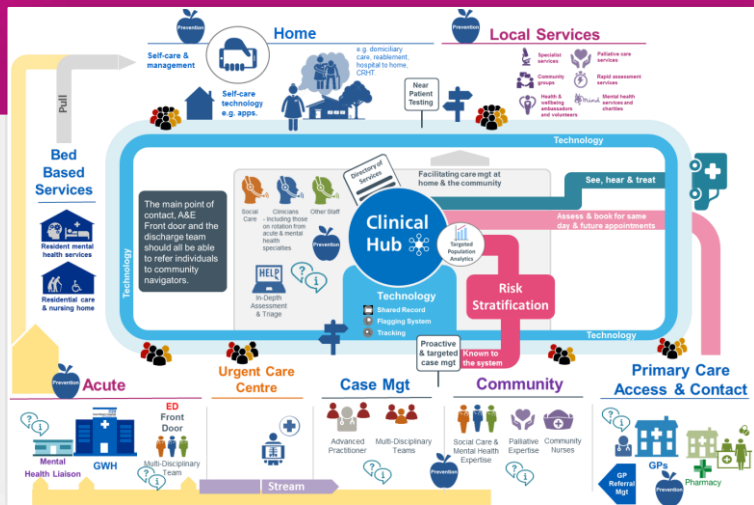
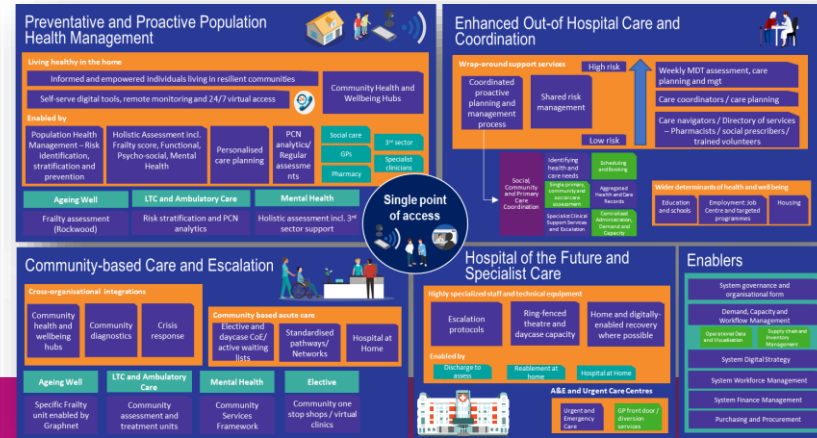
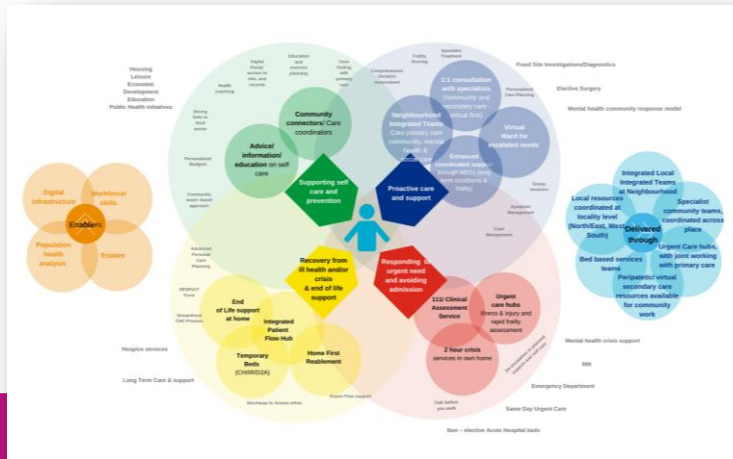
The development journey

KPMG

What makes Israel a world leader in healthcare?



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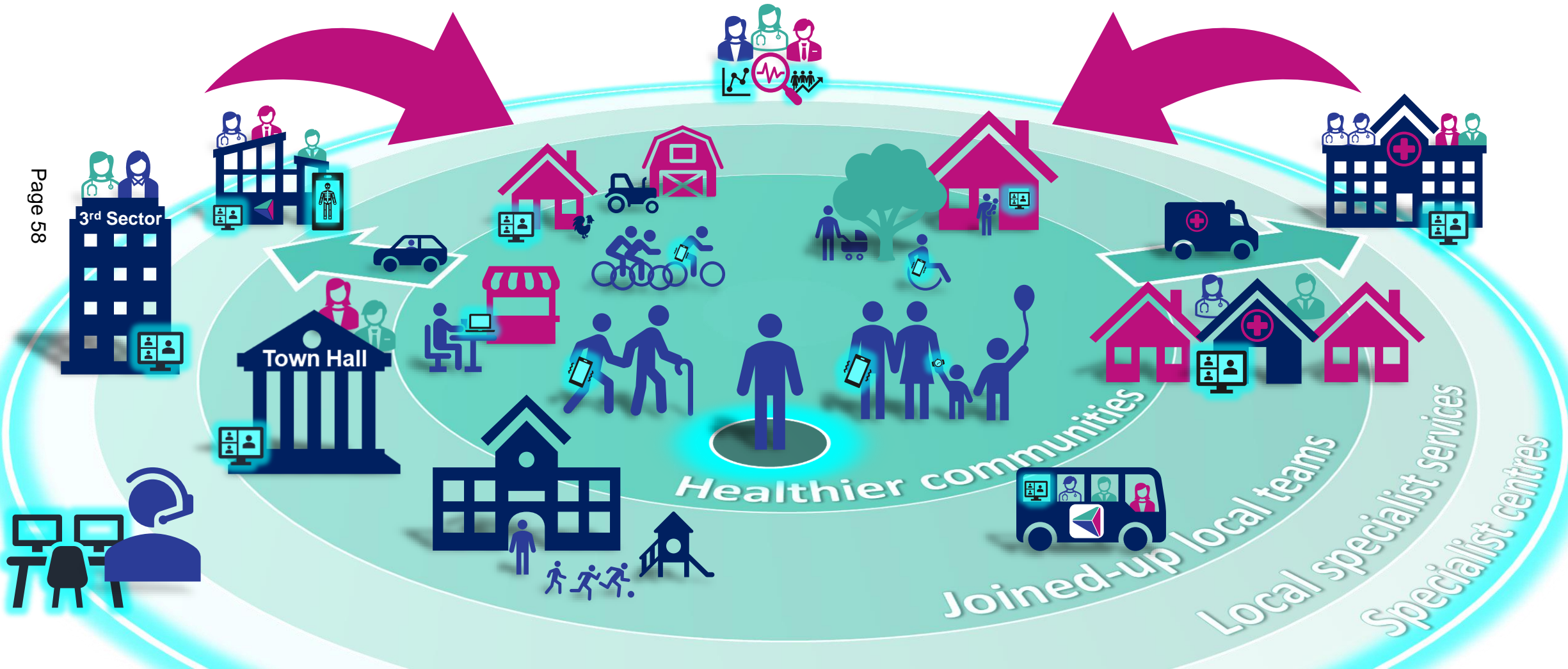


BSW Health and Care Model

Version 1.0

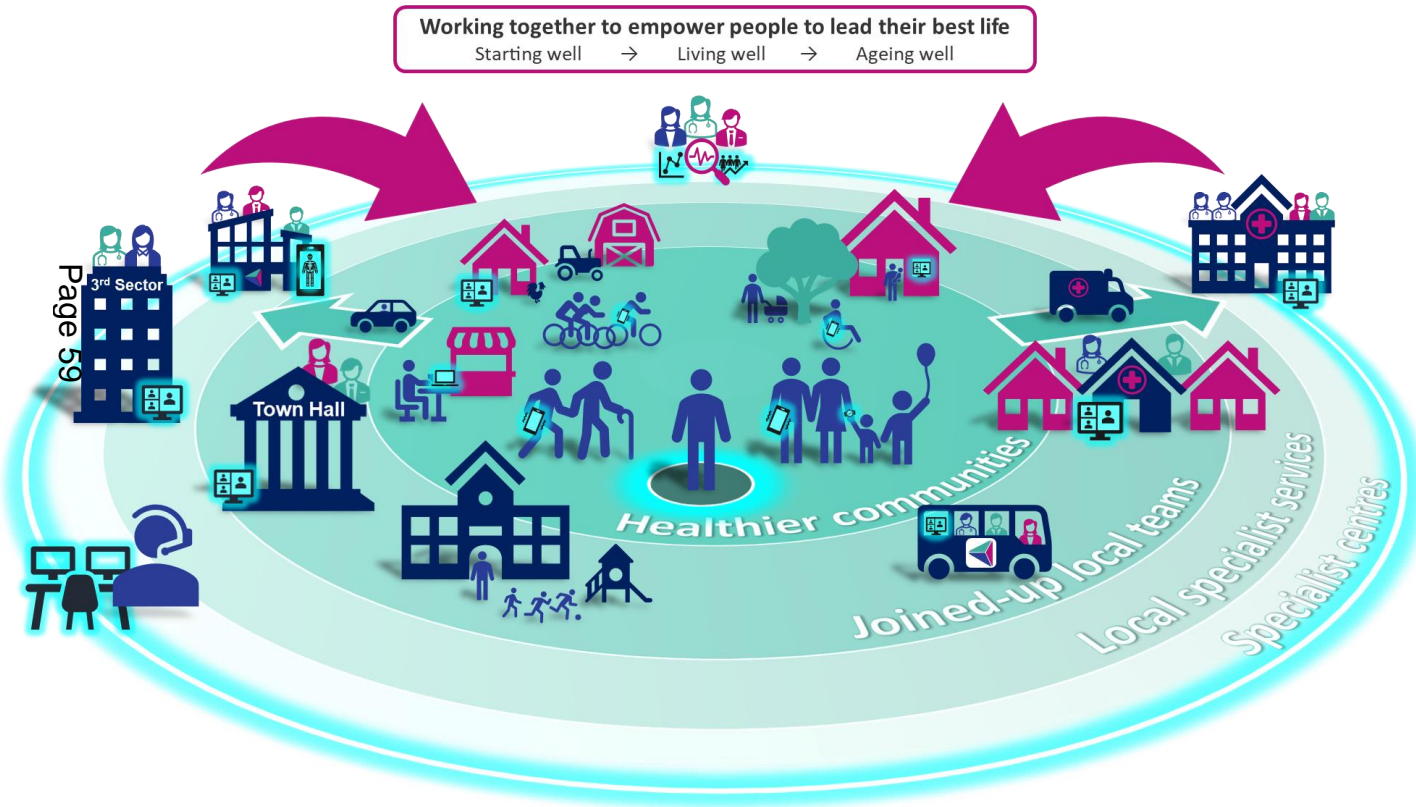


Working together to empower people to lead their best life
Starting well → Living well → Ageing well





Five parts of the model



1. Personalised care
2. Healthier communities
3. Joined-up local teams
4. Local specialist services
5. Specialist centres

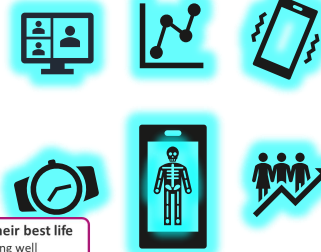


How we are going to make this happen



Developing our workforce

Over 34,000 people work in health and care in BSW. We are establishing the BSW Academy to unite and develop our workforce by investing in leadership, learning, innovation, improvement and inclusion.



Using digital by default

We will make full use of digital technology and data to improve health and care for people in BSW. We will make sure that all our teams and services are inclusive for people with limited access to technology.

Working together to empower people to lead their best life
Starting well → Living well → Ageing well



Building facilities of the future

We will invest millions of pounds to improve our specialist centres, to build new community facilities and to buy more equipment.



Financial sustainability

We will make the best use of our combined available resources to deliver high quality care.



Next steps

Engagement



Engagement

- Launch on 2nd November 2021
- 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.



Engagement

- Who we will engage with:
 - HealthWatch, Patient Participation Groups and Champions
 - General public – particularly identified communities experiencing health inequalities e.g. homelessness, mental health, rural isolated, BAME etc
 - BSW partner organisations and their staff, neighbouring CCG's
 - Clinicians and locality leads, social care organisations, out of hours and 111 providers
 - 3rd sector organisations
 - Educational institutions, Housing Associations, major local employers
 - Media, politicians, neighbourhood and residents groups
- 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

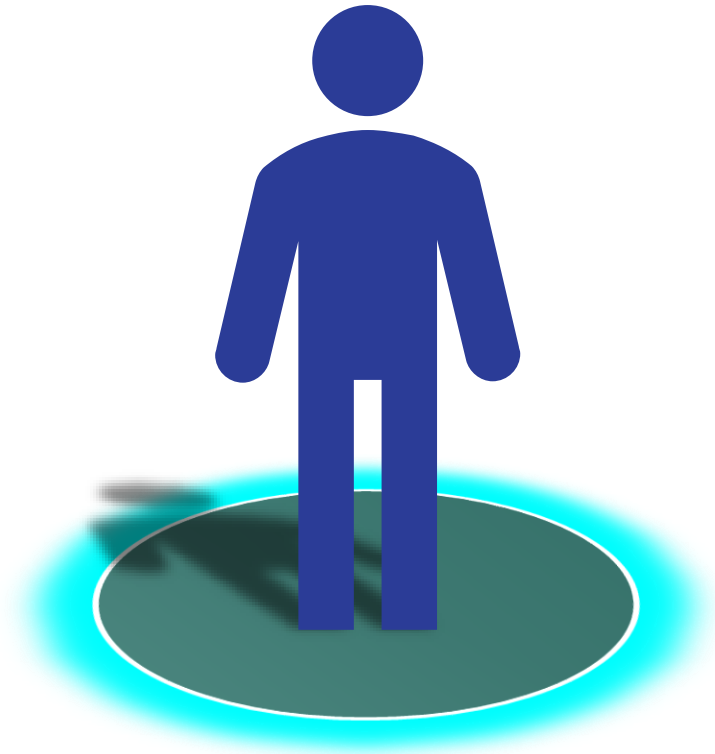


Appendix

More detail about the
model



1. Personalised care



- Personalised care will be at the heart of everything we do in the future
- Shared decision making will enable people to make informed decisions and choices when their physical or mental health changes
- We will use proactive case finding and personalised care and support planning to support people with long-term physical and mental health conditions to build knowledge, skills and confidence to live well with their health conditions
- People with complex needs will be supported by multi-disciplinary teams and we will use tools like personal health budgets so that people can take charge of their own care



2. Healthier communities



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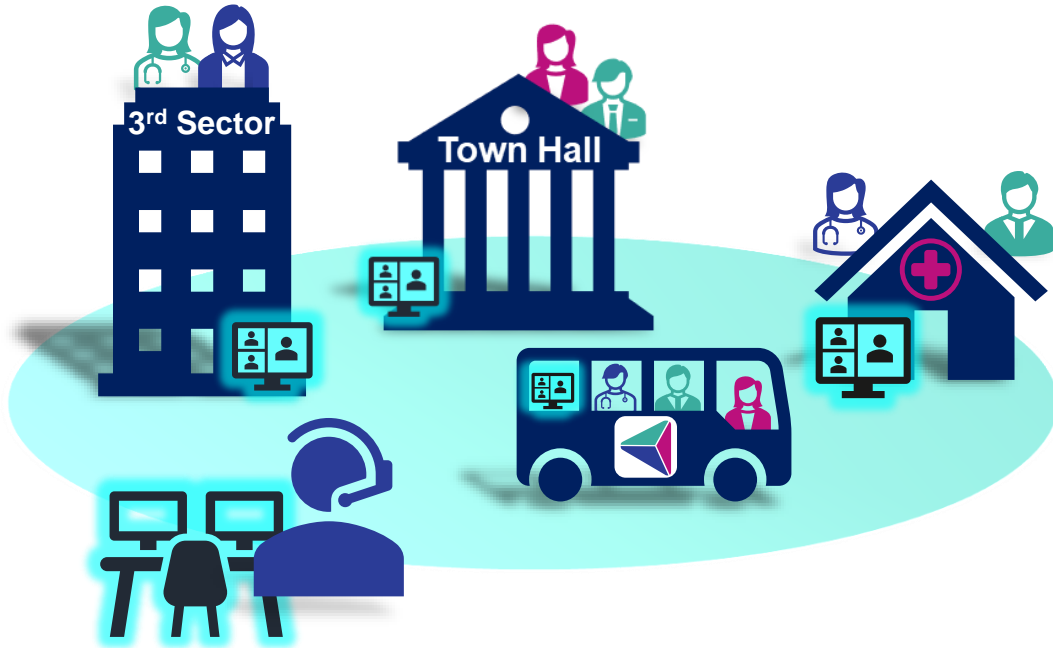


- We will use a strengths-based approach to build capacity in communities
- We will connect with local resources to develop social prescribing and build connection within communities
- Population health management will give local teams the data to provide proactive support to communities and individuals so that they can maintain good health and wellbeing
- We will work to prevent illness and reduce health inequalities in all our communities



3. Joined-up local teams

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- When people need health or care support, local teams with NHS, local authority and third sector members will work together to provide that support
- Teams will be set up locally to meet local needs
- Coordinators will make sure that the support that people need is joined-up and works for them. We want to stop people “falling in the cracks” between different teams or services



4. Local specialist services



- More specialist services will be available closer to where people live
- We will make more use of community locations like public buildings and high streets to provide access to information, appointments, group sessions, tests and treatments
- Digital technology will enable more services to be delivered remotely so there will be less need to travel to attend appointments in person



5. Specialist centres



- As more services will be available remotely and in community locations, our NHS, local authority and third sector specialist centres will be able to focus more on providing specialist care
- We will invest in our specialist centres to make sure that they are ready to meet the needs that our population will have in the future
- Specialists in our centres will be able to do more to support local teams and people in their own homes



How care could be different - Ageing well



Clara 85, Retired Bookkeeper

Clara has remained relatively independent despite the death of her husband 3 years ago, however she has had a number of falls in the last 5 years, and also been treated for multiple UTIs. She has fallen repeatedly at home, but wishes to remain independent. Her family would like to see her better supported.

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Clara has just received acute care following a fall in her home. The **discharge to assess** initiative has allowed Clara to return home rapidly. The **GP** and **Care Coordinator**, using their **risk stratification tool**, identify Clara as high risk and recommend **remote monitoring**.

The **Care Coordinator** and **Social Care Team** work with Clara and her family to evaluate her home environment and develop a comprehensive care package through a **trusted assessment** between health and social care. With some small modifications and the installation of **monitoring devices**, everyone is satisfied Clara can continue to live at home safely.

By utilising a wide range of **digital monitoring devices and software**, Clara and her family can be assured that she is safe and well at all times. In the event of an emergency or fall, the staff at the **Community Hub** can act immediately with the appropriate course of action 24 hours a day, with **full shared access to her care record**.

If Clara does fall, a **Rapid Response Team** is alerted via the monitoring devices in Clara's home and they can attend to support Clara. They are able to access Clara's **shared care records** to have the latest information and provide updates to the other teams supporting Clara.

Clara can be referred to a **community-based clinic** with enhanced **Community Frailty Multi-Disciplinary Team** who understand her history, have access to community diagnostics and can provide specialist support to the community team.

If required Clara can be admitted to a **virtual ward** for monitoring and treatment.

Clara is able to attend her **local community centre** to meet her friends with support from the a **local third sector group** as part of her **wellbeing plan**.

She is also able to attend the **community frailty clinic** at the **Community Hub** and has been offered **virtual appointments** so she does not have to rely on others.



How care could be different – Long term conditions



Marvin

52, Warehouse Night Manager

Marvin is a night shift worker in a warehouse, who values the time outside of work he can spend with his family. He has poorly managed Type 2 diabetes and has been recently diagnosed with COPD. He has a poor diet and is distrusting of health professionals so avoids visiting his GP.

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The **Population Health Management** tool flags Marvin for a review using **risk stratification**. The **Care Coordination Team** contact Marvin and encourage him to attend to see his GP.

The **GP** and **Care Coordination** Team work with Marvin to **co-develop a Care Plan** that suits his work and family life so that he can self-monitor his diabetes and control its impact.

Marvin speaks to his **employer** about his **Care Plan** and how they can work together to ensure his health is prioritised and maintained. Marvin is able to access the **Community Hub** out of hours to suit his shifts.

Marvin is able to access **diabetics group support sessions** and **1:1 virtual support** from his **GP** to help make changes in his life sustainable.

Marvin is able to better control his diabetes through self monitoring and diet. This has enabled him to stay well and out of the hospital. He is able to access a local gym out of hours and is able to lead an active lifestyle.

Marvin uses **remote monitoring** and the data he records is reviewed by a Diabetes Nurse in primary care. Marvin and the Diabetes Team can both initiate virtual appointments if they have concerns. The local team can access specialist input if required.

In the event of an **acute COPD episode**, Marvin can be seen by a **Respiratory Nurse Specialist** in his **local community assessment and treatment unit** in an ambulatory care setting. If required he can be admitted to a **virtual ward**.



How care could be different – Mental health



Sophie

25, Postgraduate Student

Sophie is an independent Masters student who lives on her own away from home. She is finding the pressures of writing her thesis stressful and her tutors have noticed she has not shown up to some seminars. Sophie has been struggling with anxiety. She has started drinking in the morning to take the edge off, and has also started abusing prescription drugs and cannabis. Sophie's family have noticed that she has become more withdrawn but she doesn't want to open up to them.

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Sophie's tutors have received **training in awareness of mental health disorders** and notice alcohol on her breath. They also notice she is not as engaged in class and appears distracted when she does attend. They refer her to the campus **support team**.

Sophie attends an event at her campus organised by a **third sector mental health organisation**, in which people talk openly about their challenges with mental health. She downloads the **recommended app** and recognises that she needs support. The app contains a **24/7 virtual chat and helpline** which Sophie uses to talk about her concerns.

Using the app, Sophie arranges **face-to-face counselling sessions** at her campus. She discusses her progress with the counsellor, who is able to **message Sophie via the app** in between their sessions. Sophie commences evidence-based treatment for her addiction which continues for 3-6 months and she has an **allocated coordinator** to check in on her.

Sophie decides to tell her family more about how she is doing. Her family join an **online support forum** where they can chat to other families and attend webinars about how to best support their daughter

Sophie is encouraged to broaden her social network by joining an **art class** on campus, where she can nurture her talent for art alongside building her confidence. She joins a **peer support group** which gives her resilience and makes her feel like she's not alone.

Following the **early intervention**, Sophie's alcohol addiction is prevented from escalating and she is better equipped to manage her mental health challenges. She completes her thesis and graduates later that year.

Sophie is able to **update her health records to share her progress from her phone**. Her **Coordinator** works to a **shared risk protocol** and knows the triggers and when to escalate to a **GP** or **Crisis Team**.



How care could be different – Elective care



Jasek
48, Builder

Jasek has suffered with increasing aches and pains for the past few years after a knee injury 10 years ago and this has been complicated by early arthritis (which he believed runs in his family) but he is unsure if he wants to undergo an operation and take time off work. He also is concerned about the impact his health condition and lack of mobility is having on his wife.

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Jasek is referred to the **Community MSK Service** by his **GP**. Jasek has been identified as a high risk of deterioration through the hospital **risk stratification tool** because of his arthritis and previous attendances.

The **MSK Service** work with Jasek to develop a **Care Plan** which he is able to access from his phone. Using the **virtual chat service**, he is able to have a lot of his questions answered.

As part of his **Care Plan**, Jasek has access to his local gym where he attends classes and he can even attend **virtual sessions** around his work times.

Jasek has ongoing support from a **Community Physiotherapy Team** and is able to attend the **Community Diagnostic Hub** for regular check-ups and **CT/MRI scans** if required.

Jasek attends the **Local Treatment Centre** for his knee surgery and he is discharged with a **rehab plan** to adhere to at home.

Jasek uses the **virtual chat service** to answer a number of post op questions and is able to **initiate a follow-up appointment** if required at the local community hospital at a time and day that suits him.

Some time later, Jasek's knee feels much worse and he is referred for assessment for surgery. He books an appointment at his **Community Diagnostic Hub** for a **CT scan**. The **CT Radiographer** refers him to an **Orthopaedic Surgeon**.

Jasek discusses his options with the surgeon via a **virtual consultation** and through a **shared decision making** process Jasek decides to proceed with surgery.

Jasek is able to book his surgery on his phone at the **Local Treatment Centre** for a date after he gets back from holiday.

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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
15TH OCTOBER 2021				
15 Oct 2021	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Virgin Care Update	Claire Thorogood, Suzanne Westhead Tel: 01225 477272,	Director of Adult Social Care
15 Oct 2021	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	The Health & Social Care Bill	Corinne Edwards Tel: 01225831868	Director of Adult Social Care
15 Oct 2021	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Shaping a Healthier Future Programme (Update)	Simon Cook	
9TH NOVEMBER 2021				
9 Nov 2021	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Regional Schools Commissioner Presentation	Christopher Wilford Tel: 01225 477109	Director of Children and Education

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
9 Nov 2021	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Virgin Care Contract - Options Appraisal	Suzanne Westhead Tel: 01225 396339	Director of Adult Social Care
9 Nov 2021	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	B&NES Community Safety and Safeguarding Partnership Annual Report	Sian Walker, BCSSP Chair	Director of Children and Education
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

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The Forward Plan is administered by **DEMOCRATIC SERVICES:** Democratic_Services@bathnes.gov.uk

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